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**Official Report
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Wednesday 30 November 2016

**Journal
des débats
(Hansard)**

Mercredi 30 novembre 2016

**Standing Committee on
the Legislative Assembly**

Patients First Act, 2016

**Comité permanent de
l'Assemblée législative**

Loi de 2016 donnant
la priorité aux patients

Chair: Monte McNaughton
Clerk: Trevor Day

Président : Monte McNaughton
Greffier : Trevor Day

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Hansard Reporting and Interpretation Services
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
THE LEGISLATIVE ASSEMBLY**

**COMITÉ PERMANENT DE
L'ASSEMBLÉE LÉGISLATIVE**

Wednesday 30 November 2016

Mercredi 30 novembre 2016

The committee met at 1304 in committee room 1.

**PATIENTS FIRST ACT, 2016
LOI DE 2016 DONNANT
LA PRIORITÉ AUX PATIENTS**

Consideration of the following bill:

Bill 41, An Act to amend various Acts in the interests of patient-centred care / Projet de loi 41, Loi modifiant diverses lois dans l'intérêt des soins axés sur les patients.

The Chair (Mr. Monte McNaughton): Good afternoon, everyone. Welcome to the Legislative Assembly committee. We're here to do clause-by-clause on Bill 41, An Act to amend various Acts in the interests of patient-centred care. I'd like to welcome everyone. In just a moment, I'm going to give each party an opportunity to take a few minutes to have opening remarks on the bill. My intention is to rule as little out of order as possible. It's also my intention, if it's okay and if it's the will of the committee, to group together sections that have no amendments or notices.

We'll open the floor for a few minutes for each party. We'll begin with the official opposition, if you want to say something to begin.

Mr. Jeff Yurek: Sure. Thank you very much, Mr. Chair. I'm disappointed in what we learned during committee depositions: the fact that not only were doctors not consulted with, but patients were left out of the creation of this legislation. My hope is that the government has an opportunity to take hold of the amendments that our party is putting forward to strengthen the bill, to make up for their mistakes in the creation of this bill, in the hopes of actually providing legislation that will improve the health care of our province.

In going forward, I look forward to the debate. Again, it's unfortunate that this bill is being rushed through—limited debate and quickly rushed through committee in order to make their deadline. I guess my point would be that we will be having to make legislation to fix the errors in this bill, and it's unfortunate that it's been rushed through. So those are my remarks.

The Chair (Mr. Monte McNaughton): Madame Gélinas?

M^{me} France Gélinas: Well, I have been waiting to make our home care sector stronger for a long time. Since I was elected, I've been saying that our home care

system is broken and needs to be fixed. Finally, we had a bill in front of us that was tackling home care. To say that I'm disappointed with the whole process—I mean, the bill was introduced this spring. Right away, the feedback started coming. I have a stack in my office at least six inches deep of people writing to say, "Here's what's wrong with the bill."

The House was prorogued—a chance for the ministry to bring this bill forward with modifications to address the shortcomings of the bill. They didn't listen. The shortcomings are still there.

So here we are, after they truncated debate on this bill, after they basically denied the rights of dozens of Ontarians to be heard during depositions because of the limited time that we had to debate it. And we have a piece of legislation in front of us that has—let me check—44 pages and 94 amendments. How can it be that this is the second rendition of this bill? In all fairness, a 44-page bill, bilingual and everything—we've seen way bigger bills go through committee, and yet we have 94 amendments to this, with more than two dozen of them coming from the ministry itself, coming from the government side itself. We should have done better.

Those amendments that are going to be coming through from the PCs and from the NDP had better be listened to. Otherwise, this piece of legislation is not worth much.

The Chair (Mr. Monte McNaughton): Mr. Fraser?

Mr. John Fraser: Thank you, Mr. Chair, and I'm glad we're here to get through the clause-by-clause. In response to the admonishments from my colleagues across the way: This bill was consulted on. We did provide extra time for depositions, which we all agreed to. The fact that we have a number of amendments is testament to a process by which the process is working. We have amendments; that's what we're here to do. If there were no amendments, there'd be no reason to have us here.

In the interests of time, I think we should get going.

The Chair (Mr. Monte McNaughton): Great, thanks. We'll move to clause-by-clause. We'll go to the new NDP section, 0.1, which is amendment number 1 in your package. Madame Gélinas.

M^{me} France Gélinas: I move that the bill be amended by adding the following section:

"0.1 The Local Health System Integration Act, 2006 is amended by adding the following section:

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“Right to public, not-for-profit care

“1.1 The minister shall ensure that,

“(a) this act is administered and applied to promote and defend the right of every Ontarian to receive public, not-for-profit home care, in accordance with the principles of the Canada Health Act (Canada);

“(b) every local health integration network recognizes the importance of providing public, not-for-profit home care to residents in the geographical area of the network; and

“(c) every local health integration network works with the Ministry towards maximizing the amount of public, not-for-profit home care services available to residents in the geographical area of the network to ensure that Ontario builds a comprehensive, not-for-profit home care system.”

The Chair (Mr. Monte McNaughton): Any debate?

Recorded vote. All in—

M^{me} France Gélinas: Debate?

The Chair (Mr. Monte McNaughton): Sorry, Madame Gélinas.

M^{me} France Gélinas: The principles of the Canada Health Act are public administration, comprehensiveness, universality, portability and accessibility. I think those principles have served us well. They have defined what medicare has come to be in Canada and in Ontario, and I think they should be the same principles that would guide our home care system.

Things have changed since Tommy Douglas brought us medicare. Back then, most of the care was episodic. People were younger. They would get hurt, they would get sick, they would be seen by physicians in hospitals and hopefully get better. Things have changed dramatically. Now people—frail, elderly people—are able to stay in their homes, where they want to be, for an extended period of time, which was not available before, in part because of home care, because there are people coming to their home to support them.

All I’m asking for in this part is for a principle to be put forward so that we all agree that the principles that have guided medicare will be the same principles to guide our home care system as we move forward. It’s not going to change everything overnight; it’s not going to limit the government; it’s not going to tie anybody’s hands—it’s not going to do any of this. It’s just going to set the tone for our home care system to be based on the same principles that medicare is based on, which have to do with comprehensiveness, universality, accessibility, and based on need, not on ability to pay.

I think if those principles are something that people support for medicare, then we should also support them for home care. It’s as simple as that.

The Chair (Mr. Monte McNaughton): Mr. Fraser.

Mr. John Fraser: Seeing as we deliver home care both through private and not-for-profits, we won’t be supporting this motion. In my community, excellent care is delivered by both service delivery models. I understand where the member is coming from. I don’t agree that it

will not hamstring organizations, so we will not be supporting it.

The Chair (Mr. Monte McNaughton): Ms. Kiwala.

Ms. Sophie Kiwala: Just two quick points, technical points: There were two errors in the reading, item (b), “geographic” was read as “geographical,” and the same in item (c).

The Chair (Mr. Monte McNaughton): Thank you. Any further debate?

M^{me} France Gélinas: I’m sorry for the reading mistake.

The Chair (Mr. Monte McNaughton): It’s okay. We caught it.

This will be a recorded vote.

Ayes

Gélinas.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the motion lost.

We’ll move to section 1, government amendment number 2 in your package. Mr. Fraser.

Mr. John Fraser: I move that section 1 of the bill be amended by adding the following subsection:

“(1.1) Subsection 2(1) of the act is amended by adding the following definition:

““de-identify” has the same meaning as in subsection 47(1) of the Personal Health Information Protection Act, 2004; (“anonymiser”)”

The Chair (Mr. Monte McNaughton): Mr. Fraser.

Mr. John Fraser: This would define the term, “de-identify.” It’s something that the Information and Privacy Commissioner is supportive of. It clarifies the protection of patient information.

The Chair (Mr. Monte McNaughton): Any further debate? Mr. Yurek.

Mr. Jeff Yurek: Just a question to the government: Would this take care of the exclusion of the mixed record rule that the privacy commissioner requested?

Mr. John Fraser: I think, as we go forward, you’ll see those amendments.

Mr. Jeff Yurek: Okay.

Mr. John Fraser: What this clearly does is it de-identifies in the same.

The Chair (Mr. Monte McNaughton): Any further debate? Madame Gélinas.

M^{me} France Gélinas: Just to correct a little bit Mr. Fraser’s record: All that this does is put a definition. It does not change anything in the bill at this point; it just puts a definition. That’s it, that’s all.

Not to be picky, but the bracket is “anonymiser.” It’s a French word.

The Chair (Mr. Monte McNaughton): Thank you, Madame Gélinas. Any further debate? Are the members ready to vote? Shall the amendment carry? Carried.

We'll move to section 1, government amendment number 3 in our package. Mr. Fraser.

Mr. John Fraser: I move that section 1 of the bill be amended by adding the following subsection:

“(1.2) Subsection 2(1) of the act is amended by adding the following definition:

““personal health information has the same meaning as in section 4 of the Personal Health Information Protection Act, 2004; (“renseignements personnels sur la santé”)”

The Chair (Mr. Monte McNaughton): Mr. Fraser.

Mr. John Fraser: Again, this goes to the definition. It's something that the privacy commissioner of Ontario recommended—and is supportive of this amendment.

The Chair (Mr. Monte McNaughton): Any debate? Are the members ready to vote? Shall the amendment carry? Carried.

Section 1, PC amendment number 4 in our package: Mr. Yurek.

Mr. Jeff Yurek: I move that subsection 1(3) of the bill be amended by adding the following paragraph to the definition of “health service provider” in subsection 2(2) of the Local Health System Integration Act, 2006:

“16.1 A paramedic within the meaning of the Ambulance Act.”

The Chair (Mr. Monte McNaughton): Mr. Yurek?

Mr. Jeff Yurek: We are adding this into the legislation in the hopes that paramedics will be recognized as health service providers, so that we can expand upon the community programs that have been trialled throughout this province and are showing promise in reducing health costs but are improving access to care.

The Chair (Mr. Monte McNaughton): Any debate? Mr. Fraser.

Mr. John Fraser: I will say first off that we won't be supporting the motion simply because this is a co-funded service with municipalities. To the member's comments around community paramedicine, they are certainly an important part as we go forward, as is public health, which is another municipal service that is shared. We won't be supporting the motion, but community paramedicine is certainly one of the solutions.

The Chair (Mr. Monte McNaughton): Any further debate? We'll have a recorded vote.

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

We'll move to section 1, PC amendment number 5 in your package. Mr. Yurek.

Mr. Jeff Yurek: I move that subsection 1(3) of the bill be amended by adding the following paragraph to the definition of “health service provider” in subsection 2(2) of the Local Health System Integration Act 2006:

“16.2 A person or entity that provides musculoskeletal services in a clinic setting, including physiotherapy services or chiropractic services.”

The Chair (Mr. Monte McNaughton): Mr. Yurek, comment?

Mr. Jeff Yurek: We want to utilize the trials that are going on with the use of chiropractors, which are leading to a decreased use of opioids, decreasing costs in approved care for Ontarians throughout this province and giving them the opportunity to expand that throughout Ontario, and by adding this health service provider, that's opening the door for this program to be expanded.

The Chair (Mr. Monte McNaughton): Any debate? Madame Gélinas?

M^{me} France Gélinas: We had a very compelling study put forward by the chiropractic association that showed that if we can include them in an interdisciplinary team model, especially when it comes to pain control and the use and abuse of opioids and other pain medications—that this research done here in Ontario, paid for by this government, has proven that they deliver results.

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Right now, the bill as it's written is very limited as to who is a health service provider. I support the motion from the PCs to make it broader rather than narrower.

The Chair (Mr. Monte McNaughton): Any debate? Mr. Fraser.

Mr. John Fraser: Chair, we won't be supporting the motion simply because, quite frankly, right now the role of chiropractic services is not funded by the ministry—although we do have, what, six pilots, seven pilots, and the ISAEC program going on right now. That interdisciplinary work is something that's ongoing. They certainly have an important role to play, but I think it's premature to put that into this act right now.

The Chair (Mr. Monte McNaughton): Any further debate? Madame Gélinas.

M^{me} France Gélinas: I just want to correct Mr. Fraser's record. The Ministry of Health does pay for chiropractic services in a number of community health centres that have employed chiropractors for a number of years, aside from the pilots that he also referred to.

The Chair (Mr. Monte McNaughton): As I'm sure the member knows, you can debate but you can't correct another member's record.

The Chair (Mr. Monte McNaughton): Mr. Fraser.

Mr. John Fraser: I will correct my record. Yes, they do fund in certain clinical settings, and I should have said that at the outset. But the vast majority of chiropractic services are delivered privately. Those collaborations that are going to have to exist between providers are ones that

are going to have to further develop before we start writing this into this act.

The Chair (Mr. Monte McNaughton): Any further debate? Are the members ready to vote? We have a request for a recorded vote.

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

Are members ready to vote on this section, as amended? Madame Gélinas?

M^{me} France Gélinas: It seems like I haven't done this in a little while. How far does the section go? I just want to make sure that I know what I'm voting on.

Mr. Eric Chamney: There are four subsections: 1, 2, 3 and 4. Then, we move on to section 2, which in the printout is near the top of the second page.

M^{me} France Gélinas: That's what I thought. I just wanted to make sure. Sorry.

The Chair (Mr. Monte McNaughton): Are the members ready to vote? All right. Shall section 1, as amended, carry? Carried.

We'll move to section 2 and NDP motion number 6 in your package. Madame Gélinas.

M^{me} France Gélinas: I move that section 2 of the bill be amended by adding the following subsection:

“(3) Section 3 of the act is amended by adding the following subsection:

““Consultation

“(5) A regulation shall not be made under clause (4)(b.1) unless public consultations have been carried out in each of the geographic areas that would be affected by the proposed regulation.””

There has been significant demand by the people affected by the LHIN boundaries to change some of those boundaries. Some of those boundaries are problematic for people, for the LHINs themselves and for the different transfer payment agencies that are within those LHINs, as well as the people who depend on those services for access to our health care system. We want to make sure that the public consultations would take place before a boundary change is done so that the boundary change will not—when the first LHIN boundaries were first announced, it was just that: an announcement. We all stood there with our mouths open, saying, “Really? Where does that come from?” I think the government is ready to start to listen. This puts into legislation that a mandatory part of LHIN boundaries is that the public have a say through public consultation. I think it's just courtesy, but I want to make sure it happens.

The Chair (Mr. Monte McNaughton): Any further debate? Further debate? Are the members read to vote? This will be a recorded vote.

Ayes

Gélinas.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

Are the members ready to vote on section 2? Shall section 2 carry? Carried.

We'll move to section 3: NDP motion 7F in your package.

The Clerk of the Committee (Mr. Trevor Day): Amendment 7 is the English translation of the same amendment in your package as well.

The Chair (Mr. Monte McNaughton): Madame Gélinas.

M^{me} France Gélinas: Je propose que l'article 3 du projet de loi soit modifié par adjonction du paragraphe suivant :

« (2) L'article 4 de la loi est modifié par adjonction du paragraphe suivant :

« “Application de la Loi sur les services en français

« “(6) Il est entendu qu'un réseau local d'intégration des services de santé est un organisme gouvernemental au sens de la Loi sur services en français et que chaque réseau doit veiller à fournir des services au public en français comme l'exige cette loi.” »

The Chair (Mr. Monte McNaughton): Merci. Madame Gélinas.

M^{me} France Gélinas: What this does basically is make sure that the LHINs are covered by the French Language Services Act. It has been an ongoing—I would call it a—saga, to put it mildly, between the French Language Services Commissioner and the Ministry of Health where the LHINs have refused to be recognized as an agency for the application of the French Language Services Act. Because they don't recognize themselves as a government agency within the meaning of the French Language Services Act, that means that none of the services that they contract for are covered by the French Language Services Act. For example, we all know that for low-acuity home care, you don't go through the CCAC anymore. The LHINs have a series of contracts with home care providers for low-acuity home care.

Imagine the surprise of people—a 93-year-old woman, a woman of her time who has always spoken French at home and never worked because women of her time did not work outside the house. She did raise 14 kids, though—I think that's work enough—and always spoke French. Then the PSW who came to help give her a bath spoke English.

They come to see me. They put a complaint in with the commissioner. We did everything we could. The LHINs do not consider themselves government agencies within the meaning of the French Language Services Act; therefore, there were no services in French provided.

What we're asking here is to clarify it for all: that a LHIN is a government agency when it comes to the meaning of the French Language Services Act. What this will allow is that all of the contracts that they do to provide services—the French Language Services Act will apply to those contracts as well, so that my 93-year-old very springy young woman gets services in French the next time she requests them.

The Chair (Mr. Monte McNaughton): Any further debate?

Mr. John Fraser: We won't be supporting this motion because the LHINs are covered under the French Language Services Act, and it's duplicative. I agree with this amendment in principle, but I believe it's duplicative.

The Chair (Mr. Monte McNaughton): Further debate. Madame Gélinas.

M^{me} France Gélinas: Everybody agrees they are covered with the French Language Services Act except for themselves. The LHINs have been there for 10 years. They have refused to interpret the law the way you read it and I read it and the French Language Services Commissioner reads it. Unless we put something in the bill, this battle will continue. The people who lose at the end are people who need services who are in a very vulnerable position. If we know that the LHINs are covered by the French Language Services Act, to restate it, it says "for greater certainty"—that's all we're doing: restating the obvious. It's going to continue to mean a whole lot of work.

The success so far, after 10 years of work has been that no; they do not recognize themselves. We have a chance to put this one to rest for the good of our province.

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The Chair (Mr. Monte McNaughton): Further debate? Are the members ready to vote? This will be a recorded vote.

Ayes

Gélinas.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

Are members ready to vote on section 3? Shall section 3 carry? Carried.

We'll move to section 4: PC amendment number 8 in your package. Mr. Yurek.

Mr. Jeff Yurek: I move that subsection 4(1) of the bill be struck out.

The Chair (Mr. Monte McNaughton): Mr. Yurek.

Mr. Jeff Yurek: We are in agreement with OMA's report stating that to achieve continuity of service and order as doctors leave and enter the practice, it's best to be left between the government and the OMA. It's ensuring that there is a strong provincial role in addressing the barriers to ensuring that doctors continue service in every community in Ontario.

The Chair (Mr. Monte McNaughton): Any debate on the motion? Madame Gélinas.

M^{me} France Gélinas: It saddened me extremely to hear physician after physician, the ones who were allowed to come as deputants, who made it on the restricted list—to come and tell us that they had not been consulted, to come and tell us that they had great ideas to move the system forward, and some of them had been working in Ontario. Frankly, we would all gain if they would be replicated. But they were not consulted. They feel that they were not consulted.

They came, and physician group after physician group told us the same thing. The government needs to realize that we all lose when those disputes are going on, because we all need physician services at some point in our lives. I hope they will see to it that they do what needs to be done to restore a good and respectful relationship with Ontario's physicians.

The Chair (Mr. Monte McNaughton): Mr. Fraser.

Mr. John Fraser: This bill was consulted. There are 34,000 physicians in Ontario. It would be hard to consult each one of them.

I agree with the member opposite. There was a physician from Brampton who was telling me about the collaboration they have there, and that's great. It works great on a local level. That's what makes it work. That's how they've learned to work together. That's what this part of the bill is there for: to make sure that they're included in that planning resource.

We heard in the Auditor General's report today about people still going to emergency rooms because they can't get in to see their doctor, because their doctors don't have—we have to have a plan. To take this out and not have a plan and leave it, instead of at the local level, to a global level province-wide—that's not what this bill is about.

This bill is about strengthening local decision-making, local planning. To remove this section is just the wrong thing to do. So we won't be supporting it.

The Chair (Mr. Monte McNaughton): Mr. Yurek.

Mr. Jeff Yurek: There may be 34,000 doctors across the province here, but I do have to remind the member that the government failed to consult with the organization representing those doctors with regard to this act.

The problem that's going on, as the doctor said who spoke from the Georgian Bay area, who had created all the necessary workings that we want to see across Ontario—there's no mechanism at all to get that across the province. We would hope that this would be left up to physician resource planning at the provincial level.

On the other hand, when the member does mention that this bill increases the power of local governance,

local decision-making, I'm in disagreement with that. This bill focuses the majority of the power on the minister to dictate to these areas what they should do. I don't see why they would not agree to removing this subsection and going back to work with the doctors of this province in fixing the system.

The Chair (Mr. Monte McNaughton): Mr. Fraser?

Mr. John Fraser: We're more than happy to work with the doctors of the province on a local level, because that's the way change is going to happen.

I want to let the member know—and the member should know—that we consulted with the OMA and we consulted with physicians. The deputy has met—last spring, there were at least four dates—I don't have them in front of me right now—where that occurred. There are 34,000 physicians, and that consultation didn't occur with every one of those 34,000 physicians.

They're a really important part of our health care system. They need to be integrated with the rest of the health care system to work together, to come to solutions, to be integrated. The only way we're going to do that is if we make a plan locally to do that.

If we try to do that from the Hepburn Block, it's not going to work. That's why this is in the bill. To remove it from the bill is the absolute wrong thing to do.

The Chair (Mr. Monte McNaughton): Madame Gélinas?

M^{me} France Gélinas: We have to be respectful of the people that came. The family physician section of the OMA came here. They will be the main physicians affected by this bill. They came and they told us that although they represent 12,000 family physicians in Ontario, they were not consulted.

I realize that speaking to each and every one of the physicians—most of them are not interested in talking to us. But their association that represents 12,000 of them was interested in talking to us, and came here and told us that they were never consulted. That's not going to be good for our health care system.

The Chair (Mr. Monte McNaughton): Further debate? Mr. Fraser?

Mr. John Fraser: I believe that they were represented by the OMA as well.

The Chair (Mr. Monte McNaughton): Any further debate? Are the members ready to vote?

Interjection: Recorded vote.

The Chair (Mr. Monte McNaughton): Recorded vote.

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare this amendment lost.

We'll move to NDP motion 9F in your package. Again, 9 is the English version. Madame Gélinas?

M^{me} France Gélinas: Je propose que l'article 4 du projet de loi soit modifié par adjonction du paragraphe suivant:

« (1.1) L'article 5 de la loi est modifié par adjonction de l'alinéa suivant :

« "d.1) veiller à ce que les membres de la collectivité francophone qui résident dans la zone géographique du réseau reçoivent des services en français, conformément aux exigences de la Loi sur les services en français, de la part du réseau de même que des fournisseurs de services de santé et des fournisseurs de services autres que des services de santé pour lesquels le réseau accorde un financement;" »

The Chair (Mr. Monte McNaughton): Merci. Madame Gélinas.

M^{me} France Gélinas: Basically, what this section 5 would do is make sure that the services that are contracted by the LHINs for people who request their services in French, or are allowed services in French, would fall under the requirements of the French Language Services Act.

I've already told you that right now, it is not the case. Right now, the LHINs have taken the position that they are not an agency as described in the French Language Services Act. Therefore, the people, on a contractual basis, who provide services in French for them do not fall under the French Language Services Act.

We had the French language commissioner come and ask us to do this change. We had FARFO, which represents—I forget how many—I think it's 78,000 elderly francophones in Ontario, ask us to do that change. We had l'Hôpital Montfort that came and testified and asked us to make that change, as well as, unfortunately, l'AFO, which represents over 600,000 Franco-Ontarians in this province and who did not have a chance to appear because of the limits we put on how many deputants we were going to take. I hope you will support this change.

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The Chair (Mr. Monte McNaughton): Merci. Any debate? Ms. Kiwala?

Ms. Sophie Kiwala: We agree with the amendment in principle, and we support the provisions of services in French, obviously, but this is already required of the LHINs under the French Language Services Act, as has already been stated. We will continue to protect the provision of the French Language Services Act as the LHINs take on more responsibility as outlined in the French Language Services Act. So we will recommend voting against the motion because of those reasons.

The Chair (Mr. Monte McNaughton): Thank you. Madame Gélinas?

M^{me} France Gélinas: The Liberal government created the LHINs in 2007. When you created them, from the get-go you've known that for the last 10 years, they have refused to obey the French Language Services Act. You've known this for 10 years. What leads you to believe that tomorrow morning they will change their

minds and say, “Oh, yes, we are covered by the French Language Services Act?” This is a 10-year debate. You created them, you wrote the legislation that brought in the problem, you have an opportunity to fix it and you are refusing to fix it.

It’s as if, because you wish for French-language services to happen, it will happen, because you are nice and you wish for it. I’m sorry. On the ground, the LHINs read your legislation and say, “We are not covered by French Language Services Act,” therefore they are not. To stand there and say that it already exists is either to be so far disconnected from the reality of Franco-Ontarians that it is sad, or you’re choosing to ignore the voice of Franco-Ontarians, which is equally sad.

It is not working. It is your law. It is your bill. It is your creation, and it is not working for Franco-Ontarians. To say that you support them but ignore them is not acceptable.

The Chair (Mr. Monte McNaughton): Any further debate? Are the members ready to vote? This will be a recorded vote. All those in favour?

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost. We’ll move to government amendment number 10 in your package. Ms. Kiwala?

Ms. Sophie Kiwala: I move that clause 5(e.1) of the Local Health System Integration Act, 2006, as set out in subsection 4(2) of the bill be struck out and the following substituted:

“(e.1) to promote health equity, including equitable health outcomes, to ... or eliminate health disparities and inequities, to recognize the impact of social determinants of health, and to respect the diversity of communities and the requirements of the French Language Services Act in the planning, design, delivery and evaluation of services;”

The Chair (Mr. Monte McNaughton): Would you mind just reading the first line? After “(e.1) to promote health equity,” that line, please.

Ms. Sophie Kiwala: Sure. The entire first line?

The Chair (Mr. Monte McNaughton): Please.

Ms. Sophie Kiwala: “(e.1) to promote health equity, including equitable health outcomes, to ... or eliminate—”

The Chair (Mr. Monte McNaughton): No, sorry: “to ‘reduce’” on our copy.

Ms. Sophie Kiwala: Sorry, “to reduce.”

The Chair (Mr. Monte McNaughton): Great. Thank you. Back to Ms. Kiwala.

Ms. Sophie Kiwala: Sorry.

The Chair (Mr. Monte McNaughton): That’s okay.

Ms. Sophie Kiwala: Thank you, Mr. Chair. I do recommend voting for the motion because it clarifies the goals and the intended outcomes of the health equity planning by the LHINs. The definition of health equity will now include the concepts of equitable health outcomes and social determinants of health in the legislation’s objects.

The Chair (Mr. Monte McNaughton): Any debate? Madame Gélinas?

M^{me} France Gélinas: I think this is a step in the right direction. We’ve had a representative from the family health teams, we’ve had a representative from the Association of Ontario Health Centres, we’ve had a representative from the nurse practitioners, we had multiple community-based agencies that have come to us and asked us to do those changes, and I’m happy those changes will hopefully be moved.

The Chair (Mr. Monte McNaughton): Any further debate? Are members ready to vote? All those in favour? Carried.

Government amendment number 11 in your package: Ms. Wong.

Ms. Soo Wong: I move that section 4 of the bill be amended by adding the following subsection:

“(2.1) Section 5 of the act is amended by adding the following clause:

“(e.2) to participate in the development and implementation of health promotion strategies in co-operation with primary health care services, public health services and community-based services to support population health improvement and outcomes;”

The Chair (Mr. Monte McNaughton): Thanks. Ms. Wong. Ms. Wong for an explanation?

Ms. Soo Wong: Oh, sorry.

Mr. Chair, as you know, this particular legislation, if passed, reinforces the whole issue of population health and health promotion. Coming from public health, this is what people are asking us to do. A key component of LHIN renewal, the local health integration network, is to integrate a population health approach into local planning—this is really critical—and service delivery across the whole continuum of health care.

I know that for something like the city of Toronto, where I represent, it’s the whole city, not just one region. So this is a very important piece of the amendment.

The Chair (Mr. Monte McNaughton): Any debate? Are members ready to vote? Oh, sorry, Madame Gélinas.

M^{me} France Gélinas: I just want to make sure that I fully understand. “To participate in the development and implementation of health promotion strategies in co-operation with primary health care services, public health services”: This does not change the relationship between public health and the LHINs?

The Chair (Mr. Monte McNaughton): Further debate?

Ms. Soo Wong: This improves it.

M^{me} France Gélinas: Can I ask legal counsel on this? Legal counsel?

The Chair (Mr. Monte McNaughton): State your name for Hansard, please.

Mr. Robert Maisey: It's Robert Maisey. I'm counsel with the Ministry of Health and Long-Term Care legal services branch.

Madame Gélinas is correct. It does not change the relationship.

M^{me} France Gélinas: Thank you.

The Chair (Mr. Monte McNaughton): Any further debate? Are members ready to vote? Madame Gélinas.

M^{me} France Gélinas: Again, this is something that the LHINs have not been doing. They have not been planning for health promotion. They have been very focused on health services delivery rather than the health of the whole community.

We all know that if we want our communities to be healthy, we have to look at health promotion, disease prevention and social determinants of health. I would have hoped that it wasn't limited to a health promotion strategy, but to have a social determinants of health strategy also. But it's a step in the right direction.

The Chair (Mr. Monte McNaughton): Any further debate? Seeing none, are members ready to vote? Shall the amendment carry? Carried.

NDP amendment number 12 in your package: Madame Gélinas.

M^{me} France Gélinas: I move that section 4 of the bill be amended by adding the following subsection:

“(2.1) Section 5 of the act is amended by adding the following clauses:

“(e.2) to combat all forms of systemic racism and discrimination in the planning, delivery and evaluation of health services, including anti-indigenous racism, anti-black racism, Islamophobia, homophobia, transphobia and discrimination against persons with disabilities;

“(e.3) to advance a range of interventions that address health promotion, through planning and funding health promotion services related to the social determinants of health and supporting community development;

“(e.4) to implement the Ontario Aboriginal Health Policy 1994 and its successor policies, in order to promote health, healing and reconciliation with the diverse indigenous populations across Ontario;”

The Chair (Mr. Monte McNaughton): Thanks. Madame Gélinas, comment?

M^{me} France Gélinas: I would say this particular motion goes in the same direction of the one we just voted in favour of. It recognizes that there is systemic racism within our health care system. The way we plan, the way we evaluate, the way we deliver services right now in Ontario puts barriers to access to a number of communities within Ontario. Those communities include indigenous, black, people of Islamic faith, transgender, LGBTQ and people with disability. So we are spelling it out that, moving forward, whenever a plan is put together for the health of our population, we will have to look at breaking systemic racism and discrimination against those groups.

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It also talks about the importance of the social determinants of health in supporting communities. The LHINs, with the amendment that we've made, won't only be responsible for the delivery of health services; they will become more and more responsible for the health of the community that they serve within their geographical boundaries. The second paragraph focuses on this, to make sure that the social determinants of health are taken into account by the LHINs.

The last part—it saddened me that in 1994, as well as in 2007, when the LHSIA act was put forward, we were supposed to have what was called at the time an aboriginal committee. This committee never saw the light of day. We are asking this time that it be taken more seriously by putting it in the legislation to implement the aboriginal health policy. I know that it has changed many times since 1994, but the lawyer who helped me write this up says that this is the right way to write it up. But this is something that was supposed to be done in 2007 when the local health integration act was put forward. To this day, it is not there and it is a shame on all of us.

The Chair (Mr. Monte McNaughton): Further debate? Ms. Kiwala.

Ms. Sophie Kiwala: We agree with this amendment in principle. The LHINs, as government agencies, are always responsible for promoting a culture that opposes all racism and discrimination. With our proposed amendments in section 4(2), we have added a separate amendment in this bill on both health equity and health promotion to clarify our commitment to health equity.

With our amendment, we are addressing these concerns, and thus we do not require another amendment to do so. Therefore, I recommend voting against the motion because while we agree with the amendment in principle, the LHINs as government agencies are always responsible for promoting a culture that opposes all racism and discrimination.

The Chair (Mr. Monte McNaughton): Any further debate? Madame Gélinas.

M^{me} France Gélinas: I would say you are being very timid toward an issue that requires not being timid. I voted in favour and I spoke in favour of your amendment to include a health promotion strategy, but a health promotion strategy and an anti-discrimination strategy are not the same.

The LHINs have been there for 10 years. They have not been successful. I would even tell you that they have perpetuated and made worse some of the systemic racism that exists within our health care system. If we don't give them, by law, a mandate to tackle this wrong within our health care system, it's not going to happen just because you support it in principle. Things get done when we mandate that they get done. We have an opportunity today to mandate the LHINs to, I would say, correct their direction because they have been, in many cases, the perpetrators of those forms of systemic racism.

The Chair (Mr. Monte McNaughton): Any further debate? Are the members ready to vote? This will be a recorded vote.

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

We move to NDP amendment number 13 in your package.

M^{me} France Gélinas: I move that clause 5(m.4) of the Local Health System Integration Act, 2006, as set out in subsection 4(3) of the bill, be struck out and the following substituted:

“(m.4) to fund non-health services that are related to health services funded by the minister or a local health integration network;

“(m.5) to work with the minister to transition to a fully public, not-for-profit home care system that is guided by the principles of public administration, comprehensiveness, universality, portability and accessibility set out in the Canada Health Act (Canada);

“(m.6) to plan, fund and monitor publicly funded oral health services; and”

The Chair (Mr. Monte McNaughton): Thank you. Back to Madame Gélinas.

M^{me} France Gélinas: Basically, Bill 41 will eliminate the CCACs, but there is nothing in this bill to actually improve home care for people. Home care services will continue to be delivered the way they are now, basically—most of them—by for-profit providers.

The real problem in home care is that previous—Conservative and Liberal—governments have created a fragmented and privatized system where profit comes before people. Companies try to maximize their profit, and people pay the price with long wait times for clients and low wages for workers. The Auditor General found that one out of every 10 public dollars spent on home care is going directly to private profit and overhead. Approximately \$70 million every year is going directly to profit alone. That funding should be going to home care.

We heard from many organizations that want public, not-for-profit home care. The Ontario Nurses' Association vice-president Vicki McKenna told this committee that the government has chosen to maintain “the proliferation of contracts for the delivery of home care services to a multitude of private, mainly for-profit, home care companies.” But ONA's vision is quite different. They support the delivery of quality home care services in a public, non-profit entity. They go on to say that “structural change alone,” like Bill 41, “is not a sufficient precondition for a renewed public home care system where profit and waste are removed.”

Care Watch also came to talk to us. They said that a real home and community care policy must be based on the principles of the Canada Health Act.

OPSEU came and told us: Amend Bill 41 to ensure that “all new capacity in the health care system be created under the model of public, non-profit ownership only.”

An individual also wrote to the committee asking for public home care. Verna Lisi of Toronto wrote to the Clerk on November 18 and told her story of having to pay a third-party agency to come and help her with her daily needs. She's urging us to eliminate the contracting out of home care and move to a fully public, non-profit system.

New Democrats share this vision. We support a public home care system that actually works for people. We would like the government to seriously consider, on a go-forward basis, looking at getting better value for the money spent on home care not by changing everything; but just, on a go-forward basis, let's make sure that we get value for our money and limit the profits that are being taken out of the home care system.

The Chair (Mr. Monte McNaughton): Any debate? Ms. Kiwala.

Ms. Sophie Kiwala: Our priority as a government is to ensure that patients have access to the best possible care. Bill 41 would support the continued provision of home and community care services that meet the needs of patients. This includes private and not-for-profit care.

As I mentioned during the hearings on this bill, I had the personal experience of receiving home care when my mother was dying of cancer. I can't say enough good things about the home care that was provided. We had a combination of both private and not-for-profit care.

So I'm recommending voting against the motion. The existing framework for home care in community services would be transferred to the LHIN, as mentioned, and it does include services from both not-for-profit and for-profit service providers.

1400

The Chair (Mr. Monte McNaughton): Further debate? Madame Gélinas?

M^{me} France Gélinas: How can you say on one hand that you support the recommendations that the Auditor General has made, that \$70 million of home care money went to profit and, at the same time, say that you support private care?

Ms. Sophie Kiwala: We support both private and not-for-profit care. I don't have any further comments.

The Chair (Mr. Monte McNaughton): Are the members ready to vote? This will be a recorded vote.

Ayes

Gélinas.

Nays

Bailey, Bradley, Dhillon, Kiwala, Wong, Yurek.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

We'll move to PC amendment number 14 in your package. Mr. Yurek.

Mr. Jeff Yurek: I move that section 4 of the bill be amended by adding the following subsection:

“(4) Clauses 5(m.1) and (m.2) of the act, as enacted by subsection (3), are repealed.”

The Chair (Mr. Monte McNaughton): Mr. Yurek?

Mr. Jeff Yurek: We believe that if the government is going forward with this model that the LHINs should be—the planning, integrating, funding and evaluating of local health systems—they should not be involved in direct service delivery. We've heard that loud and clear from the Association of Ontario Health Centres and the Registered Nurses' Association of Ontario. Hopefully the government will listen to this bill and ensure that we move service delivery out of the LHIN function.

The Chair (Mr. Monte McNaughton): Further debate? Ms. Wong?

Ms. Soo Wong: We're going to be voting against the motion before us because it would stop the transfer of the CCACs to the LHINs. It would not support an improved integration of care and access to primary health and community care. If the intent of the bill is to create a better integration within the health care system, we cannot support this particular motion.

The Chair (Mr. Monte McNaughton): Madame Gélinas?

M^{me} France Gélinas: I just want to clarify: If we repeal those sections, what would happen to the people managing long-term-care placement? Who would do that?

The Chair (Mr. Monte McNaughton): Who are you asking?

M^{me} France Gélinas: I'm asking anybody who can answer.

The Chair (Mr. Monte McNaughton): Can you repeat the question, Madame Gélinas?

M^{me} France Gélinas: Sure. I understand that those subsections are to be repealed. Those subsections deal with a number of things, and some of them I agree should be repealed, but there's a part in limbo: Who would manage long-term-care placement?

The Chair (Mr. Monte McNaughton): Mr. Yurek?

Mr. Jeff Yurek: Thanks, Chair, and through you to the third party: We do have an amendment later on in the package of amendments in regard to the coordination of care over a three-year period to ensure the transfer occurs.

The Chair (Mr. Monte McNaughton): Further debate? Madame Gélinas?

M^{me} France Gélinas: I have read all of the package and I have not seen where we put long-term-care placement back in. We put care coordination for home care back in, in one of their amendments, but not the long-term-care placement part.

The Chair (Mr. Monte McNaughton): Mr. Yurek?

Mr. Jeff Yurek: Yes, we're including that with amendment 92. Maybe we need to clarify that a bit further.

M^{me} France Gélinas: Okay.

The Chair (Mr. Monte McNaughton): Any further debate? Are the members ready to vote? Shall amendment 14 carry? I heard a no. All those in favour? All those opposed? I declare the amendment lost. Please make sure to speak up.

We're going to move to NDP amendment number 15 in the package. Madame Gélinas.

M^{me} France Gélinas: I move that section 4 of the bill be amended by adding the following subsection:

“(4) Section 5 of the act is amended by adding the following subsection:

“(2) In clauses (1)(e.1) and (e.3),

““health” means a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity; (“santé”)

““health equity” means efforts to reduce systemic barriers in access to high quality health care for all by addressing the specific health needs of people along the social gradient, including the most health disadvantaged populations; (“équité dans le domaine de la santé”)

““health promotion” means the process of enabling people to increase control over their health and improve their health, this process being based on the understanding that social conditions and personal actions both determine health, and includes health promotion activities that move beyond a focus on individual behaviour towards a wide range of social and environmental interventions; (“promotion de la santé”)”

The Chair (Mr. Monte McNaughton): Thank you. I'm going to rule this amendment out of order, as it was dependent on an earlier amendment that was lost.

Are the members ready to vote on this section, as amended? Shall section 4, as amended, carry? Section 4, as amended, is carried.

We'll now move to section 5. Shall section 5 carry? Carried.

We'll move to section 6, and NDP amendment number 16 in your package. Madame Gélinas?

M^{me} France Gélinas: I move that subsection 7(1) of the local health integration act, 2006, as set out in subsection 6(1) of the bill, be struck out and the following substituted:

“Board of directors

“(1) Each local health integration network shall consist of no more than 12 members, elected in the prescribed manner, who shall form the board of directors of the network, except that the Lieutenant Governor in Council may prescribe a higher number of members that is not more than 14.”

The Chair (Mr. Monte McNaughton): Madame Gélinas, you said “local health integration act.” Did you want to say “system”?

M^{me} France Gélinas: I would be more than happy to. I don't know when I said that.

The Chair (Mr. Monte McNaughton): If you could just say it at the top.

M^{me} France Gélinas: I move that subsection 7(1) of the Local Health System Integration Act, 2006—

The Chair (Mr. Monte McNaughton): Great. Thank you very much. We'll move to Madame Gélinas for comments.

M^{me} France Gélinas: Sorry about that.

The Chair (Mr. Monte McNaughton): It's okay.

M^{me} France Gélinas: Basically, the act said that we had to do a review of the LHINs. The review was never done. We, as legislators, kind of disregarded our own law. That does not set a good precedent, Chair. This is pretty shameful on all of us. This put aside, we decided to move ahead and give the LHINs more responsibility.

There is a mounting chorus of people who, once they figure out who the LHINs are, they hate them. They feel that they are not representative. They feel that they talk for the government and they don't talk for them. They try to approach the people on the board and are often shooed away. We will all remember the Ombudsman telling us that a board member of the LHINs talked about an issue on the golf course with one of his buddies and considered this to be a consultation.

The LHINs need to be accountable. If you're going to give them more and more power, you have to build the trust with the community. How do you do this? You go toward a system of elections, where the people who sit on the boards of the LHINs are elected by the community they serve, so that we have transparency, we have accountability and we regain an element of trust in what will become one of the most important parts of our health care system, once and if this bill goes through.

I urge you to really look at this. It says they will be elected in a prescribed manner. We can go through regulations to say exactly how this will be done: Will there be reserved seats? Will there be a possibility for the government to elect some members and the community to elect some, and care providers and caregivers and everybody else? But give it some accountability, give it some transparency and build this trust which is the foundation of our health care system. We cannot have quality care if we don't have trust.

1410

The Chair (Mr. Monte McNaughton): Debate on this amendment?

Mr. Vic Dhillon: We will be voting against this motion. Our rationale for this is that the LHIN board members are the individuals appointed so that the government can ensure boards are representative of the respective communities. The intent of the bill is to build on existing LHIN board recruitment processes, to ensure a greater mix of skills and competencies to govern the LHINs in their expanded roles.

The Chair (Mr. Monte McNaughton): Madame Gélinas?

M^{me} France Gélinas: One does not negate the other. I agree with what the member has just said—that you need the right competencies on the board of a LHIN—but this can be achieved through an electoral process where people stand for election for positions that require knowledge of francophone issues. They stand for election for a position on the board that requires knowledge of

indigenous issues. They stand for the board as a member who requires being a member of a college of health professionals etc. I agree that the LHINs will be tasked with such important tasks that we should have the right amount of skills and representation, but that does not have to come from the government. It should come from the community they serve.

The Chair (Mr. Monte McNaughton): Further debate? Are members ready to vote? Recorded vote.

Ayes

Gélinas.

Nays

Bradley, Dhillon, Kiwala, Wong, Yurek.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

Section 6: NDP motion 17F. Madame Gélinas.

M^{me} France Gélinas: Je propose que l'article 6 du projet de loi soit modifié par adjonction du paragraphe suivant :

« (1.1) L'article 7 de la loi est modifié par adjonction du paragraphe suivant :

« "Idem

« "(1.1) La composition du conseil d'administration d'un réseau local d'intégration des services de santé reflète la diversité des résidents de la zone géographique du réseau et, dans chaque cas, le conseil d'administration comprend les personnes suivantes :

« "a) afin de veiller à ce que les intérêts divers des autochtones soient représentés, deux personnes autochtones, ou le nombre de personnes autochtones requis pour refléter le pourcentage de personnes autochtones dans la zone géographique du réseau, selon le nombre le plus élevé;

« "b) afin de veiller à ce que les intérêts divers de la collectivité francophone soient représentés, deux membres de la collectivité francophone, ou le nombre de membres de la collectivité francophone requis pour refléter le pourcentage de membres de la collectivité francophone dans la zone géographique du réseau, selon le nombre le plus élevé." »

The Chair (Mr. Monte McNaughton): Merci. Madame Gélinas.

M^{me} France Gélinas: Basically, all this does is respond to a request that was made of us by a number—the Association of Ontario Health Centres recommended that we designate positions on the boards of the LHINs. Certainly, Montfort asked us to do the same thing. We had FARFO—which I forget how to translate—who represent francophone seniors, ask us to do the same thing. Certainly, l'AFO, if we had an opportunity for them to present, had this request. The same thing came from the AHACs regarding indigenous representation on the board of the LHINs. Let's make sure that every LHIN

gives the francophone and indigenous populations a voice. That's what this amendment does.

The Chair (Mr. Monte McNaughton): Ms. Wong?

Ms. Soo Wong: We will be voting against this motion because—we agree with the principle of the amendment, about francophone and indigenous representation is best addressed through the board appointment process. However, the LHINs' board representation must be all parts of the community, not just the francophone and indigenous representation.

I come from a very diverse community called the city of Toronto. We've got to be respectful that—yes, we agree in principle with the francophone and indigenous population representation. The minister has consistently talked about the francophone representation, as well as the indigenous.

The Chair (Mr. Monte McNaughton): Further debate?

M^{me} France Gélinas: I wish the member knew how disrespectful what she just said is to the francophone population. The francophone population is one of the founding populations in our society. To say that you come from an area where we have other populations to be represented is always received very, very poorly within the francophone population. We are founding members of this province, and to ask to be represented on a board is a minimum that the government can do to fulfill their obligations to founding members—the same thing with indigenous populations.

That does not mean that we do not want equity. That does not mean that we don't want diversity or representation on the LHINs. It just means that we are respectful of the two founding members of this country and of this province, as well as the inherent responsibility for us to consult with the indigenous population.

The Chair (Mr. Monte McNaughton): Ms. Wong.

Ms. Soo Wong: I want to correct my record. For the member opposite to accuse me of not being respectful of the two founding families of Canada—that's not what my intent is. It's very clear that the minister himself, publicly and privately, has consistently supported the principle of having francophone and indigenous populations, and has encouraged it every step of the way to have this representation. This is by no means to be disrespectful, and I want to be on record to say that. For the member opposite to accuse me, saying that I'm being disrespectful of the two founding languages—that's not true.

The fact is that the secretariat of appointments has always consistently encouraged that every francophone who wishes to sit on a board, as well as the indigenous community, will be respected. In the same breath, we've got to make sure that there will be some flexibility from the LHINs in terms of appointments—and also women, because we are always consistently saying that there's not enough representation of women, too. I just wanted to be on record as saying that. Thank you, Mr. Chair.

The Chair (Mr. Monte McNaughton): Further debate?

M^{me} France Gélinas: If the secretariat has worked so hard, all I can say is that they have failed equally hard,

because indigenous people are not being represented, and neither are francophones. What we have now does not serve us.

The Chair (Mr. Monte McNaughton): Further debate? Are members are ready to vote? This will be a recorded vote.

Ayes

Gélinas.

Nays

Bradley, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

Are members ready to vote on this section? Shall section 6 carry? Carried.

We'll move to section 7. Shall section 7 carry? Carried.

We'll move to section 8. Madame Gélinas from the NDP noted this.

M^{me} France Gélinas: I cannot for the life of me understand why we would put forward—

Interjection.

M^{me} France Gélinas: I did something wrong. I can see.

The Chair (Mr. Monte McNaughton): No, no.

M^{me} France Gélinas: —why we would put forward in a bill more reasons to exclude the public from LHINs' board meetings. The LHINs' board meetings have to be open. We're talking about an agency of the government that will be planning health services at the local level, and we have an entire section of a bill to make sure that people are excluded from those meetings. I think that's a mistake, and I think we should vote this down, unless somebody can enlighten me as to what section 8 is going to do.

The Chair (Mr. Monte McNaughton): Any further debate on section 8? Are members ready to vote on this section?

Sorry, Madame Gélinas. Are you ready to vote, or do you have further comment?

M^{me} France Gélinas: I have further comment. So nobody can explain to me why we have this section 8. Everybody realizes that if the LHIN is doing some teaching to their staff, it's not going to be an open meeting. Why do we need to put that in a bill? It has never been done before. You're opening up new ground here and nothing good will come of this. What are you thinking here?

The Chair (Mr. Monte McNaughton): Ms. Kiwala.

1420

Ms. Sophie Kiwala: The section mirrors similar sections from legislation in other sectors. This section allows LHIN boards to receive education and training without public scrutiny. The section preserves discussion

and decision-making on important issues of public interest at open board meetings.

The Chair (Mr. Monte McNaughton): Any further debate on section 8? Members are ready to vote? Shall section 8 carry? I heard a no. All those in favour? All those opposed? I declare section 8 carried.

Shall section 9 carry? Carried.

We'll move to section 10, PC amendment number 18 in your package. Mr. Yurek.

Mr. Jeff Yurek: I move that subsection 11.2(1) of the Local Health System Integration Act, 2006, as set out in section 10 of the bill, be amended by striking out "The minister may issue provincial standards for the provision of health services" at the beginning and substituting "The minister may issue provincial standards that provide guidance for the provision of health services".

The Chair (Mr. Monte McNaughton): Mr. Yurek.

Mr. Jeff Yurek: There was concern raised at deputations and there have been concerns from people I spoke to afterwards that this will affect the patient-doctor relationship if, somewhere upwards in government, they're telling them how to provide care. Also, nothing was discussed of the consequences, say, if a doctor does not follow the standards that are developing. We feel if we soften the words to "provide guidance," this gives the option for doctors to still utilize their skills and experience at the patient level locally and deliver the care that's needed for the patient.

The Chair (Mr. Monte McNaughton): Further debate? Madame Gélinas.

M^{me} France Gélinas: This is something that the OMA had been really explicit about. It is okay for the minister to set provincial standards for care, but in the way that it is written in the bill, it would be way better that they look at guidance and not be restricted, so that if new technology, new medication, new treatments and procedures arrive and those standards have not yet been brought up to date, then a physician does not find himself in contradiction to those provisions.

So this is really to realize that things change pretty quickly in health care sometimes. No offence to all of us, but we move at the rate of a sleepy turtle. Those standards that come out of the government are very good best practice—don't get me wrong; a lot of them are really good—but they're not always brought up to date as fast as they should be. This would allow for the timing effect in between.

The Chair (Mr. Monte McNaughton): Further debate? Mr. Fraser.

Mr. John Fraser: I don't think there's any need to soften the language. I think the intent is right there, and that's what we do. I don't see a need for this, so I'll be voting against it.

The Chair (Mr. Monte McNaughton): Further debate? Are the members ready to vote? Shall the amendment carry? All those in favour? All those opposed? I declare the amendment lost.

We move to PC amendment number 19. Mr. Yurek.

Mr. Jeff Yurek: I move that subsection 11.2(3) of the Local Health System Integration Act, 2006, as set out in section 10 of the bill, be struck out and the following substituted:

"Obligations re standards

"(3) Every local health integration network and health service provider to which a standard under this section is directed shall encourage the use of the standard."

The Chair (Mr. Monte McNaughton): Mr. Yurek.

Mr. Jeff Yurek: Again, it's the interference that has raised concerns with the doctor-patient relationship. We're trying to work with Ontario's doctors and nurse practitioners to ensure that the use of standards is encouraged and not forced.

There has been no discussion at all of the penalties with regard to health service providers. Because doctors and nurse practitioners are advocating and working toward the best for their patients with their experience over the years, again, it's a concern that these standards from somewhere in Ontario are going to come in and affect the doctor-patient relationship and, at the end of the day, the patient.

The Chair (Mr. Monte McNaughton): Further debate? Mr. Fraser.

Mr. John Fraser: We will not be supporting this amendment. It's tied to the previous motion. If we're going to establish some standards—and I think those were appropriate—we do that in long-term care, we do that in a number of settings. So I won't be supporting this motion.

The Chair (Mr. Monte McNaughton): Okay. Any further debate?

Mr. Jeff Yurek: Recorded vote.

The Chair (Mr. Monte McNaughton): Madame Gélinas?

M^{me} France Gélinas: The same arguments that were made before. If you'll allow me, I will always remember when the brand new standards for diabetic care came out, we were all very proud of them. In the standards was foot care, because with diabetes you have to etc., etc. A physician got in great trouble because in none of his charts was he doing required foot care, until somebody was smart enough to realize that he was dealing with amputees, for which you don't have to do foot care because they did not have feet.

I'm giving you this example because standards, when you deal with human beings, always need a little bit of flexibility.

The Chair (Mr. Monte McNaughton): Further debate? Are the members ready to vote?

Mr. Jeff Yurek: Twenty minutes.

The Chair (Mr. Monte McNaughton): A 20-minute recess is requested by Mr. Yurek. We'll see you in 20 minutes.

The committee recessed from 1426 to 1446.

The Chair (Mr. Monte McNaughton): Welcome back, everyone. We are just about to vote on PC amendment number 19. The opposition has requested a recorded vote.

Ayes

Bailey, Yurek.

Nays

Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

Are the members ready to vote on section 10? Shall section 10 carry? Carried.

We move to section 11, and PC amendment number 20. Mr. Yurek.

Mr. Jeff Yurek: I move that section 11 of the bill be amended by adding the following subsection to section 12.1 of the Local Health System Integration Act, 2006:

“Personal health information

“(4.1) Despite subsection (4), an investigator shall not,

“(a) collect, use or disclose personal health information if any other information would serve the purpose of the investigation; and

“(b) collect, use or disclose more personal information than is reasonably necessary for the purpose of the investigation.”

The Chair (Mr. Monte McNaughton): For item (b), if you could just please repeat the first line of item (b).

Mr. Jeff Yurek: Okay. “(b) collect, use or disclose more personal health information than is reasonably ...”

The Chair (Mr. Monte McNaughton): Perfect.

Mr. Jeff Yurek: Got it?

The Chair (Mr. Monte McNaughton): You just forgot one word.

Mr. Jeff Yurek: Sorry.

The Chair (Mr. Monte McNaughton): No problem. Back to Mr. Yurek for comments.

Mr. Jeff Yurek: We’ve heard quite a bit from deputants regarding access and use of personal health information. We need to make sure, if the government’s going to allow people to access personal health information, that it’s only used and disclosed where necessary.

Hopefully, this is going to make it consistent with the law already applicable to health information custodians under PHIPA and also with the limitations imposed on the Patient Ombudsman pursuant to the Excellent Care for All Act, 2010.

We utilize this amendment based on information forwarded to the committee by the privacy commissioner.

The Chair (Mr. Monte McNaughton): Further debate? Mr. Fraser.

Mr. John Fraser: We won’t be supporting this motion. We will be bringing forward a motion later in this package that will address the member’s concerns.

The Chair (Mr. Monte McNaughton): Any further debate?

Mr. Jeff Yurek: Yes.

The Chair (Mr. Monte McNaughton): Mr. Yurek.

Mr. Jeff Yurek: I just wanted to give a chance for France to get a seat. We’re debating motion 20, personal health information.

The Chair (Mr. Monte McNaughton): Any further debate? Further debate? Are the members ready to vote?

Mr. Jeff Yurek: Recorded vote.

The Chair (Mr. Monte McNaughton): Recorded vote.

Ayes

Bailey, Yurek.

Nays

Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

We’ll move to NDP amendment number 21 in your package. Madame Gélinas.

M^{me} France Gélinas: I want to start by saying I’m sorry. I tried coming back as fast as I could, and I got ambushed on the way here.

I move that section 12.1 of the Local Health System Integration Act, 2006, as set out in section 11 of the bill, be amended by adding the following subsection:

“No access to personal health information

“(4.1) An investigator shall not access personal health information in the course of conducting an investigation, except under the authority of a court order or in accordance with a process established by the college of a health profession regulated under the Regulated Health Professions Act, 1991.”

The Chair (Mr. Monte McNaughton): Thank you. Madame Gélinas.

M^{me} France Gélinas: We have all heard story after story of health practitioners being very worried about this section of the bill—worried enough that when I ask them, “Would it be worth voting the bill down just for that,” they would say, “Yes.”

We have to understand that in order for our health care system to be able to provide quality care, people have to trust. The issue of trust between a provider and a patient is at the centre of what makes our health care system work. So whenever you put a breach in there, you put the entire system at risk, which is why practitioners react so, so strongly when they see this. Right now, the way the bill is written, if a supervisor from the LHIN comes in and decides to have a look at a patient’s record of a family health team, of a community health centre, you name it, they will have access. This cannot be.

What this amendment is doing is, if they need to have access, they will have to go through the courts, which is the way that it always has been in the past. If people need to gain access to a health care record, they go through the courts, and the court sets the bar at the right level.

It has worked for our health care system for a long, long time. People have full confidence that when they

disclose, it doesn't matter if they disclose something that is illegal or if they disclose something that really does not shine good on their character. It doesn't matter; it's only going to be used to help them and help their health. But now, when we have, in this bill, the opportunity for somebody to come and order that they be allowed to read the record, you put our entire health care system at risk. So give it through a court.

The other ones that already have access to our records are our colleges. The colleges already have a system in place to ensure the integrity of our health care system, and the courts have a system in place to ensure the integrity of our health care system. Anything below that is not acceptable. It puts our system at risk.

The Chair (Mr. Monte McNaughton): Further debate?

Mr. John Fraser: We won't be supporting this. We have consulted with the Information and Privacy Commissioner. I think I mentioned that during our hearings.

We will have amendments coming forward that will address this issue with regard to personal patient records. The member will see that as we get through the upcoming motions. In the next few, you'll see that there.

The Chair (Mr. Monte McNaughton): Further debate?

Interjection.

The Chair (Mr. Monte McNaughton): Recorded vote. Further debate? Madame Gélinas.

M^{me} France Gélinas: I have read all of the motions coming. Here again, you are very timid in what you will put forward of de-listing—I forget the name—so that it doesn't matter. Once a person has access, the breach has taken place. The amendment you will put forward that de-identifies the person makes no difference.

I come from northern Ontario. You de-identify an indigenous left-foot amputee in any community—it doesn't matter that his name is not there, we'll all know that it's Joe and we'll know who you're talking about.

The Chair (Mr. Monte McNaughton): Further debate?

Mr. John Fraser: We need to debate that when we get there.

The Chair (Mr. Monte McNaughton): Sorry, any further debate? This will be a recorded vote. Are the members ready to vote?

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

We move to government amendment 22 in your package. Mr. Fraser.

Mr. John Fraser: I move that subsection 12.1(5) of the Local Health System Integration Act, 2006, as set out in section 11 of the bill, be amended by striking out “the person who has custody” and substituting “the local health integration network that has custody”.

The Chair (Mr. Monte McNaughton): Mr. Fraser.

Mr. John Fraser: Thank you very much, Mr. Chair. The investigator's powers are not as broad as they were in the original piece of legislation and so, I think that it's—again, as we're speaking to the amendments with regard to some of the concerns that have been raised, I think this is an important one.

The Chair (Mr. Monte McNaughton): Further debate? Are the members ready to vote? Shall amendment number 22 carry? Carried.

We'll move to government amendment 23 in your package. Mr. Fraser.

Mr. John Fraser: I move that section 12.1 of the Local Health System Integration Act, 2006, as set out in section 11 of the bill, be amended by adding the following subsection:

“Restriction

“(5.1) An investigator shall not exercise the investigator's powers under subsections (4) and (5) to access personal health information” expect,

“(a) with the” content “of the individual who is the subject of the personal health information; or

“(b) in such circumstances as may be prescribed.”

The Chair (Mr. Monte McNaughton): Mr. Fraser, would you repeat (a), please? Just the top line?

Mr. John Fraser: Oh, sorry. Which one?

The Chair (Mr. Monte McNaughton): (a).

Mr. John Fraser: Oh, sorry, you want me to read (a)? Show me which one you want me to reread, there.

The Chair (Mr. Monte McNaughton): “With the consent”—

Mr. John Fraser: Okay: “with the consent of the individual who is the subject of the personal health information; or”

The Chair (Mr. Monte McNaughton): That's great.

M^{me} France Gélinas: He still didn't read what was there.

The Chair (Mr. Monte McNaughton): There was another word that was not pronounced properly.

Mr. John Fraser: That's not right? Okay.

“Restriction

“(5.1) An investigator shall not exercise the investigator's powers under subsections (4) and (5) to access personal health information except,

“(a) with the consent of the individual who is the subject of the personal health information; or

“(b) in such circumstances as may be prescribed.”

The Chair (Mr. Monte McNaughton): Thank you very much. Mr. Fraser for comments.

Mr. John Fraser: What this regulation does is to restrict the collection and the disclosure of personal health information by the minister-appointed investigators under the LHINs to situations where patients have provided consent.

What's important to recognize here is that it's a patient record. It's not a LHIN record. It's not a doctor's record. It's not a nurse's record. It's not a hospital record. It's a personal record, personal patient information. That belongs to that patient and it requires their consent. That is, I think, a critical part of ensuring the privacy that all members here are concerned about, and that's why this motion is here.

The Chair (Mr. Monte McNaughton): Further debate? Madame Gélinas.

M^{me} France Gélinas: He talked eloquently about section (a). Could I know more about section (b)? What are the circumstances other than with the consent of the person whose personal health information we're talking about, "as may be prescribed"? I have no problem with (a); there is no way I would ever agree to (b). So could we have a friendly amendment to ditch the (b) and keep the (a)?

Mr. John Fraser: No.

The Chair (Mr. Monte McNaughton): Sorry, Madame Gélinas, would you like to move an amendment?

M^{me} France Gélinas: I would like to move an amendment.

The Chair (Mr. Monte McNaughton): We'll take a two-minute recess, if everybody could stick around please.

The committee recessed from 1459 to 1502.

The Chair (Mr. Monte McNaughton): All right. We're back, and we'll move to Madame Gélinas for the NDP amendment.

M^{me} France Gélinas: I move that clause (5.1)(b) of government motion 23 be struck out.

The Chair (Mr. Monte McNaughton): Any debate? Madame Gélinas, back to you for comment.

M^{me} France Gélinas: With an amendment like this, we make it abundantly clear to everybody who is worried that an investigator will have access to records. This is clear for everybody: They will have access to records. What we are saying is that they will only have access to records if the individual agrees. So if I agree to give access to my records, they will.

Let's stop it there.

The Chair (Mr. Monte McNaughton): Any debate?

Mr. John Fraser: I won't support this amendment. I understand what the member is saying, but there are circumstances that we had with challenges, that are big challenges, where in the interests specifically—in the case of Dr. Ghali, in the city of Ottawa, there were some issues around mammography.

So in the interests of time and the execution of investigating something that is relatively urgent in terms of the need to address that, we can address it through regulation. There is a process through regulation that is clear and set out in legislation.

I think that that's appropriate inside our motion.

The Chair (Mr. Monte McNaughton): Madame Gélinas.

M^{me} France Gélinas: Well, the examples that were just given are examples where the college got involved. The college already has access.

The LHINs have no business. If there is a physician, a nurse, a physio, an OT, a speech pathologist, an audiologist, a chiropractor who is doing something wrong, you phone the college. You don't phone the LHINs. The college will handle them, and they already have access to records in a way that protects the relationship.

We don't need any investigator from an unaccountable, unelected LHIN to have access to our records. The dangers to our health care system are too great. To tell me it will be handled through regulation—I never see regulations. I hate half of the regulations that came out from the LHINs act in the first place. I never have a say about any of those.

I vote on what's in front of me. What you have in front of me is that you are opening up the door for an unelected, unaccountable investigator to look into my medical record, and I'm not going to agree to that.

The Chair (Mr. Monte McNaughton): Mr. Yurek.

Mr. Jeff Yurek: Our party didn't support Bill 119, which opened up medical records to the Ministry of Health bureaucracy. This amendment from the third party, we would support, as long as it is purely on the individual's consent. I don't understand—unless the government can provide any reasoning why that's overreaching the scope of the colleges of the different health professionals in this province who would undertake the majority of these investigations.

The Chair (Mr. Monte McNaughton): Further debate? Mr. Fraser.

Mr. John Fraser: Just two things: This is something that we did bring forward to the Information and Privacy Commissioner and that we have agreement on. Number two is: Not all health professionals have a college. PSWs don't.

I respect what the member is saying. I think the intent of what's there is for when you have situations where there are circumstances that require some urgency or there is not an ability—because you don't have a college or another regulatory body to insert itself.

I agree sometimes it's a bit hard to keep up with regulations. But there is a process that's transparent, where people can respond. People know—there is an ability to know—when we are doing that. I understand what the member is saying, but I think that this is necessary for those circumstances. That's why I can't support the member's motion.

The Chair (Mr. Monte McNaughton): Further debate on the amendment? Madame Gélinas.

M^{me} France Gélinas: The only argument the member has put forward is urgency. It doesn't cut it; it doesn't cut it. Urgency does not justify putting our health care system at risk. Sorry.

The Chair (Mr. Monte McNaughton): Mr. Fraser.

Mr. John Fraser: Well, urgency is important when we're talking about people's lives. I think we have to make those kinds of distinctions.

My only argument was not urgency, okay? What I was saying is that I do respect that there are regulatory colleges, and the LHINs have to work with those people. But there are providers who don't have a regulatory body to which they respond. I think that it's necessary for us to be in there, and that's why I can't support this.

The Chair (Mr. Monte McNaughton): Any further debate? Mr. Yurek.

Mr. Jeff Yurek: Would the government be willing to confirm that the regulation will spell that out and provide protection for those health professionals who have the colleges, that the LHIN will not be overreaching into their patient records?

The Chair (Mr. Monte McNaughton): Further debate? Mr. Fraser.

Mr. John Fraser: That section in the motion is for very specific circumstances. You are not going to go and use that section if you have an ability, like they did in the case of—and you're right—Dr. Ghali in Ottawa, where the college and public health worked together very urgently on notification. That's why I talked to urgency.

No, I don't think that we need to do that. I don't think that's necessary, so no.

The Chair (Mr. Monte McNaughton): Further debate? Are the members ready to vote?

We'll first vote on the amendment proposed by Madame Gélinas. Is it a recorded vote?

M^{me} France Gélinas: Yes, Please.

The Chair (Mr. Monte McNaughton): Recorded vote.

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare that amendment lost.

1510

We'll now move to government motion number 23 in your package. Are the members ready to vote? All those in favour? All those opposed? Carried.

We move to government amendment number 24 in your package. Mr. Fraser.

Mr. John Fraser: I move that section 12.1 of the Local Health System Integration Act, 2006, as set out in section 11 of the bill, be amended by adding the following subsection:

“Same

“(5.2) If an investigator accesses personal health information under subsection (5.1), the investigator shall not,

“(a) collect, use or disclose the personal health information if other information will serve the purpose of the investigation; or

“(b) collect, use or disclose more personal health information than is reasonably necessary for the purpose of the investigation.”

The Chair (Mr. Monte McNaughton): Mr. Fraser.

Mr. John Fraser: This speaks again to the safeguarding of people's personal health information records.

The Chair (Mr. Monte McNaughton): Any debate? Madame Gélinas.

M^{me} France Gélinas: You realize that the more you dig into this, the more people will worry about their health information. To say that you will not disclose any more than is reasonably necessary—to what end? To ruin a person's life? To ruin a person's career? To defame their character?

I can't support things like this. Medical records are off—unless a court or your college comes in. If a court orders it, they know how to handle it and they make sure it is done in a fair fashion. An unelected, unaccountable supervisor from a LHIN does not cut it.

The Chair (Mr. Monte McNaughton): Further debate? Mr. Fraser.

Mr. John Fraser: Number one, the patient has to consent to that record. Number two, we have some of the strongest legislation in North America with regard to the protection of personal health information. The consequences of not following that act—I think last year, we passed a bill that increased fines and penalties not only for disclosure of personal health information, but also for critical incidents.

That's how I would respond to the member, and I would hope that she would support this amendment.

The Chair (Mr. Monte McNaughton): Mr. Yurek.

Mr. Jeff Yurek: I think the problem is, in your last amendment, you bypassed the consent of the individual. You prescribed certain circumstances. So I don't think you will have, at all times, the individual's permission to access personal health information.

We've seen what can happen when people are accessing personal health information for nefarious reasons. We can't prevent that from happening. There are people out there who are going to utilize health information for their own ends. I could bring up the late Rob Ford. His personal information was released to the community. There was no way you could have stopped that because that person had access to that information.

We don't think anybody in the LHIN should have any access to personal health information, so we won't be supporting this amendment.

The Chair (Mr. Monte McNaughton): Further debate? Madame Gélinas and then Mr. Fraser.

M^{me} France Gélinas: The member talks about the part that I was ready to support, the part where the patient has given his consent. But that's not what we are voting on, because there are other circumstances as prescribed, and those I cannot support. This part will affect not only people who give their consent, but also other circumstances as prescribed. I have no idea what that means, but it means that people gain access to medical records, and I don't want that.

The Chair (Mr. Monte McNaughton): Mr. Fraser.

Mr. John Fraser: Just in response to that, I have some personal experience with that. My son James works in medical records at a local hospital, so I know first-hand how seriously people who handle medical records, how all persons involved in the health field—and you could call him an administrator or a bureaucrat, because he’s not a practitioner. So I know how seriously they take it. I know how seriously they take the sanctions for abusing anybody’s record.

We can’t look at this legislation in isolation from what we’ve done in other pieces of legislation previous to this. I would just say that in response to the member and hope that she would support the motion.

The Chair (Mr. Monte McNaughton): Further debate? Are the members ready to vote? Shall amendment 24 carry? I heard a no. All those in favour? All those opposed? I declare it carried.

We move to government amendment number 25 in your package. Mr. Fraser.

Mr. John Fraser: I move that section 12.1 of the Local Health System Integration Act, 2006, as set out in section 11 of the bill, be amended by adding the following subsection:

“De-identification of personal health information

“(7.1) Before providing a report to the minister under subsection (7), the investigator shall ensure that all personal health information is de-identified.”

The Chair (Mr. Monte McNaughton): Mr. Fraser.

Mr. John Fraser: The motion further restricts those who could view personal health information that was accessed with patient consent.

The Chair (Mr. Monte McNaughton): Debate? Madame Gélinas.

M^{me} France Gélinas: I would agree. I would argue that it does not restrict who can have access; it restricts how it will be shared with the minister. My fundamental problem is that I don’t want people to gain access to people’s medical records. I don’t want an investigator from the LHIN to gain access to medical records unless they go through the courts or through colleges. If they’re not going through a court, then they don’t gain access.

The Chair (Mr. Monte McNaughton): Further debate? Are the members ready to vote? Shall the amendment carry? Carried.

Government motion number 26: Mr. Fraser.

Mr. John Fraser: I move that subsection 12.1(8) of the Local Health System Integration Act, 2006, as set out in section 11 of the bill, be struck out and the following substituted:

“Same

“(8) The minister shall cause a copy of the report of an investigation, with all personal health information de-identified, to be delivered to the chair of the board of directors of the local health integration network.”

The Chair (Mr. Monte McNaughton): Mr. Fraser, comment?

Mr. John Fraser: This motion just follows on the last motion with the de-identification. I hope the members opposite can support it.

The Chair (Mr. Monte McNaughton): Any debate? Are members ready to vote? Shall it carry? Carried.

Government amendment number 27 in your package: Mr. Fraser.

Mr. John Fraser: I move that subsection 12.1(10) of the Local Health System Integration Act, 2006, as set out in section 11 of the bill, be struck out.

The Chair (Mr. Monte McNaughton): Mr. Fraser.

Mr. John Fraser: The personal health information accessed by an investigator with patient consent will be protected, and personal health information would already be de-identified in the investigator’s report to the minister. We’ve consulted with the Information and Privacy Commissioner on that and he supported it.

The Chair (Mr. Monte McNaughton): Any further debate? Madame Gélinas.

M^{me} France Gélinas: The member only talks about personal health information where he has the consent. He doesn’t talk about the other circumstances as prescribed, where an investigator will have access to people’s records.

The Chair (Mr. Monte McNaughton): Further debate? Are the members ready to vote? Shall the amendment carry? Carried.

PC amendment number 28 in your package: Mr. Yurek.

Mr. Jeff Yurek: We’re going to withdraw this motion.

The Chair (Mr. Monte McNaughton): Okay. Technically it’s not moved, so it’s not withdrawn. We’ll just carry on.

We’ll move now to government amendment number 29 in your package. Mr. Fraser.

1520

Mr. John Fraser: I move that section 12.2 of the Local Health System Integration Act, 2006, as set out in section 11 of the bill, be amended by adding the following subsection:

“Restrictions, personal health information

“(7.1) A local health integration network supervisor shall not,

“(a) collect, use or disclose personal health information if other information will serve the purposes of the supervisor; or

“(b) collect, use or disclose more personal health information than is reasonably necessary for the purposes of the supervisor.”

The Chair (Mr. Monte McNaughton): Any debate? Are members ready to vote? Shall this amendment carry? Carried.

Government amendment number 30 in your package: Mr. Fraser.

Mr. John Fraser: I move that section 12.2 of the Local Health System Integration Act, 2006, as set out in section 11 of the bill, be amended by adding the following subsection:

“De-identification of personal health information

“(10.1) Before providing a report to the minister under subsection (10), the local health integration network supervisor shall ensure that all personal health information is de-identified.”

The Chair (Mr. Monte McNaughton): Any debate? Madame Gélinas.

M^{me} France Gélinas: It doesn't matter that it is de-identified. It matters that they had access. As long as the government doesn't realize the devastating impact—the fact that some people other than your health providers will have access will change the dynamic in every examination room in this province. People share things with their health providers that they don't share with anybody else. They confess to crime. They confess to doing wrong. They share with providers things that they would never share with anybody else because they are ashamed of what they've done. Why? Because they know that the health provider will never share that with anyone; they will only use that information to help them. Now a lot of people won't be truthful with their care providers. They won't tell them that they use street drugs. They won't tell them that they do other criminal activities that have a direct impact on their health. A physician may very well decide to prescribe a different medication if they know that this person is using illegal drugs. Now who's going to share that information with their physician if an unappointed—really, anybody could become a supervisor for a LHIN and have access to that information. It is wrong.

This loophole should be taken out so that the next time a physician looks in somebody's eyes and asks, “Before I prescribe something to you, are you taking any illegal substances,” the answer is truthful.

The Chair (Mr. Monte McNaughton): Any further debate? Mr. Bailey.

Mr. Robert Bailey: I agree with Madame Gélinas, and I'd like the government to defend why they don't agree with this and to have more debate on this. Tell us why this is so outlandish.

The Chair (Mr. Monte McNaughton): Any further debate? Are the members ready to vote? Shall amendment 30 carry? Carried.

Government amendment 31 in your package: Mr. Fraser.

Mr. John Fraser: I move that subsection 12.2(12) of the Local Health System Integration Act, 2006, as set out in section 11 of the bill, be struck out.

The Chair (Mr. Monte McNaughton): Any debate? Are the members ready to vote? Shall this amendment carry?

Interjections.

The Chair (Mr. Monte McNaughton): Sorry, no? Did I hear a no? I'm sorry. Any debate on amendment 31 in your package, moved by the government?

M^{me} France Gélinas: What does that do?

The Chair (Mr. Monte McNaughton): Mr. Fraser?

Mr. John Fraser: Personal health information, where accessed by the LHIN supervisor, will be protected.

Personal health information would already be de-identified in the LHIN supervisor's report to the minister, and as such any LHIN supervisor's report made publicly available by the minister would be free from identifying personal health information.

The Chair (Mr. Monte McNaughton): Any debate? Ms. Gélinas?

M^{me} France Gélinas: I don't understand what we're striking out.

The Chair (Mr. Monte McNaughton): Mr. Fraser?

Mr. John Fraser: If passed, the government, would require that the minister not receive any identifying personal health information in the reports received from the LHIN supervisors.

M^{me} France Gélinas: It's the paragraph that starts with, “On the recommendation of the minister, the Lieutenant Governor in Council may appoint a person ...” Am I lost, or is this—

Mr. John Fraser: It's 12.2, section 12.

M^{me} France Gélinas: Can somebody tell me where we are?

The Chair (Mr. Monte McNaughton): Sorry. We'll have legislative counsel comment.

M^{me} France Gélinas: Thank you, legislative counsel. Help me.

Mr. Eric Chamney: Sure. It's on page 8, subsection 12.2(12). It's page 8, about three quarters of the way down. The headnote is, “Personal health information to be removed.” That's the one this motion proposes to strike out.

M^{me} France Gélinas: Okay. Before it used to say, “Before making a report available to the public under subsection (11), the minister shall ensure that all personal health information in the report is redacted.” We're striking that out?

Mr. John Fraser: Yes, because he's not receiving any information that's got any personal information. It's redundant. We've just passed motions in that regard.

M^{me} France Gélinas: Ah.

The Chair (Mr. Monte McNaughton): Any further debate or questions for legislative counsel? Are the members ready to vote? Shall this amendment carry? Carried.

Are the members ready to vote on section 11, as amended? Shall section 11, as amended, carry? I declare that carried.

We're going to go to NDP amendment 32.1F. Madame Gélinas.

M^{me} France Gélinas: Je propose que le projet de loi soit modifié par adjonction de l'article suivant :

« 11.1 L'article 14 de la loi est modifié par adjonction du paragraphe suivant :

« Exigences de la Loi sur les services en français

« “(5) Lorsqu'il élabore un ensemble de priorités et une orientation stratégique pour le système de santé et les systèmes de santé locaux dans le cadre du plan stratégique provincial, le ministre veille à ce que les priorités et l'orientation stratégique favorisent la

prestation de services de santé d'une façon qui réponde aux exigences de la Loi sur les services en français." »

The Chair (Mr. Monte McNaughton): Thank you. I have to rule that amendment out of order. Section 14 is not open. We'll move to NDP—

Madame Gélinas?

M^{me} France Gélinas: Can I ask for unanimous consent that we open it up?

The Chair (Mr. Monte McNaughton): Madame Gélinas is seeking unanimous consent to consider it anyway. All in agreement? Okay.

Madame Gélinas.

M^{me} France Gélinas: Do I need to read it again?

The Clerk of the Committee (Mr. Trevor Day): No.

M^{me} France Gélinas: No? Okay. I want it to be clear that the LHINs themselves follow the French Language Services Act. Where it falls apart is that they say that since they don't offer services themselves, because they don't offer health services, they cannot delegate this obligation to the contracts that they have with service providers.

At the end of the day, the people receiving the service receive a service from a contract that is signed by the LHINs, but because the LHINs did not offer the service, they say that the contract does not have to follow the French Language Services Act. This is a very-far-back-door way of making sure that the minister, when he does priority and strategic direction that will be given to the LHINs, makes absolutely sure that this happens.

1530

The Chair (Mr. Monte McNaughton): Further debate? Mr. Fraser.

Mr. John Fraser: We'll be supporting this motion.

The Chair (Mr. Monte McNaughton): Further debate? This is a recorded vote, Madame Gélinas?

M^{me} France Gélinas: Yes, please.

The Chair (Mr. Monte McNaughton): Okay.

Ayes

Bradley, Dhillon, Fraser, Gélinas, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare that amendment carried. That was a new section, and it carried.

We'll move now to NDP amendment number 32 in your package. Madame Gélinas.

M^{me} France Gélinas: I move that the bill be amended by adding the following section:

"11.1 The act is amended by adding the following section:

"Health considerations across government

"14.0.1 If the minister is concerned that a government policy or initiative may have health or health equity implications, he or she shall ensure that the policy or initiative is assessed with respect to health or health equity matters and, after the assessment, may make recommendations to the minister responsible for the government policy or initiative."

The Chair (Mr. Monte McNaughton): I have to rule this out of order because it's outside of the scope. Madame Gélinas?

M^{me} France Gélinas: Can I ask for unanimous consent that the amendment be considered?

The Chair (Mr. Monte McNaughton): Is there unanimous consent to have that amendment considered? I heard a "no." So that's ruled out of order.

We'll move now to section 12, NDP amendment number 33. Madame Gélinas.

M^{me} France Gélinas: I move that section 14.1 of the Local Health System Integration Act, 2006, as set out in section 12 of the bill, be amended by adding the following subsection:

"Public consultation

"(1.1) A local health system integration network shall not establish geographic sub-regions under this section unless it carries out public consultations in the affected geographic area."

The Chair (Mr. Monte McNaughton): Any debate? Madame Gélinas.

M^{me} France Gélinas: Basically, the minister had made it clear that he wants to establish sub-LHINs. The idea with the sub-LHINs is to make sure that the people affected have a say and do not find out once all of the decisions are already made.

I can speak for the North East LHIN that has been using this system of sub-LHINs for quite some time. The North East LHIN is, I think, the size of France, just to give you an idea. In the northeast, we like them big. They have been working on their sub-LHINs for quite some time.

Some of them were established without the local people. I can talk to the sub-LHINs that take in Sudbury East. They have been very vocal about how they would like their sub-LHINs to be, but there is no way for them to be heard. There is no process in place for a LHIN to hold consultations or for a community, which thinks they should be in one sub-LHIN rather than the other, to be heard.

I'm sure, as this idea of sub-LHINs rolls out to other parts of the province, that similar problems will arise. This is just to make sure that we give the people who live in those areas an opportunity to be heard.

The Chair (Mr. Monte McNaughton): Any further debate? Ms. Kiwala.

Ms. Sophie Kiwala: I recommend voting against the motion, because LHINs already have an obligation to engage with their communities on health planning, including the sub-LHIN regions. For the process of changing LHIN boundaries, consultation is already a requirement and we have consulted with many communities on this matter.

The purpose of this amendment is to ensure consultation on LHIN boundaries, and this already occurs through the LHIN engagement and regulation process.

The Chair (Mr. Monte McNaughton): Any further debate? Madame Gélinas.

M^{me} France Gélinas: The LHINs will tell you that setting up the boundaries of a sub-LHIN is not health

planning, it is administration. Therefore, they are the king of their own castle and they manage and administer the LHINs the way they see fit.

You are right about people wanting to be heard, but you are wrong when you say that the bill mandates consultations on the boundaries. The boundaries are being considered by some LHINs as administrative, not health planning. They have a duty to consult for health planning, not for administrative purposes.

The Chair (Mr. Monte McNaughton): Further debate? Are members ready to vote? This is a recorded vote.

Ayes

Gélinas.

Nays

Bradley, Dhillon, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare that amendment lost.

Shall section 12 carry? Carried.

We move to section 13, NDP amendment 33.1F. Madame Gélinas.

M^{me} France Gélinas: Je propose que l'article 13 du projet de loi soit modifié par adjonction du paragraphe suivant :

« (3) L'article 15 de la loi est modifié par adjonction du paragraphe suivant :

« “(5) Lorsqu'il élabore un plan de services de santé intégrés pour le système de santé local en application du paragraphe (1), le réseau local d'intégration des services de santé consulte :

« “a) d'une part, l'entité de planification des services de santé aux autochtones et aux Premières Nations de la zone géographique du réseau qui est prescrite;

« “b) d'autre part, l'entité de planification des services de santé en français de la zone géographique du réseau qui est prescrite.” »

The Chair (Mr. Monte McNaughton): Any debate? Madame Gélinas.

M^{me} France Gélinas: Basically, what that does is that it makes it an obligation that before a LHIN puts forward a plan, they have to consult with the French-language health planning entity, as well as the aboriginal and First Nations planning entity, for the geographical area that they serve.

The Chair (Mr. Monte McNaughton): Further debate? Are members ready to vote? This will be a recorded—oh, Madame Gélinas.

M^{me} France Gélinas: The way it is right now is that the French-language entity may very well have something to say about a certain plan that the LHIN wants to put forward, but there is nothing in the bill that makes sure that they are consulted. All that this does is all of the good work that the francophone entities are doing, as well as the aboriginal and First Nations—although they

haven't been active; I'm hoping they will become active. The French-language entity has been very active, but there is no obligation for the LHINs to involve them or to consult with them, and often, it is not the case. So you have all of this good work being done and completely ignored.

The Chair (Mr. Monte McNaughton): Ms. Kiwala.

Ms. Sophie Kiwala: I recommend voting against the motion because the act already contains the requirement in section 16 for ensuring that the integrated health service plan reflects the full diversity of the community. The act is meant to ensure that the interests of all Ontarians are represented.

The Chair (Mr. Monte McNaughton): Further debate? Madame Gélinas.

M^{me} France Gélinas: The fact that we've had three presenters from the French community who have come here and have told us and your government that it is not working, that it needs to be fixed—when an independent officer of the Legislature comes to see us and says that it needs to be fixed, when the only French teaching hospital in Ontario comes here and tells you that it needs to be fixed, when the FARFO comes here and tells you that it needs to be fixed, you cannot say, “We already do this.”

1540

Are you saying that those people who came here and asked you to fix it don't know what's going on?

The Chair (Mr. Monte McNaughton): Further debate? Are the members ready to vote? This will be a recorded vote.

Ayes

Gélinas.

Nays

Bradley, Dhillon, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

We'll move to voting on section 13. Shall section 13 carry? Carried.

We'll move to section 14 and NDP motion 33.2F in your handouts. Madame Gélinas?

M^{me} France Gélinas: Je propose que l'article 14 du projet de loi soit modifié par adjonction du paragraphe suivant :

« (0.1) Le paragraphe 16(4) de la loi est modifié par remplacement de “engage” par “consulte” à la fin du passage qui précède l'alinéa a. »

The Chair (Mr. Monte McNaughton): Any debate? Madame Gélinas.

M^{me} France Gélinas: You will remember that when François Boileau, the French Language Services Commissioner, came to see us, that was a point that he was driving to us over and over. In the written submission that he made to this committee, he brought that forward again. It was picked up by Montfort, and it was picked up

by the other francophone group, that to simply engage is not the same thing as to consult with.

These changes would be meaningful to the French community, so that all of the hard work that is being done to identify the needs of francophones, to make sure that we bring forward policies that address their needs from the ground up, and not remember that, “Oh, yes, we have to provide services in French” once everything is already in place—this would be greatly improved if we were to substitute “consult with” rather than the word “engage.”

The Chair (Mr. Monte McNaughton): Any further debate? Ms. Kiwala.

Ms. Sophie Kiwala: I recommend voting against the motion because the act already contains the requirement for engagement with French-language health planning entities. We support continued engagement with the French-language health planning entities, absolutely, for the purposes of planning and setting priorities.

The Chair (Mr. Monte McNaughton): Any further debate? Madame Gélinas.

M^{me} France Gélinas: By supporting the status quo, you are supporting something that is not supported by the francophone community. The francophone community, through the French Language Services Commissioner, through their association, has asked you to change one word.

The Chair (Mr. Monte McNaughton): Mr. Yurek?

Mr. Jeff Yurek: We are in agreement with the third party here. There is a considerable difference between the terms “engage” and “consult with.” I heard what the French commissioner and all the other stakeholders had said regarding this, and we’re supportive of that motion.

The Chair (Mr. Monte McNaughton): Further debate? Are the members ready to vote? This will be a recorded vote.

Ayes

Gélinas, Yurek.

Nays

Bradley, Dhillon, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

We’ll move to NDP amendment number 34. Madame Gélinas.

M^{me} France Gélinas: I move that subsection 16(4.1) of the Local Health System Integration Act, 2006, as set out in subsection 14(1) of the bill, be struck out and the following substituted:

“Patient and family advisory committee

“(4.1) Each local health integration network shall establish one or more patient and family advisory committees which shall reflect the diversity of the residents in the geographic area of the network and shall include

representation of the indigenous and francophone communities.”

The Chair (Mr. Monte McNaughton): Any debate? Madame Gélinas.

M^{me} France Gélinas: Basically I’m all in favour of having a patient and family advisory committee, but we want to be sure that those patient and family advisory committees will reflect the diversity of the residents served by the LHINs. We want to make sure that the two founding members, francophones and anglophones, are represented, as well as indigenous people.

The Chair (Mr. Monte McNaughton): Further debate? Are members ready to vote? This will be a recorded vote.

Ayes

Gélinas.

Nays

Bradley, Dhillon, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

We’ll move to NDP amendment 34.1. Madame Gélinas.

M^{me} France Gélinas: I just want to make sure—I think I need help.

The Chair (Mr. Monte McNaughton): We’re on 34.1F.

M^{me} France Gélinas: Yes. I think 34.1 and 34.2 are the same. I think I have made a mistake there—no, it’s not.

Mr. Eric Chamney: I believe they are different. There are two subsections in the first one, and then—

M^{me} France Gélinas: Yes, it’s coming back to me now. Thank you. Merci.

Je propose que le paragraphe 14(1) du projet de loi soit supprimé et remplacé par ce qui suit :

« (1) L’article 16 de la loi est modifié par adjonction des paragraphes suivants :

« “Comité consultatif des patients et des familles

« “(4.1) Chaque réseau local d’intégration des services de santé crée un ou plusieurs comités consultatifs des patients et des familles qui reflète la diversité des résidents de la zone géographique du réseau et comprend des représentants des collectivités autochtone et francophone.

« “Recommandations : services en français

« “(4.2) Au cours des consultations visées à l’alinéa (4)b), l’entité de planification des services de santé en français peut faire des recommandations au réseau local d’intégration des services de santé sur les sujets suivants :

« “a) les façons d’engager la collectivité francophone de la zone desservie par le réseau;

« “b) les besoins et priorités en matière de santé de la collectivité francophone de la zone desservie par le

réseau, notamment ceux des divers groupes qui la composent;

« “c) les services de santé dont dispose la collectivité francophone de la zone desservie par le réseau;

« “d) l'identification et la désignation de fournisseurs de services de santé en vue de la prestation de services de santé en français dans la zone desservie par le réseau;

« “e) les stratégies visant à améliorer l'accès aux services de santé en français, leur accessibilité et leur intégration au sein du système de santé local;

« “f) la planification et l'intégration des services de santé dans la zone desservie par le réseau.

« “Publication des recommandations

« “(4.3) Le réseau local d'intégration des services de santé publie chaque année les recommandations des entités de planification des services de santé en français faites conformément au paragraphe (4.2) et la façon dont elles ont été intégrées à son plan de services de santé intégrés.” »

The Chair (Mr. Monte McNaughton): Merci. Any debate? Madame Gélinas.

M^{me} France Gélinas: This has come forward mainly as a direct recommendation from the French Language Services Commissioner. He came to talk to us. He also sent us his recommendations in writing. Basically, what this speaks to is how we already have French-language entities. We've already had the LHINs since March 2007, and it is not working for the French community. To continue the way we had it before, it will continue to fail the French community.

You have to realize that « les entités » are there. They exist, they have resources and they do a ton of good work. Then, they engage with the local health integration networks, which, more often than not, do not give them the time of day. So all of that good work, all of those good recommendations, are for naught. Something needs to change.

1550

The French Language Services Commissioner says that the government and the LHINs have a responsibility under the French Language Services Act, and so do all of the leadership of the francophone community. Those recommendations are not going to change what exists—the entity will continue to exist; the LHINs will continue to exist—but the LHINs will have to report back once a year as to what they have heard and what they have done. If they had had to do this for the last 10 years we would have a spectacular record of doing nothing; of the government of Ontario spending good money to support the French entities that do a lot of good work, and all of this for nothing.

Let's put a little bit of accountability into this bill so that this does not continue to the detriment of the francophone people of Ontario and, I will tell you, also to the taxpayers who pay for very good work only to have this very good work completely ignored.

The Chair (Mr. Monte McNaughton): Any further debate? Ms. Kiwala.

Ms. Sophie Kiwala: I recommend voting against the motion. There is accountability, in that the act already contains the requirement for one or more patient and family advisory committees and for ensuring that all consultation reflects the full diversity of the community.

The six subjects under section 4.2 are already laid out in regulation 515/09. There are already robust processes in place for engaging with the French-language health-planning entities.

The Chair (Mr. Monte McNaughton): Any further debate? Madame Gélinas.

M^{me} France Gélinas: You have to realize that the way that the people at the LHINs have interpreted “engagement” is very different from the way I would interpret “engagement.” They receive a report from the French-language entity and ignoring it completely has fulfilled their mandate to engage. “The book is closed, turn the page, let's move on.”

You're right, the law has been there for the last 10 years; it has failed the French community. We have an opportunity to go to a robust process, as you use it. That's not what we have now.

The Chair (Mr. Monte McNaughton): Further debate?

Are the members ready to vote? This will be a recorded vote.

Ayes

Gélinas.

Nays

Bradley, Dhillon, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare that amendment lost.

We move to NDP motion 34.2F. Madame Gélinas?

M^{me} France Gélinas: Je propose que l'article 14 du projet de loi soit modifié par adjonction du paragraphe suivant :

« (1.1) L'article 16 de la loi est modifié par adjonction des paragraphes suivants :

« “Recommandations : services en français

« “(4.2) Au cours des consultations visées à l'alinéa (4)b), l'entité de planification des services de santé en français peut faire des recommandations au réseau local d'intégration des services de santé sur les sujets suivants :

« “a) les façons d'engager la collectivité francophone de la zone desservie par le réseau;

« “b) les besoins et priorités de la collectivité francophone de la zone desservie par le réseau en matière de santé, notamment ceux des divers groupes qui la composent;

« “c) les services de santé dont dispose la collectivité francophone de la zone desservie par le réseau;

« “d) l'identification et la désignation de fournisseurs de services de santé en vue de la prestation de services de santé en français dans la zone desservie par le réseau;

«(e) les stratégies visant à améliorer l'accès aux services de santé en français, leur accessibilité et leur intégration au sein du système de santé local;

«(f) la planification et l'intégration des services de santé dans la zone desservie par le réseau.

« Publications des recommandations

«(4.3) Le réseau local d'intégration des services de santé publie chaque année les recommandations des entités de planification des services de santé en français faites conformément au paragraphe (4.2) et la façon dont elles ont été intégrées à son plan de services de santé intégrés.» »

The Chair (Mr. Monte McNaughton): Any debate? Madame Gélinas.

M^{me} France Gélinas: I wanted to make sure. Since I wasn't sure if they were willing to accept the recommendations vis-à-vis francophone services but not the patient and family advisory committee, I decided to put an amendment forward that doesn't talk about patient and family advisory committees, but specifically how to make recommendations to improve the delivery of French-language services.

The Chair (Mr. Monte McNaughton): Any further debate? Are members ready to vote? Recorded vote.

Ayes

Gélinas, Yurek.

Nays

Bradley, Dhillon, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare that amendment lost.

We move to PC amendment number 35. Mr. Yurek.

Mr. Jeff Yurek: I move that subsection 14(2) of the bill be struck out.

The Chair (Mr. Monte McNaughton): Any debate? Mr. Yurek.

Mr. Jeff Yurek: While we do support the patient advisory committees, we don't think that professional advisory committees should be optional. The government has talked about making everything local as opposed to being at the government level, and I'm not sure how they're going to get the voice of the professional representation and utilize their skills to ensure that patient care is front and foremost in decisions that are coming down from on above.

The Chair (Mr. Monte McNaughton): Madame Gélinas.

M^{me} France Gélinas: I fully support this. A number of deputants who came here also recommended that we make the health professionals advisory committees remain mandatory, not discretionary.

I know full well why the LHINs don't want them mandatory anymore; it's because they want to get rid of them. Why do they want to get rid of them? Because those people bring the voice of the people they serve.

They are health care professionals on the front line who often take the LHINs to task for the decisions that they bring forward. Often, the LHINs will implement directives from the Ministry of Health that may make sense in Toronto, but make no sense whatsoever in northeastern Ontario. The health professionals advisory committees hold the LHINs to account by showing them that some of the decisions they make make no sense to the people they serve.

Now, because those committees have been vocal, because those committees have held the LHINs to account to tell them, "Your decisions go contrary to what is good for the people we serve," they want to get rid of them. By not making them mandatory, I guarantee you that they won't exist anymore.

The Chair (Mr. Monte McNaughton): Any further debate? Ms. Kiwala.

Ms. Sophie Kiwala: I recommend voting against the motion because there are better ways for LHINs to engage health care professionals, including through the proposed integrated clinical care council.

The LHINs will continue their legislated mandate to engage with a diverse range of persons and entities involved with the local health system about the local health system on an ongoing basis. The LHINs will continue to undertake a range of engagement activities with that diverse range of members of their local communities, including health care professionals. There is a high expectation of engagement with health care professionals in health system planning, which is why the ICCC is being proposed to be established.

Bill 41 would make patient and family advisory councils mandatory at each LHIN, ensuring that the voices of patients and families are included in local health system planning.

The Chair (Mr. Monte McNaughton): Mr. Yurek.

Mr. Jeff Yurek: You're giving the LHINs permission to exclude local health care professionals, specifically if word comes from the ministry to do so. We've seen numerous instances where this government has run into problems with health care professionals and has moved away from working with them in an effort to portray them in a poor light. We need to have the stopgap in place so that the local health care professionals will continue to have a presence at local health care decisions, without the government moving forward and shutting them out.

1600

The Chair (Mr. Monte McNaughton): Further debate? Madame Gélinas.

M^{me} France Gélinas: I want to draw everybody's attention to the word "engagement." In the member's answer as to why they're going to be voting this down—it's because they're going to engage with health professionals.

Let me tell you what engagement means for the LHINs when it comes to other committees that the LHINs have to engage with. It means, "Thank you for your report. Next item on the agenda?"

Right now, we have a health professions advisory committee. They advise. Words matter in this line of work. Right now, if we are going to take away the health professions advisory committee so that they can engage in different ways with health professionals, I can tell you exactly what that's going to look like. If the health professionals are not singing from the same songbook as the minister and the LHINs, they are going to say, "Thank you very much. Next item on the agenda?"

Let's keep giving them an advisory role, not an engagement role.

The Chair (Mr. Monte McNaughton): Any further debate? Are members ready to vote? Shall this amendment carry? I heard a no. All those in favour? All those opposed? I declare that amendment lost.

We move to NDP amendment number 36. Madame Gélinas.

M^{me} France Gélinas: I'm not moving it.

The Chair (Mr. Monte McNaughton): So we're going to move to section 14. Are the members ready to vote on section 14? Shall section 14 carry? Carried.

We'll move to section 15 and PC amendment number 37. Mr. Yurek.

Mr. Jeff Yurek: I move that the definition of "personal health information" in section 16.1 of the Local Health System Integration Act, 2006, as set out in section 15 of the bill, be amended by striking out "except that subsection 4(3) of that act does not apply" at the end.

The Chair (Mr. Monte McNaughton): Any debate? Madame Gélinas.

M^{me} France Gélinas: This is something that the Information and Privacy Commissioner recommended that we do. You have quoted them repeatedly, as to why this is important. I hope that you will take the Information and Privacy Commissioner's recommendation seriously.

The Chair (Mr. Monte McNaughton): Mr. Dhillon.

Mr. Vic Dhillon: We'll be voting against this. The rationale is that privacy of personal health information is better addressed by a government amendment that we have put forward.

We consulted with the IPC, and they support our approach. Patient health care records will remain confidential. Personal health information is being protected according to the same standards set out in existing policy legislation.

The Chair (Mr. Monte McNaughton): Any further debate? Mr. Yurek.

Mr. Jeff Yurek: In addition to the privacy commissioner, the Advocacy Centre for the Elderly also pushed for this amendment. It's to further protect the records.

I haven't seen anything on the mixed record rule that the privacy commissioner brought up. This amendment takes care of that provision. I still haven't seen any movement on the government side on this issue.

The Chair (Mr. Monte McNaughton): Any further debate? Madame Gélinas.

M^{me} France Gélinas: It's a little bit curious that the member will say that they have consulted with the Infor-

mation and Privacy Commissioner. Their recommendation is that we take that out of the bill. Your idea of consulting is, it doesn't matter what you hear; you go ahead anyway. This comes directly from the Information and Privacy Commissioner. You will see that the next one, 38, is exactly the same, because I took it from the Information and Privacy Commissioner, who asked us to do that.

When you consult with the Information and Privacy Commissioner, it's so that you can say you've consulted—but you didn't listen and act?

Mr. John Fraser: Chair?

The Chair (Mr. Monte McNaughton): Mr. Fraser? Further debate?

Mr. John Fraser: Motion 3, if you go back and take a look at that, it addresses this issue. We've addressed it in motion number 3.

The Chair (Mr. Monte McNaughton): Further debate? Are the members ready to vote? Shall amendment number 37 carry? I declare that it carries.

Interjection.

The Chair (Mr. Monte McNaughton): It's carried. There was no "no."

We're going to move to NDP amendment number 38, please, in your package. Madame Gélinas.

M^{me} France Gélinas: The amendment already carried, so how do I—?

The Clerk of the Committee (Mr. Trevor Day): "I'm not moving it."

M^{me} France Gélinas: I'm not moving it.

The Chair (Mr. Monte McNaughton): There's a notice for section 15. Does anyone want to speak to that?

Mr. John Fraser: Yes.

The Chair (Mr. Monte McNaughton): Mr. Fraser.

Mr. John Fraser: This is something that we've addressed throughout the motion, so we—

The Clerk of the Committee (Mr. Trevor Day): These notices are typically filed. You can't have an amendment to vote against a section. It's a reminder to members that it is their intention to vote against a section. You can't move that the section be struck.

Mr. John Fraser: Okay, I see. I'm sorry.

The Clerk of the Committee (Mr. Trevor Day): It's a reminder to vote against a section.

The government has the floor.

Mr. John Fraser: This section was made redundant by the motion respecting the definition of "personal health information," which I just spoke about. My apologies.

The Chair (Mr. Monte McNaughton): Further debate? Madame Gélinas.

M^{me} France Gélinas: I'm glad that they will be voting against this section, section 15, because this too was something that the Information and Privacy Commissioner asked us to do. It's nice to see some of the recommendations from the Information and Privacy Commissioner get acted upon. I wish all of the recommendations from the Information and Privacy Commissioner were acted upon.

The Chair (Mr. Monte McNaughton): Further debate? Are the members ready to vote on section 15, as amended? Shall section 15, as amended, carry? I heard a no. All those in favour? All those opposed? The section is lost.

We move to section 16, amendment 38.1F, from the third party. Madame Gélinas.

M^{me} France Gélinas: Je propose que l'article 16 du projet de loi soit modifié par adjonction du paragraphe suivant :

« (1) Le paragraphe 18(2) de la loi est modifié par adjonction de l'alinéa suivant :

« e.1) l'obligation pour le réseau, le cas échéant, de satisfaire aux exigences énoncées dans la Loi sur les services en français; »

The Chair (Mr. Monte McNaughton): Debate? Madame Gélinas.

M^{me} France Gélinas: This is basically to ensure that the Ministry of Health and the LHINs' accountability agreements reflect the French Language Services Act requirement. I've already been on the record a few times this afternoon to tell you that there are serious and ongoing problems with the requirements of the French Language Services Act when it comes to the services contracted out by the LHINs. This is a way to make sure that the obligations of the local health integration network meet the requirements set out in the French Language Services Act.

The Chair (Mr. Monte McNaughton): Further debate? Are the members ready to vote? This is a recorded vote.

Ayes

Gélinas, Yurek.

Nays

Bradley, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

Are the members ready to vote on section 16? Shall section 16 carry? Carried.

We move to section 17, PC amendment number 39 in your package. Mr. Yurek.

Mr. Jeff Yurek: I move that section 17 of the bill be amended by adding the following subsection:

“(2) Section 19 of the act is amended by adding the following subsection:

“Same

“(1.1) For greater certainty, a local health integration network may provide funding to both for-profit and not-for-profit health service providers.”

1610

The Chair (Mr. Monte McNaughton): Any debate? Madame Gélinas.

M^{me} France Gélinas: This motion is trying to entrench for-profit delivery into all activities of the LHINs, and that's not something that I can support.

The Chair (Mr. Monte McNaughton): Any further debate? We'll go to Mr. Fraser and then Mr. Yurek.

Mr. John Fraser: I concur with my colleague across the way. We can't support this because it is a local decision in the delivery of services. This is an unnecessary amendment.

The Chair (Mr. Monte McNaughton): Mr. Yurek?

Mr. Jeff Yurek: Chair, this motion ensures that what is currently occurring in our home care services with health service providers continues on. The problem, the Auditor General has stated in her report, was with bureaucracy in the management of the system and not the health service providers.

The Chair (Mr. Monte McNaughton): Any further debate? Are members ready to vote? Shall amendment 39 carry? I heard a no. All those in favour? Opposed? I declare that amendment lost.

Are members ready to vote on section 17? Shall section 17 carry? Carried.

We move to section 18, NDP amendment 39.1F. Madame Gélinas.

M^{me} France Gélinas: Sorry, I lost track again of where we are in the bill. Can somebody tell me what page we're on?

The Chair (Mr. Monte McNaughton): Legislative counsel?

Mr. Eric Chamney: We're looking at section 18 now. This is at the bottom of page 9 of the printed copy.

M^{me} France Gélinas: The bottom of page 9?

Mr. Eric Chamney: Yes. It will repeal section 20 of the act. That's the one we're on right now, section 18.

M^{me} France Gélinas: Got it. Thank you.

The Chair (Mr. Monte McNaughton): Motion 39.1F.

M^{me} France Gélinas: Je propose que l'article 20 de la Loi de 2006 sur l'intégration du système de santé local, tel qu'il est énoncé à l'article 18 du projet de loi, soit modifié par adjonction du paragraphe suivant :

« Exigences de la Loi sur les services en français

« (12.1) Si un réseau local d'intégration des services de santé conclut une entente de responsabilisation en matière de services avec un fournisseur de services de santé qui a été identifié par l'entité de planification des services de santé en français pour la zone géographique du réseau, le réseau veille à ce que l'entente comprenne des dispositions renforçant l'obligation du fournisseur de fournir des services de santé en français en application de la Loi sur les services en français. »

The Chair (Mr. Monte McNaughton): Merci. Any debate?

M^{me} France Gélinas: Basically, what this does is make sure that the LHINs won't already have service agreements with a number of service providers. We want to make sure that if those service providers were identified by the French-language entity to provide services in French to the community, then the accountability

agreement has to have provisions reinforcing the health service provider's obligation under the French Language Services Act. The act is there. We want to make sure that in the written agreements between the LHINs and the providers, French-language services are part of these agreements: that they are, first of all, written in and, second, are acted upon.

The Chair (Mr. Monte McNaughton): Any further debate? Further debate? Are members ready to vote? A recorded vote.

Ayes

Gélinas.

Nays

Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

Are members ready to vote on section 18? Shall section 18 carry? Carried.

Are members ready to vote on sections 19 and 20 together?

Interjection: Yes.

The Chair (Mr. Monte McNaughton): Shall sections 19 and 20 carry? Carried.

We move to section 21, PC amendment number 40 in your package. Mr. Yurek.

Mr. Jeff Yurek: I move that clause 21.1(7)(a) of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be amended by striking out "records of personal health information" at the end and substituting "records of personal health information held by a health service provider in its capacity as a health information custodian".

The Chair (Mr. Monte McNaughton): Any debate on this amendment? Madame Gélinas.

M^{me} France Gélinas: Could he explain to me the difference between—what will that do?

The Chair (Mr. Monte McNaughton): Mr. Yurek?

Mr. Jeff Yurek: Basically, that is trying to limit the amount the health service provider can access, so they will be not be going after bank accounts, vouchers, correspondence, payroll records etc. This was requested by the OMA.

The Chair (Mr. Monte McNaughton): Any further debate? Are the members ready to vote?

Shall amendment 40 carry? I heard a no. All those in favour? All those opposed? I declare the amendment lost.

We move to NDP motion 41 in your package. Madame Gélinas?

M^{me} France Gélinas: I move that section 21.1 of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be amended by adding the following subsection:

"No access to personal health information

"(7.1) An investigator shall not access personal health information in the course of conducting an investigation, except under the authority of a court order or in accordance with a process established by the college of a health profession regulated under the Regulated Health Professions Act, 1991."

The Chair (Mr. Monte McNaughton): Any debate on the motion? Madame Gélinas.

M^{me} France Gélinas: We have a chance to maintain the trust relationship between the people of Ontario and their care providers. To maintain this relationship is paramount to providing quality care and to preserving the integrity of our health care system. We already have means of access that have served the people of Ontario well, through the courts and through the different colleges. For the PSWs who write in health records who do not have a college, they will also be covered by the courts, if the courts decide it is in the best interest of justice that access be granted.

It's just to be able to reassure people who don't want to share things with their providers: "Don't worry, nobody else will ever know. You can tell me. Nobody else will ever know and nobody else will ever see." To be able to say this truthfully is at the core of providing quality care. This is what this amendment is trying to do.

The Chair (Mr. Monte McNaughton): Further debate?

Are the members ready to vote? This will be a recorded vote.

Ayes

Bailey, Gélinas, Yurek.

Nays

Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

We move to PC amendment 42. Mr. Yurek?

Mr. Jeff Yurek: I move that section 21 of the bill be amended by adding the following subsection to section 21.1 of the Local Health System Integration Act, 2006:

"Personal health information

"(7.1) Despite subsection (7), an investigator shall not, (a) collect, use or disclose personal health information if any other information would serve the purpose of the investigation; and

(b) collect, use or disclose more personal health information than is reasonably necessary for the purpose of the investigation."

The Chair (Mr. Monte McNaughton): Any debate? Mr. Yurek.

Mr. Jeff Yurek: We believe that personal health information should only be collected, used and disclosed when necessary. This is consistent with law already applicable to health information custodians under PHIPA, and also with the limitations imposed on the Patient

Ombudsman pursuant to the Excellent Care for All Act. The Information and Privacy Commissioner supports this as well. It's just a way to ensure that we minimize the effect of personal health information being accessed.

The Chair (Mr. Monte McNaughton): Any further debate? Mr. Fraser.

Mr. John Fraser: We think this would be best addressed by the government motion that we have going forward, so we won't be supporting it.

The Chair (Mr. Monte McNaughton): Any further debate? Are the members ready to vote? Shall this amendment carry? I heard a no. All those in favour? All those opposed? I declare that amendment lost.

PC motion 43: Mr. Yurek.

1620

Mr. Jeff Yurek: I move that subsection 21.1(8) of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be struck out and the following substituted:

“Obligation to produce and assist

“(8) If an investigator requires the production of a record or anything else that is relevant to the investigation under this section from a health service provider who has custody of the record or thing, the health service provider shall produce it and, in the case of a record, shall on request provide any assistance that is reasonably necessary to interpret the record or to produce it in a readable form.”

The Chair (Mr. Monte McNaughton): Any debate? Mr. Yurek.

Mr. Jeff Yurek: We're ensuring to remove “the person” and replace it with “health service provider,” just to make it clear that doctors and others will not be subjected to an investigation or be required to provide information from patient medical records, as requested from the OMA.

The Chair (Mr. Monte McNaughton): Any further debate? Mr. Fraser.

Mr. John Fraser: Chair, I think that this motion is best addressed by a government amendment that's coming forward. Of course, we consulted with the Information and Privacy Commissioner, and they're supportive of that approach.

The Chair (Mr. Monte McNaughton): Are the members ready to vote? Shall this amendment carry? I heard a no. All those in favour? Opposed? I declare that amendment lost.

We move to government amendment number 44 in your package. Mr. Fraser.

Mr. John Fraser: I move that subsection 21.1(8) of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be struck out and the following substituted:

“Obligation to produce and assist

“(8) If an investigator requires the production of a record or anything else that is relevant to the investigation under this section, any of the following who has custody of the record or thing shall produce it and, in the case of a record; shall on request provide any assistance

that is reasonably necessary to interpret the record or to produce it in a readable form:

“1. The health service provider.

“2. Any person employed by the provider.

“3. Any person performing services for the provider.”

The Chair (Mr. Monte McNaughton): Thank you. Any debate? Madame Gélinas.

M^{me} France Gélinas: Just for clarification, under number 3, “Any person performing services for the provider,” would that capture for-profit contracted home care providers?

The Chair (Mr. Monte McNaughton): Any further debate? Mr. Fraser.

Mr. John Fraser: I believe so.

M^{me} France Gélinas: Can I have a lawyer who says yes or no rather than “I believe”?

The Chair (Mr. Monte McNaughton): Please.

Mr. Robert Maisey: Robert Maisey, Ministry of Health counsel. I would say yes.

M^{me} France Gélinas: So under this clause, the LHINs could request a record or anything else from a for-profit home care provider?

Mr. Robert Maisey: This clause is about the investigation of a health service provider. If that health service provider has subcontracted a service to a for-profit organization, such as a home care provider, to deliver the services that a health service provider is supposed to deliver, then yes.

M^{me} France Gélinas: Thank you.

The Chair (Mr. Monte McNaughton): Thank you. Any further debate? Are the members ready to vote? Shall this amendment carry? Carried.

Government amendment number 45 in your package: Mr. Fraser.

Mr. John Fraser: I move that section 21.1 of the local health integration act, 2006, as set out in section 21 of the bill, be amended by adding the following subsection:

“Restriction

“(8.1) An investigator shall not exercise the investigator's powers under subsections (7) and (8) to access personal health information except,

“(a) with the consent of the individual who is the subject of the personal health information; or

“(b) in such circumstances as may be prescribed.”

Interjection.

Mr. John Fraser: Did I miss something?

The Chair (Mr. Monte McNaughton): Mr. Fraser, just the word “System” in “Local Health System Integration Act,” but that's okay. We've got it now. I've repeated it.

Mr. John Fraser: Is that okay? Do you want me to read it again?

The Chair (Mr. Monte McNaughton): No, it's okay.

Any debate on this amendment? Madame Gélinas.

M^{me} France Gélinas: Okay. This (b) is a constant irritant for me. Can I have a motion to take that out of this amendment?

The Clerk of the Committee (Mr. Trevor Day): You move that sub (b) be struck out.

M^{me} France Gélinas: I move that sub (b) be struck out.

Interjections.

The Clerk of the Committee (Mr. Trevor Day): “I move that clause 8.1(b) be struck out.”

M^{me} France Gélinas: I move that section 8.1(b) be struck out.

I have a feeling that I’m going to strike out pretty soon.

Laughter.

Mr. John Fraser: You beat me to it.

Interjections.

The Chair (Mr. Monte McNaughton): We’ll move to Madame Gélinas with her amendment.

M^{me} France Gélinas: I move that clause (8.1)(b) of government motion 45 be struck out.

The Chair (Mr. Monte McNaughton): Any debate on that motion? Madame Gélinas.

M^{me} France Gélinas: Can I ask the government lawyer to give me an example of “circumstances as may be prescribed”? Are they able to—

Interjection.

M^{me} France Gélinas: I have to ask who?

The Chair (Mr. Monte McNaughton): Any further debate from the government, or response? Would you like to respond or do you want the lawyer to come in?

Mr. John Fraser: We’ve debated a parallel motion that you put forward with regard to this. I think that the arguments that I made in that regard—that not all health care providers are governed by a college and that the process for those particular circumstances, which would require a regulation, are very clear and transparent and accessible to the public. It is a process that’s governed under legislation, albeit, I will concur, it’s hard to keep up with everything that’s going on. But it is available and transparent, and there is a process to do that.

I think that it’s important for us to have subsection (b) in that motion. Therefore, we will not be supporting your motion.

The Chair (Mr. Monte McNaughton): Any further debate? Madame Gélinas.

M^{me} France Gélinas: Can I ask legal counsel: What does the law mean when it uses the word “circumstances”?

Mr. Eric Chamney: What does “circumstances” mean, legally?

M^{me} France Gélinas: Yes.

Mr. Eric Chamney: I’m not entirely sure how to answer that. It’s circumstances. It would be the ordinary definition of the word “circumstances.” It would mean, I guess, the dictionary definition of any circumstances that can be prescribed in the regulations. So the regulations would be able to set out circumstances in which the investigator’s powers may be exercised.

M^{me} France Gélinas: Okay.

Mr. Eric Chamney: I’m sorry; I don’t know if I can be more specific.

M^{me} France Gélinas: No, it does. I’m not a lawyer. I was just wondering if “circumstances” meant something that I didn’t know when a lawyer said it.

The Chair (Mr. Monte McNaughton): Any further debate? Are the members ready to vote on Madame Gélinas’s amendment?

Do you want a recorded vote?

M^{me} France Gélinas: Yes, of course.

1630

The Chair (Mr. Monte McNaughton): All right.

Ayes

Gélinas.

Nays

Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare that amendment lost.

We’ll move now to the original one, government motion number 45 in your package. Amendment 45 in your package. Any further debate on the original number 45? Madame Gélinas.

M^{me} France Gélinas: I cannot let it go: You have to understand that when people say “the power to access personal health information,” anybody who has that power takes away from the power to provide quality care. You can’t do this and not do damage to our health care system. You can’t do this and not have a direct impact on the quality of care that thousands of Ontarians won’t be receiving because they won’t be truthful to their care providers, because they will be afraid that some investigators will have access to their personal health information.

The Chair (Mr. Monte McNaughton): Any further debate? Ms. Wong.

Ms. Soo Wong: I wasn’t going to get involved in this conversation, but I want it to be on record that I understand that the staff and the ministry, when they prepared this motion, consulted the IPC and the Integrity Commissioner. They have approved the amendment being put forward today, and also supported these measures.

So unless we hear otherwise—I hear the Conservative members opposite; I am concerned too as a registered nurse under the college of nurses, but at the end of the day, if the commissioner has already consented to these motions—I would daresay that he would either speak up or challenge us and say not to go forward. As far as I’m concerned, he has reviewed this and he has given his blessing, so let’s go on.

The Chair (Mr. Monte McNaughton): Any further debate? Are members ready to vote? Shall the amendment carry? I heard a no. All those in favour? All those opposed? I declare the amendment carried.

We move to government amendment number 46 and Mr. Fraser.

Mr. John Fraser: I move that section 21.1 of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be amended by adding the following subsection:

“Same

“(8.2) If an investigator accesses personal health information under subsection (8.1), the investigator shall not,

“(a) collect, use or disclose the personal health information if other information will serve the purpose of the investigation; or

“(b) collect, use or disclose more personal health information than is reasonably necessary for the purpose of the investigation.”

The Chair (Mr. Monte McNaughton): Thank you. Any debate on this amendment? Are members ready to vote? Shall this amendment carry? Carried.

Government amendment 47 in your package: Mr. Fraser.

Mr. John Fraser: I move that section 21.1 of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be amended by adding the following subsection:

“De-identification of personal health information

“(10.1) Before providing a report to the local health integration network under subsection (10), the investigator shall ensure that all personal health information is de-identified.”

The Chair (Mr. Monte McNaughton): Any debate on this amendment? Are members ready to vote? Shall this amendment carry? Carried.

Government amendment 48 in your package: Mr. Fraser.

Mr. John Fraser: I move that subsection 21.1(11) of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be struck out and the following substituted:

“Same

“(11) The local health integration network shall cause a copy of the report of an investigation, with all personal health information de-identified, to be delivered to the health service provider.”

The Chair (Mr. Monte McNaughton): Any debate on this motion? Are members ready to vote? Shall amendment 48 carry? Carried.

Government amendment number 49: Mr. Fraser.

Mr. John Fraser: I move that subsection 21.1(13) of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be struck out.

The Chair (Mr. Monte McNaughton): Any debate? Madame Gélinas.

M^{me} France Gélinas: I know that it’s a recurring problem: Tell me where we are in the bill. It’s hard to follow everything at the same time.

Mr. Eric Chamney: Sure, no problem. We are on page 15, about three quarters of the way down. We’re in subsection 21.1(13), which is the one that starts with “Personal health information to be removed.”

M^{me} France Gélinas: “Before making the report public” under—am I in the right place?

Mr. Eric Chamney: Yes, that’s correct.

M^{me} France Gélinas: That’s what I thought. I just wanted to check.

The Chair (Mr. Monte McNaughton): Okay. Any debate? Are members ready to vote?

Ms. Soo Wong: She has a question.

The Chair (Mr. Monte McNaughton): Oh, sorry. Madame Gélinas?

M^{me} France Gélinas: So before making a report public under subsection (12), the local health integration network shall ensure that all personal health information in the report is redacted. Why are we taking this out?

The Chair (Mr. Monte McNaughton): Mr. Fraser?

Mr. John Fraser: It’s unnecessary with another government motion, which requires that personal health information be de-identified prior to a report being shared, being passed.

The Chair (Mr. Monte McNaughton): Any further debate? Madame Gélinas.

M^{me} France Gélinas: So what’s the difference between “de-identified” and “redacted”?

The Chair (Mr. Monte McNaughton): Any debate? Any comments? Any further debate, or should we ask the opinion of counsel?

Mr. John Fraser: I think that I take your point, but the intent of it is to de-identify it, which means take that person’s personal identity away, so it is specific; okay?

When you talk about redacting a record, you are not being specific about what it is you’re redacting. You’re saying “redacted.” You could be redacting anything in that record. What you want to do is de-identify it. I think that’s why the language is that specific in there. That’s my understanding.

M^{me} France Gélinas: Can I have a lawyer’s opinion on that?

Mr. Robert Maisey: Do you want me to?

The Chair (Mr. Monte McNaughton): Sure. Go ahead.

Mr. Robert Maisey: The member’s answer is actually correct. “Redacted” means you cover it up; “de-identify” means you don’t include it. Also, there’s a definition of “de-identify” in the Personal Health Information Protection Act.

M^{me} France Gélinas: So when we file for freedom of access to information—and I do that regularly—the report that comes back is redacted.

Mr. Robert Maisey: Correct.

M^{me} France Gélinas: You lead me to believe that by de-identifying, we’re going further that what the FOI does in redacting.

Mr. Robert Maisey: Yes, you don’t include it. You don’t include identifying information at all in the report.

M^{me} France Gélinas: And why couldn’t that be done just by redacting?

Mr. Robert Maisey: Because then you would be submitting a report from the supervisor to the LHIN that would have blacked-out pieces of information.

M^{me} France Gélinas: Okay.

The Chair (Mr. Monte McNaughton): Mr. Yurek has a question as well.

Mr. Jeff Yurek: It's just my understanding that if you de-identify, all that you're doing is removing any identifiers to the information, whereas redacting would allow the custodian of the health information or the doctor or the nurse to actually strike out personal health information that they didn't think needed to go. Is that basically it?

Mr. Robert Maisey: That's right.

Mr. Jeff Yurek: Okay.

The Chair (Mr. Monte McNaughton): Any further debate on this amendment? Mr. Fraser.

Mr. John Fraser: Yes, I do want to say—and I may have looked in that direction and I want to thank him very much for coming up front—that if he's going to come forward, we have to make sure that we pass a motion. I thought that was the case; right?

The Chair (Mr. Monte McNaughton): It's not so much a motion.

1640

Mr. John Fraser: Okay, sorry. I thought we had some agreement. There was a point at which—do we not have to agree on this side?

The Chair (Mr. Monte McNaughton): Clerk?

The Clerk of the Committee (Mr. Trevor Day): If the questions are considered policy or political in nature, they're first put to the government side. If they are, in fact, legal definitions or issues, either of the legal counsel can answer those, and the Chair will determine which those are.

Mr. John Fraser: Okay, thanks. I wasn't quite sure how that all worked.

The Chair (Mr. Monte McNaughton): Any further debate on amendment number 49? Are the members ready to vote? Shall amendment 49 carry? Carried.

We'll move to PC amendment number 50. Mr. Yurek.

Mr. Jeff Yurek: I move that subsection 21.2(1) of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be struck out and the following substituted:

“Health service provider supervisor

“(1) A local health integration network may appoint a person as a health service provider supervisor of a health service provider to which it provides funding if,

“(a) the health service provider is funded entirely by the local health integration network; and

“(b) the local health integration network considers it to be appropriate to do so in the public interest.”

The Chair (Mr. Monte McNaughton): Any debate on this amendment? Mr. Yurek.

Mr. Jeff Yurek: Yes, I'm just bringing forth concerns brought forward by the Toronto Neighbourhood Centres, the Association of Ontario Health Centres and Addictions and Mental Health Ontario, where there was concern about, at what level do we allow the LHIN to appoint a supervisor of an organization if they are multi-funded? I

thought we'd start out with 100% and see where we go from there.

The Chair (Mr. Monte McNaughton): Any further debate? Mr. Fraser.

Mr. John Fraser: We won't be supporting that. It should not be based on their sources of revenue. If you take a look at the resources that hospitals get, for instance, they're mixed; there is a mixed budget in there. I can't support this motion because I think that authority needs to be there.

The Chair (Mr. Monte McNaughton): Any further debate? Are members ready to vote?

Mr. Jeff Yurek: We'd like it recorded.

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Fraser, Kiwala.

The Chair (Mr. Monte McNaughton): I declare that amendment lost.

We move to PC amendment number 51. Mr. Yurek.

Mr. Jeff Yurek: I move that subsection 21.2(1) of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be struck out and the following substituted:

“Health service provider supervisor

“(1) A local health integration network may appoint a person as a health service provider supervisor of a health service provider to which it provides funding if,

“(a) at least 75 per cent of the health service provider's annual funding is provided by the local health integration network; and

“(b) the local health integration network considers it to be appropriate to do so in the public interest.”

The Chair (Mr. Monte McNaughton): Any debate? Mr. Yurek.

Mr. Jeff Yurek: With regard to the last amendment, I'm quite concerned that the government feels that even if they give 1% funding to an organization they have the right to take it over, which would be drastically affecting organizations like Toronto Neighbourhood Centres, the Association of Ontario Health Centres and Addictions and Mental Health Ontario. These organizations usually have a volunteer board that spends their time not only making sure their organization is governed properly, but fundraising for these organizations. They all raised red flags, that if the government were to take over these organizations, it could potentially end the viability of those organizations to continue.

The Chair (Mr. Monte McNaughton): Any further debate? Are members ready to vote? Shall amendment 51 carry? I heard a no. All those—

Mr. Jeff Yurek: Recorded vote.

The Chair (Mr. Monte McNaughton): Recorded vote. All those in favour?

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Fraser, Kiwala.

The Chair (Mr. Monte McNaughton): I declare that amendment lost.

We'll move to government amendment 52 and Mr. Fraser.

Mr. John Fraser: I move that subsection 21.2(1) of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be struck out and the following substituted:

“Health service provider supervisor

“(1) A local health integration network may appoint a person as a health service provider supervisor of a health service provider to which it provides funding where the network considers it in the public interest to do so.”

The Chair (Mr. Monte McNaughton): Any debate? Madame Gélinas.

M^{me} France Gélinas: We all sat here and we listened to dozens of community-based agencies, who told us that you can't do this—that it will bring harm to their organizations and it will bring harm to their other sources of funding. So why are you doing this?

The Chair (Mr. Monte McNaughton): Further debate? Sorry, Mr. Yurek and then Mr. Fraser.

Mr. Jeff Yurek: Yes, it also brings into question the government's intention when they promote that this bill is enhancing local decision-making and local control where, in fact, at any time they think it's in the public interest, they can take over these local organizations and run them from Toronto. It's quite concerning.

The Chair (Mr. Monte McNaughton): Mr. Fraser.

Mr. John Fraser: This aligns with the language in regard to public interest. I think we can all agree that local decision-making, as the member opposite said, is critical. But unless we give some authority and some rigour to those people making health planning decisions and those people who are collaborating with other health service providers, it's not going to function.

This is not something that's in legislation as a willy-nilly, “I've decided to go and do this.” This is something that's deemed in the public interest, where there may be risk to patients and the public or there may be risk to the public purse. I don't think that this section in the bill is something that has the motivation that the members across are ascribing to it. I just want to say that.

I think that one of the things—and we all do this in the Legislature. One of the most important things that we do is do things in the public interest to try to mitigate risk and to try to protect public safety, and do that in the best way possible. That's our responsibility. If you want to limit that, if you want to limit the local decision-maker's ability to do that, I suggest that there is risk in doing that. I just want to put that on the record.

The Chair (Mr. Monte McNaughton): Mr. Yurek.

Mr. Jeff Yurek: As was mentioned earlier, numerous organizations have raised this as an issue. From what I heard from the member opposite, this brings credence to the argument that I've heard that they're totally moving in the opposite direction of what Minister George Smitherman proposed eight years ago. It's obvious that they've had a change of heart and that local decision-making and the power is moving back up to the Ministry of Health. It's unfortunate.

The Chair (Mr. Monte McNaughton): Any further debate? Madame Gélinas.

M^{me} France Gélinas: I come from northern Ontario. I would much rather that people who live in northern Ontario plan for health services for me, my family and everybody else who lives where I do. To have the decision-making power at Queen's Park has never served the north well.

The idea of having a local health integration network—the theory of it works. It's in the reality of it—they have not been stellar at listening to what the people of any of the 14 LHINs wanted. They have basically become agents of the ministry and a shield for unpopular decisions that the ministry makes. Whenever the community has something to say, they are not being supported by their local LHIN.

I support the theory of what you say. Local planning is better than planning at 5700 Yonge any day of the week—I agree with you—if this is what was going to happen. But this is not what's going to happen. What's going to happen is that if a community-based agency does not toe the line, they will be assigned a supervisor.

1650

I was the executive director of the community health centre in Sudbury when the minister ordered us to provide services bilingually. We were a French-language community health centre. Our financial agreement came from the Ministry of Health. It came the same way it had come for all the previous years, except one word had been changed. We were now supposed to offer bilingual services. Our board rebelled, our membership rebelled and a great big fight ensued with the Ministry of Health, and we won. They remain a French-language community health centre.

Has the same thing happened with the power of the LHINs now that the community health centres are funded under the LHINs? When the community had started to rebel, when the board had started to rebel, what do you think would have happened? The whole bunch of them would have been gone; a new supervisor would have been put in place. The budget agreement would have been signed with “bilingual,” and the French community health centre in Sudbury would be no more.

This is not giving more power to the community; this is more power to the minister, and it goes against what the LHINs—if there's ever something good to come from the LHINs, it is that it gives us an opportunity to be heard locally. You are taking that away.

The Chair (Mr. Monte McNaughton): Mr. Fraser.

Mr. John Fraser: I don't agree with the member opposite. I don't agree with her assessment of LHINs. They are not a perfect structure. I have spent some time travelling the province and seen the success of LHINs. I live in the Champlain LHIN. I know the things that we've built around youth mental health and addictions. I know the things that we've built up around palliative care, and what we've done to make sure that young people who are coming out of intense inpatient services at CHEO have a step down when they come out of the community.

I can list a dozen local solutions that I do not think would have happened if we didn't have that. I believe that we need to devolve down to more local decision-making. I think it's critical to effect change in the system.

The circumstance that the member describes with the health centre that she worked at: The same thing that she says would happen under the LHIN could very well have happened under the government. I would like to suggest to her that both things could happen in both situations.

So I don't accept that argument. I believe that either circumstance could have occurred under either of these.

The Chair (Mr. Monte McNaughton): Ms. Gélinas?

M^{me} France Gélinas: First, I disagree. The minister is giving himself the power to appoint a supervisor to a community-based agency that he has never had. No minister before has ever had that power. Believe you me, if they had been able to get rid of my board at the time, they would have. They tried as much as they could, but they did not have the means. This bill gives them the means to do that. The Minister of Health never had the means to do that. He had the means to appoint a supervisor in a hospital—and they have done that—but not in a community-based agency.

My second question—I don't know if I can ask this of the lawyer—is: “In the public interest”—is this defined in law?

The Chair (Mr. Monte McNaughton): Counsel?

Mr. Eric Chamney: There can be a lot of interpretations of it, but it's not defined within the act, to my recollection, although I should confirm that before saying it.

M^{me} France Gélinas: So what constitutes “in the public interest” is not defined in the act.

Mr. John Fraser: It's defined somewhere. There we go.

The Chair (Mr. Monte McNaughton): Mr. Fraser?

Mr. John Fraser: Okay. Section 27 of the bill, section 35 of the act, “Public interest.”

M^{me} France Gélinas: Do you want to read it?

Mr. John Fraser: Yes. “35. In making a decision in the public interest under this act, the Lieutenant Governor in Council, the minister or a local health integration network, as the case may be, may consider any matter they regard as relevant including, without limiting the generality of the foregoing,

“(a) the quality of the management and administration of the local health integration network or the health service provider, as the case may be;

“(b) the proper management of the health care system in general;

“(c) the availability of financial resources for the management of the health care system and for the delivery of health care services;

“(d) the accessibility to health services in the geographic area or sub-region where the local health integration network or the health service provider, as the case may be, is located; and

“(e) the quality of the care and treatment of patients.”
So it is defined.

M^{me} France Gélinas: Thank you.

The Chair (Mr. Monte McNaughton): Any further debate on amendment 52? Are the members ready to vote? Shall amendment 52 carry? I heard a no. All those in favour? All those opposed? I declare that amendment carried.

Now, just for everyone's explanation, with amendment 53, we're going to set that aside and come back to it just after we do amendment 62.

We'll turn it over to the Clerk.

The Clerk of the Committee (Mr. Trevor Day): Amendment 53 makes reference to a subsection that hasn't actually been added to the bill yet. It's attempting to be added further down, at 62. So if we set this aside, deal with that amendment and then come back after, that may or may not be added to the bill.

The Chair (Mr. Monte McNaughton): What I'd like to do now is move to amendment number 54, and we'll come back to 53 after we do number 62. Everybody's got that?

M^{me} France Gélinas: Except that I'm conscious of the time, so there's a good chance that we never get back to it. But I'll respect that.

The Chair (Mr. Monte McNaughton): We'll get to it.

The Clerk of the Committee (Mr. Trevor Day): Regardless of the motion, we will still come back to it.

The Chair (Mr. Monte McNaughton): We'll move to government amendment number 54. Mr. Fraser.

Mr. John Fraser: I move that subsection 21.2(3) of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be struck out and the following substituted:

“Notice of appointment

“(3) The local health integration network shall give the minister and the governing body of the health service provider at least 14 days notice before appointing the supervisor.”

The Chair (Mr. Monte McNaughton): Any debate? Are the members ready to vote? Shall amendment 54 carry? Carried.

PC amendment number 54: Mr. Yurek.

Mr. Jeff Yurek: I move that section 21 of the bill be amended by adding the following—

Interjections.

The Chair (Mr. Monte McNaughton): My fault. Sorry.

Mr. Jeff Yurek: I was going to read the same thing anyway.

The Chair (Mr. Monte McNaughton): Sorry—55.

Mr. Jeff Yurek: I move that section 21 of the bill be amended by adding the following subsections to section 21.2 of the Local Health System Integration Act, 2006:

“Appeal

“(4.1) A health service provider for which a health service provider supervisor has been appointed may appeal the appointment in accordance with the regulations.

“Same, regulations

“(4.2) The Lieutenant Governor in Council may make regulations providing for and governing appeals under subsection (4.1) to a person or body specified in the regulations.”

The Chair (Mr. Monte McNaughton): Any debate on this amendment? Mr. Yurek.

Mr. Jeff Yurek: It’s pretty clear. It allows some form of recourse for health service providers under the government’s actions under Bill 41 to appoint a supervisor, replacing its board of directors or the health service provider. We want to make sure that there is an appeal process, as requested by the association of community health centres, Addictions and Mental Health Ontario, the Association of Family Health Teams, Toronto Neighbourhood Centres, St. Stephen’s Community House, and many others who have emailed my office.

The Chair (Mr. Monte McNaughton): Any further debate? Are the members ready to vote? Shall amendment 55 carry? I heard a no. All those—

Mr. Jeff Yurek: Recorded vote.

The Chair (Mr. Monte McNaughton): Recorded vote? All those in favour—

Ms. Soo Wong: What? You can’t call for a recorded vote halfway through. You’re supposed to call it at the beginning.

Mr. Jeff Yurek: No, he didn’t—

The Chair (Mr. Monte McNaughton): We’re going to do a recorded vote.

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Fraser, Wong.

The Chair (Mr. Monte McNaughton): I declare the amendment lost.

We’ll move to PC amendment number 56 and Mr. Yurek.

1700

Mr. Jeff Yurek: I move that section 21 of the bill be amended by adding the following subsection to section 21.2 of the Local Health System Integration Act, 2006:

“Personal health information

“(7.1) A health service provider supervisor shall not,

“(a) collect, use or disclose personal health information unless it is reasonably necessary to do so in the performance of his or her duties; and

“(b) collect, use or disclose more personal health information than is reasonably necessary for the purpose of performing his or her duties.”

The Chair (Mr. Monte McNaughton): Any debate? Mr. Fraser.

Mr. John Fraser: Our proposed amendments deal with this, and also, as we’ve mentioned before, the Personal Health Information Protection Act is there.

The Chair (Mr. Monte McNaughton): Any further debate? Are members ready to vote? Shall amendment 56 carry? I heard a no. All those in favour? All those opposed? I declare amendment 56 lost.

We’ll move to government amendment number 57. Mr. Fraser.

Mr. John Fraser: I move that section 21.2 of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be amended by adding the following subsection:

“Restriction

“(9.1) A health service provider supervisor shall not,

“(a) collect, use or disclose personal health information if other information will serve the purposes of the supervisor; or

“(b) collect, use or disclose more personal health information than is reasonably necessary for the purposes of the supervisor.”

The Chair (Mr. Monte McNaughton): Any debate? Shall amendment 57 carry? Carried.

We’ll move to NDP amendment number 58 in your package and Madame Gélinas.

M^{me} France Gélinas: I move that section 21.2 of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be amended by adding the following subsection:

“Limitations on powers of supervisor

“(9.1) Despite subsections (6) and (7), a supervisor appointed under subsection (1) shall only direct those resources and programs that are funded by the local health integration network and shall not direct those resources or programs that are funded by other sources.”

The Chair (Mr. Monte McNaughton): Any debate? Madame Gélinas.

M^{me} France Gélinas: A long list of community-based agencies came to talk to us to say that the money they receive from the LHIN is sometimes less than 50% of the total money that they receive. They also talked about the amount of programs and services that they provide to clients; the programs and services funded by the LHINs are sometimes small compared to the programs and services that they provide through volunteers, municipal funding, the United Way, donations, endowment funds— all sorts of other sources for their activities.

If the LHINs are going to appoint a supervisor, it has to be limited to the programs, services and funds that the LHINs direct. They have made it clear that having a supervisor take over programs that are funded by the

federal government and by other sources of funding would put that funding in jeopardy because of the accountability agreements that they signed with those funders. This is a cleanup of the bill to make sure that if a supervisor is appointed to an agency, we respect the fact that this agency may have signed agreements with other levels of government, with other funders, with which the LHINs have no business.

The Chair (Mr. Monte McNaughton): Any further debate? Ms. Wong.

Ms. Soo Wong: As everybody knows, the appointment of a supervisor is an unusual situation. It is not an everyday practice.

In terms of protecting, when the LHIN and the ministry appoint a supervisor, it's in protection of patient care, and it has to be in that realm. We don't appoint supervisors for any kind of piece.

The other piece is that the ability for the LHIN to appoint a supervisor is to ensure the improvement of delivery of patient care, because that's of foremost importance, and also to make sure that the providers—it's only when the situation is where the providers are not meeting the expectation.

The Chair (Mr. Monte McNaughton): Any further debate? Madame Gélinas.

M^{me} France Gélinas: When I asked a minute ago if "in the public interest" has been defined, the member gave us—John; I forgot which riding—

The Chair (Mr. Monte McNaughton): Ottawa South.

M^{me} France Gélinas:—Ottawa South gave us a long list of administrative reasons why a supervisor could be appointed. You are right that the protection of patient care was one of them, but there were others that had nothing to do with patient care, that had to do with—I won't reread, but if you want, we could.

I know we've never had a supervisor appointed before, because the government never had the power to do this. This is a brand new power that will be applied to community-based agencies that sometimes have very little money received from the LHINs, but have very much to do in keeping their community healthy, in putting forward policies that are not always in line with what the government wants to hear.

The need for protection is there. They are vulnerable, they are small, and now the government has given unelected, unaccountable LHINs the power to wipe them out.

The Chair (Mr. Monte McNaughton): Any further debate? Are the members ready to vote? This will be a recorded vote.

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare amendment 58 lost.

We move to PC amendment number 59. Mr. Yurek.

Mr. Jeff Yurek: I move that section 21 of the bill be amended by adding the following subsection to section 21.2 of the Local Health System Integration Act, 2006:

"No integration agreement

"(10.1) A health service provider for which a health service provider supervisor has been appointed shall not reach an agreement with another person with respect to integrating its services during the term of the appointment."

The Chair (Mr. Monte McNaughton): Any debate? Mr. Yurek.

Mr. Jeff Yurek: Again, Mr. Chair, this is just ensuring that the government doesn't strong-arm organizations into involuntarily integrating through the appointment of a supervisor, avoiding local governance and local say. It shouldn't be able to circumvent any process by appointing a supervisor to make sure the integration occurs. It's a huge red flag from Addictions and Mental Health Ontario.

The Chair (Mr. Monte McNaughton): Any further debate? Madame Gélinas.

M^{me} France Gélinas: So everybody can see how this is going to play out, a LHIN will want to force an integration on two unwilling care providers. Those care providers will speak out against the LHIN. That will trigger reason enough for the LHIN to appoint a supervisor, who will be more than happy to do what the LHIN wanted them to do in the first place.

We all know that this is how it's going to play out. We have a chance to maintain the integrity of our community sector, which depends on voluntary boards to do their work and to maintain connections. Their boards are their eyes and their ears. The conscience of their community is embodied through the boards of community agencies.

If a community agency stands against the LHIN, according to what the member from Ottawa South just read into the record, that would be reason enough to appoint a supervisor, and the supervisor can do away with all of the good work that the board has been doing for its own means, its own goals and its own objectives. I think we need some protection. I will be supporting this amendment.

1710

The Chair (Mr. Monte McNaughton): Any further debate? Ms. Wong.

Ms. Soo Wong: As I said earlier, Mr. Chair, the appointment of a supervisor is not everyday practice. It's only when it's unusual. Furthermore, it addresses patient care, patient safety and patient care concerns.

So to assume, to allege—I wasn't here, whatever was said. In my five years as the MPP for Scarborough–Agincourt, I've never seen—there were exceptional situations with my Central East LHIN, but it's very unusual. When the minister appoints a supervisor, whether in a hospital or elsewhere, there has to be evidence that—

patient care concerns must always be addressed in a timely manner.

So the fact that I hear the concerns from the member opposite—but in the same breath, we've got to make sure that the patient care concerns and the expectations must be met.

The Chair (Mr. Monte McNaughton): Any further debate? Mr. Yurek first and then Madame Gélinas.

Mr. Jeff Yurek: I'm disheartened by the government not going forward and supporting our amendment. I have a situation going on in my riding now, in which this fight is going on, where my Psychiatric Survivors Network, which provides counselling to those with mental health conditions who have rejoined the community, is counselling others off the street. They're providing a great service. The LHIN is trying to force them to merge with the Canadian Mental Health Association. My local chapter is not in agreement that they would carry on all of these services.

I could see totally in this situation the LHIN forgetting the fight, appointing the supervisor of psychiatric services and forcing the merger which, at the end of the day, will reduce the amount of services for mental health patients in St. Thomas-Elgin.

I'm sorry the government is turning a blind eye to the reality of what is going to occur down the road if this amendment is turned down.

The Chair (Mr. Monte McNaughton): Madame Gélinas?

M^{me} France Gélinas: Again, can the lawyer clarify? Before this bill, the government never had the power to appoint a supervisor to a community agency.

Mr. Eric Chamney: I think that's more a matter for discussion—

M^{me} France Gélinas: More a what?

Mr. Eric Chamney: I think that's a matter for discussion amongst the members or possibly for the ministry lawyer. I don't know that I can confirm that that is the case.

M^{me} France Gélinas: Can we ask the government lawyers to clarify? If this bill didn't go through—

The Chair (Mr. Monte McNaughton): We'll start with the government side first. Is there a response from the government members? Ms. Wong?

Ms. Soo Wong: Just for the member opposite, the current power that the minister has with regard to appointing a supervisor for the hospital is exceptional. It's absolutely exceptional. I would dare say to the member opposite, it is not taken without consideration, without evidence.

I certainly believe this current minister, with his compassionate background as a physician—but, more importantly, this is not like you do it every day. It's only in unusual situations when patient safety, patient care concerns meet the threshold, especially the outcome and delivery. So that's where he will be having the power to appoint a supervisor.

In my time here as the MPP, I have not heard of the minister appointing somebody for the supervisor for a

hospital. I have only been here for five years, but it does give him the authority, if it were warranted. It is not something he does every day. Furthermore, there has to be evidence for him to appoint the supervisor. You know he will be consulting the member opposite if he does do that, and he will be reaching out.

To assume that the minister would do this when it comes to the LHINs, I would dare say is stretching it.

The Chair (Mr. Monte McNaughton): Madame Gélinas?

M^{me} France Gélinas: So we're all clear that the minister right now only has the power to appoint a supervisor to a hospital and he does not do this for patient care; most of the time, he does this because the hospital is in financial trouble. This put aside, it is not the minister who will appoint a supervisor; it will be the LHIN. So is the LHIN going to have all of the compassion of Dr. Hoskins? I have no idea, but I'm guessing probably not.

Has it been used often? It has never been used because nobody has had the power to appoint a supervisor to take over a board before. Those are brand new powers that we're giving to the LHINs that have never existed in Ontario before. To say it doesn't happen often—it has never happened because those are brand new powers that will come into effect when this bill comes in.

Will it be used often? Who knows? For all we know, it will be used every week. It will be the LHIN, not the minister, that will decide if they take over the board and appoint a supervisor. To put a little bit of a safeguard in something as fundamental a switch as we are doing right now is just being prudent.

The Chair (Mr. Monte McNaughton): Any further debate?

Mr. Jeff Yurek: Recorded vote.

The Chair (Mr. Monte McNaughton): Are the members ready to vote?

Ayes

Bailey, Gélinas, Yurek,

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare amendment 59 lost.

We'll move to government amendment number 60. Mr. Fraser.

Mr. John Fraser: This one is Soo.

The Chair (Mr. Monte McNaughton): Sorry, to Ms. Wong.

Ms. Soo Wong: I believe there are some corrections, so I'm going to read it on the record.

I move that section 21.2 of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be amended by adding the following subsection:

“De-identification of personal health information

“(10.1) Before providing a report to the network under subsection (10), the health service provider supervisor shall ensure that all personal health information is de-identified.”

The Chair (Mr. Monte McNaughton): Any debate on this motion? Are the members ready to vote? Shall amendment 60 carry? Carried.

Government amendment number 61: Mr. Fraser.

Mr. John Fraser: I move that subsection 21.2(14) of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be struck out.

The Chair (Mr. Monte McNaughton): Any debate? Are members ready to vote? Shall amendment 61 carry? Carried.

We'll go to NDP amendment number 62. Madame Gélinas.

M^{me} France Gélinas: I move that section 21.2 of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be amended by adding the following subsections:

“Appeal

“(15) A health system provider may appeal a decision to appoint a health service provider supervisor in accordance with the prescribed appeal process.

“Limitation on integration

“(16) A health service provider shall not proceed with an integration under section 27 while the appointment of a health service provider supervisor remains in effect.”

The Chair (Mr. Monte McNaughton): Madame Gélinas, do you mind just stating the first four words of (15)?

M^{me} France Gélinas: The first four? “A health service provider.”

The Chair (Mr. Monte McNaughton): Thank you. Any debate?

M^{me} France Gélinas: Those are sweeping new powers that we are giving the ministry. The entire name of this bill, the Patients First Act, has been completely forgotten and we are now giving the Minister of Health power that he or she has never had before: to delegate to the LHIN the power to take over a board of a community-based agency, based on a requirement that the LHIN itself will decide.

1720

We have to realize that we need a bit more balance in here. If the LHINs are going to be given this extreme power of taking over the board and the governance of a community-based agency, let's make sure that there's an appeal process and let's make sure that you cannot use a back door to force integration that the law clearly says cannot be done through the front door. To have a forced integration through the front door is spelled out in the bill, requires tons of work and there are lots of accountability points to make sure that a forced integration is in the best interest.

What we have with this is a back door with no accountability, no appeal process, no communication, no nothing, so if you don't agree with what the LHIN has to say, the LHIN—not the minister, not cabinet, as opposed

to a hospital—but the LHIN, this unaccountable, appointed, unelected LHIN, will take over the board and agree to integration. Have we really thought this through? Is this really what we want? We didn't want forced integration, which is why the act is very specific as to all of the steps that need to be taken during integration. Through the back door, all of those are put to the curb.

The Chair (Mr. Monte McNaughton): Any further debate? Are the members ready to vote? It's a recorded vote.

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare amendment number 62 lost.

We'll now move, as previously stated, to NDP amendment number 53. Madame Gélinas.

M^{me} France Gélinas: I move that subsections 21.2(1) and (2) of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be struck out and the following substituted:

“Health service provider supervisor

“21.2(1) Subject to the approval of the minister and to the right of appeal set out in subsection (15), a local health integration network may appoint a person as a health service provider supervisor of a health service provider if,

“(a) the health service provider receives at least 60 per cent of its total funding from the local health integration network; and

“(b) the local health integration network considers it to be appropriate to do so in the public interest.

“Certain providers excepted

“(2) This section does not apply with respect to a health service provider that,

“(a) is a person or entity that operates a hospital within the meaning of the Public Hospitals Act or a private hospital within the meaning of the Private Hospitals Act;

“(b) receives 40 per cent or more of its total funding from sources other than the local health integration network;

“(c) is a licensee within the meaning of the Long-Term Care Homes Act, 2007.”

The Chair (Mr. Monte McNaughton): Sorry. At the end of (b), the word “or” was missed. You want “or” in there; correct?

M^{me} France Gélinas: I do. “Or.”

The Chair (Mr. Monte McNaughton): Perfect. Thank you. Any debate? Madame Gélinas?

M^{me} France Gélinas: I have explained a number of times that those powers have never existed. In all of Ontario history, we've had not-for-profit agencies governed by boards of directors. We've had conflicts between the

Ministry of Health that funded those health providers, those community-based agencies, before. We have always settled those conflicts. We've settled them through the courts; we've settled through the minister withdrawing funds; and we've settled through means of persuasion, to listening to one another. We've always settled them. We have never, ever appointed supervisors to take over the power of the board. We have never taken away the governance of a community-based organization, but we will with this bill.

What I'm asking is that, first of all, let's see who we can do that to. As far LHIN funding is right now, as soon as you receive a penny from the LHIN, you could lose your governance and you could lose your board. Let's make it at 60%. I think this brings a little bit more reality. If 60% of your funding comes from the LHIN, then the LHIN should have some power over you.

The second is, if you are to do so, that it be approved by the minister. Right now, the minister has the right to appoint supervisors to our hospitals. Those rights, as the member has mentioned before, are taken very seriously. It's a decision of the minister. It is brought to cabinet. It used very seldom but it is used for good reason: when a hospital can benefit and the community it serves and the care it provides will benefit. So far, the minister has been very judicious in using as few supervisors as he can.

Right now, I think it would be wise to keep this power with the minister, not with the 14 LHINs, so that the same amount of what she was describing as caring, as judicious, as not using this power unnecessarily, would reside with the minister.

The LHINs would still make the recommendation, but the minister would have to approve it. It is one little step that could make a big difference when it comes to good governance and good accountability.

The Chair (Mr. Monte McNaughton): Any debate? Are the members ready to vote? Recorded vote.

Ayes

Bailey, Gélinas, Yurek.

Nays

Dhillon, Fraser, Wong.

The Chair (Mr. Monte McNaughton): It's a tie vote.

Mr. James J. Bradley: No, I had my hand up, sorry.

The Chair (Mr. Monte McNaughton): It's a tie vote. I will vote against it, to keep the bill in its normal form.

I'll go to NDP amendment number 63. Madame Gélinas.

M^{me} France Gélinas: All right. I move that section 21.2 of the Local Health System Integration Act, 2006, as set out in section 21 of the bill, be struck out.

The Chair (Mr. Monte McNaughton): Debate?

M^{me} France Gélinas: I think that the government failed to do its own homework when it put that section in. The power that we are talking about here should require

at least ministerial and preferably cabinet oversight so that the threshold for the minister to appoint a supervisor to the hospital is very high. We have no idea where the threshold for a LHIN to appoint a supervisor will be, and there is no right of appeal. Let's take that out of there till everybody does their homework and looks at what the consequences are of this part of the bill, and let's vote this down—strike it out, sorry.

The Chair (Mr. Monte McNaughton): Any further debate? Are the members ready to vote? Recorded vote.

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Fraser, Wong.

The Chair (Mr. Monte McNaughton): I declare amendment 63 lost.

Interjections.

The Chair (Mr. Monte McNaughton): We've hit 5:30. All amendments are deemed moved, and I am required to put the question on all of them, without debate or amendment.

If members would like a 20-minute recess, now is the time to take it, as they are not permitted after this time.

Recorded votes will happen, as they previously have throughout the day.

What's the feeling of the committee on the recess?

Interjection.

The Chair (Mr. Monte McNaughton): If any member wants it, we can have it now. Madame Gélinas?

M^{me} France Gélinas: Yes, a small recess.

The Chair (Mr. Monte McNaughton): Do you want a full 20 minutes?

M^{me} France Gélinas: No.

The Chair (Mr. Monte McNaughton): Ten minutes?

Mr. John Fraser: Ten?

M^{me} France Gélinas: Ten.

The Chair (Mr. Monte McNaughton): Okay. Ten minutes. We'll start at 5:40.

The committee recessed from 1730 to 1742.

The Chair (Mr. Monte McNaughton): Welcome back. We will go to section 21.

Shall section 21, as amended, carry? Carried.

There are no amendments to section 22. Shall section 22 carry? Carried.

NDP amendment 64: Recorded vote.

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): Amendment 64 is lost.

Shall section 23 carry? Carried.

There are no amendments to section 24. Shall section 24 carry? Carried.

There are no amendments to section 25. Shall section 25 carry? Carried.

Amendment number 65, the NDP amendment: I'm ruling it out of order. It's outside the scope of the bill and arguably has money implications.

There are no amendments to section 26. Shall section 26 carry? Carried.

Section 27, amendment 66F: Recorded vote.

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare amendment 66F lost.

Shall section 27 carry? Carried.

Section 28, amendment 67: Shall 67 carry? I heard a no. All those in favour? Opposed? I declare amendment 67 lost.

Amendment 68: Shall amendment 68 carry? I heard a no. All those in favour? Opposed? I declare amendment 68 lost.

Shall section 28—

M^{me} France Gélinas: Am I allowed to ask—

The Chair (Mr. Monte McNaughton): Sorry?

M^{me} France Gélinas: There is some handwriting on PC motion 68 in the package that you had put on my desk.

Interjection.

The Chair (Mr. Monte McNaughton): Are we okay to proceed?

M^{me} France Gélinas: We're okay. Sorry.

The Chair (Mr. Monte McNaughton): There are no amendments in section 28. Shall section 28 carry? Carried.

Section 29, amendment 69: Shall amendment 69 carry? Carried.

Amendment 70: Shall amendment 70 carry? I heard a no. All those in favour? Opposed? I declare amendment 70 lost.

Amendment 71, recorded vote.

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare amendment 71 lost.

Shall section 29, as amended, carry? I heard a no. All those in favour? Opposed? I declare section 29, as amended, carried.

Shall new section 29.1 carry? All those in favour? All those opposed? I declare the motion lost.

Government amendment number 73: Shall government amendment 73 carry?

M^{me} France Gélinas: First there was an NDP motion at 72. Weren't you supposed to have a recorded vote?

The Chair (Mr. Monte McNaughton): You're right.

M^{me} France Gélinas: Can I have a recorded vote?

The Chair (Mr. Monte McNaughton): Okay. We're going to go back—a recorded vote.

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare that motion lost.

We'll go to section 30, government amendment number 73. Shall amendment 73 carry? Carried.

NDP amendment 74F, recorded vote.

Ayes

Bailey, Gélinas, Yurek.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare that motion lost.

Shall section 30, as amended, carry? Carried.

There are no amendments in sections 31, 32, 33, 34, 35 and 36. Shall sections 31 to 36 carry? Carried.

We'll move to section 37, PC amendment 75. Shall PC amendment 75 carry? I heard a no. All those in favour? Opposed? I declare amendment 75 lost.

PC amendment 76 I'm going to rule as out of order. It's beyond the scope.

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We're going to move to NDP amendment number 78. Do you know which one we're on? We're changing the order. So we just did 76, we're going to go to 78, then we'll come back to 77. So we're on NDP amendment number 78 and I'll be ruling that out of order as well, as it's beyond the scope of the legislation and has money implications.

We'll move now to PC amendment number 77. Shall amendment 77 carry? I heard a no. All those in favour? Opposed? I declare that motion lost.

We move to PC amendment number 79, which I'll rule out of order, it's beyond the scope.

We'll move to PC amendment number 80. Shall amendment 80 carry? I heard a no. All those in favour? Opposed? I declare that amendment lost.

We move to PC amendment number 81. Shall amendment 81 carry? I heard a no. All those in favour? Opposed? I declare that amendment lost.

We'll move to PC amendment number 82, which I'll rule out of order because it related to number 81.

We'll move now to NDP amendment number 83. It's out of order; section 13.5 is not open in the parent act.

We move to government amendment number 84. I'll rule it out of order as well; section 13.6 is not open.

Mr. John Fraser: Chair, I'd like to ask for unanimous consent to open 13.6.

The Chair (Mr. Monte McNaughton): I'll ask the question. Do we have unanimous consent? I heard a no.

We'll move to government amendment number 85. Shall amendment 85 carry? Carried.

Shall section 37, as amended, carry? Carried.

We'll move to section 38, government amendment number 86. Shall government amendment number 86 carry? I heard a no. All those in favour? Opposed? I declare that motion carried.

Shall section 38, as amended, carry? Carried.

Shall section 39 carry? Carried.

We'll move to section 40, NDP amendment number 87, which I'll rule out of order because section 2 is not open.

M^{me} France G  linas: Can I ask for unanimous consent to open it?

The Chair (Mr. Monte McNaughton): Madame G  linas is seeking unanimous consent to open. I heard a no.

We'll move to NDP amendment 87.1, which I'll rule out of order as well, because section 2 is not open.

M^{me} France G  linas: Can I ask for unanimous consent to—

The Chair (Mr. Monte McNaughton): Madame G  linas is seeking unanimous consent. I heard a no.

We'll move to NDP amendment number 88. Recorded vote.

Ayes

Bailey, G  linas, Yurek.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare that amendment lost.

We'll move to NDP amendment 89. Recorded vote.

Ayes

G  linas.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare that amendment lost.

We move to NDP amendment number 90. Recorded vote.

Ayes

G  linas.

Nays

Bradley, Dhillon, Fraser, Kiwala, Wong.

The Chair (Mr. Monte McNaughton): I declare that amendment lost.

Shall section 40 carry? Carried.

Shall section 41 carry? Carried.

We'll move to section 42, PC amendment number 91. Shall PC amendment number 91 carry? I heard noes. All those in favour? Opposed? I declare that amendment lost.

Shall section 42 carry? Carried.

There are no amendments to sections 43, 44, 45, 46, 47, 48 and 49. Shall sections 43 to 49 carry? Carried.

We'll move to section 50, PC amendment number 92. I'll have to rule PC amendment number 92 out of order because it was dependent on another amendment, number 14.

We'll move to PC amendment number 93. Shall amendment 93 carry? I heard a no. All those in favour? Opposed? I declare that amendment lost.

We'll move to PC amendment number 94. Shall amendment 94 carry? I heard a no. All those in favour? Opposed? I declare that amendment lost.

Shall section 50 carry? Carried.

Shall section 51 carry? Carried.

Shall the title of the bill carry? Carried.

Shall Bill 41, as amended, carry? Carried.

Shall I report the bill, as amended, to the House? Carried.

Well done, everyone. Thank you.

The committee adjourned at 1757.

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Substitutions / Membres remplaçants

Mr. John Fraser (Ottawa South L)

M^{me} France Gélinas (Nickel Belt ND)

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

Also taking part / Autres participants et participantes

Mr. Robert Maisey, counsel, Ministry of Health and Long-Term Care

Clerk / Greffier

Mr. Trevor Day

Staff / Personnel

Mr. Eric Chamney, legislative counsel