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Official Report of Debates (Hansard)

Thursday 1 December 2016

Journal des débats (Hansard)

Jeudi 1^{er} décembre 2016

**Standing Committee on
Regulations and Private Bills**

**Comité permanent des
règlements et des projets
de loi d'intérêt privé**

End Age Discrimination Against
Stroke Recovery Patients Act,
2016

Loi de 2016 visant à mettre fin
à la discrimination fondée
sur l'âge envers les malades
se rétablissant d'un accident
vasculaire cérébral

Chair: Ted McMeekin
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE
ON REGULATIONS
AND PRIVATE BILLS**

**COMITÉ PERMANENT DES
RÈGLEMENTS ET DES PROJETS DE LOI
D'INTÉRÊT PRIVÉ**

Thursday 1 December 2016

Jeudi 1^{er} décembre 2016

The committee met at 1602 in committee room 2.

**END AGE DISCRIMINATION AGAINST
STROKE RECOVERY PATIENTS ACT, 2016**

**LOI DE 2016 VISANT À METTRE FIN
À LA DISCRIMINATION FONDÉE
SUR L'ÂGE ENVERS LES MALADES
SE RÉTABLISSANT D'UN ACCIDENT
VASCULAIRE CÉRÉBRAL**

Consideration of the following bill:

Bill 9, An Act to amend the Ministry of Health and Long-Term Care Act / Projet de loi 9, Loi modifiant la Loi sur le ministère de la Santé et des Soins de longue durée.

MR. JIM McEWEN

MRS. LORRAINE McEWEN

The Vice-Chair (Mr. Joe Dickson): Good afternoon, ladies and gentlemen. Just before we start, I'm going to ask our two guests at the end of the table to introduce themselves, and then I'll go around the table and give a few rules.

Mr. Jim McEwen: My name is Jim McEwen. This is my lovely wife, Lorraine McEwen.

The Vice-Chair (Mr. Joe Dickson): How do I spell that, Mrs. McEwen?

Mrs. Lorraine McEwen: L-O-R-R-A-I-N-E.

The Vice-Chair (Mr. Joe Dickson): Lorraine. Okay. You're too young to understand this, but when you get to a certain age, the hearing starts to go a little bit.

Mrs. Lorraine McEwen: Pardon?

Laughter.

The Vice-Chair (Mr. Joe Dickson): Oh, good line.

Mrs. Lorraine McEwen: I'm hard of hearing. Sorry. I've got hearing aids on, but you maybe need to have the microphone a little closer.

The Vice-Chair (Mr. Joe Dickson): And we have—what do you prefer to be called, the PCs, Conservatives, Progressive Conservatives?

Mr. Lorne Coe: You can call us what you'd like, but I'm Lorne Coe, the MPP from Whitby–Oshawa.

Ms. Laurie Scott: Laurie Scott, the MPP for Haliburton–Kawartha Lakes–Brock, in which Jim's mother lives.

The Vice-Chair (Mr. Joe Dickson): Oh, right. Yes?

Ms. Teresa J. Armstrong: Teresa Armstrong, MPP for London–Fanshawe with the New Democrats.

Ms. Daiene Vernile: Good afternoon. My name is Daiene Vernile and I'm the MPP for Kitchener Centre. I'm part of the government.

Mr. Mike Colle: MPP Mike Colle, Eglinton–Lawrence.

Mr. Lorenzo Berardinetti: MPP Lorenzo Berardinetti, Scarborough Southwest.

Mr. Grant Crack: MPP Grant Crack, Glengarry–Prescott–Russell.

The Vice-Chair (Mr. Joe Dickson): Thank you. I think what we'll do is—because Mr. Coe is the mover of the bill, it would be appropriate if we start here—

Interjections.

The Vice-Chair (Mr. Joe Dickson): Jim, you have the floor, sir. We look forward to hearing you.

Mr. Jim McEwen: Thank you so much for allowing me to be here. I'm so pleased to be here today. I've put a lot of work into this project of mine, and I've taken on another mission in life. You know, sometimes people have two callings in life: My first calling was as a professional engineer; my second calling is trying to help the stroke patients of Ontario.

My name is Jim McEwen, of Bowmanville, Ontario. As I said, my background is 35 years of professional civil engineering as a consultant. In 2010, I suffered a major stroke at the very young age of 55 at no fault of my own, which gave me left-side paralysis. Now at age 61, I'm still not working while on long-term disability and am attending private and expensive recovery programs not covered by any insurance. At age 61, I still need a PSW every morning to bathe and dress me, which I'm very thankful for, from my government.

Stroke is no longer an elderly person's problem. Unfortunately, new data reveal an alarming escalation of stroke among those under the age of 70. Over the past decade, stroke in people in their fifties has increased by 24%, and in those in their sixties by 13%. Even more troubling is that recent international studies show that stroke rates among younger people ages 24 to 64 will double in the next 15 years. All of this information comes from the Heart and Stroke Foundation of Canada.

There is an urgent need to amend health care legislation, regulations and policies to provide OHIP-funded

stroke-treatment physiotherapy for Ontario's post-acute-care stroke patients between the ages of 20 and 64, as well as to provide the annual required funding. Ontario and the federal government are missing out on millions of dollars in income tax revenue by not helping our young adult stroke patients recover to their best potential and possibly return to work. These patients are cashing in their retirement savings to purchase private and expensive recovery programs. Many patients are spending upwards of \$3,000 per month to purchase stroke recovery programs at private clinics in Ontario. I am no longer spending this amount of \$3,000 per month for Lokomat treatment because I simply cannot afford it. I continue to pay over \$1,000 per month for private stroke recovery programs. These expenditures are not sustainable, especially given that recovering stroke patients are not working. RRSPs are meant for retirement and not for funding health care. These stroke patients are prematurely cashing in their RRSPs at an alarming rate to fund health care.

According to my research, one of the principles of the Canada Health Act is that the provinces and territories shall not impede health care delivery with financial or other barriers. In my opinion, Ontario is impeding health care delivery by barring our young adult stroke survivors from receiving much-needed treatment funded by OHIP. We can either spend public money to build new nursing homes for these young adults or we can take this money and properly treat these patients. Obviously, the correct answer is to provide proper and timely treatment to keep these people out of nursing homes. We cannot continue to tell our young adult post-acute stroke patients to come back at age 65 for more treatment; that simply is not fair to their families. My wife, Lorraine, and I do not want to see other families go through what we have experienced over the past six years and continue to experience.

My personal funding of stroke treatment since 2010 has created a huge gap in my retirement savings. Those young stroke survivors who do not have retirement savings simply go without treatment, unless they are on ODSP or Ontario Works. Not all stroke survivors are on ODSP or Ontario Works. I am not on these programs. We can no longer inform our young adult stroke survivors to come back to the health care system at age 65 for possible treatment. Our young adults are the future of Ontario, and they deserve better treatment in a publicly funded health care system. While attending these private recovery programs, I've met far too many 25-year-old stroke survivors who are struggling with their recovery because they are age 25 and denied more treatment on the basis of age. Being age 20 or 64 or somewhere in between should not be a barrier to receiving much-needed health care. Bill 9, when passed into legislation and law, will place the control of stroke treatment, regardless of age, into the hands of our medical physicians, where it belongs.

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Given that strokes are happening at younger adult ages, there is an urgent need to update evidence-based

treatment data. A 20-year-old stroke survivor cannot be compared to a 70-year-old stroke survivor for required treatment. I encourage our government to work closer with the Ontario Stroke Network to update evidence-based treatment for post-acute-care stroke patients between ages 20 and 64.

Thank you for supporting Bill 9 and sending it back to the Legislature, hopefully, for third and final reading.

I have a signed copy of my presentation, which I will gladly leave with the Clerk today. Thank you so much for listening to my brief presentation.

The Vice-Chair (Mr. Joe Dickson): Thank you very much. Did you want to add anything, Lorraine?

Mrs. Lorraine McEwen: Pardon?

Mr. Jim McEwen: Do you want to say anything?

Mrs. Lorraine McEwen: No. He pretty well said it all.

The Vice-Chair (Mr. Joe Dickson): Okay.

Mr. Jim McEwen: I have one more thing that I forgot to mention. Through my stroke experience and recovery, basically at age 55, I was forced into retirement. One thing I've learned in talking to others is that there are no programs in Ontario to help stroke patients or survivors to get back into the workplace.

The Vice-Chair (Mr. Joe Dickson): Okay, sir?

Mr. Jim McEwen: I think I've covered all I wanted to say.

The Vice-Chair (Mr. Joe Dickson): Okay, that's great. Thank you for your speech and your presentation.

I'll turn the microphone over to Mr. Coe. Lorne, if you would ask the presenter?

Mr. Lorne Coe: Yes, thank you very much. Through you, Chair, to Mr. McEwen and Lorraine, thank you very much for being here, and thank you for your advocacy on this particular issue, to bring us to our point this evening.

Through you, Chair, I have one question. Jim, can you contrast between the acute services that post-stroke patients between the ages of 20 and 64 currently have access to, compared to the services that they need?

Mr. Jim McEwen: As far as I'm aware, the only post-acute-care stroke patients that receive any health care or ongoing treatment and physiotherapy are those who are on ODSP or Ontario Works. That means that there is a large population who are being excluded from any treatment in our province.

I attend the Whitby Abilities Centre on a regular basis, and that's where I met three 25-year-old adults who are really struggling with their recovery. When I talked to them—they're not getting any help at all. Quite frankly, I got angry. I put myself back to when I was aged 25 and said, "How would I feel, having a stroke at age 25, and then looking to my government for help and finding out that there's no help for me because I'm 25?" That's simply not correct.

Mr. Lorne Coe: Thank you for your answer.

The Vice-Chair (Mr. Joe Dickson): We're at the two-minute mark. I'm trying to be flexible, so I gave you some extra time at the beginning, and then they'll just go around the table for two minutes each. However, if

you're trying to finish off a question with an answer, we'll certainly be flexible from the chair, okay?

The young lady from—

Interjection.

The Vice-Chair (Mr. Joe Dickson): Oh, just the one speaker? Okay. I was trying my best for you. Sorry.

Teresa?

Ms. Teresa J. Armstrong: First, I just want to say thank you so much for coming to the Legislature, both you and Lorraine, and sharing your experience. I have to say I'm very surprised that it took this long for someone to come forward with this type of exclusion under the health care system.

I see that you did your homework. I was reading your information on how you called around and they said, "Don't waste your time. This is how things are." So I commend you for bringing this to the attention of the member, Mr. Coe, and him for presenting it, because I think health care should be universal. You're right: When you need health care, you can't rely on private services to help everyone, because not everybody has a lot of money to make sure that they can get the help they need.

So I just wanted to say thank you, and to ask you on a personal level how it affected your life—within your family, how this played out in your own personal life because of this barrier.

Mr. Jim McEwen: Well, on a personal level, I can't do the things I would like to do with my grandchildren that I was hoping I could do. I can't take them for hikes.

Mrs. Lorraine McEwen: You had to give up camping.

Mr. Jim McEwen: I used to have a travel trailer, and we would go every weekend and travel away. That's something that was a very big part of our lives. Lorraine and I have totally lost that.

Ms. Teresa J. Armstrong: And not having access to the care that you needed under the OHIP insurance and having to, like you say, cash in your RRSPs and things like that—would it have been less stressful in your life if you had this available rather than having to look for your own financial resources to look after your care?

Mr. Jim McEwen: Absolutely. I mean, I get scared when I look at the amount of RRSPs I've had to cash in since age 55. You can imagine, at age 55, when you cash them in—I've had to pay a lot of income tax on those RRSPs. That's just lost money.

Ms. Teresa J. Armstrong: Yes, I'm sure it was very stressful.

I just want to say thank you again. I appreciate you bringing this to our attention. Thank you.

Mr. Jim McEwen: Yes, and you know what? I agree with you, too: I am absolutely surprised that no one has brought this forward until now. The way I look at it—and I've seen this happen with a lot of stroke patients. When they've had a stroke at a young age, some of them just kind of give up. They don't know what to do. Thank goodness for my municipal engineering background. I'm dealing with a lot of government agencies that I was not afraid to get on the phone and send out some emails to

and do some research. My engineering background has really helped me to carry on with this special project, investigating what can be done.

Ms. Teresa J. Armstrong: Well, you're going to help a lot of people.

The Vice-Chair (Mr. Joe Dickson): That is time. You're up to three and a half, Jim, but you're doing very well.

I will now go over to Daiene from the Liberal government side.

Ms. Daiene Vernile: Thank you very much, Jim and Lorraine, for making the trip here to Queen's Park and sharing your situation with us as we're discussing Bill 9.

Now, you talked about the fact that you have a PSW and that she is helping you and you're grateful for this. Can you tell us what she does with you and for you?

Mr. Jim McEwen: She helps me get out of bed every morning—

Mrs. Lorraine McEwen: Every day.

Mr. Jim McEwen: —every day, into a commode chair. Then she takes me into the washroom that's been modified and I do my shaving. Then she gets the shower running, she helps me into my shower and she bathes me. After that, she dries me off and she dresses me. I need a PSW every morning.

I'm a firm believer that where we're going on this whole approach about home care is just right on, because I do not want to live in a nursing home. I love where I've moved to. I've moved to a bungalow now, and I've modified it so I can move around a lot easier. I want to remain in my house.

Ms. Daiene Vernile: I appreciate hearing that. We greatly support that approach.

I'm very sorry to hear what happened to you, that you had a stroke so young at 55, and how it's impacted your life. But it is encouraging to hear your positive comments about how we're moving forward with Bill 9. You make your case very well.

Thank you for coming here and sharing your personal situation with us.

Mr. Jim McEwen: Thank you.

The Vice-Chair (Mr. Joe Dickson): On to Mr. Colle.

Mr. Mike Colle: Yes, I want to thank you, Jim and Lorraine, for being so courageous and taking on this battle. Most people would have just thrown in the towel.

Thank you to our member here, member Coe, for taking his case, because this is really an example of being your brother's keeper.

I know you are facing your challenges, but then you're even trying to help others. I think you're a real hero for doing this and you should be given the praise you deserve for the courageous battle you've taken on.

Mr. Jim McEwen: Well, thank you.

I want you to know I'm not just doing this for Jim McEwen or other members of my Durham Stroke Recovery Group. I firmly believe that this is going to be a huge benefit for future stroke patients and survivors in our province when Bill 9 is passed.

Mr. Mike Colle: Yes. You made me recall a friend of mine who is in his late sixties and he had a stroke. He went into a stroke recovery program at Toronto Western Hospital and he said it was fantastic. Now Bob is back to his usual self and is a mentor to other stroke patients. If we could get that kind of stroke recovery program to younger stroke victims they could certainly benefit from that.

The Vice-Chair (Mr. Joe Dickson): You're at three minutes and 15 seconds. Did you have a final response?

Mr. Jim McEwen: Those types of programs are in place. I know in our Durham region stroke recovery group we are approached often by March of Dimes Canada. They have a program set up to train us to go into hospitals to be mentors.

Mr. Mike Colle: Thank you.

The Vice-Chair (Mr. Joe Dickson): Thank you very much, Jim. Thank you, everyone.

Because of the forum, what we will do now is recess until 5 o'clock. At that time we will commence voting procedure. Any questions?

Mr. Grant Crack: Point of order, Mr. Chair.

The Vice-Chair (Mr. Joe Dickson): Certainly.

Mr. Grant Crack: I request unanimous consent that we could continue clause-by-clause effective immediately as opposed to waiting until 5 p.m.

The Clerk of the Committee (Mr. Christopher Tyrell): We're operating under the order of the House, and the order of the House has specified that clause-by-clause will take place from 5 p.m. to 6 p.m., which is why we need to recess now until 5 p.m.

The Vice-Chair (Mr. Joe Dickson): Just to our guests: That is what's mandated because it's under the health jurisdiction, so it's something that's very, very sensitive. If it had been something else we would have been able to do something.

We will see you back here sometime just before 5 o'clock. Take a breather. The rule is the rule is the rule.

The committee recessed from 1622 to 1700.

The Vice-Chair (Mr. Joe Dickson): We're back again, ladies and gentlemen. Members, any general comments?

Seeing none, we'll then move to section 1. Any comments on section 1? Is everybody okay?

Mr. Lorne Coe: Chair, I'm prepared to move the motions when you're ready.

The Vice-Chair (Mr. Joe Dickson): Yes, any time.

Mr. Lorne Coe: On motion 1, I move that paragraph 12 of subsection 6(1) of the Ministry of Health and Long-Term Care Act, as set out in section 1 of the bill, be struck out and the following substituted:

"12. To oversee and promote an evidence-based approach to the provision of physiotherapy services for post-stroke patients of all ages."

This amendment brings the physiotherapy services for post-stroke patients in line with the practice of other evidence-based procedures in health care, so a continuum of consistency.

The Vice-Chair (Mr. Joe Dickson): Any other comments on the amendment?

On the amendment, we'll take the vote. Those in favour? Those opposed? Sorry, you were opposed or in favour?

Ms. Teresa J. Armstrong: No, I voted in favour.

The Vice-Chair (Mr. Joe Dickson): Okay. Amendment number 1 is carried.

Interjection.

The Vice-Chair (Mr. Joe Dickson): Just to formalize it, shall section 1, as amended, carry? Carried.

We'll move on to section 2. Any comments?

Mr. Lorne Coe: I'd like to move motion 2.

I move that section 3 of the bill be struck out and the following substituted—sorry.

The Vice-Chair (Mr. Joe Dickson): Pull the reins in just a touch. I'm sorry. When I asked for comments, just on the particular section.

Mr. Lorne Coe: Okay.

The Vice-Chair (Mr. Joe Dickson): Any comments on section 2? Is everyone ready to vote? Anyone opposed?

Interjection.

The Vice-Chair (Mr. Joe Dickson): I just thought I'd do it backwards once. Anyone here in favour? No one opposed. Shall that section be carried?

Interjections: Yes.

The Vice-Chair (Mr. Joe Dickson): Thank you. I need you to go quicker, Cracker Jack.

Members, any general comments on section 3 now?

Mr. Lorne Coe: Chair, we need unanimous consent to amend the preamble, please.

The Vice-Chair (Mr. Joe Dickson): We will get there.

Mr. Lorne Coe: All right.

Interjection.

The Vice-Chair (Mr. Joe Dickson): Are you moving that? Did you want to move it?

Mr. Lorne Coe: I move that section 3 of the bill be struck out and the following substituted:

"Short title

"3. The short title of this act is the Improving Post-Stroke Recovery for All Act, 2016."

Chair, that's in line with the intent and purpose of the legislation in front of us.

The Vice-Chair (Mr. Joe Dickson): Is everyone ready to vote on the amendment? All those in favour? Thank you. That, then, is carried.

Mr. Grant Crack: Mr. Chair, just a point of clarification.

The Vice-Chair (Mr. Joe Dickson): Yes?

Mr. Grant Crack: Motion 2, which amends section 3, is carried? Is that correct?

The Vice-Chair (Mr. Joe Dickson): Correct.

Mr. Grant Crack: Thank you.

The Vice-Chair (Mr. Joe Dickson): Shall section 3, as amended, carry? Thank you.

Any general comments on the preamble, as listed? Seeing no comments—

Mr. Lorne Coe: Yes. We need unanimous consent, please, on item 3, the preamble.

The Vice-Chair (Mr. Joe Dickson): Mr. Coe, you would have to move it, and then read that into the minutes.

Mr. Lorne Coe: I move that the preamble to the bill be struck out and the following substituted:

“Preamble

“Thousands of Ontarians, of all ages, suffer and survive strokes each year.

“Ontario plays a decisive role in the treatment of post-stroke recovery which when delivered effectively will improve patient outcomes, reduce hospital and system costs and ensure that all Ontarians have access to quality post-stroke care.

“Therefore, Her Majesty, by and with the advice and consent of the Legislative Assembly of the province of Ontario, enacts as follows:”

The Vice-Chair (Mr. Joe Dickson): I believe that I must rule that this amendment is out of order. O’Brien and Bosc, second edition, page 770 states, “In the case that a bill has been referred to a committee after second reading, a substantive amendment to the preamble is admissible only if it is rendered necessary by amendments made to the bill.”

While the amendments which have passed have altered the bill and could justify the removal of portions

in the preamble that speak specifically to the age of the patient, additions to the preamble related to the reduction of hospital and system costs go beyond the scope of the bill as amended. I have to rule this out of order.

Mr. Grant Crack: Point of order, Mr. Chair.

The Vice-Chair (Mr. Joe Dickson): Certainly.

Mr. Grant Crack: I would request unanimous consent for consideration of Mr. Coe’s motion.

The Vice-Chair (Mr. Joe Dickson): Mr. Coe, we will ask for unanimous consent of all members here. Agreed? Agreed. Any comments on the proposed amendment?

Is everyone ready to vote? Those in favour? Those opposed? Carried.

Shall the preamble of the bill, as amended, carry? Carried.

Shall the title of the bill carry? Carried.

Shall Bill 9, as amended, carry? Carried.

Shall I report the bill, as amended, to the House? Carried.

What else can we do for three-quarters of an hour?

Mr. Grant Crack: You can adjourn the meeting.

Mr. Mike Colle: Adjourn the meeting.

The Vice-Chair (Mr. Joe Dickson): I was waiting for that. This is for you, Michael.

The committee adjourned at 1711.

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