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**Official Report
of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Monday 28 May 2007

Lundi 28 mai 2007

Speaker
Honourable Michael A. Brown

Président
L'honorable Michael A. Brown

Clerk
Deborah Deller

Greffière
Deborah Deller

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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 28 May 2007

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 28 mai 2007

*The House met at 1330.
Prayers.*

MEMBERS' STATEMENTS

CATTLE FARMERS

Mr. Toby Barrett (Haldimand–Norfolk–Brant):

Tomorrow, Tuesday, the Ontario cattlemen come to Queen's Park for their fourth annual beef barbecue: great service and the best beef in the world. Join the cattlemen tomorrow out on the front lawn between noon and 1:30 and taste the quality for yourself—delicious—but remember, often our eyes are larger than our stomachs.

Farmers of all commodities are still reeling from this year's disastrous McGuinty Liberal agriculture cuts. This year's carnage comes in at \$191 million. Ontario's cattlemen, and all farmers, need the respect of their provincial government. With the endless rules and regulation, the red tape, the forms to fill out and the paperwork, cattlemen are calling on this government to do a full regulatory impact analysis on regulations prior to the regulations being created. For example, we think of the inevitable regulations coming under this government's recent source water protection legislation.

Ontario's close to 20,000 cattle farmers generate nearly \$1 billion in value added to our gross domestic product in Ontario, creating an additional 11,000 good-paying jobs. An expansion of the beef industry could have the same economic impact as a new automobile assembly plant.

Support our cattle farmers—support our family farms—tomorrow, and every day, for that matter. Come out to the barbecue. Learn about the issues, and buy Canadian beef.

SKYJACK INC.

Mrs. Liz Sandals (Guelph–Wellington): Last week, Minister of Economic Development and Trade Sandra Pupatello visited my riding to announce a \$2.48-million loan from the advanced manufacturing investment strategy fund to Skyjack Inc. The loan will support a new industrial research and development centre of excellence at Skyjack that will boost innovation and create jobs in the Guelph area.

Skyjack is a division of Linamar Corp.'s industrial group and manufactures mobile aerial work platforms. Skyjack is known all over the world for their scissor lift

platforms. For example, the CSI television series uses Skyjack lifts to get those great shots of bodies at their crime scenes.

Total investment by the company and the province is \$24.8 million, with the project expected to create the equivalent of 358 new positions over five years. The project will focus on the development of a new line of boom lifts and tele-handlers, which are used where reach and extension are required. The centre of excellence will allow Skyjack to strengthen their position as a world leader.

I'm proud that the McGuinty government is helping Skyjack grow its business and support the local economy. This announcement is a terrific vote of confidence in the company's workers and in Guelph's manufacturing sector.

ELECTORAL REFORM

Mr. Norman W. Sterling (Lanark–Carleton):

Today our leader, John Tory, will introduce a resolution that, in the opinion of this House, the federal Parliament should reconsider the proposed changes to the composition of the House of Commons. Our party believes in rep by pop, representation by population. Right now, Ontario is under-represented in the House of Commons. While the proposed changes to increase the number of seats from 106 to 116 would improve the situation for our province, we would still remain under-represented.

Reading the reports that the McGuinty government is upset with these proposed changes really draws a laugh from me, in irony. This is the same government that pushed through legislation to maintain 11 seats in northern Ontario without redistributing southern Ontario to maintain any semblance of equal representation. On October 10, the next election, the average riding in southern Ontario will have 110,000 constituents, while northern Ontario ridings will have an average of 76,000 constituents.

We could have had 11 ridings in the north and maintained fairness for all Ontario. I introduced a bill in this Legislature which would have maintained 11 ridings in the north permanently but would have required southern Ontario to be redistributed to ensure fairness for all Ontarians.

Mr. McGuinty, you can't complain to the feds about rep by pop for our province when you broke the very same principle for our provincial election here in Ontario: Rep by pop at the federal level; rep by pop at the provincial level.

LABOUR DISPUTE

Mr. Gilles Bisson (Timmins–James Bay): The workers at Grant Waferboard now have been locked out since last September in Timmins, Ontario. The employer there, Peter Grant, has decided in this market condition to take advantage of the situation in order to try to gain concessions from the workers at the Grant Waferboard mill in Timmins. I, along with my federal member, Charlie Angus; our mayor, Mr. Tom Laughren; the chamber of commerce; the local businesses; the labour council and others have been calling on Peter Grant to come back to the table in order to negotiate an agreement so that we can move on with what is happening in the forest industry in northern Ontario. I, the mayor, the federal member of Parliament, Cec Makowski, the president of the union, and others have been trying to get Mr. Grant to come to the table, but to date he has been refusing.

It's clear at this point that what is needed is intervention on the part of the Premier and the Minister of Labour. I'm asking the government today in the House to get the Premier to get the Minister of Labour to contact Mr. Grant in order to put some pressure on him to come back to the table and get off this kick that he has of keeping these workers locked out for the last number of months.

It is clear there is a consensus that has grown in the community, and that consensus is that people are supporting the workers in what is going on at that particular lockout. They are mad, they are upset with Mr. Grant for doing what he has done. I call today on the Minister of Labour and the Premier of Ontario to do what needs to be done in order to bring Mr. Grant back to the table so that at the end of the day we're able to negotiate an agreement and everybody can get on with their lives.

TOWN OF OAKVILLE

Mr. Kevin Daniel Flynn (Oakville): I rise today to highlight a very historic milestone for my community of Oakville. As I make this announcement, I'm joined in the west members' gallery today by some very fine young ladies from St. Mildred's-Lightbourn School in Oakville.

Yesterday marked the town of Oakville's 150th anniversary. Our community has grown from a small village in the 1800s to become one of Ontario's most desirable places to live. Oakville has become a diverse community, with a rich cultural and artistic community and a very vibrant local economy. A variety of wonderful events took place over the course of the day to celebrate 150 years of Oakville. I was proud to host one of the many community barbecues across town, and I participated in a lot of fun events.

I'd like to thank Mayor Rob Burton, members of Oakville town council, the town staff and the 150th-anniversary committee for all their hard work. I'd also like to congratulate all the people of Oakville and the many residents and families who make Oakville the great

place it is to live, work, raise a family and, obviously, attend school.

1340

VILLE D'OTTAWA

M^{me} Lisa MacLeod (Nepean–Carleton): Voilà déjà quatre ans depuis l'élection du gouvernement McGuinty, et les résidents d'Ottawa attendent toujours un traitement équitable de la part de la province. En termes d'investissements dans les villes, un rapport municipal démontre que le gouvernement McGuinty dépense près de 900 \$ de moins pour chaque résident d'Ottawa en comparaison avec Toronto. Comment expliquer cette iniquité? Mes concitoyens de la région d'Ottawa méritent mieux.

Les résidents de l'est attendent des améliorations à la jonction de la 417 et la 164. Ces deux centres veulent un palais des congrès moderne et efficace. Ces deux régions ont besoin d'investissements dans l'infrastructure. Les gestes symboliques et les grandes promesses faits pendant la campagne pré-électorale sont nettement insuffisants. Avec un premier ministre de la ville, deux anciens conseillers municipaux au cabinet et un troisième au caucus, les gens d'Ottawa auraient dû avoir mieux, mais le Parti libéral les a abandonnés.

GODERICH AND DISTRICT
CHAMBER OF COMMERCE

Mrs. Carol Mitchell (Huron–Bruce): I rise to inform the House of an exciting and esteemed honour that has been bestowed upon one of my communities. The Goderich and District Chamber of Commerce has been selected as a finalist in the best new membership recruitment category of the World Chambers Competition of 2007. The application process for this award consisted of four categories, and applications were received from 38 countries across the world. Members of the Goderich chamber will travel to Istanbul to present their project for the final judging of the competition on July 5. The winner of this prestigious award will be selected the following day, at the event's gala dinner.

This year's competition, which attracted a record number of applicants, will see Goderich compete against Vancouver, Anguilla, Sarajevo and Saudi Arabia in the new membership recruitment category. The Goderich and District Chamber of Commerce is being considered for this award based upon their exceptional growth, from 54 members to 156 members at the time of application. This ceremony will provide Goderich's chamber with an excellent opportunity to increase exposure for the chamber's members, the town of Goderich, Huron county and the province of Ontario.

Mr. Speaker, I ask this House to join with me in congratulating the Goderich and District Chamber of Commerce on this very impressive honour and wishing them all the best in Istanbul in July.

CHILD AND YOUTH HEALTH SERVICES

Mr. Dave Levac (Brant): It is a pleasure to rise today to highlight the wonderful progress that the McGuinty government has made towards the enhancement of child and youth health services in my riding of Brant and indeed throughout the province of Ontario. These types of investments are so important to the people of my riding because they provide services to children and youth with social and behavioural problems, along with some who have mental health challenges and many who have multiple disabilities.

Recently, I was honoured to host the Minister of Children and Youth Services, Mary Anne Chambers, as she toured the Woodview Children's Centre office complex in Brantford and saw first-hand how these types of investments are directly benefiting children. Not only did the minister talk with the representatives from various service agencies and parents; she also spent time to chat with each of the children who attended the announcement, a gesture that did not go unappreciated and unnoticed by staff, the children themselves and their parents, I can assure you.

I'm also delighted to tell the House that Minister Chambers announced that five Brantford agencies will be receiving over \$176,000 in additional funding, including the Woodview Children's Centre, St. Leonard's Society of Brant, Nova Vita Women's Shelter, Contact Brant and Lansdowne Children's Centre. I have worked very closely with all of these agencies in the past as a former principal and as MPP, and I cannot say enough about the great work they do in our community and the tremendous impact they have on the lives of our children and their families. We even received a letter back immediately from Woodview that indicated that she can come back any time.

HEALTH CARE

Mr. Khalil Ramal (London-Fanshawe): I rise today to speak about the great priority to my constituents and the people of London: health care. When the Tories were in government, they cut more than \$23 million from St. Joseph's hospital and more than \$27 million from the London Health Sciences Centre.

The McGuinty government has provided unprecedented financial support to the London-area hospitals, such as more than \$80 million as part of the peer review process.

As well, London Health Sciences Centre has received a 44.7% increase in base hospital funding since 2003. The McGuinty government has invested \$14.7 million for a wait times strategy at London Health Sciences Centre and \$489 million in capital funding in the year 2006-07 for upgrading.

St. Joseph's has received a 23% increase to base hospital funding since 2003. We have invested \$2.1 million for a wait times strategy and \$323 million for capital funding in the year 2006-07 for upgrades.

We've made progress. The party opposite wants to take us back. Last week, the opposition leader tried to slip his health care agenda under the radar in a low-profile event, hoping no one would notice.

The party's health care agenda is a blueprint for taking us back—back to the days of cut, damage and neglect. His numbers just don't add up. How else do you explain taking \$2.5 billion out of the health care system—

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

REPORTS BY COMMITTEES

STANDING COMMITTEE ON FINANCE
AND ECONOMIC AFFAIRS

Mr. Pat Hoy (Chatham-Kent Essex): I beg leave to present a report from the standing committee on finance and economic affairs and move its adoption.

The Clerk-at-the-Table (Ms. Lisa Freedman): Mr. Hoy from the standing committee on finance and economic affairs presents the committee's report as follows, and moves its adoption:

Your committee begs to report the following bill as amended:

Bill 174, An Act to enact the Taxation Act, 2007 and make complementary and other amendments to other Acts / Projet de loi 174, Loi édictant la Loi de 2007 sur les impôts et apportant des modifications complémentaires et autres à diverses lois.

The Speaker (Hon. Michael A. Brown): Shall the report be received and adopted? Agreed.

Interjections.

The Speaker: No?

All in favour will say "aye."

All opposed will say "nay."

In my opinion, the ayes have it.

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

The division bells rang from 1349 to 1354.

The Speaker: Mr. Hoy has moved that the standing committee on finance and economic affairs report regarding Bill 174 be received and adopted. All those in favour will please rise one at a time and be recognized by the Clerk.

Ayes

Arnott, Ted	Hoy, Pat	Patten, Richard
Arthurs, Wayne	Hudak, Tim	Phillips, Gerry
Balkissoon, Bas	Jeffrey, Linda	Racco, Mario G.
Barrett, Toby	Klees, Frank	Ramal, Khalil
Bentley, Christopher	Kular, Kuldeep	Ruprecht, Tony
Bradley, James J.	Kwinter, Monte	Sandals, Liz
Cansfield, Donna H.	Lalonde, Jean-Marc	Scott, Laurie
Caplan, David	Levac, Dave	Smith, Monique
Chan, Michael	MacLeod, Lisa	Smitherman, George
Chudleigh, Ted	Marsales, Judy	Sterling, Norman W.
Colle, Mike	Matthews, Deborah	Tascona, Joseph N.
Delaney, Bob	McMeekin, Ted	Tory, John
Di Cocco, Caroline	McNeely, Phil	Van Bommel, Maria
Dombrowsky, Leona	Meilleur, Madeleine	Watson, Jim
Duguid, Brad	Miller, Norm	Witmer, Elizabeth
Elliott, Christine	Milloy, John	Wynne, Kathleen O.
Flynn, Kevin Daniel	Mitchell, Carol	Zimmer, David

Fonseca, Peter
Hardeman, Ernie

Mossop, Jennifer F.
Munro, Julia

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

Nays

Bisson, Gilles
DiNovo, Cheri
Ferreira, Paul

Kormos, Peter
Martel, Shelley
Prue, Michael

Tabuns, Peter

The Clerk of the Assembly (Ms. Deborah Deller): The ayes are 55; the nays are 7.

The Speaker: I declare the motion carried.

Pursuant to the order of the House dated May 9, 2007, the bill is ordered for third reading.

STANDING COMMITTEE ON PUBLIC ACCOUNTS

Mr. Norman W. Sterling (Lanark–Carleton): I beg leave to present a report on the Ontario health insurance plan from the standing committee on public accounts and move the adoption of its recommendations.

The Speaker (Hon. Michael A. Brown): Mr. Sterling presents the committee's report and moves the adoption of its recommendations. Does the member wish to make a brief statement?

Mr. Sterling: Mr. Speaker, I believe I have the floor. As you know, the public accounts committee reviews the auditor's report, which was tabled in December of last year. One of the subjects that the auditor dealt with was the Ontario health insurance plan and, in particular, the use and abuse of Ontario health cards. In his report, he pointed out that it would take another 14 years to convert the famous red-and-white health cards to the green photo health cards. He also pointed out that there were approximately 300,000 more health cards in circulation than the population in the province. In fairness, during our hearings we found out that that number—300,000—had been reduced significantly prior to our hearings but after the report of the auditor.

In going through the recommendations, the committee was particularly concerned with regard to the focus by the ministry and the Ontario health insurance plan on fraud and abuse by the providers of health care services, but there was little concern or focus on those who might abuse their individual health cards. Therefore, the committee felt that there was a needed focus on that latter rather than that prior.

One of the main recommendations of the committee was that the Ministry of Health and Long-Term Care report to the committee on options to reduce the time needed for the conversion, including related time frames by which the red-and-white health cards can be converted to photo health cards. And it added—it is somewhat unusual for the committee to make this recommendation—that one option the committee would like to have considered by the Ministry of Health is an extension of the renewal time for photo health cards. Any savings, we

felt, from this extension should be allocated to expediting the replacement of the red-and-white health cards.

We believe that that time frame can be gapped and that we can indeed improve on preventing the fraud and misuse of health cards. There are many recommendations in this report to do that.

With that, Mr. Speaker, and your kind remarks to me at the opening, I move adjournment of this debate.

The Speaker: Is it the pleasure of the House that the motion carry? Carried.

STANDING COMMITTEE ON GOVERNMENT AGENCIES

Mrs. Julia Munro (York North): I beg leave to present a report on agencies, boards and commissions: Workplace Safety and Insurance Board, from the standing committee on government agencies and move the adoption of its recommendations.

The Speaker (Hon. Michael A. Brown): Mrs. Munro presents the committee's report and moves the adoption of its recommendations. Does the member wish to make a brief statement?

Mrs. Munro: I would like to take this opportunity to thank all of those people who made presentations, both in person and in writing, and the opportunity they provided the committee to examine the whole issue of WSIB. I just want to thank them for their contribution.

I move adjournment of the debate.

The Speaker: Is it the pleasure of the House that the motion carry? Carried.

BIRTH OF MEMBER'S GRANDCHILD

Mrs. Maria Van Bommel (Lambton–Kent–Middlesex): I just want to let the assembly know that the Van Bommel baby-watch is over, at least for the time being, with the birth of the 11th grandchild, Matthew James Van Bommel. He weighed in at nine pounds, one ounce, so he is a big fellow, and he was born four days after his big brother René's first birthday. Mom and dad are doing well, and Opa has another little farmer in training.

VISITORS

Mr. Michael Prue (Beaches–East York): On a point of order, Mr. Speaker: It is my privilege today to welcome to the House a number of people who are fighting for better protection for new home buyers: Karen Somerville and Alan Greenspun of Canadians for Properly Built Homes, the Griese family, Joe and Joanne West, Aline and Claude Martel, and many others. Welcome to this House and thank you for your efforts.

MOTIONS

PRIVATE MEMBERS' PUBLIC BUSINESS

Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader): I seek unanimous consent to put forward a motion without notice regarding private members' public business.

The Speaker (Hon. Michael A. Brown): Mr. Bradley seeks unanimous consent to put forward a motion without notice regarding private members' public business. Agreed? Agreed.

Hon. Mr. Bradley: I move that, notwithstanding standing order 96(g), notice for ballot item 12 be waived.

The Speaker: Mr. Bradley moves that, notwithstanding standing order 96(g), notice for ballot item 12 be waived. Agreed? Carried.

HOUSE SITTINGS

Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader): I move that, pursuant to standing order 9(c)(i), the House shall meet from 6:45 p.m. to 9:30 p.m. on Monday, May 28, 2007, for the purpose of considering government business.

The Speaker (Hon. Michael A. Brown): Mr. Bradley has moved government notice of motion number 364. Is it the pleasure of the House the motion carry?

All those in favour will say "aye."

All opposed will say "nay."

In my opinion, the ayes have it.

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

The division bells rang from 1404 to 1409.

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

Ayes

Arthurs, Wayne	Gerretsen, John	Patten, Richard
Balkissoon, Bas	Hoy, Pat	Phillips, Gerry
Bentley, Christopher	Jeffrey, Linda	Pupatello, Sandra
Bountrogianni, Marie	Kular, Kuldip	Racco, Mario G.
Bradley, James J.	Kwinter, Monte	Ramal, Khalil
Bryant, Michael	Lalonde, Jean-Marc	Ramsay, David
Cansfield, Donna H.	Levac, Dave	Ruprecht, Tony
Caplan, David	Marsales, Judy	Sandals, Liz
Chan, Michael	Matthews, Deborah	Smith, Monique
Colle, Mike	McMeekin, Ted	Smitherman, George
Delaney, Bob	McNeely, Phil	Takhar, Harinder S.
Dhillon, Vic	Meilleur, Madeleine	Van Bommel, Maria
Di Cocco, Caroline	Milloy, John	Watson, Jim
Dombrowsky, Leona	Mitchell, Carol	Wynne, Kathleen O.
Duguid, Brad	Mossop, Jennifer F.	Zimmer, David
Flynn, Kevin Daniel	Oraziotti, David	
Fonseca, Peter	Parsons, Ernie	

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

Nays

Arnott, Ted	Hudak, Tim	Prue, Michael
Barrett, Toby	Klees, Frank	Runciman, Robert W.

Bisson, Gilles	Kormos, Peter	Scott, Laurie
Chudleigh, Ted	MacLeod, Lisa	Sterling, Norman W.
DiNovo, Cheri	Marchese, Rosario	Tabuns, Peter
Elliott, Christine	Martel, Shelley	Tascona, Joseph N.
Ferreira, Paul	Miller, Norm	Tory, John
Hardeman, Ernie	Munro, Julia	Witmer, Elizabeth

The Clerk of the Assembly (Ms. Deborah Deller): The ayes are 49; the nays are 24.

The Speaker: I declare the motion carried.

STATEMENTS BY THE MINISTRY
AND RESPONSES

NORTHERN ONTARIO GROWTH PLAN

Hon. David Caplan (Minister of Public Infrastructure Renewal, Deputy Government House Leader): I am very pleased to rise today to tell honourable members how the McGuinty government is taking yet another important step in promoting strategic sustainable growth in this province in accordance with the Places to Grow Act.

It has been a privilege to share with honourable members on numerous occasions news about how the first of these growth plans, the award-winning growth plan for the greater Golden Horseshoe, has gained worldwide recognition as a plan that brings vision, foresight and a comprehensive approach to planning for growth in Canada's fastest-growing region.

Over the past few months, I have told this House about the growth plan being honoured by the American Planning Association with its Daniel Burnham Award for a Comprehensive Plan, making it the first plan from outside the United States to win this prestigious award.

And next month, the growth plan for the greater Golden Horseshoe will receive another major award at a ceremony in Quebec City, this one from the Canadian Institute of Planners, which will recognize the plan for excellence in re-urbanization planning.

Applause.

Hon. Mr. Caplan: Thank you. Earlier this month, the Ministry of Public Infrastructure Renewal's Ontario Growth Secretariat convened the Places to Grow summit in Toronto, a conference that brought together municipal leaders, worldwide experts on growth planning and staff from our ministry to share ideas about how we can press ahead with growth planning, not only in the greater Golden Horseshoe but right across the province of Ontario.

One of the resounding messages that everyone at the summit took home with them, a message reinforced by Premier McGuinty in his address to delegates, was the idea that planning for a strong, sustainable future is an ongoing, continual and important process.

The same day that I was pleased to host the growth summit here in Toronto, where we worked on implementing our seminal plan, the McGuinty government charted a new path in another region of the

province. Simultaneously on that day, my colleagues the Minister of Northern Development and Mines, Rick Bartolucci, and the Minister of Natural Resources, David Ramsay, announced the start of a growth plan for northern Ontario, in Sudbury and Thunder Bay, respectively.

The McGuinty government's growth plan for northern Ontario will lead to a stronger, more prosperous north. In the words of Minister Bartolucci, "Keeping northern Ontario strong and prosperous today and in the future is important for all of us. For our communities to prosper, we need a plan to address the challenges, such as youth retention and the need for improved infrastructure networks."

Minister Ramsay also summed up the plan's scope, aim and future impact very well when he said, "We need the north to be able to compete globally by directing investments, planning and development to encourage and support viable long-term growth of northern communities. This plan is consistent with the government's forest sector competitiveness strategy and will aim to ensure a balance between economic and environmental concerns."

Our northern growth plan will continue our approach, begun with the growth plan for the greater Golden Horseshoe, of developing a plan for regional growth through consultation with local leaders and key stakeholders who live in the region. With their valuable input, we will have a growth plan for northern Ontario that will help our communities be able to be prosperous places to live, work and play.

But I don't think that I need to tell any of the honourable members that the growth challenges faced by northern Ontario are very different than those faced by residents of the greater Golden Horseshoe. A growth plan for northern Ontario must focus on achieving a more sustained pattern of growth while recognizing the unique challenges like stemming youth out-migration, creating sustainable regions and improving infrastructure networks.

I'd also like to pause here to recognize the valuable work that has already been done by northern mayors, residents and northern development councils that have provided with us a good and strong base to build on.

I can assure all honourable members here today that the growth plan for northern Ontario will provide an important vehicle for aligning and augmenting the other government initiatives and policies for the north. That is why the plan will build on such other initiatives of our government like the northern prosperity plan, the forest sector competitiveness strategy, the northern Ontario highways strategy, and investments, of course, through the Northern Ontario Heritage Fund Corp.

As an important first step, our government will convene a dedicated ministers' table, chaired by Minister Bartolucci, that will ensure the coordination of provincial government policies and investments in the development and implementation of the growth plan, reflecting northern priorities in key areas such as education, housing, recreation and transportation.

The result of the plan will be a coordinated approach at the provincial and municipal levels to ensure that investments, planning and development will encourage and support economically and environmentally sustainable growth in northern communities.

Over the next few months, our government will be working closely with aboriginal leaders, municipal leaders, and education, business and industry groups as well as others to develop this very exciting plan. The leadership of Ministers Bartolucci and Ramsay and strong local members from the north, such as our colleagues from Nipissing, Monique Smith; Sault Ste. Marie, David Oraziotti; Thunder Bay-Superior North, Michael Gravelle; and Thunder Bay-Atikokan, Bill Mauro, will be essential to the process of shaping the plan. I invite all members from all sides of this House to work and support developing a northern growth plan.

I'd like to share with the honourable members today a few examples of the excitement that has stemmed from the announcement of a growth plan for northern Ontario.

Anne Krassilowsky, mayor of Dryden and president of NOMA, the Northwestern Ontario Municipal Association, said, "This is the answer to what we've been trying to formulate with NOMA and the common voice and the partnerships we brought to the table. This"—referring to the growth plan for northern Ontario—"is the perfect key."

1420

From the mayor of Timmins, Tom Laughren: "Having 15 to 18 cabinet ministers supporting ideas for the north—that's huge, and something municipal politicians have been trying to do for a long time.... I thank Minister Bartolucci for spearheading this.... We have the expertise and the infrastructure in the north; we just need some help in getting companies to look north."

From Steve Kidd, president, Northeastern Ontario Chamber of Commerce: This, the northern Ontario growth plan, "represents an important milestone for the future of northern Ontario's economic success. The Northeastern Ontario Chamber of Commerce has been actively calling on the government to bring the Places to Grow initiative north. Having a plan for growth is critical to the enhancement and, indeed, transformation of some sectors of our economy moving forward. I commend Minister Bartolucci and his northern caucus for their success in drawing the government's attention to the north with such a meaningful and aggressive initiative. The NOCC looks forward to working with Ministers Caplan and Bartolucci to develop this economic blueprint for the north."

From Barry Streib, president of the Northwestern Ontario Associated Chambers of Commerce: "This initiative will require a strong collaborative effort from both residents and businesses across the north, as well as from the government itself. I welcome the decision to form a ministers' table that will be dedicated to developing and implementing an economic plan of action that will set the course for attracting new investment and building on the

strengths of the north. NOACC looks forward to working with the government to make this initiative a reality.”

Those are just a few examples of what the reaction has been to our announcement some 10 days ago. Our government is committed to strong, sustainable growth for all regions of the province of Ontario and committed to developing plans for this growth in ways that respect and enhance unique regional ways of life. Our growth plan for northern Ontario is the next step in this commitment, and I am confident that all honourable members gathered here today will join with me in welcoming the McGuinty government's commitment to keep the north strong and prosperous through the northern growth plan.

ACCESSIBILITY FOR THE DISABLED

ACCESSIBILITÉ POUR LES PERSONNES HANDICAPÉES

Hon. Madeleine Meilleur (Minister of Community and Social Services, minister responsible for francophone affairs): Sunday marked the beginning of National Access Awareness Week in Canada. Today, approximately 1.5 million people in Ontario live with a disability. That is more than 13% of Ontario's population. And with an aging population, by 2025, one in five Ontarians, or 20% of us, will be over the age of 65 and can expect to experience some kind of disability ourselves. And yet, as we're getting older and as our physical limitations are increasing, the world around us is not adapting quickly enough. That needs to change.

Il y a près de deux ans, notre gouvernement a adopté la Loi de 2005 sur l'accessibilité pour les personnes handicapées de l'Ontario. La loi prévoit un plan pour faire en sorte que l'Ontario soit accessible pour tous d'ici 2025 grâce à l'établissement de nouvelles normes d'accessibilité obligatoires pour un bon nombre des secteurs les plus importants de notre vie, tels que le transport et le service à la clientèle. Toutefois, l'adoption d'une loi stricte n'est qu'une partie de la solution.

La barrière sociale est le plus important problème auquel nous devons nous attaquer. Nous devons rappeler au public que les personnes ayant un handicap ne constituent pas un petit groupe. Nous devons lui rappeler qu'il vaut la peine de prendre des mesures pour répondre aux besoins des personnes ayant un handicap, et nous devons rappeler au public que la société entière est pénalisée si elle continue à appuyer un monde où les personnes ayant un handicap n'ont pas la chance de participer pleinement.

This morning, I was pleased to attend the opening ceremonies of the Ontario Public Service Accessibility Expo that is going on here at Queen's Park. At the expo, members of the public service can visit booths, hear speakers and participate in fun events, all to help them learn more about accessibility and what it means for Ontario. I firmly believe that if we as a government are to encourage greater accessibility from our private sector partners, we need to lead by example and make sure that

we are doing everything we can to make the Ontario government as accessible as possible.

At the expo this morning, I also took the opportunity to launch our government's new public awareness campaign called AccessON: Breaking Barriers Together.

La campagne vise à sensibiliser davantage le public, le milieu des affaires et le secteur parapublic aux obstacles auxquels font face les personnes ayant un handicap; à ce que la Loi de 2005 sur l'accessibilité pour les personnes handicapées de l'Ontario, adoptée par le gouvernement, signifie pour eux; et à l'incidence qu'auront, pour les entreprises et les organisations de l'Ontario, les nouvelles normes provinciales d'accessibilité.

The campaign is web-centred and offers information, tools and resources to the business community and to the public at www.accesson.ca.

If we can challenge public attitudes and perceptions about disability, I believe we can begin to clearly demonstrate the importance of accessibility. Once people have a better understanding about how barriers impact daily living for people with disabilities, they will be actively involved in expecting our businesses, governments and communities to be accessible to everyone.

Chacun de nous a un ami, un parent ou un collègue ayant un handicap. Certains handicaps sont visibles, d'autres non, mais si nous sommes conscients des obstacles qui empêchent nos amis ou les membres de notre famille de participer à nos activités, nous sommes enclins à éliminer ces obstacles. Et c'est ce que nous demandons aux Ontariens et aux Ontariennes de faire : être les défenseurs de l'accessibilité.

C'est exactement en quoi consiste l'initiative « ON donne accès ». Il s'agit d'une invitation à passer à l'action; une invitation à reconnaître les obstacles et un engagement à les éliminer.

This week, I encourage all members of this House to attend the accessibility expo which is running here today and tomorrow. I also encourage them to get out into their own communities and celebrate the individuals and the organizations that are breaking down barriers, the champions of change. Everyone here knows the importance of full participation and equality for Ontarians with disabilities. We all want Ontario to be a leader in building a society of full inclusion.

Nous voulons tous léguer à nos enfants une société où le monde a la chance de réaliser son potentiel. Il s'agit là d'un objectif ambitieux, mais je crois que les Ontariens et les Ontariennes ont le courage nécessaire pour l'atteindre. Nous savons tous que c'est ce qu'il faut faire et qu'ensemble, nous pouvons accomplir de grandes choses.

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

NORTHERN ONTARIO GROWTH PLAN

Mr. Norm Miller (Parry Sound–Muskoka): I rise on behalf of John Tory and the PC caucus to respond to the McGuinty government's so-called northern growth plan. The government has had their northern shrinkage

plan in place for three and a half years and they've been very successful at it. The government's announcement to consult interested groups in order to develop a growth plan for northern Ontario is completely and totally inadequate. Communities across the north have been begging for help for years. Instead of providing real assistance, the government waits three and a half years to deliver this weak response.

The challenges in the north have been studied to death. Northerners want action, and action takes leadership, something this government just has not shown. The only things growing in the north are the lineups for employment insurance and the crowds at the bus and train stations filled with youth heading for the south or to other provinces to find jobs.

McGuinty's lack of leadership in the north has had negative economic consequences as whole communities are struggling to keep and find employment. That is particularly true in the forestry industry, where the north has lost over 8,000 forestry jobs, most of them in northern Ontario. The Liberals' plan to address the job loss was to ignore their own expert panel's recommendations and instead, they've said that they are "beginning to turn the corner." However, as we know in the forestry industry, there is still a crisis, and every week there is an announcement about another mill closing.

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This government's actions, with their recently announced diamond tax, demonstrate how they feel about the north. They're doing their best to eliminate a glimmer of hope for development in the north. I had the pleasure of attending the Meet the Miners conference that was held here at Queen's Park. There, the De Beers representative did his best to be polite in his response to the Minister of Northern Development and Mines, but what did he say? He said that this was a Third World taxation policy and that this may be the only diamond mine that ever opens in Ontario because of your broken promise, bringing in another tax—where you triple the tax from 5% to 13%—just as the company is about to open a new diamond mine west of Attawapiskat, giving hope to the First Nations in the area and giving hope to northern Ontario. And what do you do? You squash that hope by tripling the tax right at a critical point so that the De Beers representative said that this may be the only diamond mine that ever opens in northern Ontario.

I've got lots more that I'd like to say, but I've used my time. The north will continue to suffer as long as the province lacks the leadership necessary to make the real decisions and encourage real growth for northern Ontario.

ACCESSIBILITY FOR THE DISABLED

Mrs. Julia Munro (York North): I'm happy to join the minister in marking Access Awareness Week in Ontario. I'm very proud that the PC government was the first one to introduce an Ontarians with Disabilities Act in Ontario. No other government had ever before intro-

duced such a bill. I know that all parties in this House are committed to working on behalf of disabled Ontarians.

I would also like to thank all of the organizations across Ontario who work to improve accessibility for Ontarians. Disabled Ontarians themselves deserve our respect for holding government to account over the years as legislation has progressed. The website that the government is introducing today should be helpful to businesses who wish to make their workplaces more accessible for disabled customers and employees. It is a worthy goal to encourage the employment of disabled Ontarians. I encourage all employers to consider hiring a disabled employee.

Just a couple of weeks ago, on Community Living Day, I pointed out the importance of integrating Ontarians with intellectual disabilities. It is just as important to encourage the integration of Ontarians with physical disabilities.

On behalf of John Tory and the PC caucus, I am pleased to mark Access Awareness Week and to commit on behalf of our party to help make our province better for our disabled citizens. Our goal should be a society in which every citizen is able to participate to the best of his or her abilities.

NORTHERN ONTARIO GROWTH PLAN

The Speaker (Hon. Michael A. Brown): Responses? The member for Timmins–James Bay.

Interjection.

Mr. Gilles Bisson (Timmins–James Bay): Well, you're right; it isn't going to be positive, because this government stands here today and says, "Oh, after four years, we've got a plan. We've got a plan for northern Ontario." Where have you been for the last four years? We've had plant closures from northwestern to northeastern Ontario; we've had entire communities lose their only employer—in my riding alone, Smooth Rock Falls and Opasatika—but the story is the same across northeastern Ontario. You say, after four years, on the eve of an election, "We have a plan." Well, if this is a plan, we certainly don't need it, because what we've needed for the last four years was a government to work with us in northern Ontario, to work with the very people that you talked about inside your report—Steve Kidd from the Northeastern Ontario Chamber of Commerce; Tom Laughren, the mayor of Timmins—to work with the labour councils, the forest companies, the diamond industry and others in order to grow jobs in northern Ontario. You can't plan growth in northern Ontario unless you have an increasing population, and we've had a decrease in population in northern Ontario because of the job losses. So you're saying to us, "We have a plan to deal with growth in northern Ontario," at the same time that we've had a decrease in population.

Listen: As a northerner, I want to see growth in northern Ontario like everybody else and I want to see northern Ontario prosper, but the formula that you've been using up to now has been nothing short of a

disaster. What you need to do is address the core issue that affects the forest industry, the mining industry and other industries in northern Ontario in order to put them on a sound footing. What is it? Electricity prices, number one, no question. All of the mayors across the north have been saying, as my leader Howard Hampton has been saying, that this government's failed electricity policies, which were first enacted by the Conservative and then followed by the Liberals, have led to thousands of job losses across northern Ontario. It's not only the north; you look across southern Ontario and it's the same story, but for this particular announcement I'll talk about the north.

You talk about an exciting initiative and then you use the names of people like Mayor Tom Laughren. Don't you remember? He was one of the five mayors who came to Toronto less than a month ago to call on this government to deal seriously with the issues of growth in northern Ontario from the perspective of creating jobs. What did they get? They didn't get the response they needed, and they went back to northern Ontario quite disappointed.

I say to the government across the way: If you want to plan for growth in northern Ontario by way of building new schools, by way of planning new neighbourhoods, you've got to grow the jobs, and this is where this government has failed miserably. If you don't grow the jobs, at the end of the day you can't do any planning.

I look at the issue of diamond mining in northern Ontario. As the member from the Conservative Party was talking about tripling the royalty on the De Beers mine, the minister across the way was yelling and saying, "We're giving the diamonds away to the public." Imagine, if you will, if your policies were to triple the taxes paid by GM while Ford and Chrysler had their taxes stay the same, what the auto industry would say about Ontario. It would be a laughingstock.

You're killing jobs in northern Ontario. Until you guys figure out what you've done wrong, at the end of the day we haven't got a chance. The best chance is to bring on the election, kick the Liberals out and elect New Democrats.

ACCESSIBILITY FOR THE DISABLED

Mr. Michael Prue (Beaches–East York): In response to the statement by the Minister of Community and Social Services: another day, another website; another day, another day of government inaction. The NDP welcomes any progress made to improve accessibility. However, all this website is is another smoke-screen for your inaction. You've put up a website which costs nearly nothing and you do nothing in respect.

You've quoted here in your speech, and I'd like to quote you: "All of us have a friend or co-worker that has a disability. Some of those disabilities are visible; some are not. But if we are aware of a barrier that keeps our friends or family from participating in activities, we are compelled to remove that barrier."

If only that were true. If only you were removing barriers and not just putting up websites. There are so many issues that you have failed to do. Your own bill will take 20 years to implement. Your own bill, your own budget, has no new initiatives to help the poor. Your own budget has nearly frozen ODSP rates. Your own budget is leaving in the clawback for the children of disabled people. There are so many issues that the Ministry of Community and Social Services is ignoring.

I would like to take a couple—I've only got a few seconds. Mr. Gord Shepherd from Havelock, Ontario, is being discriminated against by this government simply because he is blind. Mr. Shepherd has a car that others drive for him. In the past, when he purchased a car he received a sales tax rebate. This government did away with it. This is just an example of what you do, not what you say—

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

HOCKEY

Hon. Jim Watson (Minister of Health Promotion):

On a point of order, Mr. Speaker: I have a message for the Minister of Tourism from the people of Ottawa that there is still time to join the Ottawa Senators bandwagon. If you could just leave one seat for the Stanley Cup, you're more than welcome to jump on board, Minister of Tourism.

Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader): On the same point of order, Mr. Speaker: We have only one Ontario team left in the Stanley Cup finals, and naturally I'll be cheering for the Ottawa Senators against the Anaheim Ducks.

Mr. Ted McMeekin (Ancaster–Dundas–Flamborough–Aldershot): On a point of order, Mr. Speaker: I'm excited about the Ottawa Senators' chances, but I just want to draw to the attention of this House the other professional Canadian hockey team that's still playing hockey at this time, and that's the Hamilton Bulldogs, who are finalists in the Calder Cup against the Hershey Bears. Go, Bulldogs, go.

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ORAL QUESTIONS

SCHOOL SAFETY

Mr. John Tory (Leader of the Opposition): My question is for the Minister of Education and concerns school safety. Last week, I think we were all stunned after hearing about the murder of young Jordan Manners at C.W. Jefferys school in Toronto. I had a chance myself to speak to some of the family members on Saturday and I repeat here the expression of our condolences on their terrible loss and the loss that the community has suffered.

Now parents and teachers and students across Ontario are wondering once again how these senseless acts can

take place. We've seen these tragedies take place in too many places. It's included a church, on Yonge Street and now in one of our schools. The same parents and teachers and kids expect us to work together to deal with these very serious issues of school safety.

On Friday, I wrote a letter to the Premier on school safety. It made some suggestions as to more we might do. I wonder if the minister would agree that there is more to be done to ensure safety in the schools.

Hon. Kathleen O. Wynne (Minister of Education): First of all, I just want to say what a great tragedy Jordan's death was. I was able to go to the school the day after the shooting. It's obviously every parent's nightmare that such a thing would happen, and my heart goes out to the family and friends of Jordan.

Of course, there's always more to be done. We received the letter from the member opposite. There are no simple solutions in these situations, and on the issues that the member opposite has raised in terms of supervision and security in schools, calling on the federal government to ban handguns and indeed in terms of increased programming, we have taken action on all of those. I'd happy to elaborate in supplementary.

Mr. Tory: As the minister said, in the letter I set out a number of things that I thought needed to be done in a number of different areas. We clearly need programs in place for families and children and teachers to prevent crime and in fact divert people away from crime. We need tougher penalties for gun crimes. But I want to take a second to talk about another area of concern, and that is the seemingly slower pace than I think is desirable of getting cameras into schools where a need has been identified.

C.W. Jefferys was on the list of schools that were supposed to get cameras. They requested them in January. They're still waiting, along with about half the schools in Toronto that have been identified as being in need of cameras. This initiative for cameras was announced two Ministers of Education ago. Why haven't this particular school and the others on the waiting list received their cameras as yet? What's holding it up?

Hon. Ms. Wynne: On the issue of cameras, the \$3.4 million that was rolled out to 844 elementary schools in the province, which was the provincial program—all of those schools have their cameras. The program that the member opposite is talking about is actually a local program in Toronto, and the Toronto board has got a priority list. As the member opposite knows, there are some 550 schools in the Toronto District School Board. They have their own capital plans and their own purchasing priorities. So those cameras are being installed in schools according to the local board's initiative.

I just want to respond on the issue of programming. One of the things that I've certainly been concerned about is the summer ahead of us and that there do need to be more programs in our schools. The Toronto District School Board and the Toronto Catholic board released a notice on Friday that they are going to be responding to my request to come up with a proposal for summer

programs so we can get the schools open and get programs into the schools for the summer.

Mr. Tory: An article in the Toronto Sun over the weekend by a former teacher described a chaotic situation at C.W. Jefferys well before the tragic events of last week. Across the province we've heard concerns about supervision in the schools. The Ontario Principals' Council has said that there's been a dramatic one-third reduction in supervision time, and the gap is not being filled. The gap would clearly seem to be an issue if we're going to maintain safe schools. At least according to the principals' council, it would seem to be an issue.

This supervision gap is not a new concern. I wonder if the minister can tell us what specific steps she has taken to address it so as to help ensure safe schools in Toronto and across the province?

Hon. Ms. Wynne: We have been working with the Ontario Principals' Council, the teachers' federations and the individual school boards to guarantee that all of our schools have the safest conditions possible. Some 80% of the elementary schools in the province have supervision schedules that have been signed off on by principals, and where there hasn't been a signed-off agreement, the principal's plan is in place. So in fact the principals themselves are the ones who take responsibility for safety in the schools. I am absolutely sure that in C.W. Jefferys and in all our schools around the province the teachers and principals are doing everything they can to make sure that the kids are safe. In fact, when this incident happened, the lockdown procedure that took place was performed absolutely to a T. The teachers were with the students in the school and kept the students safe during those terrifying hours.

CHILD CARE

Mr. John Tory (Leader of the Opposition): My question is for the Minister of Children and Youth Services. Today we read in the Toronto Star of a serious lapse that has happened on the minister's watch. We learned that in 2005-06 there were 5,814 serious occurrences reported by licensed daycares in Ontario, involving 3,000 injuries, 674 missing-children reports and 675 allegations of abuse. We also learned that the ministry charged with protecting children in daycares has been slow to act even in the worst cases. We further learned that this minister and her department have fought tooth and nail to keep some of this information away from the public. This despite recommendations from the Auditor General on these very issues in his 2005 report, recommendations that the minister committed to implement. The minister and her government made efforts to keep this information under wraps for two years. Why did the minister do that? Will she now acknowledge that the policy should be to make sure that parents know what's going on in daycares across the province, that this information is readily available to them?

Hon. Mary Anne V. Chambers (Minister of Children and Youth Services): I must first correct the

Leader of the Opposition, who blatantly suggests that I knew what was going on and kept this under wraps. That's just not true. There's no question that I take my responsibilities very, very seriously, and I do understand the concept of ministerial responsibility, so I'm not happy with the findings of this investigation by the Toronto Star.

There have been a number of steps taken by my ministry since January 2006 to strengthen the whole process for licensing child care centres. It's obvious that there's more to be done yet, and we are continuing to move in that direction. There's no question that we want children to be safe in our child care centres, that parents deserve to have this comfort level that their children will be safe, and we are going to work even harder to ensure that this is indeed the case.

Mr. Tory: We've heard this song before. The Auditor General reported on this some time ago, there was a massive freedom-of-information request filed in respect of all this information that's starting to come out now in the Toronto Star, and the minister would have us believe that she knew nothing. We have seen this before. We've seen it with the lotteries, we've seen it with the slush funds, we've seen it with the mental health of the children on the armed forces base, we've seen it with the Ombudsman's report on that, and we've seen it with the spending abuses uncovered by the Auditor General.

How does the minister explain this? People can go into any restaurant they want and see a sign right in the window telling them whether that restaurant meets the minimum standards or not, but parents sending their kids to daycare are blind when it comes to the quality of care that their kids are receiving. Parents dropping their kids off don't, seemingly, under this administration, have the right to know what kind of care is being given to their kids inside. My question is this: Why don't parents have access to this information, and why did you spend two years trying to keep it from public view when the requests were in? Why did the minister do that?

Hon. Mrs. Chambers: The Leader of the Opposition forgets that this investigation actually started with his government. In terms of signs at child care facilities, there are licensing signs on the facility premises and there are different-coloured signs depending on whether or not a provisional licence is in effect. There are also pamphlets that parents receive when there's a provisional licence in effect.

Clearly, I would like to acknowledge that there is more to be done. We are working to do more to protect children. Today there are 57 provisional licences in place in 4,450 child care centres in this province.

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Mr. Tory: The issue once again, as it was with lotteries, as it was with all of these different things we see, is the lack of investigation, the lack of enforcement and the refusal to take problems within these ministries seriously until somebody gets caught. That's where it is. Instead of enforcing the laws, instead of enforcing the minimum standards, provisional licence after provisional

licence is issued. People rely on brochures to tell parents about things that the ministry knows are going on inside these places, but the parents themselves are not entitled to know these things. In fact, the government takes steps to make it difficult for this information to become public. The facts are hidden from the public.

I want to ask the minister very simply: Why have these problems been ignored for such a long period of time, and why is the minister so opposed to the transparency and accountability that would let parents know what is going on inside these places, instead of some canned brochure?

Hon. Mrs. Chambers: There is no question that the Leader of the Opposition is being creative. He has his own reasons for presenting this question the way he does, and his reasons are not about getting to the bottom of these issues.

We are, without a doubt, committed to transparency and openness. We have even made changes to the DNA, the Day Nurseries Act, on regulatory modernization, which will allow us to exercise closure on centres that have had provisional licences for more than one kind of complaint. So we are taking several steps.

I would be happy to take more questions on this and to provide more details. A licence and compliance review working group, for example, was established in January 2006—

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

Mr. Howard Hampton (Kenora–Rainy River): My question is for the Minister of Children and Youth Services. Today we have more evidence that the McGuinty government is out of touch with hard-working families and their priorities. As the Toronto Stars says, in 2005-06, 3,000 Ontario children were injured at licensed child care centres across this province, and that says nothing about what may be happening at unlicensed child care operations. But the information that this is happening to children should be available to parents. It shouldn't be hidden by the McGuinty government. The Toronto Star shouldn't have to take two years of freedom-of-information delays to find the information either.

My question is this: Why is the McGuinty government trying so hard to hide information that should be available to parents on an everyday basis?

Hon. Mrs. Chambers: Once again, I'll repeat that information on provisional licensing is actually available to parents. The brochure is called Attention Parents: "This centre does not meet all the requirements of the Day Nurseries Act." It is available to all parents of children in centres that have been issued provisional licences.

The leader of the third party also suggests that we're trying to hide information. That couldn't be further from the truth. That is certainly not the case, and again, there's a certain amount of creative licence that's going on in this place today.

Mr. Hampton: The only creative licence that's going on is with the McGuinty government. A newspaper like

the Toronto Star shouldn't have to go through a two-year process of roadblocks and delays to find out health and safety information about licensed child care centres in Ontario, and parents shouldn't have to wait for that kind of delay either. Some 674 missing-child reports were filed by licensed child care centres, where parents shouldn't have to be concerned about their child's health and safety. Hard-working parents have a right to know this information.

I ask again: Why has the McGuinty government been fighting for two years to try to keep this information from the parents, the children and the families of Ontario, who deserve to know it and who need to know it?

Hon. Mrs. Chambers: The fact that these reports are actually being filed illustrates that our ministry has been very committed to ensuring that occurrences are documented. In fact, starting in January 2006, we actually implemented an enhanced serious occurrence reporting process, and every single one of those reports is reviewed by the assistant deputy minister in the Ministry of Children and Youth Services.

I should also mention that a missing child report can be prepared—I'll give you one example. A child went across the hallway to the gym without the knowledge of the child care worker. That report was filed just the same, because that worker did not know where that child was. That doesn't mean that it was a problem; it means that we take this very seriously.

Mr. Hampton: If the McGuinty government were taking this seriously, this information would be available for parents across this province and not hidden behind a wall of bureaucracy for two years.

Another example: In 2005-06, there were 675 allegations of child abuse or mistreatment at licensed child care centres. Again, that says nothing about what may have been going on at unlicensed, unregulated child care operations. Parents need to know that information as well. But the reality under the McGuinty government is that it seems to take an investigation by the Ombudsman or a discovery by the Auditor General or two years of going through freedom of information roadblocks and delay before the McGuinty government fesses up. I ask again: Why is the McGuinty government trying to keep this information from parents, and when are you going to start making it public without a two-year freedom of information delay?

Hon. Mrs. Chambers: The leader of the third party continues to actually provide incorrect information to this House, so let me show him again. This is the brochure. It's called Attention Parents and says, "This centre does not meet all the requirements of the Day Nurseries Act."

We will continue to do more to inform parents as to how they can help us to address issues that they may be concerned about in their centres. Certainly when there is an issue that generates a provisional licence, the reason for the provisional licence will be made very clear to parents. These provisional licences, at this point in time anyway, can be issued twice, each providing for a three-month period in which to correct the issue. What we

would also like to do is to ensure that the provisional licences that we take into consideration can be for a variety of causes, not just for a repeated occurrence.

The Speaker: New question.

Mr. Hampton: To the Minister of Children and Youth Services: The minister talks about provisional licences. The reality under the McGuinty government is that you have child care centres operating with provisional licences for months, children potentially at risk for months, and the McGuinty government does nothing. Not only are you trying to keep the information secret, but you're failing on the enforcement side as well.

Again, parents need to know the information and they need to know the information not two years later. I ask the minister again: When is the McGuinty government going to start, as a practice, making this information available immediately instead of forcing parents and people who are interested to go through a two-year freedom of information request to get the information that should be available to parents today?

Hon. Mrs. Chambers: The article actually speaks to the overwhelming majority of centres being properly run. We should not forget that. The leader of the third party seems to think that if he continues to repeat incorrect information, that will make that information correct. So let me once again, because he's obviously not paying attention, illustrate that there is in fact a pamphlet that brings to every parent's attention if there is a provisional licence in effect.

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Mr. Hampton: Minister, the reality for parents out there is that they're so desperate for child care spaces that even where they may know that the child care centre where their child is has problems, they don't want to come forward and say anything, yet they're finding out they can't rely on the McGuinty government either. You don't enforce and you try to hide the information that parents need.

You talked a minute ago about reports that are being filed. If you're serious about doing something, will you table those reports here and now, today, so that we won't have to go through another freedom of information request in two years to get the information that parents should have today? Will you table the reports that you've been referring to?

Hon. Mrs. Chambers: The fact is that all of that information is available. It is available.

With regard to the McGuinty government's attitude towards child care facilities that are not functioning properly, I would like to suggest that the member and his colleagues, and in fact members of the official opposition, might want to remember that it was our government that shut down a child care centre just a matter of a few weeks ago, in spite of the fact that some parents said they were very satisfied with that centre. We found that that centre was in fact not abiding by the expectations of our licensing requirements. We shut it down.

Mr. Hampton: Minister, your government was forced by public outcry to shut down a centre that was an un-

licensed and unregulated centre because children were at risk. That wasn't any action of your own; that was public disclosure.

I remember that only three and a half years ago Dalton McGuinty promised \$300 million of new provincial money to be invested in child care. Here we are, almost four years later: The situation, as the *Toronto Star* discloses, is more desperate than ever; parents are more desperate than ever to have access to child care. Can the minister tell us what happened to the promised \$300 million of new provincial money? Because we haven't seen it yet.

Hon. Mrs. Chambers: It was the NDP government that cut child care spaces in this province. In our first year of the child care agreement, we increased the number of child care spaces in this province by almost 15,000—a substantial increase, well beyond the expectations of anyone in—

Interjections.

The Speaker: I'm having difficulty hearing the minister.

Minister.

Hon. Mrs. Chambers: Thank you, Speaker. I was just reminiscing on the change in attitude of the NDP, which had cut child care spaces in this province when in fact in one year alone our government increased the number of child care spaces by almost 15,000 across this province.

The Speaker: New question.

Mr. Tory: My question is for the Minister of Children and Youth Services, on the same subject. The minister stood in her place this afternoon and corrected me when I said she knew about these circumstances for months, if not years. She claims she didn't. She keeps showing us this brochure, which is a poor substitute for a foreign concept for the McGuinty government. How about actually making the information available, on the Internet and elsewhere, to the parents so they can judge for themselves what is going on in the places where they leave their children?

I want to know from the minister: At what point in the two-year stonewalling campaign did the minister know the *Toronto Star* was seeking this information, and why didn't she simply instruct her officials at that time to make the information available to them—and to parents, by the way—instead of dragging it out for two years? At what point did she know?

Hon. Mrs. Chambers: I'm very happy to respond to that question. The minister, as in "I," knew about the *Toronto Star*'s request on Thursday of last week.

Interjections.

Hon. Mrs. Chambers: Deal with that. That's the answer to the question. I'm sure it's not what you were hoping for, but that's in fact the answer to the question.

Mr. Tory: Mr. Speaker, I can tell you that it is inconceivable that in all the meetings and in all the briefings that have ever taken place there's been no reference whatsoever at any time before last Thursday—over a period of two years, which I gather involved a court case as well—that you would know anything about this. It's

unbelievable. Parents should be appalled at this kind of performance.

I'll ask the minister to bring to the House the memos, the briefing notes and the schedules of all the things that went on, all the interaction between the minister and her officials. And I'll ask her this as well: On a go-forward basis, will she agree to tell the public that she will make this information readily available to the public and the media so they don't have to go through this two years of stonewalling that the minister seemed to know nothing about in order to get basic information on how kids are being looked after in this province?

Hon. Mrs. Chambers: The member's exact question was, "When did the minister know about the *Toronto Star* investigation?" I have answered his question. He doesn't like the answer, but that's not my problem. I have answered his question.

As I have said—and he should actually be aware of the freedom of information process—the freedom of information process is supposed to be separate and apart from the political process. Something tells me he knows that, but he really just does not want to acknowledge that.

There is no question that there is more to be done. Yes, in fact a website is in the works. They don't typically like websites, from how they react to what we say, but a website is in fact under development, and parents will have that opportunity as well. The brochures that parents receive also provide a telephone number for my ministry, a telephone number whereby they will be able to find the number for the regional office in their area, which they can actually find from our current website as well.

FREEDOM OF INFORMATION

Mr. Peter Kormos (Niagara Centre): To the Attorney General: The McGuinty government says it's committed to transparency, but it really seems to have a serious secrecy addiction. It drags its feet, indeed resists efforts by families to get information about their children's child care. The Attorney General wins a Code of Silence Award from journalists across the country, but on Friday Ontario's Court of Appeal ruled that the freedom of information act violated the Charter of Rights and Freedoms.

Will the Attorney General commit today to comply with the ruling of the Ontario Court of Appeal and not in fact delay matters by appealing their decision?

Hon. Michael Bryant (Attorney General): The member refers to the Canadian Journalism Association, which had me appear before them on Friday so that we could discuss the changes that have been made at the behest of the Panel on Justice and the Media recommendations—17 recommendations. We asked for the justice and media panel's recommendations because we feel that our justice system is very much ready for its close-up. We announced at that time that we had cut in half the fees that are being charged for photocopying in our courts and that we've reduced by more than 69% the cost of inspection fees, as well as complying with a

number of recommendations, including bringing cameras into the Ontario Court of Appeal through a pilot project that Chief Justice McMurtry agreed to. So we have actually unprecedented transparency and accountability in our justice system, and I'm happy to talk about more of this in a supplementary.

Mr. Kormos: Maybe I just should have congratulated the Attorney General on winning the Code of Silence Award. But public information isn't the property of Dalton McGuinty or his cabinet. If the McGuinty government knows that a licensed child care centre is unsafe, they shouldn't hide that information from parents with children in those centres. Unfortunately, the McGuinty government appears to be incapable of transparency, openness or accountability.

But now the Ontario Court of Appeal has given this government an opportunity—that is, by having ruled section 23's omission of sections 14 and 19 unconstitutional. I ask the Attorney General whether he will assure us that he won't waste any more public money by appealing this but in fact will accept this very, very responsible judgment and proceed with its application.

1510

Hon. Mr. Bryant: Former Attorney General Howard Hampton I'm sure has already told Mr. Kormos that in the ordinary course of business, ministry counsel will review decisions of this nature and will act in the public interest, and I expect that will continue. He will be familiar, because he brought judicial reviews of freedom of information and inquiry findings. Mr. Hampton used to do that about five times a year when they were in government and he was the Attorney General. When FOI requests were made and the NDP government didn't like it, Howard Hampton would appeal those decisions. That's what the NDP government did. To a large degree, the Ministry of the Attorney General continues to act in the public interest in this regard.

I'd certainly like to compare the effort that was made by the NDP when they were in government to the effort being made by the McGuinty government. The Information and Privacy Commissioner has praised the McGuinty government's initiative to usher in a new era of openness and called our response rate achievement "outstanding."

ELECTORAL REFORM

Mr. Wayne Arthurs (Pickering–Ajax–Uxbridge): In 2007 the federal government introduced Bill C-56, An Act to amend the Constitution Act, 1867 (Democratic representation), in the House of Commons. In 2006, the Conservative Party platform committed to "Restore representation by population for Ontario, British Columbia, and Alberta in the House of Commons while protecting the seat counts of smaller provinces." Unfortunately, while it solved the under-representation for Alberta and British Columbia, the federal government's new legislation fails to honour its commitment to representation for Ontario. Through you, Mr. Speaker, to

the minister responsible for democratic renewal: What does this mean for Ontario?

Hon. Marie Bountrogianni (Minister of Intergovernmental Affairs, minister responsible for democratic renewal): Thank you to the member from Pickering–Ajax–Uxbridge. The good news is that the federal government says it wants to improve representation for all Canadians in the House of Commons. The bad news is that the proposal they came up with doesn't treat Ontarians fairly. The new legislation increases the number of seats for British Columbia, Alberta and Ontario, but caps the number of increased seats for Ontario and only Ontario. Despite the fact that Ontario—

Interjections.

The Speaker (Hon. Michael A. Brown): The member for Lanark–Carleton and the Minister for Public Infrastructure Renewal: If you wish to discuss this privately, be my guest.

Minister?

Hon. Mrs. Bountrogianni: I don't know what the member opposite has against the north, but he should really listen to the answer.

Despite the fact that Ontario will gain additional seats, these will not be sufficient to keep pace with our population growth. People in Ontario will be the only Canadians who do not benefit from the very basic principle of representation by population in the House of Commons. Both Alberta and BC are projected to get a new seat after 2011 for every increase of approximately 100,000 people, and Ontario would only receive one new seat for every 200,000 people. People in Ontario will be more under-represented when Bill C-56 is implemented than they are now.

The federal government should keep its promise to the people of Ontario by amending Bill C-56 to provide Canadians living in Ontario with the same treatment as Canadians living in Alberta and British Columbia. It's a very simple amendment to make.

Mr. Arthurs: Over the weekend, I had the opportunity to read a number of articles and editorials about this particular issue. Despite the unfortunate silence that has occurred on this issue from Ontario Conservative MPs, many people are recognizing how unfair C-56 is to the province of Ontario. It's rare to see the Toronto Star, the Globe and Mail, the Montreal Gazette and the National Post all agree on the same issue, but editorials and columnists in all of those papers have spoken out in support of Premier McGuinty's position. Among those quotes, yesterday's Toronto Star notes, "The Conservatives' new approach shortchanges Ontario rather noticeably." I'd like to ask the minister what we can do as MPPs to help show the Harper government the errors of their ways.

Hon. Mrs. Bountrogianni: I'd like to thank the member again for his attention to this issue. I read with great interest many of the same articles that he did over the past week. In fact, let me draw the attention of the House to a couple of other quotes. A Globe and Mail editorial from May 19, 2007, states that what is not clear

from the bill is why Ontarians' votes should be worth less than the votes of all other Canadians. We believe that all Canadians should have an equal say in who will govern the country. As the *Star* noted yesterday, "This is not a partisan issue. It affects every Ontario resident, who is in effect being discriminated against by the federal government."

The Premier has introduced a motion calling on all MPPs and MPs to stand up for the people of Ontario by asking the federal government to amend Bill C-56. Speaker, I ask if you could stop the question period clock and seek unanimous consent to move and vote on the following motion without debate:

That the Legislative Assembly of Ontario supports Premier McGuinty's call for all Ontario leaders—including MPPs and MPs—to stand up for Ontario by calling on the federal Tory government to amend its unfair legislation that discriminates against Ontario in the House of Commons.

The Speaker: Mrs. Bountrogianni has asked for unanimous consent to stop the question period clock to put the motion. Agreed? I heard a no.

CHILD CARE

Ms. Lisa MacLeod (Nepean–Carleton): To the Minister of Children and Youth Services: Several months ago, the Auditor General made us and you aware of the serious abuses in Ontario's children's aid societies. At the time, the minister was slow to act. You'll also recall earlier this spring when the Ombudsman was called in to intervene on behalf of children and youth at the Phoenix Centre in Petawawa, to stand up on their behalf. Now we have further reports of the McGuinty government's apathy towards the well-being and safety of Ontario's children as outlined on the front page of today's *Toronto Star*. It appears that this apathy is becoming systemic, and the pattern of behaviour.

Will the minister please tell this House when she was first aware of these repeated abuses in Ontario's day-cares, why she didn't immediately stop the abuses and, finally, why the information was suppressed and kept hidden from Ontario's parents for at least a year and a half?

Hon. Mary Anne V. Chambers (Minister of Children and Youth Services): There is no question: The health and well-being of children in our child care facilities are absolutely not to be compromised. So what I read in the *Toronto Star* today is unacceptable—it's unacceptable—and I'm working with my ministry to ensure that all of these situations are investigated further and that we strengthen the steps we have already started to take to ensure that the licensing processes and practices are in fact serving our children and their parents well.

The article also indicates that the overwhelming majority of centres are in fact meeting all standards. Over the last three years, our government has hired more

inspectors to monitor our child care facilities—in fact, an 18% increase in inspectors since 2004. Over the—

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

Ms. MacLeod: How can parents like me in this province who have children under the age of six in daycare be confident with this minister? She knew of problems identified to the Auditor General in 2005. She knew of the massive *Toronto Star* request for information made a year and a half ago.

Interjections.

The Speaker: Stop the clock. Order. When a member is placing a question, that is the only member who is entitled to speak. I need to be able to hear the question.

1520

Ms. MacLeod: Thank you very much, Mr. Speaker.

The minister knew of the problems identified by the Auditor General in 2005, she knew of the massive *Toronto Star* request for information over a year and a half ago, and she knew of the update being given in the public accounts committee this past March. Yet it appears that yet again she did nothing but deny and delay access to information. Why did she go to such lengths to prevent this information from getting out to the public and into the hands of parents with small children? She doesn't think parents are entitled to it. Is her answer to parents today simply, "File an information request if you want to find out about a daycare in the city of Toronto or anywhere else in the province of Ontario"?

Hon. Mrs. Chambers: Today there are 57 provisional licences in place. This is across 4,450 child care centres in this province. I take very seriously the allegations revealed in the *Toronto Star* article. My ministry takes very seriously the allegations revealed in the *Toronto Star* article. We have actually been conducting unannounced inspections in addition to the annual reviews that we conduct of every single licensed centre. We know that we can always do more—and we will do more—but right now every single one of those centres that has a provisional licence has that information posted and is required to provide parents with information to that effect.

WATER QUALITY

Mr. Peter Tabuns (Toronto–Danforth): My question is for the Minister of the Environment. Last week, cities like Toronto, London, Hamilton, Waterloo and Windsor were ordered to test for lead in tap water. Unfortunately, the approach of this minister falls short of standards in other jurisdictions like the United States. In the US, the Environmental Protection Agency has required monitoring of drinking water from the tap, looking for lead, for over a decade. Will this minister mandate ongoing tap water testing in order to protect Ontarians from unsafe levels of lead in their drinking water—ongoing testing?

Hon. Laurel C. Broten (Minister of the Environment): It is my primary responsibility to protect the

health and safety of all Ontarians, and those are exactly the steps that we're taking at the Ministry of the Environment. When we first learned about the circumstances in London, we took immediate and decisive action, and engaged and worked side by side with the community of London to get to the bottom of their water chemistry issue. We talked about ensuring that we retain world experts to come together to look at the unusual circumstances in London. We assured ourselves that there were enough various types of testing available. We used our labs to undertake that testing. We wanted to assure ourselves that residents, especially that vulnerable population, were informed about the circumstances. That's why I engaged with the London media and gave a number of interviews to raise the profile of this issue. At the same time, the North American experts will be reporting to me to ensure that we get to the bottom of this critical issue in London and beyond.

Mr. Tabuns: That was a wholly unsatisfactory answer. The question is whether or not the minister will, on an ongoing basis, protect people from lead in their water in this province. We know what the impacts of lead are on pregnant women and young children. When the minister gets caught, when things blow up, then there's a flurry of action. But the question is not just the flurry of action; the question is: Will there be mandatory ongoing testing of water at the tap for lead? That's the issue, that's the question and that's what has to be addressed by the minister. Will she mandate ongoing testing at the tap for lead?

Hon. Ms. Broten: I would encourage my friend opposite to pay close attention to the actions being taken by our government. We are not waiting; we have now issued orders to 36 municipalities across this province to test their water at their tap.

My friend opposite knows well that this is an unusual circumstance unknown to North American experts, to the chief drinking water inspector and to communities right across North America. It is complicated, I know. It has to do with the water chemistry, and standard protocols in use for many years are not resulting in us having the satisfaction that communities are safe.

We have undertaken specific efforts in London. We have asked all municipalities to undertake that water testing. We await those results; they will be returned to us very promptly. I have issued protocols and asked for our water experts to provide us with their advice. It is that advice of water experts from North America, of the chief medical officer and of the chief drinking water inspector that I will listen to, because this is an important issue for the health and safety of this province. We will get to the bottom of this.

HEALTH CARE

Mrs. Carol Mitchell (Huron-Bruce): To the Minister of Health and Long-Term Care: In the last three and a half years, I have heard time and time again from my constituents about access to health care services. In

my riding—it covers a very large geographical area—we have eight hospitals and seven family health teams to serve my many constituents. Right now, no less than three of my hospitals have received planning and design grants to revamp their structures. This is a total of \$2.1 million, and that's being used to develop plans and needs for the hospitals in Exeter, Kincardine and Wingham. I ask this minister in this House: Will you acknowledge the need to redevelop these hospitals?

Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care): Indeed, planning and design grants for hospitals in Exeter, Kincardine and Wingham signal that these hospitals have a bright future, something that wasn't so certain in the province of Ontario. We continue to build on our record of renewal and transformation. My colleague the Minister of Public Infrastructure Renewal has ensured that in five years Ontario will see more renewal of its hospital stock than under the last five governments combined.

I contrast that record with Mr. John Tory's. In trying to hide his agenda, he has unmasked, with respect to health care, that he's not too good at math. Unflattering editorials in the *Globe and Mail*, the *Sudbury Star*, the *Toronto Star* and the *Cornwall Standard-Freeholder* all give rise to serious concerns about Mr. Tory's agenda and his math skills. Those editorials had headings such as "Promise Hard to Accept" and "Unhealthy Calculations."

Mrs. Mitchell: Minister, I tell you, I hope for the sake of the five hospitals in my riding, which were on the chopping block when the previous government was in office, that they will not count as waste this time around. As the population ages, and especially in a rural riding such as mine, it's vitally important to the people that they can access their health care services as close to home as possible. If those five hospitals had been closed, as was the government's intention at that time, those communities would have been forced to travel great distances to receive just basic health care. Minister, how are you planning to bring more health services to the people in remote and rural communities?

Hon. Mr. Smitherman: We know that more than 20 hospitals and communities across the province of Ontario suffered that fate after hearing promises from the then leader of the Conservative Party about no cuts to hospitals.

You mentioned the seven family health teams. I think it's very noteworthy that to date, through the evolution of those seven family health teams, 2,500 additional patients are receiving care. These are patients who did not previously have access to a family doctor. These are the same kinds of programs that would be under the threat of being cut if the Conservatives regained the opportunity, because it's the same story, just a different Tory. I quote from the *Common Sense Revolution*: "That means setting priorities, cutting out fat and waste, and putting people first." Now for Mr. Tory's speech last week: "I believe we can manage our system better, we can eliminate waste and we can drive dollars to patient care." I

think Ontarians well know that as this party goes, it's Tory, Tory, same old story.

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

Interjections.

The Speaker: Order. The member for Niagara Centre will come to order.

1530

WATER QUALITY

Mr. John Tory (Leader of the Opposition): My question is for the Minister of the Environment, and it concerns the lead being found in the water of communities across Ontario. We first heard about the high levels of lead in London over a month ago. At that time, the minister's immediate and decisive action, to use her words, was to tell people to flush the pipes and ask the stores if they'd keep some filters in stock. Then one of her officials wrote a memo to the municipalities recommending testing, but they kept the letter under wraps. Again, immediate and decisive action to cover up, just like we've seen with the child care centres. Finally the ministry ordered minimal testing after pressure from the London Free Press and from the Hamilton Spectator and today from the Osprey newspapers.

To the minister: Why the reluctance to act? Why the reluctance to share this information with the public by sending a letter out to municipalities and not making it available to the public?

Hon. Laurel C. Broten (Minister of the Environment): I would urge the Leader of the Opposition to find his new-found interest in water and take it seriously because, to be clear, let me tell you about the actions that have been taken by this government. Five weeks ago we learned that a Canadian standard of flushing your lead pipes for five minutes was not keeping Ontarians in London as safe and healthy as we wanted that to be. We immediately engaged with the community of London to ensure that there was sufficient treatment capacity available so that they could treat the water in their homes. We engaged North American experts to join with us, to join with the chief drinking water inspector, to work with us to help find a solution to this very complicated water chemistry pH level issue in London.

As a result of the actions that we've taken, I can tell you that we have quickly posted a new protocol on the Environmental Bill of Rights. I have engaged with the federal government to get them to take action on their new standard, and we continue to work—

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

Mr. Tory: The very five-minute flushing test the minister just said was the Canadian standard and was not keeping people safe is the very test that her chief water inspector has ordered in the province. They're only testing 20 homes in each of the cities that are the subject of the water inspector's letter, and the tests specifically contemplate running the water first for five minutes

before the water is taken for the test. Who in heaven's name runs the water for five minutes in real life before they take a drink or brush their teeth? And she has just said that that standard is not protecting people adequately.

What we want to know is this: the cost of doing this properly. The North American experts the minister referred to say that 100 homes is the minimum number of homes you'd want to test. Why doesn't the minister instruct that the test should be done immediately when the tap is turned on, not after this ridiculous five-minute period of time? Will the minister do the right thing, order the tests to be done properly, order them to be done in a reasonable number of homes and just get on with protecting the public interest?

Hon. Ms. Broten: You can be absolutely certain that I will take no advice as to protecting Ontarians' drinking water from the Leader of the Opposition and the legacy that his party has left us. They voted against the Clean Water Act. They don't understand the Canada-wide standard with respect to ensuring that communities are safe and that their drinking water is clean and pure.

The tests that we are undertaking in 36 communities across the province will allow us to understand how widespread this problem is, and then we will take action by taking advice from the chief drinking water inspector, the chief medical officer himself and the world-renowned experts that we have engaged to help us with this problem.

Lastly, I want to tell you that folks who know about drinking water—Robert Walton, Oxford county's public works director, says that the Ontario Drinking Water Advisory Council is working at rocket speed. It sounds like the Ministry of the Environment has done the right thing, doing a survey across Ontario to see how extensive the problem is.

We are taking action. We will—

The Speaker: Thank you. New question.

HOME WARRANTY PROGRAM

Mr. Michael Prue (Beaches–East York): My question is to the Minister of Government Services. Mr. Minister, this morning representatives from Canadians for Properly Built Homes were at Queen's Park to raise very serious concerns about the government services ministry and the Tarion Warranty Corp. Tarion is supposed to be responsible for protecting the rights of new home buyers and regulating those who build new homes. But countless new homeowners have purchased faulty homes and faulty houses, and the corporation has ignored their pleas for help. The minister has also ignored their pleas over these many months. Can the minister please explain why he has refused to answer their queries and, more importantly, why Ontario is the only province to let an arm's-length organization manage the home building industry?

Hon. Gerry Phillips (Minister of Government Services): Of course the warranty program is extremely

important to homeowners, and we take it very seriously. This is a corporation that really started the home warranty program in Canada, and we are constantly looking at how we can improve it. It was, I think, about three years ago that we put four new members on the board to represent the consumer. We have an agreement with the board to add an additional member very shortly. The warranty corporation has, I think, doubled the warranty program from \$150,000 to \$300,000. They put some strict guidelines on how quickly they deal with them. I would just say to the member that I'm determined to continue to look for ways we can improve this program. I would also say that I think there are 400,000 people under warranty right now, and unfortunately we do have a few challenges with the warranty program, and I constantly look for ways we can improve that.

Mr. Prue: Mr. Minister, in the audience today we have people who are very dissatisfied. We have people who have not been responded to by you or by your ministry. We have people who are not satisfied with Tarion. We have people who have been forced to go to court and who potentially may lose their homes. The minister should be taking the concerns far more seriously than he has in the past. He should be protecting new homeowners from faulty, disreputable builders. No one wants to hear his excuses; they want leadership. The minister must tell the thousands of new homeowners who have been ripped off and who have been—I use the word advisedly—lied to by Tarion Corp. and by the home builders that he will do something to help.

The Speaker (Hon. Michael A. Brown): You might want to rephrase that.

Mr. Prue: Tarion Corp has been less than honest with those people who have bought houses. Will the minister use his power to tell this House today that he will establish clear guidelines that will protect consumers and force his Tarion Corp.—

The Speaker: Minister.

Hon. Mr. Phillips: Let me just assure the public that I do take very seriously the comments. I think I've corresponded with some of these people, individuals, 30 or 40 times in the last year and a half. I take all of their issues seriously. I would just say to the member that I'd be very careful about the language you use in dealing with firms in this province that are reputable firms, dealing on a reputable basis. Again I would just say to the people in the gallery, when you say we haven't—I think I corresponded with one of them 30 times in the last year. We take them seriously. We are making improvements. Just recently, one of the huge issues was with something called delayed closings. We've had a major study done on it, and we are taking action on it. So I want to assure the public and the members in the gallery that I listen carefully to their concerns. We will continue to work to find solutions to those problems.

MANUFACTURING JOBS

Mr. John Milloy (Kitchener Centre): My question is for the Minister of Economic Development and Trade.

As I'm sure members are aware, there was a large demonstration in Windsor over the weekend to address the need for government assistance in helping to stem the loss of jobs in the manufacturing sector. In fact, I had the opportunity to attend a town hall in my own community last Wednesday night. I simply want to ask the minister a very straightforward question: Can she clarify for the Legislature the extent to which our government is acknowledging the challenges facing this important sector and the way in which we are working to try to assist it?

1540

Hon. Sandra Pupatello (Minister of Economic Development and Trade, minister responsible for women's issues): I was very pleased to see the participation of the member from Kitchener Centre as well, who is a huge supporter not just of the manufacturing sector but of people who work all over his riding.

I'm very happy to report our own participation this past Sunday in the rally in Windsor by the leadership of the CAW. Let me just take a moment to quote Buzz Hargrove, who said very clearly, "McGuinty's done more for the auto industry than anyone else in the country." I think what's really important to note is that—

Interjections.

Hon. Ms. Pupatello: I'm with Buzz, quite frankly. I realize that there are members who opposite who aren't with Buzz. I, on the other hand, am. We believe in a partnership, and I think that what these rallies are expressing is a partnership between the CAW for certain and the Ontario government. We want the feds at the table, and I'm happy to see that this member, who is very busy working for his constituents, is calling on the feds for support as well.

Mr. Milloy: I want to thank the minister for her leadership on this issue. As she points out, there are other factors at work which apply to the federal government. Globalization and the fact that our dollar hit a 30-year high on Friday are issues that are beyond the control of this Legislature. It seems to me that there's much more the federal government could be doing to address the problems of the sector. I want to ask the minister: How is the McGuinty government pressing the federal government to come up with a plan to help this situation?

Hon. Ms. Pupatello: We know we have a track record, and that gives us ample opportunity to actually talk to our federal colleagues. I'm sure there are many opposite who have a good working relationship with their colleagues in Ottawa, and they could actually be quite helpful. I would encourage you to pick up the phone or, in some cases, over dinner one night just have a conversation. We're looking for support for our auto sector and we want the federal government at the table.

We've come to the table with a half-billion-dollar fund for the auto investment strategy. That has tabled \$7 billion in our jurisdiction. No other jurisdiction in North America has seen this level of investment. But we need more help. We recognize the challenges and we expect our federal government to be right there with us, all

hands on deck, for our manufacturing sector. We're insisting on it. We have good ideas. We can bring people to Ontario, but we need the federal government to help. I would encourage every member of this House to chat with their federal colleagues. We want them at the table with the Ontario government.

PETITIONS

LONG-TERM CARE

Mr. Bill Murdoch (Bruce-Grey-Owen Sound): I have a petition to the Legislative Assembly of Ontario:

“Whereas the proposed Long-Term Care Homes Act is extremely lengthy and complex and requires full and extensive parliamentary and public debate and committee hearings throughout the province; and

“Whereas the rigid, pervasive and detailed framework proposed is excessive and will stifle innovation and flexibility in the long-term-care sector; and

“Whereas the additional burden, red tape and punitive measures imposed by the proposed legislation will aggravate ... the chronic underfunding of the sector, to the detriment of residents of the homes; and

“Whereas the proposed legislation will have serious implications for the viability of the for-profit and not-for-profit, charitable and municipal long-term-care sectors;

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

“We demand that the McGuinty government withdraw the proposed act, or remove the offending sections, and fulfill its commitment by a substantial increase in funding on a multi-year basis in the order of the promised \$6,000 per resident, per year.”

I've also signed this.

NON-PROFIT HOUSING

Mr. Paul Ferreira (York South-Weston): I am pleased to present a petition on behalf of the 164,000 Torontonians who live in Toronto Community Housing buildings.

“Whereas every citizen of Ontario should have a safe, healthy and decent home; and

“Whereas thousands of individuals and families are denied this basic right when the province of Ontario downloaded affordable housing to the city of Toronto but refused to pay for the hundreds of millions of dollars in deferred capital repairs; and

“Whereas poor living conditions undermine the safety and security of communities, harming children, youth and families living in affordable homes; and

“Whereas failure to invest in good repair undermines the values of the province's affordable housing as the condition of the housing stock deteriorates; and

“Whereas poor living conditions have a damaging impact on the health of communities, costing Ontarians millions in health costs; and

“Whereas investment in housing pays off in better residences and in stronger, safer ... communities; and

“Whereas residents of Toronto Community Housing have waited five years for the province to pay its bills and bring affordable housing to a state of good repair;

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

“Accept its responsibilities and invest \$300 million to ensure that all residents of Toronto Community Housing have a safe, decent and healthy home.”

I agree with the petition and hand it to page Grant.

ROUTE 17

M. Jean-Marc Lalonde (Glengarry-Prescott-Russell): J'ai une pétition de 220 noms qui proviennent de la ville de Rockland.

« À l'Assemblée législative de l'Ontario :

« Attendu que l'ancien gouvernement de l'Ontario a transféré la responsabilité de la route 17 aux municipalités, la ville d'Ottawa et des comtés unis de Prescott et Russell;

« Attendu que les municipalités n'ont pas les fonds suffisants pour l'entretien, la réfection de la route ou des ponts, sans mentionner d'élargissement;

« Attendu qu'en 2001, l'administration des comtés unis de Prescott et Russell a estimé à 21 000 véhicules par jour la circulation en semaine sur la 17 à l'entrée de la cité Clarence-Rockland et que depuis, ce chiffre a augmenté à 25 000;

« Attendu que cette artère principale transférée aux municipalités est une route transcanadienne dans un état lamentable et continue à souffrir du temps et de l'achalandage de plus en plus important;

« Attendu que les membres du personnel du MTO régional avaient recommandé et accepté tel que présenté par la commission de révision régionale en date du 27 avril 1992 que la route 17 soit retenue comme une route collectrice provinciale suivant l'achèvement de la route 417;

« Attendu que la ville d'Ottawa continue à émettre des permis de construire, ce qui devient une question de sécurité;

« Attendu que la population de l'est de l'Ontario exige les mêmes services de sécurité routière;

« Nous, soussignés, adressons à l'Assemblée législative de l'Ontario la pétition suivante :

« Nous demandons au ministère des Transports de l'Ontario de reprendre immédiatement la responsabilité de la route 17/174 et de procéder à son élargissement de la cité Clarence-Rockland à la ville d'Ottawa. »

J'y ajoute ma signature.

LAKERIDGE HEALTH

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

“To the Legislative Assembly of Ontario:

“Whereas Lakeridge Health should receive full funding to properly implement patient services in the community; and

“Whereas Lakeridge Health is currently facing an \$8-million shortfall as a result of government directives; and

“Whereas Lakeridge Health ranks among the best 25% of hospitals in efficiency performance even when compared to single-site hospitals; and

“Whereas this shortfall would negatively affect many vital programs, including the mental health program, crisis intervention services and addiction treatment services at Lakeridge Health;

“Therefore, be it resolved that we, the undersigned, respectfully petition the Legislative Assembly of Ontario to provide long-term fair operating funding for the important health care services of Lakeridge Health and immediately fully fund the current \$8-million shortfall.”

I affix my name in support.

ANTI-IDLING BYLAWS

Mr. Ted McMeekin (Ancaster–Dundas–Flamborough–Aldershot): I have a petition from a high school group known as SAVE, Students Against Violating the Environment, largely from the Waterdown area.

“To the Parliament of Ontario:

“Whereas the fact that idling of cars is a major contributor to climate change, poor air quality and a waste of valuable resources—action should be taken by the Parliament of Ontario against it;

“We, the undersigned, petition the Parliament of Ontario as follows:

“Be it resolved that the provincial government, through the Ministry of the Environment, immediately initiate discussion with its municipal partners, ideally through the Association of Municipalities of Ontario, so as to move beyond the patchwork quilt of existing and important municipal anti-idling bylaws to a provincially generic piece of legislation with enforcement mechanisms that can be universally applied across the entire province.”

I give it to page Shea.

PUBLIC TRANSPORTATION

Mr. Toby Barrett (Haldimand–Norfolk–Brant): These petitions from Dunnville, collected by Dianne Scott, indicate, as in the title, “Rural Ontario Needs Transit Support Too.”

“Whereas public transit services in the communities of Haldimand and Norfolk counties have declined to the point of virtual non-existence;

“Whereas people in these communities require bus service just as much as those in urban areas to access medical services, get to appointments in nearby towns and visit family; and

“Whereas the communities in Haldimand and Norfolk counties have received no substantial money to support

any form of public transit from the provincial government; and

“Whereas the McGuinty government has allocated a two-cents-a-litre gas tax initiative to support public transportation in urban areas of the province; and

“Whereas, despite paying into the province’s two-cents-a-litre gas tax initiative, residents of rural municipalities like Haldimand and Norfolk counties are effectively shut out of this growing source of cash support for transit;

“We, the undersigned, ask the Ontario government to investigate the establishment of connecting public transit links between Haldimand county and Norfolk county communities and outlying municipalities, as well as to establish a mechanism to ensure rural municipalities receive the full benefit of the gas tax transit initiative.”

I agree with these people who have signed the petitions and affix my signature.

1550

GTA POOLING

Mr. Mario G. Racco (Thornhill): “End GTA Pooling: Pass Ontario Budget

“Whereas the city of Mississauga faces a long-term labour shortage, resulting in some 60,000 more people commuting into the city of Mississauga than leave Mississauga to earn their living and support their families each and every day; and

“Whereas 10 years ago the Ontario government of that day introduced the concept of GTA pooling, whereby funds are taken from the municipalities surrounding the city of Toronto and channelled into the city of Toronto without benefit or accountability to the taxpayers of those fast-growing cities, which face big-city needs and issues of their own; and

“Whereas GTA pooling places an additional tax burden on the municipal property tax bases of some \$40 million each and every year to the city of Mississauga; and

“Whereas the government of Ontario in its 2007-08 budget proposes to completely eliminate GTA pooling during a seven-year span beginning in fiscal year 2007-08, and that, as pooling is phased out, Ontario will take responsibility for social assistance and social housing costs currently funded by GTA pooling;

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

“That all parties within the government of Ontario support the swift passage of the 2007-08 Ontario budget and ensure that its provisions ending GTA pooling are implemented.”

I support this petition and put my signature on it.

DOCTOR SHORTAGE

Mr. Norm Miller (Parry Sound–Muskoka): I have a petition to do with doctor shortages in Muskoka, with

hundreds of signatures from the Gravenhurst area in particular. It reads:

“To the Legislative Assembly of Ontario:

“Whereas we, the undersigned, are very concerned about the doctor shortage in Muskoka;

“Whereas, without increased funding for the Muskoka Algonquin Healthcare Centre, the administration will not be able to keep it as a full-service hospital;

“Whereas, without a full-service hospital in our area, we will be unable to attract doctors; and

“Whereas Muskoka has a higher-than-average percentage of ‘senior’ citizens; it is of great concern that we attract more doctors.”

I support this petition.

PARENTING EDUCATION

Mr. Kuldip Kular (Bramalea–Gore–Malton–Springdale): This petition is to the Legislative Assembly of Ontario.

“Whereas effective parenting practices do not come instinctively and parenting is our most crucial social role, parenting and human development courses need to be taught to all secondary school students. Parenting education will: reduce teen pregnancies; reduce the rate of costly fetal alcohol spectrum disorders and increase the number of healthy pregnancies; reduce the number of costly social problems related to ineffective parenting practices; and improve the ‘social fabric’ of Ontario to create a more civil society. Parenting education for students is considered to be socially valuable by a majority of adults of voting age and should be included as a mandatory credit course within the Ontario curriculum;

“We, the undersigned, petition the Legislative Assembly of Ontario to amend the requirements for the Ontario secondary school diploma to include one senior level ... credit course in parenting education (students to select one of: living and working with children...; parenting...; issues in human growth and development...; or parenting and human development...) as a compulsory credit.”

I agree with the petitioners, so I put my signature on the petition as well.

MINISTRY OF TRANSPORTATION OFFICE

Mr. Tim Hudak (Erie–Lincoln): I’m pleased to present a petition to reopen the Grimsby MTO office. I want to thank Lynn Vanderplaat for her hard work in gathering hundreds of signatures. It reads as follows:

“To the Legislative Assembly of Ontario:

“Whereas Grimsby is a growing community with an increasing demand for government services; and

“Whereas people want and deserve to have a real person providing friendly and knowledgeable assistance to citizens rather than a computer terminal; and

“Whereas the Dalton McGuinty government doubled fees for drivers’ licences, meaning Grimsby residents are paying more but could be receiving less in services;

“We, the undersigned, request as follows:

“That the McGuinty government immediately seek to find a permanent operator for the Grimsby MTO office to provide in-person, friendly customer service to the people of Grimsby; and

“Furthermore, that the McGuinty government should accelerate this process and reopen the MTO office without any further delay.”

My signature in support.

LABORATORY SERVICES

Mr. Norm Miller (Parry Sound–Muskoka): I have a petition to do with health care funding in Muskoka. It reads:

“To the Legislative Assembly of Ontario:

“Whereas the residents of the communities served by Muskoka Algonquin Healthcare ... wish to maintain current community lab services; and

“Whereas maintaining community lab services promotes physician retention and benefits family health teams; and

“Whereas the funding for community lab services is currently a strain on the operating budget of” Muskoka Algonquin Healthcare; and

“Whereas demand for health services is expected to continue to rise with a growing retirement population in Muskoka-East Parry Sound; and

“Whereas the operating budget for” Muskoka Algonquin Healthcare “needs to reflect the growing demand for service in the communities of Muskoka-East Parry Sound;

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

“That the McGuinty government and the Minister of Health increase the operating budget of Muskoka Algonquin Healthcare to permit continued operation of community lab services.”

I support this petition.

MACULAR DEGENERATION

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

“Whereas the government of Ontario’s health insurance plan covers treatments for one form of macular degeneration (wet), and there are other forms of macular degeneration (dry)”—Stargardt—“that are not covered,

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

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

I affix my name in full support.

LONG-TERM CARE

Mr. Norm Miller (Parry Sound–Muskoka): I have another petition to do with health services in Parry–Sound Muskoka, and it reads:

“To the Legislative Assembly of Ontario:

“Whereas demand for health services is expected to continue to rise with a growing retirement population in Muskoka-East Parry Sound; and

“Whereas studies indicate that overcrowded emergency rooms result in higher mortality rates; and

“Whereas growing demand and lack of availability of long-term-care beds place increased pressure on acute care beds; and

“Whereas the operating budget for” Muskoka Algonquin Healthcare “must reflect the growing demand for service in the communities of Muskoka-East Parry Sound;

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

“That the McGuinty government and the Minister of Health provide adequate increases in the operating budget of Muskoka Algonquin Healthcare to maintain current health services for the people of Muskoka-East Parry Sound and allocate more long-term-care beds for Muskoka-East Parry Sound.”

I support this petition.

ORDERS OF THE DAY

HEALTH SYSTEM IMPROVEMENTS ACT, 2007

LOI DE 2007 SUR L'AMÉLIORATION DU SYSTÈME DE SANTÉ

Mr. Smitherman moved third reading of the following bill:

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

The Acting Speaker (Mr. Michael Prue): Mr. Smitherman?

Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care): I want to say what a privilege it is and that I will be sharing my time with the excellent member from Mississauga East. I want to thank him for the work he's done on helping to give steerage to this bill.

Bill 171 is a bill that I am enormously proud of. I must say that, as the longest-serving Minister of Health in the province of Ontario since Medicare—I'm long-serving; that makes all of you long-suffering—I'm very privileged

to have a chance to bring to third reading debate the 10th bill I have had the privilege to bring in as minister.

1600

This bill is the culmination of an enormous body of work that was influenced by a dramatically large, impressive and powerful cross-section of stakeholders and folks who are out there to try and help influence positively the health care system that we have in the province of Ontario.

I want to welcome many groups to the Legislature today. First and foremost, I want to welcome the McEachern family. I know that we've had a chance in this House before to speak somewhat of the implications of leadership from a very young man named Chase McEachern. I know that Bruce Crozier, the member from Essex, wishes that he could be with us today. It was his work in bringing life and recognition to Chase's important impact on our society that really brought a much greater focus to the need to have associated with the greater deployment of defibrillators in environments the necessity of offering the appropriate legal structure that would make sure that any good Samaritan in any environment was not penalized. We want to welcome Chase's parents, John and Dorothy, his brother Cole and his grandmother Jean. We welcome them all to the Legislature today. We're so grateful for your being here.

We have Dan Andreae from the Ontario Association of Social Workers, who worked very closely on a key amendment.

Dr. Sheela Basrur, who is not able to be with us today, has been an enormous influence on the work that is here inasmuch as this piece of legislation really does continue apace with the substantial rebuilding of Ontario's public health capacity.

We want to thank as well, in that very same light, the late Justice Archie Campbell, for his imprint is decidedly here. We all owe him a very great debt of gratitude.

We've got representatives from Ornge. This is the Ontario medical transport capacity that will be dramatically enhanced as Bill 171 is considered and, if passed, will see the introduction of land-based critical care transfer capacity that has been long overdue in Ontario.

We want to acknowledge the many regulated health professions that have been involved in giving us advice around this. That includes the College of Physicians and Surgeons; the Ontario Association of Optometrists, and I believe Christine Parsons is representing it today; the College of Dental Hygienists, where Fran Richardson has provided so much leadership; the Ontario College of Pharmacists, Gerry Cook and Della Croteau. The four new regulated health professions have been crucial: kinesiology, psychotherapy and registered mental health therapists. We have representatives like Judith Ramirez, Annette Dekker and Naseema Siddiqui. From homeopathy, there are so many folks it's hard to mention all the names, and similarly with naturopathy. We've had really an extraordinary outpouring of interest from these very dedicated health care providers.

Bill 171 is about further transformation of the health care system. It has in various elements of it initiatives that will enhance accountability, dramatically expand protection for our patients, advance public health, and increase access to services for all Ontarians.

The bill promotes greater accountability. As an example, one of the rare moments of all-party support saw, a good time ago now, the restructuring of the system with respect to checking physicians' billings. We brought in a very fine gentleman, former Supreme Court Justice Cory, who gave us a good body of advice. This is an example of those initiatives which are contained in Bill 171.

At committee, through the good work of all committee members from all sides, we were able to enhance the protection for patients from the standpoint of the regulatory college complaints procedures by giving patients increased access to information and improved communication expectations from the college to the public. In a time when "transparency" is a word that we all use very much, this is a bill that goes very much further from the standpoint of the protection of patients and giving good-quality information to them about the circumstances related to regulated health care providers in the province of Ontario.

The bill—a very substantive bill indeed—also addresses substantively the promotion of public health. The government intends to establish, as is well known, the first-ever Agency for Health Protection and Promotion, a centre for public health excellence that will provide research, scientific and technical advice and support modelled after the Centers for Disease Control in the United States. This is one more of the elements that are brought to life as a result of the bill that is before us today.

We increased patient access to services by enhancing the services that some of our health care providers are able to provide. By expanding the scope of practice for our optometrists and dental hygienists, we create greater capacity for them to serve more patients and to serve those patients even better. At the same time, I'm very excited to be associated with the historic advancement on the number of regulated health professions that we have in the province of Ontario. Building on the support that the Legislature offered not so long ago for the introduction of traditional Chinese medicine as a regulated health profession, we're adding four new ones in this bill: naturopathy, homeopathy, kinesiology and psychotherapy. This is historic because, other than these five—the traditional Chinese medicine and the four that are contained in this bill—there had been no progress on this front indeed since 1991, so we're very proud of that.

We're very proud as well, as I spoke about a moment ago, of the capacity that this bill provides for the creation of a new land ambulance capacity for our medical transport system. Ontario enjoys one of the best medical air transport systems in the whole world, but that capacity sometimes creates a real challenge for municipally run land-based systems. When a very critical

patient needs to be transferred from an air service to a local hospital, we think it would be great to have the integrated capabilities of Ornge there. If this bill enjoys support from the Legislature, then our government will move forward with the introduction of 15 additional critical care land-based ambulances that will be an integrated element of the Ornge medical transport system. We think that will be good. It will provide faster transfers, but it really will enhance the consistency and the quality of care for our patients, and it has very meaningful assistance in the sense that because our sickest patients very often require a lot of personnel, sometimes drawn from the hospitals, we're going to take pressure off those hospitals and at the same time alleviate some of the most difficult transfers from those municipal land-based services.

I spoke a minute ago about the Chase McEachern Act and about the sheer common sense associated with the idea that defibrillators more broadly disseminated across our province into those environments where a lot of us are—that's for all of us. That a man, still a young boy, was able to bring influence to that, that his life has influenced this initiative which will invariably extend and add life for other Ontarians, is a remarkable tribute to a remarkable young man. Again, we thank the member from Essex, who brought this initiative to our attention.

I previously mentioned that Justice Campbell played an extraordinary role. SARS was a scorching incident. Human life was lost, including that of our health care providers, and, if we're honest about the circumstances that some of our health care providers faced during those days, we will know that some trust was broken. They depended upon Justice Campbell not just to be a good listener but to be a profoundly deep thinker in terms of the quality and quantity of the advice that he offered to us as a government following on the heels of SARS. We determined from the get-go that it was our obligation as the government in this jurisdiction, dealing with SARS in the aftermath or in the retrospective, to learn and apply those lessons well. It has been an extraordinary body of work, and appropriately so, because the events associated with SARS were so scorching.

In his final report on SARS, Justice Campbell concentrated on the safety of our front-line health care workers. He directed our attention to the need to protect our nurses and our doctors. The province, accordingly, is adopting the precautionary principle when dealing with infectious disease outbreaks, and that means safety first and foremost for our health care workers. I know, because they have told me in no uncertain terms, so many of them, that Justice Campbell is a very important source of justice for them.

Accordingly, we were all very sad when his recent and untimely death was announced. But we say to his family and to those like Doug Hunt, who worked alongside him on this work, that we are so incredibly grateful for his steadfast effort, even in the face of difficult circumstances on his own part. Ontario and the health and safety of Ontarians, and especially our health care workers, will

be another important part of the legacy of Justice Campbell—indeed a gentleman with a very profound impact in so many ways over time.

1610

We also have moved the amendment that where there is a risk of an infectious or communicable disease outbreak, our chief medical officer of health will need to consider the precautionary principle in issuing directives to health care facilities regarding personal protection equipment for our doctors, our nurses and other front-line health care workers. This is the first time ever in the history of our province, as best I know, where the precautionary principle has been included in a health statute—a part and parcel of the respect that we have for our front-line health care workers and for the legacy of advice and leadership that is associated with Justice Campbell. Our doctors, our nurses and other health care workers were the heroes of SARS. We owe it to them to never forget their sacrifice. Never again should they have to step into danger without the best protection we can muster. Indeed, that is embedded here in the bill.

Over the next number of months, of course, a bill of this magnitude asks much of those who work on it. There are many people in the ministry to whom I'm very grateful for the work they've done. They, alongside this impressive array of health care providers and associations that represent them, will have a tremendous amount of work to do on the details and implementation. Of course, legislation very often leads to substantial regulation, and accordingly there will be a lot of work for all of us to do as we move forward and implement this bill, not presuming but hopeful for support from this chamber.

The new Ontario public health agency, the one for health protection and promotion that I spoke of earlier, will be an important new part of the arsenal that helps us battle these public health threats, which I know are of great concern. We've had great advice in Ontario from the Walker report, the Naylor report, the Campbell report and the chief medical officer of health's first annual report. They all called for the creation of such an agency. This agency will be a crucial resource in supporting the important work that is done all the time by our chief medical officers of health.

I want in particular to take just a moment to acknowledge the contribution that the member for Nickel Belt has made to this particular schedule of the bill. We're glad to be able to accept some of her amendments to put worker safety on the agency's agenda. I would want to say that even before we had this nice thought embedded into my notes, given the historic news that the member from Nickel Belt made in the last week or so, she has from a very young age made an important contribution around here. As a minister, I've enjoyed the opportunity to work with her, sometimes to be speared and sometimes just to spar. But never was there any doubt about her values and the very clear intent that was always there from the standpoint of wanting the best for patients and indeed the best for health care workers. So as she has the opportunity to pursue just a little more

quality time with her family, we're at once both a little bit jealous but mostly just really happy for that circumstance. We wish you well. We know that your impact has been felt by many and that the appreciation for that rings in very many circles.

We established a tradition where pretty much every health bill, except the one I think that we agreed on in the Legislature with respect to the MRC process for physicians, has gone out to committee and has been enhanced by the committee process. I said before that I want to thank all of the members, but when I look at this bill, Bill 171, in terms of the areas where the bill was improved as a result of the work at committee, I think that we really have dramatically enhanced the transparency of information for patients.

I want to thank the colleges for their support for that, but I especially want to thank them in acknowledging that we have, in so doing, added some burden to their already challenging efforts. For the first time in Ontario, all findings of malpractice and professional negligence against regulated health professionals will be made available on the college websites. We're lighting up the path to disciplinary findings, and previously these have been shrouded in quite a bit of secrecy.

If passed, this bill would require regulated health colleges to post the following things on their websites: all matters referred to a discipline committee; every disciplinary proceeding; and every suspension or revocation of a member's certificate to practise. Where a health care professional has been found guilty of any criminal offence, that professional will be required to report this to their regulatory college. If the offence affects the health care professional's suitability to practise, the regulatory college would then make the offence public on its website. We would also require the posting of decision summaries on the college's website. Now the public will also have access to the content of a decision.

These are difficult things to balance out. We have tremendous respect—300,000 women and men, not all of them regulated health professionals, but a goodly number of them, suit up every single day in a lot of challenging environments, and they do their best for folks. But in human nature is the opportunity and the potential for human error. Accordingly, in a democratic environment, in a publicly funded health care environment, it's absolutely crucial that we maximize the transparency that is available to patients. This is the bottom-line expectation that is emerging in our society. That list of things that I spoke to would no longer be automatically removed after six years. It would remain as long as the decision is relevant to the health care professional's suitability to practise.

I'm also proud to say that any findings in a civil suit that related to a health professional's ability to practise will also have to be reported to the college and posted on the website.

We accepted a Progressive Conservative Party motion to further allow colleges to investigate a former member who lets his or her certificate of registration expire in

order to avoid being investigated—a further example, notwithstanding the way the Legislature sometimes is reflected, that the committee process really does provide a good opportunity for a variety of folks to work well together. These changes will create a new world of transparency for the regulated health colleges.

We're also pleased to welcome four more health professions, as I said before. When we came to office, one of the things that I was really actually a bit astonished by is that HPRAC, the body that I have depended upon in a very, very considerable way for advice with respect to the regulation of health bodies, was basically dead. I think the first thing we had to do was find a new chair and a board, and the first thing they had to do was bring HPRAC into compliance with the Legislature by filing two or perhaps three annual reports from my predecessor's time in office. Since that time, Barbara Sullivan and a really, really dedicated crew of folks have done just an extraordinary body of work. If we're frank about it, these are not easy-to-resolve issues, for on the other side of any scope-of-practice issue tends to be another college or association with a view which is not always aligned. And it is a body like HPRAC and the dedicated folks who serve there who really provide so much advice that we depend upon. It would be appropriate for me to go on longer in acknowledging the leadership of the former member of this Legislature from Halton, Barbara Sullivan, for the great leadership that she has provided.

This legislation solidifies our government's commitment to alternative health therapies following on the passage of the Traditional Chinese Medicine Act. At the heart of it, we have 13 million Ontarians, and they're not exactly all alike in their personal, ideological and philosophical determinations about the kind of health care advice that they want. We see increasingly a good number of people who are receiving health care advice on a complementary basis from a blend of traditions. Our regulatory health bodies were asked to try to keep up with that trend.

In closing, I want to focus on one particular amendment and I want to acknowledge—as I had a chance to say under, I believe, hard questioning from one of my critics of a good number of months back—that we could have done a little better in terms of getting this right proactively. I know that all members of the Legislature heard from social workers in their community offices. I don't want to talk about numbers for fear of giving them too much credit for what percentage of all the social workers that are out there let us know about their concerns, but it really is an example of a good-quality response from a well-organized association. It had always been our intention to exempt them from the controlled act so that they would continue to be able to provide care to their patients. We intended to do that through a regulation of another bill that exists. That might have made a lot of sense except that we weren't particularly transparent about our approach, and as a result we caused a lot of unsettling circumstances for too

many. I just want to say *mea culpa*; I'm sorry. We are just really grateful that folks worked so hard to make sure that we got that fixed up.

1620

I promised in a letter that in the legislation we would acknowledge their contribution to providing psychotherapy services, and our government moved an amendment that said that. We also accepted an amendment from the New Democratic Party to rename the college the College of Psychotherapists and Registered Mental Health Therapists.

I have spoken longer than I intended. It was because I wanted to stop in a variety of places and say thank you. In the instance that I haven't done it well enough, I'm just going to take a few more seconds to say it one more time. Ontario is a big place, and the people who live in Ontario have a lot of different viewpoints and a lot of different interests. We do have rather a lot of different regulated health bodies and those folks who would seek to be regulated. Bill 171 is a powerful reflection on the complexity of the health care system in the province of Ontario. This is a bill that does many, many things, and it does those only because it has been informed by the fantastic leadership and efforts of many, many people. Recognizing that many of them are here and others might have the opportunity to hear wind of it, I want to thank them, not only for all they've done to date, but in recognition that as this bill is brought forward in the hopes that it passes, we will all be called upon to do much more work as we seek to further enhance the people's health care system.

It's a privilege to be able to bring my comments to third reading of this important bill. I close by saying that I will be supporting it and that I recommend it to all members of the Legislature.

The Acting Speaker: Further debate?

Mr. Peter Fonseca (Mississauga East): I'd like to thank the Minister of Health and Long-Term Care and congratulate him for being the longest-serving Minister of Health and Long-Term Care since Medicare came into being.

Applause.

Mr. Fonseca: Congratulations. We know it's a daunting task to take on the Ministry of Health. It makes up almost half of our budget. It now has a budget of about \$39 billion and touches everybody in this large province of 13 million people. So once again, George, congratulations on that and for bringing forward this piece of legislation that will touch, I believe, everybody's life here in Ontario.

I'd also like to acknowledge the committee members, the stakeholders, the McEachern family, presenters and all the ministry staff who worked so hard, tirelessly, to help make the necessary positive changes to this legislation to improve our health care system. All the while, from the top at the minister's office straight through to all stakeholders and the many people who sent us e-mails and letters etc. about this piece of legislation, I know that

one thing we all continued to focus on was putting the patient always at the centre of this work.

Bill 171 has many components to it, as were established by Minister Smitherman. For this remaining time, I'm going to speak to the great progress that this committee has made in listening to and responding to the practitioners of non-medicinal therapy. I'll also speak briefly on the other components of the bill like public health agencies and the introduction of four new licence-granting colleges. These two different components are intended to keep Ontarians safe from any infectious disease and give people the knowledge that alternative medicine practices are licensed. This bill introduces the creation of the first ever arm's-length public health agency. This agency would operate in parallel to the Centers for Disease Control—the world-renowned Centers for Disease Control—in the United States of America. This centre, known as the Ontario Agency for Health Protection and Promotion, would be a centre for specialized research and knowledge of public health, specializing in the areas of infectious disease, infection control and prevention.

This centre was called for in the Naylor and Campbell reports after both SARS and legionnaires' disease 2005 outbreaks. This new health agency would be accountable to both the people and the government by way of reporting directly to the minister and the board. It will have a public representative also on its board. Furthermore, it will be responsible for the constant public reporting via reports on the health of Ontario, public health performance and infection control, and other issues pertinent to public health, which is so important to the transparency and accountability of our health care system. An annual report will have an audited financial statement for tabling here in this Legislature. An annual business plan, which would include, amongst other things, a three-year rolling budget, will be presented to the Ministry of Health and Long-Term Care. Finally, this new agency would act in unison with a purpose of strengthening disease control and improving public health administration.

It's imperative to have this new agency in our province. It allows our province to continue to be a leader in medical research and innovation. It allows for the people to have this independent voice when it comes to responding to health pandemics such as Norwalk and SARS—not voices coming from different directions, but one voice.

A particular component of Bill 171 is the proposed creation of four new regulated health professions, which will make changes to the current Regulated Health Professions Act of 1991, as the minister said, which for too long sat dormant. These new colleges, as many of the members here know, will bring non-medicinal therapy, which has become a really popular choice with Ontarians, with the knowledge that it is the government's job and the job of all parties to ensure the well-being and safety of patients' usage of alternative therapy.

In addition, based on the advice provided by the Health Professions Regulatory Advisory Council, we suggested that there be a legislative change to include the regulating of four more professions. This is why our government moved to create new colleges for the following areas: naturopathy, homeopathy, kinesiology and psychotherapy. In addition to the creation of these new colleges, we also made some changes that would ensure a smooth transition from the current board of drugless practitioners to the new college.

For those who have not tried some of these practices, here is a quick overview. Naturopathy is a holistic approach to health care through the integrated use of therapies and substances that promote the individual's inherent self-healing process. Homeopathy practitioners believe that human beings naturally function in a state of harmony between mind, body and spirit. Kinesiology is the assessment of movement and function, and the rehabilitation and management of disorders to maintain and enhance movement in the areas of recreation, work and activities of daily living. Kinesiologists apply their skills for both preventive and rehabilitative processes. Psychotherapy is an alternative to psychiatry without the use of pharmaceuticals. Instead, it is an intense client-therapist relationship that examines deep emotional experiences, destructive behaviour and mental health issues.

During the committee meetings we had on this particular bill, chaired by the member from the riding of Prince Edward–Hastings, Ernie Parsons, we heard from many people who are part of the growing community of non-medicinal alternative therapy. Either as practitioners or administrative liaisons, we listened to their concerns regarding the issue of the regulation they would be placed under. Most of the four alternative practitioners didn't want to be lumped together with other practices. This committee, with all three parties, came together and answered those concerns which the homeopaths and naturopaths had. With all three parties working together at committee—and it was great to see—we came to an agreement to split the two colleges of homeopathy and naturopathy. This was something the homeopaths and naturopaths wanted, and our government listened. I must give credit to my fellow committee members Bill Mauro, the member for Thunder Bay–Atikokan; Elizabeth Witmer, former Minister of Health and the member for Kitchener–Waterloo; and Shelley Martel, the member for Nickel Belt. It was great to hear the minister speak of Ms. Martel's devotion to health care but also to her riding, and her commitment to the people of Ontario and to public service. It is always amazing to see someone like Ms. Martel, with her history and experience and the knowledge she has—knowledge through the many experiences she has had as an MPP and as a former minister and through her own life experiences that she brings forward in this Legislature. We all congratulate her for that. Also on the committee: Khalil Ramal, the member for London–Fanshawe, and John O'Toole, the member for Durham. I would like to thank them all for

working together. The member for Bramalea–Gore–Malton–Springdale, Dr. Kuldip Kular, who is here with us today, was a particularly strong advocate for the splitting of the two colleges. I thank him for his dedication.

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However, there was great debate on a number of issues between the parties when it came to particular amendments, especially the amendment of the controlled act of communicating a diagnosis and the scope-of-practice statement. With respect to the new Naturopathy Act and the controlled act of communicating a diagnosis, the government's motion states that when communicating a diagnosis, it must be in the context of naturopathy. We see in the government motion that the use of the word "diagnosis" in conjunction with "naturopathic" will not limit naturopaths from making the kinds of diagnoses they currently do. This is consistent with what happened with the Traditional Chinese Medicine Act, where diagnosis is done in the context of traditional Chinese medicine because these modalities are separate and distinct from each other and western medical techniques. This is a significant amendment to Bill 171 because the communication of a diagnosis is very important on the road to recovery. By distinguishing these therapies from each other, the public will not be confused when they are given information on their condition and the proper treatment options. That is what this bill really comes down to: the public interest and public safety.

All parties at committee were trying to reach the same goal of two distinct colleges for naturopaths and homeopaths. There were some areas of disagreement on how to reach the objective, and the practice statement, or the mission statement, if you will, was an area where we disagreed. When reviewing the statement of practitioners of naturopathic medicine, we as the government wanted to make sure that the statement included the term which was consistent with the act itself. The same applies for the new Homeopathy Act.

One of our key concerns when drafting this legislation was to ensure that these health professions can continue to practise the same way they have for generations. We worked closely with the stakeholders to determine what kinds of treatments they are doing now and how that would fit into a new regulatory scheme. For example, the government amendment to create the new naturopathic college did not include the controlled act to prescribe. The simple reason for this was that by working closely with the Association of Naturopathic Doctors, we determined that the change was already made to the DPRA in the Traditional Chinese Medicine Act. Then, naturopaths will continue to be able to use the same natural health products with the products within the controlled act.

The creation of the colleges and the splitting of naturopaths and homeopaths from one another was a big task. We are making the transition from profession, from the Drugless Practitioners Act to the RHPA, as seamless as possible, so we have set forth a motion that will do the

following: The current regulator, the Board of Directors of Drugless Therapy, is included on the transitional council of the colleges. Complaints and discipline processes under way by the current regulator can transition to the new college when the new act is proclaimed. The registrants with the current regulator will automatically become members of the new college.

The transition amendment is key to a successful change. In respect to the issue of homeopathic care, the government motion did not include any controlled acts, while the NDP's response was that they wanted to give certain controlled acts to homeopathic practitioners who never had these measures in the first place. Homeopaths currently do not administer an injection or prescribed medicines, and HPRAC did not recommend any controlled acts for this profession. This proposed government motion will not impact homeopaths' current scope of practice or their ability to continue to provide the services that they currently provide to their patients. Should the changes happen at the federal level to limit any access to certain substances, then the province may make regulations under the RHPA or the Drug and Pharmacies Regulation Act to enable homeopaths and naturopaths to continue access to those substances.

Once again, I want to thank all the members of the committee, I want to thank all of the stakeholders—all those who were involved in making this piece of legislation that much better. Now I'll hear from some of the other members.

The Acting Speaker: Questions and comments?

Mr. Norm Miller (Parry Sound–Muskoka): I'm pleased to hear the speeches from the Minister of Health and Long-Term Care and the member from Mississauga East on Bill 171. I would like to make clear that the PC Party supports this bill. We will very shortly, with the next speaker, hear from our health critic, who will go on at length about the bill.

I would just like, at this opportunity I have, to bring up a couple of health issues from the riding of Parry Sound–Muskoka. Today in petitions I did a petition to do with the doctor shortage, particularly in the south Muskoka area of my riding. That is an issue that's very important to the riding of Parry Sound–Muskoka. I know that the town of Gravenhurst, Mayor John Klinck, has been working actively trying to come up with a home for some family doctors and trying to entice family doctors to south Muskoka, and I've certainly heard from many constituents who are very concerned about attracting more doctors to south Muskoka. In fact, my mother lives in Gravenhurst over the wintertime, and this past year she was without a family doctor. There are many other people like her who don't have a family doctor in the south Muskoka area. It's a very important issue that needs to be addressed in south Muskoka.

The other health concern I have from the riding is a long-term-care concern, particularly in the Huntsville area, where we have a shortage of long-term-care home beds and we have gridlock in the emergency department because there are people occupying acute care beds who

would prefer to be in a long-term-care home, but we don't have enough beds around. As well, in the Huntsville area we have some older homes that are really in need of redevelopment, particularly Fairvern, that could do now with redevelopment. It's something that needs to be addressed.

Ms. Shelley Martel (Nickel Belt): It's a pleasure for me to make some comments here. I'm going to keep them very general because I hope to have a chance to start my debate this afternoon. I guess that will remain to be seen—on how long the Conservatives go. In any event, I do have some concerns that I still want to raise with respect to some of the schedules, so I'll leave it for that time.

I want to thank all of those who came to the committee to make presentations in the two days that we held public hearings. The room was very hot, it was very crowded and it was not a lot of fun to do the work that had to be done. So I wanted to thank those people who persevered through the couple of hours that we were in committee on the two days of public hearings for having done that.

There were many people as well who sent in written submissions. I know my colleagues received those. People took a great deal of time to express either their support or their concerns, or to offer suggestions and to offer amendments to the committee. I appreciate that people did take the time to do that. They took the work very seriously.

Legislative counsel Ralph Armstrong went above and beyond the call of duty, as he did on Bill 140, for Ms. Witmer and I. I do want to say on the record that I appreciate the support that he provided for this bill, for Bill 140, for Bill 50 and for other bills in the past. He certainly did yeoman's service on this bill to get the amendments to all of us in time.

I want to thank as well the Hansard staff, the clerk and all of the staff who were involved in supporting the committee. I particularly want to thank the ministry because they were very good to work with in terms of suggested amendments. It was a process whereby there was not confrontation and people were in support, so there was some give and take with respect to amendments that were moved both by Ms. Witmer and myself that were accepted by the government. I appreciated that the government took the time to do that.

Finally, I want to thank both the Minister of Health and the member for Mississauga East for their very generous comments on the public record here today. I can tell you that the decision that I've made has not been an easy one. It will be difficult to be away from this place after 20 years, but I won't be going very far.

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Mr. Kuldip Kular (Bramalea-Gore-Malton-Springdale): I'm also very pleased to participate in this third reading of Bill 171. I want to thank the Minister of Health and Long-Term Care. I also want to congratulate him on being the longest-serving Minister of Health and Long-Term Care for our province.

As you know, I'm a family doctor turned politician. Bill 171, if passed, is going to help streamline and improve transparency in the complaints process that would apply to all health professional regulatory colleges, including the one of which I'm an active member at the present time, the College of Physicians and Surgeons of Ontario.

I want to quote the Royal College of Dental Surgeons registrar: "This is a prime example of government taking appropriate steps to protect the public interest and improving on self-regulation. In doing so, it was consultative, collaborative, but never lost sight of its goals."

Mr. Richard Patten (Ottawa Centre): Something you can sink your teeth into.

Mr. Kular: That's right.

I fully support this bill and urge members on both sides of the House to support this bill so that it gets passed and will help the safety of the people of this province.

Mrs. Elizabeth Witmer (Kitchener-Waterloo): As the member for Muskoka-Parry Sound has just indicated, we are going to be supporting this bill.

It was an interesting adventure. There were parts of the bill that we certainly had very strong support for. There were other parts that we felt the government had overlooked. Some of those corrections have now been made. And there were yet other parts where we had amendments and, regrettably, they were not accepted by the government.

But in many respects, I think we owe a great deal of gratitude to the people who work behind the scenes. I want to congratulate Barbara Sullivan. I think she's been an outstanding chair of HPRAC. She's done an excellent job in bringing forward recommendations. Some of her recommendations actually were not supported by this government, but many of them were.

I want to thank the staff at the Ministry of Health and Long-Term Care. Staff do really all of the work. Having been minister myself, they do most of the work on your behalf. They make all of the changes and listen very carefully to what the opposition does say, and I appreciate all of their hard work. Also the staff who worked with Shelley and I—Shelley has made reference to those individuals. Obviously we're not the ones who draft the amendments. They do a lot of work putting into amendment form the suggestions that we give them, which I certainly appreciate.

I think that most importantly on this bill we received a lot of communications from stakeholders. There were a lot of stakeholders who were impacted by this legislation, Bill 171. We heard from these people via fax, e-mail, phone, letters, stopping on the street—and congratulations to those people who participated.

The Acting Speaker: The member from Mississauga East has two minutes for a response.

Mr. Fonseca: I would like to thank the members for Parry Sound-Muskoka, Nickel Belt, Bramalea-Gore-Malton-Springdale and Kitchener-Waterloo for their comments.

I know that all of us here in this House listened to many stakeholders, but the stakeholders that I and everybody here say are the most important are the people on the street, the people at the door. When we go to them, health care still continues to be the number one issue in my riding and, I know, in just about every riding in this province. What many of our stakeholders ask for is, they want transparency, they want accountability. They want to make sure that we have continuous improvement in our health care system. They want to make sure that we're not so closed-minded that we don't open up to other alternative medicines, and that we make sure that those alternative medicines are being brought forward to the public in a safe manner, where people can be assured of safety but also of efficacy. That's what Bill 171 does.

I have to agree with the members' statements when they say that we all worked very hard on this legislation with all the different stakeholders and people in the ministry. Only because of that can we all come here and feel very good about what we're doing and how we're moving forward with this bill.

There are many enhanced services. We now have enhanced services to professions like optometry, dental hygiene and pharmacy. These advanced services will only make our health care system that much better at the local level.

The Acting Speaker: Further debate?

Mrs. Witmer: Today in some respects, as we debate Bill 171 in third reading, is a bit of an end of an era. I've had the opportunity now for almost four years to participate in health policy that's been brought forward, along with the minister, who was here earlier, and of course Ms. Martel, the member from Nickel Belt. I think at the end of the day, Shelley and I were able to hold the minister accountable and there were some changes that were made. We certainly appreciated the opportunity to work together. I in particular want to pay tribute to the member from Nickel Belt. I've had the opportunity of working with her now for some 17 years and I was personally very saddened to learn that she was going to be stepping down. But I think as a mother and as a wife, I can also understand it. I know that it was difficult for her and her family to come to this decision.

I would say she is a woman who I believe has had a tremendous impact on policy and legislation that has been passed in this House. She has been a fierce and tireless advocate for many people in Ontario. She has certainly been a very strong advocate for her own constituents in the Nickel Belt area. I know that in any opportunity I've had to interact with her, she has always conducted herself in a very professional manner, and she's going to be a big loss to this House. I feel I'm not just losing a colleague; I feel I'm losing a friend. I've enjoyed the opportunity to be the critic with her, as we've had some fun with the Minister of Health on occasion.

Having said that, we have Bill 171. I did indicate, I think, that people have all played a very significant role. Certainly I thought the committee went quite well once we heard from the stakeholders. Regrettably, not all of

the stakeholders were able to make a verbal presentation. I think that's one of the things you have when you have a huge bill. This was an omnibus bill. It dealt with a lot of different components. I think many of the stakeholders actually didn't even realize until almost when we got to committee that indeed there was a bill out there that had some application to them; or came to the realization that maybe if they did want some changes made, now was the time for the changes to be made. Anyway, it was a good process, and many of the initiatives in the bill were long overdue. For others, it's unfortunate that they didn't make it into the bill, because the act hadn't been opened for many years. So I want to talk a little bit today about some of what I think went well and some of what I believe could have gone better.

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We know that there were over 100 requests from the public to make oral submissions, and we certainly received written submissions from hundreds of other people who simply could not be accommodated, so in many respects this bill didn't have the opportunity to be given as thorough a hearing as the Traditional Chinese Medicine Act had when we created only one college.

As I said before, I was surprised that some of the recommendations deviated from the recommendations of the Health Professions Regulatory Advisory Council, but some of them were subsequently changed.

The first schedule, of course, is schedule A, the Ambulance Act. It's going to facilitate the implementation of a new integrated air and land ambulance system to manage transfers of patients between health care facilities. Obviously, we hope that this newly rebranded ambulance service will continue to deliver the high calibre of care to many of our sickest patients in the province, and we certainly do support that change.

Schedule B involves some amendments concerning health professionals. It will enhance the services that optometrists, dental hygienists, pharmacy technicians and interns provide. This schedule actually does flow from recommendations that have been made and published by HPRAC over the years, and again, I think it will help put the interests of Ontarians first by allowing the public to have more choice and enhancement of health services. In some ways, obviously, it can relieve some of the pressure on the health system as people look for other ways to access health services.

Schedule D: This is the Health Protection and Promotion Act, the Ontario Water Resources Act, and the Safe Drinking Water Act, 2002. Schedule D proposes the transfer of legislative responsibility of five categories of nonresidential and seasonal residential drinking water systems from the Ministry of the Environment to the Ministry of Health and Long-Term Care. On March 26, I indicated that schedule D didn't seem to have much in the way of substance. In addition to this, I said that without further clarification regarding the costs associated with the testing of water, it would be difficult to support this initiative without receiving some confirmation from the Minister of Health that the costs of testing

water would be borne by the province and not Ontario's overburdened boards of health or municipalities. I'm very pleased to report that during the first day of clause-by-clause proceedings, the member from Mississauga East did assure me that the Minister of Health had indicated in a letter to all public health units dated April 3 of this year that if this legislation is passed, "provincial support would be provided on a 100% basis for start-up costs, including an initial planning period, followed by a two-year period of conducting the initial site-specific risk assessments." So it appears that at least in the short term, in the near term, there will be provincial support, and obviously, then, we'll need to continue to monitor that. I appreciated Mr. Fonseca's bringing that information forward.

We know that safe drinking water continues to be a very serious issue; Walkerton reminds us of that. We now have become aware of the presence of lead in some of the municipal systems. This issue regarding water safety is one that we need to continue to take very seriously and that we need to continue to address. I am concerned now about the issue related to lead and what appears to be a lack of action on the part of the government.

Schedule F: This is the Health Protection and Promotion Act. I did put forward an amendment that would have made some changes. Obviously, there is some regret that our amendment, which was put forward at the request of the Ontario Medical Association, was not accepted.

We are very concerned about the fact that we don't have enough medical officers of health in Ontario. The OMA has indicated they are concerned as well with the fact that these MOH vacancies are not being filled. Certainly, we need to do a much better job. In fact, the Ontario Medical Association indicated in their written submission to the standing committee on social policy, "It has become evident that section 62(2) of the Health Protection and Promotion Act is not sufficient to cause MOH vacancies to be expeditiously filled."

I'm concerned by what was omitted by the government's amendment to our amendment. We currently, today, have one third—12 of the 36—of the MOH positions not filled. Our amendment was not accepted. All we got was a government amendment speaking to the fact that there should be an annual report indicating the number of vacancies. I think we need to identify the vacancies, but we also need to identify the activities that are going to be undertaken to fill those vacancies. Our amendment to do so was not accepted, and my colleague from Nickel Belt had a similar amendment. We talk about SARS; we talk about Walkerton. I think if we genuinely are concerned about the protection of the public, public safety, it is important that all 36 of those positions be filled. I think it's important that we currently have at least 12 of them that are not filled, because it does have an impact. So we need to address this. This issue of the fact that one third of the medical officers of health positions are not filled is, I think, really a grave

concern, and certainly it leaves us somewhat vulnerable, when we have a local outbreak of infection, as to how we're best going to manage that. So I think there was a lost opportunity on the part of the province and the ministry in not adopting our amendment to ensure that not only would we identify the number of vacancies, but we could also identify ways in which these vacancies could be filled.

The OMA has indicated for a long time now that they are concerned about the capacity of our public health system, and that's why they provided some of these recommendations. In fact, let me read from their November 2005 policy report, where they say, "Public health, like many other health care specialities, must be ready to go 'from 0 to 60' at any given time—and that time is unpredictable. Similar to an emergency department or an intensive care unit, volumes and the nature of cases can be trended over a period of time, using historical data, current trends and an understanding of the environment. However, activity levels can change quickly and the system must be properly resourced with skilled professionals for the unexpected at any and all times."

I go on to quote from them: "We have learned many lessons from SARS, but one of the most profound was the corroboration of what we already knew—SARS was only an example of an outbreak of disease—it was destined to happen, and it is destined to happen again. For those health care professionals who worked in the greater Toronto area, this knowledge has been transferred from an intellectual understanding to a chilling reality at a visceral level. We have not increased our medical officer of health capacity since the SARS outbreak and do not currently have an adequate number of public health experts to respond effectively to another outbreak...."

"The Walkerton experience provides an opportunity to examine and learn important lessons relating to accountabilitys within the public health system. The incident draws our attention to the need for sound governance, properly credentialed full-time medical officers of health, strong, independent leaders with executive authority, and a system that empowers the medical officer of health to perform his or her fiduciary role without constraint or influence from the political arena."

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That's taken from the Ontario Medical Association health policy report of November 2005 entitled *Guarding the Health of Citizens: The Crucial Role of the Medical Officer of Health*.

I just want to stress how regrettable it is that we currently, today, still have vacant almost one third of the medical-officer-of-health positions. This does not seem to have been a priority for the government. They didn't accept our amendment that would have looked at ways to ensure that those vacancies were filled.

I think there are other areas here. We had other motions that looked at protecting the public. If you take a look at schedule F, it makes numerous amendments to the Health Protection and Promotion Act. Among them,

the act is amended to allow reporting by medical officers of health to health facilities in regard to communicable diseases acquired at facilities and to allow for the issuances of orders against institutions or public hospitals for the purpose of dealing with communicable disease outbreaks. SARS showed us that there is no easy way to deal with new infectious diseases, and obviously there was a need for strong leadership.

The Ontario Hospital Association had a submission regarding an appeal and review process. Again, they wanted the medical officer of health to be able to take “definite and immediate action in emergency situations.” They recommended that “an appeal mechanism be built into the legislation that would provide appropriate due process in instances where a public hospital or other institution has concerns regarding an order that impacts its ability to deliver care.” They were concerned that “the order may request resources deemed critical by the planners of another facility and while solving the problem in one facility” might cause “the same or a similar problem in another.”

They said, “There needs to be a process by which additional clarification as to the rationale for the issuance of the order or appealing an order can be made, since public hospitals are accountable to meeting the needs of their communities and ensuring the safety of their staff. In addition, clear time limits on an order would effectively trigger a review of the necessity to continue with an order beyond its expiry date.” That was from the Ontario Hospital Association submission.

We’ve talked about Justice Cory. I think Justice Cory’s recommendations for the most part have now been adopted. Regrettably, they were much slower to be adopted than had been originally anticipated. It was actually 22 months later, after his report was introduced. So again, I think that’s noteworthy.

We’ve got the creation of this new agency in schedule K, the Ontario Agency for Health Protection and Promotion. There is a need for this agency, we would agree. However, I would also indicate that the government has taken a different approach than was recommended by Supreme Court Justice Archie Campbell, who said that an arm’s-length agency fails to take into account the major SARS problem of divided authority and accountability. He said in his report, *Spring of Fear*, “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 commission in fact recommended a much different arrangement in its first interim report, and warned against creating ... another autonomous body, when SARS demonstrated the dangers of such uncoordinated entities....”

We have schedule L, the Drug and Pharmacies Regulation Act, here. We have a letter here regarding schedule L that was sent to my office regarding that change: “The OCP very much supports Bill 171 and considers that passage of this bill will provide regulatory

health colleges with the ability to more effectively and efficiently regulate our professions in the public interest.”

I think some of the changes are seen as good news for people in the province. It will permit pharmacists in Ontario to fill prescriptions authorized by prescribers licensed in other Canadian jurisdictions. This is good news for patients in the north and the east who obtain their medical services and prescriptions from physicians in Manitoba and Quebec. Currently, they can’t have them filled in Ontario. It will bring Ontario into line with the practice that is already in place elsewhere.

Certainly the college indicated they were also supportive of amendments that would permit the college to take quick action to close down a pharmacy where there is compelling evidence that continued operation of that pharmacy could put the public at risk. We had an example in Hamilton in 2005 when a counterfeit product was being dispensed from a pharmacy. The college was able to close the pharmacy, but it took five business days and it had to go to the provincial courts to obtain the right to do so under the current legislation. Again, there’s support for that.

We introduced a motion—it was our motion 65—concerning schedule M, the Regulated Health Professions Act. There were some motions we introduced here that I was disappointed were not adopted by the government, because it’s been 15 years since the bill was opened. There was an opportunity to make some changes that were actually supported by the college, recommended by the colleges. In fact, any amendments that we brought forward were not our own. Obviously, they’re always as a result of stakeholders.

One of the recommendations was a proposal that was brought forward by the College of Physicians and Surgeons of Ontario to appoint a legal chair to chair their discipline panels. For the benefit of the people watching, I just want to read a portion of the college’s written submission as to why they wanted a legal chair to be able to head up the discipline panels:

“The college’s current discipline process has become increasingly litigious and procedurally demanding, as it faces growing pressure from defence lawyers and 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. 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 be write written reasons that will withstand judicial scrutiny.” This despite the fact that these people are not lawyers.

“As a result”—and this is why the college was making the recommendation—“the college recommends that a small pool of three or four retired judges and/or experienced litigators be appointed by the Lieutenant Governor in Council to the colleges’ discipline committee. When appointed by the discipline committee to chair specific panels, the jurist would add value by making procedural decisions in consultation with the panel and by assisting with writing decisions. These individuals would be public non-council appointments, ensuring that the existing ratio of professional/public members on college discipline panels is maintained.”

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They go on to say: “A legal chair would bring additional expertise to the discipline panel that would (1) enhance collaborative decision-making and build greater capacity within a panel; (2) allow the medical panel members, at the same time, to focus on the medical care and professional conduct issues; and (3) enable the panel to be more proficient at deciding procedural issues and arguments during hearings, and at preparing its reasons.”

“This approach has successfully been in place in other jurisdictions, including Nova Scotia, Quebec and Saskatchewan.”

That recommendation was respectfully submitted by the College of Physicians and Surgeons of Ontario. I think it is very regrettable that the government did not accept the recommendation that we have a legal chair for discipline panels. If you listen to either the professionals on some of the discipline panels sitting in on the hearings or if you look at the public members, they simply don’t have the expertise, and of course people on the other side are bringing in their lawyers. So I think this is certainly something that could have and should have been adopted but was not.

We also brought in other amendments as well. There was a motion 51 concerning providing notice to a member who is subject to a complaint. We put that motion forward on the recommendation of the College of Physicians and Surgeons of Ontario: “The college believes 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. While the college is supportive of a general provision imposing a time limit, it stresses the importance of allowing for exceptions in certain cases where at least some investigation needs to be done prior to notifying the subject member.”

They pointed out that, for example, “A sexual abuse, fraud or serious prescribing complaint may require the college to obtain an appointment of investigators by the ICR committee, and in some cases perhaps even a search warrant, to obtain original medical 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.

“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.” Again, a recommendation made by the College of Physicians and Surgeons of Ontario.

Obviously we’re thrilled that schedule N, the Chase McEachern Act, which promotes the use of automated external defibrillators, is moving forward. I know my colleague from Simcoe, Mr. Tascona, was strongly supportive of this initiative. We’re really pleased that it’s going to make it much easier for the use of AEDs in public.

Our party has always supported this type of initiative. In fact, we spent around \$9 million on the heart defibrillator initiative that equipped and trained 4,500 paramedics in Ontario with such devices. We had the chance to hear from Chase’s father, John, during the public hearings. He certainly made some very moving remarks. I think we all applaud him for having the courage to come forward to speak to the committee. Statistics show that every minute someone goes into cardiac arrest, their chances of survival without treatment decrease by 7%, so we strongly support that initiative.

We supported schedule O, the new college for kinesiologists. It provides a level of care that people in this province expect. All three parties agreed to schedule P, taking a look at the Naturopathy and Homeopathy Act. There was concern about a joint college. We received a lot of letters from people on that particular issue. They were looking for separate colleges. They both believed that their distinct and unique system of medicine deserved protection under a separate college. These groups also proposed that their professions boast sufficient numbers to warrant separate colleges. I’m very pleased that we all agreed that there should be two colleges instead of one so they can preserve and maintain the distinct tenets of naturopathy and homeopathy. We certainly received a lot of communication from people in those two fields. I think this was a case where pressure paid off.

Schedule Q, the Psychotherapy Act: I think we were all surprised that the government initially excluded social workers from the regulation of psychotherapy. Everybody in this province knows that social workers do a tremendous job in delivering a wide array of programs and services to literally thousands of Ontarians. They have a significant impact on the lives of many individuals and many families. I think of the folks at home who work for different agencies and service deliverers; they do just a tremendous job. We were pleased that we were able to give them recognition in 1998, when we introduced the Social Work and Social Service Work Act, because until that time, Ontario had been the only province that didn’t regulate social work. Since that time, they’ve continued, as I say, to be outstanding health professionals. We did include a substantive amendment to Bill 171 to include Ontario social workers under the proposed regulation of

psychotherapy; the other parties did as well. I'm really pleased that this amendment has been accepted and that we're going to continue to see social workers being able to deliver key services in so many different areas—probation, mental health, services for people with developmental handicaps and children's aid societies.

Mr. Patten: Counselling.

Mrs. Witmer: Counselling; they do a tremendous job in counselling. I think of the services at home—

Interjection.

Mrs. Witmer: Pardon?

Mr. Patten: We need some counselling; politicians need some counselling.

1720

Mrs. Witmer: Oh, Richard says that when he retires he's going to need some counselling.

They truthfully do. I would say the group that probably lobbied hardest, longest and loudest for changes to Bill 171 was the social workers. They were the first ones out of the gate. As I say, it took some of the health professionals a long time to even become aware of the fact that changes were being made and that they might have an opportunity to impact some of the changes. But I will tell you, social workers were certainly the first ones to send lots of communications to my office and to come and see me. I had people here in the Toronto office, I had people in the Waterloo office. We've got some great social work students and professors in my own community, we've got great programs in schools, and I have to commend them for the leadership that they provided, because I certainly think it was thanks to them that all three parties agreed that a very, very substantive amendment needed to be made to include social workers under the proposed regulation of psychotherapy.

However, having said that, although the government was responsive in this respect, they did not move forward with the other concern that some of the social workers had regarding the use of the title "doctor" in the province of Ontario. Regretfully, Ontario is going to remain the only jurisdiction in Canada—that's pretty significant—that confines the use of the title "doctor" under the Regulated Health Professions Act. Unfortunately, the government did not agree to a motion that we put forward to address the restriction on the use of the title "doctor" by Ontario's social workers.

I just want to read a memo that I received from Nancy Riedel Bowers, MSW, RSW, PhD, dated May 27: "Re Hansard response to the Bill 171 amendment put forward by E. Witmer and S. Martel, May 14, 2007, in the social policy committee." I'm going to quote directly from her letter. This is what she writes:

"Having attended and presented with two colleagues of the doctor of social work task force at the social policy committee hearings for Bill 171 on May 7, I have now read the decision as to whether to allow our request for section 33 of the Regulated Health Professions Act to be amended to include social workers with doctoral degrees. The Hansard clearly identifies that the committee will give the matter consideration but with absolutely no

clarity as to why the matter is not going forward at this time."

That's what's key, and this is what she underlines: "absolutely no clarity as to why the matter is not going forward at this time."

She goes on to say:

"I, along with other senior colleagues with doctoral degrees in social work, have been waiting for a review of this act. We have been part of meetings for four years to prepare for this review and we have been part of much consultation with the Ontario association of social work and social service workers, the Ontario College of Social Workers, and with lawyers.

"I was hired by our committee to conduct international research on the matter and found, as you are well aware, that we are the only location in the entire world, including all the provinces, the United States, Britain, Australia, China and many other countries, where we are not able to use our deserved, earned degree in a health-mental health capacity.

"Quebec has the only model of inclusion that could work swiftly to amend the Ontario RHPA; that is, to allow for the use of title 'doctor,' with professions denoted after the name, along with academic degrees.

"My colleagues in the United States who conduct child and play therapy to situations of trauma and very serious issues are aware of this intended blocking of the social work profession in Ontario from using their well-earned titles.

"In the United States, social workers, along with psychologists and medical doctors, amongst others with senior degrees, are all permitted to use their titles. Some of these colleagues were called upon to intervene with the children who were in schools in and around Ground Zero the day that the twin towers were hit. Their expertise was valued in that crisis situation and some have indicated that with the restriction on the use of title 'doctor' in Ontario, they would not relocate to this province."

Listen to this: They're not going to relocate to this province if we're going to put a restriction on the use of the title "doctor." Ironically, Ontario has the largest number of doctoral programs in social work, hires the largest number of mental health professionals and publishes the largest amount of academic work in children's and adult mental health. Despite all this, the largest number of doctoral programs in social work, the hiring of the largest number of mental health professionals, the publication of the largest amount of academic work in children's and adult mental health, we are still restricting the use of the title "doctor" in Ontario, unlike the rest of the world that has moved forward and where they are entitled to use their deserved, earned degree in a mental health capacity.

She goes on to say—and this is in bold letters. She's speaking to all of us in this House. She's speaking to the Minister of Health, she's speaking to Premier McGuinty, she's speaking to the government, who has the majority, who has the power, and she says:

"I beg of you at this time, recognizing that decisions are being made imminently, to reconsider the decision of the social policy committee of last week. The implications for the profession of social work, as well as the expertise for the treatment and therapy of children and adults, is greatly affected by this wish to hesitate when no good reason has been given to do so.

"The HPRAC review has recommended, by implication, the inclusion of social workers with doctorates along with the listed five professions of section 33. Their research, along with mine, the opinion of lawyers and the research completed by the government should be sufficient at this time for inclusion of the amendment by Mrs. Witmer and Ms. Martel."

She goes on to say, "Thank you for your reconsideration of this very important matter."

I urge the government to reconsider the decision that was made at committee. I urge you to make changes in order that we can move forward and include social workers and allow them, as they have asked, to basically be recognized as they are in other countries. She suggested that Quebec has a model of inclusion that could work swiftly to amend the Ontario RHPA, and that would be to allow for use of title "doctor" with professions denoted after the name along with the academic degrees.

I urge the government—this is the one amendment that there has been absolutely no reason, no clarity provided as to why the issue is not moving forward at this time. Both Ms. Martel and I did make amendments, and I would just urge the government to ensure that they will address this issue. I don't know why they're blocking the social work profession from using their well-earned titles. That, to me, is one of the biggest issues that has not been resolved, when you consider the expertise we have in this province and the need for these individuals to meet the needs of children and families in our community. I hope that the government, within the time that remains, gives this very serious consideration. I know that they would receive unanimous support to introduce that amendment from all parties in this House. Surely, there has to be a way at this point in time that we can consider an avenue to address that issue and make the appropriate amendment.

1730

I just want to also indicate that at the end of the day the Ontario Association of Hypnotherapists had some concerns as well that they feel have not been addressed and that they feel could have an impact on mental health services in the province of Ontario. They wanted hypnosis to be specifically excluded from the Psychotherapy Act, and they were looking for support in creating a framework for voluntary self-regulation for hypnotherapists in Ontario.

That concludes my remarks. As I say, it's a huge bill; it's an omnibus bill. The government certainly got some parts right; after public hearings, we have more parts that are right. There are still a few outstanding concerns, particularly the one regarding the "doctor" title for social

workers. That's the issue that I have continued to receive correspondence on, and I think there is extreme disappointment that the issue wasn't addressed. The government didn't give any reason as to why they weren't going to address it at this time. As I say, the act hadn't been opened for 15 years, and this was the opportunity to get it done. I really want to conclude by beseeching all members of this House to do what they can to encourage the minister and the government to move an amendment that would provide the "doctor" title to those social workers in our province who certainly deserve it.

Anyway, it has been a great opportunity to work with all of my colleagues in the House. We are nearing the end of our four-year term, and I guess this is going to be the last health bill that we all have a chance to debate—in a few weeks, I guess we'll all be leaving here—but there are certainly many provisions within this bill that are long awaited. I'm pleased at the end of the day that, working co-operatively, we were able to make a lot of amendments that are going to benefit the health professionals and make other changes but that, most importantly are going to respond to the needs of people, in the province of Ontario and provide more accessibility to health care providers. There are initiatives here that are going to increase people's chances of living a healthier and longer life as well. Thank you very much.

The Acting Speaker: Questions and comments?

Ms. Martel: I wanted to follow up from where the member from Kitchener-Waterloo left off, which is around the issue of the "doctor" title, because she is correct. Both she and I moved an amendment that essentially went back to an HPRAC recommendation. The amendment that was moved is essentially the language that was provided by HPRAC around this issue in its document called *New Directions*. HPRAC made a very significant recommendation regarding the "doctor" title, which sections of the RHPA should be repealed and what should be substituted. When I have a chance, I will be reading more into the record in terms of what they had to say around this issue.

But, really, I didn't understand the government's rationale for not moving on this matter at this time. It is highly unlikely that we're going to get another opportunity in the very near future to open up these acts and make necessary changes. I think that Barbara Sullivan has done a wonderful job at HPRAC, and I regretted very much that, with respect to this particular issue, the government was not compelled to move on it. I think that we have an opportunity now, and by not doing so it will be a long, long time before the situation ever gets rectified in the way that it should, which is to allow others who have equivalent educational credentials to also use a doctor title. So I regret that that didn't happen during the course of these public hearings.

I do want to say as well that there were a number of amendments that were moved by both Mrs. Witmer and myself with respect to CPSO. The government accepted some of them, and others around hearings and the formation of tribunals—I guess that's one of the words

you could use—were not accepted. That was not an uncommon problem. We also had this raised with us by the royal college, who expressed their concerns about their ability to find panel members if you had different panels that were sitting at the same time, and that was going to cause them some serious difficulties. I think those could have been resolved in the manner that had been put forward by CPSO or in the manner that had been put forward by the royal college, and I regret that the government didn't do that.

I think we're going to have ongoing problems not just at those two colleges but at a number of others as a result of our inability to agree on how to fix problems that were identified by colleges that have been in place for some long time now and have a clear understanding of some of the pitfalls of the current legislation and what needs to be done to rectify these matters.

Finally, if I might, I want to thank the member from Kitchener–Waterloo for her very, very generous comments with respect to our being here together for a very long time now. Some days, it seems longer than others. She has been here for 17 years, and my 20th anniversary will be on September 10. I certainly appreciated working with her in the last couple of years as health critic for her party, and I've been health critic for mine. I just want to wish her well in the next election. I don't have to run again; she does. I hope she does all right.

Mr. Patten: I'm pleased to react to the member from Kitchener–Waterloo and her comments. As usual, I think she has done a thorough job of analyzing the scope of this omnibus bill and the range of significances that are here as well. Because I only have about a minute and a half, I'd like to respond to a couple of areas. Certainly, we received a great deal of response from putting together, in the initial drafting, the naturopathic and homeopathic schools. That is now separated out, and I hope that everybody is happy—certainly, with the social workers, as was pointed out as well.

There's great resistance in the existing medical field. Let's face it: That's where the pressure comes from. Other than the medical doctors, they don't want anyone else to use the title, by and large. My reaction is, "Get over it." There's a new day of new understandings, of new therapies that have a rich and extremely important role to play in the healing process. It's not all based on western medicine—that model and the arrogance that is very often there—which is a good model, but it's not the answer to everything.

I'll tell you that when I had cancer seven years ago, the therapy that was the most helpful to me was that of the naturopaths, who helped me to look at healing as part of my own responsibility and all the things that one can do in terms of diet, in terms of your spirit, in terms of your mental attitude, in terms of some special supports with minerals and vitamins and omega oils and things of that nature, which are very helpful to get your immune system up. The regular medical model didn't even look at that. Anyway, I'll leave that as it is.

I would like to congratulate my friend—I hope we'll have another opportunity—from Nickel Belt, who recently announced that she was not going to be running again. I have great respect for her. She's a very diligent member and will be missed by this House. I'm sure that the member from Kitchener–Waterloo will be running again and be back again. I want to wish you all the very best too.

Mrs. Christine Elliott (Whitby–Ajax): I appreciate the opportunity to add just a few comments with respect to Bill 171. I would like to start by commending my colleague the member for Kitchener–Waterloo for her dedicated and meticulous work on this bill, with the result that the amendments that she has brought forward, along with the considerable work that the member from Nickel Belt has done on this bill, have led to some significant changes and amendments to this bill that will make it even stronger. I think they should be commended for their excellent work on this.

1740

This is a massive bill, as everyone has commented. It is a huge omnibus bill that deals with improving health systems in Ontario. There are some 18 schedules to it dealing with a large and very diverse group of issues. I would like to just comment on two of the particular schedules that are contained in this bill, because they are issues that I have heard directly from some of my constituents who have met with me in my community office to make their representations known with respect to this bill, which I have passed along to my colleague.

One is schedule P, the one that deals with naturopathy and homeopathy. I understand that in the course of the hearings on this bill they were separated out into two separate colleges, which I think is going to serve the professions well as we move forward because they are two very different types of health professions. I think we should commend the government for making those changes. I did hear a lot from constituents about that.

Secondly, with respect to schedule Q, dealing with the psychotherapy aspect, I did have a number of social workers who came to meet with me who spoke about the need to engage in psychotherapy, that being one of the essential tenets of their profession. Again, I commend the government for accepting that and for making those amendments.

Mr. Dave Levac (Brant): Just before I get into the comments of the member from Kitchener–Waterloo, I just want to add my own personal thanks to the member from Nickel Belt. I personally have spoken to her. I'll do that at another place and another time, but I want to echo the joy that I've had in getting to know her and watching her do her work in this place. More importantly, she made the decision, and I know, because she told me, that it was a very difficult decision, because you are engaged in this province, you are engaged in your riding, and you have a family. I know there are priorities in life, and you've chosen that one. I congratulate you and I thank you for that decision. I preach a lot about that in this place in terms of family first, the individual, the human

first, so I appreciate that decision and how difficult it was.

The other is the Chase McEachern situation. The McEachern family came to Brantford before we even discussed this bill, and with the Heart and Stroke Foundation, Walter Gretzky and the city, we started doing the defibrillator. I got to meet the family and I can tell you that I am so impressed with their passion. That this family wanted to turn the crisis and the disaster into a positive thing tells us again, one more time, how important our families and people are and the impact they can have in the province. So I want to thank them.

I also want to say thank you to the teaching profession, because they were the first ones who came through with the blue pages that said all of the things they had to do—the discipline—and they didn't make it a secret. I have to tell you, at first it was a novelty to look through the pages to see who got disciplined. But now it has turned into an actual format in which the public gets to see exactly what is going on in the profession. I would say that the secrecy of health is now hopefully going to be ripped open, because there are some cultures in there that everything must be kept secret from the people that it's all about. So I'm proud about that moment.

Also, the fight that has gone on before in the long term between the MRC—that took a long time for us to change.

Now I come back quickly to the member from Kitchener–Waterloo. Fifteen years in the making—a lot of governments have gone and come, so there could have been some more work done by each one of the governments that led to this point. So I'm glad we're all on the same page and I thank you very much for those comments.

I look forward to the member from Nickel Belt giving us the final hurrah, at least on this topic and this bill. I think you're going to get some time.

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

Mrs. Witmer: For people who are watching, I think they've just heard four people speak who do an outstanding job in this House. I think you can see, based on the remarks that have been made, the ability of people in this House to come together, to reach agreement, to reach consensus, to appreciate the work of others.

I want to thank the member for Nickel Belt. We've heard how she will be departing.

I want to thank the member for Ottawa Centre. We're going to miss you, Richard. It's not going to be the same without you here. You've always been a hard worker.

We've heard from my colleague in Whitby–Ajax. She's probably the newest member of our team. When you hear her speak, you know that she's going to be an outstanding individual and make a wonderful MPP, really here for the right reasons: to advocate on behalf of the people. And of course my good friend the member from Brant is always positive, always wanting to work in co-operation with other people.

For people watching, this House has the opportunity to work very well if we always continue to put at the top of

our minds the people who are going to be impacted by the legislation, a desire to work in co-operation to try to reach consensus and put aside some of the other things that sometimes happen in here.

We have Bill 171. It is moving forward. It will be the last health bill this government introduces during this term. I'm just glad I had the opportunity to be a part of it. I want to thank the stakeholders, because without their input and their strong advocacy, we wouldn't have seen the bill we've ended up with. It's a good, strong bill.

The Acting Speaker: Further debate.

Ms. Martel: It's going to be hard to get gunned up for 10 minutes, and then have to shut it down and come back another day, but let me say that I am pleased to participate in the debate and I do intend to go for an hour. I'm not sure how that will be divided up and when I'll get to do the rest of it, but I am doing the lead-off for the NDP and there are some things I want to say with respect to the bill.

Before I get there, though, I should say something to Mr. Patten, because of course it's been public for some time that he's leaving. He, Mrs. Witmer and I have been sitting on a committee together to select the new chief medical officer of health and assistant deputy Minister of Health to replace Dr. Sheela Basrur, and it's going to be a very difficult task indeed to find anyone to replace Dr. Basrur.

During the course of those meetings I've been talking to Richard about what he plans to do next, and there's been some discussion, all the while knowing that he wasn't the only one going, but the time and place for me to announce hadn't come yet. I really wish you well. It's been a pleasure to serve with you over many years in this House. I don't know what you'll end up doing next; I know you've got some possibilities. I'm not looking, so I'm not even there yet, but I really wish you well in whatever you do next, Richard.

I want to thank all those folks who made presentations and who provided written submissions. People did take this work seriously. There were so many different views with respect to some of the schedules, how they should be dealt with and how people's concerns should be responded to. The process in terms of going through many different schedules that had many different aspects of health and trying to find some common ground wasn't easy all of the time, but people worked together to do that, recognizing that these are issues we need to move forward on. We wanted to come out of it with a better bill, and I think we have.

I want to thank legal counsel Ralph Armstrong again for all the work he did in trying to make the time set out for amendments to be placed—he worked very hard to do that—and the other staff: the committee clerk, Trevor Day; the research staff; the Hansard staff—all of the people who worked in two days of public hearings in a committee room that was very hot, very stuffy and very full of people—in fact, there were people in an overflow room for both of those days—who then came back to do clause-by-clause for a number of hours to wrap it all up. I

appreciated all that work and all of their efforts. Finally, thank you to the ministry staff and my colleagues in the other parties. I think the work moved along very well. There was a good spirit of co-operation; there was acceptance of both NDP and Conservative amendments during the process. I appreciated that the government, because in many cases we were all thinking the same thing, was prepared to make some small changes to allow some of those opposition amendments to be adopted. I want to thank everybody who decided that was the way to approach it rather than maybe doing something differently.

I want to focus on those schedules where some of the ongoing concerns I raised on second reading still have not been met. I want to indicate at the outset that, yes, we will be supporting the bill, but I think it's important that I put on the record the areas that are still outstanding and how I wish there could have been some other resolution to those areas.

I want to deal first with schedule B. Schedule B is amendments concerning other health professions. In this regard there were a number of changes that were made to health professions that were regulated under the NDP from 1990 to 1995, changes that, because we were opening up the act for the first time, were being made, and some others that I wish had been made. Specifically, the ones I want to focus on with respect to schedule B are those that involve the Nursing Act, 1991.

1750

We heard from both the Ontario Nurses' Association and from the Registered Nurses Association of Ontario that the proposed changes in Bill 171 with respect to the Nursing Act did not go far enough. Certainly, there was an appreciation that there is a protected title of nurse practitioner, but there were other changes that have been recommended to the government for some long time now, over a year in fact, by the College of Nurses which would allow registered nurses to participate in the health care system to their full scope of practice. In that regard, I want to read a little bit from the presentation that was made to the committee by the registered nurses' association with respect to those changes that they would have liked to have seen around prescribing. I'm quoting from their submission:

"The proposed change to the Nursing Act in Bill 171 with respect to prescriptive authority falls far short of open prescribing. It proposes moving the process from a drug-specific list to one of a category of drugs. In the end, this may prove to be more time-consuming and challenging to implement than the current model.

"CNO"—that's the College of Nurses of Ontario—"proposes open prescribing for registered nurses in the extended class. In a context of rapid technological change and evolving roles, there is compelling evidence that the current list-based approval process for the registered nurse extended class, diagnostic and prescriptive authority, is untenable. The current list-based system results

in treatment delays, unnecessary duplication and mis-allocation of resources.

"Open prescribing for diagnostic tests and pharmaceuticals already exists in several Canadian jurisdictions, including Saskatchewan, Manitoba and British Columbia. As of 2000, in the United States there were 25 states that gave full prescriptive authority to nurse practitioners, including four controlled substances." Therefore, the RNAO, based on legislative amendments that had been put to the government over a year ago, proposed a number of changes to expand the RN scope of practice, including:

"(1) communicating to the individual, or his or her personal representative, a diagnosis;

"(2) setting or casting a fracture of a bone or a dislocation of a joint;

"(3) applying a form of energy prescribed by the regulations under this act; and

"(4) dispensing a drug as defined in subsection 117(1) of the Drug and Pharmacies Regulation Act."

As the RNAO said, "RNs should have the authority to perform these acts within the nursing scope of practice based on knowledge, skills and experience. This will ensure timely access to care, reduce the need for delegation and support progression of care management in a timely way."

It was for that reason that I put forward, on behalf of our party, amendments to the Nursing Act, 1991, which flowed from the presentation that we heard from the Registered Nurses Association of Ontario and flows from legislative changes that the College of Nurses of Ontario has had before the Ministry of Health for almost a year now.

I moved that section 14 of schedule B to the bill be amended by adding the following subsection:

"3. Prescribing or dispensing a drug.

"3.1 Setting or casting a fracture of a bone or dislocation of a joint.

"3.2 Applying or ordering the application of a form of energy prescribed by regulation."

These would have allowed for much more open prescribing, as we were encouraged to do, and put in place two other controlled acts that nurse practitioners don't have right now, which would certainly have assisted them in the provision of their duties, be it in a community health centre or an acute care setting.

It is regrettable that the government did not move on these changes. I do not think this act will be opened again for some long time. We had an excellent opportunity with Bill 171 to take a look at changes to a number of health care professions, and indeed, the government made a number of changes to the various health care professions that had been regulated under the New Democrats. I think we missed a golden opportunity with respect to the Nursing Act in not agreeing to move on those changes that have been put forward to us both at the committee stage and to the ministry well over a year ago. I think those changes would have allowed nurse

practitioners in particular to respond in a much more timely way to the health care needs, both in the community and acute care settings. It would have been much better for patients and would have really ensured that nurse practitioners could practise to their full scope of practice. I don't know when the government's ever going to get back to this. This would have been the opportunity, and I regret certainly on behalf of nurse practitioners that these changes didn't occur, which would have allowed them to really work to the full scope of practice, as they

should do and as they need to do in Ontario now to provide the best possible health care to Ontario patients.

On that note, since I would like to be on a different schedule on another day, I will stop at this time.

The Acting Speaker: In the spirit of co-operation which I have seen here today, I think it's close enough to 6 of the clock. This House stands recessed until 6:45 this evening.

The House adjourned at 1755.

Evening meeting reported in volume B.

LEGISLATIVE ASSEMBLY OF ONTARIO
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Speaker / Président: Hon. / L'hon. Michael A. Brown

Clerk / Greffière: Deborah Deller

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Dufferin–Peel– Wellington–Grey	Tory, John (PC) Leader of the Opposition / chef de l'opposition	London–Fanshawe	Ramal, Khalil (L)
Durham	O'Toole, John (PC)	Markham	Chan, Hon. / L'hon. Michael (L) Minister of Revenue / ministre du Revenu
Eglinton–Lawrence	Colle, Hon. / L'hon. Mike (L) Minister of Citizenship and Immigration / ministre des Affaires civiques et de l'Immigration	Mississauga Centre / Mississauga-Centre	Takhar, Hon. / L'hon. Harinder S. (L) Minister of Small Business and Entrepreneurship / ministre des Petites Entreprises et de l'Entrepreneuriat
Elgin–Middlesex–London	Peters, Hon. / L'hon. Steve (L) Minister of Labour / ministre du Travail	Mississauga East / Mississauga-Est	Fonseca, Peter (L)
Erie–Lincoln Essex	Hudak, Tim (PC)	Mississauga South / Mississauga-Sud	Peterson, Tim (Ind.)
Etobicoke Centre / Etobicoke-Centre	Crozier, Bruce (L) Deputy Speaker, Chair of the Committee of the Whole House / Vice-Président, Président du Comité plénier de l'Assemblée législative	Mississauga West / Mississauga-Ouest	Delaney, Bob (L)
Etobicoke North / Etobicoke-Nord	Cansfield, Hon. / L'hon. Donna H. (L) Minister of Transportation / ministre des Transports	Nepean–Carleton	MacLeod, Lisa (PC)
Etobicoke–Lakeshore	Qaadri, Shafiq (L)	Niagara Centre / Niagara-Centre	Kormos, Peter (ND)
Glengarry–Prescott–Russell	Brotten, Hon. / L'hon. Laurel C. (L) Minister of the Environment / ministre de l'Environnement	Niagara Falls	Craiton, Kim (L)
Guelph–Wellington	Lalonde, Jean-Marc (L)	Nickel Belt	Martel, Shelley (ND)
Haldimand–Norfolk–Brant	Sandals, Liz (L)	Nipissing	Smith, Monique M. (L)
Haliburton–Victoria–Brock	Barrett, Toby (PC)	Northumberland	Rinaldi, Lou (L)
	Scott, Laurie (PC)	Oak Ridges	Klees, Frank (PC)

Constituency Circonscription	Member/Party Député(e) / Parti	Constituency Circonscription	Member/Party Député(e) / Parti
Oakville	Flynn, Kevin Daniel (L)	Stormont–Dundas– Charlottenburgh	Brownell, Jim (L)
Oshawa	Ouellette, Jerry J. (PC)	Sudbury	Bartolucci, Hon. / L'hon. Rick (L) Minister of Northern Development and Mines / ministre du Développement du Nord et des Mines
Ottawa Centre / Ottawa-Centre	Patten, Richard (L)	Thornhill	Racco, Mario G. (L)
Ottawa South / Ottawa-Sud	McGuinty, Hon. / L'hon. Dalton (L) Premier and President of the Council, Minister of Research and Innovation / premier ministre et président du Conseil, ministre de la Recherche et de l'Innovation	Thunder Bay–Atikokan	Mauro, Bill (L)
Ottawa West–Nepean / Ottawa-Ouest–Nepean	Watson, Hon. / L'hon. Jim (L) Minister of Health Promotion / ministre de la Promotion de la santé	Thunder Bay–Superior North / Thunder Bay–Superior- Nord	Gravelle, Michael (L)
Ottawa–Orléans	McNeely, Phil (L)	Timiskaming–Cochrane	Ramsay, Hon. / L'hon. David (L) Minister of Natural Resources, minister responsible for Aboriginal Affairs / ministre des Richesses naturelles, ministre délégué aux Affaires autochtones
Ottawa–Vanier	Meilleur, Hon. / L'hon. Madeleine (L) Minister of Community and Social Services, minister responsible for francophone affairs / ministre des Services sociaux et communautaires, ministre déléguée aux Affaires francophones	Timmins–James Bay / Timmins-Baie James	Bisson, Gilles (ND)
Oxford	Hardeman, Ernie (PC)	Toronto Centre–Rosedale / Toronto-Centre–Rosedale	Smitherman, Hon. / L'hon. George (L) Deputy Premier, Minister of Health and Long-Term Care / vice-premier ministre, ministre de la Santé et des Soins de longue durée
Parkdale–High Park	DiNovo, Cheri (ND)	Toronto–Danforth	Tabuns, Peter (ND)
Parry Sound–Muskoka	Miller, Norm (PC)	Trinity–Spadina	Marchese, Rosario (ND)
Perth–Middlesex	Wilkinson, John (L)	Vaughan–King–Aurora	Sorbara, Hon. / L'hon. Greg (L) Minister of Finance, Chair of the Management Board of Cabinet / ministre des Finances, président du Conseil de gestion du gouvernement
Peterborough	Leal, Jeff (L)	Waterloo–Wellington	Arnott, Ted (PC) First Deputy Chair of the Committee of the Whole House / Premier Vice-Président du Comité plénier de l'Assemblée législative
Pickering–Ajax–Uxbridge	Arthurs, Wayne (L)	Whitby–Ajax	Elliott, Christine (PC)
Prince Edward–Hastings	Parsons, Ernie (L)	Willowdale	Zimmer, David (L)
Renfrew–Nipissing–Pembroke	Yakabuski, John (PC)	Windsor West / Windsor-Ouest	Pupatello, Hon. / L'hon. Sandra (L) Minister of Economic Development and Trade, minister responsible for women's issues / ministre du Développement économique et du Commerce, ministre déléguée à la Condition féminine
Sarnia–Lambton	Di Cocco, Hon. / L'hon. Caroline (L) Minister of Culture / ministre de la Culture	Windsor–St. Clair	Duncan, Hon. / L'hon. Dwight (L) Minister of Energy / ministre de l'Énergie
Sault Ste. Marie	Oraziotti, David (L)	York Centre / York-Centre	Kwinter, Hon. / L'hon. Monte (L) Minister of Community Safety and Correctional Services / ministre de la Sécurité communautaire et des Services correctionnels
Scarborough Centre / Scarborough-Centre	Duguid, Brad (L)	York North / York-Nord	Munro, Julia (PC)
Scarborough East / Scarborough-Est	Chambers, Hon. / L'hon. Mary Anne V. (L) Minister of Children and Youth Services / ministre des Services à l'enfance et à la jeunesse	York South–Weston / York-Sud–Weston	Ferreira, Paul (ND)
Scarborough Southwest / Scarborough-Sud-Ouest	Berardinetti, Lorenzo (L)	York West / York-Ouest	Sergio, Mario (L)
Scarborough–Agincourt	Phillips, Hon. / L'hon. Gerry (L) Minister of Government Services / ministre des Services gouvernementaux		
Scarborough–Rouge River	Balkissoon, Bas (L)		
Simcoe North / Simcoe-Nord	Dunlop, Garfield (PC)		
Simcoe–Grey	Wilson, Jim (PC)		
St. Catharines	Bradley, Hon. / L'hon. James J. (L) Minister of Tourism, minister responsible for seniors, government House leader / ministre du Tourisme, ministre délégué aux Affaires des personnes âgées, leader parlementaire du gouvernement		
St. Paul's	Bryant, Hon. / L'hon. Michael (L) Attorney General / procureur général		
Stoney Creek	Mossop, Jennifer F. (L)		

A list arranged by members' surnames and including all responsibilities of each member appears in the first and last issues of each session and on the first Monday of each month.

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

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Règlements et projets de loi d'intérêt privé**

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