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**Official Report
of Debates
(Hansard)**

G-41

**Journal
des débats
(Hansard)**

G-41

**Standing Committee on
General Government**

Strengthening Quality
and Accountability
for Patients Act, 2017

2nd Session
41st Parliament

Monday 4 December 2017

**Comité permanent des
affaires gouvernementales**

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

2^e session
41^e législature

Lundi 4 décembre 2017

Chair: Grant Crack
Clerk: Sylwia Przedziecki

Président : Grant Crack
Greffière : Sylwia Przedziecki

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
GENERAL GOVERNMENT**

**COMITÉ PERMANENT DES
AFFAIRES GOUVERNEMENTALES**

Monday 4 December 2017

Lundi 4 décembre 2017

The committee met at 1400 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. Today we are here to continue with 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. Again, I welcome you all.

Last Wednesday, when we concluded our business, we were at schedule 6, section 4. That would be NDP motion 16.4. It is an amendment to subsection 4(2) (Medical Radiation and Imaging Technology Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I saw that on the schedule, we are to start third reading debate on Thursday. I'm a wee bit curious as to what happens if we are not done all of this by 6 o'clock.

The Chair (Mr. Grant Crack): Then third reading debate will have to be put off. But we have our work to do here, and I suspect everyone's going to work diligently and be efficient.

M^{me} France Gélinas: I am always efficient.

The Chair (Mr. Grant Crack): Yes, you are.

Mr. Jeff Yurek: She is.

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

M^{me} France Gélinas: I move that section 4 of schedule 6 to the bill be amended by adding the following subsection:

"Nurses

"(2) Despite anything in this or any other act, a member of the College of Nurses of Ontario who is a

registered nurse in the extended class is authorized to order, within the scope of their certificate of registration,

"(a) X-rays on any area of the body;

"(b) computerized tomography (CT) scans;

"(c) magnetic resonance imaging;

"(d) ultrasounds;

"(e) the application of energy for defibrillation, cardio version and cardio pacing; and

"(f) point of care testing such as urinalysis and pregnancy testing."

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

M^{me} France Gélinas: Believe it or not, Chair, right now, if your primary care provider is a nurse practitioner, her or his secretary is allowed to do a urine dip, but they are not; his or her secretary is allowed to use a defibrillating machine, but they are not. This has to change.

Basically, what this amendment is about is that we have waited long enough. We have actually put people's lives at risk. Many of the people who I represent, their primary care providers are nurse practitioners. To make it illegal for them to use something that every other member of the public is allowed to use, but because they are nurses in the extended class they are not allowed to, has to change. This is what this is all about.

It includes the other ones: ordering CTs and MRIs if they have the certificate to do that. For the other two, all of them would be allowed to do that.

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: We will be opposing this motion. The government is already looking into expanding the scope of practice for RNs, right now as we're speaking. It's my understanding that the proposed motion is inconsistent with the RHPA and other health profession acts, so we've got to be very careful.

I just want to be on record that we will be opposing this particular motion.

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

Mr. Jeff Yurek: We'll be supportive of this motion. I think it's about time that these changes are made and our nurse practitioners are able to practise in their full scope of practice. It's questionable why it's been taking so long to actually get this done.

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

M^{me} France Gélinas: I don't understand the rationale from the government side because we are not talking

about RNs; we are talking about nurse practitioners. We have done the changes, we have done the consultations with HPRAC. All of this work has been done, but it still hasn't been changed. We have been waiting for those changes since 2008. We are now in December 2017.

I can speak for the people of the north who depend on nurse practitioners for all of their care. It puts lives at risk when they are not allowed to use a defibrillator. When you have to ask the secretary to use the defibrillator because by law, you are not allowed, this is dumb.

This has to change. You have an opportunity to change it right now, and you should, rather than continue to put the lives of northerners and rural people who depend on nurse practitioners at risk.

The Chair (Mr. Grant Crack): Thank you. Ms. Wong?

Ms. Soo Wong: With regard to this motion, the government already expressed their intent to expand the scope of practice with the nurse practitioners. There was a letter sent out by the minister himself. Yes, changes do take time, and, respectfully, it does take a long time sometimes when they do public consultation. The fact of the matter here is, as much as I do hear the concerns the member opposite raised, safety should always come first.

Second of all, the fact that the government has expressed intent to expand that scope of practice for the extended class of the RN—and I recall reading something within the College of Nurses. At the end of the day, it's not that the government wants to purposefully delay. There is an intent on the government's side, especially from the minister himself, writing to the CNO about this whole issue of expanding the scope of practice.

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

M^{me} France Gélinas: I fail to see the danger of doing a urine dip. Nobody has ever been hurt by doing this. There is no danger. Everybody agrees, and to hear the government say they're looking at expanding—it's because I've been hearing this for the last nine years. When we have an opportunity to move things forward, I think we should take it.

The Chair (Mr. Grant Crack): Discussion? There being none, I shall call for the vote on NDP motion 16.4. I believe that Madame Gélinas had asked previously at other meetings for recorded votes. I suspect that that is the same?

M^{me} France Gélinas: You're good.

The Chair (Mr. Grant Crack): Thank you. I hope to be. Thank you for the compliment.

We will have a recorded vote on NDP motion 16.4.

Ayes

Gélinas, Thompson, Yurek.

Nays

Anderson, Baker, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 16.4 defeated.

There are therefore no amendments to schedule 6, section 4. Is there any discussion? There being none, shall schedule 6, section 4, carry? Any opposed? There being none, I declare schedule 6, section 4, carried.

Ms. Soo Wong: May I make a suggestion, Mr. Chair? There is no motion before us from schedule 6, sections 4 to 8, inclusive. Can we vote in a bundle?

The Chair (Mr. Grant Crack): Certainly. Any opposition to bundling? I think previously—when there are a number of sections consecutively without amendments, I will continue to bundle them unless any member respectfully requests that I do not do that. So, fair enough; these will be bundled.

Is there any discussion on schedule 6, section 5, section 6, section 7 and section 8? There being none, I shall call for the vote.

Shall schedule 6, section 5; schedule 6, section 6; schedule 6, section 7; and schedule 6, section 8, carry? I declare schedule 6, sections 5 to 8, inclusively, carried.

We shall move to schedule 6, section 9, which is government motion 17, proposing an amendment to subsection 9(1) (Medical Radiation and Imaging Technology Act, 2017). Ms. Wong.

Ms. Soo Wong: I move that subsection 9(1) of schedule 6 to the bill be amended by striking out “nuclear medicine therapist” and substituting “nuclear medicine technologist”.

The Chair (Mr. Grant Crack): Discussion, Ms. Wong?

Ms. Soo Wong: No.

The Chair (Mr. Grant Crack): No? Everything's good? Further discussion? There being none, I shall call for the vote.

Shall government motion 17 carry? I declare government motion 17 carried.

We shall move to NDP motion 17.0.1, which is proposing an amendment to subsection 9(1) (Medical Radiation and Imaging Technology Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I move that subsection 9(1) of schedule 6 to the bill be struck out and the following substituted:

“Restricted titles

“(1) No person other than a member shall use the title ‘medical radiation and imaging technologist’, ‘medical radiation technologist’, ‘medical imaging technologist’, ‘diagnostic medical sonographer’, ‘radiological technologist’, ‘radiation therapist’, ‘nuclear medicine technologist’, ‘magnetic resonance technologist’, a variation or abbreviation or an equivalent in another language.”

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The Chair (Mr. Grant Crack): Okay, thank you. Just for clarification, you had indicated early on: “I move that subsection 9(1) of schedule 6 to the bill.” Schedule 6 of the bill was just amended by government motion 17. So I suspect that you would like to clarify to “I move that subsection 9(1) of schedule 6, as amended”?

M^{me} France Gélinas: Absolutely.

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

M^{me} France Gélinas: Basically, it's to bring clarity in titles, as those titles refer to people who have the knowledge and skills to carry out some very specialized tasks. To limit the use of those titles to people who have the knowledge and skills, I think, is a fair way to protect the public.

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

Ms. Soo Wong: It's my understanding that the proposed motion is redundant in terms of the legislation draft that protects the titles of "medical radiation technologist" and "medical imaging technologist" as a variation of the title "medical radiation and imaging technologist." In addition to this, if this motion gets passed, it may cause unintentional consequences for other professions.

I think the key piece is—I know there are a lot of names of these titles here—that there is a risk for interpretation issues for professions that use various titles that are not specifically protected in the statutes—for example, public health nurse.

I know that the government side will be voting against this motion.

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

M^{me} France Gélinas: I'm not sure I understood why it was redundant.

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

Ms. Soo Wong: I guess I wasn't clear.

M^{me} France Gélinas: I think you have somebody who is willing to clarify.

Ms. Soo Wong: Certainly. We can get the staff, maybe the legal team who's here, like last week.

The Chair (Mr. Grant Crack): There has been a request for ministry officials to come forward. Please state your name and position for the record, sir. Welcome.

Mr. Gerry Slavin: Gerry Slavin, counsel at the Ministry of Health and Long-Term Care.

The provision, as it's drafted, protects a certain number of titles, including variations and abbreviations of those titles. One of the titles that it protects is "medical radiation and imaging technologist." The two that would be added by this motion, "medical radiation technologist" and "medical imaging technologist," are really variations and would be caught by the prohibition on use of a variation of the title, because, essentially, they're variations on the "medical radiation and imaging technologist" title.

M^{me} France Gélinas: I see that. So when the bill says "radiation therapist," and "medical radiation therapist," you're saying that those two are just variations of one another, and you're telling me that nobody would be allowed to call themselves a medical radiation technologist if they are not—

Mr. Gerry Slavin: If they're not a member of this college.

M^{me} France Gélinas: If they're not a member of this college. Okay, thank you.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the recorded vote on NDP motion 17.0.1.

Ayes

Gélinas, Thompson, Yurek.

Nays

Anderson, Baker, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 17.0.1 defeated.

There is one amendment that carried to schedule 6, section 9. Any discussion on schedule 6, section 9, as amended? There being none, I shall call for the vote. Shall schedule 6, section 9, as amended, carry? Any opposed? I declare schedule 6, section 9, as amended, carried.

There are no amendments to schedule 6, sections 10 through 13, inclusive. Any discussion on those sections? There being none, I shall call for the vote. Shall schedule 6, sections 10 through 13, carry? I'm not hearing any noes. I declare schedule 6, section 10, carried.

I declare schedule 6, section 11, carried. I declare schedule 6, section 12, carried. I declare schedule 6, section 13, carried.

We shall move to schedule 6, section 14, and NDP motion 17.0.2, proposing amendment to section 14 (Medical Radiation and Imaging Technology Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I move that subsection 14(3) of schedule 6 to the bill be struck out and the following substituted:

"Regulations

"(3) Regulations made under the Medical Radiation Technology Act, 1991 that were in force on the day before section 15 of this act came into force remain in force until they are revoked or replaced under this act.

"Bylaws

"(3.1) The bylaws made under the Medical Radiation Technology Act, 1991 that were in force on the day before section 15 of the act came into force become bylaws made under this act."

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

M^{me} France Gélinas: When the deputations took place, the College of Medical Radiation Technologists of Ontario came and basically said it was to allow for a smooth transition from the college changing its name. They just wanted to ensure that whatever bylaws they had in place and whatever regulations they had in place were to remain there as they changed their name.

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: We will be opposing this particular motion. The legislation, as drafted, provides the flexibility for the college to revoke and replace the election bylaws as necessary to reflect the regulation of diagnostic medical sonographers.

The other piece here: The motion is unnecessary, as each individual college's bylaw remains in force until it is specifically revoked and replaced.

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

M^{me} France Gélinas: Can I have a lawyer confirm that: that the worries that the college had were not founded and that they could by themselves keep their regulations and bylaws as they changed names?

The Chair (Mr. Grant Crack): We welcome you back, sir. Once again, your name for the record.

Mr. Gerry Slavin: Gerry Slavin, counsel at the Ministry of Health and Long-Term Care.

Yes, the bill, as it is currently drafted, does permit the college the flexibility to amend its bylaws without the whole body of bylaws then becoming void somehow. The provisions that are in the current bill are the same transition provisions that were put in all of the RHPA health-specific acts back in 1991 and 1993 when they were brought into force, and there were no issues with them when we were dealing with continuing bodies from the old Health Disciplines Act or any of the other health-specific acts.

M^{me} France Gélinas: We know that they can already change their bylaws. They are colleges. They do that all the time. But what will happen the day that we change their names? Is it going to be done automatically, or do they have to do something to make sure that their regulations and their bylaws follow them with their new name?

Mr. Gerry Slavin: Currently, the legislation deems that their old bylaws stay in place until they're actually amended.

M^{me} France Gélinas: How come I cannot see this? Where does it say this in the bill, and why am I blind?

Mr. Gerry Slavin: Sorry, it is in subsection 14(3) of the bill.

M^{me} France Gélinas: Okay. You are on page—

Mr. Gerry Slavin: Page 41 of the bill.

M^{me} France Gélinas: Okay, so am I.

Mr. Gerry Slavin: It says under 14(3), "Bylaws and regulations made under the Medical Radiation Technology Act, 1991 that were in force on the day before section 15 of this act came into force remain in force until they are revoked or replaced under this act." Their existing bylaws will remain in place until they are revoked or replaced by the college.

M^{me} France Gélinas: That's not exactly what it says. It was "until it is revoked or replaced by this act."

Mr. Gerry Slavin: "Under this act." The Medical Radiation Technology Act, 1991, is being revoked and

replaced with this new act. It's simply just to reflect the new name of the college.

M^{me} France Gélinas: Okay. I think I understand better. Thank you.

Mr. Gerry Slavin: All right.

The Chair (Mr. Grant Crack): Thank you, sir.

Further discussion? There being none, I shall call for the vote on NDP motion 17.0.2. It is recorded.

Ayes

Gélinas.

Nays

Anderson, Baker, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 17.0.2 defeated.

There are therefore no amendments to schedule 6, section 14. Any discussion? There being none, I shall call for the vote. Shall schedule 6, section 14, carry? Carried.

1420

There are no amendments to schedule 6, sections 15 through 19, inclusive. Any discussion on those sections? There being none, I shall call for the vote. Shall schedule 6, sections 15 through 19, carry? Any opposed? I declare schedule 6, section 15, carried. I declare schedule 6, section 16, carried. I declare schedule 6, section 17, carried. I declare schedule 6, section 18, carried. And I declare schedule 6, section 19, carried.

Now we will deal with section 6 in its entirety, as amended. Is there any discussion?

Interjection.

The Chair (Mr. Grant Crack): Sorry? Is there any discussion on schedule 6, as amended? Why, did I say "section?" There being none, I shall for the vote. Shall schedule 6, as amended, carry? Any opposed? I declare schedule 6, as amended, carried.

We shall move to schedule 7, which is the Ontario Drug Benefit Act. We have PC motion 17.1, which is proposing to amend schedule 7, subsection 1(2) (Subsection 13(8) of the Ontario Drug Benefit Act). Mr. Yurek.

Mr. Jeff Yurek: I move that section 1 of schedule 7 to the bill be amended by adding the following subsection:

"(2) Section 13 of the act is amended by adding the following subsection:

"Personal information

"(8) Despite anything else in this section, the minister and the executive officer 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): Discussion?

Mr. Jeff Yurek: Basically we're adding into this bill to put some limits on the collection, use and disclosure of personal information. This government continues to expand upon the reach of the Ministry of Health and its staff into the personal medical information of Ontarians, and we think it's going too far. This is hopefully putting some safeguards into the system.

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: The government of Ontario recognizes the importance of protecting the personal information of all Ontarians. The proposed change made by the opposition in the motion is not necessary given the fact that any personal information collected, used or disclosed for purposes related to the ODBA should be treated like personal health information.

The Personal Health Information Protection Act, 2004, already limits the collection, use and disclosure of personal health information in any way in the terms that this proposed amendment would, so we will be opposing this motion.

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

M^{me} France Gélinas: The Integrity Commissioner continues to warn us and encourage us to be more careful. Basically, what this says is that you will only collect, use or disclose what is reasonably necessary and basically realize that you will only access, collect, use or disclose personal information for specific purposes.

I think to have it in this new part of the Ontario Drug Benefit Act will help. This is something that comes from the Integrity Commissioner. This is something that we can refer back to, to give people confidence that their personal health information is going to be protected. To be able to say that we followed guidelines and the recommendations from the Integrity Commissioner is something that has value when we try to make sure that the people of Ontario maintain trust in sharing their personal information and trust that it will not be shared in ways they did not agree to.

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: Section 30 of the Personal Health Information Protection Act, 2004, already limits how the ministry collects, uses and discloses personal health information. If this section of the legislation already exists, the question has to be asked: Why do we put legislation on top of legislation? It already exists right now, as we speak. Section 30 of PHIPA provides the Ministry of Health and Long-Term Care as a custodian of the health information. You cannot collect, use or disclose personal information—other than information served for the purpose of use, collection and disclosure. This information is only for those purposes. We already have that section in the legislation. Is it that staff are not implementing or understanding that section of the act? We already have that legislation to make sure every health professional knows their scope of practice—how they collect, use, for the disclosing of personal health information. Why do we need an additional piece?

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

M^{me} France Gélinas: First of all, it's not health professionals I'm worried about; it's people who work for the Ministry of Health I'm worried about—sorry, guys.

Section 30 that you referred to—the first paragraph is pretty similar. The second one, “collect, use or disclose more personal information than is reasonably necessary to meet the purpose of the collection, use or disclosure”—is this part of section 30 that you're referring to? Can I have a lawyer confirm that?

The Chair (Mr. Grant Crack): We welcome you. Please state your name.

Mr. Marcus Mazzucco: Marcus Mazzucco, counsel with the Ministry of Health and Long-Term Care.

If you refer to section 30 of PHIPA, the limiting principle that's referenced in the proposed motion is captured by subsection (1) and subsection (2) of section 30. Subsection (1) says, “A health information custodian shall not collect, use or disclose personal health information if other information will serve the purpose of the collection, use or disclosure,” and subsection (2) states, “A health information custodian shall not collect, use or disclose more personal health information than is reasonably necessary to meet the purpose of the collection, use or disclosure, as the case may be.”

M^{me} France Gélinas: What harm is there in repeating it in this new section of the ODBA?

Mr. Marco Mazzucco: I think the government's position is that section 30 of PHIPA already applies to the ministry's collection, use and disclosure of personal information for the purposes of administering the ODBA, so it would just be redundant to add it to the ODBA itself.

M^{me} France Gélinas: What harm is there in redundancy?

Mr. Marco Mazzucco: I don't think harm would occur. It's just to avoid unnecessary legislation, I suppose.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the vote on PC motion 17.1. Those in favour? Any opposed? I declare PC motion 17.1 defeated.

We shall move to NDP motion 17.1.1, which is an amendment to subsection 1(2) (subsection 13(8) of the Ontario Drug Benefit Act). Madame Gélinas.

M^{me} France Gélinas: I move that section 1 of schedule 7 to the bill be amended by adding the following subsection:

“(2) Section 13 of the act is amended by adding the following subsection:

“Restrictions, personal information

“(8) The minister and the executive officer 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): I'm going to call it out of order as a result—members of the committee already just defeated a similar motion. So we'll continue to move on.

There being no amendments carried to schedule 7, section 1, is there any discussion? There being none, I shall call for the vote. Shall schedule 7, section 1, carry? Any opposed? I declare schedule 7, section 1, carried.

1430

We shall move to NDP motion 17.1.2, which is proposing a new section, schedule 7, section 1.1 (section 17 of the Ontario Drug Benefit Act). Madame Gélinas.

M^{me} France Gélinas: I move that schedule 7 to the bill be amended by adding the following section:

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

“1.1 Section 17 of the act is amended by adding the following subsections:

““Air chambers

““(5) Air chambers for asthma inhalers are deemed to be designated pharmaceutical products.

““Appropriation required

““(6) No public moneys shall be expended pursuant to subsection (5) except under the authority of an appropriation of the Legislature for the purpose.””

The Chair (Mr. Grant Crack): I'm going to declare this one out of order, Madame Gélinas. This motion seeks to amend a section, section 17 of the Ontario Drug Benefit Act, that is not open in the bill before us; therefore, it's beyond the scope and I'm ruling it out of order.

Madame Gélinas.

M^{me} France Gélinas: Can I ask for unanimous consent to consider this? It's basically bringing air chambers for kids who cannot take their inhaler without them.

The Chair (Mr. Grant Crack): You may request unanimous consent. Do we have unanimous consent to consider—I heard a no. Therefore, it is out of order.

We shall move to NDP motion 17.1.3, which is proposing a new section, schedule 7, section 1.1 (section 17.1 of the Ontario Drug Benefit Act). Madame Gélinas.

M^{me} France Gélinas: I move that schedule 7 to the bill be amended by adding the following section:

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

“Midwives

“17.1 Despite any other act or law, a member of the College of Midwives of Ontario may prescribe Mifepristone, also known as RU-486, and related drugs, for any purpose for which they may lawfully be used.”

The Chair (Mr. Grant Crack): Thank you. Again, I will declare this one out of order. The amendment at hand introduces a provision not contemplated by the bill. The scope of the bill, as adopted at second reading, represents the reasonable limits of the bill's collective purposes as defined by its existing clauses and schedules. Although this—okay, Madame Gélinas.

M^{me} France Gélinas: Can I ask for unanimous consent?

The Chair (Mr. Grant Crack): Yes.

M^{me} France Gélinas: This is an urgent issue for the people whom I represent who don't have access to this medication. Midwifery would give them access.

The Chair (Mr. Grant Crack): That is in order, but I just want to remind all members that when you're asking for unanimous consent, we don't need to have an explanation; we just need, “Can I have unanimous consent to reconsider the out-of-order motion?”

M^{me} France Gélinas: Okay.

The Chair (Mr. Grant Crack): We have a request for unanimous consent. Do we have unanimous consent? I heard a no, so it is out of order.

There are no amendments to schedule 7, section 2, or schedule 7, section 3. Is there any discussion? There being none, I shall call for the vote. Shall schedule 7, section 2, and schedule 7, section 3, carry? Any opposed? I declare schedule 7, section 2, carried. I declare schedule 7, section 3, carried.

As a result, there were no amendments to schedule 7, which is the Ontario Drug Benefit Act. Any discussion on schedule 7? There being none, I call the vote. Shall schedule 7 carry? Any opposed? I declare schedule 7 carried.

We shall move to schedule 8, Ontario Mental Health Foundation Act. We have NDP motion 17.1.4, proposing an amendment to section 1 of the Ontario Mental Health Foundation Act. Madame Gélinas.

M^{me} France Gélinas: Can I ask which page this thing starts at? I'm trying really hard to find it and I'm not finding it.

Ms. Lisa M. Thompson: Schedule 8? Page 43.

M^{me} France Gélinas: Pardon me?

The Chair (Mr. Grant Crack): Yes, 43 it is.

M^{me} France Gélinas: Page 43?

The Chair (Mr. Grant Crack): Schedule 7 finished at the top of page 42.

M^{me} France Gélinas: Oh, yes. Sorry.

Schedule 8 to the bill, section 1.

I move that section 1 of schedule 8 to the bill be amended by adding the following subsection:

“(2) Despite the repeal of the Ontario Mental Health Foundation Act, at least \$1,800,000 per year, adjusted for inflation, shall be made available by the government of Ontario for mental health research.”

The Chair (Mr. Grant Crack): Thank you very much. I'm going to declare this motion out of order as it directs allocation of public funds. It is what is known as a money motion. Pursuant to standing order 57, such a motion shall be proposed only by a minister of the crown. Therefore, it is out of order. Sorry.

Madame Gélinas?

M^{me} France Gélinas: Can I ask for unanimous consent?

The Chair (Mr. Grant Crack): To reconsider?

M^{me} France Gélinas: Correct.

The Chair (Mr. Grant Crack): When deciding a point of order on a money bill, that is out of order. I could probably read what it has to say here, but that's

pretty much the gist of it. Again, only a minister could. Thank you.

We shall move to schedule 8, section 1. There are no amendments to that one that we just dealt with. I'll deal with that singly. Any discussion on schedule 8, section 1? There being none, I call the vote. Shall schedule 8, section 1, carry? I declare schedule 8, section 1 carried.

There are no amendments to schedule 8, sections 2 through 5, inclusive. Any discussion? Madame Gélinas.

M^{me} France Gélinas: I recommend voting against this schedule.

The Chair (Mr. Grant Crack): Okay. We are dealing with schedule 8, sections 2 through 5. Any discussion? There being none, I shall call for the vote. Shall schedule 8, sections 2 through 5, inclusive, carry? I heard a no. Those in favour? Those opposed? I declare schedule 8, section 2, carried. I declare schedule 8, section 3, carried. I declare schedule 8, section 4, carried. I declare schedule 8, section 5, carried.

There are no amendments to schedule 8. Therefore, any discussion? Then I shall call for the vote. Shall schedule 8 carry? I heard a no. Those in favour? Those opposed? I declare schedule 8 carried.

We shall move to schedule 9, which is the Oversight of Health Facilities and Devices Act, 2017. PC motion number 17.2 proposes an amendment to section 1, definition of “community health facility” (Oversight of Health Facilities and Devices Act, 2017). Mr. Yurek.

Mr. Jeff Yurek: I move that clause (a) of the definition of “community health facility” in section 1 of schedule 9 to the bill be struck out and the following substituted:

“(a) a place or a collection of places where one or more services are provided by persons or classes of persons prescribed in regulations made by the minister, and includes any part of such a place, and”

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

Mr. Jeff Yurek: This is basically following the request from CPSO with regard to overseeing prescribed service providers rather than services provided. They feel that if this amendment isn't made, there could be gaps created in the system with regard to oversight and safety, and it would be better served with health care professionals and service providers who are already regulated under the various colleges to administer the oversight.

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: The provision that the member is talking about is too broad and would result in every physician's office, and perhaps many other settings where health care is provided in Ontario, being prescribed as a community health facility, regardless of what services are being provided there. As such, we will be voting against this motion.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the vote. Those in favour of PC motion 17.2? Those opposed? I declare PC motion 17.2 defeated.

We shall move to NDP motion 17.3, which proposes an amendment to section 1, definition of “community health facility” (Oversight of Health Facilities and Devices Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I move that section 1 of schedule 9 to the bill be amended,

(a) by striking out “community health facility” wherever it occurs, and substituting “independent health facility” in each case; and

(b) by adding the following subsection—sorry. I read the wrong one.

The Chair (Mr. Grant Crack): It's motion 17.3.

M^{me} France Gélinas: Motion 17.3. Yes.

I move that the definition of “community health facility” in section 1 of schedule 9 to the bill be struck out and the following substituted:

“‘community health facility’ means,

“(a) any place where a regulated health professional works,

“(b) any place where hearing aids are sold or an audiologist works,

“(c) a place or a collection of places where one or more services prescribed in regulations made by the minister are provided, and includes any part of such a place, and

“(d) a place or collection of places prescribed in regulations made by the minister; (‘établissement de santé communautaire’)”

1440

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

M^{me} France Gélinas: Basically, the bill does not define “community health facility.” First of all, I hate this word. There's nothing community about those facilities—and to make it fair.

We know, for example, that most of the hearing aids are not sold in an audiologist's clinic. The biggest provider of hearing aids is Costco, and they should be captured in the bill and the disclosures that we want done. The way the bill is written now, it seems it will be limited to regulated health professionals. I think it should be broader than that, and this is what this motion aims to do.

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: The proposed addition to the definition would not help to achieve the goal that the member's asking, to ensure the services that pose a risk to patient health and safety are subject to regulatory oversight, and as such, the government will not be supporting this motion.

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

M^{me} France Gélinas: Go ahead.

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

Mr. Jeff Yurek: I'm a little concerned with the broad definition. I'd hate to see all the Walmarts and Costcos be deemed community health facilities, but I understand the third party's concerns. This government has had a

really rough time dealing with schedule 9, and we've seen some amendments coming forward to rewrite this portion of the bill. However, I think it speaks to the fact that not enough consultation was taking place on this bill, that it's being rushed in an omnibus bill, and that we're seeing unintended consequences. Unfortunately, I think we're kind of stuck in a dilemma where we are going to miss out covering certain areas that the third party wants to see covered or we're going to see acceptance of this amendment and overburden a system where everywhere's a community health facility.

I'd suggest the government maybe withdraw schedule 9 from the bill and bring it forward in a new bill with proper consultation and really looking at how the situation sets itself apart.

Interjection: Well said.

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

M^{me} France Gélinas: Basically, we all know that harm does take place and oversight is needed. This act is about bringing oversight to those private clinics and private dispensaries, and to leave a huge part of the market—and I would say a part of the market that grows by the day—out of this bill is a mistake.

If you're serious that you want oversight of places where harm to customers and harm to patients can take place, then you have to include them all. In the case of hearing aids, a fraction of hearing aids are sold by audiologists and other regulated health professionals. Most of them are not, but harm does take place to those patients, no matter where they get that service, and I think oversight would protect those patients.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the vote on NDP motion 17.3.

Ayes

Gélinas.

Nays

Anderson, Baker, Potts, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 17.3 defeated.

We shall move to NDP motion 17.4, which proposes an amendment to section 1 (definition of “energy applying and detecting medical device”). Madame Gélinas.

M^{me} France Gélinas: I move that the definition of “energy applying and detecting medical device” in section 1 of schedule 9 to the bill be amended by striking out “a prescribed device that” and substituting “a prescribed device that is not portable ultrasound technology and that”.

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

M^{me} France Gélinas: It's basically to make sure that portable ultrasound technology continues to be available to the people who need it that I represent.

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: The proposed motion does not align with the current approach to remain responsive to emerging technologies. It will also leave a legislative gap as other legislation does not address safety and quality standards for portable ultrasound devices.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the vote on NDP motion 17.4. It will be recorded.

Ayes

Gélinas, Thompson, Yurek.

Nays

Anderson, Baker, Potts, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 17.4 defeated.

We shall move to government motion 18, which proposes an amendment to section 1 (Oversight of Health Facilities and Devices Act, 2017). Ms. Wong.

Ms. Soo Wong: I move that section 1 of schedule 9 to the bill be amended by adding the following definition:

“‘personal health information’ has the same meaning as in the Personal Health Information Protection Act, 2004;”—I'm not even going to try the French version of this.

Le Président (M. Grant Crack): “(‘renseignements personnels sur la sante’).”

Ms. Soo Wong: Okay.

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

Ms. Soo Wong: With regard to this motion, it will increase the transparency for the patient when it deals with personal health information. That's why we're moving this motion.

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

M^{me} France Gélinas: Why don't we just say so rather than say “meaning”? Why don't we just say “personal health information”?

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

M^{me} France Gélinas: Can I ask a lawyer to come and tell me the difference? Why couldn't we just add “personal information act,” rather than just use this act or—

The Chair (Mr. Grant Crack): Welcome. If you could kindly please state your name for the record.

Ms. Theodora Theodonis: Theodora Theodonis, legal services branch, counsel with the Ministry of Health and Long-Term Care.

The government is proposing to include a definition of “personal health information.” That term is already defined in another piece of legislation and therefore it is drafted as “meaning as,” as opposed to “means,” where it may suggest that it has a different meaning than the concept as defined in the Personal Health Information Protection Act.

M^{me} France Gélinas: You’ll have to say that again,

Ms. Theodora Theodonis: Happy to.

M. Arthur Potts: En français.

Ms. Theodora Theodonis: That I might not be able to do, but I will say that again.

M^{me} France Gélinas: Let me ask my question again. Why don’t we just put in the bill “personal health information,” rather than just—why don’t we just change it rather than say it has the same meaning? Why don’t we just put “Personal Health Information Protection Act, 2004”?

Ms. Theodora Theodonis: For clarity purposes, we want to be clear that when we use the term “personal health information” within the context of the oversight legislation, we are incorporating the same meaning as how that term is defined in another Ontario statute, the Personal Health Information Protection Act.

M^{me} France Gélinas: I got it that time. Thank you.

The Chair (Mr. Grant Crack): Thank you very much for another clarification.

Further discussion? There being none, I shall call for the vote. Shall government motion 18 carry? Any opposed? I declare government motion number 18 carried.

We will move to government motion 19, proposing an amendment to section 1 (Oversight of Health Facilities and Devices Act, 2017). Ms. Wong?

Ms. Soo Wong: I move that the definition of “personal information” in section 1 of schedule 9 to the bill be amended by striking out “as defined in the Personal Health Information Protection Act, 2004” at the end.

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: This particular motion supports an amendment to the proposed legislation to improve transparency for patients, while continuing to protect their personal health information. That was what we’ve been talking about the last couple of motions.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the vote on government motion 19. Those in favour? Any opposed? I declare government motion 19 carried.

We’ll move to NDP motion 19.1, proposing an amendment to section 1 (Oversight of Health Facilities and Devices Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I move that section 1 of schedule 9 to the bill be amended,

(a) by striking out “community health facility” wherever it occurs, and substituting “private clinic” in each case; and

(b) by adding the following subsection:

“Deeming

“(2) A reference to a ‘community health facility’ in this or any other act is deemed to read ‘private clinic’.”

1450

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

M^{me} France Gélinas: I cannot tell you how offensive it is for anybody who works in the community sector to rename independent health facilities in out-of-hospital premises as community anything. They have nothing to do with the community. They have to do with making a profit: 98% of them are for-profit companies. This is what they do. If there is no money to be made anymore, it doesn’t matter what the needs of the communities are; they’re not going to be operating there anymore. They can close whenever they want, whatever they want.

I and the Nurse Practitioners’ Association of Ontario, the Ontario Health Coalition, CUPE, OPSEU Hospital Professionals, Registered Nurses’ Association of Ontario, UNIFOR, Ontario Nurses’ Association, Care Watch, all of the advocacy groups that have come—all of them took exception to the renaming of independent health facilities as community health facilities. You have to find a better name. Some 98% are private clinics, so I suggest calling them what they are: private clinics.

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: Mr. Chair, the term “private clinic” does not capture the range of facilities that are expected to fall under this legislation. The government is committed to a principled universal health care system for all Ontarians. In the proposed new legislation, if passed, a community health facility would help deliver services to patients’ non-emergency issues outside the hospital environment. I have a number of non-profit community health clinics—Carefirst is a non-profit NGO that we fund as a government. When you say that these facilities offer insured services such as diagnostic imaging and dialysis at no additional cost to the patient and community health links are delivering uninsured services such as plastic surgery—we know that right now. This proposal would strengthen the patients’ safety and quality of care by requiring these facilities be inspected for quality and for the first time be licensed in order to be operated. I think all of us in this room want to see more oversight, not less.

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

M^{me} France Gélinas: How would a consumer know that this clinic will charge you and this one won’t? If you call them all community health facilities—we know that many of them charge. You have named one: plastic surgery, cosmetic surgery. They charge. If they all have the same name and they all have the same name as community health centres that have nothing to do with this, can you not see confusion? Can you not see an opportunity for a for-profit company to take advantage of their names to market themselves to people who don’t know any better, which is 99% of us?

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the vote, recorded, on NDP motion 19.1.

Ayes

Gélinas.

Nays

Anderson, Baker, Potts, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 19.1 defeated.

We shall move to NDP motion 19.2, proposing an amendment to section 1 (Oversight of Health Facilities and Devices Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I move that section 1 of schedule 9 to the bill be amended,

(a) by striking out “community health facility” wherever it occurs, and substituting “independent health facility” in each case; and

(b) by adding the following subsection:

“Deeming

“(2) A reference to a ‘community health facility’ in this or any other act is deemed to read ‘independent health facility’.”

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

M^{me} France Gélinas: You cannot bring this name forward. All it will serve to do is confuse people. Community health centres spent a lot of time educating the community as to what they are. They are hospitals that are called community health. To bring in “community health facility” will only confuse people. You cannot use this word. Find something better. I am suggesting “independent health facility,” because this is what they are. They are independent health facilities. It’s as good a name as any, but I can tell you that “community health facility” is terrible.

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

Ms. Soo Wong: Mr. Chair, the term “independent health facility” currently refers to the entity governed by the IHFA. We are repealing the IHFA and want to reduce any confusion that may result from referring to these new entities by the name associated with a prior legislative regime.

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

M^{me} France Gélinas: Nobody in Ontario knows that those private clinics are called independent health facilities. Nobody outside of this room knows, and I’m willing to bet that there are some people in this room who could not name me three independent health facilities because that’s not what we call them. Find another name. “Community health facility” is offensive. You cannot call independent health facilities out of hospital premises

community anything. They have nothing to do with our communities.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the recorded vote on NDP motion 19.2.

Ayes

Gélinas.

Nays

Anderson, Baker, Potts, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 19.2 defeated.

There were two amendments that carried in schedule 9, the Oversight of Health Facilities and Devices Act, 2017. Any discussion on schedule 9, section 1, as amended? There being none, I shall call for the vote. Shall schedule 9, section 1, as amended, carry? I heard a no. Those in favour, just so I can clarify? Those opposed? I declare schedule 9, section 1, carried.

We shall move to NDP motion 19.3, which is proposing a new section in schedule 9, section 1.1 (Oversight of Health Facilities and Devices Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I move that schedule 9 to the bill be amended by adding the following section:

“Auditor General

“1.1 The Auditor General may exercise any of the Auditor General’s powers under the Auditor General Act with respect to community health facilities.”

The Chair (Mr. Grant Crack): I’m going to declare this motion out of order as it seeks to introduce elements of the bill beyond the scope as established at second reading. Further, an amendment may not seek to accomplish indirectly what it cannot accomplish directly. This motion could be seen to propose an indirect amendment to the Auditor General’s Act, which establishes the scope of the Auditor General’s powers. Again, it’s out of order.

We shall move to Madame Gélinas.

M^{me} France Gélinas: I know that the Auditor General wants this, so can we have unanimous consent?

The Chair (Mr. Grant Crack): Madame Gélinas is requesting unanimous consent to consider NDP motion 19.3. Do we have unanimous consent? I heard a no.

M^{me} France Gélinas: It was more like a muffle.

The Chair (Mr. Grant Crack): I think it was a no. Mr. Yurek?

Mr. Jeff Yurek: Chair, I really think this is an important motion—

The Chair (Mr. Grant Crack): No, there’s no more discussion.

Mr. Jeff Yurek: Could I ask for unanimous consent?

The Chair (Mr. Grant Crack): It was already asked, and I heard a no. Good try.

We can move to NDP motion 19.4, which is proposing a new section on schedule 9, section 1.2 (Oversight of

Health Facilities and Devices Act, 2017). Madame Gélinas.

M^{me} France Gélinas: In the spirit of oversight, I move that schedule 9 to the bill be amended by adding the following section:

“French-Language Services

“1.2 The French Language Services Commissioner may perform any of the commissioner’s functions under the French Language Services Act with respect to community health facilities.”

The Chair (Mr. Grant Crack): I’m going to declare this motion out of order as well, as this motion seeks to introduce elements of the bill that are beyond the scope established at second reading. Further, an amendment may not seek to accomplish indirectly what it cannot accomplish directly. This motion could be seen to propose an indirect amendment to the French Language Services Act, which establishes the functions of the French Language Services Commissioner. Again, it’s out of order.

Madame Gélinas.

M^{me} France Gélinas: Given that the French Language Services Commissioner is all in, could I ask for unanimous consent?

The Chair (Mr. Grant Crack): Madame Gélinas is seeking unanimous consent to consider NDP motion 19.4. Do I have unanimous consent? I heard a no. Therefore, it is out of order.

M^{me} France Gélinas: It was clearer that time.

1500

The Chair (Mr. Grant Crack): We shall move to NDP motion 19.5, which is proposing new section 1.3 (Oversight of Health Facilities and Devices Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I move that schedule 9 to the bill be amended by adding the following section:

“Integrity Commissioner

“1.3 The Integrity Commissioner under the Members’ Integrity Act, 1994, shall oversee the community health facilities.”

The Chair (Mr. Grant Crack): This motion is out of order. It seeks to introduce elements that are beyond the scope of the bill as established at second reading. Further, an amendment may not seek to accomplish indirectly what it cannot accomplish directly. This motion could be seen to propose an indirect amendment to the Members’ Integrity Act, which sets out the powers and duties of the Integrity Commissioner.

Madame Gélinas.

M^{me} France Gélinas: Do you believe in three times lucky? I’m going to try this. Can I have unanimous consent?

The Chair (Mr. Grant Crack): Madame Gélinas is requesting unanimous consent to consider NDP motion 19.5. Do we have unanimous consent? I heard a no. Therefore, it is still out of order.

We shall move to NDP motion 19.6, which is proposing a new section—schedule 9, section 1.4 (Oversight

of Health Facilities and Devices Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I move that schedule 9 to the bill be amended by adding the following section:

“Patient ombudsman

“1.4 The patient ombudsman under the Excellent Care for All Act, 2010, may perform any of the patient ombudsman’s responsibilities under that act with respect to community health facilities.”

I feel good about that one.

The Chair (Mr. Grant Crack): This motion is out of order as it seeks to introduce elements that are beyond the scope of the bill as established at second reading. Further, an amendment may not seek to accomplish indirectly what it cannot accomplish directly. This motion could be seen to propose an indirect amendment to the Excellent Care for All Act, 2010, which sets out the powers and duties of the patient ombudsman in section 13.1, which is not open in the bill before us.

Madame Gélinas.

M^{me} France Gélinas: Can I ask for unanimous consent for this really good motion?

The Chair (Mr. Grant Crack): That is in order. Do we have unanimous consent to consider NDP motion 19.6? I heard a no. It is therefore still out of order.

There are no amendments to schedule 9, sections 2, 3 and 4. I shall bundle them unless there’s opposition.

Any discussion on schedule 9, sections 2, 3 and 4? There being none, I shall call the vote.

Shall schedule 9, sections 2, 3 and 4, carry? I declare schedule 9, section 2, carried. I declare schedule 9, section 3, carried. I declare schedule 9, section 4, carried.

We move to NDP motion 19.7, which is proposing an amendment to subsection 5(1) (Oversight of Health Facilities and Devices Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I move that subsection 5(1) of schedule 9 to the bill be amended by adding the following paragraph:

“2.1 The applicant has paid any fee required in a regulation made under clause 72 (3)(t).”

The Chair (Mr. Grant Crack): This one’s good.

Further discussion? Madame Gélinas.

M^{me} France Gélinas: Basically, all that this does is, it makes it mandatory to pay any fees owing before a licence is renewed, and makes sure that if an applicant is requiring a licence or a prospective licence that we check that all the fees have been paid and any fees established by an inspecting body that are owed are paid. It’s a way to make sure we get paid.

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

Ms. Soo Wong: This proposed motion is similar to government motion 20. The government’s proposed amendment is more consistent with the legislative scheme as a whole. Therefore, we will be voting against this motion.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the recorded vote on NDP motion 19.7.

Ayes

Gélinas.

Nays

Anderson, Potts, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 19.7 defeated.

We shall move to government motion 20, proposing an amendment to subsection 5(1), subparagraph 3x (Oversight of Health Facilities and Devices Act, 2017). Ms. Wong.

Ms. Soo Wong: I move that paragraph 3 of subsection 5(1) of schedule 9 to the bill be amended by adding the following subparagraph:

“x. the applicant has paid any fee required to be paid under clause 72(3)(t).”

The Chair (Mr. Grant Crack): Discussion? Ms. Wong?

Ms. Soo Wong: With regard to this particular motion before the committee, it would help to provide support for the inspecting bodies to carry out the duties and responsibilities of inspecting bodies under the legislation. The important piece here is ensuring the importance of the robust quality assurance program, which includes regular inspection of community health facilities by the inspecting bodies.

The Chair (Mr. Grant Crack): Thank you. Discussion? There being none, I shall call for the vote on government motion number 20. Those in favour? Those opposed? I declare government motion number 20 carried.

With that amendment carried, we shall move to schedule 9, section 5, as amended. Discussion? There being none, I shall call for the vote. Shall schedule 9, section 5, as amended, carry? Any opposed? I declare schedule 9, section 5, as amended, carried.

There are no amendments to schedule 9, section 6 or section 7. Any discussion? There being none, I shall call for the vote. Shall schedule 9, section 6 and section 7, carry? I declare schedule 9, section 6, carried and schedule 9, section 7, carried.

We shall move to government motion 20.1, proposing a new section, schedule 9, section 7.1 (Oversight of Health Facilities and Devices Act, 2017). Ms. Wong.

Ms. Soo Wong: I move that schedule 9 to the bill be amended by adding the following section:

“Conditions, community health facility that was formerly licensed under the Private Hospitals Act

“7.1 A licence issued or amended under this act with respect to a community health facility that was formerly licensed under the Private Hospitals Act shall include the following conditions:

“1. The facility shall only provide the same services that it provided when the facility was licensed under the Private Hospitals Act.

“2. The facility shall only operate in the same location that it operated in when the facility was licensed under the Private Hospitals Act.

“3. The patient bed capacity of the facility shall be no greater than what it was when the facility was licensed under the Private Hospitals Act.”

The Chair (Mr. Grant Crack): Thank you, Ms. Wong. Discussion? Ms. Wong.

Ms. Soo Wong: The motion would prohibit the expansion of private hospitals. As everybody knows, there are only six private hospitals currently in the system. It supports the government’s position that the only hospitals in Ontario be public, not-for-profit hospitals.

The Chair (Mr. Grant Crack): Thank you. Madame Gélinas.

M^{me} France Gélinas: Of all the motions not to be in my package, this one did not make it into my package. Can I have a copy? Sorry.

Interjection.

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

Mr. Jeff Yurek: This amendment and others coming forward in section 9 really show how the government has rushed this omnibus bill and missed numerous items that were brought out by various stakeholders going through. The unintended consequences of pushing legislation through without proper consultation and details in these large bills is quite concerning.

You would think this government learned that lesson over the 14 years they’ve been in office, but it seems to be the ongoing mandate of this government to push these mega bills through that we will be cleaning up in the future because of their unintended consequences. I wish this government would bring out bills that strictly deal with certain issues within the health field or even the economy, the environment or agriculture, instead of pushing everything into one big bill. I think we would have a better-governed province, we would have more accountability and more transparency, and we wouldn’t have the errors that have continually occurred in this piece of legislation.

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

M^{me} France Gélinas: Can we have a lawyer tell us that this was the exact language that was there before?

1510

The Chair (Mr. Grant Crack): Thank you. Please state your name for the record.

Ms. Tara Corless: Hello, I’m Tara Corless, counsel for the Ministry of Health and Long-Term Care.

The intent with this proposed amendment is to effectively import into the new OHFDA scheme prohibitions and restrictions on private hospitals that currently exist under the Private Hospitals Act. The language, however, is not precisely the same, but the effect is the same.

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

M^{me} France Gélinas: Why, then, do we take away the Private Hospitals Act? Why didn’t we just keep it rather than try to bring it back through this?

Ms. Tara Corless: My understanding is it's because the overriding policy objective of introducing this new oversight legislation is to bring under a single comprehensive legislative scheme all health facilities that operate outside of public hospitals and make them subject to a more robust quality oversight regime. It seemed to make more sense to bring the remaining six private hospitals in Ontario under the auspices of the single new comprehensive scheme rather than to revamp a very old piece of legislation that's been on the books since 1931, for the benefit of only six facilities and the patients of those facilities.

M^{me} France Gélinas: Right now, private hospitals can gain accreditation through different bodies that accredit hospitals. Once we change this, will they still qualify for accreditation under the different bodies that accredit hospitals?

Ms. Tara Corless: I'm actually not familiar with the accreditation systems you're referring to that apply to private hospitals.

M^{me} France Gélinas: They apply to all hospitals. All hospitals in Ontario are accredited, and so are our private hospitals. Now that they're not going to be private hospitals anymore, but they're going to be community health facilities—

Ms. Tara Corless: They will be functioning, though, as facilities providing the same types of services, so there is certainly nothing under this new scheme that would preclude them from seeking out and obtaining accreditation from the same bodies, if these facilities were to be brought under the auspices of this new scheme.

M^{me} France Gélinas: But will it be mandatory for them to have accreditation—to be accredited?

Ms. Tara Corless: That's not addressed here, nor is it addressed in the Private Hospitals Act currently.

M^{me} France Gélinas: Right now, the private hospitals are covered under the pharmacy licensing act—I forget how this is called; help me. You're usually good at that.

Ms. Tara Corless: The Drug and Pharmacies Regulation Act?

M^{me} France Gélinas: You know where hospitals now have to have their pharmacies inspected by the College of Pharmacists? Private hospitals fall under that.

Ms. Tara Corless: Right.

M^{me} France Gélinas: Will the private hospitals, now that they are not private hospitals anymore, but community health facilities, still be covered?

Ms. Tara Corless: They will be. Their status under the Drug and Pharmacies Regulation Act will remain the same, and there are consequential amendments to that effect.

M^{me} France Gélinas: Where do I see that, that they will continue to be covered?

Ms. Tara Corless: If you give me a moment, I'll find the provision in the act.

M^{me} France Gélinas: Sure.

Ms. Tara Corless: Madame, the provision is section 84.

M^{me} France Gélinas: Of an act that I don't have?

Ms. Tara Corless: Of the Oversight of Health Facilities and Devices Act.

M^{me} France Gélinas: Oh, okay. What page are you on?

Ms. Tara Corless: I don't believe the document I'm working from will have the same page numbering.

Interjection: It's 78.

Ms. Tara Corless: It's page 78. It's section 84.

M^{me} France Gélinas: Okay, got it.

Ms. Tara Corless: You'll see there that the definition of "hospital" within the Drug and Pharmacies Regulation Act is being replaced with a revised definition that refers to community health facilities within the meaning of OHFDA. It defines a hospital patient in paragraph (b) as being "a patient of a community health facility within the meaning of" OHFDA "that was formerly licensed under the Private Hospitals Act."

M^{me} France Gélinas: Will they be covered by the French Language Services Act?

Ms. Tara Corless: I don't believe that the French Language Services Act applies to private hospitals, but I'm not certain of that point.

M^{me} France Gélinas: Okay. Will they be covered by the Patient Ombudsman?

Ms. Tara Corless: No, no. Private hospitals are not currently health service organizations defined under the Excellent Care for All Act.

M^{me} France Gélinas: Will they continue to be covered by the freedom of access so that you can FOI them?

Ms. Tara Corless: No. Private hospitals aren't institutions—or are they? Let me—

M^{me} France Gélinas: They are right now.

Ms. Tara Corless: Yes, they are. I'm sorry. I stand corrected. The status of private hospitals under any Ontario statute is going to be preserved through the consequential amendments being made under this proposed scheme. So if a private hospital is defined as an institution for the purposes of FIPPA right now, which I believe it is, then that status will remain.

M^{me} France Gélinas: Where can you show me that? We just went through a whole bunch of motions that were defeated where community health facilities are not going to be covered. How do I know that community health facilities that used to be private hospitals will continue to be covered by freedom of access to information?

Ms. Tara Corless: Madame, you're asking about FIPPA now, the Freedom of Information and Protection of Privacy Act. I'm just looking at those provisions, at the amendment section. Okay. It's subsection 86(3), where we are repealing the definition of "hospital" in subsection 2(1) of FIPPA.

M^{me} France Gélinas: Yes.

Ms. Tara Corless: And we're replacing it with a reference to a community health facility.

M^{me} France Gélinas: So does that mean all community health facilities will be FOI-able?

Ms. Tara Corless: No, that's only under the definition of "hospital," so that would only apply in respect of community health facilities that were formerly licensed as private hospitals under the Private Hospitals Act.

M^{me} France G  linas: And you know that because clause (b) of the definition of "hospital" is repealed, and community health facility—

Ms. Tara Corless: It's subsection 86(1), Madame.

M^{me} France G  linas: Okay.

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

Further discussion on government motion 20.1? There being none, I shall call for the vote. Those in favour of government motion 20.1? Those opposed? I declare government motion 20.1 carried.

There are no amendments to schedule 9, section 8. Any discussion? There being none—just one second. Schedule 9, section 8, as amended—there being none, I shall call for the vote. Shall schedule 9, section 8, as amended, carry? Wait. It's not amended. I was confused. Shall schedule 9, section 8, carry without amendments? I declare schedule 9, section 8, carried.

We're going to move now to government motion 21, which is proposing an amendment to subsection 9(1.1) (Oversight of Health Facilities and Devices Act, 2017). Ms. Wong.

Ms. Soo Wong: I move that section 9 of schedule 9 to the bill be amended by adding the following subsection:

"No transfer if unpaid fees

"(1.1) The executive officer shall not consent to transfer a licence unless the current holder of the licence has paid any fee required to be paid under clause 72(3)(t)."

1520

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: The motion would help to provide support for inspecting bodies to carry out the duties and responsibilities of an inspecting body under the legislation.

The Chair (Mr. Grant Crack): Discussion? There being none, I shall call for the vote on government motion 21. Those in favour? Any opposed? I declare government motion 21 carried.

We move to NDP motion 21.1, an amendment to subsection 9(3.1) (Oversight of Health Facilities and Devices Act, 2017). Madame G  linas.

M^{me} France G  linas: I move that section 9 of schedule 9 to the bill be amended by adding the following subsection:

"Same

"(4) It is a condition of the transfer of a licence that the current holder of the licence has paid any fee required in a regulation made under clause 72(3)(t)."

The Chair (Mr. Grant Crack): I think what we're doing here is amending (3.1.) It says "Same" and "(4)," but it should say "Same" and "(3.1)"?

M^{me} France G  linas: Yes. It should say "(3.1)."

The Chair (Mr. Grant Crack): So under "Same," it changes to "(3.1)" from "(4)."

Further discussion? Madame G  linas.

M^{me} France G  linas: Basically, it's to make sure that we are in a position where we can force payment. We know that in the past, there have been issues with payments of fees. This is one more tool for the government to make sure that they recover what's theirs.

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

Mr. Arthur Potts: I don't see how this is substantially different than motion 21 that we just passed. I thought you might have withdrawn it.

The Chair (Mr. Grant Crack): Further discussion? Then I shall call for the vote on NDP motion 21.1, which will be recorded.

Ayes

G  linas.

Nays

Anderson, Potts, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 21.1 defeated.

We shall move to government motion 21.2, which proposes an amendment to section 9 and section 9.1 (Oversight of Health Facilities and Devices Act, 2017). Ms. Wong.

Ms. Soo Wong: Mr. Chair, I'll be withdrawing this motion.

The Chair (Mr. Grant Crack): So you're not moving? Okay. Government motion 21.2 is not moved.

We shall move to government motion 21.3, which is proposing an amendment to section 9 (Oversight of Health Facilities and Devices Act, 2017). Ms. Wong.

Ms. Soo Wong: I move that section 9 of schedule 9 to the bill be struck out and the following substituted:

"Transfer of licence

"9.(1) Subject to section 9.1, a licence in respect of a community health facility is not transferable without the prior written consent of the executive officer.

"Criteria

"(2) Subject to section 9.1, in deciding whether to consent to the transfer of a licence, the executive officer,

"(a) shall treat the proposed transferee of the licence as if the proposed transferee were an applicant for a licence, and for that purpose section 5 applies with necessary modifications; and

"(b) shall also consider whether the current holder of the licence is complying with the requirements under this act, and may refuse to consent, or consent subject to conditions on the consent, where either or both of the minister and executive officer have identified a failure to comply with any requirement under this act by the current holder of the licence.

"Conditions

“(3) Subject to section 9.1, the executive officer’s consent to the transfer of a licence may be made subject to conditions, and in consenting to the transfer of a licence, the executive officer may attach to the licence any conditions that the executive officer considers necessary in the circumstances.

“Prohibition, transfer of EADMD licence

“(4) A licence in respect of an energy applying and detecting medical device is not transferable.”

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: This motion would ensure the prohibition and requirements that currently apply to private hospitals under the PrHA continue to apply if they are relicensed under the OHFDA and following the repeal of the PrHA.

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

M^{me} France Gélinas: Could you spell out what all of those letters mean, so that we put it in context?

Ms. Soo Wong: I’m going to have to ask staff to give me all the initials. I’ll let the staff do it.

Ms. Tara Corless: OHFDA stands for the Oversight of Health Facilities and Devices Act, and PrHA is a reference to the Private Hospitals Act.

M^{me} France Gélinas: And that won’t exist anymore.

Ms. Tara Corless: The intent is to repeal it, yes.

M^{me} France Gélinas: Okay. So tell me if I’m right or wrong when I read this. Let’s say independent health facilities—I won’t call them that. Let’s say a private diagnostic imaging facility wants to collocate next to a private lab because it’s easier. Is there anything in this that would prevent this from happening?

The Chair (Mr. Grant Crack): Welcome. Please state your name again for the record.

Ms. Theodora Theodanis: Thank you. Theodora Theodanis, counsel, Ministry of Health and Long-Term Care, legal services branch.

With respect to section 9, this is a provision that, with respect to any community health facility that is licensed under the Oversight of Health Facilities and Devices Act, would require a community health facility, before they could transfer the licence from person A to person B, to obtain the prior consent of the executive officer. The provision goes on to set out the test and what the executive officer must consider.

With respect to any existing independent health facility that is relicensed as a community health facility, if they were to seek the transfer of their licence, this is the provision that would speak to that issue.

There is a carve-out here in the government’s proposed motion for community health facilities that were previously licensed as private hospitals, so this section 9 would not apply there.

On the issue of collocation, this section, section 9, does not speak to the issue of collocation.

M^{me} France Gélinas: Will any other section talk to co-location?

Ms. Theodora Theodanis: Not to the issue of collocation. Currently, under the independent health facilities, the independent health facility licence includes, as a condition of licence, the location where the independent health facility can provide the services specified on the licence.

My understanding of the policy intent is that licences issued as a community health facility would continue that, so that persons licensed as community health facilities have on their licences the location where they can provide the specified services. Any change to the location would require an amendment to the licence, which another section of schedule 9 speaks to.

M^{me} France Gélinas: Which section is that?

Ms. Theodora Theodanis: If you’ll give me a moment, I will point you to that section.

M^{me} France Gélinas: Sure.

Ms. Theodora Theodanis: It is a section that has already been considered. In schedule 9, on page 50, section 7 sets out the executive officer’s authority to “amend the licence or” any of “the conditions of a licence.”

In addition, if you follow, the next section is section 8. That sets out that, “a licensee may ... apply to the executive officer to amend the licence or the conditions of a licence.” That is in subsection (1).

In subsection (2), there is a restriction on those applications: A licensee may only apply for an amendment where they are seeking a change “to the services that may be provided under the licence, the location or locations ... or any other condition” that may be prescribed in regulations.

M^{me} France Gélinas: So if we talk about private labs, will they still be allowed to close locations basically on their own, or will they have to now apply to be allowed to close a location?

Ms. Theodora Theodanis: Laboratories would not be governed within the scope of the proposed legislation, so it wouldn’t be laboratories. However, facilities that are licensed as community health facilities, should they choose to close a facility or wish to close their doors, there is an option for them under the legislation to surrender their licence.

M^{me} France Gélinas: Okay.

The Chair (Mr. Grant Crack): Thank you very much, both. Further discussion?

I just want to clarify before we move forward that government motion number 21 did pass and the way this is worded—Ms. Wong just read into the record that, “I move that section 9 of schedule 9 of the bill be struck out.”

So, if in fact you wanted an amendment passed, what’s happening here is you’re actually deleting that amendment that you just passed. So if I could just take a five-minute break—maybe we need to have a health break—and maybe discuss with the Clerk how to proceed forward with that. Is that fair enough?

M^{me} France Gélinas: You’ll clue us in when you come back?

The Chair (Mr. Grant Crack): Yes. Is that fair enough? Just so the committee is not doing something that was unintended, because I think that's what's probably happening right here. Okay, we'll recess for five minutes.

The committee recessed from 1532 to 1543.

The Chair (Mr. Grant Crack): Is everybody ready to continue? It was a little longer than five minutes, but I think we'll be able to move forward now.

Ms. Wong.

Ms. Soo Wong: Mr. Chair, I will be withdrawing government motion 21.3, and then I'm going to be seeking unanimous consent on standing down schedule 9, section 9.

The Chair (Mr. Grant Crack): Thank you. Do we have unanimous consent to stand down schedule 9, section 9? I heard a no.

M^{me} France Gélinas: I can make a deal if we stand down schedule 9 altogether.

Ms. Soo Wong: Then I'm going to need a recess for 10 minutes.

Interjection.

The Chair (Mr. Grant Crack): We'll have to recess. Let's try 10 minutes. That is in order to call for a recess.

Madame Gélinas.

M^{me} France Gélinas: Can I ask that we stand down the whole of schedule 9 and continue?

The Chair (Mr. Grant Crack): Are you asking for unanimous consent?

M^{me} France Gélinas: I'm asking for unanimous consent that we stand down schedule 9 so we can continue with 10, and come back to it once the lawyers have done their work.

The Chair (Mr. Grant Crack): Madame Gélinas is requesting to stand down the entire schedule 9, move to schedule 10 and come back to it at a later date. Do we have unanimous consent? Okay, there's a no.

We will take a 10-minute recess and we will reconvene at—let's make it 15—4 o'clock.

The committee recessed from 1545 to 1601.

The Chair (Mr. Grant Crack): Let's call the committee meeting back to order. Just prior to the break, government motion 23.1 was withdrawn by Ms. Wong, so I will now give Ms. Wong the floor.

Ms. Soo Wong: I'm going to be moving—I'll make sure everybody has a copy—21.3.1. I will be moving that motion.

The Chair (Mr. Grant Crack): Okay, so government motion 21.3.1. Ms. Wong.

Ms. Soo Wong: I move that section 9 of schedule 9 to the bill, as amended, be struck out and the following substituted:

“Transfer of licence

“9(1) Subject to section 9.1, a licence in respect of a community health facility is not transferable without the prior written consent of the executive officer.

“No transfer if unpaid fees

“(1.1) The executive officer shall not consent to transfer a licence unless the current holder of the licence has paid any fee required to be paid under clause 72(3)(t).

“Criteria

“(2) Subject to section 9.1, in deciding whether to consent to the transfer of a licence, the executive officer,

“(a) shall treat the proposed transferee of the licence as if the proposed transferee were an applicant for a licence, and for that purpose section 5 applies with necessary modifications; and

“(b) shall also consider whether the current holder of the licence is complying with the requirements under this act, and may refuse to consent, or consent subject to conditions on the consent, where either or both of the minister and executive officer have identified a failure to comply with any requirement under this act by the current holder of the licence.

“Conditions

“(3) Subject to section 9.1, the executive officer's consent to the transfer of a licence may be made subject to conditions, and in consenting to the transfer of a licence, the executive officer may attach to the licence any conditions that the executive officer considers necessary in the circumstances.

“Prohibition, transfer of EADMD licence

“(4) A licence in respect of an energy applying and detecting medical device is not transferable.”

The Chair (Mr. Grant Crack): Just for clarification, the very first line, “I move that,” I imagine you would have liked to have said, “I move that section 9, as amended, of schedule 9 to the bill”—

Ms. Soo Wong: I move that section 9 of schedule 9 to the bill, as amended.

The Chair (Mr. Grant Crack): No, the “as amended” has to go after the first line, after section—

Ms. Soo Wong: Okay. You're saying that it's “I move section 9, as amended?”

The Chair (Mr. Grant Crack): “Of schedule 9, to the bill be struck out and the following substituted:”

Ms. Soo Wong: Okay. “I move that section 9, as amended, of schedule 9 to the bill be struck out and the following substituted:”

All right?

The Chair (Mr. Grant Crack): Thank you. Further discussion? Ms. Wong.

Ms. Soo Wong: I think I already mentioned earlier that this motion will ensure the prohibition and the requirements that currently apply to the private hospitals under the Private Hospitals Act continue to apply if they are relicensed under the Ontario health facilities and devices following the repeal of the Private Hospitals Act.

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

M^{me} France Gélinas: I just wanted to make sure: She moved that section 9, as amended, be struck out. That means that the amendment that we passed won't exist anymore?

The Chair (Mr. Grant Crack): That is correct, because she read back into the record the previous amendment that had passed under “No transfer if unpaid fees.”

M^{me} France Gélinas: Okay, and that's the one that came from—

The Chair (Mr. Grant Crack): Government motion 21.

M^{me} France Gélinas: So government motion 21, “No transfer if unpaid fees,” has been included.

The Chair (Mr. Grant Crack): Yes.

M^{me} France Gélinas: Okay.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the vote on government motion 21.3.1. Those in favour? Any opposed? I declare government motion 21.3.1 carried.

Any discussion on schedule 9, section 9, as amended? There being none, I shall call for the vote.

Shall schedule 9, section 9, as amended, carry? I heard a no. Those in favour? Any opposed? I declare schedule 9, section 9, as amended, carried.

We shall move to government motion 21.4.

Ms. Soo Wong: I’m going to withdraw that, and then I’ll be moving—

The Chair (Mr. Grant Crack): Okay. Ms. Wong is withdrawing, or not moving, government motion 21.4. That is in order.

We’ll move to government motion 21.4.1, which is an amendment to schedule 9 of the bill, section 9.1 (Oversight of Health Facilities and Devices Act, 2017). Ms. Wong.

Ms. Soo Wong: I move that schedule 9 to the bill be amended by adding the following section:

“Community health facility that was formerly licensed under the Private Hospitals Act transfer of licence

“9.1(1) A licence in respect of a community health facility that was formerly licensed under the Private Hospitals Act is not transferable without the prior written consent of the minister.

“No transfer if unpaid fees

“(1.1) The minister shall not consent to transfer a licence unless the current holder of the licence has paid any fee required to be paid under clause 72(3)(t).

“Criteria

“(2) In deciding whether to consent to the transfer of a licence in respect of a community health facility that was formerly licensed under the Private Hospitals Act, the minister,

“(a) shall treat the proposed transferee of the licence as if the proposed transferee were an applicant for a licence, and for that purpose section 5 applies with necessary modifications; and

“(b) shall also consider whether the current holder of the licence is complying with the requirements under this act, and may refuse to consent, or consent subject to conditions on the consent, where the minister has identified a failure to comply with any requirement under this act or under the Private Hospitals Act by the current holder of the licence.

1610

“Interpretation

“(3) For the purposes of clause (2)(a), all references to the executive officer in section 5 shall be read as references to the minister.

“Conditions

“(4) The minister’s consent to the transfer of a licence may be made subject to conditions, and in consenting to the transfer of a licence, the minister may attach to the licence any conditions that the minister considers necessary in the circumstances.”

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

M^{me} France Gélinas: How similar is this to what existed before with the Private Hospitals Act?

The Chair (Mr. Grant Crack): Are you—

M^{me} France Gélinas: Did you want to go first? Go ahead.

The Chair (Mr. Grant Crack): Ms. Wong.

Ms. Soo Wong: Okay. Let the staff answer.

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

Ms. Tara Corless: My name is Tara Corless, counsel for the Ministry of Health.

Madame, your question is, does this provision impose the same requirements that are currently imposed under the Private Hospitals Act?

M^{me} France Gélinas: Sure.

Ms. Tara Corless: Yes. Currently, a private hospital that is looking to transfer a licence would be required to obtain prior consent of the Minister of Health. So this provision ensures that the minister’s authority over such decisions will remain in place in respect of community health facilities that were formerly licensed under the Private Hospitals Act.

M^{me} France Gélinas: How come I was under the impression that the Private Hospitals Act could not transfer a licence to anybody? They could continue to exist in their place, within their mandate, with a set of programs, with a set of beds and they could not make any changes. This seems to me that now they will be allowed to do changes that were not allowed before.

Ms. Tara Corless: It is true that the Private Hospitals Act currently prohibits private hospitals from doing things like relocating and enlarging their bed capacity or constructing additions, but where they’re seeking to transfer a licence, I believe section 9 of the Private Hospitals Act does permit them to do so, provided that they obtain the minister’s consent.

M^{me} France Gélinas: So they’ve always been allowed to transfer a licence?

Ms. Tara Corless: With the minister’s approval, correct.

M^{me} France Gélinas: Have any of them ever done that?

Ms. Tara Corless: Yes. I believe there have been instances where a licence has been transferred. I don’t have the history on that, though. I’m sorry.

M^{me} France Gélinas: Okay.

The Chair (Mr. Grant Crack): Further discussion on government motion 21.4.1? There being none, I shall call for the vote on government motion 21.4.1. Those in favour? Those opposed? I declare government motion 21.4.1 carried.

We shall move to schedule 9, section 10, and schedule 9, section 11. There are no amendments. Any discussion? There being none, I shall call for the vote. Shall schedule 9, section 10, and schedule 9, section 11, carry? I heard a no. Those in favour? Any opposed? I declare schedule 9, section 10, carried, and schedule 9, section 11, carried.

We shall move to government motion 22, which is proposing a new section in schedule 9, section 11.1 (Oversight of Health Facilities and Devices Act, 2017). Ms. Wong.

Ms. Soo Wong: I'll be withdrawing this motion.

The Chair (Mr. Grant Crack): That is withdrawn or not moved, That is within order.

We shall move to schedule 9, section 12. There are no amendments. Any discussion? There being none, I call for the vote. Shall schedule 9, section 12, carry? I heard a no. Those in favour? Those opposed? I declare schedule 9, section 12, carried.

We shall move to government motion 22.0.0.1, which is an amendment to section 13 (Oversight of Health Facilities and Devices Act, 2017). Ms. Wong.

Ms. Soo Wong: I'll be withdrawing this motion.

The Chair (Mr. Grant Crack): That is in order. More appropriately, if you choose not to—maybe if you just not move it. Thank you.

That is in order. Government motion 22.0.0.1 is withdrawn.

We shall move to government motion 22.0.0.2, an amendment to section 13 (Oversight of Health Facilities and Devices Act, 2017). Ms. Wong.

Ms. Soo Wong: I move that section 13 of schedule 9 to the bill be struck out and the following substituted:

“Gaining controlling interest

“13(1) Subject to section 13.1, a person who by any method gains a controlling interest in a licensee in respect of a community health facility shall obtain the approval of the executive officer.

“Executive officer’s approval

“(2) Subject to section 13.1, the approval by the executive officer is subject to any conditions that would apply with respect to the licensee if the person had already gained a controlling interest in the licensee.

“Attachment of conditions

“(3) Subject to section 13.1, the executive officer may attach conditions to an approval.

“Regulations may provide for timing, process

“(4) The regulations may provide for when the approval of the executive officer must be obtained and for the process for obtaining the approval.”

The Chair (Mr. Grant Crack): Thank you very much. Discussion? Ms. Wong.

Ms. Soo Wong: The motion would ensure that the prohibitions and the requirements that apply to private hospitals under the Private Hospitals Act continue to apply if they are re-licensed under the Ontario Health Facilities and Devices Act and following the repeal of the Private Hospitals Act.

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

M^{me} France Gélinas: What happened to the provision that they were not to identify or hold themselves out as hospitals? How come we got rid of that?

The Chair (Mr. Grant Crack): Welcome once again. Please state your name for the record, even though we know it now.

Ms. Tara Corless: Hello. It's Tara Corless.

The motion you're referring to is motion number 22, which was just withdrawn. However, it was withdrawn with the intent that a similar and actually more expansive provision be introduced within the Public Hospitals Act. We will be hearing that motion later in the proceedings.

M^{me} France Gélinas: Do you happen to know the number?

Ms. Tara Corless: I believe that is 43.2.6, if I'm not mistaken?

Interjection.

Ms. Tara Corless: That's correct, 43.2.6.

M^{me} France Gélinas: Thank you.

The Chair (Mr. Grant Crack): Thank you very much. Further discussion? There being none, I shall call for the vote on government motion 22.0.0.2. Those in favour? Those opposed? I declare government motion 22.0.0.2 carried.

As a result, there was one amendment carried to schedule 9, section 13. Any discussion on schedule 9, section 13, as amended? There being none, I shall call the vote. Shall schedule 9, section 13, as amended, carry? I heard a no. Those in favour? Any opposed? I declare schedule 9, section 13, as amended, carried.

We shall move to government motion 22.0.0.3, which is an amendment to section 13.1 (Oversight of Health Facilities and Devices Act, 2017). Ms. Wong.

Ms. Soo Wong: I move that schedule 9 to the bill be amended by adding the following section:

“Community health facility that was formerly licensed under the Private Hospitals Act gaining controlling interest

“13.1(1) A person who by any method gains a controlling interest in a licensee in respect of a community health facility that was formerly licensed under the Private Hospitals Act shall obtain the approval of the minister.

“Minister’s approval

“(2) The approval by the minister is subject to any conditions that would apply with respect to the licensee in respect of a community health facility that was formerly licensed under the Private Hospitals Act if the person had already gained a controlling interest in the licensee.

“Attachment of conditions

“(3) The minister may attach conditions to an approval under subsection (2).

“Regulations may provide for timing, process

“(4) The regulations may provide for when the approval of the minister must be obtained and for the process for obtaining the approval.”

1620

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: Mr. Chair, this motion would ensure that prohibitions and requirements that apply to private hospitals under the Private Hospitals Act continue to apply here if they are relicensed under the Oversight of Health Facilities and Devices Act following the repeal of the Private Hospitals Act.

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

M^{me} France Gélinas: How similar is this language to what previously existed in the Private Hospitals Act?

The Chair (Mr. Grant Crack): Once again, for the record: Ms. Corless?

Ms. Tara Corless: Tara Corless, counsel for the Ministry of Health.

Madame, the language is not the same as that that appears in the Private Hospitals Act. The legal effect, however, is the same, in that a share transfer that would result in a change in the controlling interest of a licensee of a community health facility that was formerly licensed under the Private Hospitals Act would be required to obtain minister approval.

M^{me} France Gélinas: I was under the impression that one of the private hospitals was actually family-owned.

Ms. Tara Corless: Yes, I do believe that there is at least one private hospital that's family-owned. I could ask my policy client if he has that information.

Interruption.

Ms. Tara Corless: It's Beechwood Private Hospital.

M^{me} France Gélinas: So how would that apply? The family has a controlling ownership. They own the hospital.

Ms. Tara Corless: If they were looking to transfer the shares to somebody else—

M^{me} France Gélinas: Yes, but they don't have shares. They are family-owned. What keeps them from being able to transfer it to the family of their choice, maybe mine?

Ms. Tara Corless: Being family-owned doesn't necessarily mean that they're not incorporated, with family members each owning shares of the corporation. Regardless of whether the share owners were members of a family or at arm's length, if a share transfer was being proposed that would result in a change in the controlling interest, then the minister's approval would be necessary.

M^{me} France Gélinas: I guess what I'm getting at is that I don't think they have shares. I think the family owns the hospital flat out. If they want to give it to their grandson, their granddaughter or anybody else, how would that prevent them from doing that?

Ms. Tara Corless: I wouldn't say it would necessarily prevent them, but they would be required to obtain the consent of the minister prior to doing that.

M^{me} France Gélinas: Although they don't have shares?

Ms. Tara Corless: These provisions do only apply to corporations with share capital. Perhaps I'm wrong in my assumption that Beechwood is an incorporated entity; I thought that they were. I can't imagine that a hospital would operate without being incorporated.

Interjection.

Ms. Tara Corless: That's right.

M^{me} France Gélinas: Thank you.

The Chair (Mr. Grant Crack): Further discussion on government motion 22.0.0.3? There being none, I shall call for the vote.

Shall government motion 22.0.0.3 carry? Any opposed? I declare government motion 22.0.0.3 carried.

There are no amendments to schedule 9, sections 14, 15 or 16. Any discussion? There being none, I shall call for the vote.

Shall schedule 9, sections 14, 15 and 16, carry? I heard a no. Those in favour of schedule 9, sections 14, 15 and 16, carrying? Those opposed? I declare schedule 9, sections 14, 15 and 16, carried.

We shall move to NDP motion 22.0.1, which is an amendment proposed to section 16.1 (Oversight of Health Facilities and Devices Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I move that schedule 9 to the bill be amended by adding the following section:

“Not for profit

“16.1 Despite anything else in this act, no person shall operate a community health facility for the purpose of earning a profit.”

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

M^{me} France Gélinas: It was rather interesting that when questioned on that, the Minister of Health took great pride in saying that since 2011 the only licences that were given for independent health facilities and out-of-hospital premises were to not-for-profit corporations. He was quite proud of that fact.

We also had the Independent Diagnostic Clinics Association. You will remember that Mr. Gerald Hartman, their president, came. When I asked him if they would consider being not-for-profit, he was quite clear that that would not be an issue with the sector that he represents, which is all the big diagnostic clinic associations.

If we are serious that we want our health care dollars to go to care and not to profit, then we have an opportunity to do this right now.

The Chair (Mr. Grant Crack): Discussion? There being none, I shall call for the recorded vote on NDP motion 22.0.1.

Ayes

Gélinas.

Nays

Anderson, Baker, Potts, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 22.0.1 defeated.

We shall move to schedule 9, section 17, through to schedule 9, section 20. There are no amendments. Any discussion? I shall then call for a vote. Shall schedule 9, section 17 through section 20, carry? I heard a no. Those

in favour of carrying schedule 9, sections 17 through 20? Those opposed? I declare schedule 9, section 17, carried. I declare schedule 9, section 18, carried. I declare schedule 9, section 19, carried. And schedule 9, section 20, is carried.

We shall move to NDP motion 22.1, proposing an amendment to section 20.1. It's a new section—(Oversight of Health Facilities and Devices Act, 2017).

M^{me} France Gélinas: I move that schedule 9 to the bill be amended by adding the following section:

“Prohibition, certain operators

“20.1 No person who is not a member of a college regulated under the Regulated Health Professions Act, 1991 may operate or order the operation of an energy applying and detecting medical device.”

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

M^{me} France Gélinas: Basically, it's to make sure that all of the private clinics out there are owned by regulated health professionals.

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

Ayes

Gélinas, Thompson, Yurek.

Nays

Anderson, Baker, Potts, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 22.1 defeated.

We shall move to schedule 9, section 21. There are no amendments. Discussion? There being none, shall schedule 9, section 21, carry? I declare schedule 9, section 21, carried.

We shall move to NDP motion 22.2 proposing a new section, section 21.1 (Oversight of Health Facilities and Devices Act, 2017).

M^{me} France Gélinas: I move that schedule 9 to the bill be amended by adding the following section:

“Exemption

“21.1 A vendor of energy applying and detecting medical devices, selling an energy applying and detecting medical device that has been licensed by Health Canada, and demonstrating or loaning that energy applying and detecting medical device for the purposes of sales to either community health clinics or the broader Ontario Health System, is exempt from the licensing requirements under this act for the purposes of that unit.”

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

M^{me} France Gélinas: Basically, if this is specifically for people who sell those instruments—MEDEC, Canada's medical technology companies, came to see us and have asked for this amendment. If you're going to go and demonstrate or have a display at a trade show or are

trying to sell, for that particular application the device would not have to be covered.

1630

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall then call for the recorded vote on NDP motion 22.2.

Ayes

Gélinas, Thompson, Yurek.

Nays

Anderson, Baker, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 22.2 defeated.

We shall move to NDP motion 22.3 proposing a new section, 21.1 (Oversight of Health Facilities and Devices Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I move that schedule 9 to the bill be amended by adding the following section:

“Exemption, portable ultrasound devices

“21.1 Energy applying and detecting medical devices that are portable ultrasound technology devices, as provided for in the regulations, are exempt from the application of this act.”

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

M^{me} France Gélinas: Here again, it's to make sure that the portable devices are available to people who need them in remote areas.

The Chair (Mr. Grant Crack): Discussion? There being none, I shall call for the recorded vote on NDP motion 22.3.

Ayes

Gélinas, Thompson, Yurek.

Nays

Anderson, Baker, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 22.3 defeated.

We shall move to schedule 9, sections 22 through 27, inclusive. Is there any discussion on those sections? There being none, I shall call for the vote. Shall schedule 9, sections 22 to 27, inclusively, carry? I heard a no.

Those in favour of schedule 9, section 22, through schedule 9, section 27, carrying? Those opposed? I declare schedule 9, section 22, carried. I declare schedule 9, section 23, carried. Schedule 9, section 24, is carried. Schedule 9, section 25, is carried. Schedule 9, section 26, is carried. Schedule 9, section 27, is carried.

We shall move to NDP motion 22.4 proposing an amendment to clause 28(2)(b) (Oversight of Health Facilities and Devices Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I move that clause 28(3)(a) of schedule 9 to the bill be struck out and the following substituted:

“(a) advising the licensee on the safety, quality and standards of services provided in the community health facility; and”

The Chair (Mr. Grant Crack): Excuse me, I think you’re reading—are you doing 22.4?

M^{me} France Gélinas: No, I’m doing 22.5. Would you like me to do 22.4?

The Chair (Mr. Grant Crack): Good, I appreciate your working forward, but we’ll go to 22.4, please.

M^{me} France Gélinas: I’d love to do it as soon as I find it.

Interjections.

M^{me} France Gélinas: Is the four really looking a bit like a nine?

Interjection: Yes.

M^{me} France Gélinas: Ah, sorry.

I move that clause 28(2)(b) of schedule 9 to the bill be struck out and the following substituted:

“(b) must be approved by the executive officer and the inspecting body responsible for conducting inspections of the community health facility;”

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

M^{me} France Gélinas: I forgot who this came from, but basically it has to do with making sure that people are consulted before the appointment of the quality advisers so that we get out of those quality advisers what we expect.

The Chair (Mr. Grant Crack): Discussion? There being none, I shall call for the recorded vote on NDP motion 22.4.

Ayes

Gélinas.

Nays

Anderson, Baker, Rinaldi, Thompson, Wong, Yurek.

The Chair (Mr. Grant Crack): I declare NDP motion 22.4 defeated.

We shall move to NDP motion 22.5, which is proposing an amendment to clause 28(3)(a).

M^{me} France Gélinas: I move that clause 28(3)(a) of schedule 9 to the bill be struck out and the following substituted:

“(a) advising the licensee on the safety, quality and standards of services provided in the community health facility; and”

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

M^{me} France Gélinas: Basically, quality assurance does not usually include safety, so I just wanted to make sure that we allow people responsible for quality

assurance to also look at the safety of that quality and services.

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

Ms. Soo Wong: We will be voting against this motion because government motion 23 is achieving the same goal as what’s being proposed by the member opposite. The government’s proposed amendment better reflects the legislative scene.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the recorded vote on NDP motion 22.5.

Ayes

Gélinas, Thompson, Yurek.

Nays

Anderson, Baker, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 22.5 defeated.

We shall move to government motion 23, proposing an amendment to clauses 28(3)(a) to (c) (Oversight of Health Facilities and Devices Act, 2017). Ms. Wong.

Ms. Soo Wong: Mr. Chair, I’ll not be moving this motion.

The Chair (Mr. Grant Crack): That is in order. Government motion 23 is not moved.

We shall move to government motion 23R, proposing an amendment to clauses 28(3)(a) to (c) (Oversight of Health Facilities and Devices Act, 2017). Ms. Wong.

Ms. Soo Wong: I move that clauses 28(3)(a) and (b) of schedule 9 to the bill be struck out and the following substituted:

“(a) advising the licensee on how to provide services in the community health facility in compliance with the safety and quality standards provided for in the regulations;

“(b) promptly informing the executive officer and any inspecting body designated for the community health facility where the quality adviser has reasonable grounds to believe that the licensee is not providing services in compliance with the safety and quality standards provided for in the regulations; and

“(c) any other functions provided for in the regulations.”

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: The proposed amendment would enhance the role of the quality adviser and better align this provision with the licensee’s requirement to comply with the prescribed quality and standards.

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

M^{me} France Gélinas: Usually I want things in a bill, but I find it a bit odd that on this one it will be up to the government to define the safety and quality standards when many quality standards exist outside the

government, basically through the manufacturer. So I find it odd that we are now limiting all of this bill to whatever will be in the safety and quality standards in our regulations, which basically means that every manufacturer's safety codes and all of this will either have to be brought in to regulations or will not be covered by the quality adviser.

The Chair (Mr. Grant Crack): Discussion? There being none, I shall—

M^{me} France Gélinas: Can I ask a lawyer if I'm reading this well?

The Chair (Mr. Grant Crack): That is in order. Is there someone from the ministry who would like to come forward for clarification?

Ms. Theodora Theodonis: Theodora Theodonis, legal services branch with the Ministry of Health and Long-Term Care.

It is correct that the obligation on licensees who hold licences to operate community health facilities will be obligated to adhere to the safety and quality standards that are set out in the regulations. As well, this would be the role that you see for the quality adviser. When advising the licensee, their role would be with respect to the standards that are prescribed in regulation. This continues the structure that currently exists under the independent health facilities where there are, prescribed in regulation, the standards that IHF—*independent health facilities*—licensees are required to adhere to.

M^{me} France Gélinas: Even scarier now.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the vote on government motion 23R. Those in favour? Those opposed? I declare government motion 23R carried.

1640

We shall move to NDP motion 23.0.1, proposing an amendment to subsection 28(4) (*Oversight of Health Facilities and Devices Act, 2017*). Madame Gélinas.

M^{me} France Gélinas: I move that section 28 of schedule 9 to the bill be amended by adding the following subsection:

“Reporting obligation

“(4) Where the quality adviser has reasonable grounds to believe that the licensee has not followed the quality adviser's advice to the licensee on the safety, quality and standards of services provided in the community health facility, the quality adviser must immediately report this information to the executive officer and the inspecting body.”

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

M^{me} France Gélinas: It's trying to make a reporting obligation on safety issues, and making the safety issues as broad as the quality adviser will see. The quality advisers will be in the community health facilities. This makes it an obligation that if he or she sees something that is dangerous, that has a safety issue to it or that is not following quality standards, then they will have an obligation to report.

You realize that many of those quality advisers will be employees of the community health facilities. Even if they tell their employers that they think that somebody is unsafe, depending on where they are on the totem pole, they could be easily forgotten and ignored. If you make it an obligation to report to the executive officer and to the inspecting body, then you bring a level of oversight that, depending on where those quality advisers end up being in the hierarchy, would keep people safer.

The Chair (Mr. Grant Crack): Further discussion on NDP motion 23.0.1? There being none, I shall call for the recorded vote.

Ayes

Gélinas, Thompson, Yurek.

Nays

Anderson, Baker, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 23.0.1 defeated.

There was one amendment, government 23R, that carried. Is there any discussion on schedule 9, section 28, as amended? There being none, I shall call for the vote. Shall schedule 9, section 28, as amended, carry? I heard a no. Those in favour of schedule 9, section 28, carrying? Those opposed? I declare schedule 9, section 28, as amended, carried.

We shall move to schedule 9, section 29, section 30 and section 31. Any discussion? There being none, I shall call for the vote. Shall schedule 9, sections 29 through 31, carry? I heard a no. Those in favour of schedule 9, section 29? Those opposed?

I declare schedule 9, section 29, carried.

I declare schedule 9, section 30, carried.

I declare schedule 9, section 31, carried.

We shall move to PC motion 23.1, proposing an amendment to subsection 32(2) (*Oversight of Health Facilities and Devices Act, 2017*). Mr. Yurek.

Mr. Jeff Yurek: I move that section 32 of schedule 9 to the bill be amended by adding the following subsection:

“Complaints to Patient Ombudsman

“(2) A community health facility is deemed to be a health sector organization as defined in section 1 of the *Excellent Care for All Act, 2010*.”

The Chair (Mr. Grant Crack): That's 23.1. Discussion? Mr. Yurek.

Mr. Jeff Yurek: This is just extending the oversight of the Patient Ombudsman to community health facilities. I think it's paramount that the public has other means to voice their complaints and issues when an organization is receiving public funding. We've seen some good stories coming from the Patient Ombudsman on oversight that she has right now. Going forward in the future, he or she, whoever the Patient Ombudsman may be, should have oversight of health facilities, adding

more transparency and accountability to the system outside of the government.

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

M^{me} France Gélinas: I would say that if we're serious, if we want to strengthen quality and accountability for patients, then there has to be a mechanism to settle disputes or to settle perceptions of poor care. Right now, where will the patients who have a complaint, who feel that they have not been served properly—where will those be settled?

If the government won't answer, I'll ask any one of you guys to fill in.

The Chair (Mr. Grant Crack): Is there anyone from the ministry who could help? Welcome back.

Ms. Theodora Theodonis: Thank you. Theodora Theodonis, counsel, legal services branch, Ministry of Health and Long-Term Care.

Currently, there is a provision in schedule 9 in the proposed new act that requires licensees to establish an internal complaints process. That is found in section 32, on page 55.

M^{me} France Gélinas: What happens if it cannot be settled internally?

Ms. Theodora Theodonis: Then we move to subsection 34(1), also on page 55. This provision requires licensees to post certain information in a prominent place in their facility. If we move first to (d), it provides that the facility's procedure for initiating complaints to the licensee must be set out there. If that complaint cannot be resolved at the facility level, patients would also have access to information regarding the executive officer's procedure for making complaints to the executive officer. There would be a requirement on licensees to ensure that that information is prominently posted at the facility, and it will involve a procedure for how patients can complain to the executive officer.

M^{me} France Gélinas: How much power will the executive officer have to carry out more or less the duties of an ombudsperson?

Ms. Theodora Theodonis: The executive officer has broad authority under the proposed act to initiate inspections of the facility to ensure compliance with the act. Alternatively, if there is an inspecting body that has been designated, the executive officer can also ask the inspecting body to conduct an inspection of the facility to determine whether or not the facility is complying with the quality and safety standards.

M^{me} France Gélinas: Can you see that this is very cold comfort to grandma, who was treated rudely by somebody who left her naked on the examination table while they were laughing it up on their cellphone? The facility still has a state-of-the-art CT scan, and they still complied, but she was still treated poorly. How is this going to be handled?

Ms. Theodora Theodonis: Within the proposed act, there would be a requirement on every licensee—it's found in section 27, which is on page 54. It would require every licensee and prospective licensee in respect of a

community health facility to comply with all business practice standards that are specified in the regulations. If there is a concern that a prescribed business standard has not been complied with, that would be a compliance issue, which would be under the authority of the executive officer to address.

M^{me} France Gélinas: And the executive officer can send an investigator, who will become an ombudsman?

Ms. Theodora Theodonis: The executive officer has the authority to appoint inspectors to conduct an inspection under the act to determine, from a regulatory perspective, whether or not there has been compliance with the act.

M^{me} France Gélinas: So we don't have an ombudsman. Thank you.

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

Mr. Jeff Yurek: I also have a question for you. The mandate of the Patient Ombudsman and the mandate of the executive officer aren't the same; correct?

Ms. Theodora Theodonis: Correct.

Mr. Jeff Yurek: Thank you

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

Mr. Jeff Yurek: Recorded.

1650

The Chair (Mr. Grant Crack): We shall have a recorded vote on PC motion 23.1.

Ayes

Gélinas, Thompson, Yurek.

Nays

Anderson, Baker, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare PC motion 23.1 defeated.

There being no amendments to schedule 9, section 32, any discussion? Being none, shall schedule 9, section 32, carry? I heard a no. Those in favour of schedule 9, section 32, carrying? Those opposed? I declare schedule 9, section 32, carried.

We shall move to government motion number 24 proposing an amendment to section 33 of the Oversight of Health Facilities and Devices Act, 2017. Ms. Wong.

Ms. Soo Wong: I move that section 33 of schedule 9 to the bill, be struck out and the following substituted:

“Incident review process

“33(1) Every licensee and prospective licensee shall, in accordance with the requirements provided for in the regulations, if any, establish and maintain a process for the review of prescribed incidents and the disclosure of information, which may include personal information, if necessary, related to such incidents.

“Disclosure of information related to prescribed incidents

“(2) If information related to a prescribed incident is required to be disclosed, the information may only be disclosed to prescribed persons or entities.”

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: By prescribing the person to whom the information may be disclosed, transparency around who received the information is further heightened.

The Chair (Mr. Grant Crack): Discussion? There being none, I shall call for the vote on government motion 24. Those in favour? Those opposed? I declare government motion number 24 carried.

We shall move to NDP motion 24.1, proposing an amendment to section 33 of the Oversight of Health Facilities and Devices Act, 2017. Madame Gélinas.

M^{me} France Gélinas: I move that section 33 of schedule 9 to the bill be struck out and the following substituted:

“Incident review process

“33(1) Every licensee and prospective licensee shall, in accordance with the requirements provided for in the regulations, establish and maintain a process for the review of prescribed incidents and the disclosure of information, which may include personal information, if necessary, related to such incidents.

“Reporting

“(2) Every licensee and prospective licensee shall report prescribed incidents at a community health facility to the inspecting body responsible for conducting inspections of the community health facility in accordance with the requirements provided for in the regulations.”

The Chair (Mr. Grant Crack): As a result of government motion 24 just being passed, I would suspect you would like to move that section 33, as amended, of schedule 9, otherwise it will be out of order.

M^{me} France Gélinas: Absolutely.

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

M^{me} France Gélinas: Basically, incidents will happen. We make it a mandate to report on those incidents so that if the investigator was not there at the moment of the incidents, the community health facility will have to report them and set out how this could be done.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the vote on NDP motion 24.1 and it will be recorded.

Ayes

Gélinas.

Nays

Anderson, Baker, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 24.1 defeated.

There was one amendment to schedule 9, section 33. Any discussion on schedule 9, section 33, as amended? There being none—I have to change things up. Those in favour of schedule 9, section 33, as amended, carrying? Those opposed? I declare schedule 9, section 33, as amended, carried.

We shall move to government motion number 25, which is proposing an amendment to schedule 9, clause 34(1)(c) (Oversight of Health Facilities and Devices Act, 2017). Ms. Wong.

Ms. Soo Wong: I move that clause 34(1)(c) of schedule 9 to the bill be struck out and the following substituted:

“(c) copies of the last two inspection reports in respect of the community health facility or, if two inspection reports have not been issued in respect of the facility, a copy of any inspection report with respect to the facility;”

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: The proposed change better reflects the inspection schedule appropriate for the community health facility. It also further enhances the transparency of our health system for patients and their caregivers by ensuring that critical information about their health care and their care experience is being shared.

The Chair (Mr. Grant Crack): Further discussion? There being no further discussion, I shall call for the vote on government motion 25. Those in favour? Those opposed? I declare government motion 25 carried.

We’ll move to NDP motion 25.0.1, proposing an amendment to clause 34(1) (Oversight of Health Facilities and Devices Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I move that clause 34(1)(c) of schedule 9 to the bill be struck out and the following substituted:

“(c) copies of the past two inspection reports with respect to the community health facility;

“(c.1) a copy of any compliance order issued and in effect under subsection 50(3) and any cessation order issued and in effect under subsections 51(1) and (4);”

The Chair (Mr. Grant Crack): Thank you. In the opening, “I move that clause 34(1)(c),” I would imagine that since government motion 25 just passed, you’d like to say “as amended, of schedule 9”?

M^{me} France Gélinas: I’d love to.

The Chair (Mr. Grant Crack): Okay. Then that makes the motion in order, and we will proceed.

Discussion? Madame Gélinas.

M^{me} France Gélinas: Basically, we all agree that the two inspection reports should be there, but other information will help protect patients and patient care, and that information is that—if there has been a compliance order or if there has been any cessation order, they should also be made available to anybody who wants to look into those things.

The Chair (Mr. Grant Crack): Discussion? There being none, I shall call for the recorded vote on NDP motion 25.0.1.

Ayes

Gélinas.

Nays

Anderson, Baker, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 25.0.1 defeated.

We shall move to PC motion 25.1, proposing an amendment to clause 34(1)(e.1) of the Oversight of Health Facilities and Devices Act, 2017. Mr. Yurek.

Mr. Jeff Yurek: I move that subsection 34(1) of schedule 9 to the bill be amended by striking out “and” at the end of clause (e) and by adding the following clause:

“(e.1) a copy of each compliance order made under section 50 in respect of the facility and each cessation order made under section 51 in respect of the facility, for as long as the order is in effect; and”

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

Mr. Jeff Yurek: I think it’s important to post these orders, in order to protect the public. If you go to many restaurants in the province of Ontario and there’s an order against these restaurants, they are duly posted and people are able to figure out if they really want to eat at that establishment or not.

I think it’s only right that, for a health facility, someone seeking medical treatment has the same opportunity to be able to view any cessation orders or compliance orders made on the health facility and to decide if they wish to continue or not. I think that if we can do it for restaurants, we should be doing it for health facilities.

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: We will be supporting this motion. The motion will make explicit a requirement for licensees to post all cessation and compliance orders publicly, and heightens transparency for the patients.

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

M^{me} France Gélinas: I couldn’t agree more.

The Chair (Mr. Grant Crack): Okay. This is good.

Mr. Jeff Yurek: Could we have this recorded? I want this in history.

The Chair (Mr. Grant Crack): Mr. Yurek is requesting a recorded vote. I’ll leave it at that. So we shall vote.

Ayes

Anderson, Baker, Gélinas, Rinaldi, Thompson, Wong, Yurek.

The Chair (Mr. Grant Crack): Any opposed? I declare PC motion 25.1 carried.

1700

We shall move to government motion number 26, which is an amendment to subsection 34(2) (Oversight of Health Facilities and Devices Act, 2017). Ms. Wong.

Ms. Soo Wong: I move that subsection 34(2) of schedule 9 to the bill be struck out and the following substituted:

“No personal health information

“(2) No personal health information may be posted under subsection (1).”

The Chair (Mr. Grant Crack): Discussion? Ms. Wong.

Ms. Soo Wong: As indicated earlier, Mr. Chair, the government has every intention of providing further protection of the privacy of the patient’s personal health information while also ensuring that relevant information to a patient’s health care decision is posted at the community health centre—facility.

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

M^{me} France Gélinas: I always find it quite amusing that the member keeps calling them “community health centres.” Everybody else in Ontario will do the same and that proves my point, that this is not a good way to call those facilities. They are not community health centres, but this is what everybody in Ontario will call them. That does not serve the public good. That does not serve our health care system.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the vote on government motion number 26. Those in favour? Any opposed? I declare government motion 26 carried.

There were three amendments carried to schedule 9, section 34. Therefore, is there any discussion on schedule 9, section 34, as amended? There being none, I will call for the vote. Shall schedule 9, section 34, as amended, carry? Any opposed? I declare schedule 9, section 34, as amended, carried.

We shall move to schedule 9, section 35: No amendments. Discussion? There being none, I call the vote. Shall schedule 9, section 35, carry? I declare schedule 9, section 35, carried.

We shall move to government motion 27, which is proposing to create a new section: schedule 9, section 35.1, of the Oversight of Health Facilities and Devices Act, 2017. Ms. Wong.

Ms. Soo Wong: I will not be moving this motion, Mr. Chair.

The Chair (Mr. Grant Crack): Not moved; that is in order.

We shall move to government motion 27R, proposing a new section, section 35.1. Ms. Wong.

Ms. Soo Wong: I will not be moving this motion, Mr. Chair.

The Chair (Mr. Grant Crack): That is in order. Government motion 27R is not moved.

We shall move to government motion 27RR, proposing a new section 35.1 of the Oversight of Health Facilities and Devices Act, 2017. Ms. Wong.

Ms. Soo Wong: I move that schedule 9 to the bill be amended by adding the following section immediately before the heading “Part VII Inspecting Bodies”:

“Collection, use and disclosure of personal information

“35.1(1) In the course of performing a duty or exercising a power under this act or the regulations, no person shall:

“(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 purposes of the collection, use or disclosure.

“Recipient of personal information

“(2) Unless a person or entity is subject to the Personal Health Information Protection Act, 2004, the Freedom of Information and Protection of Privacy Act or the Municipal Freedom of Information and Protection of Privacy Act or is otherwise permitted or required by law to use or disclose the information and subject to any exceptions and additional requirements prescribed by regulation, a person or entity that receives personal information under subsection 35(1), paragraph 5 of subsection 36(3) and paragraph 4 of subsection 59(5), shall not use or disclose the information for any purpose other than,

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

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

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the vote on government motion 27RR. Those in favour? Oh, sorry. Madame Gélinas?

M^{me} France Gélinas: What happened to the explanation that was given to me before, that this was already covered in the health protection and privacy and we did not need to repeat it? Why are we repeating it here if it's already in the act?

The Chair (Mr. Grant Crack): Thank you. We'll ask counsel to come up once again. Of course, we know who you are by now, but feel free.

Ms. Theodora Theodonis: Theodora Theodonis, counsel, legal services branch, Ministry of Health.

If my recollection is correct, I previously answered a question with respect to the government's motion to add a new defined term, “personal health information”; the question, I believe, was, why are the words “has the same meaning,” as in the Personal Health Information Protection Act, included?

M^{me} France Gélinas: No, no, no. That's not this episode; that's the episode where I wanted to add “collect, use and disclose personal information if any other will serve the purpose” and “collect and use more information than is reasonably necessary.” I wanted to add it, and I was told that it was redundant because it was already in the act. So why is it not redundant and already in the act in this motion?

Ms. Theodora Theodonis: I'm sorry. Can you refer me to the motion that you're referring to?

M^{me} France Gélinas: It will take way too long if I do that. Does anybody remember?

The Chair (Mr. Grant Crack): Welcome. State your name for the record, sir.

Mr. Ryan Collier: Ryan Collier, legal services branch, Ministry of Health and Long-Term Care.

The previous motions that you were referring to applied to statutes where all of the actors under the statutes were health information custodians under PHIPA. Under this act, it's proposed that the powers to appoint inspectors or inspecting bodies may not, in fact, be the ministry. PHIPA would not necessarily apply to those persons without having this provision in this act.

M^{me} France Gélinas: It may not actually be the ministry? Okay. Very good.

The Chair (Mr. Grant Crack): Thank you. Further discussion? I guess not. Let's vote on government motion 27RR. Those in favour? Those opposed? I declare government motion 27RR carried.

Let's move to PC motion 27.1, proposing an amendment to subsection 36(3), paragraph 5 of schedule 9. Mr. Yurek.

Mr. Jeff Yurek: I move that paragraph 5 of subsection 36(3) of schedule 9 to the bill be amended by striking out “personally identifiable information about a person” and substituting “personal information”.

The Chair (Mr. Grant Crack): Thank you, Mr. Yurek. Discussion?

Mr. Jeff Yurek: We're just following up with recommendations from the Information and Privacy Commissioner about how the term “personally identifiable information” has not been defined in this proposed legislation. We're just trying to keep language consistent.

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

M^{me} France Gélinas: I think it's safer like this. We have a number of times defined “personal information.” “Personally identifiable information about a person” is a new term, and if it's defined someplace, then they should tell us where.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the vote on PC motion 27.1.

Madame Gélinas.

M^{me} France Gélinas: If it is defined someplace, could somebody tell us where this “personally identifiable information about a person”—where is that defined?

Ms. Theodora Theodonis: Theodora Theodonis, counsel, legal services branch, Ministry of Health and Long-Term Care.

You are correct: The term “personally identifiable information about a person” is not defined for the purposes of the proposed new legislation. However, the proposed change in this motion would be addressed through government motion 28R, which will also address a number of other issues brought forward by the College of Physicians and Surgeons of Ontario.

M^{me} France Gélinas: Thank you.

The Chair (Mr. Grant Crack): Thank you. Further discussion? There being none, I shall call for the vote on PC motion 27.3.

Mr. Jeff Yurek: Could we get it recorded?

The Chair (Mr. Grant Crack): It will be recorded as that is in order.

Ayes

Gélinas, Thompson, Yurek.

Nays

Baker, Fraser, Kiwala, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare PC motion 27.1 defeated.

We shall move to PC motion 27.2, proposing an amendment to subsection 36(3), paragraph 6 of the Oversight of Health Facilities and Devices Act, 2017. Mr. Yurek.

Mr. Jeff Yurek: I move that paragraph 6 of subsection 36(3) of schedule 9 to the bill be amended by striking out “personally identifiable information about a person” and substituting “personal information”.

The Chair (Mr. Grant Crack): Discussion, Mr. Yurek?

Mr. Jeff Yurek: It’s the same reasoning as before.

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

M^{me} France Gélinas: I will do the leap of faith and wait to see.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call the vote on PC motion 27.2. Those in favour? Those opposed? I declare PC motion 27.2 defeated.

We shall move to NDP motion 27.3, proposing an amendment to subsection 36(3) (Oversight of Health Facilities and Devices Act, 2017). Madame Gélinas.

Mr. Jeff Yurek: John’s in, right? He’s subbed in? Because, otherwise, it was a tie.

The Chair (Mr. Grant Crack): He’s a permanent member.

Mr. Jeff Yurek: Yes, but there are subs and stuff.

The Chair (Mr. Grant Crack): He was never subbed from what I’m aware.

Interjections.

The Chair (Mr. Grant Crack): Just for clarification, Mr. Yurek, Mr. Potts was in until 4:30. After 4:30, then Mr. Fraser would reassume his seat.

M^{me} France Gélinas: Time flies, and we’re not even having fun.

The Chair (Mr. Grant Crack): So we’re on NDP motion 27.3. Where were we?

M^{me} France Gélinas: I move that paragraphs 5 and 6 of subsection 36(3) of schedule 9 to the bill be struck out and the following substituted:

“5. Submitting reports of inspections and other information, which may include personal information, to the executive officer and to other prescribed persons or entities.

“6. Making reports of inspections, which shall not include personal information, available to the public.”

We’re basically wanting transparency, so that reports are available to the public, but following the recommendations from the Information and Privacy Commissioner that we protect personal information.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the recorded vote on NDP motion 27.3.

Ayes

Gélinas, Thompson, Yurek.

Nays

Baker, Fraser, Kiwala, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 27.3 defeated.

We shall move to NDP motion 27.4, proposing an amendment to subsection 36(3). Madame Gélinas.

M^{me} France Gélinas: I move that paragraphs 6 and 7 of subsection 36(3) of schedule 9 to the bill be struck out and the following substituted:

“6. Making reports of inspections, which shall not include personal health information, available to the public.

“7. Making orders under sections 50 and 51 and making those orders and decisions related to those orders, not including personal information, available to the public.”

The Chair (Mr. Grant Crack): “Personal health information, available to the public”?

M^{me} France Gélinas: It would be.

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

M^{me} France Gélinas: I’m just trying to make as much of those reports that will be done and the work that will be done available to the public, while always respecting the Information and Privacy Commissioner’s recommendations toward protection of privacy.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the recorded vote on NDP motion 27.4.

Ayes

Gélinas, Thompson, Yurek.

Nays

Baker, Fraser, Kiwala, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 27.4 defeated.

We shall move to NDP motion 27.5, proposing an amendment to subsection 36(3) of the Oversight of Health Facilities and Devices Act, 2017. Madame Gélinas.

M^{me} France Gélinas: I move that paragraph 9 of subsection 36(3) of the bill be struck out and the following substituted:

“9. Establishing and collecting fees from applicants for a license, prospective licensees and licensees, for any activity, including any administrative or overhead costs related the activity, that the inspecting body is required to carry out under this act.”

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

M^{me} France Gélinas: Basically, some of the colleges know that there will be costs associated with some of that work of oversight, and they want to be in the position where they can charge fees specifically to a community health facility.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the recorded vote on NDP motion 27.5.

Ayes

Gélinas.

Nays

Baker, Fraser, Kiwala, Rinaldi.

The Chair (Mr. Grant Crack): I declare NDP motion 27.5 defeated.

We shall move to government motion 28, proposing an amendment to subsection 36(3), paragraphs 5 to 10—

Mr. John Fraser: Withdraw, Chair.

The Chair (Mr. Grant Crack): Government motion 25—

Mr. John Fraser: Motion 28.

The Chair (Mr. Grant Crack): Sorry, motion 28—is withdrawn, not moved. That is in order.

We shall move to government motion number 28R, proposing an amendment to paragraphs 5 to 10 of subsection 36(3) (Oversight of Health Facilities and Devices Act, 2017). Mr. Fraser.

Mr. John Fraser: I move that paragraphs 5 to 10 of subsection 36(3) of schedule 9 to the bill be struck out and the following substituted:

“5. Submitting reports of inspections and other information, which may include personal information, to the executive officer and to other prescribed persons or entities.

“6. Making reports of inspections available to the public.

“7. Making orders under sections 50 and 51.

“8. Making orders issued under sections 50 and 51 available to the public.

“9. Establishing committees to carry out any functions of the inspecting body, or any function required by the executive officer.

“10. Establishing and collecting fees for any activity that the inspecting body is required or permitted to carry out under this act or the regulations, including fees for administrative and overhead costs related to the activity, from the following persons:

“i. applicants for a licence,

“ii. prospective licensees, and

“iii. licensees.

“11. Exercising any power and carrying out any responsibility provided for in the regulations.”

The Chair (Mr. Grant Crack): Discussion? Mr. Fraser.

Mr. John Fraser: The amendment clarifies the responsibilities of an inspecting body and ensures the terminology is used consistently in the legislative scheme.

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

M^{me} France Gélinas: No. Lots of what is there I had tried to put in as amendments as well, so I like that more will be made available to the public and that we protect their privacy.

The Chair (Mr. Grant Crack): Further discussion? There being none, I'll call for the vote. Those in favour of government motion 28R? Those opposed? I declare government motion 28R carried.

We shall move to government motion 29, proposing an amendment to subsection 36(3.1). Mr. Fraser.

Mr. John Fraser: I move that section 36 of schedule 9 to the bill be amended by adding the following subsection:

“No personal health information

“(3.1) Before making a report or order available to the public under subsection (3), the inspecting body shall remove all personal health information from the copy of the report or order that it intends to make public.”

The Chair (Mr. Grant Crack): Discussion? Mr. Fraser.

Mr. John Fraser: I think it's pretty straightforward, Chair.

The Chair (Mr. Grant Crack): Thank you. Further discussion? There being none, I call the vote on government motion 29. Those in favour? Those opposed? I declare government motion 29 carried.

We shall move to government motion 30, proposing an amendment to clause 36(6)(b). Mr. Fraser.

Mr. John Fraser: I move that clause 36(6)(b) of schedule 9 to the bill be amended by adding “or the regulations” after “this act”.

The Chair (Mr. Grant Crack): Discussion? Mr. Fraser.

Mr. John Fraser: It's pretty straightforward.

The Chair (Mr. Grant Crack): Further discussion? There being none, I call the vote. Those in favour of government motion 30? Any opposed? I declare government motion 30 carried.

There are amendments to schedule 9, section 36. Is there any discussion on schedule 9, section 36, as amended? There being none, I shall call for the vote. Shall schedule 9, section 36, as amended, carry? I declare schedule 9, section 36, as amended, carried.

There are no amendments to schedule 9, section 37 and section 38. Any discussion? There being none, I shall call for the vote on schedule 9, sections 37 and 38. Those in favour? Those opposed? I declare schedule 9, section 37, carried. I declare schedule 9, section 38, carried.

We'll move to PC motion 30.1, proposing an amendment to clause 39(8)(c) of the Oversight of Health Facilities and Devices Act, 2017. Mr. Yurek.

Mr. Jeff Yurek: I move that clause 39(8)(c) of schedule 9 to the bill be amended by striking out “personally identifiable information” and substituting “personal information”.

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

Mr. Jeff Yurek: It's straightforward. It's pretty much following the privacy commissioner's recommendations.

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

M^{me} France Gélinas: Is there something coming soon to address this?

Mr. John Fraser: Yes.

M^{me} France Gélinas: Okay.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the vote on PC motion 30.1. Those in favour? Any opposed? I declare PC motion 30.1 defeated.

We shall move to government motion 31, proposing an amendment to clause 39(8)(c). Mr. Fraser.

1720

Mr. John Fraser: I move that clause 39(8)(c) of schedule 9 to the bill be struck out and the following substituted:

“(c) inform the patient that information obtained from the direct observation, including personal information, may be used in proceedings under the laws of Ontario;”

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

Mr. John Fraser: Pretty straightforward.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the vote on government motion 31. Those in favour? Madame Gélinas?

M^{me} France Gélinas: You go very fast.

The Chair (Mr. Grant Crack): I'm always looking at you, though.

M^{me} France Gélinas: I was still reading, trying to understand—

The Chair (Mr. Grant Crack): Okay.

M^{me} France Gélinas: “Obtained from the direct observation, including personal information, may be used in proceedings”—is this typical? I thought that personal health information was only used in court if it was requested by a judge, that you could not bring it forward without having permission. Does that mean something different?

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

M^{me} France Gélinas: Can I ask the knowledgeable people?

The Chair (Mr. Grant Crack): Welcome back, Madame Theodonis; I believe that's it.

Ms. Theodora Theodonis: Theodora Theodonis, counsel, legal services branch.

This proposed motion is to respond to feedback from the Information and Privacy Commissioner, who sought to ensure that terminology is used in a consistent manner. What this would do would be to replace the words “personally identifiable information” in clause (c) with the words “personal information.” That's the legal effect of the proposed amendment, and it relates overall to section 39 of the proposed act—and I'll just need a moment to turn to it.

Generally speaking, section 39 speaks to the powers that an inspector has under the proposed legislation when conducting an inspection of the facility to ensure compliance with the act. In section 39, which I will point us to in a moment, as soon as I find it—39 starts at page 57 and, as I said, it speaks to the powers of an inspector when conducting an inspection of a community health facility or a facility where an energy-applying device is—

M^{me} France Gélinas: But what does “may be used in proceedings under the laws of Ontario”—it seems to say that personal information may be used in proceedings under the laws of Ontario.

Ms. Theodora Theodonis: When we go to sub (8) of the powers of the inspector, which is at section 58, if it's part of the inspection, the inspector directly observes a person while a procedure is being performed on them. It is the responsibility of the inspector to inform the patient that any information that the inspector obtains through his or her observation may be used in a proceeding that is conducted under the laws of Ontario. That is a responsibility of the inspector where they're observing a patient having a procedure.

M^{me} France Gélinas: Give me an example of “proceedings under the law.”

Ms. Theodora Theodonis: For example, if the inspector ascertains that there's been non-compliance with the act and the executive officer or an inspecting body issues an order or seeks to revoke the licence as a result of that non-compliance, the facility may, for example, pursue an appeal before the Health Services Appeal and Review Board.

M^{me} France Gélinas: So that would be the proceedings where this person's personal information could be used?

Ms. Theodora Theodonis: Correct.

M^{me} France Gélinas: Okay.

Ms. Theodora Theodonis: You will see at clause (e) that part of the inspector's responsibilities is not only to inform the patient that this is a possibility, but to obtain the patient's written consent to the direct observation.

M^{me} France Gélinas: Okay. I saw that part.

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

government motion number 31. Those in favour? Any opposed? I declare government motion 31 carried.

We shall move to NDP motion 31.1, proposing an amendment to subsection 39(8). Madame Gélinas.

M^{me} France Gélinas: I move that clause 39(8)(c) of schedule 9 to the bill be struck out and the following substituted:

“(c) inform the patient that information obtained from the direct observation, including personal information, may be used in proceedings under the laws of Ontario;”

I will withdraw.

The Chair (Mr. Grant Crack): Oh, thank you. I was going to call it out of order anyway.

There was one amendment that carried in this particular section, section 39. Any discussion? Then I shall call the vote. Shall schedule 9, section 39, as amended, carry? I declare schedule 9, section 39, as amended, carried.

We shall move to schedule 9, sections 40 and 41. There are no amendments. Any discussion? There being none, I shall call the vote. Shall schedule 9, sections 40 and 41, carry? I declare schedule 9, section 40, carried. I declare schedule 9, section 41, carried.

We shall move to NDP motion 31.2, which is proposing an amendment in schedule 9, section 42 (Oversight of Health Facilities and Devices Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I move that section 42 of schedule 9 to the bill be struck out and the following substituted:

“Not compellable witness

“42. A person employed, retained or appointed by an inspecting body for the purposes of the administration of this act and a member of a council or a committee of an inspecting body is not a compellable witness in a civil suit or any proceeding respecting any information or material furnished, obtained, made or received by them under this act while acting within the scope of their duties.”

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

M^{me} France Gélinas: Basically, this came from CPSO. They want to make sure that the people who do the inspections are not compelled as witnesses.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the vote on NDP motion 31.2. It will be recorded.

Ayes

Gélinas.

Nays

Baker, Fraser, Kiwala, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 31.2 defeated.

There are therefore no amendments to schedule 9, section 42. No discussion? There being none, I shall call

the vote. Shall schedule 9, section 42, as amended, carry—I’m sorry, not as amended. It’s getting late. Let’s do that one more time.

Shall schedule 9, section 42, carry? I declare schedule 9, section 42, carried.

There are no amendments to schedule 9, section 43 or section 44. Any discussion? There being none, I shall call the vote. Shall schedule 9, section 43 and section 44 carry? I declare schedule 9, section 43, carried, and schedule 9, section 44, carried.

We shall move to NDP motion 31.3, which is an amendment to section 45 of schedule 9 (Oversight of Health Facilities and Devices Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I move that section 45 of schedule 9 to the bill be amended by adding the following subsection:

“Inspecting body to make reports available to public

“(3) An inspecting body shall make available to the public copies of every report made by an inspector under clause (1)(a), which shall not include personal health information.”

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

M^{me} France Gélinas: Basically, I don’t know how the hierarchy will end up, but I want to make sure that the inspecting body, whoever it ends up being—if they’re the colleges—can make this information public themselves and not wait until it goes off to the executive officer or anything like this before it becomes public.

The Chair (Mr. Grant Crack): Discussion? There being none, I shall call the recorded vote on NDP motion 31.3.

Ayes

Gélinas, Thompson.

Nays

Baker, Fraser, Kiwala, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 31.3 defeated.

As a result, there are no amendments to schedule 9, section 45. No discussion? There being none, shall schedule 9, section 45, carry? Carried.

We shall move to schedule 9, section 46. Any discussion? There being none, I shall call the vote. Shall schedule 9, section 46, carry? I declare schedule 9, section 46, carried.

We shall move to government motion number 32, which is proposing an amendment to subsection 47(2). Mr. Fraser.

1730

Mr. John Fraser: I move that subsection 47(2) of schedule 9 to the bill be amended by striking out “it may consider” and substituting “they may consider”.

The Chair (Mr. Grant Crack): Discussion? Mr. Fraser.

Mr. John Fraser: Grammar.

The Chair (Mr. Grant Crack): It's grammar. Further discussion? There being none, I shall call for the vote on government motion 32. Those in favour? Any opposed? I declare government motion 32 carried.

There is that one amendment that just carried in section 47. Any discussion on schedule 9, section 47, as amended? There being none, I shall call the vote. Shall schedule 9, section 47, as amended, carry? I declare schedule 9, section 47, as amended, carried.

Let's move to schedule 9, sections 48 and 49. There are no amendments. Any discussion? There being none, I shall call the vote. Shall schedule 9, section 48, and schedule 9, section 49, carry? Any opposed? I declare schedule 9, section 48, carried and schedule 9, section 49, carried.

We shall move to NDP motion 32.1, which is an amendment proposed on subsection 50(7). Madame Gélinas.

M^{me} France Gélinas: I move that section 50 of schedule 9 to the bill be amended by adding the following subsection:

“Inspecting body to make orders available to public

“(7) An inspecting body shall make available to the public copies of every compliance order made under subsection (3), which shall not include personal health information.”

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

M^{me} France Gélinas: Basically here, again, it's to make sure that not only the final report, in whichever summary form will be decided, is available, but that every compliance order be made available publicly and directly from the inspecting body.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call the vote, recorded, on NDP motion 32.1.

Ayes

Gélinas, Thompson, Yurek.

Nays

Baker, Fraser, Kiwala, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 32.1 defeated.

Therefore, there are no amendments to schedule 9, section 50. Any discussion? There being none, I call the vote. Shall schedule 9, section 50, carry? I declare schedule 9, section 50, carried.

Let's move to government motion 33, which is proposing to amend subsection 51(1) of schedule 9. Mr. Fraser.

Mr. John Fraser: I move that subsection 51(1) of schedule 9 to the bill be amended by striking out “for a

period of time set out in the order or provided for in the regulations” at the end.

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

Mr. John Fraser: Chair, it would clarify that the cessation order would remain in effect until lifted by a subsequent order by an inspector, inspecting body or executive officer.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call the vote on government motion 33. Those in favour? Those opposed? I declare government motion 33 carried.

Let's move to NDP motion 33.1, which is proposing an amendment to subsection 51(1). Madame Gélinas.

M^{me} France Gélinas: I will withdraw.

The Chair (Mr. Grant Crack): That is in order. Withdrawn, or not moved.

NDP motion 33.2, which is an amendment to subsection 51(9) (Oversight of Health Facilities and Devices Act, 2017). Madame Gélinas.

M^{me} France Gélinas: I move that section 51 of schedule 9 to the bill be amended by adding the following subsection:

“Inspecting body to make orders and decisions available to public

“(9) An inspecting body shall make available to the public copies of the following, not including personal health information:

“1. Every cessation order made under subsection (1) and subsection (4).

“2. Every decision and written reasons of the inspecting body under subsection (4).

“3. Every further order terminating a cessation order under subsection (7).”

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

M^{me} France Gélinas: If we want accountability and we want transparency, then we have to make sure that the inspecting body makes those reports available, and of course we make sure that those reports do not include personal health information, whether we're talking about the cessation order or a termination of a cessation order or any other report from the inspecting body.

The Chair (Mr. Grant Crack): Further discussion? There being none, then I shall call the vote on NDP motion 33.2, recorded.

Ayes

Gélinas, Yurek.

Nays

Baker, Fraser, Kiwala, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 33.2 defeated.

There was one government amendment that passed, so schedule 9, section 51, as amended, any discussion? There being none, I call the vote.

Shall schedule 9, section 51, as amended, carry? Any opposed? I declare schedule 9, section 51, as amended, carried.

There are no amendments to schedule 9, section 52. Discussion? There being none, I shall call for the vote.

Shall schedule 9, section 52, carry? I declare schedule 9, section 52, carried.

We shall move to government motion number 34, proposing an amendment to subsection 53(9). Mr. Fraser.

Mr. John Fraser: I move that subsection 53(9) of schedule 9 to the bill be struck out and the following substituted:

“Personal health information to be removed

“(9) Before making the report available to the public, the executive officer shall ensure that all personal health information in the report is removed.”

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

Mr. John Fraser: I think it’s pretty clear, the intent of it.

The Chair (Mr. Grant Crack): Thank you. Madame Gélinas.

M^{me} France Gélinas: I don’t understand why we wouldn’t want the investigating body to be the one to make the information available. I don’t see why it has to be the executive officer who makes sure that the information is made public. I have no problem with ensuring that there is no personal health information; I have a problem with limiting the reporting to the executive officer.

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

M^{me} France Gélinas: Can I ask if there’s a reason why we’re doing this that way?

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

Ms. Theodora Theodonis: Theodora Theodonis, legal services branch, Ministry of Health.

This motion proposes to amend schedule 9 to the bill. If we move to section 53, which starts at the bottom of page 63, section 53 provides only the executive officer with the legal authority to appoint a supervisor in certain respects in respect of a funded community health facility. There is no role for the inspecting body when it comes to the appointment of a supervisor and, as a result, that is why subsection (9) only makes reference to the executive officer.

M^{me} France Gélinas: Because this section only deals with the appointment of a supervisor.

Ms. Theodora Theodonis: Correct, and only the executive officer has that authority under section 53.

M^{me} France Gélinas: So the appointment of a supervisor would not be the purview of the ministry like it is for a hospital? It would be delegated to the executive officer?

Ms. Theodora Theodonis: The executive officer would have that authority under section 53, and the executive officer would be an appointee of the Lieutenant Governor.

M^{me} France Gélinas: Thank you.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call the vote on government motion 34. Those in favour? Any opposed? I declare government motion 34 carried.

Schedule 9, section 53, was just amended, so is there any discussion on the amended section? There being none, I shall call for the vote.

Shall schedule 9, section 53, as amended, carry? I declare schedule 9, section 53, as amended, carried.

We shall move to schedule 9, section 54. No amendments. Any discussion? There being none, I shall call the vote.

Shall schedule 9, section 54, carry? I declare schedule 8, section 54, carried.

We shall move to government motion number 35, proposing an amendment to subsection 55(1.1) of schedule 9 (Oversight of Health Facilities and Devices Act, 2017). Mr. Fraser.

Mr. John Fraser: I move that section 55 of schedule 9 to the bill be amended by adding the following subsection:

“Licence renewal, community health facilities

“(1.1) The executive officer shall refuse to renew a licence unless the licensee has paid any fee required to be paid under clause 72(3)(t).”

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

1740

M^{me} France Gélinas: I just want to make sure that those include the fees that could be due to the inspecting body.

The Chair (Mr. Grant Crack): Further discussion? Madame Theodonis, again, welcome.

Ms. Theodora Theodonis: Thank you. Theodora Theodonis, legal services branch, Ministry of Health.

Yes, the regulation-making authority referred to in clause 72(3)(t) is with respect to fees that would be made compulsory that could be charged by inspecting bodies.

M^{me} France Gélinas: Thank you.

The Chair (Mr. Grant Crack): Further discussion? There being none, I call the vote on government motion 35. Those in favour? Those opposed? I declare government motion 35 carried.

We move to NDP motion 35.1, which proposes an amendment to subsection 55(1.1). Madame Gélinas.

M^{me} France Gélinas: I move that section 55 of schedule 9 to the bill be amended by adding the following subsection:

“Condition -- fees

“(2) It is a condition for the renewal of a licence or authorization to provide one or more services under a licence that the licensee has paid any fee required in a regulation made under clause 72(3)(t).”

The Chair (Mr. Grant Crack): I believe this is an amendment to subsection 55(1.1), but under the conditions and fees, it’s at (2), but it should be (1.1), as there is already a subsection (2) in there. Correct?

M^{me} France Gélinas: Correct.

The Chair (Mr. Grant Crack): Thank you very much. Discussion? Madame Gélinas.

M^{me} France Gélinas: Basically, it's just making sure that if there are any fees required to be paid at the renewal of a licence, that that be done.

The Chair (Mr. Grant Crack): Further discussion? There being none, I shall call for the recorded vote on NDP motion 35.1.

Ayes

Gélinas, Yurek.

Nays

Baker, Fraser, Kiwala, Rinaldi, Wong.

The Chair (Mr. Grant Crack): I declare NDP motion 35.1 defeated.

We shall deal with schedule 9, section 55, as amended, as government motion 35 was carried. Any discussion? There being none, I call the vote. Shall schedule 9, section 55, as amended, carry? I declare schedule 9, section 55, as amended, carried.

We shall move to government motion 35.2, proposing an amendment—

Mr. John Fraser: Withdraw, Chair.

The Chair (Mr. Grant Crack): That is in order. Withdrawn and/or not moved.

We shall move to government motion 35.3, which is an amendment proposed to section 56 of the Health Facilities and Devices Act, 2017. Mr. Fraser.

Mr. John Fraser: I move that section 56 of schedule 9 to the bill be struck out and the following substituted:

“Health care system factors

“Community health facilities

“56(1) Subject to section 56.1, with respect to a community health facility, at any time the executive officer may suspend, revoke or refuse to renew a licence or suspend or revoke a licensee's authorization to provide one or more services under a licence where the executive officer has reasonable grounds to believe that there has been a change in any factors related to the management of the health care system, including any of the following:

“1. The nature of the services provided in the community health facility.

“2. The extent to which the services are available in Ontario or in any part of Ontario.

“3. The need for the services in Ontario or any part of Ontario.

“4. The future need for the services in Ontario or any part of Ontario.

“5. The projected health cost in public money for the operation of the community health facility.

“6. The availability of public money to pay for the operation of the community health facility.

“7. The concentration of ownership, control or management of community health facilities in the area in which the licensee operates the facility.

“8. Any other matter that the executive officer considers relevant to the management of the health care system.

“Energy applying and detecting medical device

“(2) With respect to an energy applying or detecting medical device, at any time the executive officer may suspend, revoke or refuse to renew a licence where the executive officer has reasonable grounds to believe that there has been a change in any factors related to the management of the health care system, including any of the following:

“1. The proposed use of the device.

“2. The extent to which the proposed use of the device is already available in Ontario or any part of Ontario.

“3. The need for the proposed use of the device in Ontario or any part of Ontario.

“4. The future need for the proposed use of the device in Ontario or any part of Ontario.

“5. Any other matter that the executive officer considers relevant to the management of the health care system.”

The Chair (Mr. Grant Crack): You did a great job. I'm just going to—

Mr. John Fraser: Did I make any mistakes?

The Chair (Mr. Grant Crack): You've never made a mistake. We're just going to do some clarification. So on number 5, the projected health cost, you said, “in public money.” I think you don't want to say “health” in there.

Mr. John Fraser: Number 5?

The Chair (Mr. Grant Crack): Yes.

Mr. John Fraser: Oh, “the projected cost in public money.” That's right.

The Chair (Mr. Grant Crack): Fair enough. And then in the next section, “Energy applying and detecting medical device,” number (2), “With respect to an energy applying and detecting medical device.” I think that that's what you'd wanted to say. I think there was just some tiny error.

Mr. John Fraser: Sorry. “With respect to an energy applying and detecting medical device.” That's right.

The Chair (Mr. Grant Crack): Thank you. That's perfectly clear. Further discussion?

Mr. John Fraser: This is to ensure that the minister's current power under the PRHA to revoke a private hospital licence in the public interest will continue if a private hospital is relicensed under the proposed OHFDA.

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

M^{me} France Gélinas: I like sections 6 and 7, “the availability of public money” and “the concentration of ownership” in community health facilities, the first part. Why don't we have the same thing in energy and medical devices?

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

M^{me} France Gélinas: Could we ask the right people why this is so?

Mr. John Fraser: Sure.

The Chair (Mr. Grant Crack): Welcome, sir.

Mr. Gerry Slavin: Gerry Slavin, counsel at the Ministry of Health and Long-Term Care.

The energy applying and detecting medical devices is currently under the Healing Arts Radiation Protection Act scheme. Under that scheme, these controls over ownership don't apply, so they weren't carried forward under this scheme either.

M^{me} France G  linas: But I was interested in the one that says "the availability of public money to pay for the operation of the community health facility." Why don't we put "the availability of public money for energy applying and detecting medical devices"?

Mr. Gerry Slavin: Under the current regime, that's not a factor that is taken into consideration when you're dealing with operators of X-ray devices.

M^{me} France G  linas: I know it's not, but we're changing the law. Why don't we make it that we have public money to pay for the operation of those X-ray machines and CAT scans and all of the rest of them? Is there anything that would keep us from making an amendment to this and adding "the availability of public money"?

Mr. Gerry Slavin: There is nothing that would keep you from doing that, but it's a policy decision that was—

Mr. John Fraser: Yes, it wouldn't be appropriate under the current regime for which we—

Mr. Gerry Slavin: Under the current regime, this is not a factor.

Mr. John Fraser: I'm not sure that it's necessary.

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

M^{me} France G  linas: Well, can I suggest an amendment to their motion, that "5. The projected cost in public money for the operation of the community health facility," and "6. The availability of public money to pay for the operation of the community health facility" be taken into account for the energy applying and detecting medical devices? So after 5, we would add those two points. That would be my suggestion.

The Chair (Mr. Grant Crack): Okay. So you're proposing an amendment to this?

M^{me} France G  linas: Yes, I am.

The Chair (Mr. Grant Crack): That is in order. Would we like to take a five-minute recess to work with the Clerk to prepare it in writing and then distribute copies to the members of the committee?

M^{me} France G  linas: I see. So we have to write it down?

The Chair (Mr. Grant Crack): Yes.

M^{me} France G  linas: We cannot read it from the other page? No?

The Chair (Mr. Grant Crack): No, it has to be part of the motion.

Mr. John Fraser: I don't understand what the material effect of that is going to be. If what you've got here is the part of the amendment that governs the operations of the community health facilities, and you're actually talking about energy-applying devices, I'm not sure that it's required to add that in to—sorry?

The Chair (Mr. Grant Crack): Mr. Fraser, just a second; I apologize. We're basically debating an amendment that Madame G  linas has indicated she would like to put forward.

If you'd like to continue to put that forward, that would be in order. We'd need to put it on paper and have some thought here.

M^{me} France G  linas: If we can get this done in under five minutes, yes.

The Chair (Mr. Grant Crack): Madam Clerk?

Interjection.

The Chair (Mr. Grant Crack): We'll do our best, but there are only nine minutes left in the evening.

M^{me} France G  linas: Do your best.

The Chair (Mr. Grant Crack): We'll take at least a five-minute recess to try to word it properly, and we'll reconvene.

The committee recessed from 1751 to 1758.

The Chair (Mr. Grant Crack): I'm going to call the meeting back to order. We don't even have copies of it yet, so how about we reconvene at our next scheduled time, which would be Wednesday at 4 p.m., to continue deliberations? Everyone's fine with that? We'll make sure that copies are provided to all members prior to coming back, and at that time we will read the amendment into the record.

Having said that, thanks, everyone, for all your great work this afternoon. This meeting is adjourned.

The committee adjourned at 1759.

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Also taking part / Autres participants et participantes

Mr. Ryan Collier, counsel, Ministry of Health and Long-Term Care

Ms. Tara Corless, counsel, Ministry of Health and Long-Term Care

Mr. Marcus Mazzucco, counsel, Ministry of Health and Long-Term Care

Mr. Gerry Slavin, counsel, Ministry of Health and Long-Term Care

Ms. Theodora Theodonis, counsel, Ministry of Health and Long-Term Care

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