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Wednesday 30 October 2013

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Mercredi 30 octobre 2013

Standing Committee on Estimates

Ministry of Health
and Long-Term Care

Comité permanent des budgets des dépenses

Ministère de la Santé
et des Soins de longue durée

Chair: Michael Prue
Clerk: Katch Koch

Président : Michael Prue
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LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON ESTIMATES

Wednesday 30 October 2013

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES BUDGETS DES DÉPENSES

Mercredi 30 octobre 2013

The committee met at 1617 in room 151.

SUBCOMMITTEE REPORT

The Chair (Mr. Michael Prue): We'll call the meeting to order. We are here to resume the consideration of the estimates of the Ministry of Health and Long-Term Care. There is a total of three hours and 56 minutes remaining. When the committee was adjourned, the third party had seven minutes remaining in the rotation.

However, before we begin, I am going to suspend the review of the 2013-14 estimates of the ministry to take care of a small housekeeping matter, and that is the report of the subcommittee on the Standing Committee on Estimates.

Mr. Leone, I wonder if you can read the report, and then we'll have discussion.

Mr. Rob Leone: I will, Chair, because I do have some questions about this report as well.

Your subcommittee on committee business met on Tuesday, October 29, 2013, to consider the method of proceeding with the information received from the Ministry of Finance pursuant to the June 11, 2013, motion adopted in committee during the review of the 2013-14 estimates of the Ministry of Finance, and recommends the following:

(1) That the committee accepts the information received from the Ministry of Finance that are responsive to parts 1, 2 and 4 of the motion.

(2) That an electronic copy of the documents received be provided to each caucus and that the caucuses keep the documents confidential.

(3) That the Ministry of Finance be notified in advance should the committee decide to make the information public.

(4) That the subcommittee meet when the information responsive to part 3 of the motion is received by the committee.

I move that this report be adopted.

The Chair (Mr. Michael Prue): Okay, so we have a motion. Now, discussion: Mr. Leone?

Mr. Rob Leone: Thank you, Chair. My understanding of what we agreed to in subcommittee is that parts 1 and 4 follow a different protocol than part 2. As I understand it, the documents inside of the request responsive to part 2 of our request are already separated in redacted and unredacted form. It was my understanding that they would be treated differently than the documents contained in parts 1 and 4, which are not currently separated and parsed out.

I would suggest that 2 and 3 apply to what we discussed in parts 1 and 4 of the motion, but do not apply to part 2 of that motion, in the sense that we aren't required to keep the redacted documents in part 2 confidential and that we are not required to notify the Ministry of Finance in advance should the committee decide to make the information public, because the documents contained in part 2 are already redacted and have been sifted through by the Ministry of Finance already.

My understanding coming out of subcommittee was that parts 1 and 4 follow the procedures that you have outlined in parts (2), (3) and (4) of the subcommittee report, but that the documents responsive to part 2 do not. I would seek amendment to this report to state that the documents responsive to part 2, the redacted portions of those documents, do not need to remain confidential.

The Chair (Mr. Michael Prue): Okay. So that would be an amendment to which clause? Number (1)?

Mr. Rob Leone: I would amend clause (1) to remove the number 2 out and add a fifth point: "that documents responsive to part 2 of the motion"—

The Chair (Mr. Michael Prue): "Which have been redacted may be released"—

Mr. Rob Leone: —"which have been redacted may be made public."

The Chair (Mr. Michael Prue): May be made public—

Mr. Rob Leone: Or "do not need to be confidential, because they're already redacted"—however you want to word that.

The Chair (Mr. Michael Prue): Okay. Have you got that wording? All right.

Does anybody need a copy of that?

Mr. Mike Colle: I think we should, just because it is technical and I just want to make sure.

The Chair (Mr. Michael Prue): Okay, then if we can take—

Mr. Mike Colle: Yes, I just wanted to comment—just if we could just get that and maybe have a little discussion about it amongst ourselves, the subcommittee, although Mr. Natyshak is not here. Just to have a little conversation about that, because I want to clarify that and make sure we're on—

Mr. Rob Leone: Do you want to recess so—

Mr. Mike Colle: Well, we can do it after—I don't want to delay this.

The Chair (Mr. Michael Prue): Well, no. I mean, we have to—this can be deferred if the committee agrees. We can defer it, let Ms. Gélinas finish, and then—

Mr. Rob Leone: I'm just wondering what you need to talk about.

Mr. Mike Colle: Just to clarify to make sure we're all onside with the change—

Mr. Rob Leone: Okay.

Mr. Mike Colle: —and that it's basically clear, as much as it can be, to our understanding, and to have the other members of the subcommittee just be in on it too.

So we are deferring it till tomorrow or the next day? It doesn't—

The Chair (Mr. Michael Prue): No. If this is deferred from today, it will take place—if it's recessed, it can come back later today, if you set a specific time. If you're deferring it to another day, then it will have to come next week.

Mr. Mike Colle: Next Tuesday, and we'll talk—

Mr. Rob Leone: Do you know, if we want to have a conversation, I'm happy to defer that.

Mr. Mike Colle: Yes.

Mr. Rob Leone: Just so, if everyone's clear, that would work.

Mr. Mike Colle: Deferred, subject to the subcommittee having a brief meeting.

The Chair (Mr. Michael Prue): Okay, all right. Fine, then this matter is deferred and can be brought back at the appropriate point next week, okay? The matter is deferred.

MINISTRY OF HEALTH AND LONG-TERM CARE

The Chair (Mr. Michael Prue): We go back to the original purpose of the meeting, which is to continue with the estimates. Ms. Gélinas, you have seven minutes.

M^me^ France Gélinas: Thank you. When we left off yesterday, Minister Matthews, you were telling me that the $45 million that had been announced for Healthy Smiles—that you were still committed to this, and I'm glad to hear that. My follow-up question will be: Is there any intention of pooling some of that money together to have a more integrated system to cover dental care for people in need?

Hon. Deborah Matthews: The answer to that is yes. In fact, when we announced the expansion to dental care for low-income kids, we noted then that there were a number of programs—in fact, there are currently six different programs—that provide dental care to low-income children and that qualifications are different: if their parents are on social assistance; ODSP would be different than OW; CINOT; Healthy Smiles—six different programs. So we are actively exploring, and we're working with the ODA and public health to bring programs together. My goal is that children in low-income families—as many as we can possibly include—would have access to preventive dental care and emergency dental care, if that's what they need.

M^me^ France Gélinas: So not the full dental service as in—I understand no crowns, but cavities and extractions—

Hon. Deborah Matthews: Oh, of course, yes. I don't think we'd be looking at orthodontics, I don't think we'd be looking at crowns, but kids need checkups and kids need preventive care, as well as care if they do develop problems. We're looking at how we can do that.

M^me^ France Gélinas: There's a group within your ministry that meets with ODA and public health. How is this work being done?

Hon. Deborah Matthews: We have been consulting actively with affected organizations.

M^me^ France Gélinas: Okay. Do you see a consensus developing soon?

Hon. Deborah Matthews: I'm hopeful, yes. I'm hopeful. I think dentists are committed to providing care. We do know there is a problem in some communities when dentists are not prepared to do their work at the rates we can pay. That is a problem, but I've even spoken to the ODA about taking the responsibility to provide dental care seriously to all people.

M^me^ France Gélinas: Was there ever any intention to regulate the fees that dentists can charge?

Hon. Deborah Matthews: No, we haven't looked at that, at least under my watch.

M^me^ France Gélinas: That's not something that your government is interested in?

Hon. Deborah Matthews: It's not something that I've considered so far. They are not government funded; right? We don't pay for dentists except in these limited programs. No, they set their own rates.

M^me^ France Gélinas: Okay. My next series of questions will have to do with hospitals—and I probably won't have enough with the few minutes. But I'll start with Health Sciences North/Horizon Santé-Nord in Sudbury. There are issues specific to, I would say, the six big hospitals in northern Ontario that are not common to the other urban hospitals, frankly because they're not in the north. And because of their geographical locations, they run into extra barriers.

If we talk about AMRIC, the Advanced Medical Research Institute of Canada, which is the research branch of Health Sciences North in Sudbury—I couldn't help but read in the paper today that you attended a $50-million donation to big Toronto-based hospitals to help them do fantastic work and fantastic research, and I'm really happy for this very generous family to help us do this. This doesn't happen in northern Ontario. So when we look at what the opportunities are to do research that is specific to the people of the north through the research facilities that exist, the access to resources is the same, no matter where you are in Ontario, but by treating everybody the same, you put equity issues for the people of the north.

When you look at a pediatric centre of excellence, we don't have one in northern Ontario. We certainly would

want one. They exist in other parts of the province; they don't exist in the north.

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When we talk about PET scans—and everybody has heard me talk about PET scans—here, again, in the paper today, there will be another PET, this time a PET MRI, that will be bought for the people of southern Ontario, and northern Ontario is told, "You can't have one," because there's no wait-list in southern Ontario. Southern Ontario has access to other ways of funding that big equipment that is not accessible to people in the north.

So I find that by having a one-size-fits-all for the entire province, what we're really doing is putting northern Ontario hospitals, the big ones—not the northern and rural—at a disadvantage. I am really interested. Do you and your ministry ever look at funding equity for northern Ontario hospitals, or big ones?

The Chair (Mr. Michael Prue): You only have about 30 seconds to answer it.

M^me^ France Gélinas: I will repeat the question when we come back. You have time to think.

Hon. Deborah Matthews: Perhaps we can do that, but I think creating the Northern Ontario School of Medicine was a very, very big step forward.

M^me^ France Gélinas: Yes.

Hon. Deborah Matthews: I think changing how we pay for physician recruitment very much favours the north. We've had 319 NRRR grants so physicians would settle in the north. So we are very much focused on expanding opportunities for health care professionals, including researchers, in the north.

M^me^ France Gélinas: Okay. I will continue—

The Chair (Mr. Michael Prue): Thank you. The rotation now goes to the government: Ms. Jaczek.

Ms. Helena Jaczek: Thank you, Chair. Perhaps I will just pick up on where my colleague was going a little bit, in terms of hospital infrastructure, because in your opening remarks, on page 18, you listed essentially the new hospitals, as I understand it.

Hon. Deborah Matthews: Yes.

Ms. Helena Jaczek: And I think there was a little confusion yesterday for some of us, because it was listed as "new or expanded hospitals." Certainly, as I look at the list of the 17 that you have on the page, I really do see some distribution across the province in terms of the investments that are being made. I was a little startled because I didn't see Markham-Stouffville Hospital there, and its fabulous $340-million or so investment, which was an expansion. And there was some comment yesterday by my colleague from Ajax–Pickering, similarly, that in his very high-growth area, that Rouge River hospital had seen some investment.

So could you maybe just flesh out a little bit more the type of capital infrastructure that we've invested in across the province.

Hon. Deborah Matthews: Absolutely. When I did read that list of 23 built or on the way to being built hospitals, I did say "new or expanded."

There's a whole other list of 100 other hospitals with expansions. Markham-Stouffville is one of them, and I'm pleased to say that this project is the only ministry-funded capital project approved for Markham-Stouffville Hospital since it opened in March 1990. So it was a long time coming. I understand the four-story addition opened in March, and it will absolutely allow the hospital to meet the needs of that growing area. There's an expanded ER, improved and expanded ambulatory clinics, over 100 new beds, eight new operating rooms, an expanded diagnostic imaging centre, expanded mental health services. Markham-Stouffville is really working hard to improve patient care. They've cut cancer surgery wait times in half. They've cut hip replacement surgeries by over 200 days. They've taken almost a year off knee replacement surgery. So they're doing well, and I'd like to think in part due to our investment in the capital there.

In the riding of Ajax–Pickering, I was happy to be at that opening: an expanded ambulatory care unit; a new laboratory, triple the size of the previous laboratory; an expanded diagnostic imaging department; a new complex continuing care unit. So we are seeing great things happen at Rouge Valley. Cancer surgery wait times have been reduced by 70%; MRI wait times are half of what they were in 2005; CT wait times—again, almost half of what they were. Those I did not mention on the list, but they very much happened.

I was asked about Cambridge Memorial Hospital. This is a very exciting project: the redevelopment of up to 197 in-patient beds. That includes 52 new beds. There's both renovation and new construction on the current site. The new acute care wing, referred to as the west wing—the other west wing—will be built to include a surgical suite, a birthing suite, an emergency department, a medical-surgical unit, an intensive care unit—I'm sure the member from Cambridge wants to know this—a maternal newborn unit, a pediatric unit, a mental health unit, a laboratory, a central supply, a medical education campus and so on. Very important.

So there's a lot of work happening across the province in addition to the 23 brand new hospitals. I think it's fair to say that our investment in hospital infrastructure is unprecedented, and we are continuing to meet the needs of our growing population.

Ms. Helena Jaczek: Thank you very much. I think what you've shown is that obviously there are needs—certainly in my community there was a pent-up need, given the population explosion in York region, for that expansion, and it's occurred. I'm sure that within the ministry there is some way of priority-setting in terms of what should come forward over time. Maybe you could just elaborate in terms of how you plan for this type of infrastructure in the future.

Hon. Deborah Matthews: Absolutely. We have made tremendous progress, but there still, without question, is need in various communities across the province. We work on an ongoing basis to plan for where that infrastructure investment has to be made. We do have a five-year plan that we have announced and that we're rolling out, and we will renew that as circumstances permit.

These are difficult times fiscally; we acknowledge that. But we also acknowledge that we have to continue to make investments in communities so that the infrastructure is appropriate for our residents.

Maybe the deputy would like to speak a bit more about how we make determinations on capital projects.

Mr. Saäd Rafi: Sure. On redevelopments or rehabilitation, the ministry has invested in what's called a hospital condition index, not dissimilar to what might be used on roadways. That would give us an understanding of every hospital. It has taken a few years to develop. That way, you can keep current on the physical plant of the hospital, instead of waiting for something to wear out and break down, which then, of course, as we all know, costs more to fix than to try to do preventive maintenance. That also helps us to determine what would be appropriate with respect to staging those projects.

With respect to large redevelopments, that's a function of looking at population growth, densities and the needs in that community. We work with other ministries who provide input into that, and that will give us—based also on hospitals' interest and applications. There's a several-step planning process, so a planning grant would be provided, as you know, to first scope out the 30-year needs of the project, and then a second-stage grant is provided to narrow down what would be, within that, a 10-year need. Then there's a threshold—and I believe it's usually $100 million or more for the project costs. It would then be considered as an alternative financing and procurement project, and there are various elements of that as well.

Ms. Helena Jaczek: Thank you. I think, as we hear a lot about transformation, there's potentially the fear that if we're just sort of shifting to the community, in some way we're neglecting the acute care. I think what you've made clear is that you're very cognizant of the need for those acute care investments. This is, I think, basically what we're hearing from you.

Hon. Deborah Matthews: Absolutely, but we do want people who don't need to be in a hospital to get the care they need outside of hospitals. There will always be a role for our acute care hospitals, but we've got to make sure that if somebody doesn't need to be there, we have another place where they can receive the care they need.

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Ms. Helena Jaczek: Right. So, yesterday we had got to the point of the increased funding for home and community care. Minister, you made the commitment that in fact this year, the increase is some 6%. I guess it would be interesting, again, perhaps from the high-growth areas of the province, to understand how that money will be rolled out related to possibly the community need. Historically, there has been a tendency to always just put a percentage on an existing base and that base may not in fact be adequate, or it might even be overly sufficient. So could you again sort of allude to how funding is being rolled out as it relates to the need for community care?

Hon. Deborah Matthews: Absolutely. That 6% works out to $260 million; $185 million of that is expected to be allocated for home care. We have been prescriptive in what outcomes we're looking for. We do want to see continued reduction in ALC rates. We want to see shorter wait times. So about $110 million of that $185 million is dedicated to meeting growth in home care and growth in service demand; $60 million is allocated to working toward a five-day target for complex clients requiring PSW service; $15 million to achieve a five-day wait for nursing services in all LHINs; and $75 million in community supports.

The $75 million in community supports is determined by the LHINs, where they look at what the needs are in their community that will help keep people at home. I think they're doing an excellent job in determining what the needs are within their LHIN. It might be day programs for people with dementia. That would give caregivers a break and improve the quality of life for the people with dementia. It might be foot care clinics for people with diabetes. We have a range of programs and services that are offered in the community. The LHINs go through a transparent process of how they achieve on those. So this was 4% last year and 6% this year. Those are base increases, so they're able to build on it.

The issue that you've raised is, we have parts of the province that are growing very rapidly; other parts of the province are not growing rapidly and some are not even growing at all. So the old way of just allocating a percentage of increase for every region, assuming everybody is growing at the same rate, simply does not reflect our reality. You heard yesterday, or whenever we were here last, about HBAM being applied to hospitals, where the demographics of the community, including the health of the community, create guidance for us on how to fund. So just as in hospitals, we're moving to HBAM in the community sector. We are looking to reflect the needs of those various different populations.

Do you have anything you wanted to add to that?

Mr. Saäd Rafi: No, that's good.

Ms. Helena Jaczek: So the LHIN is doing the local planning based, as you say, on needs. Are they informed by any particular data that they collect? Are they using waiting lists? How are they putting that package together?

Hon. Deborah Matthews: Yes. I think MPPs are well-served by actually having a good, strong relationship with their LHINs, because each LHIN is different. They make decisions based on what's going to have the biggest impact in their community on metrics that are understood to be important. ALC is a metric that we often go to, because caring for someone in a hospital is a lot more expensive than caring for them in the community, but you have to be able to shift funds to the community sector to do that. So, yes, we expect to see those ALC rates down. We look at 30-day hospital readmission rates. There are a number of factors. Maybe the deputy can add to that.

Mr. Saäd Rafi: If you want, yes. In addition, CCACs have developed a client care model. Whether that assessment is in hospital or in the community, they would rely

on the needs assessment of that individual, based on a physician's and, as well, the case manager's assessment. They also deploy something called a RAI score, which is an international tool. I'm blanking on that acronym; I think it's a resident assessment indicator. The "I" could be incorrect. But that has been recognized internationally as a consistent tool, and we also use it for long-term-care admittance. At the public accounts committee, we talked a bit about that—prior to admission, in a certain sequence of timing or as needed. That gives a good clinical and standardized classification for three types of client groups who might be considered long-stay needs in their community: Either they are complex, chronic or community independent. Then there are also the short-stay clients—that would be short-stay, but with acute needs. So there is a fairly—not fairly; it is a standardized classification tool.

Ms. Helena Jaczek: Okay. Well, that's helpful. So we're hearing this theme of using evidence and using metrics to make these decisions.

Hon. Deborah Matthews: Absolutely.

Ms. Helena Jaczek: That's what's driving the transformation.

Perhaps we could talk a little bit more about the transformation. I guess one of the questions one has to ask is, what convinced the ministry that there was this need for transformation, essentially? I mean, this is a massive exercise, so it would be really helpful to understand what was, in essence, going wrong. Why undertake this really massive exercise?

Hon. Deborah Matthews: Let me speak from my perspective. I am a demographer by training, so when I was appointed health minister, I really wanted to understand—to quantify—the impact of our aging population on our health care costs.

So we did a little exercise where we actually took—I think that was the foundation of a slide that was in the package we went through. I just wanted to know: If we had the population of 2030 today, what would our health care costs look like? That was, I think, a stunning, eye-opening exercise for everybody, because, you see, if we just did exactly the same but had a different population to care for, we would have to increase our budget by 50%. That, really, for me, convinced me that we had to deliver care differently.

I looked at international comparisons on what we spend per capita here, and next to the United States—they're always an outlier when it comes to health, so take that out and we are one of the very highest, if not the highest spender on health care, yet our outcomes were not what they ought to be.

I learned more about ALC. I actually invited Camille Orridge, who at that time was the CEO of the Toronto Central CCAC; she's now CEO of the Toronto Central LHIN. I said, "Help me understand this ALC issue. It's not the best care, and it's the most expensive care. What's going on here?" I remember very clearly that she had done an analysis of who those ALC patients were, and she knew what we had to do to get people—particularly those who had been ALC for a long period of time. We just simply needed to create the capacity for those people outside of hospital, and I think we've done a really good job doing that. We've now got people who are ventilator-dependent out of hospital and into community settings. You can't put a price tag on that improvement in quality of care, and it's less expensive care.

It was pretty clear that the issue was not that there's not enough money; it was that we're spending money in the wrong places. So if we actually want to pass on universal health care to the next generation, we cannot continue to do what we've always done. We must transform, and we are demonstrating that we can improve quality and get better value for money at the same time. The two go hand in hand.

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Ms. Helena Jaczek: So it really was the sort of a fiscal imperative to ensure that we had sustainability of what is, after all, such a highly valued—public health care is sort of synonymous with Canada, really.

Hon. Deborah Matthews: Yes. I look at the people, the politicians, the political leaders, who gave us universal health care. That was an extraordinary gift that was given to our generation, and our generation's job is to be able to make the changes that we need to make to be able to pass that on to subsequent generations. I never want to be seen as the minister who didn't make the changes necessary that resulted in two-tier health care.

Ms. Helena Jaczek: You mentioned looking at international—

The Chair (Mr. Michael Prue): You've got less than 30 seconds.

Ms. Helena Jaczek: Maybe then I'll just add it on to the next—

The Chair (Mr. Michael Prue): All right. Okay. Well, then, I thank you.

The next 20-minute rotation goes to the Conservatives.

Mr. Rob Leone: Mr. Chair, I'd like to move a motion.

The Chair (Mr. Michael Prue): Okay. Then, if you're moving a motion, we will suspend the time. So we'll start in with the motion.

Mr. Rob Leone: All right, Mr. Chair. I move that the Ministry of Health and Long-Term Care release all documents and correspondence, electronic or otherwise, pertaining to the financial information and operational guidelines of all the community care access centres located throughout the province of Ontario presented to the Minister of Health and Long-Term Care, the Ministry of Health and Long-Term Care, all of the local health integration networks located within the province of Ontario, and all of the community care access centres located within the province of Ontario, from April 1, 2012, to October 28, 2013, to the Standing Committee on Estimates, unredacted, by 12 p.m. on the day which falls exactly four weeks after this motion is passed.

These should include, but not be limited to:

—the salary structure and budgets for all community care access centres in the province of Ontario;

—the overhead costs and projections for all community care access centres in the province of Ontario;

—financial statements, financial assessments, expense statements and treasury reports and all internal and external financial audits.

The Chair (Mr. Michael Prue): We have a motion. I'm going to recognize Mr. Leone to explain his motion, and then I will recognize Ms. Jaczek and then Ms. Mangat in that order.

Mr. Leone, to explain your motion.

Mr. Rob Leone: Yes, Chair. We know that the province of Ontario has community care access centres scattered throughout the province. We don't know a whole lot about them, and in order for us to consider the estimates of the Ministry of Health and Long-Term Care, we need further details on their operations.

The reason why we're asking for these documents is related to the fact that we need further detail on these matters. Obviously, that's why we're asking and requesting information with respect to this.

The Chair (Mr. Michael Prue): Further debate? Ms. Jaczek.

Ms. Helena Jaczek: Well, I'm finding this quite an extensive amount of information: "all documents and correspondence, electronic or otherwise, pertaining to the financial information and operational guidelines of all the"—well, there are 14, as we know—"community care access centres located throughout the province of Ontario" for some 18 months.

I guess I'm sort of puzzled why you would want "all documents and correspondence." It sounds very, very broad. What exactly would you be looking for here? I mean, salary structure—obviously, these are individuals paid through Ministry of Health finances. They are on the sunshine list. I just can't quite understand the breadth of what you're requesting.

Is there some particular goal that you have in mind that you can explain to us, why you feel this is so necessary at this time? It just seems like a giant exercise, very onerous on the various participants, and without any clear understanding of what you're getting at.

Mr. Rob Leone: May I respond, Mr. Chair?

The Chair (Mr. Michael Prue): Back to Mr. Leone. It was a question of you.

Mr. Rob Leone: I want to preface my remarks by taking the words from the Premier of the province of Ontario, who, in her words, is trying to usher in a new era of transparency and open government. We have legitimate questions with respect to our community care access centres, and we need details before we can ask those questions, and concerns that we may have with respect to them and their operation.

I know in my community of Cambridge in the Waterloo region, the Waterloo Wellington Community Care Access Centre has experienced a little bit of trouble, where a provincially appointed supervisor was called in. The question then becomes, are there issues that we need to know about and to deal with, not just in my community, but in other community care access centres right across the province of Ontario.

These are issues that I think are pertinent. They're important to the people of Ontario. They have legitimate questions about the quality of care they're receiving in the community and in their home care. I know it's the stated position of the government to create further investments in these areas, and we certainly want to make sure that we're doing our due diligence in trying to uncover some answers for them.

The Chair (Mr. Michael Prue): Back to Ms. Jaczek.

Ms. Helena Jaczek: I guess I'm also a little bit puzzled by the dates in your motion, April 1, 2012, to October 28, 2013. That would be referring to last year's fiscal numbers. Are we not here in estimates to be discussing this year?

The Chair (Mr. Michael Prue): I will leave it to Mr. Leone to explain why he wants those dates, but it is common practice within this committee to allow the members to go back one fiscal year in order to see what was happening last year or the year before and what is happening in the estimates we have. It is very uncommon and never done to go back further than that. But I don't know why he's chosen this particular date. That would—

Mr. Rob Leone: That is the reason, Chair.

The Chair (Mr. Michael Prue): That's the reason.

Ms. Helena Jaczek: Well, I think we would request a recess.

The Chair (Mr. Michael Prue): Well, first of all, I have other speakers. Is this a recess before we vote or is this just a recess? I'll get back to you as soon I canvass the—

Ms. Helena Jaczek: Sorry, I didn't see the other hands.

The Chair (Mr. Michael Prue): Okay. Ms. Mangat.

Mrs. Amrit Mangat: No, I'm fine.

The Chair (Mr. Michael Prue): You're fine? Okay. Are there other speakers? And then we'll entertain the motion. Is the recess before we vote? Is that what it is?

Ms. Helena Jaczek: Yes.

The Chair (Mr. Michael Prue): All right. And how long are you seeking?

Ms. Helena Jaczek: I think we'll need 20 minutes.

The Chair (Mr. Michael Prue): All right. That's in order. Anyone, at any point prior to a vote, can ask for a 20-minute recess. We stand recessed until—I might as well say 20 after 5. That's 21 minutes, actually, but I just want to give a good, clean number: 20 after 5 for the vote. We stand recessed.

The committee recessed from 1700 to 1720.

The Chair (Mr. Michael Prue): All members being present, we will resume. Before we resume to the vote, it was noticed during the recess that a word has been omitted in the written portion. In consulting Mr. Leone, he did state to me—and perhaps he will state that for the record—that the word "day" has been inserted on the penultimate line of the first paragraph, so that it does in fact read "by 12 p.m. on the day which follows exactly four weeks after this motion is passed."

Mr. Leone, you're an honourable member. Did you make that statement on the record?

Mr. Rob Leone: Mr. Chair, yes, I did. I had written it in my version, and I apologize that that version was not

updated with my comments. But it was written in my version and I did indeed say the word "day" in the motion when I read it in.

The Chair (Mr. Michael Prue): Okay. Then all members have the motion before you—

Mr. Mike Colle: Point of order.

The Chair (Mr. Michael Prue): Point of order, Mr. Colle.

Mr. Mike Colle: Mr. Chair, given the substantive nature of this motion that calls upon the release of all documents, financial information, operational guidelines of all the community care access centres across the province, and the complexity of this request—I'm just wondering as a member how feasible this is in the time frame, and to be voting at this—

The Chair (Mr. Michael Prue): No, no. I'm going to have to—

Mr. Mike Colle: I wonder if I could move a deferral.

The Chair (Mr. Michael Prue): No, no. I was very clear when I asked Ms. Jaczek whether she was seeking the 20-minute recess prior to the vote, and she said yes, and so the only thing that can transpire under the rules of this House and of the committee is the vote itself.

The question you are asking is not an illogical one, but it needed to have been asked before the 20-minute recess was requested. I asked repeatedly if there were other speakers, and there were none.

Mr. Mike Colle: Therefore, it is not possible to ask whether or not this motion is in order, given the fact we haven't really had an opportunity to examine its impact and what we're voting for, given the scope and the enormous scale of this request—whether we're voting for something that's doable even?

The Chair (Mr. Michael Prue): Well, I have read the motion. I am satisfied that it is in order. I have consulted with the Clerk. He is of the same view, that it is in order. There was no debate, there were no amendments; there was simply a request for a 20-minute recess. It was granted for the purpose of a recess prior to the vote, in accordance with the standing rules, and the only thing we can do now is vote.

Mr. Mike Colle: Can I ask for another recess, a 20-minute recess?

The Chair (Mr. Michael Prue): You cannot.

Mr. Mike Colle: Why not?

The Chair (Mr. Michael Prue): Because the order says that you're entitled to one request for one recess prior to the vote, not multiple ones. The 20 minutes were granted because it is in accordance with the rules, and it is a right, but having taken that right, you do not have a second right.

Mr. Mike Colle: So I can only ask for one recess?

The Chair (Mr. Michael Prue): A member may ask for one recess on behalf of the committee, that's all, and it was granted.

Mr. Steve Clark: Chair, we have the minister here. Let's call the question and get on with this.

The Chair (Mr. Michael Prue): Just bear with me.

I am now going to call the question. All those in favour of the motion, including the word "day" in it, please—

Mr. Mike Colle: Can we see a written copy of that amended motion?

The Chair (Mr. Michael Prue): You all have a copy.

Mr. Mike Colle: But supposedly the motion was changed, Mr. Chair.

The Chair (Mr. Michael Prue): The word "day" was inadvertently left out, and I have said where the word is. He is an honourable member. He says it's part of the record.

Mr. Mike Colle: But it's not before me.

The Chair (Mr. Michael Prue): I am proceeding to the vote. These questions you are asking should have been asked prior to the request for a recess. I'm sorry, but those are the rules of the House. I can't do anything except enforce the rules that are put upon the committee and me as Chair.

Mr. Mike Colle: The amended motion—we're to go on hearsay that—

The Chair (Mr. Michael Prue): It is not amended. There was one word left out of the written portion but was included in the transcript, and you will find it in Hansard. He has explained that, and it was part of the record.

Mr. Mike Colle: And in that 20-minute recess, we couldn't get a copy of that change?

The Chair (Mr. Michael Prue): I am not here to debate with you, Mr. Colle. The 20-minute recess was requested for the purpose of caucusing in order that the caucus might know how to vote. That's all that was requested. It was granted. I must proceed to the vote. Those are the rules of the committee and of the House.

Mr. Steve Clark: Recorded vote, chair.

The Chair (Mr. Michael Prue): I have a request for a recorded vote.

Ayes

Clark, Crack, Dickson, Gélinas, Jaczek, Leone, Nicholls.

The Chair (Mr. Michael Prue): All those opposed? The motion carries.

We will now return to the estimates. The floor belongs to the Conservatives. You have, I think, 19 minutes and 45 seconds. It took 15 seconds to get that portion out.

Mr. Rob Leone: Thank you, Mr. Chair, and thank you, Minister, for returning to estimates to discuss some items of importance.

I want to ask some questions with regard to the Healthy Kids Panel report. Certainly there have been some questions—I know the Ontario Convenience Stores Association is here at the Legislature today, which has some positive things to say about the Healthy Kids Panel report and some negative things to say about the panel report. But just before I start, is this among the 36 panels or is this panel number 37 with regard to the government

instituting their consultation process? What number is this? Is this—

Hon. Deborah Matthews: I'm not keeping track of the numbers of panels, but I can tell you that consulting widely is, I think, the right thing to do.

Mr. Rob Leone: Okay. On saying that, I have a number of questions that I want to raise with you today. I have a copy of a letter—and after I read it, if you want to take a look at it, I'm happy to provide it to you. It was written by Kate Manson-Smith—I didn't see her on the list of folks who are here. She's the assistant deputy minister, health promotion division.

Hon. Deborah Matthews: Yes.

Mr. Rob Leone: The letter states—it's a consultation letter asking for requests for folks to come in, groups to come in to talk about the Healthy Kids Panel report. It says, for example, "The group is"—

Mr. Mike Colle: Point of order, Mr. Chair.

The Chair (Mr. Michael Prue): Point of order, Mr. Colle.

Mr. Mike Colle: Could we see a copy of the letter that the member's referring to?

Mr. Rob Leone: I don't have copies, but if copies are requested, then—

The Chair (Mr. Michael Prue): You will make copies available?

Mr. Rob Leone: Do you want me to make copies available?

Mr. Mike Colle: Is the letter to the minister?

The Chair (Mr. Michael Prue): We can make them if you're—are you quoting from the letter or is this just general—

Mr. Rob Leone: I'm asking some questions about the letter.

The Chair (Mr. Michael Prue): You're asking a question without a letter?

Mr. Rob Leone: Questions about the letter and the contents thereof.

The Chair (Mr. Michael Prue): Okay. You have a copy of that letter that you're reading.

Mr. Rob Leone: I do.

The Chair (Mr. Michael Prue): Okay. I wonder, then—I think the members would be entitled; Mr. Colle is correct. We will take a five-minute recess in order to have those copies made available to all members.

We stand recessed for five minutes.

The committee recessed from 1726 to 1733.

The Chair (Mr. Michael Prue): Everyone now has a copy. Just for the record, so that there's no confusion at the end, you have about 18 minutes left.

Mr. Rob Leone: Great. Let's get to some questions today, Mr. Chair.

Minister, I'm happy that everyone now has a copy of the letter. I want to suggest—I'm on the third paragraph, now that everyone can read: "This group is responsible for moving the agenda of the Healthy Kids"—

Hon. Deborah Matthews: I'm sorry. I didn't hear you. Could you just start over again? You're reading from paragraph—

Mr. Rob Leone: Sorry—three. But now as I'm counting, it's actually paragraph 4.

Hon. Deborah Matthews: Okay.

Mr. Rob Leone: In the last sentence, it says: "This group is responsible for moving the agenda of the Healthy Kids Panel report forward with support across government."

From that, I get the impression that the government is wholeheartedly moving forward with the agenda that has been expressed in the lengthy report. The report is 64 pages long. Moving forward with supports from across government: Is that the intention of the government, to move ahead with the recommendations of this report?

Hon. Deborah Matthews: We are definitely examining all of the recommendations. There are some that we've announced that we are moving forward with. Support for moms who want to breastfeed their babies is one of the areas. Expanding student nutrition programs so kids in schools get healthy snacks or healthy breakfasts—we know that they learn better and they're healthier when they've had that healthy food. We have committed to listing calories on menus and menu boards. I think this consultation is about that, in addition to the marketing of unhealthy food aimed at kids.

So yes, we are moving forward on some of the recommendations. We've already indicated our intention. Others, we're considering.

Mr. Rob Leone: If you go to the second page, there's another asterisk beside a list of things that this consultation session is going to focus on. I'm going to read them into the record:

"—guiding principles for an approach to limit the marketing of unhealthy food and beverages to children;

"—defining unhealthy food and beverages;

"—working together to strengthen current efforts to limit the marketing of unhealthy food and beverages to children;

"—further actions that could be taken by government to limit marketing to children including point-of-sale; and

"—insights on a monitoring and evaluation system."

So, Minister, does that suggest that the government is going to promote the limiting of marketing of unhealthy foods to kids?

Hon. Deborah Matthews: We are currently consulting on that. We were very clear that we are moving forward with including calories on menus and menu boards, and we want to explore the idea of limiting the advertising of unhealthy foods to children.

Some 80% of advertising aimed at children is for unhealthy foods. If anybody just wants to turn on the cartoons on Saturday morning, they will see the advertising aimed at children. That's troubling for me. I'll be honest with you: Advertising aimed at children is troubling for me, so we are consulting on what steps we might take to limit the advertising of unhealthy food to children.

Mr. Rob Leone: How would you define point-of-sale advertising?

Hon. Deborah Matthews: Point-of-sale advertising is, for example, the checkout counter at a grocery store.

There might be special advertising and promotions there. That's what point-of-sale advertising is.

Mr. Rob Leone: You know, Minister, I go to the grocery store, like a lot of people who shop and do their groceries. You're at the checkout line and you have those candies and gums etc., which I would probably consider not-so-healthy food. Is this part of point-of-sale advertising, in your view?

Hon. Deborah Matthews: Yes, it is.

Mr. Rob Leone: So having it easily accessible to the fingers of your kids in the shopping cart would be part of what you're suggesting needs to be altered.

Hon. Deborah Matthews: That's what we are consulting on. In some grocery stores, there's a pop machine right at the checkout. You have children, I believe.

Mr. Rob Leone: I do have children, three boys under six.

Hon. Deborah Matthews: So you do grocery shop with your children.

Mr. Rob Leone: Oh, I do.

Hon. Deborah Matthews: Three boys under six?

Mr. Rob Leone: That's right.

Hon. Deborah Matthews: So you probably have experienced this yourself, where kids have been exposed to advertising. They have a burning desire for their parents to purchase a product, and—

Mr. Rob Leone: Actually, I haven't had that experience.

Hon. Deborah Matthews: You haven't? Well, that's wonderful.

Mr. Rob Leone: My oldest child doesn't actually liked chocolate. I don't understand this, but he doesn't really get it.

Mr. Steve Clark: He needs to spend a week with the Chair.

Mr. Rob Leone: Exactly. He's not going to raid your candy box there, Chair.

But some of the things I think a lot of people have some concerns about, certainly on the business side of things, the way that "unhealthy foods" are packaged might be considered advertising to the unscrupulous bureaucrat or minister who likes to impose some rules on that. I'm wondering, to what extent is the government going to regulate the kinds of packaging that are going to be had with these items that are closely accessible to kids when you're checking out at the grocery store?

Hon. Deborah Matthews: Here, I think, is the important thing. We released our action plan on how we are going to have a health care system that meets the needs of future populations. The first pillar of that action plan is about keeping Ontarians healthy. If you look at children, and how healthy children are today, the evidence is as clear as can be that kids today are not nearly as healthy as kids of a couple of decades ago. We're seeing child obesity rates grow at an astounding rate, and you'll see in the panel report that they actually quantify the increase in childhood obesity. So we can choose to do nothing about that, or we can choose to take action, to give parents the support they need to make healthy choices for kids.

The panel report was very clear in their perspective: They're coming at this from how we can help parents make the choices they want to make. Parents want their kids to be healthy, and our society is making it kind of difficult for that, so marketing to children is one thing that we're looking at. Listing calories—we've already decided that's the right thing to do. Marketing to children is something we're consulting on. You might think it's not a good idea to consult; we think it's a good idea so that we can hear the perspectives of various people who have thoughts on this.

1740

Mr. Rob Leone: Minister, what other places in the world have you looked at that are restricting the way foods and beverages like those you are targeting—and the marketing of those foods and beverages in retail stores. Can you name any jurisdictions outside of Ontario that have gone down this path and what the outcome of that was?

Hon. Deborah Matthews: The Healthy Kids Panel report did look at jurisdictions in developed countries around the world. They did take advantage of research that had been done in other jurisdictions, and this is the recommendation based on the evidence. I think a thorough read of the report would actually point you in the direction of the evidence.

Mr. Rob Leone: Well, I have the report right here. Any Canadian studies that you're aware of that found that restricting the point-of-sale advertising actually reduces childhood obesity? Are there any studies that you could point to that point to the restriction of point-of-sale advertising to the reduction of childhood obesity? Or could you share some?

Mr. Saäd Rafi: I don't have that off the top of my head, but I just wanted to clarify, or expand, on one point on point of sale. Part of the consultations will actually examine various institutions' interpretations of that. So, let's say, convenience stores versus larger grocery stores may have different definitions of "point of sale," in some cases. I think this comes at the impetus of the co-chair of the Healthy Kids Panel, Kelly Murumets. So that is part of the consultation.

As for the Canadian jurisdictions, we'd have to get back to you on that.

Hon. Deborah Matthews: You'd be interested to know, too, that the Healthy Kids Panel report—and you'll see the members represented a very broad spectrum of opinion. The panel had some very interesting discussions. Through those discussions, they made a decision early on that they would not include a recommendation that didn't have the unanimous support of those members. So if you look down the list of the members, they all agreed that restricting marketing to children was a good thing to do.

Mr. Rob Leone: I did look at the people who are on the panel. I noticed that 10 representatives were from industry and 17 were from the broader health care community. I think there's a concern—I know the convenience stores' association brought concerns about jobs. I

haven't heard from the—this isn't my portfolio, so I don't have constant contact with stakeholders in this area, but I would assume that makers of what might be broadly defined as "unhealthy food" would be concerned about banning point-of-sale advertising, or any restrictions on point-of-sale advertising, or any advertising to young people, having an effect on jobs. Given the two-to-one skew, according to the numbers—I was looking through the list—does that mean that this is going to have a negative impact on jobs?

Another component to this is that there's an economic question that's involved with this. How do you rationalize the composition of this panel to having an overweighting of health care community representatives versus industry representatives, and how does that affect the definition of what constitutes an unhealthy food or not? Whose definition are we going to be using?

Hon. Deborah Matthews: I believe there were 18 members of the panel, so—

Mr. Rob Leone: I might be wrong in my numbers, but I thought it was—

Hon. Deborah Matthews: Yes, I think there were 18 members of the panel, and it was a broad cross-section. I said that they did not move forward on a recommendation unless there was unanimous agreement by the committee that it was the right thing to do. I'm not going to make any apologies for having health people there, because this is about health.

Mr. Rob Leone: I agree. I don't disagree with having health people there. I hope I'm not misconstrued in saying that.

Hon. Deborah Matthews: There are real costs to having unhealthy kids. There are real costs to those kids, and there are real costs to the system. We know that childhood obesity is a very clear predictor of diabetes, of heart disease, of other illnesses. We want our kids as healthy as possible, so we are consulting on that recommendation because we want to hear the voices of people who might not think it's a good idea. So we are consulting on that.

Mr. Rob Leone: How much time do I have, Chair?

The Chair (Mr. Michael Prue): Approximately five and a half minutes.

Mr. Rob Leone: Okay. There are two recommendations—I know that the convenience stores' association—

The Chair (Mr. Michael Prue): I have a point of order. Mr. Dickson.

Mr. Joe Dickson: I apologize to Mr. Leone. I just want to clarify something in my head because the conversation is going back and forth and it appears to have a different connotation from one question to another. I want to just assure myself through you, Mr. Chair, that what the minister is referencing and what staff are referencing and what all of us around this table are talking to is not yet approved, but things such as—the minister clearly indicated there has not been a recommendation as yet. It's almost as if it's open for ongoing consideration.

A couple of the quotes I jotted down were that the ministry is "looking at"—and I just want to make sure that—

Mr. Rob Leone: Chair, I'm not sure what the point of order is.

Mr. Joe Dickson: Am I on the right track? There is nothing—

The Chair (Mr. Michael Prue): Yes, you are on the right track. I don't want to take Mr. Leone's time away, but—

Mr. Rob Leone: Well, now I'm at four and a half minutes, I bet.

The Chair (Mr. Michael Prue): I know, I know, but he has the right to ask the question. The minister has been very clear that this is a discussion proposal, that it's under active discussion, and Mr. Leone, I think, understands that.

Back to Mr. Leone.

Mr. Rob Leone: I hope I get the time back, Chair, because I'm not sure that was even a point of order. I'm not sure what standing order was referenced in there, but anyway—

Mr. Mike Colle: Well, I think—Mr. Chair.

Mr. Rob Leone: It's my time.

The Chair (Mr. Michael Prue): Is it a real point of order?

Mr. Mike Colle: Point of order.

The Chair (Mr. Michael Prue): Okay, then what is it?

Mr. Rob Leone: It's my time here.

The Chair (Mr. Michael Prue): Your point of order is?

Mr. Mike Colle: My point of order is that I think any member has the right to ask a point of order for clarification—

Mr. Rob Leone: If it's a point of order.

Mr. Mike Colle: —and not to be interrupted when they're—

The Chair (Mr. Michael Prue): Yes, he has the right to ask that question.

Mr. Mike Colle: That's all.

The Chair (Mr. Michael Prue): He was not making a point of order, though. He was seeking some clarification. The clarification has been made, and your point of order is not well taken.

Back to Mr. Leone.

Mr. Rob Leone: Recommendation 2.2 of the panel suggests that the ban of "point-of-sale promotions and displays of high-calorie, low-nutrient foods and beverages in retail settings, beginning with sugar-sweetened beverages"—again, a ban of point-of-sale promotions and displays. And 2.1 says, "Ban the marketing of high-calorie, low-nutrient foods, beverages and snacks to children under age 12." Those are actually the recommendations of the report. I'm wondering if the government is planning on proceeding with those recommendations.

Hon. Deborah Matthews: I think I've been really clear about that. What we are doing is consulting on that particular recommendation, so we—

Mr. Rob Leone: What's your opinion on the recommendation? I mean, to ban point-of-sale promotions, to "ban the marketing of high-calorie, low-nutrient foods, beverages and snacks to children under age 12." We're talking about an outright banning of—that's what the recommendation is. What's your—

Hon. Deborah Matthews: The recommendation is not banning the sale of those products, but banning the marketing of those products.

Mr. Rob Leone: Correct.

Hon. Deborah Matthews: I think it is definitely an undertaking worth consulting on. I am very interested to learn the results of the consultation. We're listening to the convenience store owners; we're listening to the health experts. Most importantly, we're listening to parents who are telling us that it's tough to get out of a grocery store without either having a tantrum or buying something that you maybe didn't go into the store wanting to buy.

Mr. Rob Leone: They need kids who don't like chocolate; it's an easy way to get out of that grocery store in a very timely way.

Hon. Deborah Matthews: Well, not all of us have children who don't like chocolate.

Mr. Rob Leone: But, Minister, I think there's a serious concern here about the effect that such a ban would have. I don't know if a lot of people would consider the packaging of candy or chocolate bars—I know the Chair has brought some today to the committee, not with the understanding that I was going to ask questions on this, but I don't know if a lot of people would view that as sale and promotional marketing.

There's some concern that this is going to introduce a whole new regulatory framework, that we're going to institute junk food cops, not only in our schools, but also in our grocery stores and our convenience stores, and that would have a negative effect on how businesses operate. We're actually going to be specifying what they can sell and where they can sell it. You know, even though no one likes to talk about a slippery slope argument, there is one that does apply to this. Where does it stop and where does it start? These are serious concerns.

1750

I appreciate the fact that we want to make sure our kids are healthy—I want my kids to be healthy too—but at what point does the government have to regulate this, and at what point do parents have to take personal responsibility for ensuring that their kids are healthy? It seems that, by this kind of the language, the government is going down the road of saying that the government is going to regulate, and I think parents should have an opportunity and a right to be educated. There's lots of stuff in the report that actually talks about that, and I appreciate that, but the government going down this road might be a slippery slope. What do you say to industry and businesses—small businesses, large businesses and medium-sized businesses—that are going to be severely affected by a new regulatory regime and junk food cops in their stores?

Hon. Deborah Matthews: I think you're kind of taking this into somewhere where it isn't. What we are doing is consulting. I hear, loud and clear, that you think it's a bad idea. I will consider that as part of the consultation—

Mr. Rob Leone: I never said that. I said that I respect the fact that we want to make sure that our kids need to be healthy. That's what I said.

The Chair (Mr. Michael Prue): I'm going to have to stop it there. The time has expired.

The floor now goes to Madame Gélinas. There are approximately nine minutes. We will be stopping precisely at 6, and you would be the first person on the next occasion, but right now, you have nine minutes.

M^me^ France Gélinas: Thank you. I had sort of laid the ground for my next series of questions regarding hospitals, starting with Health Sciences North/Horizon Santé-Nord, in Sudbury, and, basically, Health Sciences North is looking at doing research like other teaching hospitals in southern Ontario. To do research, they understand they need to compete and show that they are able to do this to get this particular research project, but to set up the infrastructure that allows them to do research, they are late in the game. Northern Ontario has just started to do research in their hospitals, versus hospitals in southern Ontario that are well established, that have some capital asset to be able to work from.

So the question is, really, will you be willing to consider some means to make it easier for a hospital in northern Ontario interested in translational research to be able to get started?

Hon. Deborah Matthews: I can tell you that we would look very carefully at any proposal that came in from Health Sciences North, and I do believe we might have a meeting already in the works. We'd be very happy—I think the health challenges in the north are significantly different from the health challenges in the south. It's a different geography, a different environment, a different population, a different set of health challenges, so I think it's important that we have research that focuses on the north.

I don't know exactly what Health Sciences North is looking for, but I can tell you that it's important to me that we have research that reflects Ontario, and that definitely includes northern Ontario. So I look forward to hearing what a proposal from Health Sciences North might look like.

M^me^ France Gélinas: Thank you. When I did my opener, I ended up with PET scanning technology. You know very well that northeastern Ontario is the only area of the province that does not have access to this technology. When you changed the rules so that PET scans would be covered by OHIP, there were six PET scanners in Ontario: They were in Ottawa, London, Thunder Bay, Toronto and Hamilton. Since then, the inventory of PET scanners has grown. We started with six when you made the announcement; we now have 12, soon to be 13 when the new one, the PET MRI, gets bought. There are still none in northeastern Ontario.

The opportunities for other hospitals to move ahead with new technology is there, obviously, because they keep purchasing that equipment and it keeps coming on-

line in Ontario. Those opportunities don't exist in northern Ontario. The financial case for northern Ontario is very different. The issue of equity of access is still there. To be told, when you are sick and when you are living in Hearst, in Timmins, in Sudbury or Sault Ste. Marie, that you will have to go to Toronto to get your PET scan is an issue of equity for the people of the north, and I would like you to address this equity issue.

Hon. Deborah Matthews: Yes, I will, and I know you've been a very strong advocate of a PET scanner for Sudbury for a long time.

The issue is that when you make investments in something like a PET scanner, there is a critical mass, and I'm told that the whole population of northeastern Ontario, all of the people who would go to Sudbury for a PET scan, would amount to only 25% of the volumes that you need to justify a PET scanner.

What's important to me is that people in the northeast have access to the same tests that everyone else in the province does. There are only five cities that have a PET scanner, so if you don't live in one of those cities, you're going to be travelling to one of those communities for a PET scan. So it's not just the people of northeastern Ontario who have to travel to get that PET scan—

M^me^ France Gélinas: But nobody travels for 1,600 kilometres, nobody travels for 1,200 kilometres—only the people of the northeast have those kinds of burdens put on them, and this is the equity.

You know, when you live in the north—for a long time, we fought to have a cancer treatment centre. We were told the same thing: We did not have the critical mass; we wouldn't be able to recruit; we would not have enough money to operate—at the time, they were cobalt machines and other radiation machines. But they built a cancer treatment centre in Sudbury, and it is now running flat out, and we now have other treatment centres in the north. We're at this point with this technology where the burden of travel that has been put on the residents of the northeast is not equal to what anybody else has to travel, the people from Hearst, Kap, and everybody else, who lives in the north. There's an issue of equity.

Hon. Deborah Matthews: The LHIN and the hospital have examined this issue. To the best of my knowledge, there has not been a recommendation from the LHIN or the hospital to move forward with a PET scanner for the northeast. There are other priorities that they place higher than a PET scanner.

M^me^ France Gélinas: Within the existing funding model that is based on the big urban centres. I agree with you: Within the funding structure that we have in place that always works in favour of big centres of excellence in big urban centres, the north is always the loser of those deals, and that goes for everything. The way that it is funded now, you're right: There's not a financial case. The point is, why don't we fund them differently so that we can have equity for every resident of our province?

Hon. Deborah Matthews: We would love to have a PET scanner in every community hospital, but people have to travel to get access to that. I hear you loud and clear: There is not a PET scanner in the northeast. In a time of limited dollars, we have to set priorities, and the LHIN and the hospital have both said that this is not their highest priority right now. I listen to the LHIN and I listen to the hospital, and I know you'll continue to advocate for your constituents; I understand that. But I can tell you that I have to listen to the advice of those people who are charged with the responsibility of allocating precious and limited health care dollars to where they will have the most impact for the most number of people, and right now, a PET scanner is not the highest priority for your community.

M^me^ France Gélinas: So are the hospital and the LHIN—

The Chair (Mr. Michael Prue): I'm going to stop you there because we've now reached 9—6 o'clock; it seems like 9 o'clock sometimes. We are going to adjourn now and we will reconvene on Tuesday, November 5, at 9 p.m.

Interjections: A.m.

The Chair (Mr. Michael Prue): A.m. Sorry, a.m.

We stand adjourned.

The committee adjourned at 1800.

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Vice-Chair / Vice-Président
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Mr. Joe Dickson (Ajax–Pickering L)
Mr. Rob Leone (Cambridge PC)
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