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Mardi 1^{er} juin 2010

**Standing Committee on
Justice Policy**

Excellent Care for All Act, 2010

**Comité permanent
de la justice**

Loi de 2010 sur l'excellence
des soins pour tous

Chair: Lorenzo Berardinetti
Clerk: Susan Sourial

Président : Lorenzo Berardinetti
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
JUSTICE POLICY**

**COMITÉ PERMANENT
DE LA JUSTICE**

Tuesday 1 June 2010

Mardi 1^{er} juin 2010

The committee met at 1606 in committee room 1.

**EXCELLENT CARE FOR ALL ACT, 2010
LOI DE 2010 SUR L'EXCELLENCE
DES SOINS POUR TOUS**

Consideration of Bill 46, An Act respecting the care provided by health care organizations / Projet de loi 46, Loi relative aux soins fournis par les organismes de soins de santé.

The Chair (Mr. Lorenzo Berardinetti): Good afternoon, everybody. I'd like to call this meeting to order. This is a meeting of the justice policy committee, and we're here to consider clause-by-clause amendments. I'll just read out the name of the bill: Bill 46, An Act respecting the care provided by health care organizations, moved by the Honourable Minister Matthews.

Are there any comments, questions or amendments to any section of the bill, and if so, to which section? We'll start with the package that we all have in front of—you should all have a package. The very first motion is an NDP motion on the first page. I'll let Ms. Gélinas speak to it. First, read it into the record and then you can comment on it.

M^{me} France Gélinas: I move that clause (b) of the definition of "health care organization" in section 1 of the bill be amended by striking out "that is provided for in the regulations and that."

If you follow in section 1 and you go to (b), you can see that if you take out that part of the sentence, you would make sure that this bill, which is trying to bring about quality as a motivator for change—it is quite explicit that it would apply to hospitals, but this way it makes it more explicit that it will apply to all health care organizations and not just hospitals. By this, I do not mean that it all has to happen now. I have no problem with starting out the implementation within the hospital sector and rolling it out to other parts of our health care system as the time comes. But it is my feeling that if we were to remove this section from the definition, it would be more inclusive to every part of the health care system that stands to benefit by having a quality lens applied to the work and the care that they provide.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Mr. Balkissoon.

Mr. Bas Balkissoon: The government can't support this motion because the motion would mean that the

legislation would apply immediately to all publicly funded health care organizations. Our approach is to deal with the hospitals first and then extend the requirements to the other health sectors, as we stated during previous debates. We would prefer to work with all our partners in the health care sector and then extend the legislation to the other sectors in a reasonable and staged approach as we gain experience.

The Chair (Mr. Lorenzo Berardinetti): Ms. Gélinas?

M^{me} France Gélinas: Then can I ask for legislative counsel to counsel this committee as to—I agree with what he says. We're both saying the same thing: Start with hospitals and extend it when the government sees fit. How can we ensure that the language that is in the bill is doing what he just said?

Ms. Catherine Macnaughton: I think the provision as it reads currently in the bill provides that, over time, the government can prescribe more entities that will be included within the definition of "health care organization." By using the regulation mechanism, that's how it can be phased in. If the words in your motion in the definition are taken out, then all organizations that receive public funding—it's not even limited to health care organizations. It says that "any other organization that receives public funding" is going to be a health care organization.

M^{me} France Gélinas: Okay. So the way it is now, we have that the government can prescribe that it applies to others. I don't think this is what he said. What he said is that it does apply; they will just do it in steps. So what kind of language could we put in there so that what he's saying is reflected in this? Right now, the government can prescribe, which also means that it could state that it is limited to hospitals if they don't prescribe it any further. What kind of language could we put in that would mean that, in due time, other health care organizations will also be covered?

Ms. Catherine Macnaughton: You'd have to do that by phasing them in directly in the bill by putting an amendment for each one stating when it would apply to it, or you do it with the flexibility of a regulation.

M^{me} France Gélinas: So can the amendment, then, read—

Ms. Catherine Macnaughton: I think you're too late to make further amendments at this point because there was a deadline for filing amendments set by the House.

You'd have to have the House amend the motion setting the deadline.

M^{me} France Gélinas: Okay. Can I make a change to my amendment?

Ms. Catherine Macnaughton: The House would have to change the deadline for filing motions because the deadline of 1 o'clock today was set by the Legislature.

M^{me} France Gélinas: Can I ask for unanimous consent to make a word change?

Ms. Catherine Macnaughton: Unfortunately, no. The committee can't overrule the House's deadline. Only the House can change the deadline.

The Chair (Mr. Lorenzo Berardinetti): That's why we were there last night until so late.

M^{me} France Gélinas: I've been on committees before where, with unanimous consent, we have made changes to the wording—

The Chair (Mr. Lorenzo Berardinetti): This is a time-allocated bill.

Ms. Catherine Macnaughton: This is a time-allocated bill, and that means that the deadline for filing motions to amend was set by the Legislature. That's what's called a hard deadline. Anything that's filed after that or any changes to any motions that have been filed can't be made without the House extending the deadline. It would have to be by a motion in the House to do that.

M^{me} France Gélinas: So that means that even if we have unanimous consent to change the wording—even if we've made a typo or mistake in what we've submitted—we're stuck with this?

Ms. Catherine Macnaughton: Typos, to some extent, we can correct editorially within our office, but not changing the wording of the content and the meaning of the amendment, no.

M^{me} France Gélinas: Because it was a time-allocated—

Ms. Catherine Macnaughton: Because of the time allocation motion, and that the House set a hard deadline by what time motions had to be filed today. So we can't even change the motions as filed. At this point, they either live or die; they pass or they don't pass.

M^{me} France Gélinas: All right. So we both agree as to what we want to do. The bill has it that it can prescribe, which is not what Bas was saying. They won't happen—

Ms. Catherine Macnaughton: The usual mechanism for phasing in when you don't know exactly who you want to bring in and when would be when the government has made its arrangements with the particular entities. They would then do the regulation at that point. As I understand it, you wish to speak to the particular entities and line up the timing. In that case, because your timing is unknown at this point, this would be the usual mechanism for doing it. When they're ready to go, they'd make the regulation to include the particular type of entity.

M^{me} France Gélinas: But there's nothing that would force them to make to make sure that they include CCACs or they include anything else but the hospitals.

Ms. Catherine Macnaughton: There's nothing in this bill that would do that, no.

M^{me} France Gélinas: Thank you.

The Chair (Mr. Lorenzo Berardinetti): Okay. Further debate or discussion? We'll put the motion to a vote. All those in favour of the motion? Opposed? That does not carry.

We go to page 1(a)(i), the second page of the package. It's a PC motion. Ms. Elliott, if you want to read it into the record.

Mrs. Christine Elliott: I move that clause (b) of the definition of "health care organization" in section 1 of the bill be struck out and the following substituted:

"(b) any other organization that receives public funding and provides health care."

This is a variation on the amendment that was just presented by my colleague Ms. Gélinas at the request of the RNAO. Again, it's been suggested so that it applies to all health care organizations and not just public hospitals, as the legislation currently provides for. The problem with the legislation as drafted is that if the regulations are never changed, then it's never going to apply to anything other than a public hospital, and that is not the only organization which, we would submit, should be subject to this type of scrutiny. That's why we brought it forward.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Mr. Balkissoon.

Mr. Bas Balkissoon: The government can't support this motion. It's similar to the one previous; in fact, it's much more broad and much more problematic. It may catch organizations that just simply receive funding for some form of health care service, and it could be very problematic, so we cannot support it.

The Chair (Mr. Lorenzo Berardinetti): Any further debate? I'll take a vote, then. Oh, I'm sorry. Ms. Gélinas?

M^{me} France Gélinas: I don't understand the comments that he just made. He said that it could include—

Mr. Bas Balkissoon: It says, "any ... organization that receives public funding."

M^{me} France Gélinas: —"and provides health care."

Mr. Bas Balkissoon: Yes. "Health care" could be interpreted to be anything that is related to the health care system, and we see that as problematic. We prefer to do the regulations sector by sector and implemented so there's better rollout in our minds. We would work with our partners out there so that they understand what the government is doing. I would say that the government has acted in good faith so far, so that's the way we want to go.

M^{me} France Gélinas: I would ask legislative counsel again—Bas just said that "provides health care" could be interpreted to mean anything. If we have in the bill the amendment that Christine has just brought forward—"any other organization that receives public funding and

provides health care”: In your legal opinion, could this be interpreted as meaning anything?

Ms. Catherine Macnaughton: The words would have to speak for themselves. It would have to be some organization that provides health care.

M^{me} France Gélinas: The intention of this bill is excellent care for all. It means that any organization that provides health care should come under this quality lens that we want to put forward, so I don’t understand why you’re turning this down.

Mr. Bas Balkissoon: Again, Mr. Chair, just a comment. We’re rolling this out in hospitals. We want to work with the other sectors, and we’ll roll it out later to them; we’ll do that through regulations. We believe that that’s a better way to manage the system.

The Chair (Mr. Lorenzo Berardinetti): Okay. That’s his answer. Ms. Elliott?

Mrs. Christine Elliott: Just a final comment. The problem, then, is that it’s just acting on good faith, that we have to trust—no disrespect intended, but if it’s intended to apply to all health care organizations, the bill itself should say so. That’s all we’re suggesting.

M^{me} France Gélinas: I’d like to echo her comments a little bit. I haven’t been here very long, and I’ve had to work with three different Ministers of Health. Every Minister of Health brings their own set of skills and vision for his or her ministry, but only the laws stay behind once the minister is gone. What Bas is saying right now is something I think we all support: You start with the hospital and you roll it out to the other parts of the health care system.

The bill right now is really hospital-centric. You say that you want to do this. I think we have a better motion than mine with the PC motion, which is more specific about public funding; I understand that it could be too broad, but now we’ve really narrowed it down. We’ve asked legislative counsel, who says, “Yes, if it says ‘provides health care’ then it’s health care; it’s not anything else.”

You want to do this. Why don’t you want to put it in writing?

The Chair (Mr. Lorenzo Berardinetti): Okay. Any further discussion?

M^{me} France Gélinas: I don’t get an answer?

The Chair (Mr. Lorenzo Berardinetti): If he wants to; he doesn’t have to. There’s no rule that he has to answer. I think he has given his answer.

We’ll put it to a vote, the motion in front of us. All those in favour of the motion? Opposed? It does not carry.

That completes section 1, so I’ll put the question forward: Shall section 1 carry? All those in favour? Opposed? It carries.

1620

Section 1.1: We have a motion. It’s an NDP motion. Ms. Gélinas—I think it’s on page 3; the third page of amendments—you moved section 1.1?

M^{me} France Gélinas: That’s right.

The Chair (Mr. Lorenzo Berardinetti): Will you read that into the record, and then you can explain it?

M^{me} France Gélinas: Sure. I move that the bill be amended by adding the following section:

“Exclusion

“1.1 Despite anything in this act or the regulations, a patient-based payment model shall not be considered for small, rural or northern community hospitals.”

This is a point that I have brought forward a number of times. The Minister of Health is on record herself, and members of the government are on record themselves, that they are not going to be using a one-size-fits-all model, and that the reform of the hospitals could be devastating to the small, northern and rural hospitals, and that the patient-based payment model would not apply to them.

All I’m trying to do here is to get it in writing. We have a minister, right now, who has said that the patient-based payment model will not apply to small, rural and northern community hospitals. I think this is wise. We know very little as to what the patient-based payment model will look like in Ontario. We have quite a bit of scientific evidence from other jurisdictions that have put forward payment models that are called patient-based payment models, and they have been devastating to the small and rural hospitals in their jurisdictions. We have a Minister of Health who agrees with this and is on the record as saying that this won’t be applied to small, rural and northern hospitals. I think it would bring a sigh of relief from northern, small and rural hospitals if they could see it in writing.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Ms. Elliott.

Mrs. Christine Elliott: I would certainly support Ms. Gélinas’s motion on this. I think it is really important that it be spelled out in the legislation, if that is the intention of the government that this model not be applicable to small, rural and northern hospitals—that it be clearly spelled out. I would definitely support this for greater clarity.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Mr. Balkissoon.

Mr. Bas Balkissoon: The government can’t support this motion. The bill does not contain any reference to a patient-based payment model. One of the key principles of patient-based payment is that the payment will acknowledge hospitals and their unique roles, particularly hospitals serving small or rural communities. The ministry’s intent is to consult with all the stakeholders in the coming years and consider recommendations at that point in time from the rural and northern health care panel. Based on that information, we’ll proceed. This is like throwing it out before you’ve given it consideration, so we’re not prepared to support it at this time.

M^{me} France Gélinas: I would say that there are elements of the patient-based payment model that are in the bill. The entire section about CEO compensation that is to be tied to—it is certainly part and parcel of what patient-based payment models have looked like in other

jurisdictions. To have Mr. Balkissoon say that it's something that is not in the bill—it is in the bill under the section of executive compensation. To me, it would be wise to have it in the opening section if this is the intent of the government.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? None? I'll put it to a vote. All those in favour of the motion? Opposed? It does not carry.

We'll go to the next page. It still has to do with section 1.1. It's an NDP motion. Ms. Gélinas, if you want to read the motion.

M^{me} France Gélinas: I move that the bill be amended by adding the following section:

“Full competencies

“1.1 Every health care organization is responsible for ensuring that its health care providers practise to their full competencies.”

This is a serious issue for a number of health care practitioners who, depending on the location of their employment, get to work within their full scope of practice or their scope of practice gets limited. We have an opportunity to amend the hospitals act right now. I think it would be wise, if we want the people of Ontario to have access to the full scope of practice our different health care professionals have to offer, that we take this opportunity to do this, to obligate all health care organizations to ensure that all providers can practise within their full competency. I think that for a number of relatively newer professionals, it is a huge issue. I think about midwives; I think about nurse practitioners, who are recently—they're decades old, but they're still considered newer professions. It would be a good opportunity to make sure that people in Ontario have access to the full range of services they provide.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Mr. Balkissoon.

Mr. Bas Balkissoon: The government can't support this motion because we believe the amendment is outside the intended scope of Bill 46. Everyone will remember we just dealt with Bill 179, which actually dealt with scope of practice of the many professionals who are in the health care system. Those included were nurse practitioners, pharmacists, midwives and others. We see hospitals as corporations on their own, and we must leave it within their corporations to handle the concern that Ms. Gélinas has raised.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Ms. Gélinas.

M^{me} France Gélinas: I would like to ask legal counsel if this recommendation is really outside the scope of Bill 46.

The Chair (Mr. Lorenzo Berardinetti): You're talking about your amendment here on page 1(c)?

M^{me} France Gélinas: Correct. It's section 1.1, full competencies. Mr. Balkissoon says that he considers the amendment being outside of the scope of Bill 46, and I want to have legal counsel on that.

Ms. Catherine Macnaughton: I think there's an argument that it is.

M^{me} France Gélinas: Which is?

Ms. Catherine Macnaughton: It doesn't deal with any of the particular areas that are already dealt with in the bill: with the quality improvement plans or with patient relations. There are various areas that are covered in the bill, and this seems to be borderline at best.

M^{me} France Gélinas: How come it wasn't ruled out of order, then?

Ms. Catherine Macnaughton: Because it's borderline, I think the clerk was giving you some leeway.

M^{me} France Gélinas: You don't see the link between bringing in quality and competency?

Ms. Catherine Macnaughton: It's not for me to say. It would be the government's decision whether or not to accept your motion.

M^{me} France Gélinas: Okay. My second point would be that the government tells hospitals a whole lot what they can and cannot do. Through this bill, we will tell them to have a patient bill of rights, we will tell them to have a set of values, we will tell them a whole lot of things, but you want to leave it to the individual corporations to talk about competency. Why are some elements of quality important and other elements of quality you will leave to the individual corporations? Where do you draw that line?

The Chair (Mr. Lorenzo Berardinetti): Are you asking Mr. Balkissoon that question?

M^{me} France Gélinas: Yes, he's the one who told me that—

Mr. Bas Balkissoon: I've already made comments on the government's position, so I don't know what else I can say.

M^{me} France Gélinas: You could explain to me where you draw the line as to things that every hospital corporation will have to do and things that you leave to the individual corporations to do when we're talking about quality, which is what this bill is all about.

Mr. Bas Balkissoon: The member has her own interpretation. As I said, we see hospitals as independent corporations on their own, and we give them the flexibility to manage their operations and make these kinds of decisions. We don't want to see it done centrally from the government itself.

The Chair (Mr. Lorenzo Berardinetti): We'll take a vote on this NDP motion. All those in favour of this motion? Opposed? That doesn't carry.

1630

The next page is a PC motion. It's regarding section 1.1. Ms. Elliott, if you want to read the motion.

Mrs. Christine Elliott: I move that the bill be amended by adding the following section:

“Freedom of Information and Protection of Privacy Act

“1.1 The following hospitals are deemed to be institutions within the meaning of and for the purposes of the Freedom of Information and Protection of Privacy Act:

“1. Every hospital within the meaning of the Public Hospitals Act.

“2. Every private hospital within the meaning of the Private Hospitals Act that receives public funding.”

The Chair (Mr. Lorenzo Berardinetti): If I could just interject for a second. As Chair, I’m going to rule that this motion goes outside the scope of the bill in front of us. It’s opening up another act, and while it does open up another act, through unanimous consent we can consider this, because you’re trying to address the Freedom of Information and Protection of Privacy Act, which is different than the act in front of us today. Before you go further, I’m going to ask if we have unanimous consent to deal with this motion or not.

Mr. Bas Balkissoon: No, Mr. Chair.

The Chair (Mr. Lorenzo Berardinetti): I heard a no there. I’m going to have to rule it out of order.

We’ll move on. That ends section 1.1. We’ll move on to the next motion, which is an NDP motion on page 1(d) regarding section 2. Ms. Gélinas.

M^{me} France Gélinas: I move that section 2 of the bill be amended by adding the following subsection:

“Same

“(2) Every health care organization shall ensure that the method by which its board is appointed is transparent, democratic, and representative of the demographic profile of its community.”

I think that what this amendment tries to do is to mandate that the appointment of every health care organization’s board be of high quality. This is a bill that focuses on bringing a quality lens, first and foremost, to hospitals, but hopefully soon after to every part of our health care system. What this amendment will do is look at the level of the board and put into the bill elements to ensure quality at the level of governance.

The governance of the transfer payment agencies of the Ministry of Health are an extremely important part. They set the tone. They set the critical path that the organizations will take.

If you’re serious that you want quality to happen within your hospital, you have to set up the structure that governs that hospital to be of high quality. How do you do this? You do this by putting into law a mandatory, transparent, democratic and representative process to get your board of directors, which will set up the governance of our hospitals.

The Chair (Mr. Lorenzo Berardinetti): Any further debate or discussion?

Mr. Bas Balkissoon: The government won’t be supporting this motion. As I stated before, we view hospitals as independent corporations, and the manner in which their boards are appointed is subject to various requirements today, such as their individual corporate bylaws and the Public Hospitals Act.

The government has made a commitment in a throne speech to review the Public Hospitals Act, and if this is the way the community and the public wants to go, we think that would be the right place to do it.

But if I could make a personal comment, because we went through a hospital restructuring in our own area. You don’t necessarily want to look at the demographic

profile to get people from the community. You want to look at, in my mind, the appropriate skills of the people who are on the board, that they could serve a corporation of this nature.

We can’t support this motion at all.

The Chair (Mr. Lorenzo Berardinetti): Okay. Any further discussion?

Mrs. Christine Elliott: I would certainly support this amendment. In fact, I have a variation of this also that I wish to present. But the principle remains the same. This was suggested by the Registered Nurses’ Association of Ontario, and I think that it’s incumbent on every board to use an open, transparent and democratic process in order to elect the board members. I can’t imagine that any part of it should be objectionable to any board of directors.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

M^{me} France Gélinas: The comment that was made by Mr. Balkissoon—one does not preclude the other. Certainly, you need the members on your board of directors to bring forward a set of skills, but that skill set can be attained through a transparent and democratic process. I can’t think of a board of any transfer payment agency of any ministry in Ontario that would take offence to this, and that applies to our health care organizations as well. In health care, you deal with people. You should include the demographic profiles of the people you serve, as well as have the skill set. One does not preclude the other.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? None. So we’ll take a vote on the motion. All those in favour of the motion? Opposed? That does not carry.

That completes section 2. I’ll put the question forward: Shall section 2 carry? All those in favour? Opposed? Carried.

We’ll move to the next amendment, which deals with section 2.1. It’s an NDP motion. Ms. Gélinas.

M^{me} France Gélinas: I move that the bill be amended by adding the following section:

“Fiscal advisory committees

“2.1 Where a regulation under the Public Hospitals Act obliges a health care organization that is a public hospital to have a fiscal advisory committee, the minister shall ensure that that obligation is enforced.”

The Chair (Mr. Lorenzo Berardinetti): If I can just interject, I’m going to have to rule the same thing. Because you mention the Public Hospitals Act here, this motion is outside the scope of the bill, so it’s out of order.

Interjection.

The Chair (Mr. Lorenzo Berardinetti): If you want to ask for unanimous consent: Do we have—

M^{me} France Gélinas: No. I’m just making reference to that bill. The Public Hospitals Act already tells you that you need to have a fiscal advisory committee. I want this bill to basically make sure that the minister enforces what’s in the Public Hospitals Act.

The Chair (Mr. Lorenzo Berardinetti): I still believe it's outside the scope of the bill. We can ask legislative counsel if they have any comment on it, but this addresses something outside the scope of what we're dealing with in the bill in front of us today.

M^{me} France G elinas: Could we have legislative counsel?

Ms Catherine Macnaughton: If you want to enforce the provision, then it would have to be enforced under the Public Hospitals Act because that's the act that gives it the authority to have the requirement for the fiscal advisory committee. It would have to be an amendment to the Public Hospitals Act, usually, or whatever their enforcement mechanism is in that act. It's raising an issue that's outside the scope of the bill by talking about fiscal advisory committees, which aren't mentioned in the bill anywhere. So I can see where the Chair would find this outside the scope of the bill.

M^{me} France G elinas: Can I ask for unanimous consent?

The Chair (Mr. Lorenzo Berardinetti): Do we have unanimous consent to deal with this?

Mr. Bas Balkissoon: No, Mr. Chair.

The Chair (Mr. Lorenzo Berardinetti): I heard a no there. So that's out of order, then.

We'll move on to the next motion. It's a PC motion on page 1(e)(i). Ms. Elliott.

Mrs. Christine Elliott: I move that the bill be amended by adding the following section:

"Board of directors

"2.1. The members of the board of directors of every health care organization that has a board of directors,

"(a) must be appointed or elected through a process that is transparent and democratic; and

"(b) must be representative of the community's demographic profile."

This is the amendment that I've referred to previously. It's a variation of the one that was presented by my colleague Ms. G elinas for the same reasons as previously stated.

The Chair (Mr. Lorenzo Berardinetti): Any further comment?

Mr. Bas Balkissoon: My position on this hasn't changed. The government can't support this, similar to the NDP motion. So we'll be voting against it.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Ms. G elinas.

M^{me} France G elinas: I think the new presentation and slightly different wording makes it even clearer. I cannot think of a health care organization out there, and certainly not any hospital, that would find it objectionable to have the election of their board of directors be either appointed or elected through a process that is transparent and democratic. Isn't this like motherhood and apple pie, this kind of stuff? How could you turn this down?

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? We'll put it to a vote. All those in favour of the motion? Opposed? That does not carry.

We'll move to the next motion. It's an NDP motion and it deals with section 3 of the bill. Ms. G elinas.

1640

M^{me} France G elinas: I move that section 3 of the bill be amended by adding the following subsection:

"Proportional representation

"(2.1) Despite subsection (2), the composition of the quality committee must include proportional representation from each regulated health profession that practises in the organization."

This is to ensure balance within the quality committee. The quality committee exists in many hospitals but does not exist in all hospitals. Now the government will mandate every hospital corporation to have a quality committee. What we're doing is just bringing this one step further so that when they do—the ones that don't have them—put their quality committees in place, they make sure that they have proportional representation so that the committees are not made up of one type of health professional or do not exclude any health professional right now within the hospital, but as the bill evolves, within the different health care organizations.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

Mrs. Christine Elliott: I would certainly support this amendment. It's certainly consistent with the government's stated intention of increasing the scopes of practice for all health care professionals, who should therefore be properly represented on any quality committee in any hospital to begin with.

The Chair (Mr. Lorenzo Berardinetti): Mr. Balkissoon?

Mr. Bas Balkissoon: The government is not supportive of this amendment because we find it to be very prescriptive for institutions and may place a burden on some of the smaller organizations. Instead, the bill is crafted in such a way that we plan on working with our partners on the composition of these committees and we will put forward regulations to ensure the different professions are represented at that time.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? None? I'll put the motion to a vote. All in favour. Opposed? That does not carry.

The next motion also deals with section 3, and it's a PC motion. Ms. Elliott.

Mrs. Christine Elliott: I move that section 3 of the bill be amended by adding the following subsection:

"Composition to be representative

"(2.1) Despite subsection (2), the composition of every quality committee must include representatives from each regulated health profession whose members practise in the health care organization, and the number of representatives of each such regulated health profession must be in the same proportion as the number of members of the regulated health profession who practise in the health care organization."

This, again, is the same principle as articulated in the amendment brought forward by Ms. G elinas, slightly more detailed in the sense that the numbers are pre-

scribed in proportion to the numbers of the health care professionals who practise in the health care organization.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Mr. Balkissoon.

Mr. Bas Balkissoon: I'd offer the same comments. Our preference would be to work with our partners and bring this forward in regulations at a later date. So we'll be opposing this.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

M^{me} France Gélinas: It's certainly a motion that is in the same spirit as what we have put forward, and I will be supporting it.

The Chair (Mr. Lorenzo Berardinetti): We'll put the motion to a vote. All in favour of the motion? Opposed? That does not carry.

The next question is: Shall section 3 carry? All those in favour? Opposed? Carried.

We'll move on to section 4, then. The first motion is a PC motion. Ms. Elliott, if you want to read the motion into the record.

Mrs. Christine Elliott: I move that section 4 of the bill be amended by adding the following paragraph:

"3.1 To refer queries regarding any person's compliance with best practice guidelines to the appropriate clinical leader for review and, if warranted, appropriate action, and to require the clinical leader to report back to the quality committee on the outcome of the review."

This amendment was requested by the Ontario Medical Association, and the idea is to have the issue dealt with through the appropriate clinical leader first and then to have the matter come back to the quality committee so that any specific knowledge or any specific issues can be dealt with at that level and then brought before the committee.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

Mr. Bas Balkissoon: The government is opposed to this motion and we'll be voting against it. This amendment would inappropriately limit clinical decision-making for individual practitioners and the flexibility that may be required to care for exceptional populations. Instead, we are strengthening accountability for quality among health care organizations and providing tools for implementation of best practice guidelines at the clinician level, to drive clinicians to use better practice guidelines. So we'll be opposing this particular motion.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

M^{me} France Gélinas: I would say that certainly the Ontario Medical Association has made a request. The Ontario Hospital Association has made a similar request. There are already processes in place that apply in our hospitals right now. It would be, in my view, a further step toward quality care to bring this amendment forward.

The Chair (Mr. Lorenzo Berardinetti): We'll put the motion to a vote. All those in favour of the motion? Opposed? That does not carry.

The next question is: Shall section 4 carry? All those in favour? Opposed? Carried.

The next motion deals with section 5. It's a government motion, and Mr. Balkissoon, if you want to read that into the record, please.

Mr. Bas Balkissoon: I move that subsection 5(1) of the bill be struck out and the following substituted:

"Surveys

"5(1) Every health care organization shall carry out surveys,

"(a) at least once every fiscal year, of persons who have received services from the health care organization in the past 12 months and of caregivers of those persons who had contact with the organization in connection with those services; and

"(b) at least once every two fiscal years, of employees of the health care organization and of persons providing services within the health care organization."

The government is proposing this amendment because we heard that request from the deputants, and we're accommodating it.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

M^{me} France Gélinas: I was there and I also heard the deputants. The deputants wanted a step further than this. They wanted those surveys to be of a—the word is—oh, I forgot. Basically, you don't have to survey everybody but you have a representative sample. Those were words that were important for them and that they have brought forward.

I don't know how this works, but if a friendly amendment can be made to add "a representative sample," that would be: "in the past 12 months and of caregivers of those persons in a representative sample size."

The Chair (Mr. Lorenzo Berardinetti): Any further discussion on this particular motion?

We'll put it to a vote. Mr. Balkissoon has moved a motion. All those in favour of the motion? Opposed? That carries.

When we reach five minutes, we'll adjourn to go for the vote. We can do maybe one more motion here. It's a PC motion, also dealing with section 5. Ms. Elliott?

Mrs. Christine Elliott: Given that the previous motion just passed, it's very much in the same spirit, so I withdraw this motion.

The Chair (Mr. Lorenzo Berardinetti): Okay. So we have consent to withdraw the motion?

Mr. Bas Balkissoon: Sure.

The Chair (Mr. Lorenzo Berardinetti): Okay, so that's withdrawn.

Shall section 5, as amended, carry? All those in favour? Opposed? Carried.

We move on to the next section, which is section 6. There are no amendments here, so I'll put the question. Shall section 6 carry? All those in favour? Opposed? Carried.

The next motion has to do with section 6.1. It's a PC motion: Ms. Elliott.

Mrs. Christine Elliott: I move that the bill be amended by adding the following section:

“Ombudsman

“6.1 For the purposes of investigating a complaint under the Ombudsman Act, a health care organization is deemed to be a governmental organization within the meaning of that act.”

The Chair (Mr. Lorenzo Berardinetti): I’m going to have to jump in again, similar to before. You make mention of the Ombudsman Act. I think this motion goes beyond the scope of the bill. Unless there’s unanimous consent by committee to deal with this bill, I’m going to rule that it’s out of order.

Ms. Elliott, did you want to comment?

Mrs. Christine Elliott: If I just may make a comment, I would just say that that’s quite regrettable, as with the previous amendment that was requested with respect to freedom-of-information requests, because if one is looking to achieve full openness, transparency and accountability in health care organizations, it’s essential that the Ombudsman be allowed to investigate complaints and situations within public hospitals.

The Chair (Mr. Lorenzo Berardinetti): That can be overruled if we have unanimous consent to allow this motion. I put the question.

Mr. Bas Balkissoon: The government can’t agree with this.

The Chair (Mr. Lorenzo Berardinetti): I heard a no there. Ms. Gélinas.

M^{me} France Gélinas: I would certainly like to support the comments that Ms. Elliott has made. We are dealing with a bill that will bring substantial changes to hospitals and to our health care system. We will be able to motivate those changes through a quality lens, which is something that could be a strong motivator for change, but you can only get to quality if you have transparency and if you have accountability. Freedom of access of information and Ombudsman oversight are two important steps to bring forward this all-important transparency and accountability that brings you to quality. So if you don’t have the fundamentals of quality, you can want to use quality as a driver for change, but if the fundamentals are not there, you’re not going to get there.

The Chair (Mr. Lorenzo Berardinetti): Thank you for your comments.

Mr. Bas Balkissoon: Are we going to vote?

The Chair (Mr. Lorenzo Berardinetti): I’ve ruled this out of order, so it doesn’t require a vote.

The next motion is a government motion.

Mr. Bas Balkissoon: Should we adjourn to go to the vote?

The Chair (Mr. Lorenzo Berardinetti): I would suggest that we stop, come back and deal with the government motion, because it deals with section 7.

We’re recessed until after this vote.

The committee recessed from 1652 to 1702.

The Chair (Mr. Lorenzo Berardinetti): We have quorum, so I’ll call the meeting back to order.

We’re dealing now with the government motion. Mr. Balkissoon.

Mr. Bas Balkissoon: Thank you, Mr. Chair. I move that—

M^{me} France Gélinas: Why don’t we wait for the—

The Chair (Mr. Lorenzo Berardinetti): We have quorum.

Interjection.

The Chair (Mr. Lorenzo Berardinetti): There we go.

It would take him at least a minute to read this, anyway. As I said, we’re back in session. Mr. Balkissoon, do you want to read the amendment?

Mr. Bas Balkissoon: I move that subsection 7(1) of the bill be amended by striking out the portion before clause (a) and substituting the following:

“7(1) Every health care organization that does not already have a publicly available patient declaration of values produced after consultation with the public shall.”

Just a comment: Trillium Health Centre made a very thoughtful submission in regard to this requirement being put on hospitals to develop a patient declaration of values, making the case that it does not adequately recognize hospitals that have already done so. We agree with them, and this is why we’re moving this particular amendment.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Ms. Gélinas.

M^{me} France Gélinas: Although I have no problem with what the amendment is trying to do, I find there’s a level of inconsistency coming from the government. Sometimes the government looks at hospitals as independent corporations and they don’t want to assign them any direction. Sometimes they look at them as one big melting pot where everybody has to comply. Sometimes they look at them and say, “If you’ve already done the work, you won’t have to do it again.” This lack of consistency, to me, is not healthy, does not lead to healthy decisions and does not lead to a clear understanding.

I have no problem with this particular amendment. I have a problem with a government that sometimes treats hospitals as independent corporations at arm’s length that they don’t want to touch and sometimes as an extension of the government that they can direct the way they see fit.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? None? Okay. We’ll take a vote on the motion. All those in favour of the motion? Opposed? That carries.

Shall section 7, as amended, carry? All those in favour? Opposed? Carried.

The next motion is a PC motion dealing with section 8. Ms. Elliott.

Mrs. Christine Elliott: I move that subsection 8(1) of the bill be struck out and the following substituted:

“Quality improvement plans

“8(1) In every fiscal year, every health care organization shall develop a quality improvement plan for the next fiscal year and shall,

“(a) make the quality improvement plan available to the public; and

“(b) provide a copy of the quality improvement plan to the council in such format as the council may require to enable the council to report on and provide a province-wide comparison on a minimum set of quality indicators.”

This amendment was suggested by Cancer Care Ontario so that health care organizations provide a copy of their annual quality improvement plan to the council, which is allegedly going to be making province-wide recommendations. So it allows them to collect that data to make the appropriate decisions.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

Mr. Bas Balkissoon: We sort of agree with this amendment as suggested by Cancer Care Ontario, but the government feels more comfortable supporting the NDP motion because of the wording, which is motion 2(b)(i). We’re going to vote against this one but we’ll support 2(b)(i).

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? None? We’ll vote on the motion. All those in favour of the motion? Opposed? That does not carry.

We’ll go to the next page. It’s also a PC motion. Ms. Elliott.

In looking at this, Ms. Elliott, you may want to do 2(a)(ii) first, before you do this one here. It’s up to you, but I think it would probably be better to do your second motion first.

Mrs. Christine Elliott: The first one is the preferable one to delete and the second one is the alternative.

The Chair (Mr. Lorenzo Berardinetti): All right. Go ahead.

Mrs. Christine Elliott: I move that subsection 8(4) of the bill be struck out.

This again was at the request of the RNAO, to delete the ability of the LHIN to obtain a draft of the quality improvement plan before it is released to the public, on the basis that there should be, if not contemporaneously, a public release; there shouldn’t be an unlimited period of time before the release to the public that the LHIN should have a copy of the plan.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

Mr. Bas Balkissoon: The government can’t support this motion. We’ll be supporting something similar later on.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Ms. Gélinas.

M^{me} France Gélinas: I certainly support the spirit of what Ms. Elliott is trying to bring forward. The idea that once your plan has been drafted in a way that it is ready to be shared, if you are serious about transparency, which is one of the pillars of quality, then you cannot share it with the LHINs for an indefinite period of time. God knows what will happen to it. This is one way to deal with this issue. I see that everybody has had their own

hands out trying to find one. This one is as good as any other one.

The Chair (Mr. Lorenzo Berardinetti): I’ll put the motion to a vote. All those in favour of the motion? Opposed? That does not carry.

We’ll go to the next page. It’s also a PC motion. Ms. Elliott.

Mrs. Christine Elliott: This is an alternative amendment. I move that subsection 8(4) of the bill be struck out and the following substituted:

“Disclosure to LHIN

“(4) At the request of the local health integration network for the geographic area in which a health care organization is located, the health care organization shall provide the local health integration network with a draft of the annual quality improvement plan for review and shall make the final annual quality improvement plan available to the public not more than 30 days later.”

Again, this is to improve transparency and accountability and to allow for the public release of the plan within 30 days of the release to the LHIN.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

Mr. Bas Balkissoon: As stated before, this is similar to the previous motion. We’re going to vote against this one because we’re in support of something two motions away which is probably better worded, for us.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

M^{me} France Gélinas: I would say that the spirit of what we’re trying to achieve is something that is worth supporting.

The Chair (Mr. Lorenzo Berardinetti): I’ll put the motion to a vote. All those in favour? Opposed? That does not carry.

1710

The next motion is an NDP motion dealing with the same section of the bill. Ms. Gélinas.

M^{me} France Gélinas: I move that subsection 8(4) of the bill be amended by adding “and shall make the draft public within 30 days of providing it to the local health integration network” at the end.

I think the issue we’re trying to make is that once the document is ready, there is no healthy purpose that can be achieved by not making it public. When a draft is ready to be shared, when a document is ready, let’s make that document public. It is the reason why we are working on this bill. One of the pillars of improving quality is to make that type of information available in the briefest of moments, and this is what we’re trying to do by introducing the 30 days.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Mr. Balkissoon.

Mr. Bas Balkissoon: We can’t support this motion because of the prescriptive time frame. Unfortunately, it’s a draft going to the LHIN, and there might be modifications. You don’t want to confuse the public by making that draft public until it’s finalized, so we can’t support this motion at all.

The Chair (Mr. Lorenzo Berardinetti): Ms. Elliott.

Mrs. Christine Elliott: I would certainly support this amendment. It's certainly in keeping with the same spirit in which I presented the previous amendments. It would seem to me that it's precisely for the reason that has been previously stated: that it shouldn't be in a draft form when it's submitted to the LHIN, it should be in the final form and then submitted to the public within a reasonable time thereafter, because it leaves too much open to interpretation and change. If it's a document that the health care organization, the committee, is happy with, then there should be no reason for further change once it's submitted to the LHIN.

The Chair (Mr. Lorenzo Berardinetti): We'll put the motion to a vote. All those in favour of the motion? Opposed? That does not carry.

We'll go to the next page, page 2(b)(i). It's also an NDP motion. Ms. Gélinas.

M^{me} France Gélinas: I move that the bill be amended by adding the following subsection:

"Copy to council

"(5) Every health care organization shall provide a copy of its annual quality improvement plan to the Ontario Healthy Quality Council in a format established by the council that permits province-wide comparison of and reporting on a minimum set of quality indicators."

What this amendment is trying to do is to bring the possibility for the Ontario Health Quality Council to basically agglomerate and put all of the different indicators coming from a family of health care providers together and roll them up without having to do any interpretation of it. The council would set the format, the council would set a minimum set of quality indicators that they intend to roll up at a provincial level, and the different transfer payment agencies, hospitals etc. would have to follow that format.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Mr. Balkissoon.

Mr. Bas Balkissoon: We'll be supporting this motion. We agree with it and we want to thank Cancer Care Ontario for their suggestion. We believe it'll be beneficial for quality improvement efforts of the health care organizations, and we look forward to working with all our partners on the implementation through the regulation process.

The Chair (Mr. Lorenzo Berardinetti): Ms. Elliott.

Mrs. Christine Elliott: The Progressive Conservatives are certainly prepared to support this amendment as well.

The Chair (Mr. Lorenzo Berardinetti): I'll put the amendment to a vote. All those in favour? Opposed? That carries.

Shall section 8, as amended, carry? All those in favour? Opposed? Carried.

The next motion is a PC motion with respect to a new section, 8.1. Ms. Elliott, if you want to read it into the record.

Mrs. Christine Elliott: I move that the bill be amended by adding the following section:

"Medical advisory committee, Public Hospitals Act

"Medical advisory committee to be representative of regulated health professions

"8.1 Despite subsection 35(1) of the Public Hospitals Act and the regulations made under that act, the medical advisory committee established under that subsection must be composed of representatives from each regulated health profession whose members practise in the hospital, and the number of representatives of each such regulated health profession must be in the same proportion as the number of members of the regulated health profession who practise in the hospital."

The Chair (Mr. Lorenzo Berardinetti): I'm going to have to jump in again, because of the fact, in my view as Chair, that this motion goes beyond the scope of the bill in front of us today. So unless we have unanimous consent to deal with this motion, I'm going to have to rule it out of order.

Mrs. Christine Elliott: I would ask for unanimous consent.

The Chair (Mr. Lorenzo Berardinetti): Do we have unanimous consent to deal with this?

Mr. Bas Balkissoon: We can't agree, Mr. Chair, because we don't agree with the motion.

The Chair (Mr. Lorenzo Berardinetti): I heard a no there, so I'm going to have to rule this out of order.

We'll move on to the next motion, then. It's a PC motion. Ms. Elliott, do you want to read that motion?

Mrs. Christine Elliott: I move that the bill be amended by adding the following section:

"Consultancy contracts

"Approval of consultancy contracts

"8.2 No hospital consultancy contract has any force or effect unless and until it is approved by the local health integration network for the area."

This—

The Chair (Mr. Lorenzo Berardinetti): Again, in my view, this is going beyond the scope of the bill because you are making mention for approval required by the local health integration network. Again, unless—

Mrs. Christine Elliott: I would ask for unanimous consent.

The Chair (Mr. Lorenzo Berardinetti): Do we have unanimous consent to deal with this?

Mr. Bas Balkissoon: We don't agree with the motion, so I can't accept unanimous consent.

The Chair (Mr. Lorenzo Berardinetti): That's a no there, so unfortunately, I'm going to have to rule this out of order.

We'll move on to section 9 of the bill, then. The first motion is on page 2(c). It's an NDP motion. Ms. Gélinas.

M^{me} France Gélinas: I move that section 9 of the bill be amended by adding the following subsection:

"Cap

"(1.1) A plan for the compensation of an executive entered into after the coming into force of this section shall not provide for annual compensation that exceeds twice the annual salary of the Premier of Ontario."

Through the sunshine list, there has been an outrage in Ontario when the salaries of top executives of hospitals are shown to be three and four times the salary of the Premier of Ontario. The executives of health care organizations, mainly hospitals, have big responsibilities—nobody denies that—but I think the Premier of the province has big responsibilities also. He is responsible for a budget of close to \$100 billion. No hospital executive's budget comes anywhere near close to that amount, anywhere near close to one tenth that amount. It's the same thing with the amount of responsibilities that the Premier of Ontario has. He is responsible for two dozen different ministries. Although a hospital may have many different programs, it is in keeping with what would be more acceptable to the people of Ontario.

These are taxpayers' dollars that are for our health care system, and the public would like as much of those taxpayers' dollars to make their way to front-line care. We have no problem with executives being well-compensated for the important work they do, and we think that putting in compensation that's twice the amount of the Premier's is reasonable compensation.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Mr. Balkissoon.

Mr. Bas Balkissoon: The government will not be supporting this motion. We believe that the act that is in front of us represents a positive step forward by linking executive compensation to quality within a hospital system. We believe that this motion is detrimental to our health care system because we want to attract the best people to work in our system to drive innovation and quality. The budget bill, which was passed recently, provides for the freezing of compensation of hospital executives. This bill takes it the next step forward, and we believe that we're doing this in the right way.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Ms. Gélinas.

1720

M^{me} France Gélinas: I would say that if you have to rely on compensation to attract the best people, there is something fundamentally wrong with your health care system. Health care executives go into different positions for the challenge, for the opportunity; for the opportunity to motivate change, to provide good care. Compensation is but one part of what will motivate a health care executive to take a position. This argument, then, would mean that we don't have the compensation package to attract the best Premier; we don't have the compensation package to attract the best MPPs.

Salaries are but one part of what makes up the job of a hospital executive. I think the way it is now, it is not acceptable to the people of Ontario.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? None? We'll put the motion to a vote. All those in favour of the motion? Opposed? That does not carry.

The next motion is the government motion on page 3.

Mr. Bas Balkissoon: I move that subsections 9(10) and (11) of the bill be struck out.

Just as a comment, the budget bill has passed and this particular section is no longer necessary, so it's a technical amendment.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion on this? None? We'll take a vote. All those in favour? Opposed? That carries.

Shall section 9, as amended, carry? All those in favour? Opposed? Carried.

The next motion is on page 3(b). It's an NDP motion. Ms. Gélinas, if you would like to read it.

M^{me} France Gélinas: I move that the bill be amended by adding the following section:

“Consultancy contracts

“9.1 Every health care organization shall, before entering into a consultancy contract, receive the approval of the local health integration network for the geographic area in which the health care organization is entered.”

The Chair (Mr. Lorenzo Berardinetti): I'm going to have to rule that out of order. The reason is that you're trying to ask the LHIN to be involved in something that's beyond the scope of this act. Unless we get unanimous consent, it's beyond the scope of the act, in my view as Chair. You can ask for unanimous consent.

M^{me} France Gélinas: No. I want to take exception a little bit to what you said, because certainly the LHINs are mentioned in the bills. They are given responsibility at different levels for reviewing. I can't see how asking them to review one more piece of the quality puzzle could be ruled out of order.

The Chair (Mr. Lorenzo Berardinetti): That's my ruling. If you want to challenge the Chair, you can, but I think you're asking for something else beyond the scope. In my job as Chair, I'm ruling it out of order.

M^{me} France Gélinas: Then I would ask for unanimous consent to be able to take my motion forward.

The Chair (Mr. Lorenzo Berardinetti): Do we have unanimous consent?

Mr. Bas Balkissoon: No. We're not supportive of the motion, so I can't grant unanimous consent.

The Chair (Mr. Lorenzo Berardinetti): I heard a no there.

We'll move on, then, to page 3(c). It's an NDP motion. Ms. Gélinas.

M^{me} France Gélinas: I move that the bill be amended by adding the following section:

“Ombudsman

“9.1 The Ombudsman appointed under the Ombudsman Act has the authority to investigate public complaints involving health care organizations.”

Ontario is an anomaly when it comes to Ombudsman oversight of its hospitals. It is the only—

The Chair (Mr. Lorenzo Berardinetti): Sorry; I'm going to have to jump in again. My apologies. The Ombudsman Act that's mentioned here—I'm trying to allow as much flexibility as possible, but again, we're asking the Ombudsman to do something that's beyond the scope of this act, so I'm going to have to rule the motion out of order unless you get unanimous consent to override what I've ruled.

M^{me} France Gélinas: Can I ask for unanimous consent?

Mr. Bas Balkissoon: We're not supportive.

The Chair (Mr. Lorenzo Berardinetti): I heard a no there, so unfortunately that motion is out of order.

We'll move on to the next page, 3(d). It's an NDP motion, and it has to do with section 10 of the act.

M^{me} France Gélinas: I move that subsection 10(3) of the bill be amended by adding the following clause:

“(a.1) persons with expertise in health and safety.”

Basically, what we are trying to do is make sure that for the selection of the quality council, we make absolutely sure in legislation that we have people there who have health and safety experience, knowledge and skills.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

Mr. Bas Balkissoon: The government can't support this motion. We'll be supporting the motion on page 4, which adds a couple of other additional factors to the formula, if I could put it that way. This is just part of what we're looking for, so we'll be supporting our motion on page 4 and we'll vote against this one.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

Mrs. Christine Elliott: I would certainly support this amendment.

The Chair (Mr. Lorenzo Berardinetti): We'll put the motion to a vote. All those in favour? Opposed? That does not carry.

The next page, page 3(d)(i): It's a PC motion also dealing with section 10. Ms. Elliott.

Mrs. Christine Elliott: I move that clause 10(3)(d) of the bill be struck out and the following substituted:

“(d) persons from the community with a demonstrated interest or experience in the evaluation of health services and clinical services; and.”

This was recommended by Cancer Care Ontario to ensure that people with experience in both health services and clinical service evaluation be included on the council.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

Mr. Bas Balkissoon: The next motion, which is a government motion, adopts this particular principle, so we'll be voting against this and we'll be supportive of our own motion.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

M^{me} France Gélinas: I think this is an important amendment. People who have clinical services skills don't necessarily have evaluation skills, and this is something that would bring the competence of the council up to par and certainly something I would support.

The Chair (Mr. Lorenzo Berardinetti): We'll put the motion to a vote. All those in favour of the motion? Opposed? That does not carry.

On the next page, page 4, there's a government motion. Mr. Balkissoon, if you want to read that into the record, please.

Mr. Bas Balkissoon: I move that subsection 10(3) of the bill be amended by striking out “and” at the end of clause (d) and by adding the following clauses:

“(f) persons with interest or experience in clinical service evaluation;

“(g) persons with expertise in quality improvement including expertise in the measurement of quality indicators; and

“(h) persons with expertise in the creation of a safe, quality and healthy work environment.”

We are submitting this amendment as a result of the comments received during deputations from Cancer Care Ontario and the Ontario Nurses' Association. We believe it will accomplish what they were asking for.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

M^{me} France Gélinas: Here again somebody has to enlighten me. How come whenever we talk about a different piece of legislation, we are ruled out of order, but now we are talking about making changes to the Commitment to the Future of Medicare Act, an act that was passed in 2004, an act that is different than the act that we are talking about now?

I have no problem with the amendment; I have a problem with the process that we are following. If I make reference to that act, you're going to rule me out of order because I'm not talking about this bill, but if the government makes reference to an act, then everybody's happy. What's the difference?

The Chair (Mr. Lorenzo Berardinetti): This doesn't refer to any other bill. It's within the scope of this bill in front of us. With the greatest of respect, the ones that I've ruled out of order make reference to other bills, either directly or indirectly. This one does not do that.

M^{me} France Gélinas: This bill changes the Commitment to the Future of Medicare Act. The name of this bill here is not it.

Mr. Mike Colle: Vote against this, then.

M^{me} France Gélinas: No. I just want clarification as to: Why is it that when we make reference to another bill, we're ruled out of order? They're making reference to another bill now, but it is okay.

The Chair (Mr. Lorenzo Berardinetti): I've already made my ruling. I think legislative counsel can give some clarification, but I gave my ruling.

Mr. David Zimmer: Mr. Chair, a point of order.

The Chair (Mr. Lorenzo Berardinetti): You're next, but let me have legislative counsel comment and then—

Mr. David Zimmer: Point of order.

The Chair (Mr. Lorenzo Berardinetti): Okay, go ahead.

Mr. David Zimmer: I have sympathy with the difficulty you're having. I remember the first time after the 2003 election and I came to one of these clause-by-clause exercises. I had the same difficulty understanding the technical rules, if you will. What I did was, I arranged to have a session with legislative counsel, who explained things to me. I'm a trained lawyer, but I had never done one of these things. After legislative counsel walked me

through what you could do in terms of amendments and so on, I found that very helpful and it helped me to deal with it. I say this with the greatest of respect. At the break, you might have a chat with legislative counsel and she can walk you through that. Just a suggestion.

The Chair (Mr. Lorenzo Berardinetti): We have to leave in about a minute, so I think legislative counsel maybe can address your concern as well.

Ms. Catherine Macnaughton: In this particular section 10, in the bill that had first reading and second reading, they're already talking about the council in that act, the Commitment to the Future of Medicare Act. They're continuing that council under this act. The issue was already open in the bill as already introduced, and it's within the scope that was voted on in second reading, so an amendment relating to what's in this provision already is within the scope.

With the Ombudsman issue, it was out of left field, as it were, because the bill doesn't contemplate anything of that nature. Once you've passed second reading, the scope of the bill is set and fixed, and at that point you have to stay within the scope of the bill. If the bill had been in committee after first reading, there's a much wider range because the scope has not yet been voted on at second reading.

We'd be pleased to meet with you at any time if you want to go through some of these rather strange rules that they have.

The Chair (Mr. Lorenzo Berardinetti): I'm just going by the rules as well. I'm not taking any sides.

Any further comments? We'll vote on the government motion. All those in favour? Opposed? That carries.

The time is only four and a half minutes, so we'll recess to go vote in the Legislature and then come back. We're recessed.

The committee recessed from 1733 to 1743.

The Chair (Mr. Lorenzo Berardinetti): I'll call the meeting back to order.

Just as announcement, if you were wondering about food, there will be dinner served in the next room over from here. There are some sandwiches available.

Mr. Mike Colle: I hope there's vegetarian food. I'm sick of all the meat around this place.

The Chair (Mr. Lorenzo Berardinetti): We've got that noted in the record.

The next motion is on page 4(a). It's a PC motion. Ms. Elliott, if you'd like to read it into the record, please.

Mrs. Christine Elliott: I move that subsection 10(3) of the bill be amended by striking out "and" at the end of clause (d) and by adding the following clauses:

"(f) persons with expertise in the development and implementation of clinical practice guidelines and protocols; and

"(g) persons with expertise in quality improvement, including expertise in the measurement of quality indicators."

I recognize that this is very similar to the previous amendment, which was just passed, the government amendment. This was recommended by Cancer Care On-

tario. I do believe it is important to mention the expertise in the development and implementation of clinical practice guidelines and protocols, which was not included in the government's amendment.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

Mr. Bas Balkissoon: Just a comment: The government supported motion 29, which we believe accomplishes everything in this motion, so we'll be voting against it.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Ms. Gélinas?

M^{me} France Gélinas: Although the changes are subtle, I think they are of essence. When you look at the development and implementation of clinical practice guidelines—if the centres of excellence in health care have taught us anything, it's that you can have the best practices ever thought of but if you don't have a way to implement them at the hands-on level, they are all but useless. Our short history with best practices and informed care has certainly taught us that. Although they are small changes, I think they would make this bill stronger if we were to put them in.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? None? So we'll take the vote on the motion. All those in favour? Opposed? That does not carry.

We'll move to the next motion. It's also a PC motion, on page 4(b). Ms. Elliott?

Ms. Christine Elliott: I move that section 10 of the bill be amended by adding the following subsection:

"Former members, officers, etc.

"(6.1) A person is not prohibited from being a member of the council by reason of being a former member of the board or a former chief executive officer or former officer of a health system organization."

Again, this was recommended by Cancer Care Ontario just to clarify that former board members, CEOs and officers of a health system organization may be members of the council and won't be precluded from so acting.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Mr. Balkissoon?

Mr. Bas Balkissoon: The government will be supporting this motion because it's similar to a motion we have later on. This motion allows for a broad range of experts to be included for consideration on the council, so we're supportive.

The Chair (Mr. Lorenzo Berardinetti): All right. Ms. Gélinas?

M^{me} France Gélinas: I would also support it.

The Chair (Mr. Lorenzo Berardinetti): We'll take a vote on the motion. All those in favour of the motion? Opposed? That motion carries.

We have one more motion. It's a government motion, I believe. It deals with section 10. Mr. Balkissoon?

Mr. Bas Balkissoon: I move that the French version of subsection 10(7) of the bill be amended by striking out "à la présente loi" in the portion before the definition and substituting "au présent article."

I hope my French was good. I'm not an expert at it.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? None? We'll vote on the motion. All in favour? Opposed? That carries.

The next question is: Shall section 10, as amended, carry? All those in favour? Opposed? Carried.

The next motion, on page 5(a), is an NDP motion. I'm sorry. Let me deal with section 11 first. I'm getting ahead of myself.

There are no amendments to section 11, so I'll put the question forward. Shall section 11 carry? Carried.

We'll go to section 12. On page 5(a) there is an NDP motion. Ms. Gélinas?

M^{me} France Gélinas: I move that subclauses 12(1)(a)(i) and (ii) of the bill be struck out and the following substituted:

“(i) access to health services,
“(ii) health human resources.”

We are in the section that deals with the function of the council, and we would like those two added for now.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Mr. Balkissoon?

Mr. Bas Balkissoon: The government can't support this motion. This amendment would expand the mandate of the Ontario Health Quality Council to not just publicly funded health services but privately funded services as well. We are significantly expanding the council's role and mandate with the act that's in front of us, and we think the council's mandate should remain focused on publicly funded services at this present time. We don't want to compromise our efforts by expanding the council's mandate by a significant amount in such a short time frame. So at this time we're not prepared to support this motion.

The Chair (Mr. Lorenzo Berardinetti): Ms. Elliott?

Mrs. Christine Elliott: I would certainly support this amendment, Mr. Chair. It's very much in keeping with the spirit of similar amendments which the Progressive Conservatives are putting forward. Certainly, if you're looking at excellent care for all, it shouldn't just be in the context of publicly funded services in public hospitals; it should apply to all health care organizations.

1750

The Chair (Mr. Lorenzo Berardinetti): Thank you. Ms. Gélinas.

M^{me} France Gélinas: We all know that a number of important health care services have been de-listed. Whether you look at physical therapy, optometry or chiropractics, those are not part of the publicly funded envelope, certainly not for chiropractic services anymore. But if you look at best practice, and I will take the example of a whiplash injury when somebody is in a car accident—most of the time a quick movement of the neck and they end up with a very sore neck—the best practice will tell you that chiropractors have a role to play in helping people recover after this type of musculoskeletal incident. But if we limit the scope of the council to solely publicly funded, that means that all of the expertise that those health care professionals have brought forward will never be looked at.

We're not making a pitch for the government to spend more; all we're saying is, when you look at best practice, look at everything that is available to the people of Ontario. Unfortunately, that means some of the ones that have been delisted—not even “unfortunately”; you should look at the best practice that includes all of the health professionals that are regulated by the province of Ontario. Chiropractors have their own college, they are covered by HPRAC, but the way this is worded, we will never look at their scope of practice, we will never look at how they can help the people of Ontario get better, because we have given it a narrow focus.

I have no problem with putting forward wording that limits it a bit, but to solely say, “If you don't get funding, because we have delisted you, it doesn't matter if you are a recognized professional in the province of Ontario; we're not going to look at what you have to offer the people of Ontario.” To me, this is to deny ourselves a great opportunity and to deny the people of Ontario a great opportunity for quality care.

The Chair (Mr. Lorenzo Berardinetti): We'll put the motion to a vote, then. All those in favour of the motion? Opposed? That does not carry.

We now go to page 5(b); it's a PC motion. Ms. Elliott.

Mrs. Christine Elliott: I move that subclause 12(1)(a)(i) of the bill be amended by striking out “publicly funded.”

Again, this was an amendment suggested by the Ontario Chiropractic Association to ensure that the council could also monitor and report to the public on access to all health services and not just those which are publicly funded, so it's very much in the same spirit as the argument which was made in support of the previous amendment.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Mr. Balkissoon.

Mr. Bas Balkissoon: As I explained on the previous motion, for the same position the government cannot support this motion at this time.

The Chair (Mr. Lorenzo Berardinetti): Thank you. Ms. Gélinas.

M^{me} France Gélinas: It's all fine to say that they can't support it, but how can they justify regulating health professionals in Ontario but then not asking for—at least half of the regulated health professionals in Ontario do not get public funding. How do you justify taking the magic eraser to all of the services that those professionals have to offer and not want them to be part of the new quality improvement that this bill is all about? It's fine to say this, but how can you justify your decision?

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? None? We'll take a vote on the motion. All those in favour? Opposed? That does not carry.

We'll go to the next page, 5(c); it's a PC motion. Ms. Elliott.

Mrs. Christine Elliott: I move that subclause 12(1)(a)(ii) of the bill be struck out and the following substituted:

“(ii) human resources in health services.”

Again, the same argument as was made with the previous amendment.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Mr. Balkissoon.

Mr. Bas Balkissoon: We won't be supporting this motion, for the same reasons I explained previously. Our belief is that the Ontario Health Quality Council will look at expanding their mandate at a future date. At the present time we don't see that it precludes them from doing that, but we would like them to focus on this particular act at this time.

The Chair (Mr. Lorenzo Berardinetti): Further discussion? No. We'll take a vote. All those in favour of the motion? Opposed? That does not carry.

We'll go to page 5(d). It's a PC motion. Ms. Elliott.

Mrs. Christine Elliott: I move that subclause 12(1)(c)(i) of the bill be struck out and the following substituted:

“(i) developing clinical practice guidelines and protocols and making recommendations to health care organizations and other entities in the health system respecting clinical practice guidelines and protocols, and.”

This was an amendment which was requested by Cancer Care Ontario to clarify that the council is not just to be monitoring and making recommendations but actually to be developing clinical practice guidelines and protocols, to be very active in the development of a much more proactive responsibility than just monitoring.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Mr. Balkissoon.

Mr. Bas Balkissoon: The government side will not be supporting this motion at this time. The Ontario Health Quality Council will not be developing clinical practice guidelines. Our motion, which is the next motion, will clarify our position. We'll be supporting that motion instead.

The Chair (Mr. Lorenzo Berardinetti): Ms. Gélinas.

M^{me} France Gélinas: Cancer Care Ontario certainly has been a forerunner when it comes to the establishment of best practices, not only at the theoretical level where the research supports what's going on on the ground, but also in making sure that the dissemination of those best practices is done in a very clever way that allows patients to have access to those best practices. This is what they were asking for. I think they speak with authority when it comes to this subject, because they are at the forefront of it.

The Chair (Mr. Lorenzo Berardinetti): I'll put the motion to a vote. All those in favour of the motion? Opposed? That does not carry.

I think we have time for another motion. Mr. Balkissoon?

Mr. Bas Balkissoon: I move that subclauses 12(1)(c)(i) and (ii) of the bill be struck out and the following substituted:

“(i) making recommendations to health care organizations and other entities on standards of care in the health system, based on or respecting clinical practice guidelines and protocols; and

“(ii) making recommendations, based on evidence and with consideration of the recommendations in subclause (i), to the minister concerning the government of Ontario's provision of funding for health care services and medical devices.”

Just a comment on this: We're proposing this motion in response to stakeholders to clarify that the council will not itself be developing clinical practice guidelines. This amendment will clarify the council's recommendations to the minister concerning funding based on evidence.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? No. We'll vote on the motion. All those in favour?

I'm sorry. Ms. Gélinas, did you want to speak to this?

M^{me} France Gélinas: Yes. So the council will be making recommendations based on or respecting clinical practice guidelines and protocol but they won't be developing CPGs?

Mr. Bas Balkissoon: I believe that's what I said, Mr. Chair.

The Chair (Mr. Lorenzo Berardinetti): All right. So we'll take a vote on the motion. All those in favour? Opposed? That carries.

Do we have time for one more motion? We'll continue on. Page 5(e). This is a PC motion. Ms. Elliott.

Mrs. Christine Elliott: I move that clause 12(1)(c) of the bill be amended by striking out “and” at the end of subclause (i), by adding “and” at the end of subclause (ii) and by adding the following subclause:

“(iii) reviewing progress in achieving the evidence-based target of full-time employment for 70 per cent of all nurses in Ontario.”

This was recommended by the Registered Nurses' Association of Ontario to mandate that the council review progress towards the achievement of the evidence-based target to 70% of full-time work for all nurses in Ontario, which is certainly consistent with the request of the RNAO and the stated intentions of the government.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Mr. Balkissoon.

Mr. Bas Balkissoon: The government can't support this motion because the Ontario Health Quality Council is an independent body that sets out its own activities based on a business plan that is produced each year. Enshrining the monitoring of a specific deliverable in legislation would not be consistent with how the council has been set up.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Ms. Gélinas.

M^{me} France Gélinas: Here again, this is where I see discrepancies where the government is quite willing to dictate to the Ontario Health Quality Council a new mandate that is quite different from what they have been doing so far. Mind you, they are a stellar organization that always has produced very good work for the people of Ontario. But with this bill, we are substantially changing their mandate and changing the way they do things. This is one change among many.

The Chair (Mr. Lorenzo Berardinetti): We'll take a vote on the motion. All those in favour of the motion? Opposed? That does not carry.

We'll continue on. Actually, it is 6 o'clock.

Mr. Bas Balkissoon: Mr. Chair, can we take the next one because it's similar?

The Chair (Mr. Lorenzo Berardinetti): Unfortunately, it's on television—they have recessed there as well. So we're recessed until 6:45.

The committee recessed from 1800 to 1847.

The Chair (Mr. Lorenzo Berardinetti): Good evening, everybody. We're back in session. We're returning to deal with Bill 46. When we last left off we were about to consider an NDP motion, clause 12, and it's on page 5(f). Ms. Gélinas, would you read the motion?

M^{me} France Gélinas: Sure. I move that subsection 12(1) of the bill be amended by adding the following clause:

“(c.1) to review progress towards the evidence-based target of 70 per cent full-time work for all nurses in Ontario as part of the council's function to promote health care that is supported by the best available scientific evidence.”

This bill talks to quality. Lots of scientific evidence exists to support a balance of 70% full-time nurses. Most of the studies that have been done pertain to hospitals, but given that this bill will be applied firstly to hospitals, I think it applies. The research does not say that it doesn't apply elsewhere, but certainly as an evidence base supports that if you want quality care, the nurses are the only 24/7 health professionals in our hospitals; they are the bedside 24/7 health care providers. If you want quality care in our hospitals, one of the first things you have to do is you have to adjust your human resources pattern to have 70% full-time workers. The health quality council will be charged with looking at quality indicators. This is one indicator that already exists and that the health quality council should be mandated to follow.

Interruption.

M^{me} France Gélinas: Didn't we just hear a bell?

The Chair (Mr. Lorenzo Berardinetti): Could be a motion to adjourn debate. We'll continue on until we see what the screen shows. It looks like the whip is handing over a deferral slip.

Sorry, Ms. Gélinas. Had you completed your comments?

M^{me} France Gélinas: Sure, I'll wrap it up.

The Chair (Mr. Lorenzo Berardinetti): Further comments? Ms. Elliott.

Mrs. Christine Elliott: I would certainly support this amendment, having brought forward a similar amendment previously, and I would urge the government members to reconsider their position on this.

The Chair (Mr. Lorenzo Berardinetti): Mr. Balkissoon?

Mr. Bas Balkissoon: This motion is similar to the PC motion, and the government didn't support that for a specific reason. I don't want to repeat the same comments, but we'll be voting against it.

The Chair (Mr. Lorenzo Berardinetti): We'll take a vote on the motion. All those in favour? Opposed? That does not carry.

Page 5(g) is also an NDP motion. Ms. Gélinas.

M^{me} France Gélinas: I move that subsection 12(1) of the bill be amended by adding the following clauses:

“(c.1) to, in consultation with expert organizations, develop a minimum set of quality indicators to be used by health care organizations in the development of their annual quality improvement plans for submission to the council;

“(c.2) to develop an annual report on system performance based on information provided in annual quality improvement plans, and make this report available to the public.”

Basically, this section talks to the health quality plan and how key indicators should be used province-wide and how it should be made available to all.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Ms. Elliott.

Mrs. Christine Elliott: I would certainly support this amendment. I think, for consistency's sake, if you're trying to develop a uniform set of indicators across the province, you should have at least a minimum set to be used and applied consistently.

The Chair (Mr. Lorenzo Berardinetti): Mr. Balkissoon.

Mr. Bas Balkissoon: While the government agrees it is beneficial for the Ontario Health Quality Council to receive quality improvement plans, the level of detail in this amendment could limit the flexibility of the organization to develop quality improvement plans based on the priorities of their own organization. What the government would prefer to do is work with all the partners on the implementation details and prescribe those in regulations and policy.

The Chair (Mr. Lorenzo Berardinetti): We'll take a vote on the motion, then. All those in favour? Opposed? That does not carry.

We'll go to the next page, 5(h). It's a PC motion. Ms. Elliott.

Mrs. Christine Elliott: I move that subsection 12(1) of the bill be amended by adding the following clause:

“(c.1) in consultation with organizations with experience in the development of health care quality indicators, to develop a minimum set of quality indicators to be used by health care organizations in the development of their annual quality improvement plans.”

Again, we're moving this forward as recommended by Cancer Care Ontario for the same reasons as previously stated, to develop a minimum set of quality indicators to be used province-wide.

The Chair (Mr. Lorenzo Berardinetti): Any further comments? Mr. Balkissoon.

Mr. Bas Balkissoon: As I stated before, we would prefer to work with all the different partners in the health care system and prescribe this through regulation and policy, so we'll be opposing this particular motion.

The Chair (Mr. Lorenzo Berardinetti): Any further comments? Ms. Gélinas.

M^{me} France Gélinas: To put the obligation to develop quality indicators rights into the bill really speaks to another pillar of how to improve quality in a health care system. You have to develop quality indicators. Right now, hospitals sign accountability agreements with their LHINs. They used to do that with the ministry; they now do that with the LHINs. Most of the indicators in there are indicators related to value for money. Unless we move beyond value for money and start to develop indicators of quality, then it will be really hard to use quality as a driver for change. So I would certainly be in support of this motion.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? None? We'll take a vote on the motion. All those in favour? Opposed? That does not carry.

There is one more motion to do with this section. It's a PC motion, page 5(i). Ms. Elliott.

Mrs. Christine Elliott: I move that subsection 12(1) of the bill be amended by adding the following clause:

“(c.2) to develop and make available to the public an annual report on health system performance based on information provided in the annual quality improvement plans of health care organizations.”

Again, this suggestion for amendment was made by Cancer Care Ontario to ensure that the council is mandated to develop an annual report on system performance. If they're going to be collecting this information and making recommendations, it would only make sense to have an annual report, for further transparency and accountability.

The Chair (Mr. Lorenzo Berardinetti): Further discussion? Mr. Balkissoon.

Mr. Bas Balkissoon: This is a similar motion to the previous two, so the government can't support it, for the same reasons explained previously.

The Chair (Mr. Lorenzo Berardinetti): Ms. Gélinas.

M^{me} France Gélinas: I find that this motion is very specific to the publication of an annual report. This is something that the health quality council has been doing since it has existed. This is something that is valued by the health care field, and to me, this is something that is worth including in the bill so that the mandatory reporting happens at least on an annual basis. What's the point of doing all this work if, in an election year, you decide that no report will be available this year, or for any other reason? To me, to put in law a practice that has been there that will probably continue—then it cannot be influenced by other activities. When you put it in law, it will continue to be there.

I disagree with Mr. Balkissoon that because they turned the NDP motion down, they should turn this one down. This one is really, really specific to one of the points that I had been making; that is, having a public annual report.

The Chair (Mr. Lorenzo Berardinetti): We'll take a vote on it. All those in favour of the motion? Opposed? That doesn't carry.

The next question is: Shall section 12, as amended, carry? All those in favour? Opposed? Carried.

We'll move on to section 13. The first motion is on page 5(j). It's an NDP motion. Ms. Gélinas.

M^{me} France Gélinas: I move that subclause 13(1)(a)(i) of the bill be struck out and the following substituted:

“(i) on the state of the health system in Ontario, including recommendations regarding improved system performance, and.”

Basically, what we're talking about here is the report that will be sent to the minister. It will be a yearly report. Not only will it be on the state of the health system, which is what the Ontario Health Quality Council is doing right now, but it would also include recommendations regarding improved system performance. So we're talking about making broad recommendations about the health care system in its entirety.

The Chair (Mr. Lorenzo Berardinetti): Any further debate? Mr. Balkissoon.

Mr. Bas Balkissoon: This act significantly expands the role and mandate of the Ontario Health Quality Council. Any further expansion could jeopardize the efforts contained in this bill. We're very concerned about that, so we can't support this motion at this time.

The Chair (Mr. Lorenzo Berardinetti): Further discussion? I'll put the motion to a vote. All those in favour? Opposed? That does not carry.

We'll move on to page 5(k). This is a PC motion. Ms. Elliott.

Mrs. Christine Elliott: I move that clause 13(1)(a) of the bill be amended by adding the following subclause:

“(iii) providing its recommendations for improving health system performance; and.”

Again, this is recommended by Cancer Care Ontario to ensure that the council, in its annual report to the minister on the state of the health care system in Ontario, includes recommendations regarding improved system performance, which only makes sense. If the report's going to be made, there should be suggestions with respect to improvement.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Mr. Balkissoon.

Mr. Bas Balkissoon: We'll be opposing this one for the same reason as the previous one, because they're similar.

The Chair (Mr. Lorenzo Berardinetti): Ms. Gélinas.

M^{me} France Gélinas: This is something that already happens within the health quality council. The health quality council has been doing yearly reports. They have been reporting on the state of the health care system, and they also make recommendations. I disagree with Mr. Balkissoon saying that this would add substantially to their mandate. Their mandate, as it exists, has allowed them to make recommendations, because this is certainly something that they have been doing. The comments made by the member make me worried that they are wanting to influence the behaviour of the Ontario Health Quality Council away from making recommendations,

and I think that would be a step away from improving quality of care; it wouldn't be a step forward.

1900

The Chair (Mr. Lorenzo Berardinetti): We'll take a vote on the motion. All those in favour of the motion? Opposed? That doesn't carry.

The next question is: Shall section 13 carry? All those in favour? Opposed? Carried.

New section 13.1, page 5(l): It's a PC motion. Ms. Elliott, if you want to read it, please?

Mrs. Christine Elliott: I move that the bill be amended by adding the following section:

"Nurse practitioners

"Duties of nurse practitioners

"13.1 Despite any provision of or regulation made under the Public Hospitals Act, nurse practitioners may authorize the admission, treatment, transfer and discharge of hospital in-patients."

The Chair (Mr. Lorenzo Berardinetti): I'm sorry; I have to interrupt again because of the fact that mention is made of the Public Hospitals Act. It's beyond the scope of this bill today to try to make reference to or move beyond the Public Hospitals Act. It's beyond the scope of the bill, and I'm going to rule that it's out of order.

Mrs. Christine Elliott: I would ask for unanimous consent, Chair, for that to be included.

The Chair (Mr. Lorenzo Berardinetti): Do we have unanimous consent?

Mr. Bas Balkissoon: We can't support the motion, so I can't concur with unanimous consent. This would be better dealt with when we do the Public Hospitals Act review.

The Chair (Mr. Lorenzo Berardinetti): That's out of order.

We'll move to the next. On page 6—actually, first, we have to do section 14. Shall section 14 carry? All those in favour? Opposed? Carried.

Section 15: On page 6, there's a government motion. Mr. Balkissoon.

Mr. Bas Balkissoon: I move that section 15 of the bill be amended by adding the following subsection:

"Public consultation

"(2) Before making a regulation under this section, the minister shall consult with the public in accordance with the relevant policies of the government of Ontario concerning public consultation in the making of regulations."

I think this particular amendment clarifies what the government intends to do and also responds to some of the submissions that we received.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion?

M^{me} France Gélinas: Just for my own information: "in accordance with the relevant policies of the government"—does that mean 60 days?

Mr. Bas Balkissoon: I can't answer that. This motion is basically saying that what we do today we will continue to do.

M^{me} France Gélinas: In some of the other acts that regulate the health care system, you have a mandatory 60-day consultation if you are to make changes to the regulations. In others, it's 30 days, and in others, it doesn't exist at all. So, "in accordance with relevant policies of the government": I scratch my head as to—what are those?

The Chair (Mr. Lorenzo Berardinetti): Mr. Balkissoon?

Mr. Bas Balkissoon: If permission could be granted, I'd ask ministry staff to respond to what the practice is. I believe it might be 60, but I just would prefer that the ministry respond to this.

The Chair (Mr. Lorenzo Berardinetti): Do we have consent from the committee?

Ms. Gélinas, is that okay to hear from the ministry?

M^{me} France Gélinas: Sure.

The Chair (Mr. Lorenzo Berardinetti): Would you please come forward and identify yourself for the record, please?

Ms. Fannie Dimitriadis: My name is Fannie Dimitriadis. I'm legal counsel with the Ministry of Health and Long-Term Care.

There is a website currently that the government has established, a regulatory registry. It's my understanding that, pursuant to government policy, proposed regulations are to be posted there for a period of 45 days.

M^{me} France Gélinas: Ah, 45 days.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion on this motion?

M^{me} France Gélinas: She skipped away really quickly. Let's say that they have to post on this website for 45 days. I'm guessing that people can make comment. Does the relevant policy also mean that they have to take the comments into account before making final policies?

Ms. Fannie Dimitriadis: I'm not comfortable answering that because I haven't looked at it in the past few weeks, but from what I understand, when a regulation is posted, information as to whom comments should be provided is to be set out on the website as well. So, without saying for certain, I guess the assumption is that comments would be taken into consideration.

M^{me} France Gélinas: But we don't know for a fact?

Ms. Fannie Dimitriadis: I'm not comfortable saying for certain without having it in front of me.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion on this motion?

M^{me} France Gélinas: Does anybody else know any more? There are lots of people sitting here.

The Chair (Mr. Lorenzo Berardinetti): That's the answer for now.

We'll vote on the motion. All those in favour of the government motion? Opposed? That carries.

There is another amendment to section 15. It's an NDP motion on page 6(a). Ms. Gélinas.

M^{me} France Gélinas: I move that section 15 of the bill be amended by adding the following subsection:

"Public consultation

“(2) The minister shall not make a regulation under this section unless a public consultation process that follows the procedure set out in section 16, with any necessary modifications, has been followed.”

What this talks to is, whenever there is to be a change to a regulation or a modification, a mandatory public consultation takes place. It makes it mandatory for the public consultation to take place.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion on this motion? Mr. Balkissoon.

Mr. Bas Balkissoon: We will be opposing this particular motion. The previous motion voted on, I think, accomplishes what the government intends to do and outlines the whole regulation-posting process and policy process. So we’ll be voting against this motion.

The Chair (Mr. Lorenzo Berardinetti): Ms. Gélina.

M^{me} France Gélina: Except for the tiny, weenie, little issue that nobody knows what it means, nobody knows for how long and nobody knows if any public consultations that would bring forward comments from the public have to be taken into account when making your final recommendations. So I just want you to know that there’s still a lot of little issues with that bill that could have been corrected and improved with this amendment.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? None? So we’ll vote on the motion. All those in favour of the motion? Opposed? That does not carry.

Shall section 15, as amended, carry? All those in favour? Opposed? Carried.

We’ll move to section 16. The first motion there is on page 6(b), and it’s a PC motion. Ms. Elliott.

Mrs. Christine Elliott: I move that subsection 16(2) of the bill be amended by striking out “section” in the portion before clause (a) and substituting “act.”

This is simply a housekeeping amendment that ensures that any regulations that are made pertain to the act in its entirety.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion on this? Mr. Balkissoon.

Mr. Bas Balkissoon: Unfortunately, I totally disagree and will be voting against this. The motion voted on previously, the government motion, I think clarifies our position on the minister’s consultation for regulations, policy, posting etc. So I think it clarifies what we’re going to be doing. We can’t support this particular motion.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? None? So we’ll take a vote on the motion. All those in favour of the motion? Opposed? That does not carry.

We’ll go to the next motion. It’s also a PC motion, on page 6(c). Ms. Elliott.

Mrs. Christine Elliott: I move that clause 16(2)(a) of the bill be struck out and the following substituted:

“(a) the minister has published a notice of the proposed regulation in the Ontario Gazette, on the website of the ministry and in any other format the minister considers advisable.”

Again, this is just to conform to a more general standard and to ensure that the regs are gazetted and that all means possible to communicate these regs be undertaken.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion on this motion? Mr. Balkissoon.

Mr. Bas Balkissoon: We cannot support this motion as we’ve already adopted what the ministry will be doing. We’ll be following those means of posting on the website. We believe this is sufficient. It just follows the normal practice as it happens today.

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The Chair (Mr. Lorenzo Berardinetti): Further discussion? None? We’ll take the vote. All those in favour of the motion? Opposed? That doesn’t carry.

We’ll go to the next motion, page 6(d); it’s a PC motion. Ms. Elliott.

Mrs. Christine Elliott: I move that subsection 16(4) of the bill be amended by striking out “30 days” and substituting “60 days.”

This has been recommended by the Ontario Hospital Association to allow more time for the development of regulations and for input to be obtained.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Mr. Balkissoon.

Mr. Bas Balkissoon: This does not follow the current practice; we’ll be adopting the current practice. I think the act requires a minimum of 30 days, and this is in line with all other practices that exist today.

The Chair (Mr. Lorenzo Berardinetti): Ms. Gélina.

M^{me} France Gélina: I disagree with this. There are many acts under the Ministry of Health where the minimum time where a consultation has to take place is 60 days. It actually varies. This was the first time I’ve ever heard of the 45 days, but in many of the acts that exist we talk about 30 days; some talk about 60 days.

If the consultation period for the change to the generic drugs process has taught us anything, it was that the 30-day consultation was not sufficient; it has actually been expanded. That 60-day consultation, given the broad element of the health care system that this bill covers, I don’t think would be out of order, and is something that should be considered and certainly not something that can be turned down because the 30 days is the norm, because this is not true. The 30 days is not the norm.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? Ms. Elliott.

Mrs. Christine Elliott: Just to add to Ms. Gélina’s comments, there are other statutes, of course, that do provide for the 60-day consultation period, including the Commitment to the Future of Medicare Act, the LHIN act and the Personal Health Information Protection Act, so there certainly is precedent for a 60-day consultation period.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? None? We’ll vote on the motion. All those in favour? Opposed? That doesn’t carry.

Shall section 16 carry? All those in favour? Opposed? Carried.

The next page, page 7, is a government motion. Mr. Balkissoon.

Mr. Bas Balkissoon: I move that the bill be amended by adding the following section:

“Amendment

“16.1(1) This section only applies if Bill 65 (Not-for-Profit Corporations Act, 2010), introduced on May 12, 2010, receives Royal Assent.

“References

“(2) References in this section to provisions of Bill 65 are references to those provisions as they appeared in the first reading version of the bill.

“(3) On the later of the day subsection 16(1) of this act comes into force and the day subsection 210(1) of Bill 65 comes into force, clause 16(1)(r) of this act is amended by striking out ‘Corporations Act’ and substituting ‘Not-for-Profit Corporations Act, 2010’”.

This is just a technical amendment. It’s something we’re moving just to make sure we have it correct.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion? None? We’ll vote on the motion. All in favour? Opposed? Carried.

There are no amendments to section 17, so I’ll put the question forward. Shall section 17 carry? All those in favour? Opposed? Carried.

The next motion is on page 7(a); it’s an NDP motion. Ms. Gélinas.

M^{me} France Gélinas: We’re in section 17.1 of the bill, which deals with related amendments, and specifically to the Commitment to the Future of Medicare Act, 2004.

I move that the bill be amended by adding the following section:

“Freedom of Information and Protection of Privacy Act

“17.1 The definition of ‘institution’ in subsection 2(1) of the Freedom of Information and Protection of Privacy Act is amended by striking out ‘and’ after clause (a.1) and by adding the following clauses:

“(a.2) a hospital within the meaning of the Public Hospitals Act,

“(a.3) a private hospital within the meaning of the Private Hospitals Act that receives public funding, and.”

This part of the bill talks about—

The Chair (Mr. Lorenzo Berardinetti): Before you go further, I have to rule that out of order. The reason is that you’re trying to open an act which is not before us, the Freedom of Information and Protection of Privacy Act. We can’t amend that unless we get unanimous consent from the committee. So I’m going to rule that out of order, subject to unanimous consent. Do we have unanimous consent?

Mr. Bas Balkissoon: No. The government is not supportive of this motion.

The Chair (Mr. Lorenzo Berardinetti): Fine. It’s ruled out of order.

We’ll move on to the next motion on page 7(b); it’s an NDP motion. Ms. Gélinas.

M^{me} France Gélinas: I move that the bill be amended by adding the following section:

“Freedom of Information and Protection of Privacy Act

“17.1 Section 2 of the Freedom of Information and Protection of Privacy Act is amended by adding the following subsection:

“‘Hospitals

“(5) Hospitals are institutions for the purposes of this act.”

The Chair (Mr. Lorenzo Berardinetti): I’m sorry to interject, but for the same reasons I’m going to have to rule that out of order, because you’re making reference to an act that’s not in front of us today, again subject to getting unanimous consent to deal with that other act. Do we have unanimous consent?

Mr. Bas Balkissoon: No.

The Chair (Mr. Lorenzo Berardinetti): I heard a no here, so unfortunately that’s out of order.

We’ll move on to the next motion. Actually, before I do that, there are no amendments to section 18, so shall section 18 carry? Those in favour? Opposed? Carried.

We’ll move to section 19. There’s an NDP motion on page 7(c). Ms. Gélinas.

M^{me} France Gélinas: Given that section 19 opens up the Public Hospitals Act, I move that section 19 of the bill be amended by adding the following subsection:

“(0.1) Section 32 of the act is amended by adding the following subsection:

“‘Nurse practitioners

“(5) Despite anything in a regulation made under this act, a nurse practitioner may authorize the admission, treatment, transfer and discharge of hospital in-patients.”

The Chair (Mr. Lorenzo Berardinetti): I’m going to have to interject and I’m going to give you my reason. It’s out of order because—I’m looking at the bill—under section 19 the only section that’s opened under the Public Hospitals Act is section 34, and you are trying to amend section 32, I think it is, which is not in front of us. Only section 34 can be amended, again subject to unanimous consent. I’m just following the rules.

M^{me} France Gélinas: Can I have unanimous consent?

Mr. David Zimmer: No way.

Mr. Bas Balkissoon: We dealt with this issue under Bill 179, so at this time I cannot agree to unanimous consent.

The Chair (Mr. Lorenzo Berardinetti): We’ll move on to the next—one second here; I have to find my place here. It’s still section 19. There’s a PC motion on page 7(c)(i). Ms. Elliott.

Mrs. Christine Elliott: I move that section 19 of the bill be amended by adding the following subsection:

“(2) Section 34 of the act is amended by adding the following subsection:

“‘Receipt of report not a bar to member

“(8) The receipt by the board of a report under subsection (7) shall not be construed to mean that a member of the board has taken part in the investigation

or consideration of the subject matter of the report before any hearing held under section 39.”

This has really been added just to clarify that it would not disqualify a board member from fulfilling their obligations under section 34. It was recommended by the Ontario Hospital Association.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion on this? Mr. Balkissoon.

Mr. Bas Balkissoon: While we agree with the intent of this motion, the government won't be supporting this motion. We'll be supporting our own motion, which will come on page 8.

The Chair (Mr. Lorenzo Berardinetti): Any further discussion on this? We'll take a vote on this. All those in favour of the motion? Opposed? That doesn't carry.

We have just over five minutes left. I'm at the committee's disposal. Should we take a recess so we can go vote? We'll recess and return after this vote in the House. The committee is now recessed.

The committee recessed from 1920 to 1930.

The Chair (Mr. Lorenzo Berardinetti): The committee is back in session.

The motion next to be considered is on page 7(d). It's an NDP motion. Ms. Gélinas?

M^{me} France Gélinas: This is where we test the theory: Does anybody believe in the faint-hope clause? So here we go.

I move that section 19 of the bill be amended by adding the following subsection:

“(2) Sections 35 to 37 of the act are repealed and the following substituted”—and we call this “IPAC,” and it stands for interprofessional advisory committee:

“IPAC

“35. Every board shall establish an interprofessional advisory committee (IPAC) comprising proportional membership to represent all regulated health professionals involved in interprofessional practice in the hospital setting.”

The Chair (Mr. Lorenzo Berardinetti): I have to interrupt, and I do apologize, and please don't take it personally. We're amending a section of the Public Hospitals Act that is not open in this bill, similar to what happened before. Sections 35 to 37 are not in front of us in this part of the bill, so I have to rule it out of order.

M^{me} France Gélinas: That's where the faint-hope clause comes into play. I ask for unanimous consent.

The Chair (Mr. Lorenzo Berardinetti): Do we have unanimous consent?

Mr. Bas Balkissoon: I can't agree, Mr. Chair. The intent is okay, but sorry, we can't—we'll be voting on the next motion, which I think will—

M^{me} France Gélinas: All hope is gone.

The Chair (Mr. Lorenzo Berardinetti): So that's ruled out of order.

We'll move on to page 8. This is a government motion. Mr. Balkissoon?

Mr. Bas Balkissoon: I move that section 19 of the bill be amended by adding the following subsection:

“(2) Section 39 of the act is amended by adding the following subsection:

“Exception

“(9) Despite subsection (4), no member of a board shall be disqualified from participating as a member of the board in a hearing held under subsection (1) by virtue of the information contained in a written report received under subsection 34(7).”

The Chair (Mr. Lorenzo Berardinetti): With the greatest respect, this is also out of order, for the same reasons given before. You're trying to amend a section of an act, section 39, that is not in front of us today in this part of the act—

Mr. Bas Balkissoon: Mr. Chair, I believe this motion accomplishes what the previous one was trying to do, but the wording is better suited to the government. I'll ask the members for unanimous consent.

M^{me} France Gélinas: How long do we have before we have to respond?

The Chair (Mr. Lorenzo Berardinetti): I don't think it's in the rules. That's a good question.

Mr. Bas Balkissoon: Unanimous consent is requested.

The Chair (Mr. Lorenzo Berardinetti): It has been requested. Do we have—

M^{me} France Gélinas: Sure.

Mrs. Christine Elliott: Sure. Why not?

The Chair (Mr. Lorenzo Berardinetti): All right. Okay. Agreed? Agreed.

Go ahead. You've finished—

Mr. Bas Balkissoon: Yes, finished.

The Chair (Mr. Lorenzo Berardinetti): Any other comments?

M^{me} France Gélinas: I would add that I don't think the wording is that much better, but I'm ready to live with it.

The Chair (Mr. Lorenzo Berardinetti): We'll take a vote. All those in favour? Opposed? That carries.

Shall section 19, as amended, carry? All those in favour? Opposed? Carried.

Shall section 20 carry? All those in favour? Opposed? Carried.

We'll move on to section 21. Shall section 21 carry? All those in favour? Opposed? Carried.

We've only got two motions left: with regard to the preamble. Page 9 is a PC motion. Ms. Elliott?

Mrs. Christine Elliott: I move that the preamble to the bill be amended by amending the third full paragraph of the preamble that is after the introductory line so that it reads as follows:

“Recognize that a high-quality health care system is one that is accessible, appropriately resourced, effective, efficient, equitable, integrated, patient-centred, population-health-focused, and safe.”

The Chair (Mr. Lorenzo Berardinetti): I have to interject again, and I do apologize. I'm going to give you a reason why I'm going to rule this out of order, and that is because you cannot amend a preamble after second reading unless it's rendered necessary by amendments made to the bill. So this would be out of order.

Mrs. Christine Elliott: May I make a submission in that respect, Mr. Chair? I would submit that it is necessary that it be properly resourced and that it is necessary

in order to carry out the intentions of the act. Therefore, it is in order.

The Chair (Mr. Lorenzo Berardinetti): I've ruled it out of order, though.

Page 10, a PC motion. Ms. Elliott?

Mrs. Christine Elliott: I have a feeling this is going to be the same answer, but I'll move it anyway.

I move that the preamble to the bill be amended by adding the following paragraph immediately after the paragraph that begins "Recognize the importance....":

"Recognize that the Registered Nurses' Association of Ontario's evidence-based clinical and healthy work environment best practice guidelines are an example of improving quality of care through best available scientific evidence."

The Chair (Mr. Lorenzo Berardinetti): Sorry to cut you off, but I'm going to have to rule it out of order for

the same reason, which is that you cannot amend a preamble after second reading unless rendered necessary by amendments made to the bill. So that's ruled out of order.

The question is: Shall the preamble carry? All those in favour? Opposed? Carried.

Shall the title of the bill carry? All those in favour? Opposed? Carried.

Shall Bill 46, as amended, carry? All those in favour? Opposed? Carried.

Shall I report the bill, as amended, to the House? All those in favour? Opposed? Carried.

Shall I move adjournment?

Interjections.

The Chair (Mr. Lorenzo Berardinetti): The committee is adjourned.

The committee adjourned at 1937.

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