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Mardi 2 décembre 2014

Standing Committee on Social Policy

Safeguarding Health Care Integrity Act, 2014

Comité permanent de la politique sociale

Loi de 2014 de sauvegarde de l'intégrité des soins de santé

Chair: Peter Tabuns
Clerk: Valerie Quioc Lim

Président : Peter Tabuns
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Hansard Reporting and Interpretation Services
Room 500, West Wing, Legislative Building
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON SOCIAL POLICY

COMITÉ PERMANENT DE LA POLITIQUE SOCIALE

Tuesday 2 December 2014

Mardi 2 décembre 2014

The committee met at 0900 in committee room 1.

SAFEGUARDING HEALTH CARE INTEGRITY ACT, 2014

LOI DE 2014 DE SAUVEGARDE DE L'INTÉGRITÉ DES SOINS DE SANTÉ

Consideration of the following bill:

Bill 21, An Act to safeguard health care integrity by enacting the Voluntary Blood Donations Act, 2014 and by amending certain statutes with respect to the regulation of pharmacies and other matters concerning regulated health professions / Projet de loi 21, Loi visant à sauvegarder l'intégrité des soins de santé par l'édiction de la Loi de 2014 sur le don de sang volontaire et la modification de certaines lois en ce qui concerne la réglementation des pharmacies et d'autres questions relatives aux professions de la santé réglementées.

The Chair (Mr. Peter Tabuns): Morning, everyone. The Standing Committee on Social Policy will now come to order. We're here to resume public hearings on Bill 21, An Act to safeguard health care integrity by enacting the Voluntary Blood Donations Act, 2014 and by amending certain statutes with respect to the regulation of pharmacies and other matters concerning regulated health professions.

Please note, committee members, that there are additional written materials on your desk that have been submitted.

As of this morning, we have no presenters scheduled this afternoon. Shall we cancel this afternoon's meeting? Madame Gélinas?

M^me^ France Gélinas: I would like to have a short conversation—I thought we would have it at the subcommittee, but we could have it as a committee as a whole and get it over with—to see how to best use our time next week.

The Chair (Mr. Peter Tabuns): Can I suggest—we finish presenters at 10 a.m. this morning, and we have time then. I'd be very happy to have that discussion at 10 o'clock.

M^me^ France Gélinas: Okay. But before we cancel this afternoon, the subcommittee needs to report to the whole committee, or the whole committee will do it all together at 10?

The Chair (Mr. Peter Tabuns): Why don't we do the whole committee at 10?

M^me^ France Gélinas: Good enough, Chair.

The Chair (Mr. Peter Tabuns): All right. So this afternoon's meeting is cancelled. That's agreeable? Fine.

MR. MIKE McCARTHY

The Chair (Mr. Peter Tabuns): Our first presenter, then, is Mr. McCarthy. I think you're familiar with the routine. Please introduce yourself, and you have five minutes.

Mr. Mike McCarthy: Thank you for the opportunity to speak today. My name is Mike McCarthy. I am the former vice-president of the Canadian Hemophilia Society, the representative plaintiff for the class of tainted blood victims and the former senior adviser to Health Minister Tony Clement, and I was responsible for policy issues for blood.

I am a victim of tainted blood and acquired hepatitis C in 1984 as a result of blood products manufactured from US blood collected at a for-profit prison plasma centre. I have lost family, friends and colleagues to tainted blood. For me, the battle to fix a broken blood system was hard-fought, and personal.

Suffice to say that governments and institutions lost their way, and the result, that thousands of Canadians became infected by HIV and hepatitis C, is a fact. Thanks to Justice Krever and others, a complete overhaul of the Canadian blood system ensued. This was to ensure safety and to restore public confidence.

After billions of dollars to revamp the blood system and to pay out compensation to victims, we believed that we would never travel down this same road again. Clearly, we are dangerously close to doing just that. Like the Red Cross before it, and despite its defined role in blood collection, the CBS has begun to advocate for an expanded business mandate to include overseeing organ transplant donation services in Canada.

Meanwhile, the provinces had directed the CBS to find savings. To demonstrate to the provinces that it could run the system like a business, to curry favour and obtain support for a newly expanded role, the CBS set out to cast itself as a model of efficiency. To do so, it made deep cuts that included closing public volunteer, donor-based plasma collection clinics. The clinics that were closed had supplied plasma to support making blood products for Canadians. They also exported this plasma to the world, allowing Canada to meet its obliga-

tions to the global community to increase the world supply.

The CBS has stated that it will passively monitor the blood supply to ensure that there is no erosion of the volunteer blood donor system if a parallel system is introduced. Passively monitoring the effects of the introduction of a paid donor system is not a plan. Once introduced, paid plasma facilities will quickly attempt to ingrain their model in communities across Canada. Canada will quickly be held hostage to the for-profit centres for our supply of plasma.

It is clear that the CBS and Health Canada, the very stewards of our donor-based blood system, has abandoned its own mandate. Instead, it pursues new frontiers and fosters cozy relationships with powerful vested interests. The CBS and Health Canada profess that science and testing can extinguish all risk, an assurance that proved to be false in the past. I am both witness and victim to this failure. There was no test that revealed HIV and hep C at the time I was infected. The for-profit plasma industry has voiced that they have learned the lessons of the past. Yet the three clinics that have been set up in Ontario are next to homeless shelters and a methadone clinic.

When reviewing the tragedy of the past, Justice Krever pointed out that it was the lack of transparency, accountability and public involvement in decision-making by the provinces, the Red Cross and Health Canada which ultimately led to the largest public health disaster.

Yet here we are again, not quite 25 years later, and what have we learned? The CBS and Health Canada, in closed-door meetings with clinic owners who have a financial interest which is not in the public interest; and assurances of approvals for a parallel blood-collection model being provided to these clinics without any public consultation. After all, why else would clinics spend $7 million and set up shop before a single approval is ever granted?

Health Canada failed to provide any real opportunity for public comment—

The Chair (Mr. Peter Tabuns): One minute.

Mr. Mike McCarthy: —until media started to take interest and reported on this story. As the regulator, I would have expected differently, given the important role that Health Canada played in the system's past failure.

In 2013, the original plan, backed by the CBS, was to sell the collected plasma from these clinics to international manufacturers. Now the argument seems to have shifted a bit. The clinics claim that this collected blood will not be sold internationally but directly to the CBS. It doesn't matter. Given the cozy relationship between the parties and the evolution of the objectives guiding their arguments, this claim is not credible.

None of this acceptable. In fact, it's appalling, given our recent history. The stigma attached to our blood system is still playing out. It's taken so many years to regain the trust of Canadians. Now is not the time to abandon the foundation upon which our new blood system, still in its infancy, has been built—especially not after so much study.

I have seen this movie before. We have seen this movie before. Have we learned nothing?

The Chair (Mr. Peter Tabuns): Mr. McCarthy, your time is up. First question to Madame Gélinas.

M^me^ France Gélinas: Thank you for coming to Queen's Park. Thank you for your presentation. I take it that you followed a little bit as to what we heard yesterday. I'm curious to see—in the statement, you said that the clinics went on to spend $7 million based on the fact that they thought they had approval. Do you have any more to add on this? Because yesterday when I asked them if they had had previous approval, they did talk about a meeting with the ministry and that they left the meeting with nobody telling them that it was not going to happen. Do you know any more about this side of the business?

Mr. Mike McCarthy: I had met the Minister of Health nationally, Minister Rona Ambrose, and a number of Health Canada officials. I was part of the one-day summit round table that was organized by Health Canada in response to the media stories. All evidence brought forward by Health Canada and Canadian Blood Services really led to that there was already a decision made and that they were trying to convince naysayers that there were no scientific concerns to worry about. Have I seen documentation that would show that a decision was made? No. I believe that still relied upon the province to give the final approval for those clinics.

M^me^ France Gélinas: Yesterday, Canadian Blood Services told us that we are independent for fresh plasma, frozen plasma, but that up to 70% of the medications that are made based on plasma come from—could come from—paid donors. The number is a little bit iffy. Then they say that they will be presenting a business plan to try to improve this. What would you like to see in that business plan? How do we go towards self-sufficiency?

Mr. Mike McCarthy: That's a good question. First of all, I want to state that there is no shortage of these materials in medicine or in the raw form. In fact, there are thousands upon thousands of litres in freezers in industry across the world, and they are manufactured on an as-needed basis.

The Chair (Mr. Peter Tabuns): Thirty seconds.

Mr. Mike McCarthy: There is no shortage for medicines now or in the future for people who require fractionated products. I believe that the CBS has a duty to increase self-sufficiency, to work towards that. In the meantime, we should continue to provide support for the global supply of plasma. That is our role. But to introduce a risky, untested new model in Canada—there's a lot of peril involved with that. As long as we can keep it away from the private sector, we need to do that.

0910

The Chair (Mr. Peter Tabuns): Mr. McCarthy, we have to go to the government. Mrs. Mangat.

Mrs. Amrit Mangat: Thank you, Mr. McCarthy, for your presentation. First of all, I want to thank you for

your ongoing support and advocacy on this issue. My understanding is that you have been a champion of voluntary blood donation. Can you share with the members of this committee—suppose this bill is not passed. What would be the risk involved with this?

Mr. Mike McCarthy: Well, I think we'll see an erosion of the volunteer blood system if a parallel blood system is introduced. Despite perhaps industry saying that there's a record of no impact, that's untrue. Germany has seen a hollowing out of young donors that will not donate on a volunteer basis. They expect to be paid.

We have a very specific history in Canada, where we had our dirty laundry aired for a dozen years about the tragedy that killed many people and poisoned many others, so we have a very fragile blood system. To sit back and say that nothing would happen to the volunteer blood base is incredibly naive. Certainly when you take into context that this parallel for-profit system would collect a national resource, which is Canadian blood, and then send it on the international market, with no assurances that it would ever come back to Canada or be used in any blood products used for Canadians, the risk is all on us. By allowing it even to be used for research would be an incredible risk to the volunteer blood system.

I don't believe the clinic should survive in any form whatsoever. I believe the Canadian mentality on the safety of the blood system is really what's at stake here, and I think this would be a huge erosion in confidence.

Mrs. Amrit Mangat: Just to clarify myself: This is the value, what you're saying, of having a single national body for blood collection?

Mr. Mike McCarthy: That's correct.

Mrs. Amrit Mangat: Could you elaborate—

Mr. Mike McCarthy: Yes. I believe that it's the mandate of Canadian Blood Services, as pointed out by Justice Krever and in the MOU that was created for the creation of Canadian Blood Services, that they are the absolute authority on the collection and distribution of blood and blood products in Canada. For the integrity of that role to be maintained, we cannot diffuse that role and allow it to be handed off to the private sector.

Mrs. Amrit Mangat: Thank you.

The Chair (Mr. Peter Tabuns): You have 30 seconds, Mr. Fraser.

Mr. John Fraser: Thirty seconds? All of 30 seconds. Very quickly, I'm pleased that you brought up the point with regard to—plasma collection here is not going to guarantee that products will be produced or brought back here. We heard that yesterday. Thank you very much for bringing that up. I think it's a very important point when we're having this discussion about a voluntary blood system and a single operator. Thanks for your testimony.

Mr. Mike McCarthy: You're welcome, sir.

The Chair (Mr. Peter Tabuns): We go to the opposition: Mr. Walker.

Mr. Bill Walker: Thank you very much, Mr. McCarthy. Just on that last point: If we could build the legislation so that there were paid donations for the plasma research side of things that stayed in Canada, would you change your stance on that?

Mr. Mike McCarthy: No, I would not.

Mr. Bill Walker: Can you tell me why?

Mr. Mike McCarthy: Because Canadian Blood Services could provide those materials for research to universities and to industry to keep the integrity of a single system.

Mr. Bill Walker: We were told yesterday by Canadian Blood Services that they don't have significant amounts to be able to do that, particularly if you start to project out with our population base. So if we had a shortage, would you change your mind?

Mr. Mike McCarthy: We do not have a shortage, and there's no foreseeable shortage. I would like to correct something, sir. The Alzheimer research into using IVIG—those clinical trials have failed and they are now closed. There are no active trials using IVIG for Alzheimer's any longer. That is not emerging on the scene any time soon, unfortunately.

I believe that a single collector is the only way to go to ensure the safety and integrity of the blood system. Safety is not just about testing, even though I think I heard plenty about that in terms of the unknown viruses coming into the system. Safety is about supply as well, so if we implement a parallel blood system in Canada, the safety of supply is in question, because we do not know what we do not know. So we need to act upon the principle of risk aversion completely.

Mr. Bill Walker: Thank you for that information. If all the other jurisdictions that we currently receive blood from—some of those are paid; some are unpaid—if they were to use the exact same policy, that would restrict the ability for us to bring any other blood into our system. Are you supportive of that happening?

Mr. Mike McCarthy: I would suggest that that could never happen. The other models—and there are only four in the world, of all the countries in the world that actually collect plasma from paid donors. It is an economic industry to make these products to sell around the world, so there would be Canadian Blood Service entering actual contracts with manufacturers around the world. Those contracts are binding, so the ability for countries to close their doors to exporting a pharmaceutical product—I have never heard of that.

Mr. Bill Walker: But why is that any different than our not having an industry here in Canada?

Mr. Mike McCarthy: I think I have pointed out the fact that we have a special history. We failed in attempting to fractionate our own blood products in Canada. That led to Connaught collecting plasma from prisons in the United States to make up the shortfalls. Therefore, the new system is one that protects the public, allows us to get the safest blood products from outside of Canada—because we've learned our lessons—and be able to control what is brought into the country.

Mr. Bill Walker: So you're suggesting there are safe systems outside of Canada that actually use paid donors?

Mr. Mike McCarthy: I didn't say that. I'd say we should do a better job so that we wouldn't need to use paid donors in the United States or Czechoslovakia or Germany.

The Chair (Mr. Peter Tabuns): I'm sorry to say that your time is up. Thank you very much, Mr. McCarthy.

Mr. Mike McCarthy: Thank you, sir.

MR. ANDREW CUMMING

The Chair (Mr. Peter Tabuns): Our next presenter is Andrew Cumming. Sir, when you sit down, if you would introduce yourself for Hansard. You'll have five minutes—I'll give you a warning when you have one minute left—and then each party has three minutes with you for questions. Please proceed.

Mr. Andrew Cumming: Thank you. I'm not very good at talking off the cuff, so I'm going to read a statement.

Members of the Standing Committee on Social Policy, thank you for the opportunity to speak at these hearings about Bill 21. My name is Andrew Cumming, and I am a severe hemophiliac. I became HIV- and hepatitis C-infected from tainted blood products I received in the 1980s, which were derived from paid-for plasma and blood donations. I am one of the very few surviving co-infected hemophiliacs. I speak for the 100 or so fellow hemophilia patients I have known who have died from complications of one or both of these horrible viruses. In fact, every person I went to clinic with, every kid I went to camp with and every other hemophiliac I knew in the 1980s is now dead.

Last fall, I went public with my HIV status in order to speak out with authority on the misguided adventure which was the licensing of the Canadian Plasma Resources clinics to pay for plasma in Toronto. Until that time, I had fiercely protected my HIV status for the sake of my career and my family's safety. When I heard about the imminent opening of the paid plasma clinics, however, I knew that I had to join the chorus of victims and their families in speaking out about this. There are very few of us left to speak out. These viruses have already silenced the valiant voices of James Kreppner and John Plater, among so many others, who, if they were still alive, would not have let this initiative get as far as it has.

May I respectfully remind you that the recommendation against paid plasma and paid blood was made in no uncertain terms by Justice Horace Krever in his commission of inquiry in the 1990s? That commission identified the for-profit harvesting of blood and blood plasma as one of the key factors which resulted in the tainted blood scandal in Canada, and he recommended that we never put aside our commitment to the unpaid donor model for blood in this country.

There is a profound conflict of interest in the combination of the procurement of human tissue and the profit motive. This is why we have laws outlawing payment for any other sorts of human tissue, besides blood. Let me be clear on this point. Prior to the failure of my liver in 2002, I was an investment banking executive on Bay Street. Since my liver transplant in 2005 and subsequent recovery to relative health, I have been running a hedge fund here in Toronto. I am a capitalist, and I fully understand and appreciate the strengths of the capitalist system. As such, I understand that corporations' responsibility is to their shareholders. They are compelled to minimize the cost of goods produced in order to maximize returns to those shareholders.

In the case of blood procurement, this is a conflict. This model leads to seeking those most desperate for the cash payment as the donors. We can see this effect immediately in assessing the neighbourhoods in which Canadian Plasma Resources chose to put their first three clinics.

0920

This is not a partisan issue. I am certain that all Canadians, in their hearts, are thankful for our nearly century-long commitment to freely donated blood and the safety of our blood system. Please do the right thing and get behind this important legislation and expedite its passing. Let's listen to what Justice Krever concluded after five years, hundreds of witnesses and millions of dollars were spent answering the question as to the role paid blood had in the deaths of thousands of Canadians a scant few decades ago.

The Chair (Mr. Peter Tabuns): Thank you. We go first to the government. Mrs. McGarry?

Mrs. Kathryn McGarry: Thank you very much for your testimony and for coming today. I'm a nurse of over 30 years, so not only did I deliver a lot of blood products and administer them, I also had a stepson who was critically ill at the time and received blood products in the early to mid-1980s. We got that letter and, very fortunately, he tested negative, so very much your story could have been ours. So I certainly see this from a number of different angles. It's very poignant that after the Krever commission we suddenly have all these recommendations about the Canadian blood supply, and now we're dealing with this again. So I certainly understand where you're coming from.

I did want to ask you a couple of questions. I really want you to explain again why it's so critical that we have the system that we've got right now: a single blood collector, a single donor and unpaid, a voluntary donor. What is the benefit of that?

Mr. Andrew Cumming: Well, I'm not an expert in these policy matters, okay? I'm a businessman and, as I tried to mention, I basically buried my HIV and hemophilia status for the large majority of my life. Some of you will remember just how difficult it was for people that were known to be HIV-positive in the 1980s. They basically couldn't work, they were often run out of their homes and their children weren't allowed to go to school. So it's something that I've stayed away from.

That having been said, I lived in the United States for 10 years, and one of the things that I—people would ask me, "What's the difference between Canada and the United States?" There were only a few things that I could point to, and one was our health system and our voluntary blood donation system. I'm very proud of it. I think that it's effective. I think that the model whereby the collector of blood nurtures a set of clients who are repeated blood donors—they get known to the system.

As you probably know—I don't know the exact figures, but the vast majority of blood that's donated in this country is donated by a small number of donors who repeatedly give over and over again out of an altruistic impulse; this is strictly for the benefit of their fellow man. I'm not an expert, I must emphasize, but I believe in my heart what Mike said in the last deposition, that if there was a—

The Chair (Mr. Peter Tabuns): You have 30 seconds remaining.

Mr. Andrew Cumming: —parallel paid donor system, that would undermine the culture of free donations. That's my view on it.

Mrs. Kathryn McGarry: Yes, and I understand that some of the paid donors are not necessarily honest with their history. Would you agree with that?

Mr. Andrew Cumming: I absolutely would agree with that. If you're in the blood donor clinic because you need the $20 or $10 or whatever it is that they're going to pay you, you're absolutely motivated. This is the conflict of interest that I'm speaking of. You're motivated to not be fulsome—

The Chair (Mr. Peter Tabuns): I'm sorry. We have to cut you off there and go to the opposition.

Mrs. Gila Martow: Thank you very much for coming. The World Federation of Hemophilia has endorsed the Dublin report, which says that they believe there is room for a two-model system. I just wanted your comment on how you felt about that. I assume that you don't agree.

Mr. Andrew Cumming: I don't agree. These are debatable points. As everybody knows, there is a paid-donor model working in the United States, for better or for worse. I think that we can do better. I think that we have the cultural proclivity—the interest over the long term—in maintaining our volunteer system, and I think we can do a lot better at making ourselves self-sufficient. I just don't think—

Mrs. Gila Martow: Well, we have a great volunteer system for blood collection, but certainly for plasma products we're hearing over and over that 70% is coming in from other countries, and that among that 70%, we know that a significant part of it is paid donors. Are you expecting that, all of a sudden, things are going to be different in Canada if we have the same system of collecting plasma as they're collecting to make the products that we're already purchasing?

Mr. Andrew Cumming: I think we can do a better job. I think we can market properly. I've never seen a billboard that suggests that young people from universities, for instance, should be getting on the bandwagon and becoming repeat plasma donors. We don't have enough clinics. We have not supported this model in our country, but it's absolutely wrong-headed, for all the reasons that I've discussed—instead of trying to improve our volunteer donor system, to just capitulate and adopt a very seriously flawed paid donor model, in my view.

Mrs. Gila Martow: I just think that, again, like with everything else, it is a risk management system. I agree with you that there are risks and we would prefer to go with the lowest risk. But I think we have to keep in mind that people can give blood only once every two months, whereas for plasma it's once a week that those same donors are often giving. It's time-consuming. Just the travel time alone is significant, and then the time—we're not able to collect it. I wish I believed that just by having a public awareness campaign, we could collect what we need in a vast country like ours. Thank you very much.

Mr. Andrew Cumming: Thanks.

The Chair (Mr. Peter Tabuns): All right. Thank you very much.

Interjection.

The Chair (Mr. Peter Tabuns): Oh, sorry. To my own colleague, sorry. Madame Gélinas, please.

M^me^ France Gélinas: Thank you for coming. I will continue in the line of questioning that my colleague just did, but just so you know, I was one of those people who donated plasma. Every Wednesday, on my lunchtime, I went down—it was the Red Cross at the time—and I donated plasma. I still have the arms, the scars, to show for it. Then they closed plasma collection in Sudbury, which is where I donated, so that was no longer available to me. I do believe that there are people who would.

You're a businessperson. How do you see us moving forward where we become more self-sufficient in plasma and every other blood product? We keep hearing this 70% coming at us. We're 30% self-sufficient; for 70% we go on the global market, which includes paid donors. Have you got any insight for us?

Mr. Andrew Cumming: I don't have any insight particularly. I think it's up to Dr. Sher, who runs Canadian Blood Services, to somehow extract from the government the funding that's necessary in order to put in a sufficient number of clinics and a public awareness campaign so that people understand why it's important that they do this. What you did in Sudbury on your own out of an altruistic impulse I think the vast majority of Canadians would be willing to do if they had access to it. I don't even know where there's a blood pheresis clinic in Toronto—a CBS-run clinic.

We've fallen off here. It needs to be funded. It needs to be taken seriously, and I have no doubt that with the correct resources allocated to the strategy, we'd be able to become self-sufficient.

M^me^ France Gélinas: So how can it be that there's a for-profit paying for donors who think they can make a business of it? They told us yesterday that they've invested close to $8 million in Ontario because they thought they could make a business of it. How can it be that the for-profit sees a business, but the not-for-profit doesn't see one?

Mr. Andrew Cumming: I don't know the answer to that. I think we have to ask the people who run those not-for-profits. I think there is a not-for-profit business that's very compelling.

The Chair (Mr. Peter Tabuns): Thirty seconds.

M^me^ France Gélinas: I agree. The not-for-profit is CBS. But you're right: I've never seen a poster saying,

"Come and donate." I've never seen a recruitment, and there is no way for me, who lives in northern Ontario, to even participate, although I would have gladly continued and I would still do it if I could. Do you believe that CBS will put forward a business model that will change that?

The Chair (Mr. Peter Tabuns): I'm sorry to say that your time is up.

M^me^ France Gélinas: Just say yes or no.

Mr. Andrew Cumming: I don't know. I certainly hope so. I really—

The Chair (Mr. Peter Tabuns): I'm sorry, sir. We have to go on to the next person.

Mr. Andrew Cumming: Yes, I understand.

The Chair (Mr. Peter Tabuns): Thank you very much.

Mr. Andrew Cumming: Thank you.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

The Chair (Mr. Peter Tabuns): We have the College of Physicians and Surgeons of Ontario. Good morning.

Dr. Marc Gabel: Good morning.

The Chair (Mr. Peter Tabuns): As you may know, I ask people to introduce themselves for Hansard. You'll have five minutes to present, and then there will be three minutes of questions from each party. I give a one-minute warning towards the end of your five minutes, and 30 seconds towards the end of your three minutes. Please proceed.

0930

Dr. Marc Gabel: Thank you for this opportunity to appear in front of the committee. I'm Marc Gabel, the president of the College of Physicians and Surgeons of Ontario. Outside of the college, I'm a general practitioner practising in psychotherapy.

With me today are Dr. Rocco Gerace, the college registrar; Vicki White, co-director of our legal office; and Ms. Louise Verity, director of policy and communications for the college.

The college is responsible for regulating the practice of medicine to protect and serve the public interest, and it's from this perspective that we are responding to Bill 21. Bill 21 is an important piece of legislation. Our submission focuses on the proposed changes to the Regulated Health Professions Act and the Public Hospitals Act portions of the bill. These are the changes that respond to four important requests that we have made for legislative change in the past.

While we support the bill overall, we propose what we consider to be vital amendments to three of these areas. Our amendments are consistent with the submissions from the Federation of Health Regulatory Colleges of Ontario. On all the issues I'm about to discuss, our accompanying written submission provides further context.

Bill 21 proposes improving information-sharing between health regulatory colleges and public health authorities, as well as hospitals. As you know, the issue of information-sharing between health colleges and public health has recently been in the news. Once passed, colleges will have the clear authority to disclose a breach of infection control practices to public health authorities. The college has long advocated for this change as it will improve patient safety and increase transparency.

While the bill makes some improvements around information-sharing between colleges and hospitals, the current wording will continue to impose unnecessary restrictions. Colleges will only be able to disclose information to a hospital for a "prescribed purpose," as defined in the regulation. If the regulation is not made and/or not updated on a regular basis, we will not be able to disclose the necessary information. It is challenging for the public to understand why we cannot share important information such as this, and we hope that these barriers will be removed.

Moving next to the issue of mandatory reporting: Hospitals have a duty to report serious concerns about a physician behaviour and/or competence. However, there are several ways that the wording of the RHPA enables would-be reporters to circumvent this requirement.

Bill 21 takes an important step in addressing these inadequacies; however, we suggest minor adjustments to ensure the desired outcome. The enhanced reporting duty now turns on whether the person who grants the membership privileges has "reasonable grounds to believe" that the resignation, relinquishment or restriction is "related to" the member's misconduct, incompetence or incapacity.

This is a very high legal test. The college therefore recommends changes so reporting is required either when the "reasonable grounds" test is met or when a member either resigns or has restrictions imposed on the member's privileges during an investigation into the member's competence.

On the issue of discretion to investigate complaints: Currently, the college is required to investigate all complaints regardless of their seriousness, and this can and does cause delay in our proceedings. The college routinely receives complaints that do not affect patient safety and are unrelated to our duty to protect the public interest. Since 2010, we have sought greater discretion to not investigate in these kinds of situations. For example, complaints such as business disputes between doctors or statements made by a physician in a magazine must currently be fully investigated. Our submission provides additional examples on this issue.

While the amendments in Bill 21 are well intentioned, they will make no meaningful difference. The discretion that is thought about is simply too narrow. The college, together with the Federation of Health Regulatory Colleges of Ontario, recommends—

The Chair (Mr. Peter Tabuns): You have one minute.

Dr. Marc Gabel: —a public interest threshold for discretion. This is the threshold that has been proposed for complaints against teachers, in the former Bill 103, and for early childhood education workers in the current Bill 10, two professions that can pose great risk to potentially vulnerable children.

If the Legislature felt it was necessary, the public interest could be defined in legislation. A public interest threshold will allow the college to focus resources on serious complaints and those that affect patient safety. We would also suggest important changes to the existing wording in this section, removing "if established," and changing "could" to "would," again to permit a slightly broader discretion.

Thank you for the opportunity to present to this committee. We would be pleased to answer any questions you have, either by myself or the folks who have accompanied me here.

The Chair (Mr. Peter Tabuns): Thank you. Excellent timing. To the opposition: Mr. Walker.

Mr. Bill Walker: Thank you very much. I note that you had provided a submission on May 2 for the former Bill 117 to the government.

Dr. Marc Gabel: Yes.

Mr. Bill Walker: On a very quick review, it looks like many of the same things that you're suggesting today are the exact same. In those discussions, did the government come forward and actually agree with any of your recommendations and give you any sense that they were going to amend the policy to actually reflect what you're asking?

Dr. Marc Gabel: I wonder if you might be able to answer that, please.

Ms. Louise Verity: Sure. I would say that we have presented our amendments to all parties. At this particular point in the process, it's really now up to the government to decide what their response is going to be. So they're probably best to answer that question, because they're the ones who know the answer—

Mr. Bill Walker: Fair enough. I'm trusting they're not going to give us an answer in this committee. That's why I was asking you, because it seems to me that they've had due time to be able to do this. They could have indicated that yes, it makes—you know, one of them in particular is to change it from the word "hospital" to the word "facility." That just seems pretty common sense. In a lot of rural areas like mine, it isn't always a hospital; it's a clinic or it's a family health team. That person, regardless of who they work for, if they're doing something of an indiscretion, should be reportable. I can't see why the government of the day—and you've talked to deputy health ministers, who are pretty consistent in that tenure—couldn't have given you some assurance that they heard what you were saying and they're actually going to make this legislation the best that it can be.

Ms. Louise Verity: Well, we're certainly hopeful.

Mr. Bill Walker: Well, I'm certainly hopeful along with you. However, we won't go that far.

Are there any other significant, real pieces that I think they, sitting in the room today, need to truly hear to make sure that this is changed? You've given a submission, but are there any that you want to just highlight very strongly?

Dr. Marc Gabel: I think I would highlight the discretion, the last thing that I mentioned, as well as the other changes to allow us to exchange information with hospitals and facilities, because I think that will increase transparency and will allow a much better public regulation.

Mr. Bill Walker: Wonderful.

Mrs. Gila Martow: I'm going to jump in quick with a quick comment. I'm guessing that it's very convenient to have the OMA investigate business conflicts or things like that; otherwise, these things are going to end up in the court system, which is certainly not what anybody wants to see. I just wanted to make that comment on the record, that that's where those disputes would end up otherwise, right?

Dr. Marc Gabel: Well, I'm not sure where they would end up, that not being part of my life.

Mrs. Gila Martow: As long as it's not your problem.

Dr. Marc Gabel: Yes, but at this point, I know that we end up spending amazing resources on issues that do not affect the public good.

Mrs. Gila Martow: Exactly.

The Chair (Mr. Peter Tabuns): Thank you, Ms. Martow. Madame Gélinas.

M^me^ France Gélinas: Good morning. Thank you for coming. My first question is, in your opening comments, you said, "Our amendments are consistent with the … Federation of Health Regulatory Colleges of Ontario." Are they identical or consistent? Am I going to find a difference between the two?

Ms. Louise Verity: I can confirm that they are identical.

M^me^ France Gélinas: Okay. I hadn't seen any difference, so I was wondering if I had missed one.

Ms. Louise Verity: Yes.

M^me^ France Gélinas: All right. The first changes you want have to do with enabling information-sharing between the college and the hospital. If we are not successful in passing this amendment, can you give me an example of the consequences of that?

Dr. Marc Gabel: Yes. I think Dr. Gerace might be best to do that.

Dr. Rocco Gerace: Not infrequently, we will get a report from a hospital around the investigation of a physician. As we investigate that physician, that physician is still at the hospital and the hospital will say, "What's happening?" We now, with the current legislation, have to say, "We can't tell you." We think it's crazy that we shouldn't be able to share this information with hospitals, given that the doctor is working in that hospital currently. That would be an example that we see frequently.

M^me^ France Gélinas: All right. The other one: enhanced mandatory reporting to the college—that's going the other way. What would happen if we don't agree to the amendment, if the amendments are defeated?

Dr. Rocco Gerace: We've seen, in the past, issues where there is a negotiated departure of a doctor, negotiated that the doctor will leave the hospital on the condition that it's not reported to the college. We've also seen doctors who have done that go on to another institution and cause harm, and only in retrospect were

we made aware that there had been an issue at a previous hospital.

M^me^ France Gélinas: Okay. We're talking about hospitals, but I take it you would like to be able to do this information-sharing with anybody who employs your members—an out-of-hospital premise, an independent health facility or anybody else?

Dr. Rocco Gerace: Correct.

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M^me^ France Gélinas: Okay. The third one: discretion to investigate complaints. Here again, what are your fears? What would it look like if this amendment is defeated?

The Chair (Mr. Peter Tabuns): Thirty seconds.

Dr. Marc Gabel: I think there will be no change in the present process, which, at the moment, means that we are sometimes spending a lot of our resources on issues that have no public interest while issues that are of emergent nature or are very much related to the public have to go through the process. There is just a certain amount of people and money and committee. We have over 50 physicians already doing this kind of investigation. We would feel much better to be able to focus on the things that really affect the public.

The Chair (Mr. Peter Tabuns): Thank you. We go to the government: Ms. McGarry?

Mrs. Kathryn McGarry: Thank you very much for coming to speak to us today. It's always very helpful to hear about things that might enhance the bill, so I appreciate that.

Could you please speak about how the bill is going to enhance the sharing of critical information between not only the health regulatory colleges but other entities who deal with public health?

Dr. Rocco Gerace: Well, I think the two areas that are specifically mentioned are public health departments and hospitals and facilities. When we work in silos, no one benefits. It's absolutely critical that we are able to share this information to assist public health units to either identify matters of infection control or to assist them in their investigation of matters related to infection control.

Similarly, with hospitals, as I mentioned, if a doctor is being investigated, it's in the best interest of the hospital to know the status of that investigation because they have to make a decision regarding the extent of that doctor's practice.

Mrs. Kathryn McGarry: Thank you. I'm going to hand it over to my colleague next.

The Chair (Mr. Peter Tabuns): Mr. Fraser?

Mr. John Fraser: Can you speak a little bit more to how this will help you share information with other facilities and how you'll be able to share between colleges and—

Dr. Rocco Gerace: Sure. Well, if we think of public health and infection control issues, currently there is a high threshold that we have to meet in the legislation to be able to share. We think there should be either no threshold or a very low threshold. So we want to be able to tell medical officers of health when we think there is an infection problem, even if it doesn't rise to the threshold that's currently in the legislation.

Mr. John Fraser: One more question: My fellow members have asked questions in terms of your request for discretion, but in terms of situations that you find are either vexatious or technical or business in nature, what kind of processes do you have in place right now to deal with those? You talk about a full investigation, but certainly some things are evident at the start that they belong in another area. Do you refer people to some sort of—

The Chair (Mr. Peter Tabuns): Thirty seconds remain.

Dr. Rocco Gerace: There is absolutely no discretion currently in the legislation. The legislation says that the committee "shall" investigate every complaint. That's why we're asking for this change: to be able to either move them to the appropriate venue or to, in cases where there simply is no public interest, not deal with them.

Mr. John Fraser: Do I still have some time?

The Chair (Mr. Peter Tabuns): No. Thank you very much for your presentation this morning.

Dr. Rocco Gerace: Thank you.

Dr. Marc Gabel: Thank you.

MS. VICTORIA KINNIBURGH

The Chair (Mr. Peter Tabuns): Our last presenter this morning is Victoria Kinniburgh. Ms. Kinniburgh, you'll have five minutes to present. I'll give you a heads-up when you've got a minute left, and then there will be three minutes with each party. Please introduce yourself for Hansard.

Ms. Victoria Kinniburgh: Good morning. My name is Victoria Kinniburgh. I'd like to thank you for the opportunity to present today. I'm here to speak in favour of passing Bill 21, An Act to safeguard health care integrity by enacting the Voluntary Blood Donations Act.

I'm here on behalf of my two little boys, who have severe hemophilia A and who receive plasma products every other day as part of their treatment. I'm also speaking on behalf of the following families of those who live with or have children who live with a bleeding disorder, and whose treatment is comprised of plasma-derived products: specifically the Gray, Kinniburgh, Graham, Aitken, Chasse, Reid, Deveroux, Flowers, Farzanah, Hamidian, Tham and Naji families. The need for a voluntary and secure blood supply is of vital importance to us and our families.

Approval of a licence for Canadian Plasma Resources or any other private blood collection facility will undermine the integrity of Canada's voluntary blood supply and runs counter to the best interests of Ontarians. The voluntary blood collection system in Ontario is held to a very high standard and speaks to the altruistic nature of Ontarians. A pay-for-plasma system, where a company profits from collection and distribution, will put our voluntary system at risk.

Being part of the bleeding disorder community, we have seen first-hand the devastation experienced by those

who received tainted blood products. I represent the members in our bleeding disorder community who are in favour of maintaining a safe and voluntary blood donation system, as recommended by the Krever inquiry

A pay-for-plasma system runs counter to key findings and recommendations of the Krever report released in response to Canada's tragic tainted blood scandal. In his findings, Mr. Krever was very specific in outlining key principles by which the Canadian blood supply should be governed.

With these principles in mind, we request that no licence of any kind be granted to Canadian Plasma Resources or other private pharmaceutical companies wishing to do the same. Bill 21 needs to be enacted to ensure that the long-term integrity and security of Ontario's blood supply is safeguarded for future generations.

We do not have a say as to where our children's treatment products are provided from, and of course we would prefer to see that it come from voluntary donors in Canada and would ultimately like to see that this happen with the help of the Canadian Hemophilia Society and Canadian Blood Services. We are committed to working with Canadian Blood Services to develop a national strategy to review options for increasing voluntary blood and plasma donations.

Thank you for your time this morning. On behalf of myself and the families I am here to represent today, I encourage you to pass this important legislation to protect voluntary donations that our colleagues, family, friends and neighbors proudly and selflessly give every day.

The Chair (Mr. Peter Tabuns): Thank you very much. We'll start questions with Madam Gélinas.

M^me^ France Gélinas: Thank you so much for coming this morning. I will ask you a personal question; you don't have to answer if you don't feel comfortable. You mentioned that your children need plasma medication regularly. Has it ever come that it was not available or were you ever made aware that maybe there would be a shortage and they would have to go without?

Ms. Victoria Kinniburgh: Absolutely not, no.

M^me^ France Gélinas: No? And you are aware that—you don't know where those products are coming from; you mentioned that.

Ms. Victoria Kinniburgh: I do know where—my one son's is from the US, where I understand there are paid donors. But as I mentioned, we would absolutely prefer it be a Canadian product and from voluntary donors here, and we are committed to working with the necessary levels of government or CBS to put something together to make that happen in Canada.

M^me^ France Gélinas: You realize that the Canadian Hemophilia Society seems to be at odds with what you're presenting. Where do you figure the divide comes from?

Ms. Victoria Kinniburgh: I really can't answer where that divide is coming from on the Canadian level. All I know is that that is not a view that myself, my family, many members of the Ontario bleeding disorder community—that is not how we feel.

M^me^ France Gélinas: Were you consulted when the Canadian society put their positions forward?

Ms. Victoria Kinniburgh: I don't feel that we were appropriately advised. It was sort of that they just came out with, "This is our stance that we're taking," and everyone else is expected to go along with it.

M^me^ France Gélinas: Since then, with the community you know—is it still divided or are people starting to go more towards one side or another?

Ms. Victoria Kinniburgh: In my opinion, from the people that I know in the bleeding disorder community, everyone I speak to seems in favour of this legislation.

M^me^ France Gélinas: They want to make sure that—

Ms. Victoria Kinniburgh: We have a voluntary system.

M^me^ France Gélinas: All right. That's good. Thank you.

The Chair (Mr. Peter Tabuns): Thank you. To the government: Ms. McGarry.

Mrs. Kathryn McGarry: Thank you very much. I think the first blood products that I used to give was at the Hospital for Sick Children for children with hemophilia. This is something that is long in my nursing history, so I appreciate you coming to speak with us today.

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The voluntary versus paid blood donor system is really a lot of what we've been hearing about. For yourself, what is the difference, and why is it that there are so many against a paid donor?

Ms. Victoria Kinniburgh: I think that we're against a paid system because Canadians altruistically donate plasma and blood because they know that that's the important thing to do, the right thing to do. My concern is that when you have a paid system, they're a business. They're not accountable to the Canadian people like Canadian Blood Services. We don't know that at the first sign of trouble they're not going to shut down and walk away, leaving those who have received the blood products, the end users, in a bad situation again like what happened in the 1980s.

Mrs. Kathryn McGarry: Do you believe a paid donor is necessarily fully honest when the medical history is being taken?

Ms. Victoria Kinniburgh: No, I don't think that they are.

Mrs. Kathryn McGarry: Why is this passage of Bill 21 so important to you, quickly?

Ms. Victoria Kinniburgh: It's important to me. As I said, I have two small children who receive blood products. I think we need to maintain a safe and secure blood supply, and I believe that doing so is through a voluntary system.

Mrs. Kathryn McGarry: And there has never been any issue with supply for your family?

Ms. Victoria Kinniburgh: No.

Mrs. Kathryn McGarry: Okay. I'm going to just ask my colleague—

The Chair (Mr. Peter Tabuns): Ms. Mangat.

Mrs. Amrit Mangat: Thank you for your presentation. My understanding is that you are supportive of the bill.

Ms. Victoria Kinniburgh: Yes.

Mrs. Amrit Mangat: I'm sure you're aware that there are people who are opposing Bill 21. What would you like to tell them?

Ms. Victoria Kinniburgh: I don't know exactly. I guess I would say that I'm not really sure why they're opposing the bill. If blood shortage is a problem, plasma donations are a problem, let's look at a different way to enhance the system. There are lots of people out there who are willing to work towards enhancing that system. We don't believe a paid system is the way to go.

The Chair (Mr. Peter Tabuns): Ms. McGarry.

Mrs. Kathryn McGarry: I think we've learned a lot of lessons through the Krever commission many years ago, and I guess what you're saying is that you really would prefer to see that the Canadian blood system is a single entity to manage all the blood supply and the donations, for voluntary donations.

The Chair (Mr. Peter Tabuns): Thank you, Mrs. McGarry. We've come to the end of the time for the government.

The opposition: Mrs. Martow.

Mrs. Gila Martow: Thank you so much for coming. Obviously, you're against a paid system; that's what you have told us. But in the meantime, 70% of our plasma products are coming from a country where they have a paid system. What I would like to know from you is, do you think the government has done enough to promote a strictly volunteer system within Canada, where all blood products, all plasma products, are through a voluntary system, manufactured in Canada, donated in Canada and a guaranteed supply? Because let's face it: If the US does have a shortage, who are they going to cut off first, American citizens or Canadian citizens? So do you think that enough has been done? Because we are sort of dreaming if we think that we can produce our own just on a voluntary basis, without infusing any kind of funding model, which isn't in place right now.

Ms. Victoria Kinniburgh: Well, as said, we don't have a choice as to where our son's treatment products are coming from. We're told by Sick Kids, "This is the product you have to use." I think we could do a much better job of working towards setting up a better voluntary system for plasma donations. I know clinics have been closed. My aunt is from Thunder Bay. They rallied to have that clinic stay open, with no help. So I think we can do a much better job, and I think we could have a system that relies on voluntary donors and not a paid system.

Mrs. Gila Martow: So don't you find it a little hypocritical if the government is shutting down places to collect voluntary donations from Canadians while we're taking in products from the States?

Ms. Victoria Kinniburgh: Well, I think that the government needs to look at that and needs to look at the cutbacks that they're making to the system and realize that we really should try to be a self-sufficient country with regard to the—

Mrs. Gila Martow: We can't have it both ways, can we?

Mr. Bill Walker: I just want to jump in, because I think we're much closer than it may appear. My concern as a legislator is that a lot of people have said, "I think we can," "I would suggest," "My belief is that the volunteer system can do it." As a legislator, the day that we don't have that volunteer system—and the government has cut back the voluntary system, so it's interesting—the day that you don't have your blood supply for your children, are you looking at me saying, "Why did you not think of this? Why did you not look at other options?"

The Chair (Mr. Peter Tabuns): Thirty seconds.

Ms. Victoria Kinniburgh: Well, to be honest, up until very recently, until these paid clinics came out, I wasn't necessarily aware that there was a problem with the blood shortage. It's sort of come out more recently. I guess, really, like I said, I think we can have a voluntary system that works, and we need to look at that now.

Mr. Bill Walker: If we don't, though, can you just tell me: Do you want another option in place for your children?

Ms. Victoria Kinniburgh: Yes.

Mr. Bill Walker: Thank you.

The Chair (Mr. Peter Tabuns): I'm sorry to say—

Ms. Victoria Kinniburgh: Excuse me. I don't want a paid system. I don't want that system.

Mrs. Gila Martow: Well, we're already using a paid system. You are aware.

The Chair (Mr. Peter Tabuns): Thank you very much, ma'am. I appreciate your presenting this morning.

Ms. Victoria Kinniburgh: Thank you.

The Chair (Mr. Peter Tabuns): All of our presenters have presented. We have no one else who is scheduled. I have a few items of business with you.

First, a reminder: The deadline for the public to send in written submissions is at 6 p.m. today. That's December 2. The deadline for committee members to file amendments to the bill with the Clerk is 12 noon tomorrow, December 3.

I have been asked by legislative research: Do you want a summary of the testimony and submissions to date?

M^me^ France Gélinas: That is like asking us: Would we like Elaine to become superwoman plus-plus? How the heck could she do that in time?

The Chair (Mr. Peter Tabuns): Well, I'm asking.

M^me^ France Gélinas: I'd like to see her in one of those little body suits that says—no, no, I wouldn't.

Interjections.

The Chair (Mr. Peter Tabuns): Be kind to research. Are you interested? No. Okay. So you won't have to work through the next 24 hours. That's great.

Subcommittee: I've checked; we have to have all members of the subcommittee present. The Liberal member for the subcommittee is not present. She is available at 4 p.m. today. So subcommittee will convene at 4 p.m. today in this room.

Mrs. Gila Martow: Who is it?

The Chair (Mr. Peter Tabuns): Pardon? Marie-France.

Mrs. Gila Martow: Oh, Marie-France. Okay.

The Chair (Mr. Peter Tabuns): Yes. Over here, there are some people who are subbed in.

Mrs. Gila Martow: Yes, yes. Okay. I was confused.

The Chair (Mr. Peter Tabuns): Madame Gélinas?

M^me^ France Gélinas: Could the Clerk share with us which bills have been referred to our committee so far?

The Clerk of the Committee (Ms. Valerie Quioc Lim): We have Bill 13, the Ontario Bike Month Act; Bill 17, the Protecting Child Performers Act; Bill 20, Ryan's Law (Ensuring Asthma Friendly Schools); and Bill 28. So that's Bill 13, Bill 17, Bill 20 and Bill 28, and of course we have Bill 21.

Mrs. Gila Martow: What's 28?

The Clerk of the Committee (Ms. Valerie Quioc Lim): The Hispanic Heritage Month Act.

The Chair (Mr. Peter Tabuns): I will ask the Clerk just to circulate that list to all of you, so that everyone has it.

M^me^ France Gélinas: So 13 was the bike; 17, child actors; 20 is Ryan's Law; and 28 is Hispanic month?

The Chair (Mr. Peter Tabuns): Hispanic Heritage Month, yes.

M^me^ France Gélinas: Okay. So those have all been referred here?

The Chair (Mr. Peter Tabuns): Yes.

M^me^ France Gélinas: Are you guys interested in doing a bill next week?

Interjection.

The Chair (Mr. Peter Tabuns): I suggest that we discuss this in subcommittee at 4 o'clock today, and if people want to talk informally, there's no problem at all. But having checked, I gather that the business we have been given to transact in this time is related to Bill 21.

M^me^ France Gélinas: Ah.

The Chair (Mr. Peter Tabuns): So I want to thank everyone who came today and presented. It's very useful to us in the process of working through this law.

With that, the committee stands adjourned until 9 a.m. on Thursday, December 4, 2014.

The committee adjourned at 0959.

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