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**Official Report  
of Debates  
(Hansard)**

**Tuesday 1 December 2015**

**Journal  
des débats  
(Hansard)**

**Mardi 1<sup>er</sup> décembre 2015**

**Standing Committee on  
Government Agencies**

Intended appointments

**Comité permanent des  
organismes gouvernementaux**

Nominations prévues

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## LEGISLATIVE ASSEMBLY OF ONTARIO

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
GOVERNMENT AGENCIESCOMITÉ PERMANENT DES  
ORGANISMES GOUVERNEMENTAUX

Tuesday 1 December 2015

Mardi 1<sup>er</sup> décembre 2015

*The committee met at 0904 in committee room 1.*

## SUBCOMMITTEE REPORT

**The Vice-Chair (Mrs. Cristina Martins):** Good morning, everyone. Before we begin our intended appointments review, our first order of business is to consider the subcommittee report dated Thursday, November 26, 2015. Mr. Pettapiece?

**Mr. Randy Pettapiece:** I move the adoption of the subcommittee report on intended appointments dated Thursday, November 26, 2015.

**The Vice-Chair (Mrs. Cristina Martins):** All in favour? Opposed? The motion is carried.

## INTENDED APPOINTMENTS

M<sup>ME</sup> MARIE BIRON

Review of intended appointment, selected by official opposition party: Marie Biron, intended appointee as vice-chair, Champlain Local Health Integration Network.

**The Vice-Chair (Mrs. Cristina Martins):** We will now move to appointment review. We have one intended appointee to hear from now. We'll consider the conferences following the interviews.

Our first intended appointee for today is Marie Biron, who is nominated as vice-chair, Champlain Local Health Integration Network.

Please come forward and take your seat at the table. Bienvenue. Merci d'être ici.

You may begin with a brief statement, if you wish. Members of each party will then have 10 minutes to ask you questions. Any time used for your statement will be deducted from the government's time for questions. Questioning will be starting, then, with the official opposition.

Please start.

**M<sup>me</sup> Marie Biron:** Bonjour, madame la Vice-Présidente et messieurs et mesdames membres du comité. Ça me fait plaisir de prendre quelques minutes pour me présenter.

Après une carrière de plus de 31 ans dans le domaine des communications à la fonction publique fédérale, je suis maintenant à la retraite depuis un peu plus de cinq ans déjà. Dans mon cas, la retraite m'a permis une plus grande contribution communautaire et aussi de me présenter devant un comité comme celui-ci.

Lorsque j'ai pris ma retraite en 2010, j'ai aussi décidé de ne pas me représenter aux élections scolaires qui avaient lieu la même année. J'ai été conseillère scolaire pendant plus de 12 ans. Pendant plusieurs mandats, j'ai aussi occupé les fonctions de présidente et vice-présidente du plus grand conseil scolaire francophone en Ontario. Je suis très fière du travail accompli pour l'éducation francophone en Ontario. Notre conseil a toujours été parmi les leaders en matière de réussite scolaire, en grande partie grâce à une gouvernance axée sur les résultats.

En 2010, j'ai donc tourné une page et j'ai décidé de m'impliquer dans un domaine qui touche de très près la vie des gens : celui de la santé. J'ajouterais que c'est le domaine qui touche souvent les gens qui sont les plus vulnérables, les plus fragilisés. L'accès aux services de santé en français était aussi une motivation pour siéger au RLISS de Champlain. J'ai été nommée au conseil d'administration en juin 2011 et mon mandat a été renouvelé jusqu'en juin 2017.

J'aimerais aussi mentionner mes autres implications communautaires. Depuis 2011, je suis présidente de la Fondation des écoles catholiques du Centre-Est qui vise à contrer les effets de la pauvreté sur la réussite scolaire et le bien-être des élèves. Depuis quelques mois, je siége au conseil d'administration de Retraite en action, un organisme dans la région de la capitale nationale qui vise à offrir une panoplie d'activités pour faire en sorte que les retraités francophones de la région d'Ottawa-Gatineau vivent une retraite active et stimulante, ce qui a des effets positifs sur la santé.

Revenant à mon rôle au sein du RLISS de Champlain : je préside le comité de finances et de vérification depuis 2012 et je siége au comité des services en français ainsi qu'au comité de nominations. Vous avez rencontré deux de nos nouveaux membres au cours des derniers mois, Pierre Tessier et, plus récemment, Guy Freedman. Lors du départ de notre vice-présidente le 1<sup>er</sup> septembre dernier, le président du RLISS m'a demandé d'occuper la fonction de vice-présidente. Voilà pourquoi je me retrouve devant vous aujourd'hui. C'est une responsabilité que j'ai acceptée avec humilité car je sais que je pourrais m'appuyer sur le leadership que joue notre nouveau président Jean-Pierre Boisclair depuis sa nomination, et je pourrais également m'appuyer sur l'expérience et les compétences de l'ensemble des membres du conseil d'administration, qui sont continuellement axées sur

l'atteinte de résultats en vue d'améliorer les services de santé à la population sur le grand territoire urbain et rural de Champlain.

I want to highlight another strong aspect of my motivation for my implication on the LHIN board. It's the local aspect of health services planning, integration and funding that I believe are important.

Just as I was involved in a local school board which ensured that local needs in education were met, I feel that the health system gains from working closely with its partners and health service providers to address the local needs of its population.

What is so different about Champlain to want to focus on its local aspects? Champlain has the largest francophone population of all LHINs, at just under 20% of its total population; Champlain has a large aboriginal population, including the largest Inuit population outside Nunavut; and Champlain has an important newcomer population. All these groups, and other health care clients in Champlain, have specific health needs that can be addressed locally if we plan and fund the service with them in mind.

Recently, the Champlain LHIN drafted its 2016-19 integrated health services plan. The plan is in line with the ministry's Patients First: Action Plan for Health Care.

**0910**

Just like the provincial plan, our IHSP aims to put people and patients first by improving their health care experience and health care outcomes. Our IHSP is now with the ministry for approval, and I'm looking forward to when the public health service providers and MPPs have access to it to better understand the direction we will be taking over the next three years. Our board feels that the plan is concrete, results-oriented and, although ambitious, feasible.

Our board is very impressed with the level of community involvement that was undertaken to inform the development of the plan. Francophones and aboriginals responded in large numbers to our surveys and our engagement sessions, and therefore contributed in an important way to our IHSP. Over 4,000 people were engaged in providing their input to help us move forward in the next three years to provide better and more efficient care and wellness to the Champlain population.

Health service providers have expressed that the plan resonates with them. They also expressed enthusiasm and a readiness to face the challenges ahead.

One major recent change has been the standardized performance measures for all 14 LHINs by the Ontario Ministry of Health and Long-Term Care. The bar is being raised, and we, the board of the Champlain LHIN, are up for the challenge. We intend to be a top performer in Ontario. People in Champlain will have timely access to quality service wherever they live. We have made significant improvements to achieve and surpass our previous targets in the past. We are now working to achieve and surpass our new targets.

I would like to end on what our LHIN is doing to welcome and assist Syrian refugees in our area. The

Champlain LHIN is a member of the health subgroup of the Refugee 613 steering committee in the Ottawa area. During humanitarian emergency situations such as this one, the LHIN staff has experience in playing important liaison and coordinating roles between health service providers and the provincial government.

Over the last few years, the LHIN has spearheaded and funded a newcomer health clinic and cultural health navigators that assist newcomers in accessing health services. We are well positioned in our area to welcome Syrian refugees and address their health needs, thanks to the expertise of staff of the Champlain LHIN and of our health service providers.

I would be pleased to answer questions you may have in the language of your choice. Merci.

**The Vice-Chair (Mrs. Cristina Martins):** Thank you very much for your deputation. Merci bien. We are now going to start with the official opposition.

**Mr. Randy Pettapiece:** Good morning. Thank you for coming in today.

I want to ask you a few questions concerning the Champlain LHIN. The Auditor General has reported that the Champlain area has some of the highest wait times to get into a long-term-care home, with individuals waiting years for a bed. I understand the LHIN's position has been that the area exceeds the number of beds it needs and that there are no plans for new beds.

Do you believe it's acceptable for individuals to be placed in a long-term-care bed hours away from their family?

**M<sup>me</sup> Marie Biron:** I agree that it's a huge, huge challenge, the issue of long-term-care beds. Our population is growing older, it's getting more fragile, and there is quite a need for long-term-care beds.

But we are working with the government. We have plans for hospice beds down the road. Hopefully they will be funded. There are different initiatives to try to address the needs of people if they can't into long-term-care beds. For instance, home care: There is more being done in home care services. Actually, it is a huge priority and a huge part of the discussions that we have at our board, because not enough money goes into those kinds of services at this time. But we're pleased to see that in 2014-15, a bit more funding has gone into more health care services outside of hospitals, where people really do need that care.

So I don't have a specific answer to your question, but it is something we are working on, and we intend to work on having better access. We realized, when we went over the ministry's new targets, that that is one of the performance targets that will be quite a challenge for the Champlain LHIN. There are other targets that we are meeting more easily and that we have met over the years, but I will admit that is one that we have highlighted in our new performance targets as one of the key challenges.

As board members, that's one of the things that I feel is important to know: What are the gaps? You have to build on what works well and keep increasing what

works well, but I, personally, as always, have always wanted to see: What are the gaps, the real gaps, that make a real difference in people's lives? Where do we really need to focus? That is something that we will really follow our CEO and staff at the LHIN to ensure that there is movement on those performance indicators.

**Mr. Randy Pettapiece:** It would seem to me that if they claim to have an excess of beds in this area there's a planning problem here, when individuals can't find care in their home community. Would you agree with that statement?

**M<sup>me</sup> Marie Biron:** I have to go back and see about the excess of beds, but I agree that people should not go far away from where they live. It should be part of their—close to their communities. It has to be close to their families.

I know planning is potentially an issue, and that's the role of the LHIN, to look at putting people together, bringing people together who have a specific focus like long-term-care beds, and with the hospitals, also. There are people in hospitals who need to go to long-term-care beds. Where can they go instead of long-term-care beds? Most people prefer to go home, to have the services at home and to have the services come to them at home, so that is something that I agree needs to be worked on and better planned with the different health service providers.

**Mr. Randy Pettapiece:** The Champlain CCAC has had some serious issues with service cuts to its clients. Were you aware of this issue as a LHIN board member before the information hit the media?

**M<sup>me</sup> Marie Biron:** Before the information hit the media? I think we've been working very, very—particularly with the CCAC, a major organization like that in our community, we work very closely with them. If there are issues that we see are creeping up, we try to work with them to ensure that there's a better strategy, to address that internally with them. We do keep track very, very closely of the needs of the CCAC and other health service providers.

**Mr. Randy Pettapiece:** But were you aware of these problems before it did get into the media?

**M<sup>me</sup> Marie Biron:** I would say that the staff would have been aware of some problems, because, as we say, we do work with them.

**Mr. Randy Pettapiece:** Okay.

**The Vice-Chair (Mrs. Cristina Martins):** Mr. McDonell.

**Mr. Jim McDonell:** We have an issue of long-term-care beds, and the Auditor General reported us as being the worst in the province. When I inquired about the numbers, the word back from the CCAC is that we have, essentially, a surplus of beds; we don't need any new beds beyond 2030. I just wonder—the explanation. If we have so many beds, why do we have the worst record in the province? Either the numbers are wrong or the organization is terrible. It can't be both, because the population almost doubles between now and 2030.

0920

So by those numbers, it would mean you'd have not only a surplus, but you'd have double the number that

you need. We have people who have been designated as having to go into a long-term-care bed; these aren't the people who just want to go in. So the numbers just don't add up.

**M<sup>me</sup> Marie Biron:** I tried to answer the question a little earlier, but I think it's an issue, and I know it's a major issue that you have.

**Mr. Jim McDonell:** Yes.

**M<sup>me</sup> Marie Biron:** I think the opportunity I have is to bring those kinds of issues back to the LHIN and to have more discussions—not more discussions, but to plan these out better with the CCAC.

**Mr. Jim McDonell:** Yes. I guess the issue is when we bring it up and they tell us, "We have a surplus," the numbers don't—

**M<sup>me</sup> Marie Biron:** Add up.

**Mr. Jim McDonell:** —trigger more beds. They're sitting there telling the public, "We have more than we need." Really, the public is not stupid. They know that every family that needs a bed is on a wait-list for more than a year. I think the Auditor General's report was an eye-opener, but it seems to be that it's ignored.

**M<sup>me</sup> Marie Biron:** That's something, as I say, I will bring back as a real issue, so that we can really see what the problem with that is. I understand that a lot of people do need a place in those long-term-care beds, but I know there's also a lot of work that's being done to see if there is more support for people to stay in their homes. Thank you, and I will raise it.

**The Vice-Chair (Mrs. Cristina Martins):** You have one minute and 16 seconds.

**Mr. Randy Pettapiece:** Doctor shortages: There are communities in, the Champlain catchment—have you been working on this yourself, on doctor shortage issues? Do you have some solutions that you may want to bring forward for this?

**M<sup>me</sup> Marie Biron:** We feel that the primary care physicians are what people really, really need. That's the first line of service that people really need.

In the Champlain area, I think we had about 93% or 94%—I forget the exact number—of people having access to a family physician. The idea is to have access quickly, to try to have access within a day or two. That is still a challenge.

We have been made aware of some issues related to access to family physicians, but that is a funding issue also, for people to come also and to have more doctors in the area—

**The Vice-Chair (Mrs. Cristina Martins):** Thank you very much. Your time is up now. I'm going to pass it over to Mr. Gates.

**Mr. Wayne Gates:** Good morning. How are you today?

**M<sup>me</sup> Marie Biron:** Good morning. Thank you.

**Mr. Wayne Gates:** I've got a few questions here. Do you believe that imposing hard caps on the amount of fees that doctors can claim from OHIP is an effective method of funding our medical system?

**M<sup>me</sup> Marie Biron:** Imposing—

**Mr. Wayne Gates:** Hard caps, on doctors.

**M<sup>me</sup> Marie Biron:** I think this is a huge issue about funding doctors' compensation. It's difficult for me to really address an issue like that. The LHINs don't fund the salaries of doctors, so I feel I'm in a difficult situation to answer that.

**Mr. Wayne Gates:** I appreciate that. One of the most critical aspects of our health care system is the workers who provide home care and long-term care. As a member of the LHIN, what will you do to ensure that those workers are getting the pay and treatment they deserve from our health care system? We've had a number of issues with CarePartners, a private company.

**M<sup>me</sup> Marie Biron:** I agree with you. When I talk about very fragile clients in the health care system, they're the ones who get that kind of service from those personal support workers. Actually, my mother does also, so I understand personally that everyone should be compensated for the value of the work they do, particularly when it's such close and personal care of clients.

Those salaries, unfortunately, are negotiated by the government and the service providers. The LHIN isn't in the service delivery function. It works with the organizations that provide those services. We pay for some of the services indirectly to them and, in some cases, directly to them. But those issues of salary compensation are not under our purview, unfortunately.

**Mr. Wayne Gates:** Having said that, you do play a major role in referrals and which companies should be providing that care. They can still do the referrals, even though they might not be best for the patients. But I understand your thinking.

You're talking a lot about compensation, which I think is important, but one that has really struck me here is that the CEO of Champlain CCAC received the highest pay—\$314,000—and recorded the highest overall salary increase of 72%. When you see that around the province of Ontario, we just had a tough 14 months with teachers: net zero. CarePartners just took a strike for seven months, trying to give those workers no increases. Do you think that it's fair that a CEO should be paid \$315,000 when we can't even provide beds for our seniors in that community?

**M<sup>me</sup> Marie Biron:** The compensation of CEOs of CCACs, hospitals and other big organizations has been an issue for many years. I agree with you: When it's compared to the average salaries of Ontarians, there's a huge, huge gap. But we're hopeful that there will be a framework that will look—it's supposed to be looking at all CEO salaries. We, as a LHIN, will obviously be following such a framework very, very closely. But it is a huge salary.

**Mr. Wayne Gates:** But you realize that it is the board that determines the salary.

**M<sup>me</sup> Marie Biron:** Yes. And—

**Mr. Wayne Gates:** All right. So obviously the board can control the salary. I guess that's where I'm going with this. Obviously the board of the CCAC there said "\$315,000," a 72% increase since 2009, when we're

being asked to cut back right across the province in health care. I think you've got a problem there when you're awarding anybody 72%. Hopefully, if you get on, you can raise that issue on behalf of, certainly, myself as an MPP.

The other thing: My good friends to the right of me were talking about seniors in your community. When you take a look at the numbers that make up this particular LHIN, right now 16% of the population is over 65, which is a really high number. But if you look 20 years from now, that number is going to go to 25%, which is an increase of 9%. If you think you've got a problem with long-term-care beds today, you're going to have a bigger problem going forward.

Do you have any idea of how we can make sure that seniors—including myself, and probably my colleagues are moving into that age—

**M<sup>me</sup> Marie Biron:** Including me.

**Mr. Randy Pettapiece:** Careful, careful.

**Mr. Wayne Gates:** —I'm trying to be careful, but at the end of the day, it's going to happen—to make sure that they do have the long-term-care beds, because I agree with you: It is absolutely terrible on the family if they have to drive an hour or an hour and a half to make sure they're going to be taken care of and to be able to see their family members.

I know we'd like to get more into home care, but sometimes that's just not physically possible either. I think you've got a real problem on seniors. Maybe you could address that a little bit.

**M<sup>me</sup> Marie Biron:** I agree with you. That's something, as I mentioned, that was highlighted as one of the key challenges. Our LHIN recognized it in the new performance targets that were given by the government. There are 15 targets, and that's one of the ones that we noted in our report that we're not proud of and that we need to work on much better.

The LHIN looks at all of these targets. In a case like that and other cases, we need to bring the service delivery people together to see how best to address it, and there's a funding issue also. But I take your point and will bring it back also to my colleagues as one of the issues that you raised.

**0930**

**Mr. Wayne Gates:** I appreciate you saying it's a funding issue. The reality is, there are lots of funds for health care, but when you're dividing the pie up among private companies, it's not getting to the front-line workers, and that's what I believe is the issue with health care.

It's interesting again from my colleagues—I thought it was a great question. It says right here in the LHIN's service plan: "More seniors are cared for in their communities." So it's not like you don't know about it; it's just not being done. It's not a surprise to them. They know. It's right in their plan.

The other one that I'd like to have somebody explain to me: One of the goals of the LHIN here in this area is, "More people receive quality ... care," which we all want

for everybody. Can you explain the next part of it, “evidence-based care”? Can you explain what “evidence-based care” is for me?

**M<sup>me</sup> Marie Biron:** Evidence-based care is, for instance, when there is research that’s being done, you can build on that research and it can be brought into the hospitals, the service providers, to maybe change the practice so that it’s better care. For instance, at one point, a lot of people were staying in hospital when they could have been maybe in their own home, in a different bed or in an alternate bed. Evidence proved that people were not getting better in hospital. If you don’t move, if you stay in your bed, if you maybe catch different bugs, it wasn’t necessarily a safe place to stay if you didn’t need acute care. That’s evidence-based.

Evidence-based is also looking at the results—again, I’ll come back to our performance targets. When we have these targets and we look at a particular sector in the community where maybe a whole sector is getting—

**The Vice-Chair (Mrs. Cristina Martins):** You have 40 seconds.

**M<sup>me</sup> Marie Biron:** —a certain pot of money, are they performing according to that pot of money or do we have to bring them together because maybe we see that there’s no evidence that things are changing? So let’s bring them together and say, “How can we move things together so that we have better results?”

**Mr. Wayne Gates:** Just to your point, people were staying in hospital because there are no long-term-care beds for them to go to. That’s the issue. They were staying in the hospital because there was nowhere for them to go and sometimes they can’t be accepted at home. All right. Thank you.

**M<sup>me</sup> Marie Biron:** I agree. Thank you.

**The Vice-Chair (Mrs. Cristina Martins):** Thank you, Ms. Biron, and thank you, Mr. Gates. We’re now going to go to the government side. Madame Lalonde, you have three minutes.

**M<sup>me</sup> Marie-France Lalonde:** Merci d’être ici, premièrement, ce matin avec nous. Puis, merci aussi pour vos années au sein de la fonction publique et définitivement dans les derniers cinq ans au niveau de l’engagement communautaire. Je sais que certains composants de ce que vous faites ont une très belle implication dans nos communautés pour Ottawa, donc merci beaucoup. Je voudrais juste vous reconnaître pour ça.

Je sais qu’on a parlé beaucoup de ce qui ne fonctionnait pas et tout ça, et puis on l’a adressé. Mais, moi, j’aimerais peut-être que vous élaboriez sur les priorités du RLISS et, peut-être en tant que vice-présidente, comment allez-vous adresser ces priorités?

**M<sup>me</sup> Marie Biron:** Les priorités du RLISS, on est en train de—on a fait notre nouveau plan stratégique, qui n’est pas encore approuvé par le ministère. Mais je dirais que les priorités sont vraiment—et on en a parlé un petit peu : c’est l’accès. C’est l’accès aux services de santé. Quand on parle d’accès, c’est l’accès, entre autres, aux lits de longue durée, l’accès aux services « home care » ou services à la maison. Quand on parle d’accès, c’est

vraiment l’accès aussi aux médecins de famille, et qu’il y en ait plus. Alors, une priorité qui touche beaucoup, beaucoup de secteurs, c’est vraiment l’accès. C’est ce sur quoi, entre autres, on va mettre l’accent.

Comme priorité, aussi, dans une des responsabilités du RLISS, c’est vraiment de ne pas travailler en vase clos. On ne travaille pas en vase clos. On travaille vraiment avec nos—je pense que c’est 140—fournisseurs de soins de santé, mais aussi avec le public. Alors, dans un nouveau poste à titre de vice-présidente, je vois mon rôle à faire davantage de communication avec les fournisseurs de soins de santé et avec le public; donc, les rencontrer, aller au-devant pour les bien écouter. Entre autres, j’ai pu avoir l’occasion de faire quelque chose de cette nature-là dans la dernière année. On a rencontré des centres de santé communautaire. C’était dans un centre de santé communautaire, mais ils avaient amené plusieurs fournisseurs de soins de santé—

**La Vice-Présidente (M<sup>me</sup> Cristina Martins):** Il reste 30 secondes.

**M<sup>me</sup> Marie Biron:** Donc, plusieurs fournisseurs de soins de santé pour les services aux nouveaux arrivants, alors c’était vraiment, vraiment intéressant d’entendre toutes leurs perspectives et les défis qu’ils rencontrent. Ça nous alimente ensuite dans le travail qu’on fait et puis dans les questions qu’on peut poser au personnel du RLISS.

**M<sup>me</sup> Marie-France Lalonde:** Merci beaucoup. Donc, j’entends une autre forme d’engagement communautaire avec, possiblement, la nouvelle position. Félicitations.

**M<sup>me</sup> Marie Biron:** Merci.

**La Vice-Présidente (M<sup>me</sup> Cristina Martins):** Merci, madame Lalonde. Merci, madame Biron.

We will consider the concurrences following the interviews. You’re more than welcome to stay. That concludes the time allotted for this particular interview.

#### MR. KEVIN COSTANTE

Review of intended appointment, selected by official opposition party: Kevin Costante, intended appointee as member, Ontario Public Service Pension Board.

**The Vice-Chair (Mrs. Cristina Martins):** Our next intended appointee today is Mr. Kevin Costante. He is being nominated to the Ontario Public Service Pension Board as a part-time member.

Please come forward and take a seat. Welcome and thank you for being here. You may begin with a brief statement, if you wish. Members of each party will then have 10 minutes to ask you questions. Any time used for your statement will be deducted from the government’s time for questions. When we do start, questioning will be starting from the third party with Mr. Gates.

Thank you very much. You can begin.

**Mr. Kevin Costante:** Thank you, Madam Chair, and thank you to the committee for having me here today. I think many of you likely have my CV, so I won’t go over that. Rather, what I’ll do is I’ll just briefly pull out my

experiences and skills from my background that I think make me a good candidate for this position.

First of all, I worked as a public servant for over 35 years, nine of those years for the government of Saskatchewan and the last 26 for the province of Ontario. I think over that time period, I know how government operates very well and I also know what it means to work in the public interest.

In 1999, I was appointed a deputy minister in the government of Ontario and served as a deputy minister for 15 years in the Ministries of Education, Community and Social Services, Training, Colleges and Universities, Northern Development and Mines, Government Services and Cabinet Office. Over that time period, I think I acquired significant experience in managing large programs and in policy development, budgeting, financial reporting, auditing and human resources management; also in stakeholder management and delivering services to the public. I've also been in charge of implementing new computer software into large government programs.

As DM, I was also a government appointee to a number of boards, like ServiceOntario and the Corporate Audit Committee of the government. Through that, I think I know the important oversight and governance role that boards play in overseeing public institutions.

I retired from the Ontario public service in 2014 and I'm currently a member of the Public Service Pension Plan, so I know what it's like also to be a client and a pensioner of the plan. I have a long-standing interest in pensions. At various points in my career as a public servant, I have interacted with pension plans. One of my first assignments—and I know it's going back some time—when I joined the public service of Saskatchewan was to do a review of the administration of the teachers' superannuation plan. Subsequent to that, I was appointed by the government as a member of that plan for just over a year.

As Deputy Minister of Education and Deputy Minister of Government Services, I also met on numerous occasions with the senior leadership at the chair and CEO level of the teachers' superannuation plan, OPSEU Trust and the Ontario pension plan to deal with issues between the government and the pension plans.

**0940**

Lastly, as a matter of personal interest, I think pensions are a very important public policy topic, particularly in this country, with its aging population.

Thank you for having me here this morning and I'm happy to answer any questions.

**The Vice-Chair (Mrs. Cristina Martins):** Thank you very much, Mr. Costante. Mr. Gates.

**Mr. Wayne Gates:** Good morning, Kevin. How are you?

**Mr. Kevin Costante:** I'm great, thank you.

**Mr. Wayne Gates:** Good. In the last number of years we have seen a move away from defined pension plans towards a pooled retirement savings plan. Do you believe this should continue, or should that trend be reversed?

**Mr. Kevin Costante:** I think when you go to a defined contribution as opposed to a defined benefit plan, which I think is what you're talking about—

**Mr. Wayne Gates:** Yes.

**Mr. Kevin Costante:**—the risk does shift to the employee, because the amount of the pension then becomes very dependent on market returns and interest rates of the day. I think a well-managed defined benefit plan can be responsibly managed and can be no more expensive to the government or the employer than a defined contribution plan. I think it provides much more safety to the employees, and therefore I have to say that I think those are a much better plan for pensioners and something that I support.

I have to say, oddly, I am a member of both, because with my Saskatchewan pension, I'm in a defined contribution plan—and the Ontario one, of course, is a defined benefit one.

**Mr. Wayne Gates:** Are you familiar with the US Steel situation at all, the pensioners?

**Mr. Kevin Costante:** No, I'm not.

**Mr. Wayne Gates:** You're not? Well, I'll give you a little update on what happened. US Steel went to court and the retirees have lost their benefits through a decision by the courts. It's being challenged, but you can imagine being 80 years old, 75 years old and losing your benefits. But if you're not familiar with it, I won't ask you a question on it.

What impact, if any, do you expect the introduction of an Ontario pension plan would have on the operations of the OPB?

**Mr. Kevin Costante:** Well, I am guessing it would have very little impact on it because the OPB essentially provides a full pension to all of its members, including senior members of the public service and the OPP. I believe the other plan is for employers that don't have defined benefit contribution plans, and therefore I think it is a useful public policy tool and one that's to be encouraged so that people, when they retire, have adequate income.

**Mr. Wayne Gates:** So you don't think it will have much of an impact at all, or very little?

**Mr. Kevin Costante:** I don't believe so. I haven't joined the plan yet, so I haven't had the briefing that would tell me—

**Mr. Wayne Gates:** We're not sure of the plan ourselves, so I think that's a fair response.

Are there any companies or industries that the OPB is currently invested in that you believe it should divest from for ethical or other reasons, and are there any companies or industries that the OPB is currently not invested in that you believe it should be considering?

**Mr. Kevin Costante:** I'm sorry, again, I'm not intimately familiar with what specific companies or arrangements the plan is involved in. I did look at their annual plan, which talks about asset classes—whether it's bonds or stocks or infrastructure, those sorts of things.

I do believe those decisions are ones that many pension plans and other organizations that do investments

in the country have to consider, and I think before making any decision on that, you would want to know the full impact of those things.

I think the number one duty of a member of the board and the board of the pension plan is the fiduciary duty to its members to make sure that the plan is financially healthy. I would want to look at those in terms of advice from the experts and advice that there are alternative investment vehicles that would make sure that the plan is financially sound.

**Mr. Wayne Gates:** In the business plan 2014-16, the OPB had some priorities. Here's one that kind of jumped at me: "Continue to explore investment and/or pension administration consolidation." Are you familiar with any of that?

**Mr. Kevin Costante:** A little bit. I'll give you my impression of what it means. Again, I'm not part of the board, so I haven't been intimately involved in this.

**Mr. Wayne Gates:** Yes, that's fair.

**Mr. Kevin Costante:** I believe that very large pension plans like the Ontario teachers' plan or OMERS—because each of them has over \$100 billion in assets, it allows them to invest in infrastructure and some types of financial vehicles solely because of their size. These types of investments also have good rates of return. Smaller plans—not that this plan is a small plan, but it's a medium-sized one at slightly over \$20 billion—are looking to partner with similar plans. If I remember the business plan correctly, they're looking to go into an arrangement with the Workers' Compensation Board. They would pool their investment monies to have access to these investment tools that have a greater rate of return.

That's a worthwhile thing to explore. Again, I think the board's responsibility would be to look at the analysis, the experience: What are the pros and cons of it? What's the payback for the plan and the members?

**Mr. Wayne Gates:** Yes. To your point, there's \$22 billion in assets, and they're taking care of almost 43,000 members.

**Mr. Kevin Costante:** Right.

**Mr. Wayne Gates:** And 35,000 retired members as well. So it's a relatively big plan.

Could you let me know what your experience on pension matters is?

**Mr. Kevin Costante:** I guess my experience—I outlined it somewhat. In the role of a deputy minister, I played a bit of a liaison role, a briefing role, between the plans that were the responsibility of my ministers and the minister. That's one area where I gained some exposure to it.

Secondly, my experience in Saskatchewan as both a board member and as a reviewer of the administration of the teachers' superannuation plan, and then over the last year or so as a pensioner and receiving services and customer service of a pension plan, which is very important for the thousands of pensioners: that they understand their pension, that there's transparency, that they know

who to talk to if they have questions, that they get good service, and the cheque shows up every month.

**Mr. Wayne Gates:** That may be the key: that the cheque shows up every month, for sure.

**Mr. Kevin Costante:** Yes, sir.

**Mr. Wayne Gates:** Just a question: You were out in Saskatchewan. You're now in Ontario. So you're a Roughriders fan?

**Mr. Kevin Costante:** Yes. I am a suffering Roughriders fan this year, yes.

**Mr. Wayne Gates:** Because normally, once you become a Roughriders fan, you never go back anywhere else; right?

**Mr. Kevin Costante:** I have the green jersey in my—

**Mr. Wayne Gates:** It's certainly what I've noticed.

My last question—what I do quite regularly, especially with somebody like yourself: Have you ever run for a political party or ever considered running for a political party?

**Mr. Kevin Costante:** No, I haven't.

**Mr. Wayne Gates:** You haven't?

**Mr. Kevin Costante:** To both questions.

**Mr. Wayne Gates:** On both of those? All right. Thanks. I appreciate it. Thanks for your time, buddy.

**Mr. Kevin Costante:** Thank you.

**The Vice-Chair (Mrs. Cristina Martins):** Thank you, Mr. Gates. We're now going to go to the government side, and we have six minutes and 40 seconds. Mr. Baker, please.

**Mr. Yvan Baker:** I don't think we have any questions for you. I just wanted to thank you for your public service. I had the chance to review your resumé in detail, and the number of senior positions you've held across many significant ministries in government—I think you've had senior roles in more ministries than you haven't had. I just want to thank you for your public service, and thank you for offering to contribute your time to this important role. Thank you.

**Mr. Kevin Costante:** Thank you very much.

**The Vice-Chair (Mrs. Cristina Martins):** Thank you, Mr. Baker. Now, Mr. Bailey, please.

0950

**Mr. Robert Bailey:** Thank you, Mr. Costante, for coming in today. I was reading your resumé and then, of course, you went on and expanded upon your service in Saskatchewan—nine years, and 26 in Ontario, in many different senior roles. I wonder if you could explain—I'm surprised the government didn't bring it up. According to the press, anyway, you were identified by the privacy commissioner, Ann Cavoukian, as being one of the major—what would you say?—contributors to her investigation.

In her words in the Toronto Star, "I find it very difficult to accept the fact that your office took my investigation seriously." That was in a letter she wrote to you. So did you take her investigation seriously? Could you explain that? Because I don't think you ever had a chance to really explain that side—that I know of, anyway.

**Mr. Kevin Costante:** I was called to committee twice on that, but I'm happy to talk about it again. When the gas plants issue arose and there was an allegation of deleted emails, the privacy commissioner was asked to investigate. She undertook an investigation. She met with senior people from the Ministry of Government Services, which I was the deputy of. The answers were given to her from the basis of policy. Unfortunately, the ministry, and I take responsibility as deputy—we did not at that time go and look into the system itself and make sure that the deleted emails had actually been deleted. As you know, computer systems are very complicated. You can delete an email; that doesn't mean it's gone forever.

When she asked the question, "Were the emails deleted?", the answer coming back was yes. Indeed they had been deleted, but they hadn't been fully deleted, if you will. So we made a mistake. I apologized to the privacy commissioner for that mistake. Once we discovered the mistake, I went personally, met with her and told her we had made a mistake. We subsequently made those emails available. I wish we hadn't made the mistake, but it did happen. We apologized and I think we righted the mistake that we made.

**Mr. Robert Bailey:** The Public Service Pension Plan being such a large entity, how do you feel that your experience in a number of different roles that you have—what will you bring to the table, besides being a retiree?

**Mr. Kevin Costante:** I've been responsible for large organizations. One of the things I noted from the business plan is that they're about to renew some of their IT infrastructure. I have been through that in several ministries. It's always a very tricky business, both in government and in the private sector. There's a high percentage of those major changes that go wrong, and I think I have some experience that would help them get through that and do the appropriate risk management. I know where some of the problems can arise and can ask questions about that.

I also think I have a broad range of management experience, both human resources, financial, audit—I was chair of the government's audit committee. I know the questions to ask senior administrators about how things are progressing and what processes they have put in place to make sure that things go right, and when things do go wrong—and that's what you just asked about; things do go wrong on occasion—how to correct them and how to correct them in a fair, honest and rapid fashion. So I will try to bring all of that management experience to the table with me.

I also understand that the board has a different role from the senior administrators. The board's role is one of asking questions, making sure that the administrator is living up to the strategic plans and the business plans that have been set by the board, and not interfering with the day-to-day operations.

Just as ministers understand the difference between ministers and deputies, I understand the difference between a board member and the CEO. I think I can do that in a respectful and helpful manner, and bring that experience to the table.

**The Vice-Chair (Mrs. Cristina Martins):** Thank you, Mr. Bailey, and thank you, Mr. Costante. That concludes the time for this interview—sorry, let me just go back. The Conservatives still have time. Mr. Pettapiece.

**Mr. Randy Pettapiece:** I have time?

**The Vice-Chair (Mrs. Cristina Martins):** Yes, you do. You have four and a half minutes.

**Mr. Randy Pettapiece:** Thank you for coming in today, sir. I know you have apologized for what happened with the tapes. Do you think it was your responsibility or the responsibility of the government to apologize?

**Mr. Kevin Costante:** I think that was the civil service's responsibility. When the question was asked, a thorough check into the system should have been done, and it wasn't. That was absolutely the responsibility of the civil service, of which I was the senior person involved; not involved directly, but I was responsible for the staff that should have done this, and it didn't occur. So I think I was the appropriate one to apologize and correct it as quickly as possible.

**Mr. Randy Pettapiece:** You're being very responsible, sir, and I certainly respect your doing this, especially when we know that this business about the gas plants just ballooned and exploded on the government.

There were probably other people considered for this nomination—other than yourself, and the government put your name forward here—who were not associated with anything that happened in the past. I wonder, why do you think you were the government's final nominee?

**Mr. Kevin Costante:** I don't have any insight on that, other than that I have a lot of government experience and a lot of senior management experience. I've always been a proud member of the public service, and the good work we can do—I think the important, complex work that is done within the civil service is often not appreciated on the outside, and I think that people sometimes don't understand the depth of experience that senior leaders in the public service gain and can bring to bear on other activities such as boards. I hope that was the reason, and certainly I'd like to think that.

**The Vice-Chair (Mrs. Cristina Martins):** Thank you, Mr. Pettapiece, and thank you, Mr. Costante. That concludes the time allocated for this interview. You may step down.

We will now consider concurrence for Marie Biron, who is being nominated as vice-chair, Champlain Local Health Integration Network. Madame Lalonde.

**Mrs. Marie-France Lalonde:** I move concurrence in the intended appointment of Marie Biron, nominated as vice-chair, Champlain Local Health Integration Network.

**The Vice-Chair (Mrs. Cristina Martins):** Any discussion?

All in favour? Opposed? The motion is carried.

We will now consider concurrence for Mr. Kevin Costante, who is being nominated as a member of the Ontario Public Service Pension Board. Would someone please move the concurrence? Madame Lalonde.

**Mrs. Marie-France Lalonde:** I move concurrence in the intended appointment of Kevin Costante, nominated as member, Ontario Public Service Pension Board (Ontario Pension Board).

**The Vice-Chair (Mrs. Cristina Martins):** Any discussion?

All in favour? Opposed? The motion is carried.

Congratulations to both Madame Biron and Mr. Costante.

We now have an extension of the deadline for considering the appointment of Eden Gajraj, nominated as member, Council of the College of Homeopaths of Ontario. The proposal is to move the consideration to January 21, 2016, which is 30 days after the original date. Do we have any discussion on that?

All in favour?

*Interjection.*

**The Vice-Chair (Mrs. Cristina Martins):** It's just unanimous consent, I'm being told. Unanimous consent? We've got it? Perfect.

There is another piece here. We did receive a letter from Mr. Peter Rossos who is being considered for eHealth Ontario's board of directors. The Clerk will now distribute the letter that we received. He has been considered for this particular board. Unfortunately, his Tuesdays always present a conflict for him to be present here. He is suggesting that he is available on Tuesday, December 22, but is available as well during the winter break.

I'm going to suggest, if everyone is in agreement, that you take this away, and then when the Chair is back for our next meeting, a final decision can be made on the request being made here, unless anyone else has something else to suggest at this moment. Is that fine?

**Mrs. Marie-France Lalonde:** No, I think it's a fair decision.

**The Vice-Chair (Mrs. Cristina Martins):** So if you could take this away, and then we'll consider that when we have the Chair here next week. Is that fine?

If there's no further discussion, the meeting is adjourned.

*The committee adjourned at 1001.*

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