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Tuesday 8 May 2007

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Mardi 8 mai 2007

Standing committee on social policy

Comité permanent de la politique sociale

Health System Improvements Act, 2007

Loi de 2007 sur l'amélioration du système de santé

Chair: Ernie Parsons
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON SOCIAL POLICY

COMITÉ PERMANENT DE LA POLITIQUE SOCIALE

Tuesday 8 May 2007

Mardi 8 mai 2007

The committee met at 1621 in committee room 1.

HEALTH SYSTEM IMPROVEMENTS ACT, 2007

LOI DE 2007 SUR L'AMÉLIORATION DU SYSTÈME DE SANTÉ

Consideration 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 Chair (Mr. Ernie Parsons): I would like to call to order the meeting of the standing committee on social policy, where we will continue clause-by-clause deliberation on Bill 171.

When last we met, we had just finished voting on amendment number 29. This moves us to amendment number 30, which is an NDP motion.

Ms. Shelley Martel (Nickel Belt): I move that section 1 of schedule K to the bill be amended by adding the following subsection:

"Precautionary principle

"(2) This act shall be interpreted in light of the principle that public health action should not wait for scientific certainty."

Chair, if I might, this amendment was put to us by both the Ontario Nurses' Association and the Registered Nurses Association of Ontario in light of the recommendations that were made by the late Justice Campbell in his final report of December 2006. There are a number of amendments that I've put forward to reflect his recommendations, and this is one of them, which is supported by both of those organizations.

The Chair: Any other discussion?

Mr. Peter Fonseca (Mississauga East): In the final report that was put forward by the agency implementation task force, they felt that this was not a good thing. That's why we will not be supporting it.

Ms. Martel: I'm going to go with the late Justice Campbell, and I'd ask for a recorded vote, please.

The Chair: If there's no other discussion, I will call the vote.

Ayes

Martel, Witmer.

Nays

Fonseca, Kular, Matthews, Ramal.

The Chair: The motion is lost.

I will now ask the question: Shall schedule K, section 1, as amended, carry? It is carried.

Shall schedule K, section 2, carry? Carried.

We're now at schedule K, section 3, NDP amendment number 31.

Ms. Martel: I move that section 3 of schedule K to the bill be amended by adding the following subsection:

"Part of public service

"(2) The corporation shall be part of the public service of Ontario, and shall be under the authority of the chief medical officer of health, in his or her capacity as an assistant deputy minister within the Ministry of Health and Long-Term Care."

The Chair: Do you wish to speak to it?

Ms. Martel: Yes, I do. It's going to take me a few minutes to do that. I would like to read into the record some of what Justice Campbell had to say in the final report on SARS. I should point out that I also mentioned this in the debate on second reading. I was a bit unhappy to note that when Cancer Care Ontario came before us and made the presentation regarding their view of the governance structure of the new agency, they did not reference the final report of the late Chief Justice Archie Campbell. So I want to put on the record what he did say with respect to the governance of the new public health agency, because I think it's quite important to see that his view was quite a bit different than the view that was finally reached by the implementation committee.

This is from his final report in December 2006. It reads as follows with respect to the Ontario Agency for Health Protection and Promotion and the chief medical officer of health: "Although there is much wisdom in the proposal for an Ontario Agency for Health Protection and Promotion, the recommended structure fails to take into account the major SARS problem of divided authority and accountability." That is the very structure that is currently before us in Bill 171, which he had very many concerns about.

"As the commission noted in its second interim report:

"'… the SARS response was also hamstrung by an unwieldy emergency leadership structure with no one clearly in charge. A de facto arrangement whereby the chief medical officer of health of the day shared authority

with the commissioner of public safety and security resulted in a lack of clarity as to their respective roles which contributed to hindering the SARS response.'

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

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

"'A body at arm's-length from the government was recommended in the Walker, Campbell and Naylor reports, was a commitment in Operation Health Protection and aligns with the successful experience of the INSPQ'" in Quebec.

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

"'First, the structure of the new agency or centre, which will combine advisory and operational functions, must reflect the appropriate balance between independence and accountability whether it is established as a crown corporation or some other form of agency insulated from direct ministerial control.

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

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

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

"This proposed arrangement ignores important lessons from SARS.

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

"The commission"—that is Justice Campbell's commission—"therefore recommends:

"—that the government reconsider in light of the lessons of SARS the agency implementation task force's recommendation regarding the relationship between the chief medical officer of health and the agency."

This came out, as I said, in December 2006. It is clear that the government has gone with the governance structure that has been recommended by the agency implementation task force, contrary to recommendations which were made as late as December 2006 by the late Chief Justice Archie Campbell. I am moving this motion because I agree with the recommendations that were made by the late Chief Justice, recommendations that have been given to us specifically by the Ontario public service union and also by the late Chief Justice himself. So I would hope that the government would reconsider the proposed governance structure in light of what Archie Campbell had to say in his final report on SARS.

The Chair: Any other discussion?

Mr. Fonseca: We would accept this amendment with some changes to it, so what we would like to do is—I think Ms. Martel saw some of the changes yesterday that we had put forward, but we will also have the amendment that we would be proposing, which would be Ms. Martel's amendment. But if she's willing to accept these changes, we would—

Interjection.

Mr. Fonseca: Oh, page 31; sorry.

Ms. Martel: Right now the changes I have are to the next amendment, not this amendment.

Mr. Fonseca: Well, that would be the next one.

Ms. Martel: But if you want to put forward some changes and support mine, I'm prepared to negotiate with you.

Mr. Fonseca: Not on this one; the next one.

The Chair: So there is no amendment to this amendment?

Mr. Fonseca: No.

Ms. Martel: Then I need a recorded vote, please, Chair.

The Chair: Okay, I will call the vote.

Ayes

Martel.

Nays

Fonseca, Kular, Matthews, Ramal.

The Chair: The motion is lost.

Shall schedule K, section 3, carry? Carried.

Shall schedule K, sections 4 and 5, carry? Carried.

This brings us to schedule K, section 6. We have NDP amendment number 32.

1630

Ms. Martel: Sorry, Chair. Can you just give us a second? I'm just seeing this for the first time.

Interjections.

Ms. Martel: Chair, I'm going to need your advice on something. I have my amendment, 32, we have a government amendment, and a new amendment from the government that I'm seeing now that will make changes to my amendment and that is a little bit different from the

one the government proposed yesterday in the new 32. So what do you want me to do?

Interjections.

The Chair: We're not going quite as fast as I'd hoped.

Mr. John O'Toole (Durham): Mr. Chair, if I may, while we're waiting, I just want to put a couple of things on the record. Yesterday, there were two amendments proposed. In the case of Mrs. Witmer, there was an amendment proposed for a section, and then there was a subsequent amendment to that amendment proposed by the government side. In fact, the amendment to the amendment was out of order, in my view, and I'm asking you, through leg. counsel or all these people who get paid the big bucks, when an amendment substantively changes the intent of the original motion—it can be moved as a separate amendment. You can defeat the one amendment and move your own amendment, but that's the process. An amendment cannot substantively change the intent or direction of the original motion. It can change some nuance.

I put that to you and I'd like a legal answer as to whether or not I'm on the right track, because it appears that what's happening is that rather than allow the opposition to participate fully, they're trying to mitigate the poor drafting and the scope of this omnibus bill, such that you've nullified any valid consideration by Mrs. Witmer, a former Minister of Health, who knows many of the stakeholder issues. If the process is what I think it is—

Mrs. Elizabeth Witmer (Kitchener–Waterloo): It's a farce.

Mr. O'Toole: —a farce, I am seriously concerned about the intention of the government. Why are you forcing such a fundamentally important thing in health care when some of the stakeholders are very upset by, first, the late notice, the rushed transaction, the conglomeration and confusion of amendments and drafting? We had one whole section yesterday on the Medical Review Committee completely amended—the MRC process, which has been the subject of a court inquiry.

I could go on. I think this process is somewhat artificial. For the public listening and those stakeholders whose lives and professions are irrevocably altered by this bill—sometimes for the good, because we're not in any objection to improving the delivery and efficiency of health care; we're not against that at all. But when you start tampering with long-established professions, merging homeopathy, for instance, and naturopathy—it's my understanding that the marriage doesn't work.

I'm subordinate to Mrs. Witmer and Ms. Martel, who have been working on health files for a long time, longer than everyone on that side put together. And no discredit to the efforts that you're making; that's not my point. Then I see amendments that are really, quite frankly, out of order—

The Chair: With due respect, when you started your dialogue, Ms. Martel had the floor.

Mr. O'Toole: Well, thank you, Ms. Martel. She was getting an amendment to her amendment straightened out.

The Chair: I'm going to return the floor to Ms. Martel.

Ms. Martel: Thank you, Chair. I think we have this sorted out. I'm going to be moving the new motion 32, which reads as follows.

I move that clauses 6(a) to (f) of schedule K to the bill be struck out and the following substituted:

"(a) to provide scientific and technical advice and support to the health care system and the government of Ontario in order to protect and promote the health of Ontarians and reduce health inequities;

"(b) to develop, disseminate and advance public health knowledge, best practices, and research in the areas of population health assessment, infectious diseases, health promotion, chronic diseases, injury prevention, and environmental health;

"(c) to inform and contribute to policy development processes across sectors of the health care system and within the government of Ontario through advice and impact analysis of public health issues;

"(d) to develop, collect, use, analyze and disclose data, including population health, surveillance and epidemiological data, across sectors, including human health, environmental, animal, agricultural, education, community and social services, and housing sectors, in a manner that informs and enhances healthy public policy and public health planning, evaluation and action;

"(e) to undertake, promote and coordinate public health research in co-operation with academic and research experts as well as the community;

"(f) to provide education and professional development for public health professionals, scientists, researchers, and policy-makers across sectors;"

The original amendment that I moved was wording that was given to me by the Registered Nurses Association, so that was what was put forward. The government motion had some changes, and the motion that has now been read has essentially the language that was given to both of us by RNAO. So I can accept that.

The Chair: There's not going to be an amendment. You've accepted that as a friendly amendment, so we have the one motion.

Any additional debate? Hearing none, I will call the vote on an amendment that, for all intents and purposes, I'm going to call 32r, because it replaces the 32 from yesterday. All those in favour? Opposed? It is carried.

That brings us to NDP motion number 33.

Ms. Martel: I move that section 6 of schedule K to the bill be amended by adding the following clauses:

"(g.1) to serve as a model for bridging the areas of infection control and occupational health and safety;

"(g.2) to undertake research related to evaluating the modes of transmission of febrile respiratory illnesses and the risk to health workers;"

This is an amendment that was provided by, I believe, the Ontario Nurses' Association and OPSEU as part of the recommendations that came from Justice Campbell's report. We were looking for ways to incorporate what he said in terms of what he felt the model of the new agency

should have as a mandate, and this is a reflection of those amendments from those two organizations.

The Chair: Do you support it? Okay. Any additional debate?

Interjection.

The Chair: A little technical clarification: When you read the motion, the last word you said was "workers." I think you intended it to be "worker."

Ms. Martel: No, I think it should be "workers."

1640

The Chair: "Workers"? Okay.

Mr. Ralph Armstrong: Sorry.

Ms. Martel: It's okay, Ralph. You had a lot to do. Don't worry about it.

It should be "workers."

The Chair: So, for everyone, the final word is plural; it is "workers" in the amendment. That's not an amendment to the amendment; that's a typographical error.

Those in favour of NDP motion number 33? Opposed? It is carried.

Shall schedule K, section 6, as amended, carry? Carried.

Shall schedule K, sections 7 and 8, carry? Carried.

Moving us now to schedule K, section 9, and we have NDP motion number 34.

Ms. Martel: I move that subsection 9(2) of schedule K to the bill be amended by adding the following clause:

"(b.1) representatives of labour;"

This was an amendment that was presented to me by the Ontario Nurses' Association, again as a result of some of what they took to be the important results that came out of the late Justice Campbell's recommendations around the new agency, what it should look like and its mandate. This makes it clear that there will be a representative of labour on the board of the agency.

The Chair: Any other debate?

Mr. Fonseca: It's just inconsistent with the report that was brought forward by the agency implementation task force, so we will not be supporting this.

Ms. Martel: It is consistent with the report brought forward by Justice Campbell in December of 2006. That's why I moved it. I'd ask for a recorded vote.

The Chair: No further debate? I'll ask again, any further debate? I will call the question.

Ayes

Martel.

Nays

Fonseca, Kular, Matthews, Ramal.

The Chair: It is lost.

Shall schedule K, section 9, carry? Carried.

Shall schedule K, sections 10 to 13, carry? Carried.

Moving us now to schedule K, section 14, NDP motion number 35.

Ms. Martel: I move that section 14 of schedule K to the bill be amended by adding the following subsection:

"Worker safety

"(7) Any subcommittee or section of the corporation involved in worker safety shall have, as integral members, experts in occupational medicine and occupational hygiene, and representatives of the Ministry of Labour, and shall consult on an ongoing basis with workplace parties."

Again, this was a recommendation that was made by ONA, the Ontario Nurses' Association, in its submission to this committee.

The Chair: Any additional debate?

Those in favour of the motion? Those opposed? The motion is lost.

Shall schedule K, section 14, carry? Carried.

Shall schedule K, sections 15 to 17, carry? Carried.

Moving us now to schedule K, section 18, and it's government motion number 36.

Mr. Fonseca: I move that subsections 18(4) and (5) of schedule K to the bill be struck out and the following substituted:

"Attendance of CMOH

"(4) The chief medical officer of health, or his or her designate, is entitled to attend and to participate in any meeting of the board of directors."

The Chair: Do you wish to speak to it?

Mr. Fonseca: No.

Mr. Khalil Ramal (London–Fanshawe): It's clear.

Ms. Martel: Very briefly, I just think the chief medical officer of health should have a seat at the board, not just be entitled to attend and participate in meetings.

Mr. O'Toole: The other point may be, would they have a voting voice on the board? They have the right to attend, which is understandable, but do they have a voting voice on the board?

The Chair: I'm assuming the question is through me to the pseudo-parliamentary assistant?

Mr. Fonseca: They can actively participate in the board meetings.

Mr. O'Toole: And vote on resolutions or—

Mr. Fonseca: They cannot vote.

Mr. O'Toole: It's a status position, then.

Mr. Fonseca: They can actively participate but not vote.

Mr. O'Toole: So they're actually just there for advice.

The Chair: Any further debate? I'll call the question: Those in favour of the motion? Opposed? It is carried.

Shall schedule K, section 18, as amended, carry? Carried.

Shall schedule K, sections 19 to 23, carry? Carried.

Moving us to schedule K, section 24, government motion number 37.

Mr. Fonseca: I move that section 24 of schedule K to the bill be struck out and the following substituted:

"CMOH directives

"24.(1) The chief medical officer of health may issue directives in writing to the corporation for the corporation to provide scientific and technical advice and oper-

ational support to any person or entity in an emergency or outbreak situation that has health implications.

"Implementation

"(2) The board of directors shall ensure that a directive of the chief medical officer of health under subsection (1) is carried out in accordance with the terms of this act, and the regulations."

The Chair: Any debate? I'll call the question: Those in favour? Opposed? Carried.

Shall schedule K, section 24, as amended, carry? Carried.

Shall schedule K, sections 25 to 34, carry? Carried.

Shall schedule K, as amended, carry? Carried.

This moves us to schedule L, government motion number 38.

Mr. Fonseca: I move that clause (f) of the definition of "drug" in subsection 1(1) of the Drug and Pharmacies Regulation Act, as set out in subsection 1(2) of schedule L to the bill, be struck out and the following substituted:

"(f) any 'natural health product' as defined from time to time by the natural health products regulations under the Food and Drugs Act (Canada), unless the product is a substance that is identified in the regulations as being a drug for the purposes of this act despite this clause, either specifically or by its membership in a class or its listing or identification in a publication,"

The Chair: Any debate?

Those in favour? Opposed? Carried.

Shall schedule L, section 1, as amended, carry? Carried.

Shall schedule L, sections 2 to 11, carry? Carried.

Schedule L, section 12, government motion number 39.

Mr. Fonseca: I move that the following section be added after section 148.2 of the Drug and Pharmacies Regulation Act, as set out in section 12 of schedule L to the bill:

"Commission powers

"148.2.1 For the purpose of determining whether a person mentioned in subsection 140(1) has committed an act of proprietary misconduct or is in breach of this act or the regulations, an inspector has all the powers of the commission under part II of the Public Inquiries Act."

The Chair: Any discussion? Those in favour? Opposed? Carried.

Shall schedule L, section 12, as amended, carry? Carried.

Shall schedule L, sections 13 to 24, carry? Carried.

That moves us to schedule L, section 25, government amendment number 40.

Mr. Fonseca: I move that clause 161(1)(b) of the Drug and Pharmacies Regulation Act, as set out in subsection 25(1) of schedule L to the bill, be amended by adding "or identifying" after "naming".

The Chair: Any debate? I'll call the question: In favour? Opposed? Carried.

Shall schedule L, section 25, as amended, carry? Carried.

Shall schedule L, sections 26 to 33, carry? Carried.

Shall schedule L, as amended, carry? Carried.

Moving to schedule M, shall schedule M, sections 1 to 6, carry? Carried.

That brings us to schedule M, section 7, government motion number 41.

Perhaps we will do it, and then we will call a recess.

Mr. Fonseca: I move that clause 36(1)(h) of the Regulated Health Professions Act, 1991, as set out in subsection 7(1) of schedule M to the bill, be struck out and the following substituted:

"(h) where disclosure of the information is required by an act of the Legislature or an act of Parliament;

"(h.1) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons; or"

The Chair: Debate? Those in favour? Opposed? It is carried.

Shall schedule M, section 7, as amended, carry? Carried.

Shall schedule M, sections 8 to 17, carry? Carried.

I am going to call a recess for the duration of the vote. The committee stands recessed.

The committee recessed from 1652 to 1703.

The Chair: The committee is back in session. We are at schedule M, section 18, Progressive Conservative motion number 42.

Mrs. Witmer: I move that paragraph 9 of subsection 3(1) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in subsection 18(2) of schedule M to the bill, be struck out.

This relates to the objects, and I guess this is the deletion of—HPRAC had examined this whole issue of interprofessional collaboration, and they did not recommend that its promotion be added to the objects of the colleges, and yet we see that that has been added here. Obviously that has nothing to do with self-regulation of health professionals. I think we have to avoid politicizing Ontario's health regulatory bodies and placing them in conflicting roles. I think the promotion of interprofessional collaboration doesn't belong here and more appropriately would remain within the domain of the ministry. That's why this is as here.

The Chair: Any other debate? Seeing none, I will call the vote: Those in favour of the motion? Those opposed? The motion is lost.

Shall schedule M, section 18, carry? Carried. Good. Thank you.

Shall schedule M, section 19, carry? Carried. Okay.

On schedule M, section 20, in the package is a notice from the government. Would you like to speak to the notice?

Mr. Fonseca: I can. This proposed wording of section 20, once proclaimed, would affect the status of anyone sitting on a college council today who has sat for more than nine years. Colleges have pointed out that this may compromise the ability for a council to conduct its business and to deal with ongoing complaints and discipline proceedings that the council member may be

participating in. Voting no will respond to college concerns. This amendment will negatively impact on their ability to protect the public, because their councils will not be legally constituted.

Ms. Martel: I have a question on this section. The net effect is to have the word "consecutive" removed if we vote this down; that's my understanding.

The College of Physicians and Surgeons had called us to say that they wanted to see the word "consecutive" removed. The net effect, though, if we vote this down, is that "consecutive" remains in the legislation, and they're concerned that's going to cause them a problem in terms of being able to deal with the panels.

So can I get some clarification about why, in Bill 171, you were going to strike out "consecutive" and why you're not doing that now?

The Chair: Please state your name for Hansard.

Mr. Ryan Collier: Ryan Collier, legal services branch, Ministry of Health and Long-Term Care.

In response to the question, if it's striking down the amendment, it returns it to the status quo so that members of the college panel may continue to proceed in addition to an appointment that exceeded nine years of time. So members would be able to continue to sit and there would not be a necessity for the colleges to replace those members after nine years.

Ms. Martel: I'm sorry; where does the term "consecutive" come in, in there? They can sit for three sessions consecutively? I don't have the original bill—not Bill 171, but the one before that deals with schedule M, the Regulated Health Professions Act—in front of me.

Mr. Collier: The bill proposes to strike out the word "consecutive."

Ms. Martel: Yes.

Mr. Collier: So a member would only be able to sit for nine years in total. By not proceeding with this motion, a member may sit for nine consecutive years—may sit for nine years in total that are not necessarily consecutive.

The Chair: Do you need a copy of the original—

Ms. Martel: No. I'm assuming that CPSO made the ministry aware of its concerns of not wanting this section voted down. So can I get a sense of why that was the case and why the government has made a change from the wording that was in Bill 171? Is that a fair question?

Mr. Collier: The legal reason behind removing "consecutive" was to allow members to sit on a college council for a total of nine years. They may serve part of a term, come back, and receive more of a term. By changing the words to "consecutive," as proposed in Bill 171, that means any person who had been sitting for nine days—

Ms. Martel: Nine years.

Mr. Collier: —as of the coming into force of this section, would not be able to sit on the council, at which time the council would not be properly constituted. These concerns were addressed, and this is why the government is not proceeding from a legal perspective with respect to the amendment adding the word "consecutive."

Mr. Fonseca: Chair, the other colleges also asked for this, not just the CPSO.

Ms. Martel: Okay. If I can just put on the record, we got a call from CPSO before I came into this committee, saying that they were opposed to this motion 43, which is voting against schedule M. I don't know what to say, except that that's why I'm in here asking the question, because that happened just before we came in. I don't pretend to understand all the legal things that are going on here, especially since I don't have the other bill in front of me.

I'm just wondering, Chair—I'm not trying to cause a problem here. Is it possible at all to stand down this section just for now, and could somebody from the ministry—would it be a problem to call CPSO and ask them why they are calling us at this time?

The Chair: There's a request to stand this section down. Is there unanimous consent to stand it down? Agreed. Okay, we will stand it down and we will proceed.

Shall schedule M, sections 21 to 23, carry? It's okay to actually say it out loud.

Interjections.

The Chair: Thank you. Carried. Okay.

Schedule M, section 24: We have PC motion number 44.

1710

Mrs. Witmer: I move that subsection 14(1) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in subsection 24(1) of schedule M to the bill, be amended by adding "or expires" before "or who resigns as a member".

The Chair: Is this a replacement motion to the one you filed earlier?

Mrs. Witmer: Yes, it is.

The Chair: So this is a new one, a new 44. So we'll call it 44r, if you don't mind.

Mrs. Witmer: That would be fine.

The Chair: Any debate? There being none, I will call the vote. Those in favour of motion 44r? Opposed? It is carried.

Now, Ms. Martel: Motion motion 45.

Ms. Martel: I move that subsection 14(1) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in subsection 24(1) of schedule M to the bill, be amended by adding "or whose certificate of registration has expired or has been terminated" after "resigns as a member".

This amendment was part of the package that was given to the committee by the CPSO. I'm just looking very quickly for the rationale behind it. Sorry, Chair.

Interjection.

Ms. Martel: Okay. Ms. Witmer tells me it's essentially the same. I'll withdraw mine.

The Chair: Do you wish to withdraw?

Ms. Martel: I will withdraw. I'm sorry.

The Chair: Okay. Shall schedule M, section 24, as amended, carry? Carried.

Shall schedule M, sections 25 to 28, carry? Carried.

That brings us now to schedule M, section 29. The first one is government motion number 46.

Mr. Fonseca: I move that section 23 of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 29 of schedule M to the bill, be amended:

"1. By striking out paragraphs 1, 5, 7 and 11 of subsection (2) and substituting the following:

"'1. Each member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the member is a shareholder.

"'1.1 The name, business address and business telephone number of every health profession corporation.

"'5. A notation of every matter that has been referred by the inquiries, complaints and reports committee to the discipline committee under section 26 and has not been finally resolved, until the matter has been resolved.

"'7. A notation of every finding of professional negligence or malpractice, which may or may not relate to the member's suitability to practise, made against the member, unless the finding is reversed on appeal.

"'11. Where findings of the discipline committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.'

"2. By adding the following subsection:

"'Publication ban

"'(2.1) No action shall be taken under this section which violates a publication ban, and nothing in this section requires or authorizes the violation of a publication ban.'"

The Chair: Any debate? Those in favour of the motion? Opposed? It is carried.

The next motion, in theory, would be 47r. I'm going to ask that we set it aside. The numbering should probably have been applied differently than it was, and I wonder if we could do NDP motion number 48 next. We will do 47r following amendment 50.

Ms. Martel: I move that section 23 of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 29 of schedule M to the bill, be amended by striking out "subsections (5) and (6)" in subsection (4) and substituting "subsections (5), (6) and (6.1)" and by adding the following subsection:

"Personal health information

"(6.1) The registrar shall refuse to disclose to a member of the public or to post on the college's website any personal health information regarding a member."

The Chair: Debate?

Ms. Martel: Yes, there is. Can I speak to that?

The Chair: Yes.

Ms. Martel: This comes from the presentation, the written submission, that was given to us by ONA. The Ontario Nurses' Association expressed some serious concerns with respect to this section. They said, in their submission to us, that they understand that the government is trying to achieve, with its changes, greater transparency. However, their concern around personal health information is that it's highly sensitive and private and should not be placed on the public register or posted for all to see on the website.

They are particularly concerned about grounds for finding in an incapacity proceeding making its way onto the website. This is not, from their perspective, a situation where the public would be put at risk because in many cases what it is talking about is specific medical treatment that is being sought by the member with respect to an alcohol or a drug addiction, and they're undergoing that as part of terms and conditions that have been set out by the college. Those are quite different from the terms and conditions and limitations that are imposed in a discipline case.

ONA has provided us with two precedents where, if this particular amendment had been in place, personal information about the nurses involved, in terms of them getting treatment for drug and alcohol abuse and addictions, may well have ended up posted on the website. Their concern was not to undermine what the government is trying to do around transparency, and neither is it mine. I just want to be clear that what gets on the college website does not involve personal health information, i.e., a member of any profession getting treatment with respect to an addiction, be it drug, alcohol etc.

Mr. Fonseca: This would provide the transparency that we're looking for, that the public's looking for, but it also provides a mechanism to remove obsolete information about health care providers and protections against the unnecessary release of personal health information about health providers.

Ms. Martel: It's not so much that I'm concerned about what gets removed as what gets put on in the first place. I remain unconvinced, regrettably, that what the government has in this current section is going to prevent that kind of information from coming up on the website.

The Chair: I call the vote: Those in favour? Opposed? The motion is lost.

That brings us to NDP motion number 49.

Ms. Martel: I move that clause 23(6)(a) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 29 of schedule M to the bill, be amended by adding "if the information regarding the member was a discipline finding in respect of which the penalty ordered was only a fine or reprimand" at the end.

The Chair: Do you wish to speak to it?

Ms. Martel: Sorry, if I could find my section quickly, I would like to. Hang on.

The Chair: Ms. Witmer.

Mrs. Witmer: We have a similar motion, and it comes from CPSO. This proposes to provide the discipline committee with a new ability to order that the registrar, the way it's worded, not disclose certain information to the public or post it on the college website if more than six years have passed since the information was prepared or last updated.

They're suggesting that the public would be better protected if the information regarding the member that would not be disclosed after six years had passed was limited to a discipline finding in respect to which the

penalty ordered was only a fine or a reprimand, and if all serious penalties remained on the register indefinitely, as they currently do now under the combined effects of the legislation and various college bylaws.

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The Chair: Did you move that as an amendment to—

Mrs. Witmer: No, I was giving the rationale, because we had a similar amendment. We had the same amendment.

Ms. Martel: She was helping me out.

The Chair: Okay. Ms. Martel?

Ms. Martel: I'll just add to that. To be clear, after six years, there's a very clear idea of what can be removed and what can't. Only those things that involve a reprimand or a fine are things that can be removed, even after six years. The rest would have to stay because it would be of a much more serious nature that the public should be made aware of.

The Chair: If there's no other discussion, I will call for the vote on amendment number 49.

Those in favour? Opposed? It is lost.

That brings us to amendment number 50. Do you wish to move it so that I can rule it out of order?

Mrs. Witmer: Sure. I move that clause 23(6)(a) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 29 of schedule M to the bill, be amended by adding "if the information regarding the member was a discipline finding in respect of which the penalty ordered was only a fine or reprimand" at the end.

This was brought forward by CPSO.

The Chair: It is out of order, only because it's exactly identical to the previous motion.

That brings us now to government motion number 47r. That has been distributed.

Interjection.

Mrs. Witmer: I haven't been on the list, either.

Mr. O'Toole: It's an exclusive list that only the Liberals get.

The Chair: Well, perhaps you could proceed on faith, John.

Interjections.

Mr. Fonseca: Chair?

The Chair: The floor is yours.

Mr. Fonseca: I move that subsections 23(4) to (9) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 29 of schedule M to the bill, be struck out and the following substituted:

"Access to information by the public

"(4) All of the information required by paragraphs 1 to 12 of subsection (2) and all information designated as public in the bylaws shall, subject to subsections (5), (5.1), (5.2), (5.3) and (6), be made available to an individual during normal business hours, and shall be posted on the college's website in a manner that is accessible to the public or in any other manner and form specified by the minister.

"When information may be withheld from the public

"(5) The registrar may refuse to disclose to an individual or to post on the college's website an address or telephone number or other information designated as information to be withheld from the public in the bylaws if the registrar has reasonable grounds to believe that disclosure may jeopardize the safety of an individual.

"Same

"(5.1) The registrar may refuse to disclose to an individual or to post on the college's website information that is available to the public under subsection (4), if the registrar has reasonable grounds to believe that the information is obsolete and no longer relevant to the member's suitability to practise.

"Same, personal health information

"(5.2) The registrar shall not disclose to an individual or post on the college's website information that is available to the public under subsection (4) that is personal health information, unless the personal health information is that of a member and it is in the public interest that the information be disclosed.

"Restriction, personal health information

"(5.3) The registrar shall not disclose to an individual or post on the college's website under subsection (5.2) more personal health information than is reasonably necessary.

"Personal health information

"(5.4) In subsections (5.2) and (5.3),

"'personal health information' means information that identifies an individual and that is referred to in clauses (a) through (g) of the definition of 'personal health information' in subsection 4(1) of the Personal Health Information Protection Act, 2004.

"Other cases when information may be withheld

"(6) The registrar shall refuse to disclose to an individual or to post on the college's website information required by paragraph 6 of subsection (2) if,

"(a) a finding of professional misconduct was made against the member and the order made was only a reprimand or only a fine, or a finding of incapacity was made against the member;

"(b) more than six years have passed since the information was prepared or last updated;

"(c) the member has made an application to the relevant committee for the removal of the information from public access because the information is no longer relevant to the members' suitability to practise, and if,

"(i) the relevant committee believes that a refusal to disclose the information"—

The Chair: I don't wish to interrupt, but I'm conscious of the time. I'm wondering if we could continue after.

Interjections.

The Chair: Keep going? Okay.

Mr. Fonseca: —"outweighs the desirability of public access to the information in the interest of any person affected or the public interest, and

"(ii) the relevant committee has directed the registrar to remove the information from public access; and

"(d) the information does not relate to disciplinary proceedings concerning sexual abuse as defined in clause

(a) or (b) of the definition of 'sexual abuse' in subsection 1(3).

"Information from register

"(7) The registrar shall provide to an individual a copy of any information in the register that the individual is entitled to obtain, upon the payment of a reasonable fee, if required.

"Positive obligations

"(8) Subject to subsection (6), where an individual inquires about a member, the registrar shall make reasonable efforts to ensure that the individual is provided with a list of the information that is available to the public under subsection (4).

"Meaning of results of proceeding

"(9) For the purpose of this section and section 56,

"'result', when used in reference to a disciplinary or incapacity proceeding, means the panel's finding, particulars of the grounds for the finding and the order made, including any reprimand."

The Chair: The committee's in recess.

The committee recessed from 1727 to 1736.

The Chair: The committee is back in session.

We have just had government motion 47r moved. Any additional debate or discussion?

Seeing none, I will call the question: Those in favour? Those opposed? It is carried.

Shall schedule M, section 29, as amended, carry? It is carried.

We stood down government motion number 43 and we will now return to it.

Schedule M, section 20. This is not an amendment. This is a notice.

Shall schedule M, section 20, carry?

Interjection: Carried.

The Chair: You may want to rethink that because I'm going to re-call it.

Shall schedule M, section 20, carry?

Interjection: No.

The Chair: No.

Shall schedule M, section 30, carry? Carried.

That moves us now to schedule M, section 31. We're dealing first with Progressive Conservative motion number 51.

Mrs. Witmer: I move that subsection 25(6) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 31 of schedule M to the bill, be amended by adding "unless a longer period is required to preserve the integrity of the investigation" at the end of the portion before clause (a).

This is from CPSO. In their written submission it does point out that the RHPA currently "does not specify a set time period for the provision of notice to a member who is subject to a complaint." They're saying the appointment of investigators and the obtaining and execution of a search warrant will generally take more than 14 days, and therefore there needs to be a mechanism to allow for an exception to the 14-day general notice provision for these types of cases. The CPSO is therefore "supportive of a general provision imposing a time limit, but wishes to stress the importance of allowing for exceptions in certain cases where at least some investigation needs to be done prior to notifying the subject member."

As an example, "a sexual abuse, fraud or serious prescribing complaint may require the college to obtain an appointment of investigators by the ICR committee and in some cases, perhaps even a search warrant, to obtain original medical records prior to notifying the member of the complaint out of concern for the preservation of the integrity of evidence. That is why in these types of cases, if the member under investigation is aware that a complaint against him/her has been submitted to the college before the investigation commences, the integrity of evidence may be jeopardized." That is from the College of Physicians and Surgeons of Ontario's submission.

The Chair: Any further debate?

Mr. Fonseca: Chair, we can't support this. The reason is, in the words of Minister Smitherman, "Justice delayed is justice denied."

The Chair: If there's no other discussion, I will call the vote.

Those in favour of the amendment? Opposed? The motion is lost.

Okay. This is an identical one. If you wish, you can move it and I'll rule it out of order or you could withdraw it.

Ms. Martel: I'll withdraw.

The Chair: Withdrawn.

That brings us to government motion number 53.

Mr. Fonseca: I move that subsection 25.1(2) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 31 of schedule M to the bill, be amended by striking out "concerning the same matter" at the end.

The Chair: Discussion?

Seeing none, those in favour? Opposed? It's carried.

PC motion number 54.

Mrs. Witmer: I move that subsection 25.1(2) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 31 of schedule M to the bill, be struck out.

Again, this is coming from the CPSO. The college points out that "As regulator and in order to protect the public, it cannot ignore information that it has been given regardless of where it comes from. For example, during the course of ADR, a member could inform the college that his/her misconduct has extended to several other patients. The current version of the bill would prohibit the college from acting upon this very serious information in the public interest."

Therefore, the college suggests, "Requiring all information obtained during the course of the ADR process to remain confidential places the regulator in an untenable position should he become aware of serious information during the ADR process and be precluded from further investigating or acting upon it." This comes from the College of Physicians and Surgeons.

The Chair: Debate?

I'll call the vote: Those in favour of the motion? Opposed? It is lost.

That brings us to PC motion number 55.

Mrs. Witmer: I move that subsection 25.2(2) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 31 of schedule M to the bill, be amended by inserting "the Chair of"

(a) at the beginning; and

(b) before "Committee is of the opinion".

Again, this comes to us from CPSO: "The ICR committee may specify a period of time of less than 30 days in which the member who is the subject of a complaint or a report may make written submissions, and inform the member to that effect, if the committee is of the opinion, on reasonable and probable grounds, that the conduct of the member exposes or is likely to expose his or her patients to harm or injury.

"It would" therefore "be important to enable an entity other than the ICR committee, which operates through panels, to reduce the time period for reply in these exceptional cases. If a panel of the ICR committee needs to be struck, the 30-day time period that is sought to be abridged would be subsumed in the time period it takes to strike a panel. A workable alternative would be to specifically provide that this function may be performed by the chair or other single member of the ICR committee."

The Chair: Debate?

Seeing none, I'll call the question: Those in favour? Opposed? The motion is lost.

NDP motion number 56.

Ms. Martel: I move that subsection 25.2(2) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 31 of schedule M to the bill, be struck out and the following substituted:

"Exception

"(2) The chair of the inquiries, complaints and reports committee may specify a period of time of less than 30 days in which the member may make written submissions, and inform the member to that effect, if the chair is of the opinion, on reasonable and probable grounds, that the conduct of the member exposes or is likely to expose his or her patients to harm or injury."

This is an amendment that was put forward by CPSO. The rationale is the following: "The ICR committee may specify a period of time of less than 30 days in which the member who is the subject of a complaint or report may make a written submission and inform the member to that effect, if the committee" has grounds to believe that the conduct will expose his or her patients to harm or injury.

"It would be important to enable an entity other than the ICR committee, which operates through panels, to reduce the time period for reply in these exceptional cases. If a panel of the ICR committee needs to be struck, the 30-day time period that is sought to be abridged would be subsumed in the time period it takes to strike a panel. A workable alternative would be to specifically provide that this function may be performed by the chair or other single member of the ICR committee."

The Chair: Discussion? Those in favour of the motion? Opposed? The motion is lost.

Government motion number 57.

Mr. Fonseca: I move that paragraph 1 of subsection 26(1) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 31 of schedule M to the bill, be amended by adding "if the allegation is related to the complaint or the report" at the end.

The Chair: Any debate? Those in favour? Opposed? Motion is carried.

NDP motion number 58, Ms. Martel.

Ms. Martel: Thank you, Chair. I move that subsection 26(2) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 31 of schedule M to the bill, be struck out and the following substituted:

"Prior decisions

"(2) A panel of the inquiries, complaints and reports committee, shall, when investigating a complaint or considering a report currently before it, consider all of its available prior decisions involving the member, which are strikingly similar, including decisions made when that committee was known as the complaints committee, and all available prior decisions involving the member, which are strikingly similar of the discipline committee, the fitness to practise committee and the executive committee, unless the decision was to take no further actions under subsection (5)."

This amendment was proposed to us by the Ontario Nurses' Association. They had extensive comments to make about it in their submission before us under subsection (4). That's why I put it forward to this committee.

The Chair: Debate? In favour? Opposed? Lost.

Government motion number 59.

Mr. Fonseca: I move that subsection 26(3) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 31 of schedule M to the bill, be struck out and the following substituted:

"Quality assurance

"(3) In exercising its powers under paragraph 4 of subsection (1), the panel may not refer the matter to the quality assurance committee, but may require a member to complete a specified continuing education or remediation program."

The Chair: Any discussion? In favour? Opposed? Carried.

PC motion number 60.

Mrs. Witmer: I move that subsection 28(2) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 31 of schedule M to the bill be struck out and the following substituted:

"ADR

"(2) Where there has been a referral to an alternative dispute resolution process under section 25.1, the time requirements under this section are suspended until the alternative dispute resolution process is completed."

Again, this is from CPSO: "The ADR process with respect to a complaint should not run concurrently with an investigation as it would be extremely resource-intensive for the college, the member, and the complainant

to have two very similar concurrent processes. The college, the complainant and the member would all be duplicating efforts and doubling the use of resources if required to undergo two processes about the exact same matter concurrently."

Therefore, this amendment would mean that the investigation should not commence until the ADR process is complete. Then we'll only need to proceed if the ADR process has failed.

The Chair: Further debate? Those in favour?

Mr. O'Toole: I want to clarify: Is there anything in this legislation that supports an alternative dispute resolution process, or is it all going to go to this other process, right before the board? That's what's been recommended, having another mediated process.

Mr. Collier: Ryan Collier, legal services branch, Ministry of Health and Long-Term Care. Schedule M to Bill 171 introduces and puts into the statute a process for alternative dispute resolution, and it allows the colleges, a member and a complainant to address the concerns they may have through an alternative dispute resolution process. However, it is inherent that the alternative dispute resolution process remain confidential. The motion to which you are speaking to ensures that the confidentiality of the process remains, and that the college maintain its statutory duty to investigate a complaint through the ICR committee if it's necessary, or if a resolution is no longer achieved through the ADR process.

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Mr. O'Toole: Okay, but there is an ADR in there.

Mr. Collier: Yes.

The Chair: I'll call the question: Those in favour of the motion? Those opposed? The motion is lost.

Shall schedule M, section 31, as amended, carry? Carried.

Shall schedule M, section 32, carry? Carried.

Schedule M, section 33: We have government notice 61. Would you like to speak to it?

Mr. Fonseca: Just that the government recommends voting against section 33.

The Chair: I'm going to ask the question: Shall schedule M, section 33, carry? No.

Shall schedule M, sections 34 to 36, carry? Carried.

Interjections.

The Chair: This brings us to schedule M, section 37. I would remind the government members that you're not to have fun here. This brings us to NDP amendment 62.

Ms. Martel: I move that subsection 37(2) and (3) of schedule M to the bill be struck out.

Interjection.

Ms. Martel: There was another one that had (3).

Interjection.

The Chair: So 62 is withdrawn? Okay, 62 is not being moved, 63 is not being moved, and 64 is being moved by Ms. Martel.

Ms. Martel: Motion 64 appears as a government motion. We agreed with the government that if I put in subsection (3), they would be amenable to it. So that's the change that was made.

The Chair: Okay. But you are moving motion number 64?

Ms. Martel: Sure. If you want me to move 64, I'll move 64.

The Chair: It's now done. You've just moved government motion number 64.

Interjections.

The Chair: You make your own fun at these things, folks, and this will confuse people 100 years from now.

Do you wish to speak in support of the government motion?

Interjection.

The Chair: I understand that. That's my feeble attempt at humour. It's late in the day, and I resent being here.

Ms. Martel, do you wish to speak to your motion?

Ms. Martel: Yes—

The Chair: Since you moved it, you have to support it.

Ms. Martel: I know. It was from CPSO, that I know.

The Chair: Given that it may pass, it may even be possible to simply go to the vote.

Ms. Martel: Yes, let's just do that, Chair.

The Chair: Okay. I'll call the vote. Those in favour? Those opposed? Carried.

PC motion number 65.

Mrs. Witmer: I move that section 37 of schedule M to the bill be amended by adding the following subsection:

"(2.1) Subsection 38(2) of schedule 2 to the act is repealed and the following substituted:

'"(2) A panel shall be composed of at least three and no more than five persons,

'"(a) at least two of whom shall be persons appointed to the council by the Lieutenant Governor in Council; or

'"(b) at least one of whom shall be a person appointed to the council by the Lieutenant Governor in Council and one of whom shall be a person,

'"(i) who was appointed to the discipline committee by the Lieutenant Governor in Council; and

'"(ii) who is a judge of the federal court, Supreme Court of Canada or of a superior, district or county court of a province or a person who is qualified for appointment to, or has retired from, such a judicial office.'"

This is from CPSO. I guess the one thing we need to recognize is that "the college's current discipline process has become increasingly litigious and procedurally demanding as it faces growing pressure from defence lawyers," who have been hired and, obviously, "the courts. Contested hearings are prolonged as discipline panels confront issues and arguments that are progressively complex and strongly challenged.

"Independent legal advice as currently structured is not designed to direct the panel, such that the panel is left to make procedural technical decisions without the requisite expertise." I think that's important. "For example, when objections occur during the course of a case, the panel must receive advice from ILC, followed by

submissions of counsel for both parties on the advice of ILC, and then make a decision in an area of expertise outside their own. Each ILC has a different approach to how directive they will be, with the result that there can be inconsistencies, thereby causing further confusion for the panel members. The panel then must be able to write written reasons that will withstand judicial scrutiny."

Therefore, the college has recommended, and I know it's supported by other colleges, "that a small pool of three to four retired judges and/or experienced litigators be appointed by the Lieutenant Governor in Council to the college's discipline committee." This approach, by the way, has been successful in other jurisdictions, including Nova Scotia, Quebec and Saskatchewan.

Furthermore, a legal chair "would add value by making procedural decisions in consultation with the panel and by assisting with writing decisions," bringing "additional expertise to the discipline panel that would:

"—enhance collaborative decision-making and build greater capacity within a panel;

"—allow the medical panel members, at the same time, to focus on the medical care and professional conduct issues; and

"—enable the panel to be more proficient at deciding procedural issues and arguments during hearings, and at preparing its reasons."

The key here is that hearings, folks, have changed. They are now contested and they are prolonged and they are facing issues and arguments that are increasingly complex and strongly challenged. There is a need for someone who has this type of expertise.

The Chair: Any additional discussion? I'll call the vote. Those in favour of the amendment? Those opposed? The motion is lost.

That brings us to NDP motion number 66.

Mrs. Witmer: Mr. Chair, I think that the sections we're debating and that are being defeated really do demonstrate the lack of consultation on the part of the government. This bill has not been opened for 15 years. They seem to be unable to recognize the changes that have taken place during that time as far as the disciplinary hearings are concerned. I think this unwillingness to support this proposal that I just had put forward really is more a result of a lack of will on the part of the government to do the policy work that would be necessary and, at the end day, I think, would certainly enhance the process for all concerned.

I'm really concerned that, after 15 years, there is so little change being made in order to move this process forward on behalf of all the parties concerned.

The Chair: Thank you. NDP motion number 66?

Ms. Martel: My motion was the same as Mrs. Witmer's 65, which has been voted down, so I will withdraw it.

The Chair: Thank you. Now I shall ask the question: Shall schedule M, section 37, as amended, carry? Carried.

Shall schedule M, sections 38 to 51, carry? Carried.

We're now at schedule M, section 52, government motion number 67.

Mr. Fonseca: Schedule M to the bill, subsection 52(3) (subsections 69(3) and (5) of schedule 2 to the Regulated Health Professions Act, 1991)

I move that:

"1. subsection 69(3) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in subsection 52(3) of schedule M to the bill, be amended by adding 'or the college' after 'A member',

"2. subsection 69(5) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in subsection 52(3) of schedule M to the bill, be struck out and the following substituted:

'"Limitations on applications

'"(5) The panel, in disposing of an application by a member under subsection (3), may fix a period of time not longer than six months during which the member may not make a further application.'"

The Chair: Debate? Hearing none, those in favour of the motion? Those opposed? The motion is carried.

Shall schedule M, section 52, as amended, carry? Carried.

Schedule M, sections 53 and 54: Shall they carry? Carried.

I think that's it. Committee, it now being 6 o'clock, we'll adjourn. We will reconvene next Monday, the 14th, following routine proceedings and hopefully complete this. We stand adjourned.

The committee adjourned at 1803.

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Also taking part / Autres participants et participantes
Mr. Ryan Collier, legal counsel,
Ministry of Health and Long-Term Care

Clerk / Greffier
Mr. Trevor Day

Staff / Personnel
Mr. Ralph Armstrong, legislative counsel