



ISSN 1180-5218

**Legislative Assembly  
of Ontario**

Second Session, 40<sup>th</sup> Parliament

**Assemblée législative  
de l'Ontario**

Deuxième session, 40<sup>e</sup> législature

**Official Report  
of Debates  
(Hansard)**

**Wednesday 6 November 2013**

**Journal  
des débats  
(Hansard)**

**Mercredi 6 novembre 2013**

**Standing Committee on  
General Government**

Employment Standards  
Amendment Act  
(Leaves to Help Families), 2013

**Comité permanent des  
affaires gouvernementales**

Loi de 2013 modifiant  
la Loi sur les normes d'emploi  
(congés pour aider les familles)

### **Hansard on the Internet**

Hansard and other documents of the Legislative Assembly can be on your personal computer within hours after each sitting. The address is:

<http://www.ontla.on.ca/>

### **Index inquiries**

Reference to a cumulative index of previous issues may be obtained by calling the Hansard Reporting Service indexing staff at 416-325-7410 or 325-3708.

### **Le Journal des débats sur Internet**

L'adresse pour faire paraître sur votre ordinateur personnel le Journal et d'autres documents de l'Assemblée législative en quelques heures seulement après la séance est :

### **Renseignements sur l'index**

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7410 ou le 325-3708.

---

Hansard Reporting and Interpretation Services  
Room 500, West Wing, Legislative Building  
111 Wellesley Street West, Queen's Park  
Toronto ON M7A 1A2  
Telephone 416-325-7400; fax 416-325-7430  
Published by the Legislative Assembly of Ontario



Service du Journal des débats et d'interprétation  
Salle 500, aile ouest, Édifice du Parlement  
111, rue Wellesley ouest, Queen's Park  
Toronto ON M7A 1A2  
Téléphone, 416-325-7400; télécopieur, 416-325-7430  
Publié par l'Assemblée législative de l'Ontario

## LEGISLATIVE ASSEMBLY OF ONTARIO

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
GENERAL GOVERNMENTCOMITÉ PERMANENT DES  
AFFAIRES GOUVERNEMENTALES

Wednesday 6 November 2013

Mercredi 6 novembre 2013

*The committee met at 1604 in committee room 2.*EMPLOYMENT STANDARDS  
AMENDMENT ACT  
(LEAVES TO HELP FAMILIES), 2013  
LOI DE 2013 MODIFIANT  
LA LOI SUR LES NORMES D'EMPLOI  
(CONGÉS POUR AIDER LES FAMILLES)

Consideration of the following bill:

Bill 21, An Act to amend the Employment Standards Act, 2000 in respect of family caregiver, critically ill child care and crime-related child death or disappearance leaves of absence / Projet de loi 21, Loi modifiant la Loi de 2000 sur les normes d'emploi en ce qui concerne le congé familial pour les aidants naturels, le congé pour soins à un enfant gravement malade et le congé en cas de décès ou de disparition d'un enfant dans des circonstances criminelles.

**The Vice-Chair (Mrs. Donna H. Cansfield):** I'd like to call the meeting to order. We are going to go clause by clause on An Act to amend the Employment Standards Act, 2000 in respect of family caregiver, critically ill child care and crime-related child death or disappearance leaves of absence.

The first section of the bill is section 1. Are there any comments, questions or amendments to this section of the bill?

**Mr. Vic Dhillon:** No.

**The Vice-Chair (Mrs. Donna H. Cansfield):** No? Seeing none—

**M<sup>me</sup> France Gélinas:** Just let me get organized. My first motion is in section 3, so we're on—

**The Vice-Chair (Mrs. Donna H. Cansfield):** We're on section 1. So on section 1, if there are no comments, questions—seeing none, the section passes. Shall it carry? All those in favour? Those opposed? Section 1 carries.

Section 2: We have a government motion. I forgot. I wanted to tell you there's a new amendment 4.1 that you've been given—a new government amendment 4.1. So first on section 2, government motion: Mr. Dhillon.

**Mr. Vic Dhillon:** I move that section 2 of the bill be amended by adding the following subsection:

“(0.1) The French version of subsection 49.1(7) of the act is amended by striking out”—my French is not

good—“‘périodes d'une semaine complète’ and substituting ‘périodes de semaines complètes.’”

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much.

**Mr. Vic Dhillon:** I hope that's acceptable, makes sense.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any comments or questions?

**Mr. Randy Hillier:** I wouldn't mind hearing a translation on that.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Would you like to—

**M<sup>me</sup> France Gélinas:** I can translate it, if you want. Basically, it goes from “a period of a complete week” to “a period of complete weeks.”

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much for that.

Are there any further comments, questions or amendments to section 2? Seeing none, shall this government motion carry? All those who are for? All those opposed? Thank you.

**Ms. Peggy Sattler:** Opposed.

**Mrs. Donna H. Cansfield:** We'll do this again. Shall the section carry, as amended? All those in favour? All those opposed? Thank you. The section shall carry, as amended.

The next section is section 3. We have the first motion. Number 2 is an NDP motion. Could I ask who will be speaking to—

*Interjection.*

**The Vice-Chair (Mrs. Donna H. Cansfield):** Ms. Sattler? Thank you.

**Ms. Peggy Sattler:** I move that the definition of “qualified health practitioner” in subsection 49.3(1) of the act, as set out in section 3 of the bill, be struck out and the following substituted:

“‘qualified health practitioner’ means,

“(a) a person who is qualified to practise as a physician, a registered nurse or a psychologist under the laws of the jurisdiction in which care or treatment is provided to the individual described in subsection (4), or

“(b) in the prescribed circumstances, a member of a prescribed class of health practitioners.”

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any further comments that you'd like to make? Ms. Gélinas?

**M<sup>me</sup> France Gélinas:** Sure. Basically, we want to broaden the people who can attest that the person needs to have family caregiver leave.

We are moving in Ontario more and more toward interdisciplinary care, where it could very well be that you never see a family physician, not because you can't have access to one—that could happen, if you live in northern Ontario—but simply because they are not the professional whose ability best suits your needs.

It could very well be that your loved one is in care for mental health. There are professionals out there who have way more ability than a physician to be able to say if you need mental health care, and that could include a psychologist, for example.

We want the bill to not only be for now, but to be for what we want it to be: Ontarians should have access to interdisciplinary care, where the person with the right sets of skills offers you the right sets of care at the right place. We hear the Minister of Health talking about this all the time, the right care at the right place by the right providers, and yet, here again in November 2013, we write in bills that “only a physician can do.” I'm past this and Ontarians are past this. We reach out to the professionals who can best help us, and our bills should reflect that.

1610

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. Any further comment? Mr. Dhillon?

**Mr. Vic Dhillon:** We won't be supporting this motion, because the additional practitioners that we're talking about cannot prescribe, and the Ministry of Health has some concerns that if these people cannot diagnose a situation, how can they make an analysis about that condition? There are regulatory powers with the ministry to consider certain situations.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. Ms. Scott?

**Ms. Laurie Scott:** I just want to ask a few questions. I don't agree with part (a) of the motion, for sure. Can I maybe ask legal counsel this? Would this be in regulation? Could this be addressed in regulation?

**Ms. Julia Hood:** Yes. Both the provision that's currently in the bill and the one being proposed contain power to prescribe classes of health practitioners by regulation. With either one, if brought into force, you could make a regulation under it prescribing health practitioners for the purposes of this definition.

**Ms. Laurie Scott:** Okay. But if this amendment doesn't go through, is it just doctors?

**Ms. Julia Hood:** No. In the bill right now, there is the power to prescribe classes of health practitioners. Either one will allow for regulations that do that.

**Ms. Laurie Scott:** By bringing this in, is that going to affect the legislation at all?

**Ms. Julia Hood:** Well, the difference would be that, as amended, registered nurses and psychologists would immediately be brought into the definition. In the bill, a regulation would have to be made prescribing them in order to bring them into the definition.

**Ms. Laurie Scott:** Okay.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any further questions? Ms. Damerla?

**Ms. Dipika Damerla:** I just wanted to clarify. By putting in registered nurses and psychologists, we actually create an anomalous situation now, because these two classes don't have the authority to prescribe right now. To add it through this bill is anomalous, because the law doesn't allow them to prescribe. How are they going to be able to diagnose and say, “This person has a very serious illness”? Because they're not allowed to do that. To put it in through here creates an anomalous situation.

*Interjection.*

**Ms. Dipika Damerla:** Let me finish. Through regulation we could—for instance, in the north, where you have registered nurse practitioners, regulation would allow us to allow them to give a medical certificate. It is in the way the act is worded right now, because it says “in prescribed circumstances, prescribed classes of people can.” That would capture in the north where you don't have, say, a doctor or things like that.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Ms. Gélinas?

**M<sup>me</sup> France Gélinas:** The ability to prescribe has nothing to do with the ability to meet your needs. The ability to prescribe has to do with drugs and medication. You may very well not need a drug whatsoever. What we're putting forward is, really, professionals that people turn to for which you may very well need a family member to help you. This is in line with what we see in reality. In reality, you're often under the care of a registered nurse. You could very well be under the care of a psychologist. I have no problem with the others being in, but to link it to the ability to prescribe drugs is completely irrelevant.

*Interjection.*

**The Vice-Chair (Mrs. Donna H. Cansfield):** Excuse me. I have a speaking list. Ms. Damerla, please.

**Ms. Dipika Damerla:** Thank you, Chair. What we're getting at is saying that the ability to prescribe is the broader thing of the ability to diagnose. If I can't diagnose that this person has a very serious medical condition—that has to be diagnosed by a physician as it stands currently. A nurse cannot do that. The person who is diagnosing it is probably the person who is going to give that certificate.

There are some real concerns that we are broadening the scope of practice indirectly by passing this amendment, because this class, which is just the nurse—not even the nurse practitioner, but a registered nurse—they're not going to be diagnosing that this person has this kind of very serious illness. That's going to be diagnosed by the doctor, and the doctor is the person who is going to be able to say, “This is a very serious illness. Hence, I say to the employer, ‘You need to give this person caregiver leave.’” The nurse wouldn't be making that diagnosis.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you. Mr. Fraser?

**Mr. John Fraser:** Just to what my colleague just said, my mom is a registered nurse, and so it has got nothing to do with being a nurse or a psychologist other than the

fact that they don't have the ability to communicate a diagnosis. Okay?

We have some classifications right now, like nurse practitioner. I think it's something that we can deal with in regulations because it is evolving and we have to take a look at that. Who are the people who can make this determination in fairness to the families and in fairness to those other people involved, the employers?

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you. I have Ms. Scott first.

**Ms. Laurie Scott:** Do any of you want to speak to this?

**Mr. Randy Hillier:** Yes.

**Ms. Laurie Scott:** I'll let Randy go.

**The Vice-Chair (Mrs. Donna H. Cansfield):** I have a speaking list.

**Ms. Laurie Scott:** Okay.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Can I ask Ms. Gélinas first before Mr. Hillier?

**M<sup>me</sup> France Gélinas:** Sure. A serious medical condition is not a diagnostic. You can ask anybody who is allowed to diagnose. A serious medical condition is not a diagnostic. A diagnostic is, you have a broken leg, sure; a broken femoral—whatever. But a serious medical condition is not a diagnostic.

The bill has been written that you will be allowed to have care if you have a serious medical condition, which is not a diagnostic. It is a term that is used by insurance companies full flat out. I have been opposed to this use of these words, but this is what the legislation was being written on. So it makes no difference.

In life, you will have seen a number of physicians and other health care professionals that will have given you a number of diagnoses, but it does not mean that because I have a diagnosis, I have a serious medical condition. I may very well have a diagnostic of cancer, but right now I'm in remission and I'm still fine, but I still have a diagnostic of cancer. The two are not related.

This is 2013. We moved toward interdisciplinary care. Those people are the people who will be helping out people with serious medical conditions so that they can have a family caregiver. That's all.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Mr. Hillier?

**Mr. Randy Hillier:** Just to further this a little bit—I think we got a little bit off track with prescriptions and diagnostics and whatnot. The way the bill is right at the moment, only physicians have the authority to authorize that leave. The bill also authorizes the Ministry of Health, the administration or the bureaucracy in the Ministry of Health, to broaden that out at some later time through regulation.

Now, we can either allow the bureaucrats at the Ministry of Health to make law or maybe we can do that here, in the Legislature. I would suggest to the committee here that this is a fair and reasonable amendment and it would go significantly to assist those people in outlying, rural and northern communities and elsewhere, in places where there is a known shortage of physicians, that we

allow that to happen now. The whole bill is structured in a manner that provides latitude. That's really what this bill is doing, and if you look through the whole language of the bill, it is to provide latitude.

I think the NDP amendment is fair and reasonable, and it has nothing whatsoever to do with the ability to prescribe medications or make diagnostics. I had a nurse visiting my mother on the weekend and she said, "You should go to the hospital and have an X-ray." You could say that's a diagnosis.

Nurses are professional. They have a code of ethics that they are bound by. I think there's really not much point in discussing it further. I think it should just be adopted.

1620

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you. Ms. Damerla.

**Ms. Dipika Damerla:** I do want to make the point that the bill leaves it to the physician in this case, as it's written, to decide what is serious and what isn't. So it's not just about the diagnosis.

MPP Gélinas, I know you're a nurse, so you know a lot more than I do—

**M<sup>me</sup> France Gélinas:** Physiotherapist.

**Ms. Dipika Damerla:** Oh, you're not? I'm sorry; I stand corrected.

**Interjection:** Laurie is a nurse.

**Ms. Dipika Damerla:** Yes, that is true.

I agree that the diagnosis is the broken leg, but who decides if this is really serious enough that a caregiver needs to take time off? That's the discretionary part, because the act is silent on what is serious. As we broaden the scope of who can say this is a serious illness, maybe even I can say that if somebody is going to be dying in 26 weeks, it's a serious illness. Even a layperson can make that determination.

Because the act is silent on what is serious and it's being left to an expert—not just the diagnosis, but a decision on whether this is serious or not—what we have said is: Let it be a physician. In prescribed circumstances where there is a shortage of physicians, we can expand that, but to just unilaterally expand that across the province, especially a registered nurse, not even a nurse practitioner—I think that we are broadening the scope at this point of what their professional abilities are.

If you want to do that, let's do that through the Ministry of Health and legislation there, not through an act through the Ministry of Labour.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Are there any further comments or questions? Seeing none, shall the section carry, as amended?

*Interjection.*

**The Vice-Chair (Mrs. Donna H. Cansfield):** Sorry, I have to pass the amendment first.

All those in favour of the amendment? All those opposed? Thank you very much. It's carried. Section 49.3(1) is carried, as amended.

Next we go to number 3, an NDP motion. Ms. Sattler.

**Ms. Peggy Sattler:** This is for section 3 of the bill, section 49.3 of the Employment Standards Act, 2000.

I move that section 49.3 of the act, as set out in section 3 of the bill, be amended by adding the following subsection:

“No fee for certificate

“(2.1) A qualified health practitioner shall not charge a fee for a certificate issued for the purposes of this section.”

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. Any further comments? Ms. Gélinas.

**M<sup>me</sup> France Gélinas:** I think it's self-explanatory. More and more, when you need a health practitioner to write a note for anything, this is something that is not covered by OHIP. Therefore, this is something that physicians tend to charge for.

The fees have not been regulated and are all over the map, and they are sometimes really outrageous for what you ask of them. This is something that people, if they need the note, should not have to pay for.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any further comments? Mr. Hillier.

**Mr. Randy Hillier:** I understand what the NDP motion is and the good intent behind the motion, and have no disagreement with the intent.

I think what we often see, though, with well-intended amendments—I would phrase it like this: If health care professionals are not allowed to charge a fee, would we not and do we not run the unintended consequence of people not issuing those certificates because there is no monetary reimbursement? We've seen this in the past, where people end up going to more and more different places to try to find something because the professionals are not going to give a freebie without some reimbursement.

I do fear that unintended consequence with that well-intended amendment and I would suggest that people vote against it.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Mr. Bartolucci?

**Mr. Rick Bartolucci:** I think the motion—I think there is every good intention in this. We all, when I was a teacher, had to be concerned, because a teacher who was off for a day had to get a note etc. When they're a professional, they shouldn't have to.

But I think this goes beyond the scope of the Employment Standards Act, because I don't think it's a term of employment. So, as well-intentioned as this may be, this would cause, I would think, great concern with the physicians and surgeons as well as the Ministry of Health and Long-Term Care. I don't know that I'd be supporting it.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. Any further comments or questions? Ms. Gélinas?

**M<sup>me</sup> France Gélinas:** It would be a very sad state of affairs if we have come to the point where needed services to a client would be withdrawn on the basis of

money. I would be really, really disappointed in our health care professionals if they started to do that.

I can tell you right now that if a professional does that, call their college right away. They will be called in front of their college, they will have to answer to them, and there's a good chance that they will have something on their record or lose their licence to practise.

I don't disagree with MPP Hillier that this is a practice that we see in Ontario, but it should not be so. It is illegal. When it does happen, if it's a physician—most of the time, it is—call the College of Physicians and Surgeons. They will be very happy to follow up for you. This practice is illegal. If we put it in the bill, nobody will be charged. If somebody doesn't provide the service, there's a good chance they will lose their licence for not doing so.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. Any further comments or questions? Seeing none, I'll call the question on the motion.

**M<sup>me</sup> France Gélinas:** Recorded vote.

**The Vice-Chair (Mrs. Donna H. Cansfield):** A recorded vote, please.

#### Ayes

Gélinas, Sattler.

#### Nays

Bartolucci, Damerla, Fraser, Harris, Jackson, Scott.

**The Vice-Chair (Mrs. Donna H. Cansfield):** The motion is lost.

Section 49.3: Shall the section carry?

*Interjection.*

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you.

The next motion is number 4. It's an NDP motion: Ms. Sattler?

**Ms. Peggy Sattler:** I move that section 49.3 of the act, as set out in section 3 of the bill, be amended by adding the following subsection:

“Serious medical condition

“(2.2) For greater certainty, a serious medical condition referred to in subsection (2) includes a condition that is chronic or episodic.”

**The Vice-Chair (Mrs. Donna H. Cansfield):** Ms. Gélinas?

**M<sup>me</sup> France Gélinas:** The fact that “serious medical condition” is not something that you can find in any of the OHIP code books, and there are 29,000 codes in there—you're not going to find “serious medical condition” in there.

It is important to show that although a chronic condition such as COPD or asthma may not be in itself a serious medical condition, it may, in certain circumstances, flare up. That happens a lot with certain conditions, such as arthritis and multiple sclerosis. The person

may have a diagnosis of multiple sclerosis and be doing absolutely fine, and all of a sudden it flares up.

Although we would never have used that language, if we are to use “serious medical condition,” then to say that “chronic or episodic” is included, I think, would help a lot of people who live with a chronic condition who find themselves, every now and again, needing the help of a caregiver.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. Ms. Damerla?

**Ms. Dipika Damerla:** Thank you, Chair. I get the intent of what the NDP is trying to do, but the concern is that, the way it is worded now, it might inadvertently come to mean that all chronic or episodic illnesses are serious.

We actually have a motion that accomplishes, I think, what the NDP wants to do but might be more clear. If you give me permission, I can introduce it now, or I know that—

**Mr. Randy Hillier:** I'd like to speak to the first one.

**Ms. Dipika Damerla:** Yes, okay.

1630

**The Vice-Chair (Mrs. Donna H. Cansfield):** You can look at the other one at 4.1, but Mr. Hillier, you'd like to speak?

**Mr. Randy Hillier:** Thank you, Chair. This motion and the next one, 4 and 4.1, are very similar. They're meant to achieve the same thing. I would just give my thoughts to the committee here on this. At the present time, the bill says “a serious medical condition.” It doesn't preclude anything else. Again, going back to what I said earlier, it's purposely very broad, with lots of latitude: “a serious medical condition.”

I know that when others look at the law, and interpret, arbitrate and adjudicate on the law, the words that are in the bill are very, very important. I'm just wondering if we're actually not achieving what you want to achieve by adding in these words, such as “chronic” and “episodic.” Right now, “chronic” and “episodic,” because they're not excluded, are included, and anything else that may be a “serious medical condition” is already captured by the bill, in the language in the bill.

That would be my comment to the committee. I don't see motion 4 or 4.1 as really benefitting those who may actually use this bill down the road. I think we want to give our physicians and our health care professionals as much latitude as possible to help those who are in need, so I think both 4 and 4.1 might not achieve what it is that the movers are trying to achieve with them.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any further comments? Ms. Gélinas?

**M<sup>me</sup> France Gélinas:** Although “serious medical condition” is not something that is used within the OHIP codes and it's not something that is used by physicians, it is a term that is used by insurance companies to deny coverage. This terminology, “serious medical condition,” is used within the insurance industry over and over and over, and we already know that within the insurance industry the definition of “serious medical condition”

excludes “chronic” and “episodic.” That's why I want it in.

But this being said, I have now read your 4.1, where it's identical and it says “may include.” I have no problem. If you're going to vote yes to yours, I have no problem withdrawing ours. We will vote in favour of theirs.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you. So we'll withdraw motion number 4. Any further comments? All in agreement to withdraw? Thank you.

We'll go to government motion 4.1. Ms. Damerla?

**Ms. Dipika Damerla:** I move that section 49.3 of the act, as set out in section 3 of the bill, be amended by adding the following subsection:

“Serious medical condition

“(2.1) For greater certainty, a serious medical condition referred to in subsection (2) may include a condition that is chronic or episodic.”

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any comments or discussion? Seeing none, all those in favour of the motion? None opposed? The motion carries.

Number 5 is a government motion. Ms. Damerla?

**Ms. Dipika Damerla:** Apparently the original translation was wrong, so we are only correcting the translation. It wasn't clear to me why the NDP members voted against it, because all we are doing is fixing the translation from English to French. We're not changing anything. I just wanted to clarify that.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any comments or questions? Would you like to move the motion?

**Ms. Dipika Damerla:** I move that the French version of subsection 49.3(5) of the act, as set out in section 3 of the bill, be amended by striking out “périodes d'une semaine complète” and substituting “périodes de semaines complètes”.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any further comments or questions?

Seeing none, shall the motion carry? All those in favour? Those opposed? The motion carries.

**M<sup>me</sup> France Gélinas:** You didn't ask if it was opposed.

**The Vice-Chair (Mrs. Donna H. Cansfield):** I did. Sorry. I did ask, “Is anybody opposed?” I apologize. I did ask. Maybe I was away from the microphone.

We have the next motion, number 6, which is an NDP motion. Ms. Sattler.

**Ms. Peggy Sattler:** I move that subsection 49.3(5) of the act, as set out in section 3 of the bill, be struck out.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any further comments? Ms. Damerla, Mr. Hillier?

**Ms. Dipika Damerla:** We're not able to support this for a number of reasons. One is, I just wanted to clarify that nothing in the way the act is worded now stops the employer from granting to the employee a couple of days, so that flexibility is already built in. What this does allow is for the employer to do some planning. If you were a machine shop and you needed to replace the operator, sometimes you have to do it in a period of a week to

get the new operator to come in. So it gives the employer the flexibility to either say, “Listen, you have to take the entire week off,” or the employer and employee could come to an understanding that says you only need to take two or three days.

The other thing is, if we remove this section, it also makes it as if the 40 days are now available through the year, almost like your personal emergency leave which there are already 10 days of. The evidence suggests that many Ontarians seem to have personal emergencies on a Monday and a Friday.

Then the other thing is, we are trying to get EI for this and EI is given in chunks of a week. That’s one of the main reasons we have worded it this way, so that people who get this time off can become eligible for EI.

These are all some of the reasons we’re not able to support the amendment.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Mr. Hillier?

**Mr. Randy Hillier:** This was brought up often during the debate on this bill. The one area of the bill that didn’t provide flexibility was this weekly time frame. It was brought up during the debate often.

I’ll just go back. This is the second incarnation of this bill. We had a previous incarnation before prorogation, and this bill has been revamped and improved substantially from the first one, but I’m sort of disappointed that the government is still sticking with this whole week time frame.

There are a couple of things I’ll say. First off, what you just previously said I think speaks to the whole bill. At the present time, employees and employers can make arrangements right now for unpaid leave, and it happens all the time. Actually, when I questioned the Ministry of Labour on this, they had no evidence or any indication that people were being denied unpaid leave to help a sick family member.

But now that you’re down this road, creating a bill to provide, legislate and guarantee unpaid leave, I think the bill ought to reflect the practice of employees and employers, and that is, sometimes you need to take a day or two and not a whole week.

1640

To that final point about EI, it was discussed, but it was never brought up as a motivation for this bill by the minister, when I was briefed with the staff, that the purpose of the bill was to blend it in with employment insurance. I don’t know if that’s a truthful statement or not, or a factual statement, but I would support the NDP motion that we provide that flexibility—

**Ms. Dipika Damerla:** Chair, objection. Point of order.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Excuse me, a point of order. Can I have a moment, please? A point of order.

**Ms. Dipika Damerla:** I’m a little concerned about the motive being attributed by saying “not truthful” or that’s—

**Mr. Randy Hillier:** Not accurate or factual.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. Could we try to—

**Mr. Randy Hillier:** I withdraw any slight; I didn’t mean it to be a slight. It was not something that had ever been brought up in my briefings.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much.

Ms. Gélinas—oh, sorry, Ms. Damerla first.

**Ms. Dipika Damerla:** Thank you. I did want to say that a number of larger companies do need to be able to plan and replace, especially on an assembly line. It’s very hard if people are going to take a day off here, a day off there. We’re trying to strike a balance here between the needs of employees and the needs of employers, and then there is the very real issue of whether somebody would be able to get their EI if they’re going to take a day here and a day there as opposed to having to take it in chunks of a week, because that’s how EI works.

I think it leads to pretty strong drivers to leave it as is, given the fact that there is nothing in this act that stops the employer and employee from saying—and the fact is, for the most part, if the flexibility is there, the employer would rather that the employee only take two days off if they only want to take two days off, as opposed to taking an entire week off. It’s to both their advantages to minimize the time that’s taken off. This ensures that where an employer needs to plan, they can plan, and it also ensures that long term, we can bring in EI.

These are some of the points that I’d like to reiterate.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Ms. Gélinas.

**M<sup>me</sup> France Gélinas:** Basically, all of the health organizations that have come to see us that have come to testify—the Alzheimer Society, the Canadian Cancer Society, the Heart and Stroke Foundation, the March of Dimes, the Ontario Association of Community Care Access Centres, the Ontario Caregiver Coalition, Saint Elizabeth, the Ontario Home Care Association—they all said the same thing. They said what Mr. Hillier has said: When things go well, you don’t need a law. You don’t need the protection of a law when you get along with your employer. It’s when things go bad that you will need the backup of a law.

Who are we talking about? We’re talking about people in precarious employment. It is not the people with a union and the people with a steady full-time job who need a bill like this. Actually, there are very, very few people who will need that bill. The people who will need it are people in precarious employment. The people in precarious employment can’t afford to take a week off without pay to take their mother to that very, very important medical appointment. They can’t afford to take a week off at a time because they take their child to their oncology appointment once a week, and the employer will force them to take a whole week off.

Very few people need that bill. For the very few who will need the protection of the law that this bill will bring forward, they need to be able to take one day at a time. When things go well, people don’t need us. If and when



anybody ever makes use of that bill—the way it is written now, I cannot see the day when anybody will need it. But we can actually make it in a way that it is relevant to people in precarious employment, and that's by giving them the opportunity to take a half a day off to miss as little pay as possible, but still be there for their mother and grandmother and sick kids. This is what we're trying to do.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Mr. Hillier.

**Mr. Randy Hillier:** Just to further this, I think the comments put some perspective in here, and the comment was for large employers and whatnot—there are a number of employers for whom it would be more convenient and easier to plan on a week off work than a day here or a day there.

But let's not forget, not everybody works for a large, industrial concern. There are many, many people—and this is what France was talking about—in very small employment shops, very small employers, who probably don't have the same level of protection of a large industrial employer to begin with. To give an advantage to those who already have an advantage and to actually make it worse for those people who don't have those advantages, I think that's where this whole concept runs into some problematic features like this.

Regardless of that, I still believe the NDP motion should carry, provide that flexibility. It will be some inconvenience for some of those large, industrial employers, but I don't think we can forsake the small employers for the large.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you, Mr. Hillier. Any further comments? Mr. Fraser.

**Mr. John Fraser:** I just want to say that I think the intent in the bill is to balance the interests between the employers and the employees. I think, to the member's statement before, that people in precarious employment—I understand that. But there are also people who exist in small businesses who are in precarious small businesses. That's what the intent of the bill was: to try to balance those two things, because that's—

*Interjection.*

**Mr. John Fraser:** What's that?

**Mr. Randy Hillier:** I don't think it's done.

**Mr. John Fraser:** No, no. I wanted to make that clear.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Ms. Sattler.

**Ms. Peggy Sattler:** The other concern that I would have is that an employee might be reluctant, because of their feeling of responsibility to their employer, to take advantage of this leave if they felt that they had to be away from their job for a full week. We may be creating barriers to people to accessing the employment—in fact, it may be more convenient for employers to have their employees just taking the leave in half-day or full-day periods. I think that removing this definition or this requirement actually creates or provides greater benefits to both employees and employers.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any further comment? Ms. Scott?

**Ms. Laurie Scott:** Can I just ask for a 10-minute recess?

**The Vice-Chair (Mrs. Donna H. Cansfield):** Yes. Everybody in agreement to a 10-minute recess? Agreed. Ten minutes, which will be 4:58. How's that?

*The committee recessed from 1648 to 1656.*

**The Vice-Chair (Mrs. Donna H. Cansfield):** The meeting will come to order. Is there any further discussion on the NDP motion?

All those in favour of the motion? All those opposed to the motion? The motion carries.

The next motion is a government motion. Mr. Dhillon.

**Mr. Vic Dhillon:** I move that subsection 49.4(1) of the act, as set out in section 3 of the bill, be amended by adding the following definition:

“‘child’ means a child, step-child or foster child who is under 18 years of age;”

The brief explanation is that this amendment would clarify that the definition of child for the purpose of critically ill child care leave would include stepchildren and foster children under 18 years of age.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. Any further comments or questions? Mr. Jackson.

**Mr. Rod Jackson:** Thank you. I agree with the motion. I just wonder, actually—and I think the spirit of this will probably include children that are in our guardianship as well. Would that be what is considered a definition of foster child?

**Ms. Julia Hood:** I'm not able to answer that question. That might be somebody from the ministry—

**The Vice-Chair (Mrs. Donna H. Cansfield):** Is there someone from the ministry here that could answer that question?

*Interjection.*

**The Vice-Chair (Mrs. Donna H. Cansfield):** The question is, does the issue of guardian fall under the definition of foster child?

Please state your name, sir, for Hansard.

**Mr. John Hill:** My name is John Hill. I'm general counsel with the Ministry of Labour, legal services branch.

Frankly, I'm not sure of the answer, so I'm not going to tell you that I do know the answer. If we're talking about someone that has lawful custody and is in the position of a parent, I think probably the answer is yes, but I will have to go and research that. I do not know the answer for sure.

**Mr. Rod Jackson:** Thank you. If I may, Chair—

**The Vice-Chair (Mrs. Donna H. Cansfield):** Yes.

**Mr. Rod Jackson:** Like I said, I agree with this amendment. I just wonder, if you consider—I don't know the wording, and maybe legal counsel could help with this. I think it's important in a case where perhaps there's an aunt or an uncle that has been given guardianship of a child for whatever reason. They're not a foster child, nor

are they a stepchild. They kind of fall into a different category, in which case this may not apply.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Would you like to make an amendment to the motion?

*Interjections.*

**The Vice-Chair (Mrs. Donna H. Cansfield):** Mr. Jackson has the floor at this moment.

**Mr. Rod Jackson:** I'd like to ask for some—I'm not sure what the wording would be to make sure that we could make that included as a friendly amendment there. I'd look to legal counsel, maybe, for some advice on what wording might work.

**Ms. Julia Hood:** I think we might need to take a recess to discuss that.

**Mr. Rod Jackson:** Okay.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Could we take a five-minute recess? Is everybody in agreement for a five-minute recess so we could—is everyone in agreement for a five-minute recess?

**Mr. Vic Dhillon:** Can I just make a quick point before the recess? This may address the concern.

This definition would be consistent with the federal law under the Employment Insurance Act, and I believe that would address guardianship.

**Ms. Dipika Damerla:**—consistent with the federal law and employment insurance as well, so I'm not sure if just changing it on the fly—

**Mr. Vic Dhillon:** That's a good point, though.

**Mr. Rod Jackson:** So it would be included—

**Mr. Vic Dhillon:** I would think so.

**The Vice-Chair (Mrs. Donna H. Cansfield):** So could we defer—

**Mr. Randy Hillier:** Madam Chair?

**The Vice-Chair (Mrs. Donna H. Cansfield):** I think the important part here is that you want to find a way to ensure that guardianship is defined in this section, and at this point legal counsel is not sure of that; is that correct? So I wonder if we should take a five-minute recess?

**Mr. Randy Hillier:** Maybe a comment might add some clarity, should we choose to go to a recess or not. My comments on this motion are this, and I can see where the confusion is maybe starting to come in as you're trying to blend this and tie it in with federal EI laws. Remember that at the present time, it's called the unpaid caregivers act. That's where we're going to run into a few little troubles, if you're saying that the act is an unpaid leave and then trying to blend it in with a paid program on the federal side.

Putting the federal EI program off to the side for the moment, I would say this: On this motion, a child means a child, a stepchild, a foster child. A stepchild or a foster child are children, right? They don't need to be identified any further. A stepchild is your child, and putting aside that employment insurance law, just looking at the law as it stands—and I would question on the government motion about the under 18 years of age. I would think that everybody around the committee and through the debate of this bill in the House—that this ought to be available to parents or loved ones, regardless of the age

of the person who is seriously ill, whether that person was 19 or 16 or 60 or 80.

For those reasons, if we're going to try to blend an unpaid leave bill in with a paid employment insurance program, I don't think we're going to get—we're going to create some problems, and this will be one of them.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. Ms. Damerla?

**Ms. Dipika Damerla:** I did want to clarify that this particular leave is covered by the federal EI, right? When your child is sick, it is covered, so this won't be unpaid. So we want to make sure—

**Mr. Randy Hillier:** That's right, so we don't need this bill for that.

**Ms. Dipika Damerla:** My guess is—and we can check, but I did want to make the point that this is not going to be unpaid leave. This is going to be paid leave, and so it might be that we need to ensure that the definitions dovetail.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. I think that there is some ambiguity, it seems, around the issue of guardianship, and you would like to have that defined—Mr. Jackson, is that correct?—as to whether or not you want to make an amendment to this motion. Do I need the amendment on the floor or should we take a five-minute recess, in the interests of the committee, just to find out?

**Ms. Dipika Damerla:** I think we need a five—

**The Vice-Chair (Mrs. Donna H. Cansfield):** I'm going to suggest a five-minute recess.

*The committee recessed from 1704 to 1709.*

**The Vice-Chair (Mrs. Donna H. Cansfield):** This meeting is now called back to order. Mr. Jackson?

**Mr. Rod Jackson:** Thank you. I'd like to propose a friendly amendment, if I could.

*Interjection.*

**Mr. Rod Jackson:** I guess we're going to—do we have clarification?

**Ms. Julia Hood:** If it's friendly, it's friendly. You don't have to have another paper one.

**Mr. Rod Jackson:** Okay. I'd like to add the words—shall I just read out the whole—

*Interjection.*

**Mr. Rod Jackson:** Okay.

So “‘child’” means a child, step-child or foster child or a child who is under legal guardianship who is under 18 years of age;”

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any comments to the friendly amendment to the motion?

**Ms. Dipika Damerla:** We spoke to MPP Hillier, but I just wanted to explain that with this particular leave, the critically ill child leave, you are entitled to apply for EI, so by changing the definition, you're going to create two classes, potentially: some people who will be able to apply for that EI, and the guardianship bit will not be captured. So just for simplicity's sake, because we want to ensure that everybody can access that pot of money, it is perhaps prudent to keep the definition consistent with the federal definition so that Ontarians can apply for the

EI when they have a critically ill child. That's the reason the definition is being dovetailed.

The earlier point that MPP Hillier made, that this is a potential EI case so we don't need to dovetail, is not true because currently, once this act is passed, they will be able to access the EI. It would be the same case, in the case of the child who dies—both of them.

I just wanted to flag that, so if you were to add the guardianship bit, that part of people would not be able to access the EI. Our recommendation would be to keep the definition as is, to keep it simple and clean.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you. Ms. Gélinas?

**M<sup>me</sup> France Gélinas:** There is a large amount of workers who will never be allowed to collect employment insurance for 100 different reasons: all of the farm workers, all of the self-employed. Okay, so the idea is that we are drafting legislation for the people of Ontario. If it can be helpful to somebody who has a child under guardianship, I see no harm.

Let the federal government decide who is available or not. The federal government is not going to look to our bill to decide if they grant employment insurance or not. They have their own process that the person will have to apply through, that has nothing to do with our bill.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. Any further comments? Mr. Fraser.

**Mr. John Fraser:** I agree with the member across that it's about allowing this to happen. It's obviously not a money program. I also agree with putting guardianship in. I think it's a reasonable thing to do.

I'll be supporting it.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. Any further comments or questions?

Shall the amendment pass? All those in favour of the amendment?

**Ms. Peggy Sattler:** Including the new language?

**The Vice-Chair (Mrs. Donna H. Cansfield):** Do you want the amendment in writing or do you just—

**M<sup>me</sup> France Gélinas:** No, no. Are we voting to include “child under guardianship”?

**The Vice-Chair (Mrs. Donna H. Cansfield):** Yes, we are. Mr. Jackson, would you like to reread your friendly amendment?

**Mr. Rod Jackson:** Certainly.

“child” means a child, step-child or foster child or any child who is under legal guardianship who is under 18 years of age;”

**The Vice-Chair (Mrs. Donna H. Cansfield):** So we're going to do a more friendly amendment?

**Mr. Rod Jackson:** Yes, it's just some proper word-smithing.

*Interjection.*

**Mr. Rod Jackson:** Okay.

“child” means a child, step-child, foster child or a child who is under legal guardianship and who is under 18 years of age;”

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. Any further comments to the amendment?

Seeing none, all those in favour of the amendment? All those opposed?

All those in favour of the motion, as amended? All those opposed?

Then it carries, as amended.

The next motion is a government motion. Mr. Dhillon.

**Mr. Vic Dhillon:** I move that the definition of “critically ill child” in subsection 49.4(1) of the act, as set out in section 3 of the bill, be struck out and the following substituted:

“‘critically ill child’ means a child whose baseline state of health has significantly changed and whose life is at risk as a result of an illness or injury;”

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any further comment, Mr. Dhillon?

**Mr. Vic Dhillon:** No, I think that's pretty straightforward.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any other comments or questions?

Seeing none, all those in favour of the motion? All those opposed? The motion carries.

Number 9 is a motion from the NDP. Ms. Sattler.

**Ms. Peggy Sattler:** I move that the definition of “qualified health practitioner” in subsection 49.4(1) of the act, as set out in section 3 of the bill, be struck out and the following substituted:

“‘qualified health practitioner’ means,

“(a) a person who is qualified to practise as a physician, a registered nurse or a psychologist under the laws of the jurisdiction in which care or treatment is provided to the individual described in subsection (4), or

“(b) in the prescribed circumstances, a member of a prescribed class of health practitioners;”

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any additional comments?

**Ms. Peggy Sattler:** It makes it consistent with the amendment that we passed earlier.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. Any further comments or questions?

Seeing none, I'll call the question. All those in favour of the motion? All those opposed? The motion carries.

Government motion number 10. Mr. Dhillon.

**Mr. Vic Dhillon:** I move that subsections 49.4(2) and (3) of the act, as set out in section 3 of the bill, be struck out.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you. Any further comments, Mr. Dhillon?

**Mr. Vic Dhillon:** Just a second, Chair.

Subsections 49.4(2) and (3) had been drafted in order to capture injuries in addition to illness in the definition of “critically ill child” in case the definition in regulations made under the EI act does not capture injuries. The definition of “critically ill child” in the regulations that have now been made under the federal EI act does in fact capture stepchildren and foster children, as well as

injuries. Subsections 49.4(2) and (3) are, therefore, no longer needed.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much, Mr. Dhillon. Any further comments or questions?

Seeing none, all those in favour of the motion? All those opposed? The motion carries.

Motion number 11 is an NDP motion. Ms. Sattler.

**Ms. Peggy Sattler:** I move that section 49.4 of the act, as set out in section 3 of the bill, be amended by adding the following subsection:

“No fee for certificate

“(4.1) A qualified health practitioner shall not charge a fee for a certificate issued for the purposes of this section.”

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any further comments or questions? Ms. Gélinas?

**M<sup>me</sup> France Gélinas:** The practice becomes even more egregious when you're talking with a child that has no means of paying, which means you're hitting the parents in the pocket at a time when the children are sick. The whole thing is sick, that you would have to pay for a note that says so, including my voice.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any further comments or questions? Mr. Hillier?

**Mr. Randy Hillier:** Yes. Of course, to keep the bill consistent, a similar motion earlier in the bill was lost. It was not supported, and to keep the bill consistent, we should not support it again.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. All those in favour of the motion?

**M<sup>me</sup> France Gélinas:** Recorded vote.

**The Vice-Chair (Mrs. Donna H. Cansfield):** A recorded vote, please.

#### Ayes

Gélinas, Sattler.

#### Nays

Damerla, Dhillon, Fraser, Harris, Jackson, Scott.

**The Vice-Chair (Mrs. Donna H. Cansfield):** The motion is lost.

Government motion number 12. Mr. Dhillon.

1720

**Mr. Vic Dhillon:** Yes. Thank you, Chair. I move that—

*Interjection.*

**Mr. Vic Dhillon:** We withdraw that.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Government motion number 12 is withdrawn.

Motion number 13: NDP motion. Ms. Sattler.

**Ms. Peggy Sattler:** I move that subsection 49.4(8) of the act, as set out in section 3 of the bill, be struck out.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. Are there any further comments or questions on the motion? Seeing none, all those in—Mr. Hillier?

**Mr. Randy Hillier:** I would just say that we'll be supporting this motion. This will make it consistent with an earlier amendment in the bill where we struck out that reference to “entire week.” To keep the bill consistent, this amendment should be adopted.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. Any further comments or questions? Seeing none, all those in favour of the motion? All those opposed? The motion carries.

Shall section 3, as amended, carry? All those in favour? Thank you very much. All those opposed? Then, section 3, as amended, carries.

The next motion is a government motion. Mr. Dhillon.

**Mr. Vic Dhillon:** I move that the French version of subsection 52.1(1) of the act, as set out in section 4 of the bill, be amended by striking out “périodes d'une semaine complète” in the portion before clause (a) and substituting “périodes de semaines complètes”.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any further comments, Mr. Dhillon?

**Mr. Vic Dhillon:** I believe it's just correcting a translation error, Chair.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Thank you very much. Ms. Gélinas?

**M<sup>me</sup> France Gélinas:** We may need a recess on this because we have taken out every part of the bill that makes reference to taking leave in entire weeks. So it's kind of weird that we are now explaining what an entire week is going to be when it won't apply anymore.

Can I have legal advice on that?

**Ms. Julia Hood:** You're right that the provisions in the bill that provided for entire week periods have been taken out, but there are existing provisions in the act that already speak to entire week periods.

**M<sup>me</sup> France Gélinas:** I see.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Any further comments or questions? Seeing none, all those in favour of the motion? All those opposed? The motion carries.

Government motion 15, Mr. Dhillon.

**Mr. Vic Dhillon:** We're going to pull that motion.

**The Vice-Chair (Mrs. Donna H. Cansfield):** You're withdrawing—

**Mr. Vic Dhillon:** Withdraw, sorry.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Shall section 4, as amended, carry? All those in favour? All those opposed? Section 4 carries.

There are no amendments to sections 5, 6 and 7. Could we take all sections—shall sections 5, 6 and 7 carry? All those in favour? All those opposed? The sections shall carry.

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

Shall Bill 21, as amended, carry? All those in favour? All those opposed? Carried.

Shall I report the bill, as amended, to the House? All those in favour? All those opposed? It's carried.

Excuse me. We have a motion on the floor. Mr. Jackson.

**Mr. Rod Jackson:** I have a motion here. I move that the standing order 111(a) review related to the 2015 Pan/Parapan American Games and the Pan/Parapan American Games Secretariat commence on the next regular scheduled meeting date following the day in which this motion is passed, and will continue indefinitely, with the exception of meetings already agreed to by the committee, and that the committee will proceed in the following manner:

(1) Each caucus is allotted one witness per week; that each witness is allotted a total of 95 minutes that includes a five-minute opening statement, a series of 20-minute rotations of questions and statements by each party, and concluding with a 10-minute rotation of questioning and statements by each party. Questioning will begin with the caucus that called the witness to committee and will continue with the party located on the left-hand side of the party whose questioning period has just completed.

(2) That the rotation for the selection of witnesses will proceed in the following order:

- (a) the official opposition;
- (b) the third party;
- (c) the government.

(3) Witnesses will be invited to appear before the committee by the Clerk, with reference to the witness lists provided by each caucus. These witness lists must be delivered to the Clerk in electronic or written format no later than five business days before the caucus's assigned witness slot.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Ms. Damerla?

**Ms. Dipika Damerla:** Chair, could we request a 20-minute recess, please?

**The Vice-Chair (Mrs. Donna H. Cansfield):** All those in agreement to a 20-minute recess?

**Ms. Laurie Scott:** How about 10?

**M<sup>me</sup> France Gélinas:** Five?

**The Vice-Chair (Mrs. Donna H. Cansfield):** I don't hear agreement for 20.

**Ms. Dipika Damerla:** This is the first time we are seeing the details of this. I would appreciate 20 minutes.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Ms. Scott?

**Ms. Laurie Scott:** We brought forward a similar motion putting this before the committee before, so this is just basically details of what we'd like to do in the committee. Is five minutes—

**Ms. Dipika Damerla:** How about we come to a compromise and do 15?

**Ms. Laurie Scott:** How about 10?

**Ms. Dipika Damerla:** Okay.

**The Vice-Chair (Mrs. Donna H. Cansfield):** All those in agreement to 10 minutes? Is there any agreement to 15? Seeing none, is there agreement to 10? Ten minutes, ladies and gentlemen.

*The committee recessed from 1728 to 1738.*

**The Vice-Chair (Mrs. Donna H. Cansfield):** We've reconvened the meeting. We have a motion on the floor. Ms. Damerla.

**Ms. Dipika Damerla:** Chair, typically these things are discussed in subcommittee properly, but we didn't get a chance to discuss—we've gone through it now. Thank you for the time. There are some changes that we'd like to make. In order for us to introduce those amendments, we need time to type them up and make sure that we have our ducks in order. There's probably quite a bit of it that we would support routinely, so it's not that, but we do have some proposals that we think will strengthen this, as well as—

*Interruption.*

**Ms. Dipika Damerla:** Oh.

**The Vice-Chair (Mrs. Donna H. Cansfield):** How long is the vote? Could we check?

**Interjection:** What's the number?

**The Vice-Chair (Mrs. Donna H. Cansfield):** There's no number. We're just going to check. Give us a moment.

It's a 10-minute bell? Let's check.

**Ms. Dipika Damerla:** Vote now. Sorry, it says, "Vote now." I just got an email.

**The Vice-Chair (Mrs. Donna H. Cansfield):** It's a 10-minute bell.

*Interjection.*

**The Vice-Chair (Mrs. Donna H. Cansfield):** Well, it's up to the committee. Would you like to go to the House or would you care—

*Interjection.*

**The Vice-Chair (Mrs. Donna H. Cansfield):** Vote now? We'll suspend the meeting and come back. We'll go to the House for a vote. I'm going to suspend the meeting. We'll go to the House for the vote.

*The committee recessed from 1739 to 1755.*

**The Vice-Chair (Mrs. Donna H. Cansfield):** I'm going to call the meeting back to order. We have a motion on the floor. This meeting will adjourn in five minutes. Are there any comments? Yes, Mr. Harris.

**Mr. Michael Harris:** In light of the fact that we have about five minutes left and the fact that we also passed a motion commencing the study on the Pan/Parapan Am Games just at the last meeting and that this is a bit of a housekeeping issue, I ask that we call the question.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Okay. We'll call the question. Ms. Damerla?

**Ms. Dipika Damerla:** Chair, actually, I was in the middle of speaking when we last adjourned, so I wasn't sure if I'd get a chance to complete what I was saying.

**The Vice-Chair (Mrs. Donna H. Cansfield):** We recessed. You weren't here when I convened the meeting back together again. Mr. Harris spoke and now it's your turn.

**Ms. Dipika Damerla:** Thank you. So I can continue to speak, right?

As I was saying, there are definitely a lot of—

**The Vice-Chair (Mrs. Donna H. Cansfield):** To the fact that he's called the question.

**Ms. Dipika Damerla:** That's what I'm going to do. Our position is that we want to introduce some amendments. We need the time to introduce these amendments,

so what I'd like to do is adjourn and defer the vote until next meeting. I'm seeking that we defer the vote on this until our next meeting.

**The Vice-Chair (Mrs. Donna H. Cansfield):** You're asking to defer the vote until the next meeting?

**Ms. Dipika Damerla:** Because we want to introduce amendments.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Are you asking for a recess or just a straight deferral?

**Ms. Dipika Damerla:** Either way, we do want to introduce amendments. I'm happy to take advice on what is the best way.

**Mr. Michael Harris:** We did call the question—

**The Vice-Chair (Mrs. Donna H. Cansfield):** I just asked the same question. It's not the same in committee on a question. There is some latitude around the opportunity for a discussion. That's why I had asked the Clerk that question, because I made the same assumption, Mr. Harris.

If you're asking for a deferral with the condition of amendments, then that becomes a debatable deferral or a debatable motion. We are at the point where we are in a debatable motion because you have asked for a deferral or a deferral motion based on the fact that you're going to put in amendments. Under the standing orders, you debate that amended deferral.

**Mr. Vic Dhillon:** Chair?

**The Vice-Chair (Mrs. Donna H. Cansfield):** Yes, Mr. Dhillon.

**Mr. Vic Dhillon:** If I'm not mistaken, normally this type of stuff is handled in the subcommittee. To have this sprung up on us is highly unfair. It would only be fair if we were given some time to consider our options.

**The Vice-Chair (Mrs. Donna H. Cansfield):** We do have a motion to defer on the floor, Mr. Dhillon, and that's what we're debating.

**Mr. Vic Dhillon:** Okay.

**The Vice-Chair (Mrs. Donna H. Cansfield):** The committee will adjourn in about two minutes, but right now we're debating the motion to defer.

**M<sup>me</sup> France Gélinas:** I would like to call the question on the motion to defer.

**The Vice-Chair (Mrs. Donna H. Cansfield):** All those in favour?

**Ms. Dipika Damerla:** Chair, just one second. I need to understand what's going on.

**The Vice-Chair (Mrs. Donna H. Cansfield):** The question has been called—

*Interjection.*

**The Vice-Chair (Mrs. Donna H. Cansfield):** Excuse me. The question has been called by Ms. Gélinas to vote on the deferral motion that you've put in place to defer because you want to put forward amendments. Ms. Gélinas has put forward the question to defer the motion. I had asked for further debate; that's the further debate, so that motion to defer the deferral is on the floor.

**Ms. Dipika Damerla:** We'd like to ask for a recess before the vote, if you're going to call a vote.

**The Vice-Chair (Mrs. Donna H. Cansfield):** Okay. Then I'm going to put the question: Should we postpone?

**Ms. Dipika Damerla:** All we're asking for—I don't understand the—

**The Vice-Chair (Mrs. Donna H. Cansfield):** I'm not asking for debate, actually. What I'm asking for is: Is everyone in favour of postponement of the deferral motion? There's no—

**Mr. Vic Dhillon:** Chair, it's 6 o'clock. We're only allowed to sit until 6.

**The Vice-Chair (Mrs. Donna H. Cansfield):** There's no agreement on the deferral motion being deferred, but now it is 6 o'clock. Just to let you know, this comes as the first item on the agenda for the next meeting, which is Monday the 18th. This will be the first item.

**Ms. Laurie Scott:** So we're calling a committee meeting for Monday the 18th and this is going to be the first—

*Interjection.*

**The Vice-Chair (Mrs. Donna H. Cansfield):** Not during constituency week. It's the week following constituency week. It will be Monday the 18th for the regular standing committee. This will be the first item on the agenda. The motion to defer lost.

**Ms. Dipika Damerla:** How does that work? The motion to defer is lost, but—

**The Vice-Chair (Mrs. Donna H. Cansfield):** You now have a week with which to do—

**Ms. Dipika Damerla:** Yes, but typically, if the motion to defer is lost—

**The Vice-Chair (Mrs. Donna H. Cansfield):** The question was called and I asked who was in favour of the motion to defer. I had no support, so you lost the motion to defer. Now I can adjourn the meeting because it's 6 o'clock and now you have until the 18th.

**Ms. Dipika Damerla:** When we come back—

**The Vice-Chair (Mrs. Donna H. Cansfield):** We are adjourned.

*The committee adjourned at 1802.*



# CONTENTS

Wednesday 6 November 2013

Employment Standards Amendment Act (Leaves to Help Families), 2013, Bill 21, Mr. Naqvi / Loi de 2013 modifiant la Loi sur les normes d'emploi (congés pour aider les familles), projet de loi 21, M. Naqvi .....	G-343
--	-------

## STANDING COMMITTEE ON GENERAL GOVERNMENT

### Chair / Président

Mr. Grant Crack (Glengarry–Prescott–Russell L)

### Vice-Chair / Vice-Présidente

Mrs. Donna H. Cansfield (Etobicoke Centre / Etobicoke-Centre L)

Ms. Sarah Campbell (Kenora–Rainy River ND)

Mrs. Donna H. Cansfield (Etobicoke Centre / Etobicoke-Centre L)

Mr. Grant Crack (Glengarry–Prescott–Russell L)

Ms. Dipika Damerla (Mississauga East–Cooksville / Mississauga-Est–Cooksville L)

Mr. John Fraser (Ottawa South L)

Mr. Michael Harris (Kitchener–Conestoga PC)

Ms. Peggy Sattler (London West ND)

Ms. Laurie Scott (Haliburton–Kawartha Lakes–Brock PC)

Mr. Jeff Yurek (Elgin–Middlesex–London PC)

### Substitutions / Membres remplaçants

Mr. Rick Bartolucci (Sudbury L)

Mr. Vic Dhillon (Brampton West / Brampton-Ouest L)

M<sup>me</sup> France Gélinas (Nickel Belt ND)

Mr. Rod Jackson (Barrie PC)

### Also taking part / Autres participants et participantes

Mr. Randy Hillier (Lanark–Frontenac–Lennox and Addington PC)

Mr. John Hill, general counsel, Ministry of Labour

### Clerk / Greffière

Ms. Sylwia Przewdziecki

### Staff / Personnel

Ms. Julia Hood, legislative counsel