



ISSN 1710-9477

**Legislative Assembly
of Ontario**

Second Session, 40th Parliament

**Assemblée législative
de l'Ontario**

Deuxième session, 40^e législature

**Official Report
of Debates
(Hansard)**

Tuesday 15 April 2014

**Journal
des débats
(Hansard)**

Mardi 15 avril 2014

**Standing Committee on
Social Policy**

Ryan's Law (Ensuring
Asthma Friendly Schools), 2014

**Comité permanent de
la politique sociale**

Loi Ryan de 2014 pour assurer
la création d'écoles
attentives à l'asthme

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Room 500, West Wing, Legislative Building
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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
SOCIAL POLICY**

**COMITÉ PERMANENT DE
LA POLITIQUE SOCIALE**

Tuesday 15 April 2014

Mardi 15 avril 2014

The committee met at 1606 in committee room 1.

RYAN'S LAW (ENSURING
ASTHMA FRIENDLY SCHOOLS), 2014
LOI RYAN DE 2014 POUR ASSURER
LA CRÉATION D'ÉCOLES
ATTENTIVES À L'ASTHME

Consideration of the following bill:

Bill 135, An Act to protect pupils with asthma / Projet de loi 135, Loi protégeant les élèves asthmatiques.

The Chair (Mr. Ernie Hardeman): I call the April 15 meeting of the Standing Committee on Social Policy to order. We're here today to do clause-by-clause on Bill 135, An Act to protect pupils with asthma.

Before we start dealing with the amendments to the bill, are there any general comments or questions that the committee members would like to make to the bill? Yes, Ms. Forster?

Ms. Cindy Forster: Thank you, Chair. I want to actually thank the member for bringing forth this important bill that will protect children in the school system and in our communities. I'm happy to be here today to actually participate in clause-by-clause. I wasn't here for the presentations, but certainly I have some experience in my background of dealing with patients with asthma. I've taken the opportunity to read a lot of the presentations.

The bill deals directly with children in the school system and their asthma medications, primarily asthma inhalers. But when I read some of the background information, clearly the bill doesn't go far enough to deal with other kinds of illnesses and conditions that children can have in our schools. There are children with diabetes, children with epilepsy, children with cardiac conditions, all of which may or may not be on a particular medication. I think it's important that we acknowledge that this isn't going to be the fix for every child in the school system here in the province of Ontario.

With those comments, maybe the member—

The Chair (Mr. Ernie Hardeman): Thank you very much for that. I do want to suggest that we did hear a number of presenters dealing with those types of issues as we were hearing from the public on the bill. We thank you for reiterating those.

Are there any other—

Mr. Michael Mantha: Chair? Chair, can I have a few—

The Chair (Mr. Ernie Hardeman): —general comments to the bill? To the bill—

Mr. Michael Mantha: Yes, absolutely.

The Chair (Mr. Ernie Hardeman): Not to the merits of the bill. The merits of the bill were discussed in the public hearings.

Mr. Michael Mantha: No, absolutely. What I did want to talk about is, I did participate in the hearings where we had a lot of stakeholders who came in and voiced their views in regard to how this could potentially impact individuals, and I really enjoyed hearing the different views from all who were involved, particularly from my colleagues in the Conservative Party as well in regard to the importance of it.

I've gone through all of the amendments, and from what I gather, looking at the amendments, some of these are going to require some very serious discussions in regard to how we can proceed to benefit the children, who should be our goal, at the end of the day, in regard to how we can assure that they're going to be able to have their puffers with them and that the responsibility lies in a particular area, whether it be with the principals, with the school boards or with the parents involved. So there are some amendments that are going to require some lengthy discussions.

I hope that we can move this forward. But again, it's going to require some explanation by some of the individuals around the table as to where they came from with their amendments, and I look forward to having those discussions.

At the end of the day, we really do want to take the appropriate steps to make sure that our children are cared for, that they have the ability to make sure that they're in a safe environment and where those responsibilities are going to lie—that we make sure that those kids are going to be safe. Whether they're in a school environment or at a school activity, we need to make sure that the proper steps and the policies are in place to care for them so that moms and dads who are sitting at home don't have to worry about it and that the doctors can provide the appropriate medicines for those kids so that they can apply the medicines when they need them.

I'm looking forward to engaging in a fruitful discussion around the table, because when we left here last week, in my mind, I had a clear vision as to where we were going. Again, I'm going to enjoy having the discussions in regard to where certain individuals or

certain parties took a particular position in introducing their motions, and rightfully so. I look forward to having that discussion.

The Chair (Mr. Ernie Hardeman): Anything further on the general thrust of the bill?

Mr. Bas Balkissoon: Just general.

The Chair (Mr. Ernie Hardeman): Just general on the bill. Mr. Balkissoon.

Mr. Bas Balkissoon: I just want to thank my colleague across the way for bringing the bill. As it was debated in second reading, most of us are supportive of his intent and what he's trying to accomplish, and we continue to support the bill.

Just to comment on my colleague from Niagara—not Niagara—

Mr. Mike Colle: Welland.

Mr. Bas Balkissoon: Welland. There are other situations for students in school that require looking at. I think it was mentioned by one of the deputants last week that they're working with the ministry to report back on how to do it. I think the amendments that are submitted from my colleague from Algoma-Manitoulin are mostly technical in nature as to how the bill will apply on the ground, in the school, and the principals and the parents and the students will collaborate to make this work.

Hopefully, we can discuss the amendments that the government has supported, but they're strictly how to deliver it, and they're technical in nature.

The Chair (Mr. Ernie Hardeman): Any further comments?

If not, we'll go through the bill section by section. As we get to each section, if there are no amendments, then we will vote on the section as it's written. If there are amendments, we will then go through it with the proposed amendments and have them read into the record.

Shall section 1 of the act carry? Carried.

Are there amendments to section 2?

Mr. Bas Balkissoon: Yes, we have a government motion.

The Chair (Mr. Ernie Hardeman): The first one is a government motion. Mr. Balkissoon.

Mr. Bas Balkissoon: I move that paragraphs 1 to 6 of subsection 2(2) of the bill be struck out and the following substituted:

"1. Strategies that reduce the risk of exposure to asthma triggers in classrooms and common school areas.

"2. A communication plan for the dissemination of information on asthma to parents, pupils and employees.

"3. Regular training on recognizing asthma symptoms and managing asthma exacerbations for all employees and others who are in direct contact with pupils on a regular basis.

"4. A requirement that every school principal develop an individual plan for each pupil who has asthma. In developing an individual plan, the principal shall take into consideration any recommendations made by the pupil's physician or nurse.

"5. A requirement that every school principal inform employees and others who are in direct contact on a

regular basis with a pupil who has asthma about the contents of the pupil's individual plan.

"6. A requirement that every school principal ensure that, upon registration, parents, guardians and pupils shall be asked to supply information about asthma."

The Chair (Mr. Ernie Hardeman): You've heard the motion. Clarification and explanation for the motion?

Mr. Bas Balkissoon: If I could provide the explanation to help my colleagues.

Section 2(2)1: We've removed "field trips" as it would be challenging for school boards to control environmental factors outside of the school setting: as an example, pollen, animals, scent etc.

Section 2(2)3: The original language, in our opinion, is a little too vague. The motion adds the word "symptoms" and "exacerbations" to clarify areas that school boards would be required to address through school board training.

Section 2(2)4 clarifies that a pupil's physician or nurse will not direct the development of the plan since neither would have insight into the school setting; for example, the layout and the environment around a school, because each school setting is different.

The "under the direction" language also means that the creation of a student's individual plan would be contingent on a physician. It also raises the risk of additional fees for parents as this work is not covered by OHIP. Removing "under the direction" and substituting "shall take into consideration" allows for a principal to start developing a plan but still maintains the required involvement of the pupil's physician or nurse in developing a plan where applicable. It also alleviates the concern that a physician or nurse may have charged for this service.

Section 2(2)5: Moving 2(2)5 to a new stand-alone section 2.1 will create a stronger legal right for a student opposed to the weaker policy instruction currently in the bill. This strengthens a student's right to carry their asthma medication. This is contingent on passing a couple of motions that will come later.

Lastly, it creates a new requirement for the principal to inform all relevant staff and others of an individual's plan.

Section 2(2)6 removes redundant portions since it will be addressed through a new section 2.1.

Those are the technical explanations for the changes the government is recommending, and it's mostly to accommodate all the stakeholders who are involved.

The Chair (Mr. Ernie Hardeman): Further discussion? Mr. Yurek.

Mr. Jeff Yurek: Thank you, Chair. Thank you very much for the amendment. Just a question on point number 4, "the principal shall take into consideration any recommendations." I know, working with the principals' council, that they're concerned with having the actual action plan from the doctor. They want that included. They don't want the principals to be responsible as to how the student and when the student is to take the medication.

I would recommend changing "the principal shall take into consideration" to "the principal shall include an

asthma action plan from the pupil's physician or nurse or health care provider," whoever's providing that service. Some doctors might charge an extra fee, but when you're diagnosed with asthma and you go to a specialist of such, you are given an asthma action plan. All we're really asking for, and the principals also, is a copy of that plan so they know how the student is to take their reliever medication.

Mr. Bas Balkissoon: Mr. Chair, if I could explain. I think the explanation that we would give is that, yes, if the doctor provides it to the principal, we'll accept, but in a case where a student may not be able to get that doctor's report in time, the principal will proceed still and that could come at a later time. It's to provide flexibility because access to doctors is not available in all regions as it is in some of the urban centres. So it was to provide a little bit of wiggle room to allow the principal to create that plan and work on it. I know what the principals' intent was, but we still see it as being workable.

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The Chair (Mr. Ernie Hardeman): Mr. Yurek.

Mr. Jeff Yurek: I understand that there's a lack of physicians in this province, especially in rural Ontario. However, you've added nurses, and I do like the third party's suggestion of a primary health care professional who has the ability to write an asthma action plan. Technically it doesn't matter who is writing it, provided they have the authority to do so. What we want and what the schools want is an actual asthma action plan planned out by a medical professional. The teachers and the principals aren't medical professionals. They don't study medication, they don't study diagnosis, they don't study disease, and we should not expect them to do so. We want to make this as easy for the teachers and principals as possible and maintain the student's safety. Obtaining an asthma action plan from a medical professional—we can outline which ones—will do so. I think adding this in, any recommendations—you're going to get negative feedback from the system and, in fact, probably some parents who actually want the principal and the school system to take into full consideration what the doctor or health care provider wants to put into place.

Mr. Bas Balkissoon: Chair, if I could just answer his concern?

The Chair (Mr. Ernie Hardeman): You go ahead and answer the concern, and then we'll go to the third party.

Mr. Bas Balkissoon: Okay. I did read the NDP motion on designating a health care provider. I thought that maybe it would be the solution. But upon research, a health care provider is a long list of people and we had some concerns about that, so we're being specific to the physician or the nurse.

I'll give some examples. If you say "health care provider," you're looking at both the physician and the doctor. It could also be a pharmacy, it could be a laboratory, it could be an ambulance service, it could be a paramedic, it could be someone working in a home for special care—

Mr. Jeff Yurek: They would still have to operate under their scope of practice. If a paramedic writes an asthma action plan and signs off on it, he's out of his scope of practice. We just—

Mr. Bas Balkissoon: I think the ministry had some concerns about that.

The Chair (Mr. Ernie Hardeman): I think we have the position rather clear as to the concern and the request difference.

The third party, Ms. Forster.

Ms. Cindy Forster: Yes. I actually have a number of issues that I want to speak to here.

The first amendment, subsection 2(2), "1. Strategies that reduce the risk of exposure to asthma triggers in classrooms and common school areas": In the original bill, it included field trips. The government's amendment is actually excluding field trips, which are a big part of the curriculum in schools.

In addition to that, there's the issue of busing. Many children in this province get to school and home on buses. Many of them have bus trips for as long as an hour each way to actually get to their schools, but I don't see any kind of inclusion with respect to that. At the moment I'm not clear on whether busing is a school board issue or whether it is a Ministry of Education issue, but I think it's something that also needs to be highlighted and taken into account.

There's no point in keeping the child safe with a plan at school if they're not going to be safe from the moment they leave their door on a bus or if they're not going to be safe when they're out on a field trip. Children participate in many field trips throughout the school year. I think to remove that is a detriment to the children that we're actually trying to protect.

On the issue of the communication plan, there was no change there.

"3. Regular training on recognizing and managing asthma..." The amendment is "Regular training on recognizing asthma symptoms and managing asthma exacerbations for all employees and others who are in direct contact with pupils on a regular basis." I don't know whether you're referring to other employees in the school system. Once again I go back to the fact that there may be other people when you're out on school trips, and then you also have the issue of the transportation of children. In fact, if that's a Ministry of Education responsibility, are bus drivers going to be trained, as well, to assist children with their asthma puffers?

The Chair (Mr. Ernie Hardeman): Ms. Forster, on number 2, it seems to me the two are identical.

Ms. Cindy Forster: That's what I said. I said there was no change.

The Chair (Mr. Ernie Hardeman): So if we keep the debate on this—there may be other ones that do want to change that. But we're dealing with the amendment, so if we speak to those that are changing the original bill—

Ms. Cindy Forster: And I am, Mr. Chair, actually. I just said for number 2 there was no change.

The Chair (Mr. Ernie Hardeman): Yes.

Ms. Cindy Forster: With respect to removing the requirement for principals to actually take direction from physicians as opposed to just considering those recommendations, I think that is also to the detriment of the students who have asthma. Clearly, it is the physician or the health care provider who has the expertise to direct an action plan with respect to a child's asthma. How would a principal or a school system even put into place a plan without initially having that direction?

I agree that there may be some costs involved in that process and there may be something that's needed to be done there, but I know that on the issue of "health care provider", for example—I know the government has raised the issue of a long list of health care providers, but I think in this particular instance, you'd be looking at a physician, a nurse practitioner or a registered nurse.

In 2010, there were a million people in this province without physicians, so chances are every child who has asthma isn't necessarily going to have immediate access. There are not community health centres or family health teams in every community, and so I think it's important for the government to turn its mind to the issue of health care provider versus the issue of just a physician.

The last piece with respect to number 5: It deletes the current paragraph 5, which states that schools must permit a pupil to carry asthma medication if approved by the parent/guardian and physician, and it inserts a new paragraph that creates an onus on principals to inform employees of the contents of individual plans for pupils with whom the employees are in regular contact. Currently, the only requirement is that an individual plan includes directions to employees for monitoring and avoidance strategies.

So the paragraph requiring every school to permit a pupil to carry their asthma medication if they have the necessary permissions and approvals to do so—although it's not dropped entirely from the bill, it's moved to section 2.1, and it's moved out of that actual policy. I'm questioning why that was moved. I don't know if anyone has the answer to that or if legislative counsel could address what the impact of not having that particular statement in the policy has on the students and what impact it has to the bill.

Mr. Bradley Warden: I think that, perhaps, the members moving the motion might be able to speak better to the impact than I could.

Mr. Bas Balkissoon: It's up to the Chair.

The Chair (Mr. Ernie Hardeman): Yes.

Mr. Bas Balkissoon: If I could go back again to your concern that the doctor should direct and the nurse should direct or whoever should direct, the issue was that it's a plan that the board will have at the school. The principal will have the plan and the principal will have to execute that plan, or the employee that the principal so designates. So really, this is what we were looking at: Who is responsible for creating the plan and executing the plan? Consulting with a physician would give you the input on how to create that plan to suit that individual student. That would be our position as to why we're recommending this particular change.

The last question you asked: If you don't mind repeating it, I'd really appreciate it.

1630

Ms. Cindy Forster: It was the section about whether the pupil can actually carry their asthma medication, if approved by the parent, guardian and physician. It actually takes it out of this section and moves it to 2.1 by itself. I'm wondering what the rationale for that was. It's in a new stand-alone section.

Mr. Bas Balkissoon: Just one second. Let me see if I can find it.

The Chair (Mr. Ernie Hardeman): The motion that we're presently dealing with?

Mr. Bas Balkissoon: Yes, I think it's in a motion later on.

Ms. Cindy Forster: It is, but it's being deleted from the current bill under section 1, so it's directly related to section 1.

The Chair (Mr. Ernie Hardeman): But we're in this—

Mr. Michael Mantha: It's under 2(2)5. Subsection (5), Mr. Chair.

Interjection.

Mr. Bas Balkissoon: That's what I'm trying to find.

Ms. Cindy Forster: Under the current bill, section 2(2)5: "A requirement that every school permit a pupil to carry his or her asthma medication if the pupil has his or her parent's or guardian's permission and his or her physician's approval to do so."

So currently, it's under "Contents of asthma policy," but it's being removed in your amendment.

Mr. Bas Balkissoon: I did speak to that, and I'll just repeat it. What we're seeing here is if we move it as a stand-alone clause, it actually strengthens the legal right for a student, as opposed to the weaker policy instruction that's currently in the bill. So where it's in the bill as part of that larger clause, we see that if it stands on itself, it gives the student more legal right to—

The Chair (Mr. Ernie Hardeman): Could I ask for a legal opinion as to whether that's the case?

Mr. Bradley Warden: Well, I think generally, paragraph 5 is now contained in subsection 2(2), where it's about a board's policy. It would be moving it to a new section 2.1, so it would become a stand-alone provision that isn't part of a board policy, and this is why the member's referring to sort of moving that right out of the board policy in 2(2) and into its own section.

The Chair (Mr. Ernie Hardeman): I would point out, in process, there's a bit of a challenge here. The committee has to be confident that if you pass this motion, that next motion to put it back actually passes, okay? Because, in process, how it's written here, it wouldn't automatically put it in that section.

Mr. Bas Balkissoon: That's why I said, Chair, that it's contingent upon us adopting 3A and 4, to make it stronger.

Ms. Cindy Forster: So what you're trying to do is actually give the right to the pupil—

The Chair (Mr. Ernie Hardeman): If everyone's convinced of that, you'd have every ability to do that.

Ms. Cindy Forster: You're trying to give the right to the pupil and actually remove it from board policy, so that the board would no longer have the right to direct whether or not a child could carry it.

Mr. Bas Balkissoon: That's what we're trying to do.

Ms. Cindy Forster: It would be up to the pupil, with their parent's or guardian's permission. Okay.

Interjections.

The Chair (Mr. Ernie Hardeman): If counsel—I'm going back a long ways. If the committee wishes to deal with that section first, before we finish here, we can leave this motion, with unanimous consent, and we can put number 5 where you want it and vote on it there.

Mr. Bas Balkissoon: I'm in your hands, Chair.

Ms. Cindy Forster: No. No, we want to finish with what's in front of us, Chair.

Interjection.

The Chair (Mr. Ernie Hardeman): Okay. It has to be unanimous consent, so we don't have it. Carry on.

Mr. Michael Mantha: I wanted to raise just a couple of questions in regard to particularly under subsection 2(2)1, which is the field trips. Why do we want to remove that from the policy? It just—

Mr. Bas Balkissoon: As I said in my explanation when I started out, it was removed because we felt that it would be very challenging to school boards, school principals and schools to control the environment wherever a school trip takes place, and to write a plan that reflects that environment. This is why we restricted the plan to the school itself and the common areas around the school property.

Mr. Michael Mantha: But, again, don't you think the school—my concern is the environment that you get out of the school is not just within the walls of the school or the schoolyard. You get it from being exposed out in nature. You get it from going to skating rinks. You get it from all different types of environments. To not have a plan, or not have a course of action of how certain individuals who are in the roles of responsibility are going to be expected to act or to conduct, or even the children who are going to be exposed to these environments—if you don't include those, aren't we putting them at risk?

Mr. Bas Balkissoon: Maybe my colleague who is a medical expert can comment.

The Chair (Mr. Ernie Hardeman): Ms. Jaczek.

Ms. Helena Jaczek: I think, Mr. Mantha, if you read the whole wording in section 1, in this case, it's "Strategies that reduce the risk of exposure to asthma triggers in classrooms and common school areas." That's the piece where the school would have difficulty in controlling the risk of exposure on field trips.

I think you need to put it all together. It does not, in any way, reduce the responsibility of the school to safeguard the child's health, but it relates directly to reducing the risk of exposure. I think that was the intent: How can the school reduce the risk of exposure to environmental factors outside their own building, as in a field trip? But it does nothing to say that the child shouldn't have their puffer, that people shouldn't be educated—all the staff

that accompany the child on the field trip. It doesn't, in any way, lessen their responsibility for the safety. That's the way I'm interpreting that.

Mr. Michael Mantha: Then in the original—again, pardon my ignorance—what was the purpose of having "field trips" there at the beginning of the bill?

Mr. Bas Balkissoon: He moved the bill, not me.

Mr. Michael Mantha: No, I want to know, because maybe there's an explanation to that. I would really appreciate it, because, from what I understand, a child's education is not just within the walls of the school.

Mr. Bas Balkissoon: And we're just trying to make it workable, from the ministry's standpoint.

Mr. Michael Mantha: I guess my concern is, I look at it from a perspective that, again, the education of the kid is not just within the walls, because there are activities, there are museums, where they're going to be going out to. There are quite a few other ventures—

Mr. Bas Balkissoon: But, as my colleague says, I don't think the responsibility changes. It's how you control the risk factors.

Mr. Michael Mantha: Okay. Is it possible, Chair, to ask Mr. Yurek to provide me with some type of clarification as to why "field trips" was there?

The Chair (Mr. Ernie Hardeman): That's why he's here.

Mr. Jeff Yurek: Thanks very much, Chair. So, basically, the thoughts with the field trips is not necessarily for the school system to go to, say, a museum and clean up all the pathogens or allergens or what have you. The idea is to ensure that there's a plan in action for the teacher taking the student to the field trip to ensure that there's a limited exposure to an allergen. So if the teacher does know they're going on a school trip to a drug-manufacturing facility, they know ahead of time that when they come up to where the powders are mixed into the capsules, that student should probably have precautions—a mask, or perhaps move around—so that they can prepare with that facility, saying, "I have a student who might have a problem with asthma. Do you have stuff prepared?" That's the intent.

Now, whether or not the lawyers from the ministry have taken a look at this and have decided that it will be looked at as another way that may forever prevent field trips from going on, then I have a concern if that's the way they're going to interpret this. The intent was just to ensure that there's a plan of action and there's a safety factor for the students going on field trips, not necessarily to cancel field trips or for, in fact, the school system to start cleaning up where they're going.

Ms. Helena Jaczek: Chair, the wording is, in the original bill, "reduce the risk of exposure" as opposed to ensuring an action plan is in place during field trips. I think that's why we're reacting to that.

1640

Mr. Jeff Yurek: Sure. I understand both sides here.

The Chair (Mr. Ernie Hardeman): My kind of man. Ms. Forster?

Ms. Cindy Forster: Thank you, Chair. I actually didn't get an answer to my question with respect to transportation of students from home to schools. Does that actually fall under the school boards' authority or does it fall under the Ministry of Education's responsibility? How are we going to implement an action plan that protects—

Mr. Bas Balkissoon: Currently, transportation is the responsibility of the school boards.

Ms. Cindy Forster: Of the school boards.

Mr. Bas Balkissoon: Yes.

Ms. Cindy Forster: So are people that are responsible for busing going to be trained and educated with respect to—

Mr. Bas Balkissoon: If there's a plan written for the student, it would apply, because the school board takes responsibility.

Ms. Cindy Forster: Okay.

The Chair (Mr. Ernie Hardeman): It's in the bill?

Mr. Jeff Yurek: Chair, just to answer, that is taken care of in the bill. I mean, it talks about—that employees will be part of the communication plan. A bus driver, if it's out of the school board, will be an employee of the school board.

Ms. Cindy Forster: Bus drivers are considered employees of the school?

Mr. Bas Balkissoon: They're under the direction of the school board on contract, so they would have to get the same training for the first part of the bill.

Ms. Cindy Forster: I would say that bus drivers are probably employees of Laidlaw or the bus companies on contract and probably have no responsibility other than transporting the kids back and forth.

Mr. Bas Balkissoon: I wouldn't assume that, Chair, unless you actually read the bus contract.

Mr. Mike Colle: They have to abide by school board policy.

Mr. Bas Balkissoon: They would have to follow school board policy. I would think all contracts are written that they would have to abide with school board policy.

Ms. Cindy Forster: I'll hold you to that.

Mr. Bas Balkissoon: I'm not a lawyer, but I would assume the contract would have to cover that.

The Chair (Mr. Ernie Hardeman): Does the lawyer have an opinion on that? No? I have one, but I don't want to start a fight.

Mr. Michael Mantha: Maybe counsel can help you with this one. Subsection 2(2), paragraph 1, with the amendment that was proposed, says, "Strategies that reduce the risk of exposure to asthma triggers in classrooms and common school areas." If my concern is in regards to school trips or even on the bus, would it be so simple as to change "areas" to "activities"?

Mr. Bas Balkissoon: I would have to ask my staff in the ministry to review it.

Mr. Michael Mantha: I'm just wondering, because it would encompass—

Mr. Bas Balkissoon: Like I say, I would have to check. We would have to take a 20-minute break if you wished to move that in.

Mr. Mike Colle: Or you can make that inquiry of—

The Chair (Mr. Ernie Hardeman): You were asking a question?

Mr. Michael Mantha: Yes. That was my question. I'm asking—

The Chair (Mr. Ernie Hardeman): And what's the answer?

Mr. Bas Balkissoon: He's asking if we would add, instead of the word "areas"—I'm saying, anything different than our motion, I would need time to go back and—

Interjection.

Mr. Bas Balkissoon: That's legislative legal staff. I would want—

The Chair (Mr. Ernie Hardeman): The question, then, is removing the "s" from "areas"?

Mr. Michael Mantha: No.

Mr. Jeff Yurek: Changing "areas" to "activities."

Mr. Michael Mantha: Yes.

The Chair (Mr. Ernie Hardeman): "Areas" to "activities."

Mr. Michael Mantha: It reads right now, "Strategies that reduce the risk of exposure to asthma triggers in classrooms and common school areas." That's kind of tying us down to the school area. I'm just saying, if we were to change "areas" to "activities," does that not encompass if we were to go out, as to Mr. Yurek's point, on field trips, or while the child is travelling on the bus? Does that not include that? Does that open it up? Does that suit your need?

Mr. Bas Balkissoon: I would think if you leave it open to "areas," we would be looking at the field trips again and the environment that the child is being exposed to. We would have to outline all those risks and provide the training for all that risk and a whole lot more. The plan would have to cover that.

Mr. Michael Mantha: So "common school areas" would encompass—

Mr. Bas Balkissoon: It's everything in the school.

Mr. Michael Mantha: Everything in the school, but outside of the school realm, it doesn't.

Mr. Bas Balkissoon: Outside of the school realm, as my colleague, who is more medically trained than I am, has explained, there will still be protection for the child to make sure that the risk is reduced. Maybe she can repeat it again so you understand.

Mr. Mike Colle: Or we can get a clarification.

The Chair (Mr. Ernie Hardeman): For clarification, I think, again, we go back to Ms. Jaczek's comment about how one deals with reducing the risk—not with the child, but reducing the risk of it causing an attack. If you changed "areas" to "activity," you would be talking about what they're doing, not where they are, because you could be doing a school activity and nothing to do with the school at all, because it's that activity. And "area" is any area that's being used for the school purposes, other education purposes.

Interjections.

The Chair (Mr. Ernie Hardeman): In my opinion, a school area referred to here would be the school bus. It would cover it in there because that would be an area of school activity.

Mr. Michael Mantha: We heard from the principals' council that was here—or at least I got some clarification from them—that number 4 raises a concern with that particular group, where we remove the requirement that a principal create an individual plan under direction and we're replacing it with "shall take into consideration."

Are we not putting the onus or more of a responsibility now on the principals, which they didn't want to have in the first place? It was a very big concern that they had. They wanted to have a plan where, through a discussion with—well, actually, an action plan. They wanted to have something where it wouldn't have been them making that decision; that it's based on sound medical information and that it's also coming directly from the doctor and also from the parents.

By changing this and putting in "shall take into consideration"—throughout my area, particularly in Algoma-Manitoulin, I can tell you, we have a shortage of doctors. If you have some you can send my way, thank you; I'll take them wholeheartedly and I'll travel them back and forth if you want me to. But it is a challenge for us and there is a very big fee that's attached to this. If I'm going to be consulting with my doctor—and trust me, even myself, I have a great doctor, but it takes me at times anywhere between a month and a month and a half to get to see him, and I have a family doctor, whereas others don't. It's going to be very difficult for them to actually get the direction from a doctor.

There's an onus that's going to be put on the principals here and I think, from what I understood when we were here during discussions last week, there's a huge concern from them, where the responsibility will lie on them to take it into consideration, and taking it into consideration might be: The child has his puffer. He comes in and he has a discussion with the parents. How is that plan going to be implemented?

Mr. Bas Balkissoon: Okay. If I were to read you what's in the bill, it says: "A requirement that every school principal develop an individual plan for each pupil who has asthma. The plan must be developed under the direction of the pupil's physician." The principals were very concerned about that wording.

The wording that we have now moved in our motion—we have consulted with the principals' council and they are much more supportive of this than what's in the original bill. We also leave the flexibility there that you can develop a plan without getting the direction from the physician if the physician is not readily available, and it will be an interim plan until you get the instructions from them. That way, you're not denying the student the opportunities to participate if the principal believes that the risk factor is low. But if you look at the original wording, that held the principals responsible at a much higher level.

The Chair (Mr. Ernie Hardeman): Mr. Yurek?

Mr. Jeff Yurek: Thank you, Chair. I'm just wondering if you'd be open to changing the wording to: "In developing the individual plan, the principal shall include an asthma action plan made by the pupil's physician or nurse"?

Mr. Bas Balkissoon: "Shall include"—run that by me again.

Mr. Jeff Yurek: "Shall include an asthma action plan made by the pupil's physician or nurse." I believe that will take care of the principals' concern. They're not making a medical decision. They are still creating the plan, except the medical direction is coming from a health care professional.

It also takes into consideration what the principals raised with me and the fact that sometimes parents think their child shouldn't be participating in a sport, yet the doctor is saying, "No, their asthma is not that bad and they should be exercising." Including the asthma action plan would, I think, incorporate what the NDP is looking for, and the government at the same time. I would be open to changing that.

Mr. Bas Balkissoon: Chair, if we could take a short five-minute break, I'll consult with my staff and I'll give you an answer.

The Chair (Mr. Ernie Hardeman): We can do that, but if you are requesting to amend the motion, you have to have an amendment put forward. We can't change it across the aisle. We have to do it officially.

Mr. Bas Balkissoon: I'd be happy to make it a friendly if you give me five minutes.

The Chair (Mr. Ernie Hardeman): You're entitled to ask for a recess.

Mr. Michael Mantha: Chair?

The Chair (Mr. Ernie Hardeman): Yes?

Mr. Michael Mantha: To finish off on my point in regard to the principals, just for discussion purposes, and then I think we'd agree, I wanted to, for the record, read out what the OPC had indicated in their words that they shared with us last week. Can I do that now, or would we have to wait till after we come back?

The Chair (Mr. Ernie Hardeman): You can read it now.

Mr. Michael Mantha: They clearly stated, "The ultimate decision in terms of the diagnosis and the treatment plan lies with the medical professional, and that's the piece that we strongly, strongly support being in place. The principal can hold or can manage the treatment plan, but we can't develop it."

I think they were very clear that that direction needs to come from the medical professional or the health care provider. I think what this is telling us is that there is an onus that's falling on the principal.

Mr. Bas Balkissoon: You're talking about a treatment plan—

The Chair (Mr. Ernie Hardeman): Okay. We're going back now. We're going back to the original here, and you wanted a break to get the information.

The committee recessed from 1652 to 1713.

The Chair (Mr. Ernie Hardeman): I call the committee back to order. We have the printed amendment. Mr. Yurek.

Mr. Jeff Yurek: I move an amendment. I move that motion 1.1, which amends paragraphs 1 to 6 of subsection 2(2) of the bill, be amended by striking out paragraph 4 and substituting:

“4. A requirement that every school principal develop an individual plan for each pupil who has asthma. In developing the individual plan, the principal shall include an asthma action plan made by the pupil’s physician or nurse, if any, and any recommendations made by the pupil’s physician or nurse.”

The Chair (Mr. Ernie Hardeman): You’ve heard the motion. Debate? Ms. Forster.

Ms. Cindy Forster: How many amendments can there be to the amendment?

The Chair (Mr. Ernie Hardeman): There’s only one amendment per amendment.

Ms. Cindy Forster: Only one amendment per amendment.

The Chair (Mr. Ernie Hardeman): You can read that once this one is done—

Ms. Cindy Forster: Right.

The Chair (Mr. Ernie Hardeman): —unless it deals with exactly the same item.

Ms. Cindy Forster: Okay. Well, it does deal exactly with the same item.

The Chair (Mr. Ernie Hardeman): No, the same list or the same number 4.

Ms. Cindy Forster: The same number 4.

The Chair (Mr. Ernie Hardeman): So the motion is on the floor. Debate on this motion, this amendment?

Ms. Cindy Forster: I can actually speak to the issue that I spoke to a little bit earlier, about the pupil’s physician or nurse. It’s certainly problematic for us, and we will bring forward another amendment to that, but I’ll speak directly to that piece.

I know that during the public hearings, we had a presentation and a letter from the RNAO, from Doris Grinspun, and I quote: “In addition to making Ryan’s Law more comprehensive by extending it to any life-threatening health condition, the RNAO”—which represents more than 100,000 nurses in this province—“recommends that the language of the bill be revised to reflect current realities of interprofessional practice. As it stands, Bill 35 contains physician-centred language that does not reflect the primary care being provided each day by nurse practitioners and RNs in community health centres, NP-led clinics, family health teams and nursing stations”—in northern parts of our province. “Aspects of the bill such as individual plans being ‘developed under the direction of the pupil’s physician’ does not reflect the interprofessional collaboration of regulated health professionals in primary and specialized settings who are responsible for helping clients manage increasingly complex acute and chronic health conditions. Thus, we recommend replacing this language by current language

used in primary care which refers to ‘primary care provider.’

“The strength of RNAO is nurtured by the knowledge, expertise and unwavering commitment of our members for better health outcomes for all Ontarians, especially children. Our members include experts in school health, public health, community health, pediatrics, primary care and a range of specialized nursing areas. Two relevant resources available online are RNAO’s Best Practice Guideline on Promoting Asthma Control in Children, and the Community Health Nurses’ Initiatives Group recent paper, Healthy Schools, Healthy Children: Maximizing the Contributions of Public Health Nursing in School Settings.

“We hope you will consider these recommendations.”

You have the experts actually telling you that the proper terminology is “health care provider.” You’re not going to be getting asthma instruction from a social worker in a family health team or in a community health centre.

Those are my comments with respect to this amendment.

The Chair (Mr. Ernie Hardeman): Okay. Further debate on the amendment? If not, all those in favour of the amendment?

Mr. Jeff Yurek: Chair, I just want to make one more comment. Sorry.

The Chair (Mr. Ernie Hardeman): All right, yes.

Mr. Jeff Yurek: I recognize the point the third party has made, and the amendment does include “nurse,” so they will be included in making the asthma action plan.

Mr. Mike Colle: Yes, “nurse” is included.

The Chair (Mr. Ernie Hardeman): Yes, Ms. Forster?

Ms. Cindy Forster: Well, in fact, “nurse” doesn’t appropriately define who could actually prescribe a treatment for a child, for a patient. A nurse could be a registered practical nurse who would not be able to do that. It doesn’t speak specifically to “registered nurse” or to “nurse practitioner.” To use just the term “nurse” is actually inaccurate.

The Chair (Mr. Ernie Hardeman): Okay. Ms. Jaczek?

Ms. Helena Jaczek: Yes, thank you, Chair. I want to acknowledge what Ms. Forster has said. I’m wondering if you would have a proposal to tighten the language. I guess, from our point, just saying “primary care provider” is not as specific as what you have in fact indicated. The appropriate health care professional who could produce an action plan for asthmatics, apart from physicians, would be nurse practitioners, registered nurses, nurses possibly in a community health team, and so on.

So I’m wondering would you perhaps propose some tight language but that would acknowledge that “nurse” is somewhat non-specific?

The Chair (Mr. Ernie Hardeman): We’re not going to discuss what you might have to do. We have to deal with this motion as it is before us now.

With that, any further discussion on the amendment? If not, all those in favour? All opposed, if any? The motion is carried.

Further debate on the motion, as amended? Yes, Ms. Forster.

Ms. Cindy Forster: I actually wanted to speak to number 6 in this group of amendments from the government.

The current bill's number 6 speaks to, "A requirement that every school principal ensure that, upon registration, parents, guardians and pupils shall be asked to supply information about asthma, including whether a pupil has his or her parent's or guardian's permission and his or her physician's approval to carry asthma medication."

The government's amendment is proposing to reduce all the words after the word "asthma" in number 6, which would be the piece about whether the pupil has their guardian's, parent's or physician's approval to carry the asthma medication. I wanted to ask Mr. Yurek why he proposed that to start with, I'd like to ask the government why they're proposing to delete it, and I'd like to ask the government's ministry lawyer, if there's such a person here, and legislative counsel what impact that actually has on this bill.

The Chair (Mr. Ernie Hardeman): One at a time, here. Which one would you like first?

Ms. Cindy Forster: Mr. Yurek.

The Chair (Mr. Ernie Hardeman): Mr. Yurek.

Mr. Jeff Yurek: Thanks again, Chair. That was included to ensure that the principals and the teachers know both the doctor and the parents have given consent to carry the puffer or the reliever medication. If you look forward to section 2.1 of the bill, the motions further down the road, that is incorporated into that part of the policy. So it's taken care of further down the road.

Ms. Cindy Forster: I don't think it is.

Mr. Jeff Yurek: No, it says so right here.

Ms. Cindy Forster: Under which section?

Mr. Jeff Yurek: Government motion 4, v.3, section 2.1 of the bill.

The Chair (Mr. Ernie Hardeman): It's 3A of the package.

Ms. Cindy Forster: What's proposed, though, is different. It isn't immediately upon registration at a school for the pupil and it actually deletes "physician's permission."

Mr. Jeff Yurek: No, turn the page. We're not going to accept the first one. The second amendment includes the physician and the nurse.

Mr. Bas Balkissoon: Section 3A.

The Chair (Mr. Ernie Hardeman): You have the answer to that question?

Ms. Cindy Forster: Yes. It's under 2.1.

The Chair (Mr. Ernie Hardeman): Okay. Further discussion? Yes, Ms. Forster.

Ms. Cindy Forster: I have an amendment.

The Chair (Mr. Ernie Hardeman): Very good.

Interjections.

The Chair (Mr. Ernie Hardeman): If we could, very quickly—we have a slight delay again. The amendment would be in order, or is in order, save and except, as with the previous amendment, the number of the section that we're dealing with has been changed because it's being amended. So we need to reword it and legal counsel is presently—

Mr. Mike Colle: Yes, and she wants a change to it, too.

The Chair (Mr. Ernie Hardeman): Yes, but the section that she's changing is the same section that we were dealing with before. It's now numbered differently.

Interjection.

The Chair (Mr. Ernie Hardeman): We'll take a five-minute recess or whatever length of time after that that's needed.

The committee recessed from 1727 to 1756.

The Chair (Mr. Ernie Hardeman): We'll call the meeting back to order. As everyone can see, the time is fast clicking to adjournment.

Yes, Ms. Forster?

Ms. Cindy Forster: We're still having a bit of debate here about this. The information we got from the ministry would be that we could include physicians, pharmacists, respiratory therapists and nurse practitioners, but we're afraid that that may, in some instances, actually exclude a classification that would be qualified to do the action plan.

I'm thinking that we need to take a little bit more time. We still have a bunch of amendments before us, so maybe we can take a little bit more time to get the Definition right—because there really should be a definition.

The Chair (Mr. Ernie Hardeman): We really don't even need unanimous consent to take more time because we've just about run out of it today. There's not much to spare.

Mr. Yurek?

Mr. Jeff Yurek: Chair, I seek unanimous consent from the committee to place Ryan's Law, the clause-by-clause, at the first order of the next business meeting, and move all the extra business further down the line.

The Chair (Mr. Ernie Hardeman): You've heard the request for unanimous consent. Debate?

Ms. Forster.

Ms. Cindy Forster: I would suggest that we should have a subcommittee meeting, and we could do that as early as tomorrow, and then the subcommittee could determine where this can actually land, and maybe sooner rather than later.

The Chair (Mr. Ernie Hardeman): That would also require a motion from the committee, to have the subcommittee deal with that, because we're looking at changing the last subcommittee report that the committee has accepted. We can do that if you want to make that motion.

Ms. Cindy Forster: I would move that we have a subcommittee meeting scheduled to deal with the final disposition of this bill.

Mr. Jeff Yurek: Chair, can we get it on the record that the NDP went against my unanimous consent, that I asked for originally? I want to hear them say no.

The Chair (Mr. Ernie Hardeman): There's no recording of unanimous consent.

So with that, we have a suggestion that you want to have a subcommittee meeting. Would you move that motion?

Ms. Cindy Forster: I'll move a motion—

The Chair (Mr. Ernie Hardeman): Any objection to the motion to have a subcommittee report back to look at moving this bill forward?

Mr. Bas Balkissoon: I thought Mr. Yurek moved the first motion.

The Chair (Mr. Ernie Hardeman): Hmm?

Mr. Bas Balkissoon: Didn't Mr. Yurek also move a motion?

The Chair (Mr. Ernie Hardeman): He didn't get unanimous consent.

Mr. Bas Balkissoon: Oh. Okay.

The Chair (Mr. Ernie Hardeman): With that, we have a motion to do that. All in favour, say "aye." All opposed, say "nay."

The rest of us are going home. The meeting is adjourned.

The committee adjourned at 1759.

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