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Tuesday 2 November 2010

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Mardi 2 novembre 2010

Standing Committee on Estimates

Ministry of Training, Colleges and Universities

Ministry of Health and Long-Term Care

Comité permanent des budgets des dépenses

Ministère de la Formation et des Collèges et Universités

Ministère de la Santé et des Soins de longue durée

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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON ESTIMATES

COMITÉ PERMANENT DES BUDGETS DES DÉPENSES

Tuesday 2 November 2010

Mardi 2 novembre 2010

The committee met at 0905 in room 151.

MINISTRY OF TRAINING, COLLEGES AND UNIVERSITIES

The Chair (Mr. Garfield Dunlop): We'll call the meeting to order. We're now resuming consideration of the estimates of the Ministry of Training, Colleges and Universities, vote 3001. There's a total of one hour and eight minutes remaining.

When the government adjourned in the last meeting, the government party had finished its 20-minute turn. We will now start the last round of questioning with the official opposition for 22 minutes, so we each have 22 minutes, followed in turn by the third party and the government for the last rounds. We'll have the vote after the last party.

We may have a problem with the New Democratic Party. I believe Mr. Marchese has a doctor's appointment and he may not be ready at the 22-minute mark, so, with everybody's agreement, we'll go to the Liberal Party, or the government party, if that's the case.

With that, we'll start with the official opposition. Mr. Bailey.

Mr. Robert Bailey: Thank you, Minister and Chairman. Welcome, Minister, today.

I've only got 22 minutes, so I've got a whole lot that I'd like to ask but I'm going to just zero in on a couple.

This is about the College of Trades. I'll just read a little bit, by preamble here. This is from Rod Cameron. This is a commitment that Rod Cameron, who's the chair of the college appointment council, made when he started earlier this year. He said:

"'What the College of Trades needs to do is ensure that everything is transparent and fair,' Cameron said. 'This needs to be a non-political thing. We are here for apprenticeship and not here for our constituent groups we have been plucked from, although there is always a tendency for people to want to support where they came from. It is important that we look at apprenticeship here and not self-serving interests.'" That was in the Daily Commercial News, May 21, 2010.

Minister, we applauded Mr. Cameron for his statement at the time; however, unfortunately he and his colleagues, in our opinion, have so far failed to live up to the standard he set.

Minister, the Ministry of Training, Colleges and Universities established the College of Trades to unify and represent all the trades' interests in the province. We've been told that the College of Trades will serve as a governing body for the trades in Ontario.

Minister, I've heard concerns from various stakeholder groups that the College of Trades appointment council, the group appointed by your ministry to develop fees and regulations, has repeatedly met and yet failed to disclose the information from those meetings. Minister, I have been informed that at least six meetings have taken place to date, and none of the dates, locations, agendas or minutes of those meetings have been made public, and if I'm wrong, you can correct me. Minister, my question to you is: Do you think it is appropriate that a governing body such as this, made up solely of appointed individuals, is operating in such an opaque manner?

Hon. John Milloy: I thank you very much for the question about the College of Trades. You're probably not surprised that I have a very different take on what's been happening with the college and in terms of issues of transparency. There's a group of individuals who came together who, I think, represent a wide cross-section of those who are involved with apprenticeship. In fact, Mr. Bailey, I think you were in the House yesterday when we were able to introduce the winners of the Skills Canada competition from Ontario. Gail Smyth is the executive director of that, someone who has devoted a good chunk of her life to bringing apprentices into the trades. She's just top of mind because we had an event here with many of the MPPs yesterday. She's on the board. There's a cross-section of people who represent it.

The board that has been put in place, the appointments council, is a planning body. It's a group of individuals who've come together to take leadership over what the College of Trades is going to look like and is going to evolve into, and eventually to put in place those board members and committee members who work on these various issues.

I just want to talk about this issue of transparency and accountability.

Mr. Robert Bailey: I was going to bring you back to that.

Hon. John Milloy: One of the key early mandates of the College of Trades is to look at the issue of ratios and compulsory certification. The College of Trades talks about transparency and accountability etc. They have put

together a catalogue or a program of public meetings to discuss these issues and to get input from stakeholders.

Yesterday, there was a meeting that was held at Ryerson—a room was available there; no connection necessarily with Ryerson—and there were 150 people there. It was a public meeting; the press were welcome. I know there were—I've heard reports from various stakeholders—a wide range of views and discussion. We've certainly tried to informally make sure all stakeholders know about these meetings, and I know the college has been going out and talking to people. There's a series of public meetings—I can get you the dates; I think Mr. Wilson has asked for them, and it's one of the information items we'll table here—where they can go forward and talk about these key issues. I think that's a great example of how they're reaching out to stakeholders.

0910

Mr. Robert Bailey: Okay, I'll hold you to that.

The second question I'd like to move to is the appeals process. Just a little preamble here: There's absolutely nothing in the act or the proposed review process to allow for appeals of the review panel's decisions. Decisions made by this unelected and unaccountable group are final and far-reaching in terms of its impact on Ontario workers. This means that Ontarians could be saddled with a poor decision on compulsory certification or ratios, with absolutely no recourse.

For example, in the agriculture sector, marketing boards regulate their specific sector. However, those decisions by those boards can still be appealed to the farm products marketing tribunal, which is a quasi-judicial board appointed by the elected and accountable minister.

My question to you, Minister, today: Do you believe that having no such appeal process is in the best interests of Ontario's workers? And if a review panel was to decide, for example, to raise the ratio of electrical journeymen in this province to a 5-to-1 ratio despite strong opposition from the industry, what recourse would you or the general public have in such a circumstance?

Hon. John Milloy: There are a couple of comments that I'd make. First of all, the point of the College of Trades—I appreciate your question. I guess my initial reaction is, the question may be getting a little bit ahead of itself in the sense that what we've asked the College of Trades to do, and those putting together the College of Trades, is to come up with a process to take a look at the issue of compulsory certification and ratios, and to develop what that process might look like. That is being governed by input from various stakeholders, so they're coming up with a process on how you'd follow through.

Right now in the province of Ontario, particularly with compulsory certification, there's no real process. It's almost like a brick wall. If you want to make a trade compulsory, if you want to deal with some of these issues, we don't have any agreed-upon way to move forward. There's a lot of rhetoric out there on both sides. What the college is doing, through this outreach, is trying to start to come up with some principles, and a manner in which it may be put forward that is fair and transparent.

In terms of the act itself and the college, I'd just turn to my deputy and say: Is there someone here—I'll ask through the deputy—who might talk about some of the technical side? As I say, and I'm hoping they agree with me—that's always a good thing—

Mr. Robert Bailey: My big concern is the appeals process.

Hon. John Milloy: —about what's in place right now and what the mandate is. Deputy, I'll ask you to—

Ms. Deborah Newman: Thank you very much, Minister. I'd like to call Tony Brenders, the ministry director who is supporting the establishment of the College of Trades.

Mr. Robert Bailey: Yes, specifically—I've got a whole lot of questions, but I don't have time to deal with them all. The appeals process is the big one. I think that's the main issue.

Mr. Tony Brenders: The question with respect—

The Chair (Mr. Garfield Dunlop): State your name—

Mr. Tony Brenders: It's Tony Brenders.

The Chair (Mr. Garfield Dunlop): Thank you.

Mr. Tony Brenders: The question with respect to the appeal process: There isn't a part in the act, as it's proclaimed, that would allow for the appeal process as you're questioning on the ratios and compulsory piece.

Mr. Robert Bailey: There's not?

Mr. Tony Brenders: There's not.

Mr. Robert Bailey: There's not. Okay.

Mr. Tony Brenders: That was part of the setup of the act in its creation. There are a number of hearings that will be held along the way. The adjudicators will be selected from across, and there will be a process and criteria, as the minister has indicated, with respect to those adjudicative review panels, dealing with those various aspects.

Mr. Robert Bailey: So it's not too late, if people made representations through the minister, that something like that could be considered—an appeals process—if someone had that strong a concern.

Mr. Tony Brenders: There will be a process and criteria, and the board is looking at that now. The College of Trades' transitional board of governors is going across the province now and holding consultations on the process and criteria. They met yesterday in Toronto and had about 100 people who attended that consultation. They will also be in Ottawa today, consulting with various stakeholders across the province. They will be in Sudbury and Thunder Bay over the coming weeks and then in London on the 22nd of this month.

Mr. Robert Bailey: Not coming to Sarnia?

Mr. Tony Brenders: They went as far west as they could.

Mr. Robert Bailey: Okay. I'm just advocating for Sarnia–Lambton.

Hon. John Milloy: If I could just add, and I'll let you get on to your next question, Mr. Bailey: I appreciate that

you're bringing concerns, but maybe you appreciate that there's a bit of frustration when we don't have a process in place yet and people are already criticizing the process.

Mr. Robert Bailey: I'm just getting them on the record—

Hon. John Milloy: What I'm saying is, we've got a group of people who are reaching out and trying to come up with a process that's fair and transparent. I appreciate your reporting to the committee, but sometimes it gets frustrating. We don't even have it in place, and they're being critical of it.

Mr. Robert Bailey: How long do I have, Chair?

The Chair (Mr. Garfield Dunlop): You still have 12 minutes.

Mr. Robert Bailey: I'll only take a couple of minutes, because I think you've got a couple of questions you want to ask, Chair.

The Chair (Mr. Garfield Dunlop): I can, if you have time.

Mr. Robert Bailey: This is actually on the nuts and bolts of colleges. I've got a long letter here—I won't read it, but what I will do is give it to you later—from Fanshawe College, a college you and I know very well. It's from one of the professors there, and it's signed by a number of students. To wrap it up here, apparently there's the national red seal certification to become plumbers and there's also what the province is teaching. There are two different standards that are being taught. The students are failing because they're writing one exam but the certification is based on the national seal and they're writing to the Ontario code as to what should be enforced on the job site. It says, "There are differences in the appearance of the code.... Ontario has made a large move to align their code to the national code. But differences between the codes still exist. The differences result," in this teaching aspect, in a "5% mark reduction...."

In a nutshell, what's happening is that a number of these students are failing—not by much, but they're failing—and they're having to apply every time, at $100 a crack, to rewrite the exam. So this professor, along with a number of his students who have signed this, are asking that the ministry make some commitment to align their teaching. I just wonder if you have any comments on that.

Hon. John Milloy: I'm aware of the concern, and I believe you may have written me on it. Because of the technical nature of it, I hope you don't mind if I ask, through the deputy, an official who's actually in charge of the apprenticeship program.

Ms. Deborah Newman: Patti Redmond will respond to that.

Ms. Patti Redmond: We are aware of the issue related to the red seal plumber exam. As you noted, the plumber trade is a red seal exam, so it's an interprovincial exam. We used to have two exams: One was the provincial red seal exam, and the other was the red seal exam. We did consult with the provincial advisory committee, which is made up of employers and employees, certified plumbers in the province of Ontario, before we moved to a single certification exam.

We work across Canada as part of the Canadian Council of Directors of Apprenticeship, and I'm Ontario's representative at that, in terms of the development of the red seal certification. Ontario plumbers actually participate in the process that we have to develop the certification exam and to test the certification exam. We have gone through a process through the provincial advisory committee, and working with Ontario plumbers, to ensure that the exam reflects Ontario content. We've done that on a couple of occasions. We've also worked with those who deliver the in-school portion of the plumber exam as part of the process in order to ensure that the content is consistent.

In addition to that, as you may be aware, there is a national plumbing code and then there's an Ontario plumbing code. Over the years there's been some greater alignment between the codes, but there continue to be some differences between the codes.

Mr. Robert Bailey: I just noticed in this letter to me that the professor says, "The Ministry of Training rep claims that it matches 70%. This means that 30% of the content of the test is never covered in the Ontario apprenticeship program. If this is the case, it would be fair for our apprentices to be able to pass by achieving 70% of the 70%...." That's their argument, so can you speak to that?

Ms. Patti Redmond: I'm not aware of the 70% in terms of the match. We've done a number of processes, as I'm saying, to ensure that the content is fair for Ontario plumbers, even though the plumbing trade may vary in some ways between jurisdictions. This is true for all red seal programs. You don't necessarily find in each jurisdiction that there is a 100% match, but that's why we engage the services—if I could say it that way—of certified Ontario plumbers to test the exam. We also had the provincial advisory committee test the exam and they found that the content was fair for Ontario plumbers. We're going to take this issue back to the provincial advisory committee in order to talk to them again to continue to ensure that the content is fair. We want to continue to ensure that plumbers in Ontario get red seal designation so they are able to work in any jurisdiction.

0920

In addition to that, Mr. Bailey, in order to ensure that plumbers in the province of Ontario are actually getting training that allows them to meet the requirements of a plumber in Ontario, we'll be introducing some exam preparation courses for plumbers, and working with employers to ensure that plumbers are getting the on-the-job training component so they can work towards that.

Mr. Robert Bailey: That was my point. I wanted to highlight that it costs these individuals and the province a lot of money in training and resources. There's a cost to the employers and the economy as a whole for people.

Chairman, did you want to trade spots and ask a question?

The Chair (Mr. Garfield Dunlop): Sure. I've got a couple.

Interjection.

Mr. Garfield Dunlop: Thank you very much, Minister. A couple of quick comments. We've been getting a lot of feedback through our community-based literacy programs. I actually did a statement in the House the other day. There was a substantial increase given to them two years ago after about 10 or 12 years of freezing the amount of money. They're very concerned, and they're getting feedback from the ministry that the amount of money they were increased in 2009 and 2010 will be taken away. Can you confirm that, or can you elaborate on what might happen in this year's budget? I know there are a lot of community-based organizations that are very concerned about that.

Hon. John Milloy: Sure. I appreciate the question and I'm very aware of the issue. As part of the budget that, as you know, the feds and the province—well, every province came forward with a pretty substantial package as a result of the recession and the downturn. As a result of federal dollars that were flowed to Ontario, we were able to make a special commitment to the literacy sector of $90 million over two years. Part of that, $25 million, went to top up service providers each year, so a total of $50 million. That was, as I say, part of, if you want to call it the stimulus package, the recession package. As I say, it came from partnership between the federal and the provincial governments. It was two-year funding. It was time-limited, and it was communicated that way to the service providers. Obviously, as we head towards March 31, 2011, that period of time and the federal involvement ends.

We certainly are very much aware of the concerns that are out there, the challenge that this poses to the sector, and we're pursuing two tracks.

One is to continue to lobby the federal government to continue that money. As I've often said publicly, and I think I said in this committee, I don't think the recession or the fallout of the recession, if I can put it that way, is going to magically end on April 1 of next year. I've been raising it in every forum I can with my federal counterparts—my deputy has as well—and we're going to continue. We invite you and everyone to put pressure on the federal government.

At the same time, we continue to work with the sector to see what their needs are next year. Obviously there will be a budget process, an RBP process, and we're going to continue to work with them. But I just want to assure you, for what it's worth, that we are aware of the pressures. We also are aware of the planning horizon that exists there, that they have to start making decisions in the coming months and they're very anxious.

Mr. Garfield Dunlop: What they're telling me is that if that money is taken away in these small community-based literacy organizations, there will immediately be layoffs and programs cut. I want to put that on the record and tell you that they have been to me a number of times. I passionately believe in these types of groups because they don't pay a lot of money—they're not a large portion of the ministry budget. However, I think they provide unbelievably good programming in communities and take a lot of people who had no opportunity to have any kind of a job at all, give them basic literacy skills, and they can get out and get some types of jobs. I want that on the record.

The second thing is, as the minister and as the ministry, do you see a time in the future when you might be involved in any capital money towards the Lakehead campus in Orillia? It's moving ahead at a really—it's very, very positive for that community. There are now almost 1,000 students there taking full university courses. The federal government was in for $13 million in the construction of their main campus. There are a lot of plans on these 90 acres that they have right now. Do you see any opportunities for the government? What can we do to get more of the Ministry of Training, Colleges and Universities involved in some of the capital programs there?

Hon. John Milloy: Sure. If you give me two seconds on literacy—listen, I totally appreciate it, all the pressures and challenges. You said, and I respect that you want to put something in the record—I also want to put on the record, just so there is no confusion, that this money was flowed as a one-time, that it was over two years. But, in terms of the capital, very quickly, we are trying to put a lot more order into capital planning in the province. We've asked each institution to come forward with a very detailed outline on an evergreen basis; they say they can keep updating it as to what their priorities are, what their planning is, where they have capital needs. Lakehead has been obviously a player of that, talking about their needs both in Thunder Bay and at their satellite in Orillia. We're taking a look at what the planning horizon is in terms of the number of students. I'm working very closely with Minister Chiarelli, and we're trying to put forward a plan that makes sense for what the needs are for the province. I appreciate that in the past there have been ad hoc decisions made, and there's been nothing wrong with that. But we want to do it over real planning horizons.

I guess the simple answer to your question is that we want to see what Lakehead's needs are. What are their needs in Orillia, and how does that correspond with other needs across the province? What funds are available? What number of students do we expect to come in and to move forward? So, we're working very closely—I'm in fact going to be in Thunder Bay on Friday for the swearing in of the new president and certainly have a chance to get updated on Lakehead's views.

The Vice-Chair (Mr. Robert Bailey): We have time for a quick comment—30 seconds.

Mr. Garfield Dunlop: Okay. Just in summary, it's been very, very positive for the city of Orillia and area. We're now calling it, along with Georgian College's partnership programs, central Ontario's university, and we're getting a lot of young people from central Ontario attending Lakehead. They're looking at it in a very

positive manner. I'm not trying to beat up on the ministry at all because we've got a long-term partnership with the campus there, and I want to do whatever I can to lobby to get the best programming possible there.

The Vice-Chair (Mr. Robert Bailey): Thank you, Mr. Dunlop.

Mr. Rosario Marchese: He's sucking up.

Mr. Garfield Dunlop: I am not.

Mr. Rosario Marchese: That's okay. There's nothing wrong with that.

Interjections.

The Vice-Chair (Mr. Robert Bailey): Go ahead, then.

Mr. Rosario Marchese: Just for clarity: This is the last 20 minutes we all have. Is that correct?

The Vice-Chair (Mr. Robert Bailey): Yes.

Mr. Rosario Marchese: Yes?

Hon. John Milloy: Twenty-two, I believe.

Mr. Rosario Marchese: Oh, Minister. Aren't you happy this is the last 20 minutes?

Hon. John Milloy: I was going to say that I'm happy for that extra two minutes.

Mr. Rosario Marchese: I've got a couple of mixed questions, Minister, that I wanted to ask. My competent assistant, Sasha, was going through the estimates and we were looking to see where we can find the line that corresponds to the Second Career program. My trusted assistant assumed that it's under a category of labour market and training. Would that be correct?

Hon. John Milloy: Because of the technical nature, I'll ask my deputy to confirm.

Ms. Deborah Newman: Yes, it would be under labour market and training.

Mr. Rosario Marchese: You see how competent he is? He's so young, too. It's unbelievable.

Do we have a total amount that has been spent in this program for every year that it's been in existence?

Hon. John Milloy: Again, if I could ask my deputy.

0930

Ms. Deborah Newman: Yes, we do, Mr. Marchese. I'm just going to find that information for you.

Mr. Rosario Marchese: If you could send it, that would be good. But if you have it, that's fine too.

Hon. John Milloy: We can take note of it and provide it.

Mr. Rosario Marchese: Sure.

Ms. Deborah Newman: I have the going-forward investment.

Mr. Rosario Marchese: Here's an expert coming.

Hon. John Milloy: Laurie's here. Please state your name, Laurie.

Ms. Laurie LeBlanc: I'm Laurie LeBlanc. In 2008-09, for Second Career, we spent about $61 million.

Mr. Rosario Marchese: That's $61 million?

Ms. Laurie LeBlanc: Yes, $61 million.

Mr. Rosario Marchese: Yes. And the fall?

Ms. Laurie LeBlanc: I'm sorry; $68 million.

Mr. Rosario Marchese: Oh, $68 million? Okay. Going twice?

Ms. Laurie LeBlanc: We have complicated charts sometimes.

In 2009-10, we spent about $417 million in Second Career.

Mr. Rosario Marchese: So $417 million?

Ms. Laurie LeBlanc: That's right.

Mr. Rosario Marchese: What happened there? More people applied? The government was generous?

Ms. Laurie LeBlanc: What happened there, frankly—if the minister would like me to answer that—

Hon. John Milloy: We started the program in June. It started to pick up steam that fall, and obviously we're only going to March 31. You saw the first full year, and there was obviously quite a lot of interest that year.

Mr. Rosario Marchese: That's good. That's fine. And the total number of participants per year? You probably have that too.

Ms. Laurie LeBlanc: I do. In 2008-09, we had approval for 5,422 clients. In 2009-10, we had a total number of approved clients of 22,586.

Mr. Rosario Marchese: Okay. Thanks very much.

We submitted an FOI request in 2009 to determine how many Second Career participants found work in their chosen field. The response we received said that information was not being tracked, but that a new IT system, the Employment Ontario Information System, would be online by June 2010 and that it would have that information. I don't think we've seen this online information yet.

Hon. John Milloy: On September 23—maybe this shows how little anyone pays attention to my announcements—I made an announcement of the results of the work that we had done, the survey of Second Career individuals. We can certainly provide you with that information. I can go through it right now.

Mr. Rosario Marchese: Actually, we saw that. The press release says that 60% have found work three months after graduating, but what percentage are finding work in the field for which they were trained? This was the question that we had asked.

Hon. John Milloy: Laurie, do you want to?

Ms. Laurie LeBlanc: About 62% of the people that we surveyed found work in their field. Of the 61% that found work, 62% of those were in the field that they trained for. Just one thing that I—

Mr. Rosario Marchese: Sorry, Laurie. It says 60% have found work three months after graduating, and in the chosen field for which they were trained?

Ms. Laurie LeBlanc: It was 62% of that.

Mr. Rosario Marchese: Okay, 62%. That information is available to us? It's online now? That's what we had asked.

Ms. Laurie LeBlanc: If I can just clarify the "online" part of the question: We inherited a system from the federal government, an information system, and when we got the transferred program, we had to create our own information system. Obviously, we're not going to stay on a federal system. That is what the reference is, that it was going to be started in June for new clients. "Online"

really means online for the service providers and for ministry staff to use. It's not something that's on the Internet, for example.

Mr. Rosario Marchese: I see. Okay.

Ms. Laurie LeBlanc: However, the information that I just gave is available.

Mr. Rosario Marchese: Right. Given that we had made that request in 2009, were told that it would be available, and it is now available, is that information being sent to us, or is it information that I now have in my possession because I asked a question? Do you send that information out? Do we know?

Ms. Laurie LeBlanc: If I understand correctly, sir, you sent in a freedom-of-information request.

Mr. Rosario Marchese: Yes.

Ms. Laurie LeBlanc: At the time you sent it, that information was not available. Just to be clear, the information that the minister just indicated was, because we don't have information through our new information system as it tracks new clients, we want it to check in on the clients who are currently in the system and the former clients. The statistics that the minister just said, and that I was clarifying, are something that we did through a separate kind of survey instrument.

That is information that, should you—and I'm not an expert in the FOI process. I don't know if you need to—

Mr. Rosario Marchese: But the survey that you've done with that information: Is that publicly available to us?

Ms. Laurie LeBlanc: That is available if you—

Mr. Rosario Marchese: Could you send it to me?

Ms. Laurie LeBlanc: Yes.

Mr. Rosario Marchese: Make note of that, Clerk. They said that they will send it to me—before the election. Thank you, Laurie.

A few other quick questions: Under the post-secondary education program, just over $14 million is being spent on services. What services are those? Could somebody tell me? Another expert?

Ms. Deborah Newman: Could you clarify where you're referring to, please, Mr. Marchese?

Mr. Rosario Marchese: Okay. Let me just find the page. The estimates of the Ministry of Training, Colleges and Universities, 2010-11, page 1 of 1—let me just see. It's "Standard account by item and sub-items." It says "Operating expense."

Ms. Deborah Newman: Can you give me a—

Mr. Rosario Marchese: "Colleges, Universities and Student Support": salaries and wages, employee benefits, transportation and communication, and then services, and it's $14 million.

Ms. Deborah Newman: Can you give me a page number, please?

Mr. Rosario Marchese: It says page 1 of 2, vote 3002. I can just give you the document afterwards, or why don't I just give you this and see what you make of it?

Interjection.

Mr. Rosario Marchese: If you don't have the answer right away, we can get it another time.

Ms. Deborah Newman: I think, certainly, we'll commit to getting back to you. Your question, just—

Mr. Rosario Marchese: What services are they? It just says "services" and it doesn't explain what services it refers to. On page 2—it's highlighted: "services."

Ms. Deborah Newman: Okay. So—

Mr. Rosario Marchese: Fourteen-point-something million.

Ms. Deborah Newman: It's $14.2 million in services. Certainly; we'll commit to getting back to you on that.

Mr. Rosario Marchese: There's another line under the post-secondary education program called "Post-secondary Transformation."

Ms. Deborah Newman: I'm sorry, Mr. Marchese. I'm told that one of our officials could explain that particular figure to you, the services figure of $14.2 million.

Mr. Rosario Marchese: Okay. If it doesn't take too long, that would be great.

Ms. Deborah Newman: Noah Morris, director of the OSAP program.

Mr. Noah Morris: I'm Noah Morris, the director of the student financial assistance branch. The vast majority of that money in the service line of post-secondary transformation—

Mr. Rosario Marchese: That's the second question. The first question is services, on page 2 there.

Mr. Noah Morris: The vast majority of that amount for services goes to pay for services that are in support of delivery of the OSAP program. There's a data centre we run in Thunder Bay, and there are consulting contracts in support of that data centre. We pay the National Student Loans Service Centre—I think it's $23 a client—to manage that. So about $10 million of those services is in support of delivery of the student financial assistance program.

Mr. Rosario Marchese: Okay. Is there a reason why we don't spell that out, or is it just too long to spell that out?

Mr. Noah Morris: Generally speaking, in the estimates, we don't break down the details, but we can give you the details of that spend—

Mr. Rosario Marchese: You also talked about the post-secondary transformation. That's an interesting use of words. I love it when you guys use those words. What does that mean again, "transformation"? Because you spend $103 million there. Is that part of all this?

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Mr. Noah Morris: It's not part of all this, no.

Mr. Rosario Marchese: So what does "transformation" mean?

Mr. Noah Morris: The post-secondary transformation money—and I'm going to ask another colleague to come up, because he has responsibility for that—was part of a Reaching Higher fund that was used in support of Reaching Higher initiatives.

Mr. Rosario Marchese: Okay.

Mr. Barry McCartan: Barry McCartan from the ministry. Mr. Marchese, I can't get you a detailed breakdown of everything in there, but essentially, what we've done every year since Reaching Higher is we've set aside funds for new investments to support the Reaching Higher priorities. They're in that line item. Throughout the year, we usually, then, either allocate it to colleges or universities as we go along—so sometimes, a program—it will be added to something on the college-university line, but in general, at the moment, it's for pieces that were announced in the 2010 budget for credit transfer, online education, internationalization—I'm missing something—

Ms. Deborah Newman: If I could just add to that the Ontario education number. In other words, that figure is for budget 2010 initiatives that the government announced around international strategies to recruit additional international students, to developing a credit transfer system, which is a system of mobility for students between colleges and universities, and establishing a single unique student identifier, an Ontario education number.

Mr. Rosario Marchese: If you don't mind, I wouldn't mind, once you review the Hansard, if there is additional information of that breakdown, I would appreciate having it, just to understand it better. Is that okay with you?

Ms. Deborah Newman: Sure.

Mr. Rosario Marchese: Because you might think that you've already provided enough information, but there's probably a little more that you might want to give once you review it, so I would appreciate that.

Just the last question: Under the Employment Ontario program, almost $22 million is being spent on services, so what services? That's page 5 of the document I gave you, which you can give back to me whenever you're done. If you could just send me the answer another time, that would be great.

I have some other quick questions, because time is running out, is that correct?

The Chair (Mr. Garfield Dunlop): You've got about six and a half minutes left.

Mr. Rosario Marchese: You see how time flies?

I would appreciate an update on the establishment of the Ontario College of Trades, with a detailed timetable for each phase of implementation.

Hon. John Milloy: Just to clarify, these are questions of information you want us to provide.

Mr. Rosario Marchese: Yes, because I'm assuming you won't have too much time to be able to provide—

Hon. John Milloy: No, not with six minutes.

Mr. Rosario Marchese: So an update on the establishment of the Ontario College of Trades, with a detailed timetable for each implementation; as well, if you could provide a list of apprenticeship programs that charge tuition fees for the in-class portion of apprenticeship training, that would be useful, too; a list of all new apprenticeship programs created since 2005; and an explanation of how your ministry keeps track of apprenticeship completions, because this is an ongoing issue. I don't know if you or the deputy or some other staff person have time to speak to that, but it's been an ongoing problem for the ministry. It's a question that we've asked and everybody asks, because we don't track that, and it's a particular problem.

Do we have a handle on this now? Are we getting a handle? Is the College of Trades getting a handle on this? Are they communicating that to you? Are you asking them to communicate that to you? Do you have a brief update on that?

Hon. John Milloy: Sure. We can provide you with more information in writing.

I think the answer to your description is almost yes in all categories. I think we have a better handle on it. We're looking at systems that are going to track it better, and we're certainly looking to the College of Trades and the role that they can play. It's all new there. They're just putting together, so the answer to your last question—"Are they working on it?"—not yet, but it's certainly part of the package.

I don't want to rob you of questions, because we probably only have about three or four minutes. We could have an official come forward and talk about some of the work we've been doing, or would you prefer it in writing?

Mr. Rosario Marchese: I'm going to ask one last question, and then I wouldn't mind listening to whoever has that information.

The criteria that employers must meet to be eligible for the apprenticeship training tax credit is the question.

Hon. John Milloy: Yes, we can provide you with that.

Mr. Rosario Marchese: And if she wouldn't mind giving us an update, that would be great.

Just before the time runs out, I need to raise a 30-second point, if you don't mind telling me when that time is coming.

The Chair (Mr. Garfield Dunlop): Okay.

Mr. Rosario Marchese: Thank you.

Ms. Patti Redmond: Mr. Marchese, I think you had two questions that you wanted answers to in terms of the tracking of completion rates. Just in terms of following on from the minister's comment, we are beginning the process because our data systems are now allowing us to track the number of people who are completing within the trades, how many are receiving certificates of qualification. We can provide those numbers to you if you want to see that. We're also tracking pass rates in terms of the certification exam. We will be working with the College of Trades. We've had very preliminary discussions with them about the various processes for tracking.

As the minister pointed out, we've introduced some additional incentives for apprentices to complete their certification exam, because we know there are many apprentices who are eligible to write their certificate of qualification exam but aren't necessarily coming forward. We've also provided incentives for employers to get their apprentices in to write the exam.

The apprenticeship training tax credit: In order to be eligible, employers have to be in a trade that's listed as an eligible trade. Obviously, they have to have a registered apprentice, and the ministry registers that apprentice. They have to submit appropriate documentation in order to qualify. They are required to submit that documentation in order to be able to receive the tax credit. Not all of the trades in the province of Ontario are eligible for the training tax credit, so it's not available in all cases. Those are the main eligibility criteria. We could certainly send you more information.

Mr. Rosario Marchese: You say that not all trades are eligible, so it would be useful to include that information as to which trades are not because they don't meet the criteria.

Ms. Patti Redmond: It's just based on certain trades being eligible, as opposed to the employer themselves.

Mr. Rosario Marchese: Mr. Chair, we're probably close; right?

The Chair (Mr. Garfield Dunlop): You've got about two minutes left, and then you can do your 30 seconds.

Mr. Rosario Marchese: That's fine. I wanted to submit a lot of questions—there are three pages here—that we have worked on with different groups. They're technical in nature. I wanted to provide that to the clerk. I didn't have a chance to photocopy to give it fast enough to the deputy and the minister—if you don't mind. Every couple of weeks or every month, I would appreciate some information flowing to us as to what you can and can't do in relation to these questions. Is that okay?

Ms. Deborah Newman: Yes.

The Chair (Mr. Garfield Dunlop): We'll have those copied for all members of the committee so they can have them, as well.

Mr. Rosario Marchese: Thank you, Mr. Chair. That's plenty of questions for me.

The Chair (Mr. Garfield Dunlop): We'll now go on to the government members, and you have 22 minutes. Mr. Moridi.

Mr. Reza Moridi: Minister, I understand that in the past year there have been a number of changes to the guidelines for applicants to the Second Career program. Would you please explain those changes that make it easier for those people who are applying for the Second Career program?

Hon. John Milloy: It's an excellent question. Obviously, I hear from various members who have constituents who speak to them about the Second Career program. It's a very popular program. The most recent figures I have indicate that 36,166 people have come forward for the program. When it was introduced in June 2008, we said, "Look, this program is the first of its kind." We were dealing with an economic situation which was in a great deal of flux. That was the time of—I'm not saying there aren't layoffs today, but those were the days when literally you were hearing about layoffs almost daily—large layoffs. We wanted to make sure that it was a program that was responsive.

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We introduced it in June and did not have the type of the uptake that we were expecting. So in November 2008, we introduced—excuse me, November 2009; I apologize. No, excuse me; it was November 2008. I apologize again. In November 2008, we introduced a series of changes to the program to make it more flexible and open to more workers who were laid off.

The story then continues on to the summer of 2009, which of course was the height of the recession. I remember—I've told of the discussions before that officials said, "Look, we might have as many as 6,000 people come forward for the fall entrance to college." Many of the private career colleges were starting at that point. In fact, 6,000 was considered, even by the most optimistic, to be the total top end and that you'd never see above that. The fact is that we had, I believe, over 10,000 people come forward that fall, which did two things.

One is something we haven't explained that well, perhaps: It's just that the capacity of the ministry and the capacity of our offices to deal with applicants is limited. It takes time to process it, and we have people coming forward, anxious to start a program very quickly. The second, which obviously was the subject of some media coverage, was the simple fact that we had questions around the sustainability of the program. We had looked at a three-year program and 20,000 people, and we were already, I believe, close to that point within 18 months.

We took a long-term approach that fall to put the program back on a sustainable footing to allow as many people as possible to enter the private career and community colleges, at the same recognizing that we couldn't deal with everyone for both those reasons. Then we took a long, hard look at the program and said, "Look, this program has been a success. This is a program that we want to keep moving. We want to make sure that people are offered it. How can we define its scope in a way that meets those that are most in need?"

Perhaps as MPPs, we've met a whole range of constituents who are interested in further training. But what we wanted to do was focus in on those who perhaps didn't have a great deal of previous training or education, those who had been a long time in a particular job or career, those who didn't have great prospects in that field. Perhaps it was an industry that was no longer growing in the province of Ontario. We tried to focus the program on those individuals, and some changes were brought in that November 2009.

Again, we've always said that this is a work in progress. That brought a great deal of sustainability and, I think, quite frankly, a great deal of transparency to the program. Candidates are now judged on a grid system. It's a point system where they can see how they fit the different eligibility criteria. There are opportunities for them, if they have concerns, to appeal the decisions that are made. The process has been going very smoothly.

That being said, again, we did another evaluation over the spring and, in June of last year, brought in some

more—I'll call them technical changes—to broaden it a bit and, having had some experience with the grid system, to allow more people to enter into the program.

The program—again, its popularity continues, but more importantly, it's about the individuals. I've had a chance to meet literally dozens and dozens of Second Career students and graduates. They are turning over a new chapter in life. They're going out and getting jobs in a variety of sectors.

We're very, very proud of the work that's going on, and we're proud of our community colleges and our private career colleges for the important role that they're playing. We're going to continue to monitor the program, and we're going to continue to align it with the changing economic needs. When you look back on that horrific, horrific summer of 2009 and the period leading up to it, it was a period of huge layoffs, of people's EI running out, of individuals in an economic tsunami trying to find a way to enter that second career, if I can put it that way.

We're now at a situation of a lot more stability, of growth in the system. One of the things we have to worry about are those people who were displaced because of the recession who can't easily take advantage of the growth within the economy, those people who are finding themselves left out because of their skill set, because of the area of the economy they were working in. So I think Second Career has evolved into a much more focused program, and again, we're always looking at ways that we can strengthen it and ways that we can align it with some of the challenges that are going on in the economy, because as the economy changes, the needs of the workers change.

Mr. Reza Moridi: Thank you, Minister.

The Chair (Mr. Garfield Dunlop): Mrs. Van Bommel.

Mrs. Maria Van Bommel: I just want to talk to you a little bit about tuition and tuition levels. We periodically see students come to talk to us about their concerns around the cost of education, especially at a post-secondary level.

One of the things that I think most of us, as parents and grandparents, are concerned about is the fact that we all know that students—our children or our grandchildren—are going to need a higher level of education in order to compete in the economy in the future. They're going to also have to have affordable access, and one of the things that I think most of us are concerned about—and I think this is a bit of an age-old problem—is that we always think that students from the wealthier families have a better opportunity than those who come from lower- and middle-income families. I would just like to know what the government is doing in order to limit tuition fees and to keep our post-secondary schools and education systems accessible.

Hon. John Milloy: It's an excellent question, and one of our big focuses is making sure that post-secondary education is affordable in the province. Education is a partnership; that's been the philosophy that I think all governments have taken, that there's a benefit for the student and there's a benefit for the government. So there is an expectation that students and their families will contribute towards their post-secondary education if they can. We try to limit the increases in tuition in the absolute sense through a tuition framework, which every institution has to sign on to, and it limits their overall growth in the tuition envelope to 5%. At the same time, we've taken the approach that additional resources should be aimed at those students who are most in need and that we can get the biggest bang for our buck by looking at low-income and middle-income students from those families and providing them the support that they require.

There's been a lot of discussion during this estimates session, particularly Mr. Marchese, about national comparisons and comparisons amongst jurisdictions. One of the national comparisons I'm proud of is the number of studies that have come forward to show that Ontario has probably the most generous student assistance program nationally, and we certainly should be very proud of our leadership there.

The Reaching Higher program itself put forward about $1.5 billion in additional student aid. We've introduced upfront grants since then, and we've made other modifications and enhancements to tuition. The most recent was this spring, when we announced $81 million to continue to expand the program, but also to enhance the program to allow students greater access to funds through OSAP.

Also, I had a chance to speak, I believe it was in my 30-minute response, about RAP, which I'm trying everything on earth to let every student know about. It's a repayment assistance plan which allows students who have incurred student debts through the OSAP system, that their repayment will be based upon their income, and that those students in low incomes in fact can have their monthly payments reduced to zero. We track the student's income, and when a student gets their feet under them and is in a position to start to repay a portion or all of their monthly payment, they basically pick up where they left off—there are no penalties; there is no retroactivity. I think that's going to reduce the default rate, which is actually at the lowest rate since we started to measure it in 1997. It's going to reduce that default rate even further; in fact, dare I say, under the RAP program, it should theoretically be as close to zero as possible, because if a student is proactive and follows up, we're going to take into account their financial situation as they move forward. I think it's going to transform a lot of that post-education anxiety that may exist out there.

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We've also done things like announced a six-month no-interest/no-payment for students, which allows six months, again, for students to get their feet under them as they move forward looking for a career and a job. Six months are often seen as that transition period that students undertake.

Tuition levels and student assistance: It's a discussion that we've had here at estimates from a number of different venues. I always point just to the basic evi-

dence, which is that we have 140,000 more students in our colleges and universities, so we must be doing something right, because that's a massive amount. I see my friend here from Guelph. I believe that's the equivalent of putting seven Universities of Guelph into the system. So obviously students are finding the system accessible and open. They're taking advantage of our programs. The number of students who are taking advantage of OSAP is increasing. I think those figures show a very robust system and one that's welcoming.

I've got to tell you: OSAP and student assistance is a major preoccupation. I met just a few weeks ago with student groups who were very pleased with the changes that we have made, and I threw out the challenge, "How can we work together to continue to strengthen the system?" There are always financial pressures. We can't make any promises, but this is very much a file that is very active in our ministry.

Mrs. Maria Van Bommel: Just a follow-up question.

Mr. Rosario Marchese: Are you happy with that, Maria?

Mrs. Maria Van Bommel: I've just got a follow-up question. When we say you have 140,000 more new students, one of the things that still—I find that if I look at my own constituents, there are still a number of families who have for the first time got a student who's going to university in their family history. That is something the families strive very hard for. I have a number of immigrant families, farm families who over the years have struggled to get their children into school, keep them there and send them on to university.

Do we have any sense of how many students who are in the universities right now are there as first-timers in their families?

Hon. John Milloy: I'll have to ask the deputy if we have the first-generation numbers. We undertake a large amount of activity and programming in terms of first generation, as it's called, the first in their family to attend. There are issues around tracking because of privacy issues.

We're just seeing if we can provide you with some numbers. Deputy, do you have numbers?

Ms. Deborah Newman: We don't have the numbers of first-generation students. What I do have here are the investments and the initiatives that we have to support youth who are first in their families to go to college or university. We could certainly talk about those investments.

Mr. Rosario Marchese: Do you want those numbers, Maria?

Mrs. Maria Van Bommel: I'd like to have them, yes.

Hon. John Milloy: Yes, we can do it. Part of the issue—because we've certainly been tracking it. You haven't—

Interjection.

Mrs. Maria Van Bommel: Thank you, Rosario.

Hon. John Milloy: Yes. You haven't caught me by surprise here. We've raised the question. There have been issues around tracking them because of privacy. Our embrace of the OEN, the Ontario Education Number, using that at a post-secondary level—issues like that will help us.

I'm wondering, though, if I could just—it's a related question. I'm trying to link everyone together here. Mr. Marchese spoke a lot about low-income students and OSAP data. We're certainly happy to provide him with that data, but maybe I could share it in response to your question about low-income students. This is data that responds to a study that Mr. Marchese spoke about. I think the stats they used were from a number of years ago, but this is about low-income families and them accessing it.

According to OSAP data, dependent students attending publicly funded universities and colleges from families in the bottom two income quartiles are accessing more OSAP assistance now than in previous years.

Students from families in the lowest-income quartile, which ranges from zero to $29,000 per year, are doing substantially better. Between 2001-02 and 2008-09, the number of dependent university and college students from the lowest-income-quartile families who accessed OSAP assistance increased by one third, or 8,200 students. Over the same period of time, students from families in the second-lowest-income quartile, which ranges from $29,200 to $66,200 per year, are also doing considerably better. The number of dependent university and college students from families in the second-lowest-income quartile increased 21% over the same period, an increase of 7,500 students.

Throughout 2001-02 and 2008-09, the average amount of OSAP assistance provided to dependent university and college students from the two lowest quartiles increased about 31%, from $6,175 to about $8,100. For dependent students from the lowest-income quartile, upfront grants went from accounting for 9% of OSAP assistance received in 2001-02 to 25% assistance by 2008-09.

I'm not trying to suggest that first-generation students are necessarily from the lowest quartiles, but I think it gets at the whole thrust of your question of how we're making sure that OSAP is helping those students who need it the most, how we make sure that post-secondary education is as affordable as possible. It has to be our number one priority—making sure that we never have a situation of a student in the province of Ontario who is qualified and cannot attend college or university because of finances.

Mrs. Maria Van Bommel: I would appreciate the numbers. I understand there's a limitation in terms of the privacy issue, but—

Hon. John Milloy: On first generation, yes.

Mrs. Maria Van Bommel: Yes, on the first generation. But, as was stated, we have a number of programs where we've been trying to encourage first-generation students, and it would be kind of nice to have a sense of how successful that program has been. I also understand the limitations of privacy issues, but there must be some sense and some general information that we could find.

The Chair (Mr. Garfield Dunlop): Does Ms. Sandals have a question, too? We've got about three minutes left here.

Mrs. Liz Sandals: Okay. As you know, Minister, because we share the same regional economy, there have been a huge number of layoffs in the manufacturing sector and, therefore, a huge demand for retraining. Sometimes one of the things that people look at for retraining is private career colleges.

I want to make it clear that I've got some excellent private career colleges that provide focused programs in a particular area, but you also periodically hear horror stories, quite frankly, around some of the private career colleges and the level of service they provide. Yet people look at them and they seem to offer a lot of flexibility around quick in, quick out. People are anxious to get retrained and move on with a new job.

I'm just wondering, Minister, what the ministry is able to do in terms of sorting the low quality from the high quality and protecting students who really are interested in pursuing the private career college route.

Hon. John Milloy: Sure. It's an excellent question. I always am very quick to point out that there are literally hundreds of outstanding private career colleges in this province that do excellent work. They are as concerned as everyone about student protection, because it affects them.

A very quick history: Until, I believe, 2005, private career colleges—there was basically a list that was kept somewhere, as you would a business registry. In 2005, my predecessor brought in an act in the Legislature, which came into force in 2006, that began the process of registering private career colleges and making sure that their curriculum was up to snuff; to make sure that there was information available for students about the private career college; that we could talk about a registered private career college as having a seal of approval from the province and provide students with that guidance.

We've taken further steps. There was a piece of legislation before the Legislature this spring that further strengthened the act. We've brought in changes in terms of policies and practices. We've worked very closely with the Ombudsman, who came forward with a report looking at the private career college sector. We've brought in some enhancements which serve to protect students, because that's the number one priority we've had.

Just to give you a taste of some of the enhancements, because I know the Chair may cut me off in a second, we have a process in place which calls for rigorous scrutiny of PCCs before allowing them to operate in Ontario; the creation of a framework to set standard requirements for certificates, diplomas and other credentials; and improvements to the program approval process. We'll introduce program standards and key performance indicators for all PCCs.

In terms of student protection, we've developed a number of initiatives, including a student awareness campaign to arm students with the information they need before enrolling in a private career college; new standards for the regulation of private career college advertising to protect students from misinformation; increased protection for international students who pay fees before beginning their programs in Ontario; and informing students with a statement of student rights and responsibilities, ensuring they have access to the complaint resolution process.

In addition—and I believe we talked about this early in the estimates process—we developed the training completion assurance fund, or TCAF, which took effect January 1, 2009, and allows students to complete their training or receive a refund if a private career college suddenly closes.

That's just a quick overview of the work that's going on. Again, I value what happens in our private career colleges. We are committed to working with them to make sure that the bad apples are shut down, because it hurts students and it hurts the sector in general.

I see that the Chair is looking like I'm out of time.

The Chair (Mr. Garfield Dunlop): No, that's just fine; just about perfect. Thank you very much. That does complete the time.

Ladies and gentlemen, we will now deal with the votes. There are four votes here.

Shall vote 3001 carry? Is that carried? Carried. Okay.

Shall vote 3002 carry? Carried.

Shall vote 3003 carry? Carried.

Shall vote 3004 carry? Carried.

Shall the 2010-11 estimates of the Ministry of Training, Colleges and Universities carry? Carried.

Shall I report the 2010-11 estimates of Ministry of Training, Colleges and Universities to the House? Do we agree to that? Okay.

That concludes the estimates for the Ministry of Training, Colleges and Universities. I want to thank the minister for your attention and for your presentations, as well as to the deputy minister and all the staff of the Ministry of Training, Colleges and Universities.

We will recess now until this afternoon, when we move forward with the Ministry of Health and Long-Term Care. The meeting is adjourned.

The committee recessed from 1014 to 1550.

MINISTRY OF HEALTH AND LONG-TERM CARE

The Chair (Mr. Garfield Dunlop): Thank you very much, everyone. Minister Matthews, welcome to the meeting. And Deputy Minister Saäd Rafi, it's good seeing you again.

We are here this afternoon for the consideration of the estimates of the Ministry of Health and Long-Term Care for a total of seven and a half hours. The ministry is required to monitor the proceedings for any questions or issues that the ministry undertakes to address. I trust the deputy minister has made arrangements to have the hearings closely monitored with respect to questions raised so that the ministry can respond accordingly. If you wish,

you may, at the end of your appearance, verify the questions and issues being tracked by the research officer.

I now call vote 1401. We will begin with a statement of not more than 30 minutes by the minister, followed by statements of up to 30 minutes by the official opposition and then the third party. Then the minister will have another 30 minutes to reply to this. You must use the 30 minutes to respond—the answers can't be to your own caucus; just to make sure. You'll have two 30-minute opportunities to speak in response to some of the questions they may have asked in their 30 minutes. If you decide not to use any of your second 30 minutes, it would immediately go into a 20-minute rotation, starting with the official opposition.

Hon. Deborah Matthews: Okay.

The Chair (Mr. Garfield Dunlop): Okay, you understand.

Hon. Deborah Matthews: Now I do. I thought you were saying that I have to use the second 30 minutes.

The Chair (Mr. Garfield Dunlop): You can use as much of it as you want, but up to 30 minutes at every time.

Hon. Deborah Matthews: Okay.

The Chair (Mr. Garfield Dunlop): The official opposition and the third party can immediately go to questions if they want, or they can do a 30-minute statement as well.

Hon. Deborah Matthews: Okay. Thank you.

The Chair (Mr. Garfield Dunlop): With that, we'll begin with the minister. Minister Matthews, you're more than welcome to take the floor for the next 30 minutes.

Hon. Deborah Matthews: Great. Thank you so much. Chair, members of the committee and anyone who's watching this, it's truly a privilege to be here before you. The last time I had this opportunity was one year ago and I had been minister for just a matter of weeks, so hopefully I have learned over the past year more about this ministry. I think I have.

What I can say with real confidence is that I'm very, very proud of what this government has accomplished when it comes to health care in this province. Despite a challenging economic climate, we've continued to make investments in Ontario's health care system, and those investments have paid off for people right across the province.

From the beginning of our government's mandate, we recognized the complexity of the challenges facing the health system and appreciated the difficulties surrounding its future viability. Simply put, health care was in crisis when we took office in 2003. People could not find a family doctor; doctors were leaving Ontario; hospitals were being closed; nurses were fired; and we didn't know how long wait times were because nobody was counting. It wasn't a good time.

When I was elected in 2003 and began serving my constituents, one of the most frequent calls I got in my constituency office in London was from people desperate to find a family doctor. There were literally thousands of people in my riding who could not get access to primary health care.

I also received calls and visits from constituents who were waiting far, far too long for the surgery that they needed—sometimes in the magnitude of years, not months. This was preventing them from working, contributing and just living a normal life. It also resulted in their conditions getting worse. As they waited, their condition deteriorated, and it simply was not acceptable.

There was no confidence in the future of our cherished universal public health care system. This created an opportunity for those who advocate for private health care to make their case. One of our core values—a universal, publicly funded health care system—was under attack.

That's where we were in 2003. If you compare where we were to where we are today, it's a complete turnaround. There are thousands more doctors practising medicine in Ontario. We have new nurse-practitioner-led clinics. We've had the most ambitious expansion of our community health centres. And I'm delighted to say that one million more Ontarians have access to primary health care today than when we took office. That means we've matched 16 people every hour, 24 hours a day, seven days a week, since we took office.

We've increased the number of physicians in Ontario. As a result of our expansions in medical school capacity, along with increases in training positions for foreign-trained doctors, the number of doctors graduating and ready to enter practice is expected to double in the period of time of 2003 to 2013.

To make the very best use of the talent our diverse province offers, we've supported international medical graduates, or IMGs, to practise in Ontario. In fact, IMGs now make up about one quarter of the physicians practising in Ontario today.

On the hospital side, as I said, we didn't used to measure how long people waited. Now we wait, we publicly report them, and we're making strategic investments to bring those wait times down. For the second year in a row, the Wait Time Alliance report card gave Ontario straight As for reducing wait times for hip, knee, cancer, cataract and cardiac surgeries.

We've made improving emergency room performance one of our top health care priorities, and we've put in place a comprehensive plan that invests in expanding alternatives to emergency room services, improving ER performance and facilitating timely discharge to appropriate care in the community. Under our wait times strategy specifically focused on the ER, people are waiting less time to get the care they need.

I'm pleased to say that our investments and targeted investments are showing real results. Our latest data show promising improvements. For example, 87% of patients with minor conditions are now being cared for and released within the four-hour target. I just want to be clear that when we measure ER wait times, we're talking really about the length of stay. It's not how long they wait for care; it's how long their entire length of stay is, from the moment they arrive to when they leave. So 87% of

people with minor conditions are being cared for and sent home within the four-hour period. And 92% of our patients with complex conditions that don't require admission to a hospital bed are cared for within the eight-hour target. We still have work to do when it comes to the wait times for those who need admission to the hospital, but we know what we need to do, and we're doing it.

By providing faster service through our emergency departments and introducing initiatives designed to encourage alternative levels of care within the community, we are improving the patient experience as well as the health and the well-being of the people of Ontario.

We also understand that we have to do more to ensure our seniors are aging where they want to. That, of course, is right at home, in their communities, where they have friends and neighbours and family members close by. That's why we've invested $1.1 billion in the aging-at-home strategy, which is helping to shift care to the community, moving care to where patients want it—right at home. There are some excellent examples of where this program is working well, and I'd like to share some with you because I am particularly proud of them.

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Clyde is a 69-year-old York region man who suffers from a serious neuromuscular disease called myasthenia gravis. Medication taken to control the disease made Clyde vulnerable to other conditions, including osteoporosis. These side effects, as well as severe bouts related to his condition, often required visits to the emergency department. Clyde worked with a pharmacist through the medication management support service to inventory and cross-reference the many medications he was taking. The pharmacist also modified some drugs to liquid form, making it easier for Clyde, who, because of his condition, had difficulty swallowing. Thanks in large part to the service, Clyde is able to successfully manage his medications and his illness is under control. His recovery is improving, allowing him to continue running his business.

In Scarborough, a new program to reduce transfers from long-term-care homes to the Scarborough Hospital emergency department is having a positive impact on patient care and helping to reduce wait times. The Central East LHIN nurse practitioner long-term-care outreach team employs nurse practitioners to provide care for residents in long-term-care homes for whom a transfer to an emergency department is likely.

Let me give you an example. Helen's 81-year-old husband, Wal, is a resident of a long-term-care home in Scarborough. She says that since Christmas, there were a couple of incidents where her husband might have been sent to the emerg, but the nurse practitioner outreach team was able to look after his needs right in his long-term-care home. She says that she's happy he's not going in and out of the hospital. This is an example of putting in place a service that improves care for the patient and also costs the system less money. Better for the patient, better for the system—that's where we're going.

Let me give you another example. In the north, Sioux Towers is an established seniors' apartment building that provides seniors with 24-hour on-site support services. Supportive housing originally served 10 to 12 Sioux Towers residents and now has expanded to serve 29 residents through the aging-at-home program. The supports provided by supportive housing are geared to allow residents to continue to live independently outside of long-term-care homes for a longer time. The support services that are offered include personal care, light meal preparation, medication monitoring, 24-hour on-site response staff, housekeeping, laundry services and weekly grocery shopping. Services are tailored to meet the needs of each individual.

There are hundreds, indeed thousands, of examples of people that I could refer to, because this is happening right across the province, and thousands upon thousands of people are benefiting from our aging at-home-strategy. The aging-at-home strategy allows our LHINs, our local health integration networks, to create health care solutions that are tailor-made to meet the needs of a local senior.

As you heard, the first two years of the strategy resulted in some very innovative and effective projects that are supporting seniors across Ontario. These programs and investments will help seniors live healthy, independent lives in their own homes and decrease the number of alternate-level-of-care—ALC—patients in hospitals. ALC patients are those individuals who are occupying acute care beds but would be better cared for in another setting, whether it be in their own home, in a long-term-care home or another community setting. By giving seniors the supports they need to live at home or in their communities, our investment will help relieve pressures in hospitals and in long-term-care homes.

In addition to the improvements I've cited, I'm proud of our reforms to ensure we're getting the best value for health care investments. One particular example is our efforts with the drug system. Ontario is one of the largest purchasers of drugs in the world, and when I actually saw what we were paying for our generic drugs compared to what those in other jurisdictions pay, I was appalled. I came to understand that we deserved a better deal than the one we were getting. In 2006, our government took bold steps to rein in the cost of drugs and expand patient access to medications. Since that time, we've reinvested over $1 billion and added 168 new prescription drugs to the formulary, as well as 45 new cancer-fighting products—drugs like Nexavar, which is helping treat Ontarians with kidney cancer.

In short, the reforms in 2006 did make a difference, but we needed to do more. In June of this year, we started to further reform the prescription drug system to assure a wider availability of more affordable drugs. That initiative brought about the following changes: lowering the cost of generic drugs—that was exactly what we wanted to do—by at least 50% across the board to 25% of the original brand name drug. That's a 50% reduction for the generic drugs we, the government, buy. It's also at least a 50% reduction in the price that other people pay. So whether you get your drugs through an insurance plan or

whether you're paying cash for your drugs, you will benefit from the reforms we made on generic prescription drugs.

Another change we brought in was we eliminated professional allowances, to make Ontario's drug system more accountable, ensuring that pharmacists are fairly compensated for helping patients, by increasing the dispensing fees government pays and by compensating pharmacists directly for the services they provide and supporting access to pharmacy services in rural and underserviced areas with dedicated new funding. We know these reforms are in Ontarians' interest. They are the right thing to do. There was tremendous opposition to this initiative from those who had a vested financial interest, but we stood firm in our commitment to be there for the people of this province, and we did it.

While our health care system has come a long way, we know that there is a great demographic challenge ahead of us. In fact, we are facing that challenge today. Our population of older people is growing quite dramatically. Escalating health care costs are the biggest threat to ensuring that the system will be there for future generations. I think I probably speak for everyone here when I say that we have an obligation to make sure that people today are getting the very best health care possible, but we also have an obligation to our kids and to our grandkids to ensure that the choices we make today will result in them having access to the health care system that we are blessed to have today because of the decisions of those who went before us.

You've heard the numbers before, but I'm going to remind you of them once again: About 46 cents of every dollar, almost half, of Ontario's program budget goes to health care. Twenty years ago, it was less than a third. If we don't make important changes to our health care system, it could jump to 70 cents of every dollar in just 12 years. We're not talking about way off in some unforeseen time period—in 12 years. And just a few weeks ago, CIHI reported that they're expecting health spending to reach a new high in 2010.

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It's abundantly clear that the past history of year-over-year increases in health care spending—health care spending growing at a rate many times more than our rate of revenues—is just unsustainable, particularly in the context of the serious economic pressures that Ontario, like jurisdictions around the world, continues to face.

Making sure that the system is there for future generations cannot be achieved by simply throwing more money at the problem. Neither is it reached through indiscriminate cuts in health services or limiting access for patients. Previous governments have tried that approach, and we won't go down that road again.

Waste, inefficiency and poor quality are very costly to the health care system. Highest-quality care does not mean more expensive care; on the contrary, quality care means cost-effective care. Poor-quality care is very expensive care. When people don't get the care they need the first time, they're back the second time. The cost is significantly higher to the system and, of course, the cost to the individual is far higher. High-quality care means care that delivers value for the investment, in terms of a positive patient outcome and satisfaction.

The Excellent Care for All Act, which received royal assent in June, is the first step in improving the quality and value of the health care system. Tom Closson of the Ontario Hospital Association called the Excellent Care for All Act one of the most important pieces of legislation in the province's health care history. Our legislation means that health investments must produce results that are based on evidence and improved patient care. This means ensuring consistent standards, doing things because they have been proven to work, and not doing things that are not supported by clinical evidence.

If patients get the kind of care they need when they need it, this will reduce the number of hospital readmissions, which takes a toll on both the individual and on the system.

In that light, how do we ensure that future investments in health care will be based on evidence and improved patient care and outcomes? It's about building and supporting a culture of quality improvements, and we're going to be doing that across the health system, starting with hospitals. We will achieve it through new funding models and incentives, improved organizational accountabilities and governance, and better supports for providers to deliver evidence-based care.

Under the Excellent Care for All Act, all health care organizations, beginning with hospitals, will have interprofessional quality committees that will report to the board of directors on quality-related issues. Every organization will have quality improvement plans publicly posted. And in the future, executive compensation will be linked to the achievement of outcomes identified in those plans.

What the Excellent Care for All Act will mean is that hospitals across this province will compare their performance on quality indicators to other hospitals across Ontario. The boards will see the information that will tell them whether or not there's work to do on various quality indicators in their organization.

I've been talking to hospital administrators and board members across the province, and they're all excited about the opportunity that the Excellent Care for All Act opens up for them. They are up for this challenge. The goal is to bring about a focus on quality that will permeate the organization and drive better patient care.

We're also expanding the mandate of the Ontario Health Quality Council to provide recommendations on standards of care based on clinical practice guidelines for services delivered by health care providers, as well as recommendations on possible changes to the way health care is covered and paid for. This will help ensure that future investments in health care get results and improve patient health.

Other changes we're championing are about ensuring that the money follows the patient. The current method of funding hospitals, a global funding system, does not sup-

port quality improvement and it does not reward efficient provision of care. Under our new system, we will have transparency in terms of how much care should cost and why, based on good clinical evidence, and we'll deliver more funding to hospitals that are delivering more services and high-quality care to more patients. I want to be clear: We're moving to patient-based payment for large hospitals. The small hospitals, we recognize, play a unique role in their community, and we'll continue to fund them as we have in the past.

Before I finish, I want to touch on eHealth. As you know, there have been some changes there, which I'd like to share with you now. Excellent progress has been made in getting eHealth Ontario back on track. In February 2010, the government appointed Raymond Hession as chair of the board of eHealth Ontario; Greg Reed was appointed CEO effective April 1, 2010, and he has brought in a new senior management team which has taken steps to rebuild the agency's capacity.

I'm very pleased that the agency has dramatically lessened its reliance on consultants. The number of fee-for-service consultants has been dramatically reduced from 394 in April 2009 to 105 in August of this year. Also, the ministry and agency have amended their memorandum of understanding to ensure compliance with the government's enhanced procurement rules.

What I am most proud of is that, just this morning, I stood up with physicians, patients and eHealth leadership to announce that we have hit a significant milestone when it comes to eHealth: five million patients in Ontario now have their medical file managed electronically. That's a fivefold increase from 2005. As I said this morning, when it comes to eHealth, we have clicked to the next page.

One final initiative that I want to draw your attention to is the new enhanced health care options website. We know that, thanks to the work we have done with our health care partners, people have many more health care options in the community, but they don't always know what those options are and where they can find them. It's important that we do a better job educating them on what those options are, and that's why we've improved the site. The idea is that if people know where to turn, fewer of them will be heading to the ER for issues that can be dealt with in the community. It's not rocket science; it's just making sure that people have information and know how to use it. I'm going to encourage you all to take some time on the site so that you, too, can learn about exactly what is going on in your community. It's a great tool and one I'm very proud of.

To sum it up, reducing wait times, improving access, improving patient outcomes, improving the experience of patients—it's all about person-centred care. Ontarians want and deserve quality health care when and where they need it. They want better options, they want more choices, and they want a health care system that is accountable and one that will be there for future generations. This government's investments and initiatives are designed to achieve that for Ontarians today and into the future. We've come a long way, and we're up to the challenge to keep improving the health care system for all Ontarians.

Thank you for your attention, and I'm more than happy to take your questions.

The Chair (Mr. Garfield Dunlop): Thank you very much, Minister. You're just a couple of minutes shy of your time. So we'll now move over to the official opposition. You have 30 minutes. You can start with a statement, Mrs. Elliott, you can go right into questions, or you can do the whole thing as statements and questions, whatever you wish.

Mrs. Christine Elliott: Thank you very much, Chair. Good afternoon, Minister and Deputy Minister. I do have a brief statement that I would like to start with and then I will be turning the questions over to my colleagues, who have some more specific issues that I think they would like to ask you about.

This has been an interesting year for both of us. Here we are for the second time, and there's been a lot that has happened in the past year. We've had a few high-profile reports issued regarding health and long-term-care services in Ontario.

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This summer we saw the release of the Ombudsman's report on the Hamilton Niagara Haldimand Brant LHIN, which was very critical of the community engagement done by the LHINs. It confirmed that an illegal bylaw was used to hold secret meetings which resulted in the closure of community emergency rooms in Fort Erie and Port Colborne.

We also saw the release of the TD report Charting a Path to Sustainable Health Care in Ontario, which identified that if current trends prevail, health care expenditures would make up 80% of total budget program spending by 2030, something that we all need to be concerned about.

Earlier in the summer, the chief medical officer of health released her report entitled The H1N1 Pandemic—How Ontario Fared. The report did praise Ontario's collaboration in First Nations communities with respect to the dissemination of the vaccine, but the report also did draw attention to the fact that Ontario lags behind most other provinces with respect to the implementation of a comprehensive electronic medical record management system. The report also noted that the lack of electronic management in tracking of immunizations in Ontario was a critical shortfall in our capacity to distribute and track distribution of the vaccine.

Just a few weeks ago, the Auditor General released his report into consulting practices at the Ministry of Health, LHINs and Ontario hospitals. The report revealed that, despite Dalton McGuinty's promise to stop sending the hard-earned money of Ontario families to Liberal-friendly consultants, the same problems that plagued eHealth continue to plague the Ministry of Health, LHINs and Ontario hospitals.

Eight of the 16 hospitals the Auditor General looked at had lobbyists. These hospitals spent a combined $1.6

million in taxpayer dollars on those lobbyists. Many contracts entered into by hospitals were sole-sourced and allowed to grow from small assignments to projects over several million dollars. Hospital consultants charged for expensive meals, alcohol, accommodations, conferences and unauthorized fees without questioning by hospital staff.

Seventy-five per cent of the sole-sourced contracts at the LHINs did not meet the requirements allowing for the exemptions. Two thirds of LHIN-awarded consulting contracts had follow-on agreements and most were awarded without a competitive process or justification for the additional work. There was insufficient information on invoices to support the amount paid in over 40% of the LHIN consulting contracts examined.

This year also saw the release of the final report of the Select Committee on Mental Health and Addictions. This groundbreaking report was based on powerful evidence presented to us—and I was proud to be a member of the committee—from over 230 presenters from all regions of Ontario over the past 18 months. We also received over 300 written submissions and visited many mental health and addiction facilities that allowed us to visit and ask questions. We were also invited to First Nations communities, which graciously hosted us and spoke to us of their unique concerns.

As other members of this committee are aware, also members of the Select Committee on Mental Health and Addictions, we heard a lot about the work that Ontario continues to need to do on the issue of mental health and addictions. We truly hope that the minister, the ministry and the government intend to proceed to implement all 23 recommendations of the select committee. I recognize that that one is in progress, and we do appreciate that, but I do hope that full implementation of all of the recommendations of the report will follow.

This year came with its fair share of scandal, untendered consulting contracts with the health sector, and often what seemed like a blatant disregard for taxpayers' money. We've watched as the HST has taken its toll on doctors' offices and the long-term-care sector. We've also watched the failure of the highly anticipated aging-at-home strategy. This government has spent over $1 billion dollars on a strategy which has produced few results. Long-term-care waiting lists have continued to grow; emergency room wait times remain above provincial targets; the number of people in hospitals waiting for a long-term-care placement has increased; and more and more seniors are unable to access essential home care services.

We've also seen a few pieces of legislation that have been put forward this year, including Bill 46, the Excellent Care for All Act; the Narcotics Safety and Awareness Act, which is presently still in front of us; as well as the Broader Public Sector Accountability Act.

While well intentioned, all of these pieces of legislation failed to go as far as we needed them to to really make a difference in the sector. Our party put forward amendments, certainly with respect to excellent care for all, which were intended to strengthen the legislation—I should also say, with respect to the Narcotics Safety and Awareness Act—but our amendments were voted down each time.

We are ready to support where we need to, but we would hope that the government would listen to further suggestions that we're making which are truly intended only to make the legislation stronger.

Finally, how could we forget the regulations that were put forward this summer that literally rocked the pharmaceutical industry? We're now dealing with pharmacies shutting down, medications on back order, and many small business owners trying to balance their losses in revenue while dealing with skyrocketing hydro bills and mitigating the impact of the HST, not to mention the huge cuts that were made in the industry without consultation.

In summary, as indicated in the TD report, the cost of providing universal health care to Ontarians is set to balloon in the next few years. The need for us to make the changes that we need to in order to prepare for those changes is profound. We need to have a comprehensive health care plan for the province of Ontario in order to be fully able to deal with the many challenges that lie ahead.

Despite several years of talking about a plan by this government, we have yet to see one. The need for leadership in health and long-term care is urgent. All Ontarians deserve an excellent, publicly funded health care system where you pay with your OHIP card regardless of who you are or where you live, and we continue to work with the government where they are moving forward in order to achieve that.

Thank you very much.

The Chair (Mr. Garfield Dunlop): Thanks very much, Ms. Elliott. We have about 22 and a half minutes for questioning to the minister. Are you asking questions?

Mr. Jim Wilson: Yes, Mr. Chairman.

The Chair (Mr. Garfield Dunlop): Go ahead, Mr. Wilson.

Mr. Jim Wilson: Minister, I'd like you to look into—and I've given you notice of this through a couple of order paper questions and a letter that I sent to the Premier on October 8, and I'm going to read that into the record. He forwarded it to you, asking you to look into it, on October 14. It concerns a very serious matter, a local matter for me, but I suspect it's also occurring across the province, and it ties into your remarks on the last page of your speech today when you said, "Ontarians want and deserve quality health care, when and where they need it."

I've had three medical laboratories close in the last four months in my riding, which was completely without notice to me, the community or the local municipalities. They're LifeLabs in Elmvale and Stayner, and Gamma-Dynacare in Tottenham. I just want to read for the record from October 8 this year:

"Dear Premier:

"I am writing to express my concern with the consolidation of medical laboratories in my riding. The closure

of three facilities in Tottenham, Stayner and Elmvale is having an adverse effect not only on the people in those communities, but also those serviced by labs in other areas of my riding.

"With the closure of the Gamma-Dynacare laboratory in Tottenham, my constituents now have to travel to either Bolton or Alliston to receive the same service. Not only do they have to travel further, they also have to endure longer lineups at those facilities because of the consolidation of services at those locations.

"In Stayner, LifeLabs decided to close their local facility and force people in Clearview township to travel either to Collingwood or Wasaga Beach—again, a longer drive for medical care and longer lineups for everyone in all of those communities.

"Next is Elmvale, where the Georgian Bay General Hospital"—which is the Midland hospital, as you know—"has closed their twice-a-week service. Elmvale residents now have to travel all the way to Midland, pay for parking at the hospital and wait hours for care. All of this is obviously completely unacceptable to me and the people who rely on these services and their families."

"I am a user of these facilities"—I suffer from diabetes and hypertension, which comes with the job, I think—"and I know how long the lineups can be. Now they are just going to get longer. When my parents were alive"—they both died within the last 14 months—"I can't imagine how we would have managed had they not had a blood lab in their hometown of Alliston. There was no way in their final months that they could have travelled any great distances. But now that is exactly what the people of Tottenham, Clearview and Elmvale must do. What an unnecessary hardship for everyone involved.

"As Premier of Ontario, you are responsible for providing timely access to medical care for everyone, including small-town Ontario. I am urging you to direct your Minister of Health to immediately put in place a plan to return these services to these communities.

"I appreciate your prompt attention to this very important matter and I look forward to your reply.

"Sincerely,

"Jim Wilson."

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He sent me a letter on October 14 saying he had directed it to you and had asked you to reply promptly.

I also want to read into the record a unanimous resolution from the corporation of the township of Clearview, in which Stayner is located. It was sent to me by Deputy Mayor Alicia Savage. It says:

"Whereas LifeLabs closed their only Clearview location in Stayner on September 27 with limited notice and no notification to the municipality;

"And whereas this is a vital service which now requires Clearview residents to travel to neighbouring municipalities;

"And whereas the province of Ontario is required to make such services available equally to all residents in Ontario;

"Be it resolved that the council of the corporation of the township of Clearview requests LifeLabs to immediately reinstate service in Clearview and supports the deputy mayor's attempts to facilitate a resolution;

"And further, that Clearview supports MPP Jim Wilson's lobby of the provincial government to provide service equally to all Ontarians."

I also have an email that is from a lady in Angus, Ontario. I have several dozen emails and almost, I guess, 3,000 names on petitions, which I have been introducing almost daily in the Legislature. It may be a small thing in the scheme of things for the Ministry of Health. As a former Minister of Health, though, I do realize that we have to provide services as close to home as possible.

This came as a complete shock. I should say that I've met with LifeLabs. They admit that closing Stayner has put tremendous pressure on Wasaga Beach and Collingwood. In fact, the lineups are an hour to two hours long. I'm a month late going for my blood work because I haven't got an hour to stand in line. Every time I go by, there's a huge lineup at both locations. Again, we had a two-day-a-week clinic in Stayner. So I've asked LifeLabs to look into it.

One of the questions I have for you is: Are there wait time standards for medical laboratories? They don't have any electronic way of knowing how long I'm in line. I've also got some photos here of the lineup. Notice that it's in the morning. They are longer in the morning; people have fasted overnight. There are 33 people; there are 20 in the waiting room and the rest outside. They were all crammed in the waiting room. It's a very small location. It's inhumane. LifeLabs said that they would look into it.

But again, there's a monopoly in the province. There are only three companies, really, that have a third of the business each. So the other question I have is: In addition to wait time standards of any type, is there enough competition in the sector? You control the licences, and I wouldn't mind an explanation, a brief one, about how that works. And I wouldn't mind a briefing from your ministry on how it works so that I can get up to speed on the system. But there's LifeLabs, Gamma-Dynacare and CML HealthCare. It seems to me they've nicely divided the province up, and this may have been going on for dozens of years, for all I know. There's no real impetus for them to provide services as close to home as possible, and they seem to be able to willy-nilly close these laboratories without any notice to any of us.

"Dear Mr. Wilson:

"I felt compelled to write and give you our support regarding this matter and offer you my two cents.

"Dalton McGuinty needs a reality check.

"I wonder if he or any member of his immediate family ever had to leave their home at 6 a.m. or earlier just to line up for blood work.

"That is the way it is for us and many others now. When do doctors want your blood taken? Usually after at least a 12-hour fast. Ever arrived at a lab 'nice and early,' thinking you're going to be just a few minutes, only to find out that there are 20 people lined up ahead of you

even before the doors have opened? What about diabetic patients?

"I truly feel sadness for the people of Stayner et al losing their labs and having to incur parking expenses at hospitals.

"My experience has been when you do finally get in, there are maybe three technicians available to help (in the Alliston lab).

"Add that to the patients who need more than blood work (ECGs etc.), and that technician is tied up for 15 or 20 minutes with just one person. Call in extra help? Hell no! If you don't want to wait that long, you're told to come back between 10 and 11 a.m. Sure, as a diabetic I can wait 17 or more hours before eating anything so I can take my medication," she says sarcastically.

"Maybe the best thing would be to treat labs like doctors' offices, require patients to book appointments, and I'd really hate for this to have to happen, because then it would be, 'Sorry, all our morning appointments have been booked for three weeks. We might be able to fit you in at the end of next month.'

"My husband has needed blood work done for over two years. He hasn't had it done yet. Why, you may ask? Trust me, it's not because I haven't been pushing for him to go! He works construction in the Toronto region. He starts work at 7 a.m. and gets home at 6 p.m. He supports our family of four, and will not take an entire morning off. Labs used to have Saturday hours, but not anymore. Apparently there is a lab in Newmarket that's open a few hours on Saturdays. If he were to go to that lab he'd have to get up at 4:30 a.m. to be on the road by 5 a.m. and with travel (approx 45 minutes) and wait time (which I'm sure would be ridiculous, as it is the only lab open on Saturdays) he'd be lucky to be back home by 10 a.m.

"I'm guessing there are hundreds of other 'breadwinners' forgoing important blood work so they can work and get a full paycheque to pay" for all the taxes we pay in the province of Ontario.

"Perhaps you could ask him"—Mr. McGuinty—"what kind of effect this would have on the health care system then.

"Sorry for the rant, but that's my two cents, as I see it."

I have many, many more, but Ms. Elliott was kind enough to give me a few minutes.

I guess my order paper question—and then I'll wait for you to get back to me—would be, just to read it into the record:

"Would the Minister of Health and Long-Term Care explain when the ministry was notified of the closure of medical laboratories in Tottenham, Stayner and Elmvale, and explain what steps were taken to prevent this cut to front-line patient care?"

Secondly: "Would the Minister of Health and Long-Term Care provide current wait times for each service provided at each of the medical laboratories operated by LifeLabs in Alliston, Collingwood and Wasaga Beach, and provide the wait times data for medical laboratory services provided at the Georgian Bay General Hospital in Midland?"

So to wind up, Minister, I'd appreciate your help, your inquiry, to push these companies along. If the companies, for business case reasons or whatever, refuse to continue the service or reinstate the service, perhaps we could have some other plan of attack to make sure that my constituents receive the accessible health care they would get if they lived in larger centres.

The Chair (Mr. Garfield Dunlop): Are you looking for an answer right now?

Mr. Jim Wilson: The minister probably has a lot to say, but in the follow-up, Mr. Clark has a similar letter—

The Chair (Mr. Garfield Dunlop): Okay. Mr. Clark, go ahead.

Mr. Jim Wilson: It's on the same topic.

Mr. Gilles Bisson: No, I think he was doing it as an order paper question. He was doing it—

Mr. Jim Wilson: No, no. I was just reading it all into the record.

The Chair (Mr. Garfield Dunlop): You're reading it in—okay.

Mr. Steve Clark: I have a similar lab question, Mr. Chair.

The Chair (Mr. Garfield Dunlop): Okay, so you—

Mrs. Liz Sandals: Doesn't she get to respond?

The Chair (Mr. Garfield Dunlop): They can take as much time as they want. She can respond in her 30 minutes, or there may be some questions yet before the end of this first 30 minutes.

Go ahead.

Mr. Steve Clark: Thank you, Mr. Chair. I appreciate the fact that three of us are splitting our time for the minister.

I do have a very similar case to my colleague Mr. Wilson's. We have a LifeLab in the city of Brockville, and we've received over the last two weeks a number of calls from constituents regarding a variety of issues, things like hours that have been reduced in the municipality, issues of people waiting in line, standing up in the waiting room at LifeLabs in Brockville—very similar to some of the complaints that we've received. In fact, late last week we started to receive phone calls, as if it was the employees of the facility saying, "Call your MPP." That's unsubstantiated, but it just seems strange that we've received a flood of calls on the issue over the last couple of days. It just happened to be the days that I was back in the riding.

To sum it up, I've got permission from a gentleman in my riding—his name's Clarence Taber—to read his letter, and I think it really picks up what the issue is in Brockville. It basically reads as follows:

"On October 13, I went to LifeLabs to give blood extracted for diabetes and INR.

I arrived at 10:50 a.m. and counted 40 people, 17 standing. Having fasted since 5 p.m. the night before, I was quite weak. I was asked to take a number and waited one and a half hours to be called to give forms and information. Told to take a seat. Waited another one hour

and 40 minutes to be called to blood room. Waited another 20 minutes to have blood extracted.

"Several people there were diabetics and had been waiting four hours. They were feeling weak and dizzy.

"Four people on duty. At 12 p.m., two went to lunch, one doing EKGs and only one doing blood work."

Mr. Taber closes to say, "This is unacceptable. Most people were seniors."

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Day after day over the last several weeks we've received a number of calls, people very upset with the level of service. It's the only facility within the city. Again, some of the same points that Mr. Wilson brought forward: In the industry, people are asking those same questions. I have other emails, Mr. Chair, but I thought I would get that local issue on the record as well as my colleague.

The Chair (Mr. Garfield Dunlop): Okay. Back to Mrs. Elliott. Do you have further comments?

Mrs. Christine Elliott: Well, I have some questions, yes.

The Chair (Mr. Garfield Dunlop): You have about nine minutes left in this round.

Mrs. Christine Elliott: Minister, in July 2009 your ministry established the rural and northern health care panel to develop a new framework for health care in rural and northern Ontario. We understand that the report was delivered to you about eight months ago. Can you tell us why you're keeping this health care plan a secret?

Mr. Gilles Bisson: Maybe it's not a plan.

Mrs. Christine Elliott: Is it a plan?

The Chair (Mr. Garfield Dunlop): Minister, you can go ahead and answer.

Hon. Deborah Matthews: Chair, I just need a little clarification. Do I get an opportunity to respond to questions now?

The Chair (Mr. Garfield Dunlop): In your 30 minutes, you can do whatever you want. Right now, though, there's a question from Mrs. Elliott on the floor.

Hon. Deborah Matthews: So this is a combination question/statement period?

The Chair (Mr. Garfield Dunlop): Yes, it is, and you'll find the same with the NDP, the third party, and then the government members can—

Hon. Deborah Matthews: Okay, because I do have things I want to say on the labs, but I'll come back to that.

On the rural and northern, I think what is really important to note is that we've made a lot of improvements in health care that have really improved health care for all Ontarians, but increasingly we are aware that health care is different in rural and northern parts of Ontario. Our panel has worked very hard to come up with some recommendations and we fully intend to take the next step with the rural and northern panel, to release that report and to listen to what people have to say in response to it.

For me, this is a vitally important part of our health care system. I think we need to put very special attention on ensuring that we both maintain access to high-quality care and provide the—it's both access and quality. I think we have to think outside the box when it comes to what kind of models of health care will take us into the next generation of health care in northern and rural areas. I think we have some great opportunities when it comes to telemedicine. I think we've got some great opportunities to think differently about health care in rural Ontario, so we will be proceeding with the next phase.

Mrs. Christine Elliott: So you have the report. Can I ask how long you've had it?

Hon. Deborah Matthews: I'd have to check to see how long I've had it. What I do know is that we are going to be taking the next step.

Mrs. Christine Elliott: When? Can you tell me when we can expect to see it?

Hon. Deborah Matthews: What I can tell you is that it's something that is high on my priority list.

Mrs. Christine Elliott: Is there a concern because the report's going to talk about how many ERs and hospitals you're going to have to close?

Hon. Deborah Matthews: I think it's time to have an open conversation about how we maintain both quality and access. That's something that I hope we approach in a non-partisan way, as we did mental health, because I think it really is for the betterment of all Ontarians, regardless of where they live. We take it seriously. We want to get it right; we want to get results. I'm reminded that there was an eight-page rural and northern framework in 1997 when the Conservatives were in government and it didn't go anywhere. So we're determined to get this right. We want to really have strong health care in our rural areas.

Mrs. Christine Elliott: If there's already a report, though, and you want to deal with it right away, why don't you make it public now?

Hon. Deborah Matthews: We will be doing that shortly.

Mrs. Christine Elliott: Can you define "shortly"?

Hon. Deborah Matthews: We will be doing that shortly.

Mrs. Christine Elliott: Are patient services going to be cut as a result of the release of this report? Are we going to see emergency rooms and hospitals close?

Hon. Deborah Matthews: Our determination is to get the best, highest quality of care for people in this province, regardless of where they live. What that means, and I think everyone really understands this, is that not every emergency department in the province of Ontario can provide the same level of care for every case that might arrive in that emergency department. That's why we have trauma centres; that's why we have stroke centres. The emergency departments do offer a different array of services.

I think it's an important conversation: With technology as advanced as it is, and it's getting better every day, how do we take full advantage of the very best technology and the best services to make sure that we provide the best possible care for people? I am not going to prejudge what the outcomes will be, other than to say we are absolutely

determined to get the best, highest quality of care as close to home as we possibly can.

I do want to tell you that we have created an emergency department panel. We've got the Ontario Medical Association, the Ontario Hospital Association and others around the table to really explore what issues are facing emergency departments now. As you well know, we have been able to have no unplanned closures of our emergency departments. I believe since we took office or certainly since 2003-04, there were no closures. That's a stark contrast to what was happening before, when there were unplanned closures on a regular basis.

We know there are human resources issues; we know that it's not always easy to get a physician to work an emergency department shift. So we've got some challenges, but we're going to attack it in a thoughtful, comprehensive way.

The Chair (Mr. Garfield Dunlop): You've got about two minutes left on this side.

Mrs. Christine Elliott: From what you're saying, it sounds to me like people in rural and northern Ontario are not going to be particularly pleased with this report.

Hon. Deborah Matthews: I completely disagree with you. I think people in northern and rural parts of Ontario will be very pleased to see that this is an issue we're taking very seriously. We're looking at community-based solutions.

People in rural Ontario are pretty smart people, and they know they want access to the best care. I'm thinking about my own area in southwestern Ontario. Where there are services, people want to be able to access it locally, very close to home. In other situations, they're quite happy to come to London to get the kind of advanced care that an academic health science centre can offer.

So we need to get it right. I think we owe it to the people of this province to really have an open and thoughtful conversation about how we can provide the best possible care as close to home as possible for all Ontarians. It means taking advantage of the technology that is out there now.

I'm going to give you an example. I was up on the James Bay coastline this summer—Mr. Bisson knows exactly what I'm talking about—talk about remote; talk about northern. These communities now have access to Telehealth. They just got it this summer. What it means is, people in those communities can actually be face to face over Telehealth with a specialist in a larger community. That's a big improvement in the quality of health care for those people. It means they have to travel less frequently. It means their wait times are significantly shorter. It's that kind of technology we need to embrace, and understand what niche can be filled by that kind of technology and others.

The Chair (Mr. Garfield Dunlop): That's just about the end of your 30 minutes, Ms. Elliott and the official opposition.

We'll now go to the third party. You have 30 minutes.

Mr. Gilles Bisson: First of all, just to set out the ground rules here, this is my 30 minutes. I can speak for 30 minutes, but I don't intend on doing that. I would just ask you to be somewhat patient with me and, when I ask you a question, not to try to take all my time, because I will cut you off. I'm just letting you know ahead of time.

Hon. Deborah Matthews: It's a deal.

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Mr. Gilles Bisson: Okay; very good. Let me just start off by making a general comment in regard to some of the things that you said.

Listen: There's no doubt we can all, in this committee, point to our riding and see where there have been some improvements in health care—and I'll speak to that a little bit later—but I don't want to let people think that all of a sudden your particular way of painting it is that all is well and all will be well, because there are certainly problems within the health care system. There are many challenges. I respect your work that you do as minister. I think you're trying to do the best that you can, given the limited resources we have and what you have to work in, but all is not well in our health care system. There are some real challenges, and they're not just rural and northern. I think there are also, in our cities, challenges when it comes to our health care system. We shouldn't try to leave the impression that all is well, because there is a lot of work to be done, to the point that I think some people are putting in question to what degree our public health care system is responding to their needs.

We all see it in our constituencies. We heard from our Conservative friends in regard to people having long waits in order to get blood work done in labs. I'm not 100% sure how you fix that, other than just putting money into the problem. People are waiting longer in hospitals when it comes to emergency. In a lot of communities where I come from, 50% of the community doesn't have a doctor. There are many challenges, so I just want to say that out front. But I do respect that you're trying to do the right thing.

The other thing I just want to say as a general comment is that some of the change that you talk about in regard to this particular report that has been authored in regard to rural and northern Ontario health care services—my understanding of it, and correct me if I'm wrong, later; not at this point, but later—is that what the LHINs are telling us is that they're going to have to shift existing resources.

For example, just as a specific: In our riding, as you know, we have five hospitals: Timmins and District, which is a regional hospital, followed by Smooth Rock Falls, Kapuskasing, Hearst, and now one hospital on James Bay, which I'll talk about later, WAHA, Weeneebayko Area Health Authority—anyway, we'll get to that later. The point is, there are challenges in a lot of the smaller hospitals, let's say like Smooth Rock Falls, when it comes to budget deficits, but then there are equal and even bigger challenges at the larger hospitals, such as Timmins and District.

Like you, I get a chance to meet with these people on a fairly regular basis, and they're all saying they have a problem. They're all saying that it's a question of,

"We've been cutting and cutting and doing everything that we can, and we're really at the point where there's not a heck of a lot to be done other than cutting into services." The only option is to start shifting services within the region, is what they're being told by the LHIN, which is that some services in smaller communities, if you took that to its logical conclusion—and I'm not saying you're saying this. That might mean to say that you move services from smaller communities to regional communities. I just want to say upfront that that does not make for a better health care system. People living in Hearst need obstetric services. They don't want to have to drive to Timmins in order to deliver a baby. A person who breaks a leg needs to make sure that they can get it set and cast in Kapuskasing. They don't need to drive to Timmins and do those things. Plus, it's probably more expensive to do it on a regional basis when you truly look at it.

So I just want it put out front that I hear you, I agree with you and there are a lot of challenges, but I think it's going to take more than just shifting money around the system. We need to make some pretty hard choices about what priorities we want to fund, and that means to say that we're going to have to probably put more money on the table in the longer run. We're not going to be able to get around that. We can try to dodge it as much as we can.

My only lament would be that I hope we have a rational process to go through, and I mean "rational" from the political point of view as well. The New Democrats, Conservatives and Liberals can have this discussion, unlike the crazy discussion we're seeing in the United States these days when it comes to politics. I can't believe it: the head of the Republicans saying he won't work with the Democratic elected officials for the next two years and won't work with the President because their only job is to kill the President, to get rid of him. I'm saying, "That's not politics; politics is about compromise." All I'm saying is that I hope we're mature enough in Ontario to have this kind of discussion about what needs to be done. But it's going to take money in the end, and that's a tough one. I don't know where you go, there.

So I just wanted to say that at the beginning. I guess I want to make one general comment, which is a positive one, and then I'm going to get into some specific questions, and that is just publicly to say thank you. Quite frankly, we have been trying to merge the James Bay General Hospital with Weeneebayko—oh God, I've been here for 20 years and it probably predates me. I've been involved in this particular file for 10 or 12 years. George, before you—George Smitherman, the minister—was involved; so was Mr. Caplan and yourself; so was Mr. Wilson; so was Madame Lankin; so was Evelyn Gigantes. Everybody has been involved in this file.

I just want to say thank you; it's finally done. In the end, members should know that it took a push on the part of the minister—and I'm not going to get into the details—to make the final part happen. I went to her as a result of the request from the hospital.

I brought it to you; you acted within about 12 minutes. I'm exaggerating, but you know what I'm saying. It took some moxie on your part as minister to understand that it took your personal intervention to move this thing forward, because if we had not dealt with that issue, we wouldn't be talking about an amalgamated hospital today; we'd still be trying. I just want to say, from the people at WAHA and the people from Moosonee, Moose Factory and other communities that are served by the new hospital, thank you for having intervened, because that did make a difference.

Now I'm going to go to a question.

Special act: We have had this conversation, so I already know the answer, and now I'm trying to pin you publicly. I'm going to be blunt about it. There's no use pussyfooting around this stuff. The politics of this, just so the members know: As we've done the integration of the hospitals, and thankfully so, we've gone the way of a voluntary integration agreement. Some would argue within the ministry, "Well, you don't need a special act because we have a voluntary integration agreement and everything's taken care of." But from the perspective of First Nations, they want the special act for reasons the minister well knows. It gives the added level of comfort that it is something that is guaranteed, and from the perspective of First Nations there have been too many promises broken in the past, and they are looking for something that is a little bit—how would you say?—more weighty, more official.

I know we've had this conversation, but just for the record, will you support the special act when it does come forward? And perhaps we can get a bit of an update of where that's at. That's my first question.

Hon. Deborah Matthews: Okay.

Mr. Gilles Bisson: You don't have to comment on the rest of it, other than to say, "You're welcome."

Hon. Deborah Matthews: It's okay. I actually want to return the compliment to you. I think a little history is important here. In Moose Factory there were two hospitals. Still to this day, for now, there are two hospitals: the old Indian hospital that was the federal hospital at Moose Factory Island, and then the non-Indian hospital—

Mr. Gilles Bisson: The provincial hospital.

Hon. Deborah Matthews: The provincial hospital just across the river.

It makes a whole lot of sense to bring the resources together. It absolutely means better care for people. I feel really blessed that I was able to spend some time there this summer and really see the extraordinary people, the extraordinary health care professionals who do just very, very fine work.

So I want to say thank you, because I know that you have worked through many, many health ministers and you've played a wonderful leadership role in getting the parties together.

Mr. Gilles Bisson: I appreciate that.

Hon. Deborah Matthews: So I want to acknowledge your work on this too.

Mr. Gilles Bisson: And don't duck my question. I appreciate that.

Hon. Deborah Matthews: I know.

On the special act, I was honoured to be at the opening of the Meno Ya Win Health Centre in Sioux Lookout. I know it's a similar situation there, where two hospitals have now come together and have a beautiful new building combining those resources to provide better health care. I understand they did have a special act. There is a precedent there.

I can tell you that we're very much looking at that model, and while I can't commit right now to when it will happen, what I can tell you is that I am persuaded that it would formalize an agreement that was come to voluntarily. It might not be legally necessary, but I do understand the symbolic importance of having that special act.

Mr. Gilles Bisson: That's another way of saying yes. Thank you very much. Okay, I appreciate that.

Let me get to some other questions. Let me get to the simpler ones.

I raised a question in the House a while back in regard to provincial labs. There is this review under way—that has actually happened, I should say—in regard to consolidating lab services. These are the provincial labs that do water and various—as a matter of fact, I just got the water results for my cottage. That's what I was doing when—

Hon. Deborah Matthews: Everything okay?

1700

Mr. Gilles Bisson: Yeah, they were fine. It reminded me to call and get my results. But rumours abound: Timmins is going to get merged into Sudbury. As I argue, bigger is not necessarily better; regional is not necessarily better. The decision, I know, has not been made, and I'm just wondering if we can get a sense of when the decision will be made. And hopefully you will be onside to make sure that we still have a lab in Timmins, Madam Minister, so that I can say more nice things about you.

Hon. Deborah Matthews: Interesting that we're getting lots of lab questions today—

Mr. Gilles Bisson: A different kind of lab.

Hon. Deborah Matthews: A different kind of lab—I understand that—but labs nonetheless. Remember, in your preamble to the question, that you talked about the need for more resources, and we're going to need to spend more money in order to keep improving health care. I agree with you, and our plan is to continue to increase spending year over year when it comes to health care, just not at the rate that we have historically been increasing spending.

But I absolutely believe that we can get better value for the health care dollars we're spending today. Part of the solution is focusing on quality. As I said earlier, poor-quality care is actually very expensive care. We also know that under the Excellent Care for All Act, we are actually moving forward on looking at the evidence, and if there isn't evidence to indicate that a procedure improves outcomes for patients, we have to look really hard at whether or not we will fund that.

This is a long way of saying that when it comes to labs, this is a decision of the agency; it is not my decision. What I can tell you is that quality matters and value matters, and so, if we can get better value without sacrificing quality, then we're going to have to make some of those tough decisions.

Mr. Gilles Bisson: I just want to make the pitch now, because we've seen this show before. We've amalgamated school boards and we now have larger school boards. We ain't saving any money, and I'm using "ain't" for a reason. You know, we are actually spending more money running these school boards, because it's more expensive to run the larger ones, for all the reasons that I can list and get into. I know Liz was on a school board, so you know very well what I talk of.

We've gone through the amalgamation of social services when we created the DSBs, the district service boards. They, at the end of the day, cost us more money. My pitch is that bigger is not necessarily better; regional is not necessarily better. There are probably some things we can do. Our area has been in the vanguard—for example, in our hospitals, there's a lot of sharing of services that started to happen way before the ministry ever came to Timmins, Iroquois Falls, Matheson, Smooth Rock Falls, Kapuskasing, Hearst and Moosonee-Moose Factory, in order to try to find ways to share administrative services, laundry services, in some cases dietary, so we know we can do those things. But at the end of the day, it doesn't mean shutting down the facility in that area. It means to say you may have some things that are done differently and you're able to find the savings. I just make the point. I heard what you had to say, but closing that lab, at the end, would be the wrong thing.

Another question, and just because I don't know how much time I'm going to have: CCSVI. I ain't going to give you the long story, Minister; you know the issue. For those people reading this Hansard and trying to understand what I'm talking about, it's in regard to people who suffer from multiple sclerosis. Dr. Zamboni came out with this new treatment, which I'm not going to explain in any detail. There's some controversy as to: Is it or is it not as good a treatment as it's made out to be? I just want to say the following and then ask you a question: The reason I wasn't here last Thursday during the House is that I was at a meeting with constituents in Kapuskasing. I was floored. They had 50 or 60 people show up, and Kapuskasing is a town of 10,000. I know there are people with MS, but I was surprised that there were that many people who showed. The message that they gave me and I'm passing on to you is, this is the only hope they've had, and you understand that because I'm sure you've been lobbied. People with MS have had to suffer for a long time. It's a disease that in some cases gets worse and worse, and unfortunately, sometimes causes death. Finally, there's something that gives people some hope, and they see Ontario—they see the rest of

Canada for that fact when it comes to provincial ministries of health—not stepping forward and being as proactive as they need to be. Here's what they're asking me, if you can respond to this.

The NDP government in Manitoba—and I don't say this because I'm a New Democrat, because I think there's another province that has already done this as well, and I don't have my briefing note with me, so I can't remember the other province, but I do know the NDP ones. They've said, "Here, we're setting aside some money"—I think it's half a million dollars—"so that if the study comes out and shows that in fact this is a surgery that will benefit people, we will have the money in place at that point to be able to go ahead and provide that service."

My first question: At the very least, can Ontario take that position, so that when the study is done—and we expect it will be done in about a year and half, the way I see the timing now—at the end of that process, there would be the money to fund the surgery if it's proven to be positive? That's my first question.

Hon. Deborah Matthews: Is your second question about CCSVI too?

Mr. Gilles Bisson: The same thing, but a different question. On the first one, is Ontario prepared to put up the dollars, to say, "Yes, if this thing turns out to be as positive as Dr. Zamboni makes it out to be and it is beneficial to the patients of Ontario, we're prepared to have that surgery done in Ontario"? That's my first question. I'm just asking. You can respond.

Hon. Deborah Matthews: I'm going to take a minute and answer this.

Mr. Gilles Bisson: Yes, but don't make it long, because I have how much time?

The Chair (Mr. Garfield Dunlop): You've got 14 minutes.

Mr. Gilles Bisson: So try not to take too much—

Hon. Deborah Matthews: I'll be less than 14, I promise.

Mr. Gilles Bisson: You'll be a lot less than 14.

Hon. Deborah Matthews: This is a very important issue for people with MS and for the families and loved ones of people with MS. I have to tell you that I have received many, many letters, all of them heartbreaking. My own grandfather actually had MS, so I have some personal connection to the disease. I think you're absolutely right, that this is a glimmer of hope that people suffering from MS have.

We haven't done well when it comes to treating some forms of MS, right? There haven't been improvements in the drugs that other diseases have benefited from. There hasn't been a lot of hope, and this is a glimmer of hope.

Having said that, we are watching the science on this very, very closely. The ministers of health who met in St. John's in September had a presentation from a panel of experts from CIHR, the Canadian Institutes of Health Research. They went carefully through the evidence to date and what research is under way right now to confirm whether or not this actually does improve outcomes for people.

What we committed to then, as health ministers, is that we believe we owe it to people suffering from MS to get them an answer as quickly as possible one way or another.

You may know that there have been a series of treatments that have been proposed for people with MS. There was a bee sting therapy; there was a hyperbaric chamber therapy. When there is a disease like this, sometimes that glimmer of hope is—

Mr. Gilles Bisson: Oh, yes.

Hon. Deborah Matthews: So what I'm telling you is, we're following the science very carefully. If and when the science tells us that, yes, it's time to take it to the next step, we will be there.

Mr. Gilles Bisson: So you're telling me that if a decision was made on Monday, on the part of the studies, to indicate that in fact, yes, this is a treatment that is beneficial, that Ontario, by Tuesday, would be—I'm being a little bit figurative, but my point is, we wouldn't have to wait for a budgetary process to happen in order for you to get the appropriation. In other words, it would be a fairly short time to get into the surgery.

Hon. Deborah Matthews: What I'm telling you is that we're watching the science very, very closely. I think it's fair to say that Dr. Zamboni—

Mr. Gilles Bisson: We're running out of time, so I'm going to be a little bit more tough on the question.

Hon. Deborah Matthews: Dr. Zamboni himself has said—

Mr. Gilles Bisson: We know all of that.

Hon. Deborah Matthews: —we're not ready yet, right?

Mr. Gilles Bisson: I know that, and actually, we talked about that at the meeting in Kapuspkasing.

Hon. Deborah Matthews: Okay.

Mr. Gilles Bisson: My point is that if a decision is made—because the Ontario Health Technology Advisory Committee has to approve this at the end, if they come back and say, "Yea, it's a positive," what you're saying today is that the ministry would fund the surgery.

Hon. Deborah Matthews: I don't want to do the hypothetical thing.

Mr. Gilles Bisson: I'm not being hypothetical; I'm being—

Hon. Deborah Matthews: What I can tell you is that if, in fact, this is what some people hope it is, then it would be a godsend for people with MS. I'm not going to prejudge the experts and the advisory—

Mr. Gilles Bisson: I'm not asking you to prejudge, and neither do I.

Hon. Deborah Matthews: There's nothing I would love more than to find that this is a solution.

Mr. Gilles Bisson: Listen, Minister, I'm not asking you to prejudge. I said to the public that was there the other night, "I'm not a doctor. I don't understand this stuff." I don't want to make the decision yea or nay to fund something if I don't know if it's medically appro-

priate. My point is, and all I'm asking—there are two parts to my question. The first part is, if it turns out that in fact this is something that is medically appropriate and is beneficial, what I think I heard you say was, yes, the ministry would fund the surgery.

1710

Hon. Deborah Matthews: If the science points to it, we're there.

Mr. Gilles Bisson: All right.

The second point is, one of the approaches by some of the provinces is that they help to offset the cost for patients to travel in order to get the surgery done in the United States, Poland and other places where these are done. I'm not necessarily asking that you do that. What I'm asking is the following, and this is a bit of a leap: Are we in any way, shape or form capable of providing some sort of a test program in Ontario where we can monitor our own patients who have this surgery?

Hon. Deborah Matthews: I'm going to do my best to answer. A scientist could do this more justice than I can.

Mr. Gilles Bisson: But do we have the capacity in Ontario and is somebody willing to do it?

Hon. Deborah Matthews: There are steps in the research process—right?—that people like the folks at CIHR follow. We're not there yet. What they are doing now is looking at: Is there a correlation between having the blocked vein and MS? We're still at that stage: Is there a correlation? Then: Is the treatment effective? The answer is, we have doctors—in fact, one of them was at St. John's, a doctor from here in Toronto, who has, I think he said, 2,500 patients with MS, some of whom have paid for the procedure and had it done, and he is watching it very closely.

Mr. Gilles Bisson: All right. Well, more on that later.

With regard to health centre funding, is there any health centre funding that is going to be available within the next year to fund new health centres?

Hon. Deborah Matthews: Community health centres?

Mr. Gilles Bisson: Yes.

Hon. Deborah Matthews: We are having the largest expansion ever in the history of community health centres. I think we've got 49—

Mr. Gilles Bisson: I'd argue with you; 1990 to 1995 was pretty good. But, anyway, that's another point.

Hon. Deborah Matthews: I think we've almost doubled the number of sites, but—

Mr. Gilles Bisson: You've been there longer than us, but that's another story.

Hon. Deborah Matthews: Yes, it is indeed.

Mr. Gilles Bisson: In such a short time we did so much.

Hon. Deborah Matthews: I know. You've got to make hay while the sun shines in this business.

Mr. Gilles Bisson: So my question is, is there funding for new ones?

Hon. Deborah Matthews: What we're planning to do is continue with the program we've got now to continue the expansion of community health centres. I was at the opening of one last week. So we've got a plan to move forward.

Mr. Gilles Bisson: Do we know how many are going to be funded in the next year? Do you have a sense of that?

Hon. Deborah Matthews: Why don't I turn to someone who might know?

Mr. Gilles Bisson: That's you. I think we're calling you.

Mr. Saäd Rafi: I would say that we're going to continue to fund the 73 that are in place today, and that's at approximately $285 million. That's the 2010-11 plan in our budget.

Mr. Gilles Bisson: Are you planning on funding new ones in the next year?

Mr. Saäd Rafi: We haven't done our budget for 2011-12 yet, and that's not been submitted. So I'm not privy to be able to tell you—

Mr. Gilles Bisson: But there will be no announcement of new health centres until the new budget, is what you're saying, which is the next fiscal year?

Mr. Saäd Rafi: No, I didn't say that at all, actually.

Mr. Gilles Bisson: Okay; I misunderstood.

Mr. Saäd Rafi: I said that I'm not in a position to tell you what we're putting forward in the 2011-12 budget because we haven't had a chance to walk through that with respect to new centres.

Mr. Gilles Bisson: My question is, if somebody's working on an application somewhere in Ontario, could they expect that there's somewhere to bring this application where there may be a positive response?

Mr. Saäd Rafi: There's always somewhere to bring the application. They can send it to the ministry. I can't respond to you today as to whether there will be a positive increase in the number of community health centres in the next fiscal year.

Mr. Gilles Bisson: Minister, let's do the political discussion. Are you planning an expansion to the current number of health care centres in Ontario?

Hon. Deborah Matthews: What I can tell you is that I attended the opening of a community health centre on the Danforth, I believe, here in Toronto last week. It is a new community health centre. We're going to get the actual answer for you of what we've already committed to and where we're going from there. Can I take it that you would advocate we do more?

Mr. Gilles Bisson: I advocate the following. À la ville de Timmins ça fait longtemps qu'on essaie d'avancer la proposition pour un centre de santé communautaire francophone à Timmins. On a été chanceux d'avoir eu notre expansion à Kapuskasing avec un centre à Kapuskasing. À la communauté de Timmins, ça fait 15 ans. Il avait été financé en 1992 par nous, le gouvernement NPD, pour faire un projet pilote à Timmins, et il a été arrêté par ces gars-là à côté de moi. On essaie, depuis ce temps-là, de commencer le renouvellement pour être capable de mettre en place un centre de santé communautaire.

Alors, est-ce qu'on doit continuer dans cette direction-là? Est-ce que la ministre nous dit, « Oui, continuez à travailler. Mettez en avant votre soumission. À la fin de la journée, il y a une bonne possibilité que vous soyez capables d'être financés » ?

Interjection.

Mr. Gilles Bisson: She understood every word I said, I know.

Hon. Deborah Matthews: I'm going to respond in English.

Mr. Gilles Bisson: Just say "oui." That's all you have to say.

Hon. Deborah Matthews: We would be more than happy to look at the application—

Mr. Gilles Bisson: You know too much French, sir.

Hon. Deborah Matthews: I was doing well for the first little while, but then I needed the help of my trusty deputy to get me through.

We'd be more than happy to take a look at an application.

Mr. Gilles Bisson: Okay. We will contact you further on that.

Dialysis services—

The Chair (Mr. Garfield Dunlop): You have three minutes left in this round.

Mr. Gilles Bisson: I realize that, and that's why I'm coming to the last.

Nurse practitioner clinics, same answer—new NP clinics, same answer?

Hon. Deborah Matthews: We just announced—

Mr. Gilles Bisson: Yes, I know, but there will be another round, eh?

Hon. Deborah Matthews: We're committed to 25 and we've got 25 now announced.

Mr. Gilles Bisson: Again, the same answer: Till the budget is in next year, you don't know if you're going to have additional?

Hon. Deborah Matthews: Yes.

Mr. Gilles Bisson: Dialysis services: I just want to make the plug—no answer, because I've only got two minutes and 30 seconds. Kapuskasing is now chock full. They are completely to capacity when it comes to dialysis. I've got a constituent whose wife works in Kapuskasing. He lives in Toronto; he can't move to Kap because there's no room for dialysis. We're working with the LHIN, we're working with dialysis people at Laurentian, we're working with Sensenbrenner Hospital. We're doing all the work we've got to do.

It comes down to the basic point I was making earlier. Some of this stuff is not about shifting resources; it's about putting new resources forward. I'm just letting you know—we're actually meeting, I believe, tomorrow at 3 o'clock to talk with the people from Sudbury, with the hospital, with the LHIN and myself in my office about how we're able to put forward an application for an increase in dialysis services in Kapuskasing.

I just want to say for the record—the minister is going to like this—we got the expansion in Timmins thanks to George Smitherman. He actually came through on that one. He announced it, and we're at the construction phase. We've got our new dialysis system in Moosonee, Moose Factory, as you well know—you visited it. The missing gap now is Kapuskasing and Hearst. There's a real problem in those areas, and I'm just letting you know, we are working on it and we are going to be with you soon with an application.

You didn't have to respond other than to say "oui." You can say "oui."

The Chair (Mr. Garfield Dunlop): You have a little bit of time.

Hon. Deborah Matthews: Yes, I really would like to take a moment.

Mr. Gilles Bisson: "Oui."

Hon. Deborah Matthews: "We" are working on this.

Mr. Gilles Bisson: You're so clever. Man, you're too clever for me.

Hon. Deborah Matthews: The Ontario Renal Network is really doing good planning work on this. There's no question that more people—we know that diabetes is a real predictor of the need for dialysis. We're doing our best to prevent people from needing dialysis, but the demand is growing.

We're really focusing on home dialysis. This is an area where we think there are real opportunities to get more people doing dialysis at home, freeing up spaces in dialysis clinics. We working hard, and I, too, have heard stories of people who really—when you're on dialysis, you are tied to that machine. It's three days a week—

Mr. Gilles Bisson: I did hear a "oui," but I wasn't sure what language it was in.

Hon. Deborah Matthews: It was the English "we."

Mr. Gilles Bisson: No, no, it wasn't. Don't say that. Thank you.

The Chair (Mr. Garfield Dunlop): That pretty well cleans up that time, so thank you very much to the third party. We'll now go to the minister. You have 30 minutes to speak to whatever you wish in response.

Hon. Deborah Matthews: Sure. I'll take a little bit of time—I certainly won't take the 30 minutes—just to respond to some of the issues that were raised.

I'm going to start with Mr. Bisson's first comment. He reminded us that, while there have been improvements made, all is not well. There is no question that we still have work to do, and we are determined to keep making progress. We can see very clearly that there is more to do.

When you say that 50% of the people in your community don't have access to a family doctor, that simply isn't good enough. We've made tremendous progress. Almost 3,000 more doctors are working in this province now than seven years ago. We've made some important changes to the underserviced area program. We have a new program, the northern and rural retention and recruitment program, that's designed to get people working in the north. But I couldn't agree more: We've still got work ahead of us. I just really wanted to acknowledge that.

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On the issue of labs, what I want to say is—and Mr. Clark is here—that this is an issue that has caused me some real concern as well. I think it's important to take a good look at it. We do not have wait time protocols for labs. We have got wait time standards for a lot of other things, and we're increasing the number of things we are measuring. I take your advice seriously that this ought to be something we take a good, hard look at.

I think it's important to know that these are private companies. These are not government services. They are, in large part, but not completely government-funded. But we do expect good service for people when it comes to accessing lab services. So I hear what you and what Mr. Wilson have said about the unacceptably long wait times; the hours not being sufficient; closures. I think you've raised some good questions. And I think Mr. Wilson raised the issue: Is there enough competition within the lab sector?

What's important to me is that people actually get the tests they need. We know, with diabetes, getting those blood tests—there are three tests we're really encouraging people with diabetes to get. If the system isn't responding well to that, isn't facilitating that, then there's a problem. So we'll take a good look at it.

One thing you should know is that we made a change to our funding of vitamin D testing. The vitamin D testing, which is done in labs, increased by 2,500% over the last few years. Now what we do is we will fund vitamin D testing for people who have conditions, where there's an evidence-based reason for them to get testing. This will take pressure off labs. It will increase capacity for labs. But I do think it is something that we need to take a good look at.

The issues raised in Ms. Elliott's introduction that I simply must respond to—I assume that in the time we have together, these issues will come up again, and I look forward to that.

I do want to talk about the most recent report from the Auditor General. I think it's very important that people understand that the Auditor General has the power to go into hospitals that he did not have under previous governments. It was our government—because we wanted to find out what the problems were and we wanted to fix those problems—that gave the Auditor General the power to go into hospitals. It was our government that asked him specifically to go into hospitals, LHINs and the ministry to look at the issue of consultants in those organizations. I am proud that we're the government that facilitated this work.

I'm also proud that we're the government that introduced legislation that responds to each and every one of his recommendations. Indeed, we're going far further than he recommended that we do by bringing accountability and transparency to the entire broader public sector.

It's very disappointing to me that we are not getting the support from the Conservative Party on this legislation. I think when the Auditor General gives us advice, then it's incumbent upon all of us to follow that advice.

We are also adding freedom of information to hospitals. This is a very big step when it comes to accountability and transparency. And I guarantee you that, because we have extended freedom of information to hospitals, there will be other stories coming out about practices that are unacceptable.

We knew, when we expanded the powers of the Auditor General, that he would find things; that's what the Auditor General does. The important thing that people expect of government is to fix the problems as they come up: to look for the problems, to shine a light on them and to fix them. The same thing will happen when we open up hospitals to freedom-of-information requests. We will find that hospitals can do better when it comes to focussing on the patient and focussing on the taxpayer. That's what this is all about.

I am disappointed that, as I understand it, your party will not be supporting the legislation. I have to say that that is disappointing because we're following exactly what the Auditor General told us to do.

I did want to acknowledge that you referred to the mental health and addictions strategy. I want to take a moment to compliment you, Ms. Elliott, on your leadership role in the Select Committee on Mental Health and Addictions. I just want to make sure this is on the record: It was a beautiful thing to see: Members from all parties working together—Liz Sandals and Maria Van Bommel were part of it—who really did put partisanship aside and worked to create a report that I think is a very, very important report. That worked because the members of the committee—Kevin Flynn, France Gélinas, members from all the parties—really worked hard to create that spirit of collaboration. You saw first-hand the impact of the system not working the way it could, and I just really wanted to applaud you for that.

I'm very pleased that we were able to move forward on one of the recommendations, I believe, the day after you released the report, on the narcotics. I do acknowledge there's much good work in there. I also have a minister's advisory group that is advising us on a 10-year strategy for mental health and addictions. I'm optimistic that there are opportunities to do much better for people with mental health and addiction challenges.

You did mention the chief medical officer of health and her report on H1N1, where she highlighted things that went right and things that we could do better. I think it was very important that she give us that advice. You mentioned that we were lagging when it comes to EMRs. Well, I'm really pleased to say that today, Ontario is leading the country when it comes to the adoption of electronic medical records. Today, I announced that five million Ontarians now have electronic medical records. We heard from physicians who were operating with electronic medical records and how easy it was for them to identify the people who were in the priority groups for vaccinations early in that vaccination procedure. So that's just one good example, one good reminder of how having

EMRs really can improve the quality of health care for the people of Ontario.

Finally, I was surprised that you brought up the issue of pharmacies because I don't think that there's any question left that the steps we took to bring down the price of generic drugs were the right thing to do. When I was in St. John's with the other health ministers, they actually asked Ontario to lead a national strategy to reduce the price of drugs by working together. This is an initiative that has really benefited not only the people here in Ontario who pay for the drugs but also the taxpayers. It will save us $500 million a year, and that is money that we can put to better health care. There's no question in my mind that it was the right step to take.

I have to say, in my community at least, what I'm seeing is that pharmacies are actually reducing their dispensing fees, and they are expanding their hours. The doom and gloom that we heard about at that time simply has not come to pass, as was so direly predicted.

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I'm sure there will be other things that will come up, and I look forward to that over the next little while.

I'll just go to questions, then.

The Chair (Mr. Garfield Dunlop): Thank you very much, Minister. You've used only 10 minutes of your 30.

Hon. Deborah Matthews: Yes, so we can go to questions.

The Chair (Mr. Garfield Dunlop): So now we'll go to the official opposition for the beginning of 20 minutes, okay?

Mr. Steve Clark: Yes; I've got a bunch of questions.

The Chair (Mr. Garfield Dunlop): And we'll stay in the rotation for the rest—

Mr. Steve Clark: I think what I'll do first is just go back to one of the things Mr. Bisson said, just quickly. Minister, he asked about CCSVI, and I know that I and members of all parties have put together—almost every day in the Legislative Assembly there's a petition about CCSVI and the clinical trials. I was away the day that the MS Society had their lobby day, I guess is the word I'll use. I was actually back in my riding; my local MS Society in Leeds–Grenville celebrated their 45th anniversary. There were a lot of people that were here meeting with MPPs, but I did have a couple of them back in the riding, and they were honouring a number of volunteers.

It was funny; they asked me about CCSVI and they asked me which petition I had, and I said that my petition was the one that many of us, on all sides—it was about clinical trials. They said at the time that they agreed with that petition, that that was a good petition.

Picking up on what Mr. Bisson said, and you used the words, "We're watching," the question I have is: People are telling me that they don't want you to watch; they want you to be an active participant with some of the other provinces. I wrote the Premier and c.c.'d you after Premier Wall decided to go the clinical testing route. So the word I'm hearing, Minister, is that they want you to be an active participant; they don't want you to watch. They want you to be involved. It would be interesting to get your comments on the comment from MS that they were very supportive of the fact that all parties were bringing forward these clinical trial petitions. I'd like to hear that first, and then I have a number of other questions.

Hon. Deborah Matthews: Sure. Just to be clear, I did speak to the Minister of Health in Saskatchewan about what they have committed to do, and contrary to what's being reported in the media, they are not proceeding with clinical trials. They too are watching the research as it comes in. What they have said is that when and if the science is there, then they will take that step.

I want to be really clear that we are doing research in Ontario. We are doing research—I'll just have to be reminded of exactly where that research is being done. There is research happening here in Ontario that will lay the foundation for future steps when it comes to MS treatment. I think that's the responsible thing to do.

We cannot, as stewards of the public purse, fund interventions where there is not sufficient evidence. It would be irresponsible of us to do that. I can tell you, it is very, very tempting to do that, but it would be irresponsible. So that is why we are watching and, as a province, we are participating in the research that is foundational to this potential treatment for people with MS.

Mr. Steve Clark: Thank you, Minister. I'm sure we'll talk about this again.

I've got a number of other questions. To start off, Minister, at eHealth, Cancer Care Ontario, your ministry and the LHINs, the Courtyard Group made off with I believe in excess of $10 million that could have been directed into front-line health care. Can you use this time today in front of the committee to assure us that there are no other Courtyard contracts presently with your ministry?

Hon. Deborah Matthews: What I can tell you is that, in response to the Auditor General's report on eHealth, we tightened up our procurement policies, and again, we did it province-wide. We learned from what the Auditor General's report contained, and we, again, responded to all of the recommendations of the Auditor General's report.

Mr. Steve Clark: When you say "tightened up," does that mean that there are no contracts? Is that what "tightened up" means?

Hon. Deborah Matthews: "Tightened up" means that there are procurement protocols in place. As a ministry, we now have a central—maybe I'll let the deputy speak to this particular aspect of what we have done so that—

Mr. Steve Clark: No, I don't need to know what's done. If you've put these protocols in place, I'd like to know if Courtyard has contracts with your ministry.

Hon. Deborah Matthews: What I think is important is that—

Interjection.

Hon. Deborah Matthews: Okay, I have an answer for you: There are zero Courtyard contracts in the ministry as we speak.

Mr. Steve Clark: On eHealth: Are there any contracts, presently, with eHealth? I know you've said that things

have changed at eHealth. Can you take the opportunity to assure the committee that eHealth has no contracts presently with the Courtyard Group?

Hon. Deborah Matthews: I simply don't know the answer to that.

What I do feel the need to say is that what's important to me is that the procurement is done properly. What I think should be important to you is that the procurement is done properly: If there is a company that is a successful—what is the word—recipient?

Interjection: Vendor.

Hon. Deborah Matthews: The successful vendor, through a proper procurement process, and we get good value for money, and we have proper oversight of the contract, and if we are prudent managers. I don't think you're suggesting—at least, I don't want to think you are suggesting that we blackball certain vendors.

Mr. Steve Clark: I'm not suggesting, Minister; I'm just asking. I asked about the ministry; there's zero. I asked about eHealth; you don't know. I'll ask about Cancer Care Ontario: Does Courtyard have any contracts with Cancer Care Ontario that you're aware of?

Hon. Deborah Matthews: Not that I'm aware of. But what I can tell you is that the auditor was specifically asked, "Are there partisan ties to the contracts?" Do you know what the auditor said? He said "no."

You're on a fishing expedition because you, for political reasons—

Mr. Steve Clark: No, I've got 20 minutes; I can ask the questions I want to ask.

Hon. Deborah Matthews: —want to leave an impression that there are political—

Mr. Steve Clark: I've got 20 minutes. I'm asking legitimate questions. There's been tens of millions of dollars—

Hon. Deborah Matthews: There's an inference here that I simply must object to.

Mr. Steve Clark: —that have been given to Courtyard from all of those sources. I'm just trying to ask a few questions, Minister. You've answered, "Zero," "Don't know," and, "Not aware of."

Are my questions out of order, Mr. Chair?

The Chair (Mr. Garfield Dunlop): Your questions aren't out of order, but the minister can answer them as well if she wants.

Mr. Steve Clark: That's fine. So, I'll move on, Minister.

We've talked about a number of agencies. I'd be very interested, given the discussion on the LHINs, if you could enlighten me on the Courtyard Group with contracts that are currently with the local health integration networks.

Hon. Deborah Matthews: So what is your question?

Mr. Steve Clark: Are there any current contracts with the Courtyard Group at local health integration networks?

Hon. Deborah Matthews: I am not aware of that. What I'm saying is that I don't have it, and I wouldn't have it, because the LHINs are the LHINs, not the ministry. I wouldn't have that.

Mr. Steve Clark: The whole point the Auditor General's reports talked about—you've mentioned it at first: You've put these checks and balances in the system. If the checks and balances are in the system, I would hope that you'd be able to address some of the questions on a more specific basis.

Hon. Deborah Matthews: We're here to discuss estimates, and I will be happy to get the information that I can, but I am going to invite the deputy to speak about the process that we have instituted in the ministry in order to comply with the Auditor General's recommendations. Deputy, could you just speak about that process?

Mr. Saäd Rafi: Sure. I think since about the spring of this year, we started to change the delegated authorities—that's what they're called—within the ministry for the deputy, associate deputy, ADMs and directors. What that means essentially is that we've tightened those requirements. There's no ability today to engage in contract assignment or letting RFPs without a dual sign-off between the sponsoring assistant deputy minister and the chief administrative officer. When it hits certain thresholds or exceeds certain thresholds, it will require the deputy's sign-off and/or the minister's sign-off. That was done in trying to respond to what were higher delegations of authority where ADMs may have been able to engage consultants.

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As well, the non-competitive procurement processes were changed over a year ago as a response to the government's changes in the procurement directives. So we've taken what the changes in procurement directives were, and we've enhanced those a great deal more as well.

The Chair (Mr. Garfield Dunlop): Okay.

Mr. Steve Clark: How much time do I have?

The Chair (Mr. Garfield Dunlop): You've got 10 minutes.

Mr. Steve Clark: I guess the last question, Minister, just to add to the previous four, is in regard to the hospital sector. Can you, at this committee meeting today, confirm whether the Courtyard Group has any contracts with any Ontario hospitals?

Hon. Deborah Matthews: I have absolutely no idea. What I can tell you is this: The legislation that we have introduced brings freedom of information to hospitals so that questions like that would be available under freedom-of-information legislation. I guess my question is, why would you not support legislation that would open hospitals to freedom of information?

One other part of our legislation is that LHINs and hospitals will be required to report on their use of consultants under this legislation. Again, I'm mystified as to why your party would not support that kind of transparency and accountability.

Mr. Steve Clark: Page 12 of the auditor's report notes that in two cases, higher-priced consultants were given preferential treatment in the procurement process. In one case on page 12, for the third stage of the contract, the consultant originally submitted a bid which was the

highest of 12 bidders. I understand—it's in the Auditor General's report—it was $819,000. Can you explain, Minister, why your ministry broke the rules that you and Dalton McGuinty promised wouldn't happen again?

Hon. Deborah Matthews: What I can tell you is this: We were the ones who gave the auditor the power. We're the ones who asked the Auditor General to look and to report back and to give us his advice. You will find, as you read the Auditor General's report, that he notes that these are practices that have gone on for a long time. He identifies particular contracts that go back long before we took office. The point is that there have been practices in place under governments of all stripes. But I can tell you that it is under this government that those practices will end. Under our legislation that so far you're not supporting, we will put an end to practices that the Auditor General did report on.

It's really important to note that the Auditor General's report stems from a request of a committee in which a majority of members were members of the governing party.

Mr. Steve Clark: But, Minister, all that being said, you still have two cases where you, as an example, broke and gave those consultants contracts. How do you expect to be an example for LHINs, for hospitals and for other health care agencies when you did it yourself? Your ministry did it themselves.

Hon. Deborah Matthews: I'm not going to make any excuses for the auditor's findings—

Mr. Steve Clark: It's $819,000, the highest of 12 bids.

Hon. Deborah Matthews: I am not going to make any excuses for what has gone on. We completely accept the findings of the Auditor General's report, and we're acting on that.

What I can tell you is that we have put in place processes that—I'm not going to say that will ensure that this will never happen again, because I'm just afraid to say something like that in any organization, but what I can tell you is that we've put in place processes that will prevent this from happening. I am going to ask the deputy to speak further on that issue.

Mr. Saäd Rafi: To the greatest extent possible, we have tried to put in place double-checking of contract release, so an RFP must be verified by our chief administrative officers. We've established a branch where that has to be checked against the directives. In addition, once the results are in, and before the contract is registered, it is also verified by the chief administrative officers. So we have a check-and-balance system in place.

I think that what the minister is saying is that we have tried, to the greatest extent possible, to eliminate the ability for any one person to engage in this kind of activity that was identified by the auditor on page 12 and which you referenced.

Mr. Steve Clark: So, Minister, going back to you: Double-checking contract release would stop a third stage of a contract from being given to the highest bidder. That's what you're saying.

Hon. Deborah Matthews: Yes.

Mr. Saäd Rafi: To the greatest extent possible, yes.

Mr. Steve Clark: So in regard to the two consultants that were given preferential treatment under the procurement process, are you prepared to let us know which consulting groups were involved?

Hon. Deborah Matthews: I don't have that information with me, but I'll get you what I can.

Mr. Steve Clark: So that's a yes.

Hon. Deborah Matthews: I don't have the information with me. I'll get you what I can.

Mr. Steve Clark: Is "what I can" the names of the groups?

Hon. Deborah Matthews: We do have to get—

Mr. Steve Clark: Well, it's either yes or no—

Hon. Deborah Matthews: No, it's not actually always yes or no. We do have to get third party—these are third party agreements—

Interjections.

Hon. Deborah Matthews: So we have some work to do before we can do that. I'll get back to you on that.

The Chair (Mr. Garfield Dunlop): We don't need three involved in this.

Mr. Gilles Bisson: She said "third party."

Hon. Deborah Matthews: Third party. Okay.

Mr. Steve Clark: You classified Mr. Bisson as a third party over here.

I just want to go one step back to my first line of questions, and it's regarding the Courtyard Group. I know that there was a number of statements by the minister that she wasn't aware, that she didn't have any idea. I know that there will be another process here, November 16. I just wondered if you can provide those documentations about eHealth and some of the other groups I mentioned for November 16. I know there were some freedoms of information as well, but I would love to have those documents and those answers here by the November 16 meeting.

Hon. Deborah Matthews: I have been given information that there are currently zero contracts with Courtyard at eHealth Ontario. I will undertake to get you the information I can on your other questions. I believe we're meeting—we've got two more meetings after this one. We'll do our best to get you the answers to your questions.

Mr. Steve Clark: So just to make it clear: Cancer Care Ontario, the LHINs and Ontario hospitals.

Hon. Deborah Matthews: I cannot speak for Ontario hospitals. I simply do not have that information. Those are hospital contracts. I cannot get you that information for hospitals. I'll look into the others.

The Chair (Mr. Garfield Dunlop): You have two minutes remaining, Mr. Clark.

Mr. Steve Clark: Okay. Do you have some more?

Mrs. Christine Elliott: Yes. I have two quick questions, just to round out the time. One is just with respect to the advisory committee that is advising you on mental health and addictions. Do you anticipate that their report will be released in the near future? Can you give us some sense of the timelines, Minister, for that?

Hon. Deborah Matthews: What I can tell you is that they are getting very close to the end of their work, and it will be released publicly. I cannot give you a timeline on that.

Mrs. Christine Elliott: We hope, soon.

The other one is just the plan for the special diet allowance. That, as you know, was removed from the 2010 budget and was moved into health. There are a lot of people who are waiting to find out what's going to be happening with this. I was meeting with the Kidney Foundation people today. They are quite concerned about it because there are many people who are on dialysis or with chronic kidney disease who find it very difficult to eat what's available to them on low incomes, specifically canned foods that contain a lot of sodium and so on.

There are a lot of people who are really anxiously awaiting this. Can you give us some idea about when an announcement is going to be made with respect to that?

Hon. Deborah Matthews: What I can tell you is that this is actually in the budget of the Ministry of Community and Social Services. It is not part of the Ministry of Health estimates process.

What I can tell you is, as you well know, I chaired the cabinet committee on poverty reduction. I'm very proud of the work that we have been able to do when it comes to poverty reduction, especially in light of the economic challenges that we are now faced with.

We knew when we came forward with our first five-year poverty reduction plan that it was only the beginning of what was going to be a multi-year approach. We did choose the first five years to focus on poverty amongst children. I think it was the right thing to do, but we acknowledge—and, in fact, we have passed legislation so that there will be a renewal of our poverty reduction strategy every five years.

I really hope that as we move forward on poverty reduction initiatives—and the special diet is, of course, related to poverty—we will have the support of all parties as we move forward on really addressing the challenges that are faced by the most vulnerable amongst us.

The Chair (Mr. Garfield Dunlop): Thank you very much, Minister. That concludes the rotation of the official opposition. With that, we will adjourn the meeting. We'll start fresh tomorrow afternoon after routine proceedings with the third party. That's Wednesday, November 3.

With that, we'll call an adjournment. Thank you again, Minister and the staff of the Ministry of Health and Long-Term Care. The meeting's adjourned.

The committee adjourned at 1753.

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Also taking part / Autres participants et participantes
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Mrs. Christine Elliott (Whitby–Oshawa PC)
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