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Official Report of Debates (Hansard)

Tuesday 4 May 2010

Journal des débats (Hansard)

Mardi 4 mai 2010

**Standing Committee on
Government Agencies**

Intended appointments

**Comité permanent des
organismes gouvernementaux**

Nominations prévues

Chair: Ernie Hardeman
Clerk: Douglas Arnott

Président : Ernie Hardeman
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON
GOVERNMENT AGENCIESCOMITÉ PERMANENT DES
ORGANISMES GOUVERNEMENTAUX

Tuesday 4 May 2010

Mardi 4 mai 2010

The committee met at 0904 in committee room 1.

SUBCOMMITTEE REPORT

The Chair (Mr. Ernie Hardeman): I call the committee meeting of May 4 for government agencies to order.

The first order of business is to say good morning to everyone and thank you for being here.

The second is a motion to approve the subcommittee report of Thursday, April 29.

Mr. Michael A. Brown: Mr. Chair, I'm happy to so move.

The Chair (Mr. Ernie Hardeman): You've heard the motion. Any discussion? If not, all those in favour? Opposed? The motion is carried.

INTENDED APPOINTMENTS

MR. RON BOLTON

Review of intended appointment, selected by official opposition party: Ron Bolton, intended appointee as member, South West Local Health Integration Network.

The Chair (Mr. Ernie Hardeman): We'll now proceed with the appointments review. Our first and only interview this morning is with Ron Bolton, intended appointee as a member of the South West Local Health Integration Network. Ron, if you would come forward, we will look forward to having a little discussion. We'll start off by asking you if you wish to make a short statement about your wishes and aspirations on the LHIN. At that point, we will have questions from the three parties, 10 minutes for each party. We will start with the government members in this interview, in the questioning, and at the end of that we will conclude the interview.

Thank you very much for coming in and we turn the floor over to you.

Mr. Ron Bolton: Thank you, Mr. Chair. Good morning, ladies and gentlemen. I appreciate the opportunity to appear before you today to discuss my appointment to the South West Local Health Integration Network.

I believe you all have an outline of my resumé and my qualifications, but I would like to take this opportunity to

provide some additional detail around the reasons why I feel I'm suitable for this position.

My association with health care includes many relationships with primary caregivers. I have a son who's a doctor. I have a daughter-in-law who's an RN. I have a sister-in-law who is an RN. I have a niece who's an emerg RN. My sister is an RN who has just recently retired from hospital administration in another province in Canada. As well, as I was growing up, around my grandma's dinner table, one of the heroes was an older cousin who was an obstetrician in London who stated near the end of his career that he thought he had delivered somewhere between 25 and 25,000 babies. He said that every male in London worked for him, so I'm assuming that's—

The Chair (Mr. Ernie Hardeman): Your family's responsible for the population explosion.

Mr. Ron Bolton: So noted.

In addition to this association with primary caregivers, my family has a long history of involvement with governance in a hospital setting. My father, my brother and I were members of the board of directors of St. Marys Memorial Hospital for an uninterrupted period of time that exceeded 55 years, and now carrying on the tradition, my eldest son is currently a member of the board of directors of the Tillsonburg District Memorial Hospital.

During my tenure on the board of directors of St. Marys Memorial, we as a board were proud to become part of the Huron Perth Healthcare Alliance in 2003, which was the amalgamation of the hospitals in Stratford, St. Marys, Clinton and Seaforth. At the inauguration of the HPHA, I was appointed vice-chair and subsequently completed a term as chair.

Although, like any new organizations, we had a few missteps in our initial undertakings, we persevered, and ultimately were successful in several areas of integration, with a few of these being one CEO for the four sites; one HR department for the four sites; one finance department and one CFO for the four sites; one labour force, which allowed us easy transition for employees to move within hospital sites; and the use of one auditor for four sites. We had better allocation and use of operating theatres; we had increased integration with the local CCACs at the time—I understand that has changed; and we had improved efficiencies, which allowed us to balance our budget and which we were happy to do.

These are just a few of the several areas of integration of health care amongst the four hospitals, but perhaps the

biggest success during my tenure as chair of the board was the coming together and support from the four communities to recognize and promote the vision that has resulted in the redevelopment of the Stratford site. This redevelopment, which is currently nearing completion, will improve and enhance services for all of our catchment area, including a new ICU, which is in fact operating now; new, expanded and updated operating theatres; and new, expanded and improved ER and mental health facilities. Recognizing the importance of this regional facility, all communities are looking forward to the benefits that will be available to all of us from enhanced local health care.

Obviously, since involvement with local hospital governance is a volunteer undertaking, I did have a working career. After a period of time with the Ontario Ministry of Agriculture and Food in the district of Rainy River and Lambton county, and then for a period of time as a primary agricultural producer on the family farm, I joined CIBC, providing agricultural financial services to Ontario farm families for a 25-year career. I enjoyed most of it; there were a few days—as a banker, I had the opportunity to serve in many different parts of rural Ontario but always within commuting distance of where I live at the moment, which incidentally is the family farm home in which I grew up. These different locations included London, a couple of times; St. Thomas; Forest; Tavistock; Woodstock; and Stratford, amongst several others.

A considerable amount of my time during my career was spent as a farm loan specialist, travelling throughout rural Ontario, with the most recent tour of duty travelling the area from Windsor to Owen Sound. These travels always involved family farm business visits and always involved community leaders or farm supply businesses and, of course, local bankers. This travel throughout rural Ontario not only gave me the opportunity to meet many, many great people, but it also gave me a good understanding of the wants and needs of many small rural communities as well as the wants and needs of small towns and cities throughout the area. Trust me, closing or changing the services at the local hospital will undoubtedly raise the ire and fury of the local community, but closing their bank comes as a close second.

My career also involved a period of time managing a significant agricultural branch for the CIBC in the heart of Ontario agriculture in Oxford county. This tenure included learning the ins and outs of budget planning, the importance of sticking to a budget, people management, learning to lead by consensus, the importance of customer satisfaction and how to respond to continuing changes within the corporate structure and the local community.

0910

In the early 2000s, I also enjoyed a position where I had responsibility for the day-to-day management of all agricultural loans that exceeded \$5 million in approved credit for CIBC in all of Ontario. This position not only allowed me to become acquainted with many parts of this great province from Windsor to Ottawa, but it also

demonstrated the success that farm family businesses can achieve by the use of good financial planning, good people skills and integrating and consolidating resources within a well-formulated and well-executed business strategy.

My extracurricular activities have included memberships in the Agricultural Institute of Canada and the Ontario Institute of Agrologists, a proud 25-year membership in the St. Marys Kinsmen Club Service Organization, membership in the chambers of commerce in all of the towns and cities where my office was located, including London and St. Thomas, and various other agricultural organizations throughout Ontario. Currently, I'm a member of the board of directors of the Canadian Agricultural Hall of Fame, which, while national in focus, is located here in Toronto.

Along with my wife, we are the proud parents of four children, who, with their spouses, have given us 6.9 grandchildren to date. May 17 is the next date. I realize that I am not unique in this regard, and like most or all parents, I am very proud of my kids and my grandkids. But I mention my family in this setting only to emphasize that we, collectively, need to understand that we must provide an environment that allows health care going forward to be sustainable and to provide the excellent care that we are accustomed to for future generations. I think I can do my small bit to help in this regard.

To summarize, I would suggest that my background in health care governance, my first-hand knowledge of rural Ontario and my successful career with a major financial corporate entity give me a unique and well-qualified perspective to join the South West Local Health Integration Network. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. As we said, we'll start with Mrs. Albanese.

Mrs. Laura Albanese: Thank you for that presentation. We really appreciate you putting your name forward.

I wanted to ask you, do you have any views on how to integrate health care, especially in the South West LHIN and how to harmonize, let's say, the needs of the urban areas with the ones of the small towns in the rural areas?

Mr. Ron Bolton: Well, I think we all have ideas. I'm not sure that, politically, we can ever accomplish all that we want to, and I don't mean that politically. Just recently, I attended a meeting in St. Marys about changes to the health care there. The people need to understand that it takes communication, communication, communication, that just because we don't have that facility in your little town doesn't mean that it isn't available for you here—better technology, better service, better-trained people just down the road.

But I like to tell people who say, "Well, we're a long way from anything," that if you live in Toronto, you're 20 minutes from any ER, and when you get there, you're lined up. If you're in London, you could be 20 minutes from any ER. You have to explain to people over and over again that we do have it pretty good and that we're

not giving the city something that you're not entitled to. You show up at their door, and they'll look after you.

Mrs. Laura Albanese: Thank you very much.

Mr. Ron Bolton: It's not an easy task; I understand that.

Mrs. Laura Albanese: Thank you for clarifying that.

The Chair (Mr. Ernie Hardeman): Anything further? Mr. Brown.

Mr. Michael A. Brown: Thank you, Mr. Bolton.

I appreciate your background. I'm a lad from Lambton county originally, and now I represent—it's smaller than Mr. Hampton's, but one of the large rural northern constituencies, which stretches from Killarney to Manitowadge. I know about closing banks, too.

Along with my colleague, I happen to also sit on the rural and northern health task force to see how we can provide service in the rural areas and provide a framework to the LHINs for ideas to integrate those services. Sometimes I think to myself—this is perhaps a function of age—that my constituents, if we're talking about physicians, and I know LHINs don't do physicians, all want Marcus Welby, MD, wandering around with the black bag and solving all problems, but when they get really ill, they want House. The problem is finding the balance between the generalist, the family practitioner in the rural area, and finding the ultimate of specialists when you need one.

I think maybe you answered that a bit when you were talking with Ms. Albanese, but if you could expand on that dichotomy that people have: They want every service everywhere, but we obviously can't do that.

Mr. Ron Bolton: One of the things that I think has worked very well in some locations—and my experience goes back to HPHA. The physician pool within the four sites understands that there are family physicians and understands that there are specialists, and we have strongly encouraged the family physicians to have really good relationship with the specialists. That's an easier sell than saying to the specialist, "You have to have a good relationship with the family physicians," just because of difference in personalities. But it still works, because if the specialist doesn't have the family physician refer him patients, he doesn't have patients. Now, maybe that's not the right financial model to do this, but that's the way it is.

I found that when we encouraged the physicians, both sides—the specialist within our larger secondary centre and the family physicians and the primary caregivers—they sat together, they had retreats, for lack of a better word, together, and it actually worked that they had good relationships. So then the family doctor could say, "I know this fellow over here or this lady in Stratford, and that's where you need to go next. I can get you there right away." That person then suddenly doesn't want the family physician to do everything.

We also encouraged them to do the same thing with some of the specialists that we use out of the tertiary centre in London.

The Chair (Mr. Ernie Hardeman): Thank you very much. We now go to Mr. Yakabuski.

Mr. John Yakabuski: Thank you very much, Mr. Bolton. I appreciate you coming this morning. I have some questions for you, and I assure you that they're not personal, because I've looked at your CV and I certainly have no reservations about your background or qualifications. I'm sure that the Chair, when you talked about the family farm in Oxford county—he'd consider you a friend.

You know the PC Party and the caucus has taken a position on LHINs, and we're very concerned about the government and its actions surrounding LHINs as well. You know that the Premier had promised a review of the LHINs, made it a mandatory review, and then, when the budget was brought out this year, he, some would say, broke his own law and cancelled the review of the LHINs. What do you think about that? Do you feel that that was something he should have—

Mr. Ron Bolton: That's not a personal question. That's a political question.

Mr. John Yakabuski: It's about the LHINs.

Mr. Ron Bolton: Yes. I'm okay with the question. I'm just teasing you.

I understand that it wasn't cancelled, that it's been postponed. It will take place. I think, like all new organizations, we perhaps didn't move as fast as we thought we could, and therefore, the time to review the LHINs is after we've given them ample opportunity to do the best job they can with integration. That would be my reasoning why I think it wasn't done. The first time we heard about the LHINs and from then until they were enacted—I think they need more time.

Mr. John Yakabuski: In your CV, as the board chair for the Huron Perth Health Alliance, you included fiduciary responsibility, and financial overview and accountability. You also have a long background and career in banking, in which making sure the numbers balance is important, and accountability is obviously very important.

If you, as a member of the LHIN, came across what appeared to be or clearly was an untendered contract, what would your actions be? What would you do?

Mr. Ron Bolton: I wouldn't want to look at it. It should be tendered.

Mr. John Yakabuski: It should be tendered. Okay.

The PC caucus has introduced a private member's bill that would require all public expenditures of over \$10,000 in goods, services, contracts and otherwise, hospitality—that they would have to be posted online. That would allow Ontarians to monitor how the government spends their money. Would you be in favour of that kind of measure? The government opposes it, so your employer's going be against it, but how do you feel about that?

0920

Mr. Ron Bolton: I believe that in today's world, \$10,000, although a lot of money out of my pocket, is not a lot of money for the government to spend. I think that

we could get burdensome if somebody had to do that, but I'm not opposed to accountability or transparency in government.

Mr. John Yakabuski: Okay. Since its creation in 2006—I'm trusting that my figures are correct here, because I believe they are—the number of South West LHIN officials getting paid over \$100,000 has tripled from two to six. During that time, 12.2 million health care dollars have been diverted from front-line care to pay for administrative costs of the South West LHIN: \$12.2 million, taken out of front-line health care which, I think, has to be the primary, paramount concern of anybody involved in health care, including in the LHINs. It has been taken out of front-line health care to pay for administrative costs. How do you feel about that?

Mr. Ron Bolton: Not being involved with a LHIN, I'm speaking off the cuff, because I'm not aware of their figures. I would suggest that there were savings made in reduction of personnel within the ministry, because that's where a lot of them, who were administrators in the LHIN, came from.

Mr. John Yakabuski: I haven't seen the ministry budget go down.

Mr. Ron Bolton: No, nor have any of us, but I'm not sure that it's—

Mr. Michael A. Brown: The front line has gone up, not down.

Mr. Ron Bolton: I'm not sure I'm qualified to answer the question at this point in time.

Mr. John Yakabuski: Fair enough, but do you oppose health care dollars destined for front-line health care being diverted for administrative costs?

Mr. Ron Bolton: We can't run organizations without somebody acting as administrators.

Mr. John Yakabuski: That wasn't the question—the diversion of front-line health care dollars from the patients to administration.

Mr. Michael A. Brown: You have no proof of that. Don't badger the witness.

Mr. Ron Bolton: It's okay.

Mr. John Yakabuski: I'm not badgering the witness. He didn't answer the question. I've got the mike, here.

Mr. Ron Bolton: It's okay. I am not convinced that the numbers you suggest demonstrate there has actually been a diversion that wouldn't have taken place anyway.

Mr. John Yakabuski: Thank you. Those are my questions.

The Chair (Mr. Ernie Hardeman): Is that it?

Mr. John Yakabuski: That's it.

The Chair (Mr. Ernie Hardeman): Thank you very much. Mr. Hampton?

Mr. Howard Hampton: Thank you for an entertaining session. It's not always this entertaining. I'm not sure that's good.

In my part of the province, one of the things that folks are wrestling with—we're already seeing this trend—is the tendency to pull services out of smaller communities and centralize all of them in Thunder Bay. That's becoming a pretty hot political issue.

I think some would probably say London has really been blessed with medical services, one of the leading medical schools in Canada and, historically, some insurance companies that contributed a lot of money to hospitals and the health care infrastructure in London.

How do you avoid a scenario where more and more of the health services in the LHIN become centralized in London, and people, for example, from the Bruce Peninsula have to depend on London for more and more health services?

Mr. Ron Bolton: To be quite honest with you, I don't think we can avoid it, going forward. I look at what has gone on in other industries that are not necessarily health care. In the agricultural industry, which I'm familiar with, consolidation of suppliers, consolidation of farm families—it has all taken place. To go back to health care, I have a physician personally who is a recent grad. He's in his mid-30s. He's young, he's vigorous, and he's full of all the things that I would like to have as a physician, but he will tell me up front, "I am a family physician. Our small hospital is not equipped, either in technology, equipment or in personnel, to provide you with the care that you might need if you have a heart attack, a stroke or those kinds of things. We need to get you to a larger centre where they have better facilities, better technology and better-trained people." I don't see how we can avoid that. If I'm in—well, Owen Sound has a significant hospital—but if I'm in Tobermory, and I need care in London, and I'm sick, I'm happy that it's at least in London or Kitchener or perhaps in Owen Sound.

Mr. Howard Hampton: The problem for small, local communities is that they're having trouble maintaining the health services that they have historically had, so small communities actually see services that the community was able to depend on for the last 20, 30, 40 years—those services are being moved, taken out. Do you think that's a good thing?

Mr. Ron Bolton: I think it's a good thing when a mum needs an obstetrician that she has one available someplace. In the town of Emo, which you're familiar with—my two oldest sons were born there. The closest obstetrician was in Winnipeg or Thunder Bay.

Mr. Howard Hampton: Or Duluth.

Mr. Ron Bolton: Right. And we had no problems. But I do know that if we cannot encourage—there is not a workload to keep the skill sets for these specialists to be in small towns, so we can't have them.

Mr. Howard Hampton: You'll be happy to know that Fort Frances has an obstetrician.

Mr. Ron Bolton: Now. These guys aren't babies anymore. I think it's just an evolution of the specialists. I also know, having family members who have recently trained in the medical field, they come out as specialists, not as generalists. An emerg nurse is an emerg nurse. She doesn't want to be a floor nurse; she wants to be an emerg nurse. She wants to keep her skills up, so she wants to go to an emergency that's busy, and in small-town Ontario, some of our emergencies aren't busy with emergency situations. To integrate to something local

that's not that far away—and I know that distances are further in northwestern Ontario. I understand that. But nevertheless, I'm not convinced that we'll ever get an anaesthetist to go to St. Marys and set up a practice. We can't keep them busy enough.

Mr. Howard Hampton: Let me suggest another model to you. A very good surgeon in Thunder Bay who specializes in back and knee surgery—more knees now than backs. What he has discovered is, by in effect rotating his surgeries—Dryden, Kenora, Fort Frances—because there's not the pressure on operating rooms, he can actually do more knees by going out into smaller communities than he could if he stayed at the regional hospital in Thunder Bay.

Mr. Ron Bolton: I don't disagree with that model. In fact, in HPHA we've done that with ophthalmological surgery in Clinton; most of the ophthalmological surgery is done there. Most of the general surgery is done at Stratford. On our orthopaedic surgery, the wait times—hips and knees are almost all done in Stratford now. To make better use of the ORs, we moved eye surgery to another site. The model—what you're talking about—works excellently, providing there are those facilities and the trained people to back them up—he or she—in those other communities.

Mr. Howard Hampton: Providing the LHIN will allow it to continue.

Mr. Ron Bolton: In my experience with the LHIN and our involvement through the HPHA, that was not an issue.

Mr. Howard Hampton: Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. That concludes what some might call the grilling. We do appreciate that someone with your qualifications would put your name forward to serve the community and we wish you well in your future endeavours. I'll say hello to Scott when I see him.

Mr. Ron Bolton: Thank you.

Interjection.

Mr. Howard Hampton: Emo Hospital is still there. It's much like your experience. It became part of the Riverside Health Care alliance: Rainy River, Fort Frances, Emo.

The Chair (Mr. Ernie Hardeman): Thank you. That concludes the interview.

We only have one interview this morning, so we'll now proceed with the concurrences.

Mr. Michael A. Brown: I am pleased to move concurrence in the appointment of Ron Bolton to the South West Local Health Integration Network.

The Chair (Mr. Ernie Hardeman): You've heard the motion. Any discussion?

Mr. John Yakabuski: I appreciate Mr. Bolton's appearance here today and I assure him that, again, this is not based on his suitability for the appointment but, as you know, with respect to the LHINs, it has been no secret that the official opposition has some serious concerns with the way they have operated. In fact, we have made it clear that should we be elected government, we

would question whether we would continue with the LHINs as they are and whether even to maintain them moving forward.

0930

With the fact that the current government has refused to follow its own edict with respect to a review of the LHINs, we have taken the position that, while it's not a devaluation of the prospective intended appointee—because it's fairly clear that you'd certainly be suitable—until such time as Dalton McGuinty is prepared to follow his own rules, we will not be able to support appointments to the LHINs.

The Chair (Mr. Ernie Hardeman): Thank you very much. Any further discussion? Mr. Brown.

Mr. Michael A. Brown: I am very supportive of the appointment of Mr. Bolton. He is eminently qualified. I think that if the opposition is not in favour of LHINs, they should say so.

This committee is here to vet the appointments of citizens of this province and others to our boards. That is why it's here. It isn't here to discuss the merit of the board; it is here to discuss the applicant. I find the reasoning of the official opposition spurious, if anything. I think that we need to continue to vet the qualifications of the applicants and that trying to vet the organization through good people coming before us is just the wrong thing to do.

The Chair (Mr. Ernie Hardeman): Thank you very much for your comment. Any further discussion?

Mr. John Yakabuski: Well, I would like to comment on the comment, if I could.

The Chair (Mr. Ernie Hardeman): No.

Mr. John Yakabuski: I'm not allowed to?

The Chair (Mr. Ernie Hardeman): No. You can discuss the motion before us, which is the concurrence, and how you want to couch your vote.

Mr. John Yakabuski: Well, what was that?

The Chair (Mr. Ernie Hardeman): Why he was voting for it.

Mr. John Yakabuski: Okay. I'll tell you again. Let me reiterate why we're voting against it. With respect to the comments from the member on the opposite side, I'm pleased to take his comments under advisement. However, when you live in a majority government world where you have little or no power to enforce the will on the government—in fact, all we're asking the government to do is enforce its own will on itself. When it comes to committee, it's one of the few opportunities we have to make clear our dissatisfaction with the conduct of the government with respect to its own promise on the record to review the LHINs, now broken in its budget bill.

We've made it clear: This is not about Ron Bolton. He's a very, very capable appointee. We can see that by his CV. We can also see that by the capable way that he answered questions. He clearly has a knowledge of what's going on in health care and a significant ability to articulate answers to specific questions from members of all sides.

This is also about making it clear that we have taken a position: We will be voting against LHIN appointees as long as the government continues to act in the manner that it has chosen to.

The Chair (Mr. Ernie Hardeman): Thank you. Any further discussion?

Mr. Michael A. Brown: He raised it, Mr. Chair. I would point out there is a mechanism for the official opposition at the committee or any member of the committee to review agencies. We asked and are about to review an agency report. They have the opportunity to call LHINs here, I believe. If that's what they want to do, they should do that.

How do we know whether they're actually in favour? When you vote against Mr. Bolton, you vote against Mr. Bolton, not against the LHIN. You cannot make that leap of logic. I understand the official opposition's opinion. They do not like LHINs, they would rather that decisions about health care be made in the backrooms across the street at Hepburn or Mowat, or whatever it is over there, in some dark room. We think that it's better to have community people like Mr. Bolton out making decisions about local health care.

The Chair (Mr. Ernie Hardeman): Thank you. Any further discussion on the concurrence?

Mr. John Yakabuski: Yes.

The Chair (Mr. Ernie Hardeman): No, we're not going to keep going back and forth on the same issue.

Mr. John Yakabuski: No, no, I know. But we all have reasons why we vote for or against—

The Chair (Mr. Ernie Hardeman): And I would just point out that at this meeting, all three parties have an opportunity to say why and how they're voting. They don't have the ability to debate other issues—

Mr. John Yakabuski: Exactly.

The Chair (Mr. Ernie Hardeman): —which we have reached now. So unless you have something new to add, it's the end of the debate.

Mr. John Yakabuski: I'm not going to say I do, even though I have something that—

The Chair (Mr. Ernie Hardeman): Okay. Then obviously we have nothing more to add. Thank you very much. The record will—

Mr. John Yakabuski: I would not mislead you, Chair.

The Chair (Mr. Ernie Hardeman): Okay. If there's no other discussion, we will call—

Mr. Michael A. Brown: Recorded vote.

Ayes

Albanese, Brown, Cansfield, Carroll, Hampton, Pendergast.

Nays

Yakabuski.

The Chair (Mr. Ernie Hardeman): The motion is carried. Thank you very much for your indulgence. Hopefully, as we take our cue from this morning's debate, the next time this happens, just stating one's position will suffice as opposed to having a lengthy debate on the issue that will get us no further than where we ended up.

Thank you very much, Mr. Bolton, for coming in.

That concludes our appointment interviews, so we will now go into closed session to deal with report writing.

The committee continued in closed session at 0937.

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