

Legislative  
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**Official Report  
of Debates  
(Hansard)**

G-39

**Journal  
des débats  
(Hansard)**

G-39

**Standing Committee on  
General Government**

Strengthening Quality  
and Accountability  
for Patients Act, 2017

2<sup>nd</sup> Session  
41<sup>st</sup> Parliament

Monday 27 November 2017

**Comité permanent des  
affaires gouvernementales**

Loi de 2017 renforçant  
la qualité et la responsabilité  
pour les patients

2<sup>e</sup> session  
41<sup>e</sup> législature

Lundi 27 novembre 2017

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Chair: Grant Crack  
Clerk: Sylwia Przewdziecki

Président : Grant Crack  
Greffière : Sylwia Przewdziecki

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON  
GENERAL GOVERNMENT**

**COMITÉ PERMANENT DES  
AFFAIRES GOUVERNEMENTALES**

Monday 27 November 2017

Lundi 27 novembre 2017

*The committee met at 1403 in committee room 2.*

**STRENGTHENING QUALITY  
AND ACCOUNTABILITY  
FOR PATIENTS ACT, 2017  
LOI DE 2017 RENFORÇANT  
LA QUALITÉ ET LA RESPONSABILITÉ  
POUR LES PATIENTS**

Consideration of the following bill:

Bill 160, An Act to amend, repeal and enact various Acts in the interest of strengthening quality and accountability for patients / Projet de loi 160, Loi visant à modifier, à abroger et à édicter diverses lois dans le souci de renforcer la qualité et la responsabilité pour les patients.

**The Chair (Mr. Grant Crack):** Good afternoon, everyone. I'd like to call the Standing Committee on General Government to order. I'd like to welcome all members, members of the ministry, support staff and the Clerk. Today, we are here to deal with the clause-by-clause consideration of Bill 160, An Act to amend, repeal and enact various Acts in the interest of strengthening quality and accountability for patients.

To the members of the committee: Bill 160 consists of three sections and 10 schedules. Because the substance of the bill is in the schedules, I suggest that we postpone consideration of the three sections and deal with the schedules first. I'm just wondering if we could have unanimous consent to proceed that way. If not, then we'll proceed normally.

Madame Gélinas?

**M<sup>me</sup> France Gélinas:** I had no idea that there were three sections. What are we talking about?

**The Chair (Mr. Grant Crack):** There are three sections—I've got to grab my bill here. The contents of the act, on the fifth page, indicate that there are three sections, sections 1, 2 and 3, plus the short title at the end. This is just procedure that has been used in the past in order to deal with the contents and then come back to the sections at the end. If the committee is not comfortable with that, we'll just proceed as normal.

**M<sup>me</sup> France Gélinas:** I would be comfortable if I could find it. I still can't find it.

*Interjection.*

**M<sup>me</sup> France Gélinas:** I agree to this, now that I know what I'm talking about.

**The Chair (Mr. Grant Crack):** That is fair. Again, do we have unanimous consent to deal with the substance of the bill in the schedules as opposed to the sections? I hear no opposition, so we will proceed with the schedules.

Having said that, are there any questions or introductory comments for Bill 160? There being none, we shall then get down to business.

Section 1: There are no amendments—no, sorry, we're missing that one. So we're going to go into the schedules, which is schedule 1, the Ambulance Act.

There are no amendments to schedule 1, section 1. Is there any discussion? There being none, I shall call for the vote. Shall schedule 1, section 1, as amended, carry?

*Interjection.*

**The Chair (Mr. Grant Crack):** Sorry? I didn't say "amended," did I?

**Mr. Lou Rinaldi:** Yes, you did.

**The Chair (Mr. Grant Crack):** Oh, I'm sorry. Shall schedule 1, section 1 carry?

**Ms. Lisa M. Thompson:** You were just testing, right?

**The Chair (Mr. Grant Crack):** Yes, I was testing to see if everyone was awake.

I declare schedule 1, section 1 carried.

We shall move to a new section: schedule 1, section 1.1, which is PC motion 0.1, which amends section 1.1, section 4.1 of the Ambulance Act. Mr. Yurek.

**Mr. Jeff Yurek:** I move that schedule 1 to the bill be amended by adding the following section:

"1.1 Part II of the act is amended by adding the following section:

"Funding

"4.1(1) The minister shall provide funding for 50 per cent of the capital and operating costs associated with operating land ambulance services.

"Same

"(2) The minister shall provide funding for 100 per cent of the costs associated with dispatching land ambulances.

"Money appropriated by the Legislature

"(3) The money required to provide the funding under subsection (1) or (2) shall be paid out of money appropriated by the Legislature for the purpose."

**The Chair (Mr. Grant Crack):** Further discussion on PC motion 0.1? Mr. Yurek.

**Mr. Jeff Yurek:** Sure. The amendment is clearly stating where the province is to fund 50% of the capital

and operating costs of land ambulance services and 100% of the costs of land ambulance dispatch.

**The Chair (Mr. Grant Crack):** Mr. Potts.

**Mr. Arthur Potts:** Isn't this adding more money into the treasury and therefore should be out of order? It's a money bill. I think essentially it's asking for money and amends the budget.

**The Chair (Mr. Grant Crack):** We'll ask legislative counsel.

**Ms. Simone Bittman:** There's an argument to be made here that subsection (3)—what we do when we interpret legislation is we read all of the provisions of the section together. So when we read all of the provisions together, we get to subsection (3), which requires the additional step of the Legislature appropriating the funds. That additional step may make it not a money motion.

**The Chair (Mr. Grant Crack):** Thank you very much for the clarification. Any further discussion on PC motion 0.1? Mr. Fraser.

**Mr. John Fraser:** Chair, we already fund at 50% and 100%, and it's utilized under 4(3) of the act. We don't really need to do this, so we won't be supporting it.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on PC motion 0.1. Those in favour? Those opposed? I declare PC motion 0.1 defeated.

Okay, we shall move to schedule 1, section 2. We have NDP motion 0.1.1, which amends section 2, subsection 7.0.1(3.1) of the Ambulance Act. Madame Gélinas?

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**M<sup>me</sup> France Gélinas:** I move that section 7.0.1 of the Ambulance Act, as set out in section 2 of schedule 1 to the bill, be amended by adding the following subsection:

“Client choice

“(3.1) The minister shall make a directive under this section requiring operators to give all clients of a land ambulance service a choice of where to be delivered by ambulance.”

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Basically, we've heard from RNAO, the health coalition, CUPE, the nurse practitioner association, the Advocacy Centre for the Elderly and the paramedics of Ontario that it is important to clarify that clients be given the choice. Right now, everybody who gets picked up in an ambulance, no matter where you get picked up, always ends up in the same place: in the emergency department of your local hospital. This now will change, but we want to make sure that the directive comes directly from the ministry to respect clients' choice.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** We won't be supporting this motion, Chair, because, as has been mentioned before, decisions regarding operational requirements for patients to be transferred to alternate destinations have yet to be determined, pending program design consultations this

winter, in 2018. Operational requirements can be best prescribed through that standard.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I see operational requirements as very different from clients' choice. He's right that it is left to regulations, the different requirements as to where you will be allowed, who will be allowed to bring you and what level of care will qualify for being brought to a community health centre, a mental health centre or an addictions centre; all of this is left to regulations. But to make sure that we give patients the choice to maintain going to the emergency department or to another is different from making sure that the government has those rights in regulations.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on NDP motion—

*Interjection.*

**The Chair (Mr. Grant Crack):** Madame Gélinas?

**M<sup>me</sup> France Gélinas:** Recorded vote, please.

**The Chair (Mr. Grant Crack):** That is in order. I shall call for the vote on NDP motion 0.1.1.

#### Ayes

Gélinas.

#### Nays

Fraser, Hoggarth, Potts, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 0.1.1 defeated.

We shall move to NDP motion 0.1.2, which is an amendment to section 2, section 7.0.1 of the Ambulance Act. Madame Gélinas?

**M<sup>me</sup> France Gélinas:** I move that section 7.0.1 of the Ambulance Act, as set out in section 2 of schedule 2 to the bill, be struck out and the following substituted:

“Directives by minister

“7.0.1(1) The minister may issue operational or policy directives to the operator of a land ambulance service where the minister considers it to be in the public interest to do so,

“(a) respecting the convenience of persons by ambulance to the following destinations:

“(i) a hospital within the meaning of the Public Hospitals Act,

“(ii) a psychiatric hospital within the meaning of the Mental Health Act operated by a not-for-profit entity except if the facility is,

“(A) a correctional institution operated or maintained by a member of the executive council, other than the minister, or

“(B) a prison or penitentiary operated by the government of Canada,

“(iii) a community health centre operated by a not-for-profit corporation without share capital incorporated under part III of the Corporations Act,

“(iv) a facility providing community mental health and addiction services operated by a not-for-profit entity,

“(v) a nurse-practitioner-led clinic operated by a not-for-profit entity;

“(vi) an aboriginal health access centre operated by a not-for-profit entity; and

“(vii) that person’s ordinary place of residence; and

“(b) respecting responsibilities in addition to the provision of ambulance services, including,

“(i) providing treatment by paramedics to persons who may not require conveyance by ambulance,

“(ii) ensuring treatment provided by paramedics is in accordance with the prescribed standard of care, and

“(iii) other responsibilities to facilitate the adoption of treatment models for persons with lower acuity conditions.

“Binding

“(2) An operator shall comply with every directive of the minister.

“Non-application of the Legislation Act, 2006, Part III

“(3) Part III (Regulations) of the Legislation Act, 2006 does not apply to operational or policy directives.

“Public availability

“(4) The minister shall make every directive under this section available to the public.

“Law prevails

“(5) For greater certainty, in the event of a conflict between a directive issued under this section and a provision of any applicable act or rule of any applicable law, the act or rule prevails.”

**The Chair (Mr. Grant Crack):** Good job. Just for clarification, right at the beginning, “Directives by minister,” 7.0.1(1)(a), I believe you did say “convenience.” I believe you wanted to say “conveyance.” Is that correct?

**M<sup>me</sup> France Gélinas:** Absolutely.

**The Chair (Mr. Grant Crack):** And then under Roman numeral (ii), “a psychiatric facility,” I believe you said “hospital” and I believe it’s “facility.” You would want to do—

**M<sup>me</sup> France Gélinas:** Yes. I said “hospital”?

**The Chair (Mr. Grant Crack):** Yes.

**M<sup>me</sup> France Gélinas:** It’s written “facility” right there.

**The Chair (Mr. Grant Crack):** Thank you very much. I appreciate that clarification.

Is there any further discussion on NDP motion 0.1.2? Madame Gélinas?

**M<sup>me</sup> France Gélinas:** I can see merit in hospitals being able to bring patients to areas other than hospital emergency rooms where someone would need to be brought to a detox centre or to be dropped off at a mental health facility or to be brought to a primary care provider, but I also see a lot of risk in moving in that direction.

What this motion is trying to do is really to set out all of the not-for-profit existing health providers that could be considered—I’m not saying that all of them have to,

but that could be considered. But it also puts limitations, to make sure that people are not brought to a for-profit health care provider, where they will be left with having to pay money to get care or to be dropped off someplace where there is not somebody receiving them, as in dropped off to a walk-in clinic, where you take a number and hopefully you’re seen before they close and are not sent home without being seen.

What this motion does is set very wide parameters within which the government can give a directive.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** Chair, we won’t be supporting this motion. I appreciate why the member is bringing it forward. We have obviously a full commitment to a publicly funded health care system. I just don’t think that we need to unduly prescribe before we have consultations with the public and providers and stakeholders to ensure that we get the regulations on this right.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I think we do. It is quite obvious that a number of for-profit providers want to be heard because they see an opportunity to make a profit. They see an opportunity to build up their business. The government could put action to the talk. It’s easy to say, “We support not-for-profit health care.” Well, if you do, then pass this motion and send a very clear message to all of the for-profit care providers out there that you will have the consultations, that you will do due diligence before you make a directive and decisions regarding where an ambulance could drop off patients, but you have sent a clear message—not only in this House; it’s easy for the member to say in this House, “We respect not-for-profit.” It has to be heard outside of this room and outside of this House. How do you do this? By putting it in the bill.

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**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on NDP motion 0.1.2.

**M<sup>me</sup> France Gélinas:** Recorded.

**The Chair (Mr. Grant Crack):** That is in order. We shall have a recorded vote.

**Ayes**

Gélinas.

**Nays**

Fraser, Hoggarth, Potts, Rinaldi, Thompson, Yurek.

**The Chair (Mr. Grant Crack):** I declare NDP motion 0.1.2 defeated.

We shall move to schedule 1, section 2. There were no amendments. Is there any discussion on schedule 1, section 2? Then I shall call for the vote. Those in favour

of schedule 1, section 2? Those opposed? I declare schedule 1, section 2 carried.

We shall move to schedule 1, section 3. There are no amendments. Is there any discussion? There being none, I shall call for the vote. Shall schedule 1, section 3 carry? Those in favour? Those opposed? I declare schedule 1, section 3 carried.

We shall move to schedule 1, section 4. We have PC motion 0.2, which amends subsection 4(1), subsection 18(2) of the Ambulance Act. Mr. Yurek.

**Mr. Jeff Yurek:** I'm going to withdraw this amendment, please.

**The Chair (Mr. Grant Crack):** That is in order. PC motion 0.2 is withdrawn. Therefore, there are no amendments to schedule 1, section 4. Is there any discussion? There being none, I shall call for the vote on schedule 1, section 4. Those in favour? Any opposed? I declare schedule 1, section 4 carried.

We shall move to schedule 1, section 5. We have PC motion 0.3, which is a motion proposing an amendment to subsection 5(0.1) and (3), subsection 19(1), (4) and (5) of the Ambulance Act. Mr. Yurek.

**Mr. Jeff Yurek:** I move that section 5 of schedule 1 to the bill be amended by adding the following subsections:

“(0.1) Subsection 19(1) of the act is amended by adding the following definition:

““personal information” has the same meaning as in the Freedom of Information and Protection of Privacy Act.”

“(3) Section 19 of the act is amended by adding the following subsections:

“Same

“(4) In performing a duty or exercising power under this act, the minister, the director, an inspector, an investigator, and their employees or agents shall not,

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

“(b) collect, use or disclose more personal information or personal health information than is reasonably necessary to meet the purpose of the collection, use or disclosure.

“Same

“(5) Despite subsections (2) and (3), except as permitted or required by law, a prescribed person who receives personal health information shall not use or disclose the information for any purpose other than,

“(a) the purpose for which the information was authorized to be disclosed under this act; or

“(b) the purpose of carrying out a statutory or legal duty.”

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Yurek.

**Mr. Jeff Yurek:** We are just trying to protect access to personal information. This government has a history of expanding the ministry's reach into people's personal lives, especially their personal health information, and we are hoping that this section will help protect that.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** We won't be supporting this motion, Chair. The provision would limit the ministry's availability to use personal health information as a recipient in a manner that would be more restrictive than the current provisions in FIPPA. As well, the ministry and its employees are subject to the Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. Ministry employees are also required to take an oath of confidentiality in accordance with the Public Service of Ontario Act, 2006. Inspectors retained under contract by the ministry are required to enter into a confidentiality agreement and a non-disclosure agreement as part of their retainers.

As well, decisions regarding additional prescribed persons for which personal health information can be disclosed have yet to be determined, depending on the program design—again, this winter, in 2018. The Office of the Information and Privacy Commissioner will be an integral part of these consultations. The government will request the IPC's advice on how disclosures may be controlled.

**The Chair (Mr. Grant Crack):** Further discussion? There being none—sorry. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I think the Information and Privacy Commissioner has sent us a document that speaks directly to what Mr. Yurek has brought forward in this motion. I think it's always wise to respect the Information and Privacy Commissioner when he gives directives so that the bill won't be in contravention of the privacy laws.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on PC motion 0.3. Those in favour? Those opposed? I declare PC motion 0.3 defeated.

We shall move to NDP motion 0.3.1, which is an amendment to subsection 5(3), section 19 of the Ambulance Act. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that section 5 of schedule 1 to the bill be amended by adding the following subsection:

“(3) Section 19 of the act is amended by adding the following subsections:

“Personal information

“(4) In performing a duty or exercising a power under this act, the minister, the director, an inspector, an investigator, and their employees or agents shall not:

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

“(b) collect, use, or disclose more personal information or personal health information than is reasonably necessary to meet the purpose of the collection, use or disclosure.

“Confidentiality

“(5) An inspector or investigator appointed under section 18 of this act shall keep confidential all information that comes to the inspector's or investigator's know-



ledge in the course of an inspection or investigation under this act and shall not communicate any information to any other person except as required by law or except where the communication is to the director, to the minister or a person employed in or performing services for the ministry.

“Definitions

“(6) In this section,

““personal health information” means personal health information as defined in the Personal Health Information Protection Act, 2004;

““personal information” means personal information as defined in the Freedom of Information and Protection of Privacy Act.”

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Basically, this amendment comes directly from the submissions that were made by the Information and Privacy Commissioner of Ontario, who recommends making those changes. In his brief, he made it clear that it would prevent the over-collection of personal health information.

There are a number of ways to do the work that needs to be done. Basically, we have a bill that talks to protecting personal health information. I think people expect us to respect that, no matter what your line of work is, especially that those inspectors/investigators are not part of the circle of care. They are people who will have access to the personal health information. They should be limited by very strict regulations when it comes to protecting our privacy and protecting our personal health information.

I think the language submitted by the Information and Privacy Commissioner would allow us to do this. It would also allow us to maintain this trust with the public when you can say that the language the Information and Privacy Commissioner brought forward has been incorporated into the bill. They can feel reassured that although there will be inspections and investigations, the Information and Privacy Commissioner has reviewed the legislative framework, and we were respectful of his recommendations.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** We won't be supporting this amendment for the same reasons that I stated in the previous.

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**The Chair (Mr. Grant Crack):** Mr. Yurek.

**Mr. Jeff Yurek:** It's much like the motion that was just voted down by the government; however, we're adding in more about keeping information confidential. We will be supporting this amendment as the PC Party is fully supportive of protecting personal health information access from this Liberal government.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, then I shall call for the vote. Madame Gélinas?

**M<sup>me</sup> France Gélinas:** Recorded vote.

**Ayes**

Gélinas, Thompson, Yurek.

**Nays**

Fraser, Hoggarth, Qadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 0.3.1 defeated.

Therefore, there are no amendments that carried. Is there any discussion on schedule 1, section 5? Mr. Yurek.

**Mr. Jeff Yurek:** The Progressive Conservative Party recommends voting against section 5.

**The Chair (Mr. Grant Crack):** Further discussion on schedule 1, section 5? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I would support voting against it. The Information and Privacy Commissioner is concerned with many parts of this section. A prescribed person under these regulations may not be a health information custodian under FIPPA or part of an institution regulated by FIPPA. He made an alternative suggestion that information be used or disclosed except for the purpose of—that information could not be used otherwise. I think it would be wise for now to vote against section 5 of schedule 1.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on schedule 1, section 5. Those in favour of schedule 1, section—Madame Gélinas?

**M<sup>me</sup> France Gélinas:** Recorded vote.

**Ayes**

Fraser, Hoggarth, Potts, Qadri, Rinaldi.

**Nays**

Gélinas, Thompson, Yurek.

**The Chair (Mr. Grant Crack):** I declare schedule 1, section 5 carried.

We shall move to PC motion 0.4, which proposes a new section: schedule 1, section 5.1, section 19.1 of the Ambulance Act. Mr. Yurek.

**Mr. Jeff Yurek:** I move that schedule 1 to the bill be amended by adding the following section:

“5.1 The act is amended by adding the following section:

“Confidentiality

“19.1 An inspector or investigator appointed under section 18 shall keep confidential all information that comes to the inspector's or investigator's knowledge in the course of an inspection or investigation under this act and shall not communicate any information to any other person except as required by law or except where the communication is to the director, to the minister or to a person employed in or performing services for the ministry.”

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Yurek.

**Mr. Jeff Yurek:** This is, again, just moving forward to try to protect personal health information and keep it confidential. It's consistent with both the law already applicable to investigators under the Local Health System Integration Act, 2006, and with the provisions applicable to inspectors appointed under schedule 9 of this bill.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I want the government to fully understand that every time you create a peephole into people's personal health information, you put the entire health system at risk. People have to be able to trust that their personal health information is kept really secure. The day, and it will come, when an inspector or an investigator who has access to personal health information leaks out some of that information or people become aware that their personal health information has been used, you will have done damage to the health care system that will take decades to fix.

Especially as we move more and more toward an electronic health record, people have to be absolutely sure that their personal health information is not going to be available to anyone but the people in their circle of care. The bigger the peephole and the more people have who access to our personal health information, the less people will trust our health care system. There cannot be quality care if there isn't a trusting relationship between the people who deliver the care and the people who receive it.

I think it would be prudent to follow the recommendations of the Information and Privacy Commissioner. We are not going to have a second chance with this. Once it becomes known that people's personal health information was looked at, people will lose trust, and our health care system will have a really hard time recovering from that.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on PC motion 0.4.

**Mr. Jeff Yurek:** Recorded vote.

**The Chair (Mr. Grant Crack):** Mr. Yurek has requested a recorded vote, which will be entertained.

### Ayes

Gélinas, Thompson, Yurek.

### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare PC motion 0.4 defeated.

We shall move to schedule 1, section 6. There are no amendments. Is there any discussion? There being none, I shall call for the vote on schedule 1, section 6. Those in

favour? Those opposed? I declare schedule 1, section 6, carried.

We shall move to schedule 1, section 7. We have NDP motion 0.4.0.1, which amends section 7, section 20.1 of the Ambulance Act. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that section 7 of schedule 1 to the bill be amended by adding the following subsection:

“(2) Section 20.1 of the act is amended by adding the following subsection:

“Prohibition, discharging persons

“(2) No person in charge of an ambulance shall discharge a person in the ambulance at a place other than a hospital without the consent of the person being discharged.”

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** You can see that I'm trying really hard to give patients a choice. It doesn't matter how much consultation you have; it doesn't matter how many stakeholders you want to bring into the discussion; it is always wise to set the parameters straight, to give people reassurance. If they can see in the bill that they will have to give consent to be brought anywhere but the hospital, it will make a big difference.

I can speak for part of the north, where discrimination against our First Nations is disgusting, but it is there. Some of our First Nations people will not be safe going into an ambulance if they're going to be brought anywhere but to the emergency department. For them, they will choose not to get into the ambulance if there is a chance that they will bring them to an agency where they already know that they're going to be discriminated against and they're not going to be treated with respect.

This idea that we will have consent has to be in the bill way before you go and have the dialogue and have the consultation. Give them respect, give them this assurance that they will have to consent, and then we can move forward—but before we give them this assurance that they will have to consent, then it will be all for none, for huge communities in Ontario, especially some of the First Nations, Inuit and Métis that I represent.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** We won't be supporting this motion. I believe, as I said earlier today, that we have to give the ministry time to go through regulation and consult with the public and stakeholders and come up with a plan to do so.

**The Chair (Mr. Grant Crack):** Mr. Yurek?

**Mr. Jeff Yurek:** We'll be supporting this amendment. It seems, through the progression of this bill and through dissertations from committee, the patient has been really left out of this piece of legislation—being consulted with—so any little bit that adds focus back on what health care should be focused on, the patient, we'll be supportive of.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I want to remind my colleagues that the Registered Nurses' Association of Ontario, the Ontario health council, CUPE, the Nurse Practitioners' Association of Ontario, ACE, ONA—they all came and told us that it was important to put in the bill that you had to get consent. I think it would be wise to put consent in the bill. I could not imagine it any other way. It would put too many people at risk if we did not give them assurance that if they want to be brought to the hospital, they will be.

1440

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on NDP motion—Madame Gélinas?

**M<sup>me</sup> France Gélinas:** Recorded vote.

**The Chair (Mr. Grant Crack):** When I start, if you just want to say it and not put your hand up, that's fine, too. I'd respect that.

**M<sup>me</sup> France Gélinas:** Can we just take it for granted that, if it's one of the NDP motions, I want a recorded vote?

**The Chair (Mr. Grant Crack):** Yes, we can take that for granted.

**M<sup>me</sup> France Gélinas:** Thank you.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 0.4.0.1 defeated.

We shall move to NDP motion 0.4.1, which is a proposal to amend section 7, section 20.1 of the Ambulance Act. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that section 7 of schedule 1 to the bill be struck out and the following substituted:

“7. Section 20.1 of the act is amended by striking out the portion before clause (a) and substituting the following:

“Prohibition, fees

“20.1 No person shall charge a fee or a copayment for or in connection with the provision of medically necessary ambulance services, and no person shall charge a fee or a copayment for or in connection with the provision of any other ambulance services or a class or kind of service provided by the operator of an ambulance service authorized by this act, whether or not the person is transported by ambulance, unless the fee or copayment is,”

**The Chair (Mr. Grant Crack):** Further discussion?

**M<sup>me</sup> France Gélinas:** Here again, it is to give people certainty that if it is a medically necessary transport the patients won't have to pay a fee. For a lot of people, money is tight. If they hesitate to call an ambulance, they could be putting their health at risk, and if we don't make

it clear to them that if it's medically necessary there will not be a fee, some will hesitate to call the ambulance and put their health at risk.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** The current provision under Bill 160 captures the prohibition of fees or copayments for all types of ambulance services that may be provided unless authorized under the Ambulance Act. So there is no need to amend the current provision to distinguish between medically necessary ambulance services and other types of ambulance services, as they are all included within the current Ambulance Act and proposed amendments in Bill 160. We won't be supporting this.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I would say, with the changes that we are doing to the existing act, if you talk to the registered nurses' associations or the Ontario association of health centres or the health coalition or paramedics Ontario, they all see it differently. They all see that we are making changes to this part of the Ambulance Act and that, if we don't put it back in, it will be gone.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on NDP motion 0.4.1, which will be a recorded vote.

#### Ayes

Gélinas.

#### Nays

Fraser, Hoggarth, Potts, Qaadri.

**The Chair (Mr. Grant Crack):** I declare NDP motion 0.4.1 defeated.

There are no amendments that had passed to section 7. Any discussion on schedule 1, section 7? There being none, I shall call for the vote. Those in favour of schedule 1, section 7 carrying? Those opposed? I declare schedule 1, section 7 carried.

Ms. Hoggarth?

**Ms. Ann Hoggarth:** Would it be all right, in situations like this, that we bundle?

**The Chair (Mr. Grant Crack):** We're moving on to schedule 1, section 8. There is a request to bundle schedule 1, section 8, through schedule 1, section 13. Are there any issues with that? There being none, I shall ask if there's any discussion on any of the schedules—schedule 1, sections 8 through 13. There being none, I shall call for the vote. Shall schedule 1, sections 8, 9, 10, 11, 12 and 13 carry? Those in favour? Those opposed?

I declare schedule 1, section 8 carried.

I declare schedule 1, section 9 carried.

I declare schedule 1, section 10 carried.

I declare schedule 1, section 11 carried.

I declare schedule 1, section 12 carried.

I declare schedule 1, section 13 carried.

There are no amendments that carried in schedule 1. Is there any discussion on schedule 1? There being none, I shall call for the vote. Shall schedule 1 carry? Those in favour? Those opposed? I declare schedule 1 carried.

**M<sup>me</sup> France G elinas:** Chair?

**The Chair (Mr. Grant Crack):** Madame G elinas.

**M<sup>me</sup> France G elinas:** Is it okay if we open up the window a little bit?

**The Chair (Mr. Grant Crack):** I can give it an effort.

**M<sup>me</sup> France G elinas:** I can go help you.

**The Chair (Mr. Grant Crack):** I've been working out.

*Laughter.*

**Mr. Shafiq Qaadri:** Mr. Chair, you don't actually have to do it yourself.

*Interjections.*

**The Chair (Mr. Grant Crack):** A piece of cake.

**Ms. Lisa M. Thompson:** What a man; what a man.

**M<sup>me</sup> France G elinas:** He has been working out.

**Mr. John Fraser:** It's not so hard when you're working out, right?

**The Chair (Mr. Grant Crack):** That's good. We'll let the cool air in.

All right, we're back to business after my workout. Schedule 2, section 1: Is there any discussion on schedule 2, section 1, as there are no amendments proposed? There being none, I shall call for the vote. Shall schedule 2, section 1 carry? Those in favour? Any opposed? I declare schedule 2, section 1 carried.

We shall move to schedule 2, section 2. We have NDP motion 0.4.2, which is a proposed amendment to section 2, section 13.0.1 of the Excellent Care for All Act, 2010. Madame G elinas.

**M<sup>me</sup> France G elinas:** I move that section 13.0.1 of the Excellent Care for All Act, 2010, as set out in section 2 of schedule 2 to the bill, be struck out and the following substituted:

“Personal health information

“13.0.1 Despite anything else in this or any other act, the council may only collect, use and disclose personal health information for the purposes of giving de-identified examples in its reports.”

**The Chair (Mr. Grant Crack):** Any discussion? Madame G elinas.

**M<sup>me</sup> France G elinas:** I am always very uncomfortable when we give access to personal health information. When I took the briefing and, I take it, when the Minister of Health did his lead on the bill, both the briefing deck and Minister of Health said clearly that it was solely for the purpose of giving examples in Health Quality Ontario reports.

If this is the case, then let's put it in the bill. Again, the less people have access to our personal health information, the better off our health care system will be.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** The motion conflicts with the existing provisions in the Excellent Care for All Act regarding the collection, use and disclosure of personal

health information by Health Quality Ontario, including those permitting Health Quality Ontario's collection, use and disclosure of personal health information in connection with the Patient Ombudsman.

These provisions are necessary to enable the Patient Ombudsman to perform their legislative functions, including to resolve patient and caregiver complaints and investigate health care organizations.

As such, I won't be supporting the motion.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Yurek.

**Mr. Jeff Yurek:** We'll be supporting this amendment, as it's protecting personal health information. The least that this government can do, if it's going to be taking personal health information, is to de-identify it in examples in reports.

**The Chair (Mr. Grant Crack):** Madame G elinas?

**M<sup>me</sup> France G elinas:** Here again, we have the Information and Privacy Commissioner who did a submission. On pages 4 and 5 of his submission, he asks us, basically, to pass this motion.

We can never be too careful with who we let into our personal health information. This is the kind of alarm that, once it's rung, you cannot unring the bell. I would much rather have it in the bill and be respectful of the Information and Privacy Commissioner's submission.

**1450**

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on NDP motion 0.4.2, which will be a recorded vote.

#### Ayes

G elinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 0.4.2 defeated.

We shall move to NDP motion 0.4.3, which proposes to amend section 2, section 13.0.1 of the Excellent Care for All Act, 2010. Madame G elinas.

**M<sup>me</sup> France G elinas:** I move that section 13.0.1 of the Excellent Care for All Act, 2010, as set out in section 2 of schedule 2 to the bill, be struck out and the following substituted:

“Personal health information

“13.0.1 Despite anything else in this or any other act, the council may only collect, use and disclose personal health information for research purposes, and may only collect, use and disclose personal health information that has been de-identified, unless the person to whom the information relates has consented otherwise.”

**The Chair (Mr. Grant Crack):** Further discussion? Madame G elinas.

**M<sup>me</sup> France G elinas:** This is to allow Health Quality Ontario to do their research work, but at the same time

making absolutely sure that if they are going to be dealing with personal health information, they too need to receive consent and to really set strong parameters surrounding research.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** We won't be supporting this amendment, as per the points I made on the last amendment.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Yurek.

**Mr. Jeff Yurek:** We will be supporting this amendment, based on the same arguments we gave for the last amendment.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I would just say that we have to be careful when we deal with personal health information. This allows Health Quality Ontario to use personal health information, but, here again, it sets parameters. Those are important for the agency, for sure, but they're even more important for all of us: that we can go to the public and say that when the privacy commissioner tells us to make changes so that we are respectful of personal health information, we respect that.

I might add that the registered nurses' association had made the same recommendations as well.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the recorded vote on NDP motion 0.4.3.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 0.4.3 defeated.

Hence, there are no amendments to schedule 2, section 2. Any discussion on the section itself? There being none, I shall call for the vote. Shall schedule 2, section 2 carry? Those in favour? Those opposed? I declare schedule 2, section 2 carried.

We have NDP motion 0.4.4, which proposes a new section 2.1, section 13.1 of the Excellent Care for All Act, 2010. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that schedule 2 to the bill be amended by adding the following section:

“2.1 Subsection 13.1(1) of the act is repealed and the following substituted:

“Patient ombudsman

“(1) The Lieutenant Governor in Council shall, on the recommendation of the Legislative Assembly, appoint a person to be the patient ombudsman.

“Officer of the Legislature

“(2) The patient ombudsman is an independent officer of the Legislature.”

**The Chair (Mr. Grant Crack):** This motion, in my opinion, seeks to amend a section, section 13.1 of the Excellent Care for All Act, that is not open in the bill before us. Therefore, it is beyond the scope of the bill and I shall call that motion out of order.

Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Can I ask for unanimous consent to consider it?

**The Chair (Mr. Grant Crack):** That is in order. Do we have unanimous consent to—

**Interjection:** Yes.

**The Chair (Mr. Grant Crack):** Do we have unanimous consent to move forward with NDP motion 0.4.4?

**Interjection:** No.

**The Chair (Mr. Grant Crack):** I heard a no, so unfortunately, we will continue to move on.

Next we shall move to NDP motion 0.4.5, which proposes new section 2.1, Excellent Care for All Act, 2010. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that schedule 2 to the bill be amended by adding the following section:

“2.1 Section 13.1 of the act is amended by adding the following subsection:

“Private hospitals

“(2.1) For greater certainty, the patients and former patients of private hospitals under the Private Hospitals Act are patients and former patients for the purposes of this section.”

**The Chair (Mr. Grant Crack):** This motion seeks to amend a section, section 13.1 of the Excellent Care for All Act, that is not open in this bill before us. It is therefore beyond the scope of the bill and I will declare this motion out of order.

Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Can I ask for unanimous consent so that this section could be considered?

**The Chair (Mr. Grant Crack):** That request is in order. I will ask: Do we have unanimous consent to consider NDP motion 0.4.5?

**Interjection:** No.

**The Chair (Mr. Grant Crack):** I heard a no, so we will continue.

We shall move to schedule 2, section 3. We have PC motion 0.5, which proposes to amend section 3, section 13.6.1, Excellent Care for All Act, 2010. Mr. Yurek.

**Mr. Jeff Yurek:** I move that section 13.6.1 of the Excellent Care for All Act, 2010, as set out in section 3 of schedule 2 to the bill, be struck out.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Yurek.

**Mr. Jeff Yurek:** This amendment will prevent the Patient Ombudsman's office from being excluded from the Freedom of Information and Protection of Privacy Act.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I would say, here again, we had a recommendation from the Information and Privacy Commissioner. There should be no exemption to FIPPA for the Patient Ombudsman. A patient should be allowed to get their own information, when they need it, into the hands of the Patient Ombudsman.

When people ask for help from the Patient Ombudsman, they are more than willing to share their personal health information, and the Patient Ombudsman can handle it as such. Here again, I seek to limit access to personal health information unless it is granted.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on PC motion 0.5. Those in favour? Those opposed? I declare PC motion 0.5 defeated.

We shall move to NDP motion 0.5.1, which proposes to amend section 3, section 13.6.1 of the Excellent Care for All Act, 2010. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** It's strangely similar to the last motion, but I will read it into the record.

I move that section 13.6.1 of the Excellent Care for All Act, 2010, as set out in section 3 of schedule 2 to the bill, be struck out.

**The Chair (Mr. Grant Crack):** As you had mentioned in your opening remarks, it's the same or similar to the previous motion that was defeated, so it is out of order.

Having said that, there are no amendments to schedule 2, section 3. Any discussion? There being none, I shall call for the vote on schedule 2, section 3. Those in favour?

**M<sup>me</sup> France Gélinas:** I had a comment.

**The Chair (Mr. Grant Crack):** Oh, sorry. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Here again, the Information and Privacy Commissioner recommended that we vote against that section so that we limit the access and protect our personal health information.

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**The Chair (Mr. Grant Crack):** Further discussion? There being none—

**Mr. Jeff Yurek:** Recorded vote.

**The Chair (Mr. Grant Crack):** There has been a request for a recorded vote, which will be entertained.

#### Ayes

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

#### Nays

Gélinas, Thompson, Yurek.

**The Chair (Mr. Grant Crack):** I declare schedule 2, section 3 carried.

Ms. Hoggarth?

**Ms. Ann Hoggarth:** Can we please bundle sections 4 and 5?

**The Chair (Mr. Grant Crack):** I appreciate you being the champion of bundling. Does the committee consider bundling these two particular sections? There's no opposition; that shall be entertained.

Any discussion on schedule 2, section 4 and schedule 2, section 5? There being none, I shall call for the vote. Shall schedule 2, section 4 and schedule 2, section 5 carry? Those in favour? Those opposed? I declare schedule 2, section 4 carried and schedule 2, section 5 carried.

There are, therefore, no amendments to schedule 2. Is there any discussion on schedule 2 in its entirety? There being none, I call the vote. Shall schedule 2 carry? Those in favour? Those opposed? I declare schedule 2 carried.

We shall move to schedule 3, the Health Protection and Promotion Act. We have schedule 3, section 1. We have government motion number 1. It proposes an amendment to subsection 1(4), subsection 1(1), clauses 49(9)(a) and 55(a) and subclause 96(5)(d)(v) of the Health Protection and Promotion Act. Mr. Fraser.

**Mr. John Fraser:** I move that section 1 of schedule 3 to the bill be amended by adding the following subsection—

**The Chair (Mr. Grant Crack):** Can I interrupt, Mr. Fraser? I apologize, but there are two number 1s. There's a 1 and a 1R. Which one would you be moving?

**Mr. John Fraser:** It's 1.

**The Chair (Mr. Grant Crack):** Thank you for the clarification. Government motion number 1; continue, please.

**Mr. John Fraser:** I move that section 1 of schedule 3 to the bill be amended by adding the following subsections:

“(4) The English version of the act is amended by striking out ‘and the county of Oxford’ wherever it appears in the following provisions:

“1. Clause (a) of the definition of ‘board of health’ in subsection 1(1).

“2. Clause 49(9)(a).

“3. Clause 55(a).

“4. Subclause 96(5)(d)(v).”

*Interjection.*

**The Chair (Mr. Grant Crack):** Just give me a second, please. There's a little bit of confusion here at this particular point. If you could be so kind as to just clarify what the (4) sentence is, for the record.

**Mr. John Fraser:** “(4) The English version of the act is amended by striking out ‘and the county of Oxford’ wherever it appears in the following provisions:”

**The Chair (Mr. Grant Crack):** There is some confusion here. Can we just take a five-minute recess so I can understand what's going on? A five-minute recess?

*Interjection.*

**The Chair (Mr. Grant Crack):** It's a five-minute recess.

**Mr. John Fraser:** Chair, I've got it.

**M<sup>me</sup> France Gélinas:** Does yours say 1R? If it says 1R, we're all good.

**Mr. John Fraser:** Let's take a five-minute recess.

**The Chair (Mr. Grant Crack):** Okay. A five-minute recess, please.

*The committee recessed from 1505 to 1509.*

**The Chair (Mr. Grant Crack):** Okay, back to order. I will return the floor to Mr. Fraser.

**Mr. John Fraser:** Okay, one more time. I move that section 1 of schedule 3 to the bill be amended by adding the following subsection:

“(4) The act is amended by striking out ‘and the county of Oxford’ wherever it appears in the following provisions:

“1. Clause (a) of the definition of ‘board of health’ in subsection 1(1).

“2. Clause 49(9)(a).

“3. Clause 55(a).

“4. Subclause 96(5)(d)(v).”

**The Chair (Mr. Grant Crack):** Further discussion?

*Interjection.*

**The Chair (Mr. Grant Crack):** Oh, sorry. This motion seeks to amend sections 49 and 55 of the Health Protection and Promotion Act, which are not open in the bill before us. It is therefore beyond the scope of the bill, and I shall call it out of order. Mr. Fraser.

**Mr. John Fraser:** Chair, I’d like to ask for unanimous consent to put this motion forward.

**The Chair (Mr. Grant Crack):** That is in order. Is there unanimous consent that we consider this government motion? That is wonderful. I hear that we have unanimous consent to entertain government motion number 1, so again I shall ask for further discussion. Mr. Fraser.

**Mr. John Fraser:** Chair, Elgin St. Thomas and the county of Oxford health units have a history of collaboration and share similar geographic, demographic, health status and population characteristics. The government supports the request of the county of Oxford to merge with Elgin St. Thomas into a single board of health serving the communities of Oxford, Elgin and St. Thomas.

Regulatory changes would also be required to the Health Protection and Promotion Act to form a new, consolidated board of health through the merger.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Hardeman.

**Mr. Ernie Hardeman:** Thank you very much for the opportunity, and also thank you to the government for putting this motion forward. Obviously, it is very important to the county of Oxford, and it also takes us in the direction that the Ministry of Health has been talking about, trying to get some changes in our board of health structures around the province.

I just want to point out, though, for anyone listening and for the Hansard, I think it’s very important to recognize that this motion is not predicated on that Oxford and Elgin must amalgamate or are amalgamating. This motion is strictly to change Oxford back to being a county, just like Elgin. Presently in this discussion that they’ve been having, the county of Elgin is in a position to sign that amalgamation today, but the county of Oxford, because it’s listed in the group of regions rather than in

the group of counties, cannot do it without this change in this legislation. So for the purposes of the board of health, it’s no longer considered a region; it’s considered a county.

I know there have been some discussions about the province doing this without public hearings—this is from the people at home—and public input. Well, in fact, this is strictly allowing those two upper-tier municipalities to amalgamate. If this was being done presently with amalgamating Elgin and Middlesex, they wouldn’t need anything to happen; they could do that without any change in legislation. It’s only because of where Oxford fits in, because it was created before the structure that created the counties now and the structure where it created regions. It had the Oxford county act that made it the upper-tier municipality, and that’s how come it keeps getting fit in here.

I appreciate the opportunity to speak to it, and I thank the government and everyone concerned and the ministry for getting this put together so we can get this cleared up so that the two municipalities can do as they see fit with their boards of health.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Thank you for sharing that information. They made it clear that they see Bill 160 as the last legislative opportunity for them to do that, and I tend to agree. Bill 160 is an omnibus bill. We make changes to dozens and dozens of different acts, and it was a good opportunity to get that done.

**The Chair (Mr. Grant Crack):** Mr. Yurek.

**Mr. Jeff Yurek:** Chair, I just also want to take this opportunity to thank both the third party and the government for working collaboratively to make this change. I’ll also take the opportunity to thank the ministry staff for putting this together. I think it’s great that we’re removing barriers so that local municipalities and counties can have the opportunity to discuss their future. Woodstock and Elgin are a good fit. It’s now up to the province not to be involved any further with regard to that amalgamation, other than to let the municipalities work it out through their own public consultation.

Again, thanks to everyone involved.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on government motion number 1.

**Ms. Lisa M. Thompson:** Recorded vote.

**The Chair (Mr. Grant Crack):** There is a request for a recorded vote, which will be entertained.

**Ayes**

Fraser, Gélinas, Hoggarth, Potts, Qaadri, Rinaldi, Thompson, Yurek.

**The Chair (Mr. Grant Crack):** Those opposed? There being none, I declare government motion number 1 carried.

We shall move to government motion number 1R.

**Mr. John Fraser:** Withdraw, sir.

**The Chair (Mr. Grant Crack):** That is in order. Government motion 1R is withdrawn.

We shall move to NDP motion 1.0.1, which proposes an amendment to subsection 1(4), the health promotion act. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Remember I talked about similarities before?

**The Chair (Mr. Grant Crack):** Yes.

**M<sup>me</sup> France Gélinas:** I think we're in one of those situations.

I move that section 1 of schedule 3 to the bill be amended by adding the following subsection:

“(4) The following provisions of the act are amended by striking out ‘and the county of Oxford’ wherever it appears:

“1. Clause (a) of the definition of ‘board of health’ in subsection 1(1).

“2. Subsection 49(9)(a).

“3. Clause 55(a).

“4. Clause 96(5)(d)(v).”

**The Chair (Mr. Grant Crack):** Thank you very much. This motion seeks to amend sections 49 and 55 of the Health Protection and Promotion Act. They're not open before us in this bill, so it's beyond the scope, so therefore it is out of order.

Madame Gélinas?

**M<sup>me</sup> France Gélinas:** Just because we sort of know that we're all wasting our time because we already voted on an identical one, how do I do this when it comes to one that has already been done?

**The Chair (Mr. Grant Crack):** It's funny that you mention that. I was going to try to provide an explanation. You could choose not to move it—that's one option—or withdraw, like what just happened. Mostly, just don't move it.

**M<sup>me</sup> France Gélinas:** Don't move it?

**The Chair (Mr. Grant Crack):** We're not moving it. Okay?

**M<sup>me</sup> France Gélinas:** Okay. We'll do that next time.

**Ms. Lisa M. Thompson:** Make sure you say that it's very similar to what we just passed.

**M<sup>me</sup> France Gélinas:** Okay.

**The Chair (Mr. Grant Crack):** There is one amendment to schedule 3, section 1. Is there any discussion on schedule 3, section 1, as amended? There being none, I shall call for the vote on schedule 3, section 1, as amended. Those in favour? Any opposed?

**Mr. Jeff Yurek:** Chair, did I have an amendment on the same thing?

**The Chair (Mr. Grant Crack):** I don't have an amendment on section—you have an amendment on schedule 3, section 2.

**Mr. Jeff Yurek:** Oh, okay.

**The Chair (Mr. Grant Crack):** This is schedule 3, section 1, as amended.

I'll call the vote again, just so I can get some clarification. Shall schedule 3, section 1, as amended, carry? Any

opposed? I declare schedule 3, section 1, as amended, carried.

We shall move to PC motion 1.1, which is a proposed amendment to subsection 2(0.1), subsection 1(1) of the Health Protection and Promotion Act. Mr. Yurek.

**Mr. Jeff Yurek:** Chair, seeing how we have moved an amendment earlier that fixes the barriers between Oxford's health unit and Elgin-St. Thomas—this amendment basically does the same route through different mechanisms, so I will withdraw my amendment.

**The Chair (Mr. Grant Crack):** Mr. Yurek is withdrawing, or not moving, PC motion 1.1. That is in order.

We shall move to government motion number 2, which is a proposed amendment to subsection 2(2), subsection 1(1) of the Health Protection and Promotion Act. Mr. Fraser.

**Mr. John Fraser:** Give me one second here. There we go. I've got it.

I move that subsection 2(2) of schedule 3 to the bill be struck out and the following substituted:

“(2) The definition of ‘food premise’ in subsection 1(1) of the act is amended by striking out ‘a private residence’ at the end and substituting ‘a room actually used as a dwelling in a private residence’.”

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** This motion would make a minor technical change in the wording of the definition of “food premise” in the act. The proposed amendment was requested by legal counsel of several boards of health. This would address the concern about potential confusion and exclusion of the entire private residence.

1520

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I'm still not sure exactly what it will do. What's the difference between a private residence and a room actually used as a dwelling in a private residence?

**Mr. John Fraser:** Can I get a technical—please?

**The Chair (Mr. Grant Crack):** That is in order.

If you would be so kind as to come before the committee and state your name for the record, we would appreciate it.

**Mr. Liam Scott:** Liam Scott, legal counsel with the Ontario Ministry of Health.

The original wording was substituting “a room of a private residence actually used as a dwelling.” The change would be to change the wording in the proposed motion to “a room actually used as a dwelling in a private residence”.

Several counsels for public health units raised the concern that the way the wording as it was before this motion would amend it, they believed, led to the possibility that if this matter appeared before a court—there was a small possibility that the court might read it as still excluding the entire private residence. We've looked at it from a legal perspective. I can say that I don't believe there's any substantive difference, from a legal perspec-



tive, between either of these wording changes, but several public health unit lawyers have requested that that change be made.

**The Chair (Mr. Grant Crack):** Thank you very much for coming before the committee. We appreciate it.

Any further discussion on government motion number 2? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Thank you for this clarification. I—

*Interruption.*

**Mr. Shafiq Qadri:** Chair, there's a quorum call.

**The Chair (Mr. Grant Crack):** I don't think there's anything that I need to do. There's nothing that we need to do, unless the member wants to vacate. That's fine. We don't adjourn because of a quorum call.

Madame Gélinas?

**M<sup>me</sup> France Gélinas:** I just wanted to thank legal counsel. I did not understand the difference. It's very small, and I have no problem with it.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on government motion number 2. Those in favour? Those opposed? I declare government motion number 2 carried.

There's one amendment to schedule 3, section 2. Is there any discussion on schedule 3, section 2, as amended? There being none, I shall call for the vote. Shall schedule 3, section 2, as amended, carry? Those in favour? Those opposed? I declare schedule 3, section 2, as amended, carried.

We shall move to schedule 3, section 3. We have PC motion 2.1, which proposes to amend subsection 3(2), subsection 5(2) of the Health Protection and Promotion Act. Mr. Yurek.

**Mr. Jeff Yurek:** I move that section 3 of schedule 3 to the bill be amended by adding the following subsection:

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

“Funding

“(2) The minister shall provide funding for 75 per cent of the actual costs associated with providing mandatory health programs and services.

“Money appropriated by the Legislature

“(3) The money required to provide the funding under subsection (2) shall be paid out of money appropriated by the Legislature for the purpose.”

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Yurek.

**Mr. Jeff Yurek:** We're seeing ongoing concerns from municipalities and health units. In particular, in 2015, the last year the data was available, municipal governments funded, on average, 38% of the public health costs for mandatory programs, despite Operation Health Protection launched by the province in 2004, which included phased-in increases of the provincial share to 75% by 2007—10 years behind. I think this emphasizes the fact that the province should pay its fair share.

**The Chair (Mr. Grant Crack):** Further discussion?

**Mr. John Fraser:** We won't be supporting the motion, Chair. We currently do fund 75% of certain programs, and that percentage may change in the future, so by restricting that in legislation—it can't move, or you'd have to change the legislation.

**The Chair (Mr. Grant Crack):** Madame Gélinas?

**M<sup>me</sup> France Gélinas:** I think it is wise to put it in the bill that if it's a provincial government-mandated public health program, then the provincial government should pay for the programs that they mandate, and to have a split of 75-25 is something that the government is on record as saying is fair, has been striving toward, and has yet to get there. I think it is only fair to treat the payers, which end up being the municipalities, with respect, and that means put it in the bill and not only say that you're going to do it but actually do it.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on PC motion 2.1. Those in favour of PC motion 2.1? Those opposed? I declare PC motion 2.1 defeated.

There are therefore no amendments to schedule 3, section 3. Any discussion? There being none, I shall call for the vote. Shall schedule 3, section 3 carry? Those in favour? Any opposed? I declare schedule 3, section 3 carried.

We shall move to schedule 3, section 4. We have NDP motion 2.2, which proposes to amend subsection 4(1), subsection 7(1) of the Health Protection and Promotion Act. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that subsection 7(1) of the Health Protection and Promotion Act, as set out in subsection 4(1) of schedule 3 to the bill, be struck out and the following substituted:

“Public health standards

“(1) The minister may, after consulting with the Association of Local Public Health Agencies and the boards of health, publish public health standards for the provision of mandatory health programs and services, and every board of health shall comply with them.”

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** We all know that there are changes coming to public health standards. We all know that the government has studied this issue. I just want to ensure that, going forward, the voice of the associations as well as the voices of the boards of health are heard. It only asks for consultations, but it would be very meaningful to them that they be consulted whenever there is a change to public health standards. We have seen in the past where it has not been done.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** We won't be supporting the motion. As the member knows, we've taken a two-year intensive development and consultation process for the Ontario public health standards. ALPHA and boards of health were significantly engaged in various advisory committees, subgroups, regional consultations and targeted stakeholder meetings, as well as the standards implementation task force.

**The Chair (Mr. Grant Crack):** Further discussion? Madame G  linas.

**M<sup>me</sup> France G  linas:** As the member just said, the government had no problem doing some consultations. All the motion does is that, moving forward, we want those consultations to continue.

**The Chair (Mr. Grant Crack):** Further discussion? Ms. Thompson.

**Ms. Lisa M. Thompson:** We're going to be supporting this particular amendment, because I think it's important to put on record that it's not just with regard to local health agencies; this government's MO, seemingly, is a consistent lack of consultation. It doesn't matter what the issue is; we're hearing from constituents throughout every riding in this province about the lack of consultation. This particular instance is a glaring one right now.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the recorded vote on NDP motion number 2.2.

#### Ayes

G  linas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 2.2 defeated.

We shall move to schedule 3, section 4. There are no amendments. Any discussion? There being none, I shall call for the vote. Shall schedule 3, section 4 carry? Those in favour? Any opposed? I declare schedule 3, section 4 carried.

We will move to government motion number 3. The Clerk has just received another motion from the government. It's government motion number 3, which is proposing a new section 4.1, section 18.1 of the Health Protection and Promotion Act. We will allow such time as the Clerk could hand out the motion. I have government motion 3 or 3R before me.

1530

So we are at government motion number 3, as I said, which proposes a new subsection, 4.1. Mr. Fraser.

**Mr. John Fraser:** I move that schedule 3 to the—

**The Chair (Mr. Grant Crack):** Are you proposing—

**Mr. John Fraser:** 3R.

**The Chair (Mr. Grant Crack):** 3R?

**Mr. John Fraser:** Yes.

**The Chair (Mr. Grant Crack):** Okay. For clarification purposes, what are you doing with government motion 3?

**Mr. John Fraser:** Withdraw.

**The Chair (Mr. Grant Crack):** Very good. We shall move to government motion 3R, which proposes a new section 4.1, section 18.1 of the Health Protection and Promotion Act. Mr. Fraser.

**Mr. John Fraser:** I move that schedule 3 to the bill be amended by adding the following section:

“4.1 The act is amended by adding the following section:

“Tattoos and jewellery of the eye

“18.1(1) No person shall sell, offer for sale or provide any of the following:

“1. Scleral tattooing.

“2. Implantation of eye jewellery under the conjunctiva.

“Exception

“(2) Subsection (1) does not apply to a member of a health profession set out in schedule 1 of the Regulated Health Professions Act, 1991, as long as the person is complying with all requirements provided for in the regulations under this act.”

**The Chair (Mr. Grant Crack):** Just for clarification: Under number 2, I believe you would want to say “conjunctiva.” Is that correct?

**Mr. John Fraser:** Oh, “conjunctiva.” Sorry. I didn't bring my readers.

**The Chair (Mr. Grant Crack):** This amendment at hand introduces a provision not contemplated by the bill as adopted at second reading. Although the bill has several purposes, I'm not satisfied that the amendment is relevant to the parameters of the bill and therefore it is beyond the scope of the bill and out of order. Mr. Fraser.

**Mr. John Fraser:** I'd like to ask for unanimous consent to consider this.

**The Chair (Mr. Grant Crack):** Mr. Fraser is requesting committee's unanimous consent to consider government motion 3R. Do we have unanimous consent?

**Interjections:** Yes.

**The Chair (Mr. Grant Crack):** Is there a no? I don't hear a no; so as a result, we will consider government motion 3R. Mr. Fraser.

**Mr. John Fraser:** Chair, this is something that we heard from the ophthalmologists—the eye council—when they came forward.

**Ms. Lisa M. Thompson:** A very good PMB, too.

**Mr. John Fraser:** Yes.

It's a very serious health concern that needs to be—I think, in the opinion of all of us here, I hope—immediately taken care of.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Yurek.

**Mr. Jeff Yurek:** Yes, we will be supportive of this amendment. I had actually had a private member's bill written up just in case it didn't make Bill 160, but I'm glad it has, so I will be fully supportive.

**The Chair (Mr. Grant Crack):** Madame G  linas.

**M<sup>me</sup> France G  linas:** Bill 160 is an omnibus bill and certainly allows us to do some changes to different parts of our health care system, and I'm happy to be able to add this. This is a practice that—we will all remember the graphic photos that were circulated when the eye surgeons came. I don't think I'll ever forget them. I'm happy to be able to support this.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on government motion 3R. Mr. Fraser?

**Mr. John Fraser:** Chair, can we do a recorded vote?

### Ayes

Fraser, Gélinas, Hoggarth, Potts, Qaadri, Rinaldi, Thompson, Yurek.

**The Chair (Mr. Grant Crack):** There are none opposed. I declare government motion 3R carried.

We shall move to schedule 3, section 5. There are no amendments.

*Interjection.*

**The Chair (Mr. Grant Crack):** Would you like to do 5 and—Madam Bundler, would like to do 5 and 6 together?

**Ms. Ann Hoggarth:** I think that would be in order, Chair.

**The Chair (Mr. Grant Crack):** Thank you, MPP Hoggarth. We will bundle—

**Ms. Ann Hoggarth:** Perhaps, Chair, we could bundle wherever you think it's a good idea, if everybody's good with that.

**The Chair (Mr. Grant Crack):** If the committee would like me to make the request right off the bat for your consideration, I would be more than happy to do that.

**Ms. Ann Hoggarth:** Thank you, Chair.

**Mr. Shafiq Qaadri:** As do other Chairmen, Mr. Chair.

**The Chair (Mr. Grant Crack):** Thank you.

Is there any discussion on schedule 3, section 5 or section 6? There being none, I shall call for the vote. Shall schedule 3, section 5 and section 6, carry? Those in favour? Any opposed? I declare schedule 3, section 5 and section 6, carried.

We shall move to government motion 4, which proposes an amendment to subsection 7(2), subsection 38(3) of the Health Protection and Promotion Act. Mr. Fraser.

**Mr. John Fraser:** I'll withdraw that.

**The Chair (Mr. Grant Crack):** That is in order. Government motion number 4 is withdrawn.

We shall move to government motion number 4R, which proposes an amendment to subsection 7(2), subsection 38(3) of the Health Protection and Promotion Act. Mr. Fraser.

**Mr. John Fraser:** I move that subsection 7(2) of schedule 3 to the bill be struck out and the following substituted:

“(2) Subsection 38(3) of the act is amended by striking out ‘A physician, a member of the College of Nurses of Ontario or a member of the Ontario College of Pharmacists’ at the beginning and substituting ‘A physician, a member of the College of Nurses of Ontario, a member of the Ontario College of Pharmacists or a prescribed member of a health profession set out in schedule 1 to the Regulated Health Professions Act, 1991’.”

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** This change was requested by the Ontario Nurses' Association to clarify that only regulated health professionals can report adverse events following vaccinations if they are prescribed by regulation.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** This is something that certainly the Ontario Nurses' Association had asked for. I think the language, once it had been revised, is even clearer than what was originally submitted, so I'm all for it.

**The Chair (Mr. Grant Crack):** Mr. Yurek.

**Mr. Jeff Yurek:** I will be supporting this amendment. I think it clearly fixes the concerns brought forward by the nurses.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on government motion number 4R. Those in favour of government motion 4R? Those opposed? I declare government motion 4R carried.

We shall move PC motion number 4.1, which proposes an amendment to subsection 7(2), subsection 38(3) of the Health Protection and Promotion Act. Mr. Yurek.

**Mr. Jeff Yurek:** Seeing how we just passed an amendment that achieves the same outcome as this amendment, I will withdraw this amendment.

**The Chair (Mr. Grant Crack):** That is in order. PC motion 4.1 is withdrawn.

We shall move NDP motion 4.1.1, which proposes an amendment to subsection 7(2), subsection 38(3) of the Health Protection and Promotion Act. Mr. Yurek.

**M<sup>me</sup> France Gélinas:** No, I think it's me.

**The Chair (Mr. Grant Crack):** Oh, sorry. Madame Gélinas. I'm so sorry.

**M<sup>me</sup> France Gélinas:** As it's three times a charm, I will also withdraw.

**The Chair (Mr. Grant Crack):** A withdrawal is in order. NDP motion 4.1.1 is withdrawn.

We shall move to PC motion 4.2, which proposes an amendment to section 7.1, clause 49(9)(a) of the Health Protection and Promotion Act. Mr. Yurek.

**Mr. Jeff Yurek:** Mr. Speaker—or Mr. Chair; not Speaker yet—seeing how we've already dealt with the situation between the Oxford county and Elgin-St. Thomas boards of health, I will withdraw this amendment.

**The Chair (Mr. Grant Crack):** That is in order. It is withdrawn.

We shall move PC motion number 4.3, which proposes an amendment to section 7(2), clause 55(a) of the Health Protection and Promotion Act. Mr. Yurek.

**Mr. Jeff Yurek:** Again, Chair, we were trying to hit every possible avenue to ensure that the barriers between Oxford county and Elgin-St. Thomas boards of health were removed. Again, since we have fixed this situation, I will withdraw this amendment.

**The Chair (Mr. Grant Crack):** That is in order. PC motion 4.3 is withdrawn.

We shall move to schedule 3, section 8. We have no amendments to schedule 3, section 8.

*Interjection.*

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**The Chair (Mr. Grant Crack):** Excuse me?

**Ms. Ann Hoggarth:** Did we miss schedule 3, section 7?

**The Chair (Mr. Grant Crack):** I think we dealt with that previously, before the new PC sections came in.

**Ms. Ann Hoggarth:** No, we didn't. We didn't.

**The Chair (Mr. Grant Crack):** Then I have it missing here. Thank you, Madam Hoggarth. From my notes, you are correct. There is one amendment to schedule 3, section 7. You get bonus points this afternoon.

Is there any discussion on schedule 3, section 7, as amended? There being none, I shall call for the vote. Shall schedule 3, section 7, as amended, carry? Those in favour? Any opposed? I declare schedule 3, section 7, as amended, carried.

We shall move to schedule 3, sections 8 through 9, 10, 11, 12. There are no amendments. Can I bundle those?

*Interjections.*

**The Chair (Mr. Grant Crack):** It shall be done. Is there any discussion on schedule 3, sections 8, 9, 10, 11 and 12? There being none, I shall call for a vote on schedule 3, section 8, 9, 10, 11 and 12. Those in favour? Any opposed?

I declare schedule 3, section 8 carried.

I declare schedule 3, section 9 carried.

I declare schedule 3, section 10 carried.

I declare schedule 3, section 11 carried.

I declare schedule 3, section 12 carried.

**Mr. Shafiq Qaadri:** You can bundle your references too, Chair.

**The Chair (Mr. Grant Crack):** I clarify that for the Clerk's table.

We shall move to PC motion 4.1, which proposes an amendment to subsection 13(5)—sorry?

**Mr. Lou Rinaldi:** It's 4.4.

**The Chair (Mr. Grant Crack):** What did I say?

**Mr. Lou Rinaldi:** You said "4.1."

**The Chair (Mr. Grant Crack):** It is PC motion 4.4. We've only got two and a half hours left, ladies and gentlemen.

PC motion 4.4, which proposes an amendment to subsection 13(5), subclause 96(5)(d)(v) of the Health Protection and Promotion Act: Mr. Yurek.

**Mr. Jeff Yurek:** Again, we have tried to ensure that barriers were removed between the Oxford and Elgin boards of health, and I will withdraw my motion.

**The Chair (Mr. Grant Crack):** That is in order. PC motion 4.4 is withdrawn.

We shall move to NDP motion 4.5, which proposes a new section, section 3—section 13.1, Health Protection and Promotion Act. Madame Gélinas.

**Mr. Lou Rinaldi:** Did we just move schedule 3, section 13?

**The Chair (Mr. Grant Crack):** Sorry?

**Mr. Lou Rinaldi:** Did we move schedule 3, section 13?

**M<sup>me</sup> France Gélinas:** We're doing it now.

**Mr. John Fraser:** No, we're doing another amendment, right? We're doing your amendment. But there's section 13, your section 13.1.

**The Chair (Mr. Grant Crack):** Thank you, Mr. Rinaldi. My notes are different.

We shall move to schedule 3, section 13. There are no amendments. Is there any discussion? There being none, I shall call for the vote. Shall schedule 3, section 13 carry? Those in favour? Any opposed? I declare schedule 3, section 13 carried.

We shall move to NDP motion number 4.5, which proposes a new section, schedule 3, section 13.1, Health Protection and Promotion Act. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that schedule 3 to the bill be amended by adding the following section:

"RRO 1990, Regulation 562

"13.1(1) Section 1 of regulation 562 of the Revised Regulations of Ontario, 1990 is amended by adding the following definition:

"“traditional foods” include wild-harvested foods such as wild meat, fish, birds, sea mammals, nuts, berries, and other plants and are an essential component of cultural identity, health, and survival for indigenous people;"

"(2) Subsection 40(3) of the regulation is repealed and the following substituted:

"(3) Despite subsection (1), food premises located at the Sioux Lookout Meno-Ya-Win Health Centre and at indigenous organizations serving traditional foods may have on the premises uninspected meat from wild moose, wild duck, wild goose, wild caribou, wild muskrat, wild rabbit, wild deer, wild beaver, wild elk and wild muskox if the animal or bird was killed in the course of hunting and if the following conditions are met:

"1. The uninspected meat is handled, prepared, processed and stored for the sole purpose of serving it to patients, visitors and staff at the health centre and community members and staff at the indigenous organizations.

"2. The uninspected meat is handled, prepared, processed and stored so that it does not come into contact with other food before the other food is served.

"3. Patients, visitors and staff at the health centre and community members and staff at indigenous organizations are informed in writing each time before they are served uninspected meat that the meat has not been inspected in accordance with either Ontario regulation 31/05 (Meat) made under the Food Safety and Quality Act, 2001 or the Meat Inspection Act (Canada) and that meat that has been inspected is available for consumption.

"4. Patients, visitors and staff at the health centre and community members and staff at indigenous organizations are informed in writing that meat that has been inspected in accordance with either Ontario regulation 31/05 (Meat) made under the Food Safety and Quality

Act, 2001 or the Meat Inspection Act (Canada) is always available to be served on the premises.”

**The Chair (Mr. Grant Crack):** This motion seeks to amend a regulation made under the Health Promotion and Protection Act. Regulation-making authority, as prescribed by the act, is the Lieutenant Governor in Council's. The committee does not have the authority to consider this regulation. Therefore, this motion is out of order.

Madame Gélinas?

**M<sup>me</sup> France Gélinas:** Given that we have this omnibus bill and it's the last opportunity, I would ask for unanimous consent so that we could respect the wishes of the indigenous people.

**The Chair (Mr. Grant Crack):** As I indicated, we don't have the legal authority to deal with regulation. That is left with the Lieutenant Governor in Council; therefore the committee cannot consider it. It is out of order.

**M<sup>me</sup> France Gélinas:** Even with unanimous consent?

**The Chair (Mr. Grant Crack):** It's a regulation.

**M<sup>me</sup> France Gélinas:** Ah.

**The Chair (Mr. Grant Crack):** We shall move to schedule 3, section 14. There are no amendments. Any discussion? There being none, I shall call for the vote. Shall schedule 3, section 14 carry? Those in favour? Any opposed? I declare schedule 3, section 14 carried.

We shall move to government motion number 5, which is proposing a new section to schedule 3, section 14.1, subsection 100(3) of the Health Protection and Promotion Act. Mr. Fraser.

**Mr. John Fraser:** I move that schedule 3 to the bill be amended by adding the following section:

“14.1 Subsection 100(3) of the act is amended by striking out ‘18’ and substituting ‘18, 18.1.’”

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** The motion is related to government motion 3. It would make the sale or offering for sale or the provision of scleral eye tattooing and implantation of eye jewellery under the conjunctiva an offence under the act.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I don't see this anywhere in front of me. Can a lawyer come and help, please?

**The Chair (Mr. Grant Crack):** Once again, please state your name for the record.

**Mr. Liam Scott:** Yes. Liam Scott, legal counsel with the Ontario Ministry of Health.

Proposed section 14.1 would amend section 100 of the Health Protection and Promotion Act, which sets out offences for failing to comply with various sections of the Health Protection and Promotion Act.

Given the earlier decision by this committee to pass the motion which would ban the offering for sale or providing of scleral tattooing and eye jewellery under the conjunctiva, this would make it an offence under the act to fail to comply with that section. If the section was not

passed, there would be a statutory requirement that people not do this and it wouldn't be an offence under the HPPA if it wasn't done.

**M<sup>me</sup> France Gélinas:** So this is the part that makes it an offence?

**Mr. Liam Scott:** Correct.

**M<sup>me</sup> France Gélinas:** Okay.

1550

**The Chair (Mr. Grant Crack):** Further discussion? There being none, thank you very much, sir, for coming before committee.

I shall call for the vote on government motion number 5. Those in favour? Those opposed? I declare government motion number 5 carried.

We shall move to schedule 3, sections 15 and 16. Is there any discussion on 15 and/or 16? There being none, I shall call for the vote. Shall schedule 3, section 15 and schedule 3, section 16 carry? Any opposed? I declare schedule 3, section 15 carried, and I also declare schedule 3, section 16 carried.

We did have amendments to schedule 3. Is there any discussion on schedule 3, as amended? There being none, I shall call for the vote. Shall schedule 3, as amended, carry? Any opposed? I declare schedule 3, as amended, carried. That is it for schedule 3.

Now we shall move to schedule 4, everyone, which is the Health Sector Payment Transparency Act, 2017. We have schedule 4, section 1. There are no amendments. Any discussion? There being none, I shall call for the vote. Shall schedule 4, section 1 carry? I declare schedule 4, section 1 carried.

We shall move to schedule 4, section 2. We have NDP motion 5.1, which proposes to amend section 2, the definition of “drug,” in the Health Sector Payment Transparency Act, 2017. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Schedule 4 to the bill, section 2, definition of “drug.”

I move that the definition of “drug” in section 2 of schedule 4 to the bill be amended by adding “and includes oxygen therapy” after “for human use”.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas?

**M<sup>me</sup> France Gélinas:** Basically, to make it clear that all of the transparency that we want to happen surrounding drugs: Oxygen is not considered a drug, but still, because it is dealt with often through similar suppliers and a similar supply chain, that it also be included in that bill.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** We won't be supporting this motion. I think it would be more appropriate to further consider this as part of the consultative process in regulation-making.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Can I have a lawyer confirm for me that if we use the word “drug,” we will still be able to add oxygen therapy? Nowhere does the word “drug”

include oxygen. Therefore, we would not be able to add it in regulation.

**The Chair (Mr. Grant Crack):** Do we have anyone from the ministry who could respond to Madame Gélinas's concerns? Thank you. State your name and position for the record. We welcome you.

**Ms. Whitney Smith:** My name is Whitney Smith and I'm legal counsel with the Ministry of Health and Long-Term Care.

I'll just draw your attention to schedule 4, where we have the definition of "drug" set out. Clause (a) defines a drug as the same definition as in the Drug and Pharmacies Regulation Act, but under clause (b) it says, "any other prescribed substance or preparation." If we find that there is anything that's not covered under clause (a), we will be able to prescribe it under clause (b).

*Interjection.*

**Ms. Whitney Smith:** In regulation, yes.

**M<sup>me</sup> France Gélinas:** Thank you.

**The Chair (Mr. Grant Crack):** Thank you for coming before committee. Further discussion? There being none, I shall call for the vote on NDP motion 5.1. It will be a recorded vote. I can assume, Madame, you want to continue with the recorded votes?

**M<sup>me</sup> France Gélinas:** The whole thing.

**The Chair (Mr. Grant Crack):** Okay, very good.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 5.1 defeated.

We shall move to NDP motion 5.2, which proposes amendments to section 2, the definition of "medical device" in the Health Sector Payment Transparency Act, 2017. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Schedule 4 to the bill, section 2, definition of "medical device."

I move that that the definition of "medical device" in section 2 of schedule 4 to the bill be struck out and the following substituted:

"medical device" means,

"(a) a device as defined in section 2 of the Food and Drugs Act (Canada) that is intended for human use other than a prescribed device,

"(b) a respiratory device, and

"(c) any other prescribed instrument, apparatus, contrivance or similar article intended for human use; ('instrument medical')"

**The Chair (Mr. Grant Crack):** Further discussion on NDP motion 5.2? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I think it makes it clear that we want to capture all the medical devices. "Medical device" is a term that has been defined before. It tends to be

narrowly defined, and this allows us to make sure that we capture all of the respiratory devices that are not presently captured under "medical device."

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** We won't be supporting this motion for the reasons that I described in the previous one.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** It worked pretty well with the previous one; let's see if the legal counsel is as good on the second one as she was on the first one.

**Ms. Whitney Smith:** Whitney Smith, legal counsel, Ministry of Health and Long-Term Care.

For this one, I'll just draw you this time to—instead of "medical device," look at the definition of "medical product."

**M<sup>me</sup> France Gélinas:** Where are we in the bill?

**Ms. Whitney Smith:** In the definitions section. If you just—

**M<sup>me</sup> France Gélinas:** "Medical product" means"—

**Ms. Whitney Smith:** Yes. It's alphabetical.

Clause (a) is "a drug," clause (b) is "a medical device," and clause (c) is "any other prescribed product." That leaves it open for additional products to be prescribed by regulation after the consultation process.

**The Chair (Mr. Grant Crack):** Madame Gélinas.

**M<sup>me</sup> France Gélinas:** On this one, I think I would like to err on the side of caution by making sure that we add it. Given that "medical device" is but one of many, I would like to have it defined.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on NDP motion 5.2. It will be recorded.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 5.2 defeated.

We shall move to government motion number 6, which is a proposed amendment to section 2, Health Sector Payment Transparency Act, 2017. Mr. Fraser.

**Mr. John Fraser:** I move that the definition of "personal information" in section 2 of the Health Sector Payment Transparency Act, 2017, as set out in schedule 4 to the bill, be struck out and the following substituted:

"personal information" has the same meaning as in subsection 2(1) of the Freedom of Information and Protection of Privacy Act, other than personal information that is personal health information within the meaning of the Personal Health Information Protection Act, 2004; ('renseignements personnels')

**The Chair (Mr. Grant Crack):** Just for clarification—

**Mr. John Fraser:** Did I miss something?

**The Chair (Mr. Grant Crack):** “I move that”—could you repeat that sentence?

**Mr. John Fraser:** I move that the definition of “personal information” in section 2 of the Health Sector Payment Transparency Act, 2017, as set out in schedule 4 to the bill, be struck out and the following substituted—

**The Chair (Mr. Grant Crack):** I need a second, because that’s not what I have here.

*Interjections.*

**The Chair (Mr. Grant Crack):** What we’re just trying to clarify is that the motions that we received by the government are exactly the ones being put forward.

Mr. Fraser.

**Mr. John Fraser:** Perfect. I’m going to reread it.

**The Chair (Mr. Grant Crack):** “I move”—could you clarify that for a final time?

**Mr. John Fraser:** Yes.

I move that the definition of “personal information” in section 2 of schedule 4 to the bill be struck out and the following substituted—

**The Chair (Mr. Grant Crack):** That’s clear. That’s what we have here.

Further discussion? I don’t think anything else changed—unless you want to read it into the record again?

**M<sup>me</sup> France Gélinas:** Maybe just to make sure it’s not different.

**The Chair (Mr. Grant Crack):** Okay. Do it again one more time. Thanks.

**Mr. John Fraser:** From the beginning?

**The Chair (Mr. Grant Crack):** Please.

**Mr. John Fraser:** I move that the definition of “personal information” in section 2 of schedule 4 to the bill be struck out and the following substituted:

“‘personal information’ has the same meaning as in subsection 2(1) of the Freedom of Information and Protection of Privacy Act other than personal information that is personal health information within the meaning of the Personal Health Information Protection Act, 2004; (‘renseignements personnels’)”

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** The motion would further clarify that the intent of the legislation is not to collect, use or disclose personal health information.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on government motion number 6. Those in favour? Those opposed? I declare government motion number 6 carried.

**Mr. John Fraser:** Chair?

**The Chair (Mr. Grant Crack):** Yes, sir?

**Mr. John Fraser:** I’d like to call for a 10-minute recess.

**The Chair (Mr. Grant Crack):** That is in order, unless there is opposition? There is none. We shall recess. For how long?

**Mr. John Fraser:** Ten.

**The Chair (Mr. Grant Crack):** Ten minutes. We shall be back here at 4:10. Thank you.

*The committee recessed from 1601 to 1612.*

**The Chair (Mr. Grant Crack):** Okay, back to order. I hope everyone enjoyed their recess. We are going to move to PC motion 6.1, which is proposing an amendment to section 2, Health Sector Payment Transparency Act, 2017. Mr. Yurek.

**Mr. Jeff Yurek:** Thank you, Chair.

**The Chair (Mr. Grant Crack):** It’s 6.1.

**Mr. Jeff Yurek:** I move that the definition of “personal information” in section 2 of schedule 4 to the bill be struck out and the following substituted:

“‘personal information’ means personal information, as defined in subsection 2(1) of the Freedom of Information and Protection of Privacy Act, about a recipient, a payor, an intermediary, or an affiliate of a payor or an intermediary;”

**The Chair (Mr. Grant Crack):** Further discussion, Mr. Yurek?

**Mr. Jeff Yurek:** It is almost the same as the last amendment, but it doesn’t exclude personal health information as defined by PHIPA, and we’re ensuring that that is added back in.

*Interjections.*

**The Chair (Mr. Grant Crack):** Sorry; I’m just checking to ensure that the committee has not already made a decision on this particular—

**Mr. Jeff Yurek:** I say it’s okay.

**The Chair (Mr. Grant Crack):** I’m sure you do.

*Interjections.*

**The Chair (Mr. Grant Crack):** After careful consideration, it’s out of order, as I believe we’ve dealt with a similar motion just previously.

Next we’ll move to NDP motion 6.1.0.1, proposing an amendment to section 2, definition of “personal information,” Health Sector Payment Transparency Act, 2017. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that the definition of “personal information” in section 2 of schedule 4 to the bill be struck out and the following substituted:

“‘personal information’ means personal information as defined in section 2 of the Freedom of Information and Protection of Privacy Act about a recipient, a payor, an intermediary, or an affiliate of a payor or an intermediary; (‘renseignements personnels’)”

**The Chair (Mr. Grant Crack):** Similar to the ruling I just made with PC motion 6.1, it’s an issue that has already been dealt with by the committee, so I’ll declare it out of order.

We’ll move to NDP motion 6.1.0.2, which is an amendment to section 2, definition of “recipient.” Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that the definition of “recipient” in section 2 of schedule 4 to the bill be amended by adding “and includes a person who receives a transfer of value from a payor at a community health

facility of any type where a regulated professional works, or at any location that sells hearing aids” at the end.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Basically, it’s to make the definition of “recipient” broader than what it is right now. We will be dealing with community health facilities soon, and as soon as there’s a regulated health professional who works in one of those, including the location that sells hearing aids—because it doesn’t have to be a health professional who sells hearing aids, but it is still a transfer of value that the public should be aware of. If the intent of the bill is to treat everybody the same, then they should also be covered.

Right now, the way we have it, audiologists will be covered by the bill. So if they get any transfer of value from the makers of hearing aids, everybody will know. But audiologists sell a very small part of hearing aids. Most hearing aids are sold in stores. Costco sells more hearing aids than all of the audiologists put together, and so do a number of retail outlets. The way we have it now, with audiologists we would know the transfer of value, but for everybody else who sells those hearing aids, we would not. It’s the same thing with other community health facilities that employ regulated health professionals.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** The proposed bill contains regulation-making authority in order to define recipients. I think that that would be the best way for us to deal with this in the bill.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I know that we have some lawyers who are eager to come and show me where in the bill what he just said happens.

**The Chair (Mr. Grant Crack):** Once again, Ms. Smith, please state your name.

**Ms. Whitney Smith:** Thank you. I’ll just actually draw you back to the definitions section again at the beginning of the bill. Where you look at “recipient”—it’s the third from the last—it says, “‘recipient’ means a prescribed person or entity that receives a transfer of value from a payor.” The intention of this bill is to prescribe all recipients by regulation after consultations have taken place. That would mean that at this point, there’s actually nothing in this act that says what a recipient is. That would happen at a later date, when they’re added by regulation.

**M<sup>me</sup> France Gélinas:** Okay. When I received my briefing, it was made clear that it was not only to be physicians, but it was to be all regulated health professionals. But what you’re telling me is that it could be none of that? The definition of “recipient” could exclude physicians and all regulated health professionals?

**Ms. Whitney Smith:** I think there is a distinction to be made between what is in the bill and what the intentions are, what had been stated during consultations. I

think that the government has indicated that it would like to have further consultations with stakeholders to determine who exactly should be named as a recipient.

**The Chair (Mr. Grant Crack):** Thank you, Ms. Smith.

Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I wish to keep this in even more now because of what she just said. There have to be some recipients already identified in this bill.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on NDP motion 6.1.0.2, a recorded vote.

### Ayes

Gélinas, Thompson, Yurek.

### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.1.0.2 defeated.

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We shall move to NDP motion 6.1.1, which proposes an amendment to section 2, definition of “recipient,” Health Sector Payment Transparency Act, 2017. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that the definition of “recipient” in section 2 of schedule 4 to the bill be struck out and the following substituted:

“‘recipient’ means any of the following that receives a transfer of value from a payor:

“1. A registered respiratory therapist.

“2. A member of the College of Physicians and Surgeons of Ontario.

“3. A registered nurse in the extended class, and any other member of the College of Nurses of Ontario.

“4. Any facility where a regulated health professional works.

“5. A long-term care home.

“6. An organization jointly owned, managed and/or operated by health care organizations to provide services in the community, and its directors, officers and employees.

“7. A prescribed person or entity. (‘bénéficiaire’)”

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I fully understand that the definition has an opportunity to be even broader, but I wanted to make sure that, at a minimum, all of those people would be covered in the definition of “recipient.”

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on NDP motion 6.1.1, and it will be recorded.

### Ayes

Gélinas.



### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.1.1 defeated.

We shall move to NDP motion 6.1.2, which proposes an amendment to section 2, definition of “transfer of value,” Health Sector Payment Transparency Act, 2017. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that the definition of “transfer of value” in section 2 of schedule 4 to the bill be struck out and the following substituted:

“‘transfer of value’ means a transfer of value of any kind and includes a payment, benefit, gift, advantage, perquisite or any other prescribed benefit, including, without being limited to,

“(a) royalties, dividends or licences, current or prospective ownership, or investment interests,

“(b) rebates,

“(c) staff costs,

“(d) space rental or facility fees,

“(e) sample products,

“(f) honoraria, grants, gifts, charitable contributions,

“(g) educational seminars,

“(h) consulting fees and compensation for services other than consulting, including serving as faculty or as a speaker at an event other than a continuing education program,

“(i) entertainment, food and beverage, travel and lodging,

“(j) education, research, compensation for serving as faculty or as a speaker for any kind of continuing education program,

“(k) management fees; (‘transfert de valeur’)”

**The Chair (Mr. Grant Crack):** Discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Basically, I want to make sure that, at a minimum, the definition of “transfer of value” includes those. I am not opposed to the way it is written right now, to make it broader through regulation. But at a minimum, I want those included.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** Again, I feel that it’s best to deal with this through consultation in the regulatory process.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the recorded vote.

### Ayes

Gélinas.

### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.1.2 defeated.

We will, therefore, move to NDP motion 6.1.3, which proposes an amendment to subsection 2(2), Health Sector Payment Transparency Act, 2017. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that section 2 of schedule 4 to the bill be amended by adding the following subsection:

“Committee to Evaluate Drugs

“(2) A member of the committee of the Ministry of Health and Long-Term Care known as the Committee to Evaluate Drugs who receives a transfer of value from a payer is a recipient for the purposes of this act.”

It’s to make sure—sorry.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** It’s to make sure that the people appointed to or who work for the Committee to Evaluate Drugs can be shown to be completely impartial in their evaluation and recommendations regarding which drugs would go onto the list for Ontario. I wanted to make sure they were captured.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** I won’t be supporting this motion for the reasons I previously stated in the last motion: I think it’s best dealt with through the consultative process and regulation.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** There is quite a bit of unease with the people of Ontario regarding which drugs make it on to the formulary and which drugs do not. We all know that a lot of those decisions are based in huge part on the recommendations from the Committee to Evaluate Drugs at the provincial level. The people of Ontario deserve to know that the people who are making those decisions are free from interference from the drug industry or others. That’s the purpose of this amendment.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on NDP motion 6.1.3. Recorded.

### Ayes

Gélinas, Thompson, Yurek.

### Nays

Fraser, Hoggarth, Potts, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.1.3 defeated.

We shall move to NDP motion 6.1.4, which is a proposed amendment to subsection 2(3) of the Health Sector Payment Transparency Act, 2017.

**M<sup>me</sup> France Gélinas:** I move that section 2 of schedule 4 to the bill be amended by adding the following subsection:

“Employees

“(3) For greater certainty, health professionals who are directly employed by innovative medicine companies are recipients for the purposes of this act.”

**The Chair (Mr. Grant Crack):** Further discussion?

**M<sup>me</sup> France Gélinas:** Here again, in innovative medicine, we know that there are transfers of value that happen daily—some of them quite formidable, to say the least. This is just to make sure that they are included in the list of recipients.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** Again, I believe this is best dealt with through consultation and the regulatory process.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the recorded vote.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.1.4 defeated.

We shall move to schedule 4, section 2. There are no amendments. Any discussion?

*Interjection.*

**The Chair (Mr. Grant Crack):** Oh, yes, there was one amendment. My apologies. Schedule 4, section 2 was amended. Any discussion? There being none, I shall call for the vote. Shall schedule 4, section 2, as amended, carry? Any opposed? I declare schedule 4, section 2, as amended, carried.

We shall move to NDP motion 6.1.5, which is an amendment to section 3 of the Health Sector Payment Transparency Act.

**M<sup>me</sup> France Gélinas:** I move that section 3 of schedule 4 to the bill be amended by adding the following paragraph:

“5.1 Vendors of drugs, medical devices, medical products, respiratory services and respiratory devices.”

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I want to make sure that those are included when we look at the transfer of value.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** Again, I believe this is best dealt with through consultation and the regulatory process.

**The Chair (Mr. Grant Crack):** Madame Gélinas.

**M<sup>me</sup> France Gélinas:** It was quite interesting that when the government first put out Bill 160, I had no idea it was going to be an omnibus bill. I thought it was going to be a bill that legislated how much drug companies paid to physicians because, frankly, that’s all they talked about. Only after the bill was printed did we see that it

was an actual omnibus bill. That part was a small part, although important.

When I took the briefing, when I asked the questions, when we read—for the government, they have repeated and the minister has repeated a number of times that they’ve worked with big pharma and they’re all open to have those transfers of value. If you’re going to do this, it’s not only the vendors of drugs that do value transfers. Medical devices, medical products, respiratory services, respiratory devices: They all do transfers of value to the health professionals, and through the research that was shared with us, we can see that it is having an impact on the behaviour of the health professionals. So I seek to have those included right in the bill to make sure that the bill is broader than the intent that the government has given it so far.

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**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the recorded vote on NDP motion 6.1.5.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.1.5 defeated.

There are therefore no amendments to schedule 4, section 3. Any discussion? There being none, I shall call for the vote. Those in favour of schedule 4, section 3? Any opposed? I declare schedule 4, section 3 carried.

We shall move to NDP motion 6.1.6, which proposes a new section, 3.1, in schedule 4 of the Health Sector Payment Transparency Act, 2017. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that schedule 4 to the bill be amended by adding the following section:

“Groups

“3.1 For greater certainty, shared services organizations and group purchasing organizations that provide or receive transfers of value are payors or recipients, as the case may be, for the purposes of this act.”

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** You will all remember that I was part of the legislative committee that looked at diluted chemo drugs. So was Mr. Yurek. One of the primary recommendations from the diluted chemo drugs report was to make sure that we bring more transparency and accountability to the transfer of value that happens through shared services organizations and group purchasing organizations.

Right now, a lot of hospitals have no idea of the purchase cost of what they get. Through their group purchasing organizations, they get a percentage, a rebate, back, and they’re all happy because they did not have to

pay for the service of procuring those drugs or other services. But the transfer of value has a tremendous impact on the quality of patient care, for sure. We've seen this through the diluted chemo drugs that happened here in Ontario. We made recommendations in our report to do just that, but as Bill 160 is here, as we all know, none of the recommendations from the diluted chemo drugs report were ever implemented. This is an opportunity to follow up on the recommendations from that report, and it fits in with Bill 160 quite nicely. I think you would be surprised at the transfer of value that happens through group purchasing organizations and shared services organizations. The rebate section alone is in the millions of dollars.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** Again, Chair, I think this is best dealt with through consultation and the regulatory process.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** The committee that looked at the diluted chemo drugs made those recommendations—going by memory—four years ago, and they have not been implemented. I'm not willing to leave it to regulations to get implemented. We have a chance to put it into the bill and to show respect for all of the people who had their chemotherapy treatment compromised or worried about having it compromised because of the diluted chemotherapy that they received. I think we owe it to them to pass this in legislation and not wait for regulations.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call the recorded vote on NDP motion 6.1.6.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.1.6 defeated.

We shall move to schedule 4, section 4. We have PC motion 6.2, which proposes an amendment to clause 4(2)(0.a) of the Health Sector Payment Transparency Act, 2017. Mr. Yurek.

**Mr. Jeff Yurek:** I move that subsection 4(2) of schedule 4 to the bill be amended by adding the following clause:

“(0.a) involves the provision of pharmaceutical samples by pharmaceutical manufacturers to prescribed health care professionals for the purposes of providing such samples to patients;”

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Yurek.

**Mr. Jeff Yurek:** Chair, we heard from some deputants and some people who emailed the committee the fact that doctors who are receiving samples may not be able to receive them or may be fearful of taking them in. I've seen personally, in my role as a pharmacist, people who aren't able to afford medication getting by with the samples received from doctors and now nurse practitioners. It's a concern that we need to take a look at. I'd hate to see gaps be created with this legislation that further remove patients from accessing the medications they need.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** Again, I think this amendment—I'd like to thank the member for bringing it forward—is best dealt with through consultation and the regulatory process.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on PC motion number 6.2. Those in favour? Those opposed? I declare PC motion 6.2 defeated.

We shall move to NDP motion 6.2.1, which is proposing an amendment to clause 4(2)(a), Health Sector Payment Transparency Act, 2017. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that clause 4(2)(a) of schedule 4 to the bill be amended by striking out “the prescribed threshold” and substituting “\$10”.

**The Chair (Mr. Grant Crack):** Any discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** We had quite a body of evidence that was presented to us during deputations that showed that a very small amount can have an impact on the prescribing and on the behaviour of health care professionals. I would like it in the bill, to send a strong message to everybody out there that it was not just a PR exercise to put that bill forward, but that if we're going to show transparency, we are serious about it.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** Again, I think this is best dealt with through consultation and the regulatory process.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** We had quite a bit of consultation on this part of the bill. This is the number that came up through, I would say, the most robust body of evidence that we had on this topic.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the recorded vote on NDP motion 6.2.1.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.2.1 defeated.

We shall move to NDP motion 6.2.2, proposing an amendment to subsection 4(7), Health Sector Payment Transparency Act. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that subsection 4(7) of schedule 4 to the bill be amended by adding “but at least annually” at the end.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I know that consultation is a great thing, apparently, but if you don't print those things and make them available at least annually, then why bother? I would say that by putting “but at least annually,” you know that once a year this information on value transfer will become available. If you intend to go more than a year, like every five or 10 years, don't bother.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** Again, the frequency of reporting information of transfer of value to the minister will be prescribed through regulations. Also, subsection 6(1) of the proposed legislation requires the ministry to disclose the information at least once in a calendar year, which makes the proposed motion somewhat redundant.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Could we have a lawyer to make sure that what he just said is exactly the same as what I want? I did not read it the same way.

**The Chair (Mr. Grant Crack):** Welcome back.

**Ms. Whitney Smith:** Hi. I'll just take you to the legislation. You're proposing an amendment to section 4, subsection (7), which sets out that a payer will report to the minister “at the prescribed times and in the prescribed manner.”

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If you just follow it down the page to section 6, the minister will be required to report on the transfers of value “on a website and in any other manner that the minister considers appropriate at least once in a calendar year.”

So the minister has an obligation to report at least once in a calendar year. He will determine the frequency with which he wants to collect the information, but he'll need to do it at a frequency that would permit him to at least be able to report on it annually, because he's required by the legislation to do so.

**M<sup>me</sup> France Gélinas:** Okay, so when I read this and I read “other time as the minister considers appropriate,” if he considers it appropriate every 10 years, the minister won't be able to do this?

**Ms. Whitney Smith:** No. It says “in any other manner that the minister considers appropriate at least once in a calendar year.” So he can report on a website and any other way. If he thought it was helpful to send something out by mail, he could do that as well. But he must do it a minimum of once per calendar year.

**M<sup>me</sup> France Gélinas:** Okay. And the rest of that sentence in this doesn't negate the beginning of the sentence? I'm not aware.

**Ms. Whitney Smith:** No. It means that he's not limited to once in a calendar year.

**M<sup>me</sup> France Gélinas:** Okay.

**The Chair (Mr. Grant Crack):** Further discussion? Thank you for your input, Ms. Smith. Any further discussion? There being none, I shall call for the vote on NDP motion 6.2.2.

**Ayes**

Gélinas.

**Nays**

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.2.2 defeated.

There are no amendments that carried on schedule 4, section 4. Any discussion? There being none, I shall call for the vote. Shall schedule 4, section 4 carry? Any opposed? I declare schedule 4, section 4 carried.

We shall move to NDP motion 6.2.3, which is proposing a new section to schedule 4: section 4.1. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that schedule 4 to the bill be amended by adding the following section:

“No training by non-governmental agencies

“4.1(1) No person or organization other than the government of Ontario or one of its transfer payment agencies may provide education in the area of drugs.

“Billing

“(2) The government of Ontario or a transfer payment agency may require one or more payors to reimburse it for the cost of education referred to in subsection (1).”

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** We've heard a lot about drug manufacturers and representatives paying for education. We've also received from deputants the impact and influence that those educational sessions are having on the prescribers and on the quality of care. What this would do is that it would now be up to the government of Ontario to do the continuing education that is now being done by drug reps and drug companies, but it also gives the government the right to get reimbursed.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** I won't be supporting this. Industry-funded professional education constitutes a value—or education opportunities are for health care professionals in Ontario's health care system. This is beyond the scope. The intent of this section of the bill is to make transparent those transfers of value, not to restrict them. It's so people can see what is out there. I won't be supporting this motion.

**The Chair (Mr. Grant Crack):** MPP Qaadri.

**Mr. Shafiq Qaadri:** I would also just say, with respect, that in addition to having a Ministry of Health and Long-Term Care, to execute what Madame Gélinas has said, you'd also have to create a faculty of medicine.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I would say that we already know that a big part of the bill was to deal with drug companies offering continuing education. If it's clear that it is not the intention to stop this, then we already have heard from many physicians and other health professionals that they already have, by themselves, made the decision to stop all transfers of value. If the only way to get continuing education is to participate in drug rep substitute training, and now you have health care professionals who do not want to receive any transfer of value because they do not want—where will they get their continuing education? This is what this is all about.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** Again, the intent of this section of this bill is to make clear what the transfers of value are. Once that transparency is there, we'll see what transfers of value are there and then be able to take, I think, appropriate measures, if necessary, to adjust anything that needs to be adjusted. To actually go forward and restrict something like this in this manner is a pretty blunt instrument, and I think it requires that transparency that this section of the bill is going to achieve. With all due respect, I don't think it's appropriate in this part of the bill.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call the recorded vote on NDP motion 6.2.3.

#### Ayes

Gélinas.

#### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.2.3 defeated.

We shall move to PC motion 6.3, which is a proposal to amend section 5. Mr. Yurek.

**Mr. Jeff Yurek:** I move that section 5 of schedule 4 to the bill be struck out and the following substituted:

“Use of information for analysis

“5. The minister shall analyze the information reported under this act, including any personal information, for the purposes of health system evaluation and planning.”

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Yurek?

**Mr. Jeff Yurek:** Yes. We're basically following the recommendations by the privacy commissioner to remove “policy analysis” from the end of the sentence.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I agree. The Information and Privacy Commissioner made it clear in his report that, basically, research and policy analysis—and this motion does that.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call the vote on PC motion 6.3.

**Mr. Jeff Yurek:** Recorded.

**The Chair (Mr. Grant Crack):** A recorded vote has been requested, which is in order.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.3 defeated.

We shall move to NDP motion 6.3.1, which proposes to amend section 5. Mr. Yurek.

**M<sup>me</sup> France Gélinas:** Gélinas.

**The Chair (Mr. Grant Crack):** Sorry, Madame Gélinas. What a guy.

**M<sup>me</sup> France Gélinas:** It's okay.

I think it's identical to the one we just did.

**The Chair (Mr. Grant Crack):** Hence?

**M<sup>me</sup> France Gélinas:** Hence, I forget what I'm supposed to do.

**The Chair (Mr. Grant Crack):** Are you willing not to move it, or—

**M<sup>me</sup> France Gélinas:** Then I'm not going to move it.

**The Chair (Mr. Grant Crack):** Very good. NDP motion 6.3.1 is not moved.

There are therefore no amendments to schedule 4, section 5. Any discussion? There being none, I shall call for the vote. Those in favour of schedule 4, section 5 carrying? Any opposed? There being none, I shall declare schedule 4, section 5 carried.

We shall move to schedule 4, section 6, which is NDP motion 6.3.2, proposing an amendment to subsection 6(1). Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that subsection 6(1) of schedule 4 to the bill be struck out and the following substituted:

“Publication of information

“(1) The minister shall, in any format the minister considers appropriate, disclose the information reported under this act, which may include personal information, on a website and in any other manner that the minister considers appropriate at least once in a calendar year and at any other time as the minister considers appropriate. Any disclosure and publication shall include descriptive, qualitative information about the nature of any transfer of value.”

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas?

**M<sup>me</sup> France Gélinas:** If the sole aim of this bill is to bring in transparency, which, in and of itself, I have doubts on, at least if we're going to put the name of the health care professional and the amount of transfer of value that they receive, we owe it to them to make sure that there will be descriptive and qualitative information about the nature of the transfer of value.

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We have heard from deputants who came forward that we have made them very nervous. Some of the examples that we heard were accessing medication for compassionate reasons where a physician or nurse practitioner will gain access to expensive medication. The transfer of value will be shown as if that transfer was done to the physician or the nurse practitioner or the midwife or whoever sought this compassionate access to medication. At least if people see that this was the intent of the transfer of value, they will see it differently than a trip to Mexico in January for reasons unknown.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** The proposed legislation permits the minister to publish the information in any manner that the minister considers appropriate. That includes regulation-making authority to further prescribe processes and requirements or conditions related to disclosure. As I've said before, the ministry intends to take on further consultations to take a look at how we can proceed in the regulatory process.

**The Chair (Mr. Grant Crack):** Mr. Yurek.

**Mr. Jeff Yurek:** I will be supporting this amendment. I think it puts in a necessary safeguard which would prevent this government or future governments from distorting the background information, which would explain why certain health care professionals received certain payments. I'm thinking of samples in particular. It takes away the partisan ability of this list that the government can put out.

As we've seen previously, in the last year this current government has utilized doctor billings and misconstrued their facts to the media in an effort to win over the public in a contract dispute. I'd hate for this to occur again.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas?

**M<sup>me</sup> France Gélinas:** Along the same lines, the relationship between Ontario's physicians and the Ontario government right now is very close to an all-time low. There's a lot of distrust and there's a lot of information that has been shared and things that have been said and done that have been very hurtful.

Right now, we have a huge contingent of physicians who see this as another way for the government to give them a black eye. The same way that some of the billing information was shared out of context, they see this as another way for the government to put them down. I think it would reassure them if we put it into the bill that the public information will have descriptions and

qualitative information and that the government can still do consultations and put out exactly what those descriptions and qualitative information are going to be. But at least give them the reassurance that you're not just going to print their name and a number beside it and then give them all a black eye because they were good enough to give medications on compassionate grounds or get samples or whatever else they did that did not benefit them one iota but was done to help their patients.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for a vote—recorded—on NDP motion 6.3.2.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.3.2 defeated.

We shall move to PC motion 6.4, which proposes an amendment to subsection 6(3). Mr. Yurek.

**Mr. Jeff Yurek:** I move that section 6 of schedule 4 to the bill be amended by adding the following subsection:

“Information about transfer of value

“(3) The minister shall include in any disclosure or publication under subsection (1) or (2) descriptive, qualitative information about the nature of any transfer of value.”

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Yurek.

**Mr. Jeff Yurek:** Again, this amendment is adding context to the number that is going to be reported by this government. I would not want this government to utilize this information to distort and vilify a health care profession in order to gain effort with its contract negotiations.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** I don't like the characterization there.

I will repeat again: I think it's best that we do this through the consultative process and the regulatory process.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on PC motion 6.4.

**Mr. Jeff Yurek:** Recorded vote.

**The Chair (Mr. Grant Crack):** A request for a recorded vote has been made. It will be entertained.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare PC motion 6.4 defeated.

We shall move to NDP motion 6.4.1, which proposes an amendment to subsection 6(3). Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that section 6 of schedule 4 to the bill be amended by adding the following subsection:

“Compassionate programs

“(3) All transfers of value that are for compassionate programs shall be clearly identified as such in any report to the minister and any publication under this act.”

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** At a minimum, give health care professionals reassurance that compassionate programs will be identified. Some of those compassionate programs are for medications that are extremely expensive. If you have one or two or three patients who need a \$60,000-a-year drug, you can see where, beside your name, there will be an amount of money of \$180,000 or more. Right now, physicians have told us that they will stop doing compassionate programs because they don't know. All we are asking you is to give them certainty. Let's put it in the bill right now that we all understand what compassionate programs do.

Physicians or anybody else who tries to access compassionate programs do not benefit from them, and it should be shown—it could actually be an asset for them to show that they've worked really hard for their patients' health.

If we leave it to consultations and regulations at a date yet to be put forward, during that period of time there will be people whose health will be compromised because they cannot afford the medications they need, and they will have lost their very last possibility of access to those often very expensive drugs.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Potts.

**Mr. Arthur Potts:** As MPP Fraser would say, it's best to leave the details to consultation and regulation.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** At this point, I find this a little bit insulting, when you know full well that waiting for consultations and waiting for regulations will put people's health at risk. I expect better than that.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the recorded vote on NDP motion 6.4.1.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.4.1 defeated.

There are therefore no amendments to schedule 4, section 6. Any discussion? There being none, I shall call for the vote. Shall schedule 4, section 6 carry? Any opposed? I declare schedule 4, section 6 carried.

We shall move to schedule 4, section 7. We have PC motion 6.5, proposing to amend section 7. Mr. Yurek.

**Mr. Jeff Yurek:** I move that section 7 of schedule 4 to the bill be struck out and the following substituted:

“Request for corrections

“7. The minister shall provide a payor or recipient an opportunity to review information submitted with respect to the payor or recipient and submit corrections to the information for a period of not less than 60 days prior to such information being made available to the public.”

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**The Chair (Mr. Grant Crack):** Further discussion, Mr. Yurek?

**Mr. Jeff Yurek:** We can all agree human error can and will occur. If something was misrepresented on a list, it's hard to take it back once it is presented to the public, which has the potential to damage or ruin careers if the information is incorrect. This puts a safety valve in to ensure that payers and recipients are protected. We're still going to have the transparency that's necessary. We're just asking that there's some protection in place so that when errors do occur they're corrected before heading out into the public.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Potts.

**Mr. Arthur Potts:** Again, I'll go back to it—and I'm sorry that some members may be offended by this approach, but we have a difference in philosophy about how to deal with the technical details of the bill. We want the flexibility in order to deal with these matters through regulation and through consultations so that they can be amended from time to time, as situations persist.

This is another area where we'd prefer to see this in the regulation—in the details.

**The Chair (Mr. Grant Crack):** Madame Gélinas?

**M<sup>me</sup> France Gélinas:** To put it in context: The government wants to put in the names—mainly, of physicians—and how much money they receive through transfer of value. We are all human beings. We all know what that will do. Everybody will look at the names beside the biggest numbers and draw their own conclusion. When you don't know what you're talking about, our minds will automatically go to the worst possible scenario, because we are all human beings and this is how human beings behave.

To make sure that you don't have a mistake on it is the least we can do. If we're able to do this in less than 60 days, more power to us. But to give them 60 days to renew and to check is not a bad thing.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, then I shall call for the vote on PC motion 6.5. Those in favour of PC motion 6.5? Those opposed? I declare PC motion 6.5 carried—sorry, defeated.

*Interjections.*

**The Chair (Mr. Grant Crack):** Sorry, guys.

We shall move to NDP motion 6.5.1, which proposes to amend section 7. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that section 7 of schedule 4 to the bill be struck out and the following substituted:

“Review and correction

“7. All applicable payors or recipients shall be provided an opportunity to review and submit corrections to the information submitted with respect to the applicable payor or recipient, respectively, for a period of not less than 45 days prior to such information being made available to the public.”

**The Chair (Mr. Grant Crack):** Discussion, Madame Gélinas?

**M<sup>me</sup> France Gélinas:** It’s very similar to what we’ve just seen. They had given 60 days. I had asked for at least 45 days, to not hold the process back, but at least to make sure that the information that could be very detrimental to some health professionals’ careers and good names would have an opportunity to be, at least, reviewed before it is published.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** Again, I think this is best done through the regulatory process.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the recorded vote on NDP motion 6.5.1.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.5.1 defeated.

There are therefore no amendments to schedule 4, section 7. Any discussion? There being none, I shall call for the vote. Shall schedule 4, section 7 carry? Any opposed? I declare schedule 4, section 7 carried.

We shall move to NDP 6.5.2, which is proposing a new schedule 4, section 7.1: Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that schedule 4 to the bill be amended by adding the following section:

“Personal health information

“7.1 Nothing in this act authorizes the disclosure or publication of personal health information.”

**The Chair (Mr. Grant Crack):** Further discussion, Madame?

**M<sup>me</sup> France Gélinas:** Basically, when the minister announced this act, Bill 160, as I said—although it was an omnibus bill—this is the only section they talked about. They made reference to this existing in other jurisdictions. There is anxiety regarding what the regulations will look like. To at least give them reassurance that

personal health information will never be included, I think, is the minimum that we can do.

**The Chair (Mr. Grant Crack):** Further discussion?

**Mr. John Fraser:** I will not be supporting this motion because our government motion number 6 is intended to clarify that the intent of the legislation is not to collect, use or disclose personal health information, by amending the definition of personal information.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas?

**M<sup>me</sup> France Gélinas:** Can I have a lawyer, please, to clarify?

**The Chair (Mr. Grant Crack):** Yes, you can.

Welcome back.

**Ms. Whitney Smith:** Certainly. I’ll just refer back to the submission that was made by the IPC. They indicated in their submission that they understood the intention was not to collect personal health information in the act, but they didn’t feel that, as it was originally drafted after second reading, it was going to restrict the ability to collect, use and disclose personal health information. Their submission had a number of suggestions for ways in which personal health information can be protected.

The government moved a motion, motion 6, which amended the definition of personal information to exclude personal health information. So that means throughout the act, where it says the government can collect or analyze or disclose personal information, they’re prohibited from collecting, using or disclosing personal health information.

**M<sup>me</sup> France Gélinas:** That is—

**Ms. Whitney Smith:** Motion 6.

**M<sup>me</sup> France Gélinas:** That we passed already?

**Ms. Whitney Smith:** Yes. Would you like it read again?

**M<sup>me</sup> France Gélinas:** Why not?

**Ms. Whitney Smith:** Motion 6 was that the government would amend “personal information” so that “personal information” has the same meaning as in subsection 2(1) of the Freedom of Information and Protection of Privacy Act, other than personal information that is personal health information within the meaning of the Personal Health Information Protection Act, 2004.

**M<sup>me</sup> France Gélinas:** In your legal opinion, that means the exact same thing as not authorizing the disclosure and publication of personal health information?

**Ms. Whitney Smith:** Yes, that’s correct. There are several places throughout the bill where you’ll see that the government would be authorized to collect, use or disclose personal information, but we’ve specifically carved out personal health information so there’s no authority to collect, use or disclose that for the purpose of this act.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Potts.

**Mr. Arthur Potts:** Let the record show that the government agreed with the concept put forward by Ms. Gélinas.



**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the recorded vote on NDP motion 6.5.2.

**Ayes**

Gélinas, Thompson, Yurek.

**Nays**

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.5.2 defeated.

We shall move to schedule 4, section 8. There are no amendments. Any discussion? There being none, I shall call for the vote. Shall schedule 4, section 8 carry? Any opposed? I declare schedule 4, section 8 carried.

We shall move to NDP motion 6.5.3, which is a proposal to amend section 8.1. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that schedule 4 to the bill be amended by adding the following section:

“No training by payors

“8.1 No payor shall provide any training or education for health care providers, or provide funding for any such training or education, except to reimburse the government of Ontario or a governmental agency for training or education it provides.”

**The Chair (Mr. Grant Crack):** Discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** This is another way get at what I was trying to get at. It's the language that the RNAO was using in their submission. It's basically to limit the transfer of value. A large part of it comes under the heading of education, yet the body of evidence that was presented to us showed clearly that, through this education that comes paid for by the industry, it has a direct and expensive effect on prescribing patterns as well as standards of care. What the motion is trying to do is, really—if the transparency is there, in and of itself, it doesn't serve that much, except for what everybody will do: Look at the one who gets the biggest number and pass judgment.

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If what you really want to do is to make sure that the prescribing patterns are not influenced by big pharma and if what you really want to do is make sure that the standards of care are developed in a way that is shielded from influence, then don't allow payers to provide training unless it is under the governance of the government as an intermediary to make sure that the training is not done to encourage expensive care.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** As I stated before to the member's previous motion, this part of the section of the legislation is to increase transparency around the transfer of value. I think the most appropriate thing in the bill is to ensure that we can see what value is moving from who to whom.

The intent is not to apply restrictions to that right now. I think that it's important that we establish that clarity or transparency and take a look at how we should govern it accordingly.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Deputies representing mainly physicians have made it clear that, to them, they feel that this is a way to shame them. It is a way for the government to show, “Here are physicians, who we all know tend to be well remunerated for the important work that they do, and here's the money they get on top of this.” It's not a big leap of faith to show that this is put out there to shame them and not to support the profession but quite the opposite: to put it down.

We already know that training provided by payers has an impact on dispensing, prescribing and care that is not always in the best interests of the patients. RNAO supports, and I would say that I support too, looking at a different way of doing things.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** I'm not sure that I would characterize the care by our health care professionals as a whole as not being in the interests of patients. What we need to know is: What's going on? Let's take a look at it. Let's see what the value is there. Let's not make presumptions as to how that may or may not affect one provider.

The intent of this section is to say, “Let's see what's going on. Let's take a look at it, and then let's determine if we have to take some action.” Sometimes simply by the act of transparency, people think about what it is they're doing. I can't support applying restrictions right now in this part of the bill. I'm not saying that they'll never, ever be needed; I just think it's too soon to do that.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the recorded vote on NDP motion 6.5.3.

**Ayes**

Gélinas.

**Nays**

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion number 6.5.3 defeated.

We shall move to NDP motion 6.5.4, which proposes to add section 8.2.

**M<sup>me</sup> France Gélinas:** I move that schedule 4 to the bill be amended by adding the following section:

“No payments to professionals

“8.2 No payor shall provide a payment or other transfer of value to a health care professional or a health care organization.”

Here again, for quite a few health professionals, they feel that if the government doesn't want this, then they should just say so.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** I don't want to restate what I've said previously, but the consequences of doing this kind of restriction in a bill without actually knowing what it is we want to restrict and the reasons for it is not a good idea.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the recorded vote on NDP motion 6.5.4.

### Ayes

Gélinas.

### Nays

Fraser, Hoggarth, Pots, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.5.4 defeated.

We shall move to PC motion 6.6, which proposes to amend subsection 9(11.1). Mr. Yurek.

**Mr. Jeff Yurek:** I move that section 9 of schedule 4 to the bill be amended by adding the following subsection:

"Collection, use and disclosure of personal information

"(11.1) In performing a duty or exercising a power under this act, an inspector shall not,

"(a) collect, use or disclose personal information if other information will serve the purpose of the collection, use or disclosure; or

"(b) collect, use or disclose more personal information than is reasonably necessary to meet the purpose of the collection, use or disclosure."

**The Chair (Mr. Grant Crack):** Further discussion, Mr. Yurek?

**Mr. Jeff Yurek:** We're just further protecting personal information. This would be consistent with the requirement under the LHSIA bill—I don't know what it stood for, but the LHSIA bill, the LHIN and CCAC merger bill. It's ensuring that inspectors protect personal health information, and we hope that this bill will incorporate that.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** There's no intention for personal health information to be collected. Inspectors will be reviewing business records and information for determining an offence was committed under the act.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on PC motion 6.6. Those in favour? Any opposed? I declare PC motion 6.6 defeated.

We shall move to PC motion 6.7, which proposes an amendment to subsection 9(11.2). Mr. Yurek.

**Mr. Jeff Yurek:** I move that section 9 of schedule 4 to the bill be amended by adding the following subsection:

"Confidentiality

"(11.2) An inspector shall keep confidential all information that comes to the inspector's knowledge in the course of an inspection under this act and shall not communicate any information to any other person except as required by law or except where the communication is to the minister or to a person employed in or performing services for the ministry."

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Yurek.

**Mr. Jeff Yurek:** Again, we're just following up on a recommendation from the privacy commissioner and working to ensure that personal health information is kept confidential.

**The Chair (Mr. Grant Crack):** Okay. I think—sorry?

*Interjection.*

**The Chair (Mr. Grant Crack):** We're good. Thank you.

Further discussion? Mr. Fraser.

**Mr. John Fraser:** I won't be supporting this motion, for the reasons I just stated in the last motion.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** It is always prudent to be able to say to people who are worried about confidential information that we have followed the instruction of the Information and Privacy Commissioner.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on PC motion 6.7. Those in favour? Those opposed? I declare PC motion 6.7 defeated.

We shall move to NDP motion 6.7.1, which amends schedule 4, section 9. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that section 9 of schedule 4 to the bill be amended by adding the following subsection:

"Restrictions

"(12.1) In performing a duty or exercising a power under this act, an inspector shall not,

"(a) collect, use or disclose personal information if other information will serve the purpose of the collection, use or disclosure; and

"(b) collect, use, or disclose more personal information than is reasonably necessary to meet the purpose of the collection, use or disclosure."

**The Chair (Mr. Grant Crack):** Further discussion, Madame Gélinas?

**M<sup>me</sup> France Gélinas:** It's very similar to the motion that was just defeated; it just uses slightly different language. This language is very common, coming from the privacy commissioner, and I think it adds a level of confidence to the people of Ontario that their personal information is protected.

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**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** I'll be opposing this motion, for the reasons I previously stated.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the recorded vote on NDP motion 6.7.1.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.7.1 defeated.

There are therefore no amendments to schedule 4, section 9, of the Health Sector Payment Transparency Act, 2017. Any discussion? There being none, I shall call for the vote. Shall schedule 4, section 9 carry? Any opposed? I declare schedule 4, section 9 carried.

Well, we have an opportunity to bundle.

**Ms. Ann Hoggarth:** We do.

**The Chair (Mr. Grant Crack):** Wow.

**Ms. Ann Hoggarth:** A big one.

**The Chair (Mr. Grant Crack):** This is a good one. It's schedule 4, section 10, all the way to schedule 4, section 17. I have no opposition to bundling those? There being none, is there any discussion on any one of those sections? There being none, I shall call for the vote. Those in favour of schedule 4, sections 10, 11, 12, 13, 14, 15, 16 and 17 carrying? Any opposed? I declare schedule 4, sections 10, 11, 12, 13, 14, 15, 16 and 17 all carried.

We shall move to NDP motion 6.7.2, proposing an amendment to section 18 of schedule 4. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that section 18 of schedule 4 to the bill be amended by adding the following subsection:

“Matters to be considered

“(5) Without restricting the generality of this section, the review shall consider amending this act or introducing other legislation with respect to group purchasing organizations, shared service organizations and related matters.”

**The Chair (Mr. Grant Crack):** Thank you kindly. Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** You will remember that when GS1 came and did deputations for us, they made it clear that group purchasing organizations and shared service organizations play a large role in the functioning of our health care system, but also in the transfer of value. Basically, the amendment is to make sure that both group purchasing organizations and shared service organizations are looked at.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** I'll be opposing this motion. Again, the purpose of this section of the bill is to create transparency around those things. It's not to be restrictive or to impose any sanctions or restrictions for what people or organizations are doing.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I would say that the government has not made it clear to anybody that the supply chain for medical products was going to be included, so that was an opportunity to do that.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the recorded vote on NDP motion 6.7.2.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.7.2 defeated.

There are therefore no amendments to schedule 4, section 18. Discussion? There being none, I shall call for the vote. Shall schedule 4, section 18 carry? Any opposed? I declare schedule 4, section 18 carried.

We shall move to schedule 4, section 19. We have NDP motion 6.7.3, which is an amendment to schedule 4, subsection 19(2). Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that section 19 of schedule 4 to the bill be amended by adding the following subsection:

“Transitional

“(2) Payors are not responsible for recording or reporting transfers of value that occurred prior to the later of the following:

“1. The date on which regulations made under this act come into force.

“2. Six months after the date on which regulations made under this act are published.”

**The Chair (Mr. Grant Crack):** Further discussion, Madame?

**M<sup>me</sup> France Gélinas:** Basically it's requests that have been done by, I would say, payers that, although the consultation has not been done, feel very strongly that they will be included in the payers that have to report transfer of value, and they want a little bit of lead time, either when it comes into force or at least six months after it is published.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** I believe that is best dealt with through regulation.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the recorded vote on NDP motion 6.7.3.

### Ayes

Gélinas, Thompson, Yurek.

### Nays

Fraser, Hoggarth, Potts, Rinaldi.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.7.3 defeated.

There are no amendments to schedule 4, section 19. Any discussion? There being none, I shall call for the vote. Shall schedule 4, section 19 carry? I declare schedule 4, section 19 carried.

We shall move to NDP motion 6.7.4, which is proposing a new section 19.1, sections 12.3 and 13 under the Drug Interchangeability and Dispensing Fee Act. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that schedule 4 to the bill be amended by adding the following section:

“Drug Interchangeability and Dispensing Fee Act

“19.1(1) The Drug Interchangeability and Dispensing Fee Act is amended by adding the following section:

““Any willing provider

“12.3(1) No person shall, in a group insurance contract, employee benefit plan or individual insurance plan, restrict a beneficiary’s freedom to choose a provider for the provision of drugs or other medical products or pharmacy services except as may be provided for in the regulations.

““Same

“(2) No person shall, through a group insurance contract or employee benefit plan or individual insurance plan providing drugs, other medical products or pharmacy services,

“(a) impose upon any beneficiary selecting a provider a copayment, fee, or other condition not equally imposed upon all beneficiaries in the plan selecting a provider; or

“(b) deny any provider the right to participate as provider for the provision of drugs or medical products or pharmacy services for any group insurance contract or employee benefit plan or individual insurance plan providing drugs or other medical products or pharmacy services, if the provider is authorized to provide drugs under legislation that the provider is licensed under and accepts the terms of the group insurance contract or employee benefit plan or individual insurance plan contract.

““No restriction of freedom

“(3) No manufacturer of drugs or other medical products or any wholesaler or intermediary may take any action that restricts the freedom to choose a provider for the provision of drugs, medical products or pharmacy services, except under circumstances provided for in the

regulations or unless a notice of compliance with conditions has been issued by Health Canada to the contrary.

““Regulations

“(4) The Lieutenant Governor in Council may make regulations governing the application of this section, including providing for anything that under this section may be provided for in the regulations.’

“(2) Section 13 of the act is amended by striking out ‘or’ at the end of clause (g), by adding ‘or’ at the end of clause (h) and by adding the following clause:

“(i) contravenes any prohibition under section 12.3,””

**The Chair (Mr. Grant Crack):** This motion seeks to amend an act, the Drug Interchangeability and Dispensing Fee Act, that is not open under this bill. It is therefore beyond the scope of the bill, and I will call it out of order.

Madame Gélinas.

1730

**M<sup>me</sup> France Gélinas:** This is such an important and growing issue that I hope that we will have unanimous consent to debate it—at least to put it forward and get it voted on.

**The Chair (Mr. Grant Crack):** Are you requesting unanimous consent?

**M<sup>me</sup> France Gélinas:** I am.

**The Chair (Mr. Grant Crack):** Okay. Madame Gélinas has requested unanimous consent for committee to consider NDP motion 6.7.4. Do we have unanimous consent? I heard a no.

Therefore, we shall move to schedule 4, section 20. There are no amendments on schedule 4, section 20 or on schedule 4, section 21. Any discussion? There being none, I shall call for the vote. Shall schedule 4, section 20 and schedule 4, section 21 carry? I declare schedule 4, section 20 carried, and I declare schedule 4, section 21 carried.

There are amendments to schedule 4. Any discussion on schedule 4, as amended? There being none, I shall call for a vote. Shall schedule 4, as amended, carry? Any opposed? I declare schedule 4, as amended, carried.

We shall move to schedule 5, which is the Long-Term Care Homes Act, 2007.

We have schedule 5, section 1. There are no amendments. Any discussion? There being none, I shall call for the vote. Shall schedule 5, section 1 carry? Any opposed? There being none, I declare schedule 5, section 1 carried.

We shall move to NDP motion 6.7.5, which is proposing a new section under schedule 5: section 1.1. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that schedule 5 to the bill be amended by adding the following section:

“1.1 The act is amended by adding the following section:

““Family Caregiver Day

“2.1(1) The first Tuesday in April in each year is proclaimed as Family Caregiver Day.

““Purpose

“(2) The purpose of this section is to recognize “family caregivers”, which is the term used for a family

member, friend or person of choice who gives unpaid care to someone who has care needs due to a disability, a physical, neurological or mental condition, a chronic illness, frailty or age, in the belief that recognition and awareness of these caregivers should be increased, and their valuable social and economic contribution to society should be acknowledged and supported.”

**The Chair (Mr. Grant Crack):** Further discussion, Madame Gélinas?

**M<sup>me</sup> France Gélinas:** We all know that as changes come to our long-term care and to our home care system, a lot of people are caregivers. The family caregiver coalition has come to see us. They’ve done deputations in front of all of us, and they have asked for this section to be included.

This is an omnibus bill in which we, by unanimous consent, were able to ban the practice of tattooing of the eye or jewellery in the eye. By unanimous consent, we were able to allow changes to counties to allow their health units to merge. This is one of those opportunities where I want to make sure that family caregivers get recognized on the first Tuesday in April, like they are in many other jurisdictions.

**The Chair (Mr. Grant Crack):** Further debate? Ms. Hoggarth.

**Ms. Ann Hoggarth:** We also agree that it’s very important that family caregivers be recognized. There is a very important role that family caregivers give. However, the Long-Term Care Homes Act of 2007 is not the appropriate legislation in which to do so. This is more appropriately addressed through Bill 66, An Act to proclaim Family Caregiver Day, which continues to be before the Legislature. So at this point, we would not be supporting this legislation, although we do appreciate and support the idea.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Well, with goodwill today—the tattooing of the eye was not part of the bill at all, and neither was the county of Oxford, but we knew that the legislative opportunities to get this done were disappearing. If we don’t get this done now, we know full well that it’s not going to happen.

I just want you to know that there’s a huge contingent of caregivers watching you on TV right now who are about to be very disappointed by what you’ve just said. It’s a small step. It doesn’t imply any money; it just implies goodwill. It says, “We appreciate you, and Ontario will recognize you on the first Tuesday of April.” It’s not going to cost us anything, but I know a lot of people who will be very happy if we, as the province of Ontario, recognize this day.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** I just want to say for the record that I support the member’s private member’s bill and I supported it when it came forward. I just don’t think this is the appropriate place to put it, in the LTCHA.

We did make some changes today, one that was really about a situation that had a lot to do with safety and making sure that people did not get a permanent injury from a practice that was unbelievable. The second piece we did was a permissive piece of legislation to do with something that had an unintended consequence that was preventing the provision of effective public health programs or more effective public health programs.

So I don’t think it’s the appropriate place. I support what you’re doing. We do have an opportunity coming forward in this legislative session to do some private members’ bills. I appreciate what the member is saying, but I would not want to characterize this as our only opportunity or even the best way to do that.

**The Chair (Mr. Grant Crack):** Further discussion?

**M<sup>me</sup> France Gélinas:** Well, all I can say is that if you can create a French university in a mid-year economic forecast, you can certainly create a family caregiver day in an omnibus health care bill. It’s not a big stretch. It’s a legislative opportunity that you are letting go by that will disappoint a ton of people.

**The Chair (Mr. Grant Crack):** Further discussion? Ms. Hoggarth.

**Ms. Ann Hoggarth:** The other thing that is important is that the LTCHA is the legislation that governs Ontario’s long-term-care homes. Unpaid caregivers support individuals of all ages and conditions. The scope is much wider than the long-term-care homes. Furthermore, the majority of supports provided to long-term-care home residents are by paid staff.

Again, I really believe that this does not belong in here. It needs to be a private member’s bill, and I wholeheartedly support it.

**The Chair (Mr. Grant Crack):** Madame Gélinas.

**M<sup>me</sup> France Gélinas:** People don’t care where it is; they just care that it is. We have a legislative opportunity to get this done. It is not out of order; it is not any procedural. It will be voted down if you vote against it. Otherwise, if you vote for it, the first Tuesday of April will be a great, big celebration.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for a vote on NDP motion 6.7.5. It shall be recorded.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.7.5 defeated.

We shall move, then, to schedule 5, section 2. There are no amendments. Any discussion? There being none, I call for the vote. Shall schedule 5, section 2 carry? Any opposed? I declare schedule 5, section 2 carried.

We shall move to PC motion 6.8, which is a motion proposing a new section 2.1. Mr. Yurek.

1740

**Mr. Jeff Yurek:** I move that schedule 5 to the bill be amended by adding the following section:

“2.1 Subsection 6(2) of the act is repealed and the following substituted:

““Based on assessment of resident

“(2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident, the needs and preferences of that resident and takes into account the licensee’s duty to comply with subsection 8(5).”

**The Chair (Mr. Grant Crack):** Further discussion. Mr. Yurek.

**Mr. Jeff Yurek:** This is just—

**The Chair (Mr. Grant Crack):** Oh, sorry. I missed—it is out of order. This motion seeks to amend a section, section 6 of the Long-Term-Care Homes Act, that’s not open in the bill before us. It’s beyond the scope, of course, so it is out of order.

**Mr. Jeff Yurek:** Can I ask for unanimous consent?

**The Chair (Mr. Grant Crack):** That is in order, Mr. Yurek. Go ahead.

**Mr. Jeff Yurek:** I would seek unanimous consent to view this amendment at committee and insert it into the bill.

**The Chair (Mr. Grant Crack):** Mr. Yurek is requesting unanimous consent from the committee to move forward with PC motion 6.8. Do we have unanimous consent? I heard a no. Therefore, it is out of order.

We shall move to PC motion 6.9, which is proposing a new section in schedule 5, section 2.2, subsections 8(5), (6) and (7) of the Long-Term Care Homes Act. Mr. Yurek.

**Mr. Jeff Yurek:** I move that schedule 5 to the bill be amended by adding the following section:

“2.2 Section 8 of the act is amended by adding the following subsections:

““Minimum standard of daily care

“(5) Every licensee of a long-term-care home shall ensure that the average number of combined hours of nursing services and personal support services offered at the home each day is at least four hours per resident, or if a higher minimum average is prescribed, the prescribed amount.

““Same, calculation

“(6) For the purposes of this section, the average number of hours of nursing services and personal support services is calculated as prescribed by the regulations and does not include hours paid in respect to vacation, statutory holidays, leaves of absence, sick time or training time or for other purposes which do not involve direct patient care.

““Regulations

“(7) The Lieutenant Governor in Council may make regulations prescribing a higher minimum average number of combined hours of nursing services and

personal support services for the purposes of subsection (5).”

**The Chair (Mr. Grant Crack):** That, as well, I’m going to declare out of order, as this motion seeks to amend a section, section 8 of the Long-Term Care Homes Act, that is not open in the bill before us. It is, therefore, beyond the scope of the bill—again, out of order.

Mr. Yurek.

**Mr. Jeff Yurek:** I would seek unanimous consent to include this amendment in deliberation.

**The Chair (Mr. Grant Crack):** That is in order. Mr. Yurek is seeking unanimous consent to consider PC motion 6.9 before committee this afternoon. Do we have unanimous consent? I heard a no. Therefore, it is out of order.

We shall move to NDP motion 6.9.1, which is proposing a new section in schedule 5, which is section 2.1, section 8.1 of the Long-Term Care Homes Act, 2007. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that schedule 5 to the bill be amended by adding the following section:

“2.1 The act is amended by adding the following section:

““Hands-on care

““8.1(1) Every licensee of a long-term-care home shall ensure that each resident of the home receives a minimum of four hours a day of hands-on care, after making any adjustments for acuity level and case mix that may be provided for in the regulations.

““Reporting

““(2) Every licensee of a long-term-care home shall report to the director, at least monthly, on compliance with this section.”

**The Chair (Mr. Grant Crack):** I am going to make a determination that this is out of order. The amendment at hand introduces a provision not contemplated by the bill as adopted at second reading. Although the bill has several purposes, I am not satisfied that the amendment is relevant to the parameters of the bill, and it is therefore beyond the scope.

**M<sup>me</sup> France Gélinas:** I’ll ask for UC.

**The Chair (Mr. Grant Crack):** Madame Gélinas is requesting unanimous consent to consider NDP motion 6.9.1. Do we have unanimous consent? I heard a no.

We will move to NDP motion 6.9.2, which is a proposal in schedule 5 for a new section, section 2.1, section 8.1 of the Long-Term Care Homes Act, 2007. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that schedule 5 to the bill be amended by adding the following section:

“2.1 The act is amended by adding the following section:

““Hands-on care

““8.1(1) Every licensee of a long-term-care home shall ensure that each resident of the home receives a minimum of four hours a day of hands-on care from nurses and personal support workers, and shall ensure that the staff of the home meet the following requirements:

“1. The home must have at least one registered nurse in the extended class on staff per 120 residents.

“2. The nursing and personal support worker staff of the home must be based on a mix of 20 per cent registered nurses, 25 per cent registered practical nurses and 55 per cent personal support workers.

“Reporting

“(2) Every licensee of a long-term-care home shall report to the director, at least monthly, on compliance with this section.”

**The Chair (Mr. Grant Crack):** I’m going to determine that this motion is out of order. The amendment at hand introduces a provision not contemplated by the bill as adopted at second reading. Although the bill has several purposes, I’m not satisfied that the amendment is relevant to the parameters of the bill, and I find that it is therefore beyond the scope.

Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I ask for UC.

**The Chair (Mr. Grant Crack):** Madame Gélinas is asking for unanimous consent to consider NDP motion 6.9.2 before committee this afternoon. Do we have unanimous consent? I heard a no.

We shall move to schedule 5, section 3 and schedule 5, section 4. There are no amendments to either of these sections. Any discussion? There being none, I shall call for the vote. Those in favour of carrying schedule 5, section 3 and schedule 5, section 4? Those in favour? Any opposed? I declare schedule 5, section 3 carried and schedule 5, section 4 carried.

We shall move to schedule 5, section 5. We have NDP motion 6.9.3, which is proposing an amendment to subsection 5(2), subsection 29(1.1) of the Long-Term Care Homes Act, 2007. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that subsection 5(2) of schedule 5 to the bill be amended by adding the following subsection to section 29 of the Long-Term Care Homes Act, 2007:

“Supervision

“(1.1) The policy must provide for detailed and adequate supervision every time restraining or confining is employed.”

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Basically, Ontario has a pretty poor record when it comes to restraining and confining patients. We will now restrain and confine residents of long-term-care homes. If we’ve learned anything from all of the mishap that has happened in our hospitals by restraining and confining people, it’s that there needs to be adequate supervision or things have gone, can go and will continue to go drastically wrong for a lot of people who are restrained or confined.

So what we’re putting in this bill is that we’re putting in legislation that detailed and adequate supervision must be there every time you use restraints or confinement.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** Chair, the monitoring and supervision requirements for residents who are restrained are set out in regulation, and a licensee’s policy must comply with requirements under these regulations. Under the proposed confinement framework, additional requirements for residents who are confined may be placed in regulations, and licensees would be required to comply with these regulations. I think that’s the best way for us to deal with that.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I think to put in legislation that the policy will have detailed and adequate supervision is one more way to protect very vulnerable people from practices which we all know have gone drastically wrong for many Ontarians before.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** The proposed amendment is unnecessary as, under section 29, the licensee must have written policy to minimize the restraining of residents and, if the bill is passed, the confining of residents. Licensees must also ensure that any restraining that is done is in accordance with the act and regulation. If the bill is passed, this would also apply to confining. Lastly, the licensee is required to ensure that the policy is complied with.

**1750**

So this is unnecessary. Under the bill, licensees would have to ensure that residents are confined only for as long as necessary to address the significant risks that the resident or another person would suffer serious bodily harm if the resident is not confined, and they would have to discontinue the confining if there is an alternative or less restrictive method or degree of confining that would address the issue or the risk.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** None of what the member just talked about has anything to do with adequate supervision. It has to do when you can do it, how you can do it and to whom you can do it, but it doesn’t have anything to do with detailed and adequate supervision so that mishaps and serious harm don’t happen.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the vote on NDP motion 6.9.3. It will be recorded.

**Ayes**

Gélinas, Thompson, Yurek.

**Nays**

Fraser, Hoggarth, Potts, Qaadri.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.9.3 defeated.

We shall move to NDP motion 6.9.4, which is an amendment to schedule 5, subsection 5(2), subsection 29(1.2) of the Long-Term Care Homes Act, 2007. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that subsection 5(2) of schedule 5 to the bill be amended by adding the following subsection to section 29 of the Long-Term Care Homes Act, 2007:

“Consideration of policy

“(1.2) A licensee may only make changes to the use of restraints and confinement in the home after considering the policy.”

**The Chair (Mr. Grant Crack):** Further discussion, Madame Gélinas?

**M<sup>me</sup> France Gélinas:** It’s basically to make it clear in legislation that the policy on restraints and confinement cannot be changed without respecting the policy.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** Again, under section 29, the licensee must have a written policy to minimize the restraining of residents and, if the bill is passed, the confining of residents. Licensees must also ensure that any restraining that is necessary is done in accordance with the act and regulation. If the bill is passed, this would also apply to confining. Lastly, the licensee is required to ensure that the policy is complied with.

Again, I won’t be supporting this motion.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** It’s really to make sure that the use of confinement must refer to the policy, because we have seen in the past where confinement is used for other reasons. It’s to put it in the bill.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall for the vote on NDP 6.9.4. It is recorded.

#### Ayes

Gélinas, Thompson, Yurek.

#### Nays

Fraser, Hoggarth, Potts, Qaadri.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.9.4 defeated.

There are therefore no amendments to schedule 5, section 5. Any discussion? There being none, I shall call for the vote. Shall schedule 5, section 5 carry? In favour? Any opposed? There being none, I declare schedule 5, section 5 carried.

We shall move to schedule 5, section 6 and NDP motion 6.9.5, which is an amendment to section 6, sections 30 and 30.1 of the Long-Term Care Homes Act, 2007. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that sections 30 and 30.1 of the Long-Term Care Homes Act, 2007, as set out

in section 6 of schedule 5 to the bill, be amended by striking out “confinement”, “confined” and “confining” wherever they occur and substituting “placement in a protected area”, “placed in a protected area”, and “placing in a protected area”, as the case may be.

**The Chair (Mr. Grant Crack):** Thank you, Madame. Further discussion?

**M<sup>me</sup> France Gélinas:** It’s basically to make sure that we have clarification as to the word “confined.” It could be misinterpreted within the policy. It’s to make it clear that it’s “placement in a protected area” and “placed in a protected area” rather than “confined,” which may cause misinterpretation.

**The Chair (Mr. Grant Crack):** Further discussion? Mr. Fraser.

**Mr. John Fraser:** The term “confinement” is used to ensure that the proposed confinement framework, which is focused on the care needs of residents, would apply to all residents whether they’re confined to a physical area of the long-term-care home or confined to the home as a whole. “Placed in a protected area” does not clearly describe the active role and responsibility of a licensee to ensure the safety of residents by preventing them from leaving an area of the home—or the home—and may be misinterpreted as a more passive concept. “Confining” better reflects the active role and responsibilities expected of the licensee.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the recorded vote on NDP motion 6.9.5.

#### Ayes

Gélinas.

#### Nays

Fraser, Hoggarth, Potts, Qaadri.

**The Chair (Mr. Grant Crack):** I declare NDP motion 6.9.5 defeated.

We shall move to NDP motion 6.9.6, proposing an amendment to section 6 of schedule 5, section 30.1 of the Long-Term Care Homes Act, 2007. Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I move that paragraph 4 of subsection 30.1(2) of the Long-Term Care Homes Act, 2007, as set out in section 6 of the bill, be amended by adding “registered nurse in the extended class” after “registered nurse”.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** We don’t refer to nurse practitioners as “registered nurses”; we refer to them as “registered nurses in the extended class.”

**Mr. Grant Crack:** Further discussion? Mr. Fraser.

**Mr. John Fraser:** The amendment is unnecessary as the definition of “registered nurse” in the LTCHA includes a registered nurse in the extended class.



Therefore, a registered nurse in the extended class would be able to recommend confining.

**The Chair (Mr. Grant Crack):** Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** Can somebody show me in the Long-Term Care Homes Act where “registered nurse” includes registered nurses in the extended class?

*Interjection.*

**The Chair (Mr. Grant Crack):** We welcome you.

**Ms. Priti Sachdeva:** Good evening. My name is Priti Sachdeva. I’m counsel with the Ministry of Health and Long-Term Care.

Section 2 of the Long-Term Care Homes Act sets out a number of definitions under the act, and one of them is “registered nurse.” It says that “‘registered nurse’ means a member of the College of Nurses ... who holds a certificate of registration as a registered nurse under the Nursing Act, 1991.” A registered nurse in the extended class would be the holder of a certificate of registration as a registered nurse. So whenever the act refers to “registered nurse,” it includes a registered nurse in the extended class.

**The Chair (Mr. Grant Crack):** Thank you for your insight.

Further discussion? Madame Gélinas.

**M<sup>me</sup> France Gélinas:** I still want to see it written down.

**The Chair (Mr. Grant Crack):** Further discussion? There being none, I shall call for the recorded vote on NDP motion 6.9.6.

**Ayes**

Gélinas.

**Nays**

Fraser, Hoggarth, Potts, Qaadri.

**The Chair (Mr. Grant Crack):** I declare NDP motion number 6.9.6 defeated.

We have government motion number 7, which proposes an amendment to section 6, subparagraphs 1 ii and iii of subsection 30.1(4) of the Long-Term Care Homes Act, 2007. Mr. Potts.

**Mr. Arthur Potts:** I move that subparagraphs 1 ii and iii of subsection 30.1(4) of the Long-Term Care Homes Act, 2007, as set out in section 6 of schedule 5 to the bill, be struck out and the following substituted:

“ii. ensure that the resident is promptly provided with a verbal explanation of the written notice, the verbal explanation complies with the requirements, if any, provided for in the regulations and the resident is asked whether he or she wishes to meet with a rights adviser, and

“iii. ensure that, if the resident wishes to meet with a rights adviser or expresses disagreement with the confining, a rights adviser is promptly notified and the notification is provided in accordance with the requirements, if any, provided for in the regulations.”

**The Chair (Mr. Grant Crack):** It is now 6 o’clock. We will make note that government motion 7 has been recorded in the record, having been read.

There being no further business to conduct tonight, we will deal with government motion 7 starting at 4 p.m. this Wednesday.

Thank you for your hard work this afternoon. This meeting is adjourned.

*The committee adjourned at 1800.*





## **STANDING COMMITTEE ON GENERAL GOVERNMENT**

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Mr. Grant Crack (Glengarry–Prescott–Russell L)

### **Vice-Chair / Vice-Président**

Mr. Granville Anderson (Durham L)

Mr. Granville Anderson (Durham L)

Mr. Yvan Baker (Etobicoke Centre / Etobicoke-Centre L)

Mr. Grant Crack (Glengarry–Prescott–Russell L)

Mr. John Fraser (Ottawa South L)

Mrs. Lisa Gretzky (Windsor West / Windsor-Ouest ND)

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Mr. Lou Rinaldi (Northumberland–Quinte West L)

Ms. Lisa M. Thompson (Huron–Bruce PC)

Ms. Soo Wong (Scarborough–Agincourt L)

### **Substitutions / Membres remplaçants**

M<sup>me</sup> France Gélinas (Nickel Belt ND)

Ms. Ann Hoggarth (Barrie L)

Mr. Arthur Potts (Beaches–East York L)

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