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**Official Report
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(Hansard)**

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**Standing Committee on
Social Policy**

The People's Health Care
Act, 2019

1st Session
42nd Parliament
Monday 8 April 2019

**Comité permanent de
la politique sociale**

Loi de 2019 sur les soins
de santé pour la population

1^{re} session
42^e législature
Lundi 8 avril 2019

Chair: Nina Tangri
Clerk: Eric Rennie

Présidente : Nina Tangri
Greffier : Eric Rennie

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
SOCIAL POLICY**

**COMITÉ PERMANENT DE
LA POLITIQUE SOCIALE**

Monday 8 April 2019

Lundi 8 avril 2019

The committee met at 0900 in room 151.

**THE PEOPLE'S HEALTH CARE
ACT, 2019**

**LOI DE 2019 SUR LES SOINS DE SANTÉ
POUR LA POPULATION**

Consideration of the following bill:

Bill 74, An Act concerning the provision of health care, continuing Ontario Health and making consequential and related amendments and repeals / Projet de loi 74, Loi concernant la prestation de soins de santé, la prorogation de Santé Ontario, l'ajout de modifications corrélatives et connexes et des abrogations.

The Chair (Mrs. Nina Tangri): Good morning. We are assembled here today for clause-by-clause consideration of Bill 74, An Act concerning the provision of health care, continuing Ontario Health and making consequential and related amendments and repeals.

Ralph Armstrong from legislative counsel is here to assist us with our work should we have any questions for him.

A copy of the numbered amendments filed with the Clerk is on your desk. The amendments are numbered in the order in which the sections and schedules appear in the bill.

Are there any questions before we begin? Go ahead, Ms. Gélinas.

M^{me} France Gélinas: I wanted to put on the record that there were over 1,594 people who wanted to be heard; we heard from 30. I have close to 20,000 pieces of paper in my office from people who wrote in. I spent the entire weekend on this. I haven't been able to go through all of the written submissions that we have received.

I worked with a really dedicated team of lawyers who tried to put together as many amendments as I could fit in in the day or so that they had to work. I would ask for people's respect for the hard work that the team of lawyers has put in. There are some typos in our amendments. There are some tiny mistakes in our amendments, simply because they are human beings and you cannot ask human beings to do in a day and a half what it would have taken at least a week to do properly. I'm putting it on the record right now that if in some of the amendments that I put forward I ask for little changes to typos, remember that there are people behind those amendments who tried really hard to meet the deadlines that you have put forward, but

those deadlines were not reasonable. It is not reasonable to think that we could read 20,000 pages in 36 hours; nobody can do this. You had set up this effort to fail.

There are a lot of people who have worked really hard. They've done their best, but you will see as we go through the amendments that there are some little mistakes to correct here and there. I hope you will remember that there are hard-working people behind this who did their best with the timelines you had given them that made no sense. I just wanted everybody to be conscious of that.

The Chair (Mrs. Nina Tangri): Thank you, Madame Gélinas.

As you'll notice, Bill 74 is comprised of three sections and three schedules. In order to deal with the bill in an orderly fashion, I suggest that we postpone the first three sections in order to dispose of the schedules first. This allows the committee to consider the contents of the schedules before dealing with the sections on the commencement and short title of the bill. We would return to the three sections after completing consideration of the schedules.

Is there unanimous consent to stand down the three sections and deal with the schedules first?

Interjection: No.

Mrs. Nina Tangri: We do not have unanimous consent, so we'll continue.

Before we begin, I will allow each party to make brief comments on the bill as a whole. Afterwards, debate must be limited to the section or amendment under consideration. Are there any brief comments by the government side? No?

I'll give the independent—Mr. Fraser.

Mr. John Fraser: It's a pleasure to be here.

I'll be brief. What I wanted to say this morning is, we're here to discuss a bill that's a fundamental, massive change in Ontario's health care system. It's a massive centralization. It's a massive corporatization. What I would like to bring to this clause-by-clause is, this is the most important thing we do. Education is really important, but when you're sick, or a loved one is sick, nothing else matters. This is the thing that we do for each other. It's a thing we come together to do.

The risks that are in this bill are with the centralization. I've seen it before with centralized decision-making, where they tried to close the Montfort Hospital in Ottawa, CHEO's cardiac unit. I could go along hospitals in small towns all across Ontario during the 1990s.

We'll get into this more in the clause-by-clause, but fundamentally, the powers in this bill take away local democracy, take away decision-making from communities. So we ask ourselves the question: Who owns the Montfort Hospital? It's not the government of Ontario; it's not a new super-agency; it's not a minister. But we're giving those people that power. It belongs to the people. It belongs to the people who are in your community and in our communities. They need to have their say.

When we look at this bill, we have to somehow manage the risks that are in there to those communities, because we're not going to be here forever. Somebody else is going to be sitting in this seat. How are you going to protect that thing in your community that your community owns and that is central to your community and the care that people need when you're not here? When you look at this bill and when we go through it, keep that in mind. It's very important.

The Chair (Mrs. Nina Tangri): Official opposition: brief comments?

M^{me} France Gélinas: Bill 74, I think, when the government talks about it, it talks about the biggest change in health care since medicare. If we are going to do the biggest change in health care since medicare, it is worth doing it right. Medicare is a program that defines us as Ontarians, as Canadians. This is something that is cherished by each and every one of us.

At the core of medicare is that care is based on needs, not on ability to pay. The tenets of the Canada Health Act made it clear that care is to be delivered by not-for-profit agencies. The bill opens the door to levels of privatization that we have never seen. It opens the door to international and foreign companies being in charge of integrated care. That includes hospitals, long-term care, primary care—things that Ontarians do not support. If you started to read the close to 20,000 pages, you would see that the great majority of the people who wrote us wrote to say that they want our health care system to be delivered by not-for-profit. This is at the core of the amendments that we will be bringing forward, because we have tried to bring forward the voice of Ontarians, those who wanted to make a deputation but were not allowed and those who have taken the time, in the very limited period of time, to write to us.

I hope that you will listen to Ontarians and make sure that our health care system continues to be delivered by not-for-profit entities.

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The Chair (Mrs. Nina Tangri): Thank you very much. We'll move forward.

Bill 74, section 1: Any further debate? Seeing none, shall section 1 carry? All of those in favour? Opposed? Carried.

Section 2, commencement: Any further debate?

M^{me} France Gélinas: I have no idea what we're doing. How come we're not going through the motions?

The Chair (Mrs. Nina Tangri): I asked in the very beginning to stand down this part and to move straight to—I asked to stand down consideration of section 1, schedule 1, but you had—

Interjection.

The Chair (Mrs. Nina Tangri): Yes. So we need to go through this part now, because you did not agree to unanimous consent.

M^{me} France Gélinas: And this part now—what is this part now?

The Chair (Mrs. Nina Tangri): Sections 1 through 3.

M^{me} France Gélinas: Okay, but I have an amendment to section 1.

The Chair (Mrs. Nina Tangri): No, it's an amendment to the schedule.

M^{me} France Gélinas: Okay, so where are we in the bill, Mr. lawyer?

Mr. Ralph Armstrong: Ma'am, if we turn to the table of contents right underneath "Her Majesty," there are three sections there. One says that the act consists of what it consists of, the sections and the schedules, then section 2, commencement, and section 3, the short title. The bill was set up in such a way that you've got these provisions to tell you what's in the bill. Then there are the three schedules: the Connecting Care Act, the amendments to the Ministry of Health act and the other amendments.

Right now, we're on this beginning part which tells us what's in the bill.

M^{me} France Gélinas: Okay.

The Chair (Mrs. Nina Tangri): Mr. Fraser.

Mr. John Fraser: Later on in this bill, I have an amendment that impacts the proclamation. It has to do with each member of the new board being constituted having to meet with the committee on government agencies and appointments. So it says that they can't take a seat on the board until they've met. Is that going to be out of order if I vote for this section? Does that make sense?

Mr. Ralph Armstrong: The Clerk is telling me the Chair will make a statement when we reach that.

The Chair (Mrs. Nina Tangri): Just one moment.

We're currently on sections 1 to 3. We'll move through those and then we'll go to the schedules, and each one will be debated, as requested.

Okay, so I'm going to go back and re-begin. I'm asking committee members—sorry.

Interjection.

The Chair (Mrs. Nina Tangri): It seems that there was a misunderstanding at the very beginning, so I'm asking committee members: Bill 74 is comprised of three sections and three schedules. In order to deal with the bill in an orderly fashion, I requested that we postpone the first three sections to dispose of the schedules first. Now my understanding is that Madame Gélinas did not quite understand that and she did not give unanimous consent, but now she would like to reconsider it.

I'm asking the committee once again, do we have unanimous consent to stand down the first three sections to dispose of the schedules first? All those in favour of unanimous consent? Thank you very much. So we'll move to the schedules.

We're now in schedule 1, section 1. I will stand down consideration of section 1 of schedule 1, which is the interpretation clause of the schedule, and the three amendments filed to it. The section will be postponed until we

reach the end of schedule 1 so that the committee will be able to determine if the schedule is amended in such a way that would warrant a change to the interpretation clause. Agreed? All of those in favour?

M^{me} France Gélinas: No.

The Chair (Mrs. Nina Tangri): Madame Gélinas?

M^{me} France Gélinas: I'd like it to be dealt with right now.

The Chair (Mrs. Nina Tangri): Okay, before we move forward?

We have an NDP motion, section 1 of schedule 1, page 1, if you're looking at that. I need the member to move the amendment.

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

“Purposes

“(0.1) The purposes of this act are,

“(a) to ensure that Ontario's health system is managed, funded and delivered to support patient care in a manner that aligns with the principles of the Canada Health Act;

“(b) to ensure that the minister, the agency, integrated care delivery systems, health service providers and any other person or entity that has a role in managing, funding and delivering health,

“(i) do not profit from the health and well-being of Ontarians, and

“(ii) carry out their responsibilities with the aim of ensuring that patient care is adequately funded and delivered;

“(c) to ensure that the minister, the agency and the Ontario government do not remove or reduce funding of health services from within a community;

“(d) to ensure that the minister, the agency and the Ontario government are transparent in their administration and funding of Ontario's health system;

“(e) to recognize the important role that the people of Ontario play in the planning, design, delivery and evaluation of Ontario's health system;

“(f) to ensure that the minister, the agency and the Ontario government administer Ontario's health system in a manner that,

“(i) promotes transparency, compassion and equity,

“(ii) promotes the delivery of public health care services by public and not-for-profit organizations, and

“(iii) protects against the expansion of private, for-profit delivery of services;

“(g) to ensure that no person who is a patient in Ontario is required to pay to access their personal health records;

“(h) to respect the requirements of the French Language Services Act and recognize the role of Ontario's French-speaking community in the planning, design, delivery and evaluation of health services;

“(i) to promote health standards that are based on the principle that health is the highest attainable state of physical, mental and social well-being, including the ability to adapt and self-manage in the face of social, physical and emotional challenges; and

“(j) to ensure that the people of Ontario have a right to be involved meaningfully in decision-making with respect

to Ontario's health system and to be notified of any relevant decisions made by the Ontario government with respect to the Ontario's health system.

“Canada Health Act

“(0.2) The minister shall comply with the principles of public administration, comprehensiveness, universality, portability and accessibility as provided in the Canada Health Act and shall support the prohibition of two-tier medicine, extra billing and user fees in accordance with the Canada Health Act.

“Same

“(0.3) For greater certainty, in order to satisfy the criterion respecting public administration,

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“(a) the health care insurance plan of Ontario must be administered and operated on a not-for-profit basis by a public authority appointed or designated by the Ontario government;

“(b) the public authority must be responsible to the Ontario government for that administration and operation; and

“(c) the public authority must be subject to audit of its accounts and financial transactions by such authority as is charged by law with the audit of the accounts of Ontario.

“Provincial health system plan

“(0.4) The minister shall create a provincial health system plan that,

“(a) is based on the principles of equity, compassion and public and not-for-profit delivery of health care; and

“(b) sets standards and benchmarks to meet the health care needs of Ontario's population.

“Application of other acts

“(0.5) Nothing in this act shall be interpreted as preventing the application of the Public Sector Labour Relations Transition Act, 1997 or the Labour Relations Act, 1995, in accordance with the terms of those acts and, for greater certainty, this section applies to,

“(a) the transfer of all or part of a service to a person or entity;

“(b) the transfer of all or part of the operations of a health service provider or integrated care delivery system; and

“(c) any type of integration described in this act.”

The Chair (Mrs. Nina Tangri): Committee members, as Bosc and Gagnon state in the third edition of House of Commons Procedure and Practice, “The interpretation clause of a bill is not the place to propose a substantive amendment to a bill unless other amendments have been adopted that would warrant amendments to the interpretation clause.” I therefore find the amendment out of order.

We'll move on to NDP, subsection 1(1) of schedule 1. Madame Gélinas?

M^{me} France Gélinas: Given what you've just said—maybe I'll ask the lawyer. Given what she just said, is there an opportunity to come back to this if substantial amendments are made to this schedule?

Mr. Ralph Armstrong: That's for the Chair to say, ma'am. It's not a legal question.

The Chair (Mrs. Nina Tangri): I had requested at the beginning to stand down section 1 and you did not agree. Therefore, we have to rule in this way in this matter at this point. We have to move through each one as it is. I've made the amendment out of order; it is out of order.

We'll move on to NDP, subsection 1(1) of schedule 1. If you can read page 2. Go ahead, Madame Gélinas.

M^{me} France Gélinas: I move that subsection 1(1) of schedule 1 to the bill be amended by striking out the definition of "integrate".

The Chair (Mrs. Nina Tangri): Any further debate? Madame Gélinas.

M^{me} France Gélinas: The idea behind this is that there is a fear out there that going from 142 hospital corporations managing hospitals on close to 200 sites—that this particular subsection of the bill will allow for mega-mergers of hospitals. I know that the minister seems to say that it is not her intention. If it's not her intention, then she should agree to remove this subsection of the bill so that mega-mergers of hospitals cannot happen.

The Chair (Mrs. Nina Tangri): Further debate? We'll move to the question: subsection (1)—

Interjection.

The Chair (Mrs. Nina Tangri): Madame Gélinas?

M^{me} France Gélinas: When you call the vote, I would ask for a recorded vote.

The Chair (Mrs. Nina Tangri): Subsection 1(1) of schedule 1: Shall the amendment carry?

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

We'll move on to the NDP amendment: section 1 of schedule 1, page 3.

If you can move the amendment please, Mr. Mamakwa.

Mr. Sol Mamakwa: I move that section 1 of schedule 1 to the bill be amended by adding the following subsection:

"Indigenous health

"(4) When planning, managing or delivering health care services in Indigenous communities, the minister, the agency and any person or entity that receives funding from the agency under section 21 shall recognize and consider articles 18 and 23 of the United Nations Declaration on the Rights of Indigenous Peoples."

The Chair (Mrs. Nina Tangri): Thank you. Further debate? Madame Gélinas.

M^{me} France Gélinas: I think most of you were there on April 2 when the Chiefs of Ontario and the Nishnawbe Aski Nation came and asked us for this change. I don't know how many of you took the time to read the written

submission, but Anishinabek Nation, the grand chiefs' council of treaty 3, the Ontario Federation of Indigenous Friendship Centres as well as Six Nations council all wrote to the committee and asked us to make this amendment to the bill. If the government is serious that it wants reconciliation with First Nations, when they all come and speak with one voice, whether it is written or in person, I think it should be respected.

The Chair (Mrs. Nina Tangri): Mr. Fraser?

Mr. John Fraser: I'll be supporting this amendment. It's a very reasonable and well-thought recognition of what's necessary for reconciliation. It's very important to have this in the bill, and that's why I'll be supporting it.

The Chair (Mrs. Nina Tangri): Further debate?

Ms. Effie J. Triantafilopoulos: I would recommend, Chair, voting against this motion because the proposed amendment is unnecessary, as schedules 1 and 2 to the bill already include provisions which address the substance of articles 18 and 23 of UNDRIP and which create obligations regarding engagement with Indigenous health planning entities and the recognition of the role of Indigenous peoples in the planning and delivery of health services in their own communities. Improving the health of Indigenous people and communities in Ontario is an important objective, and the government is committed to building a connected health care system to improve the patient experience and strengthen local services. As part of this work, Ontario will consider the unique health care needs and cultural considerations of Indigenous people in Ontario. There is much work to be done, and the government looks forward to working with federal and Indigenous partners to improve health outcomes for Indigenous peoples in Ontario.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I think when we're writing laws, one of the important things to do is to make sure that people see themselves in those laws. If people come to us and say, "Here's what we'd like you to do: We want you to reflect your commitment to us"—and I understand what the member across is saying, but they've asked for this. It's written in a way that reflects a commitment and strengthens that commitment. It doesn't diminish it, doesn't water it down, doesn't take it out, doesn't really change it as far as what the member across was saying on what comes later in the bill. This is important so people see it. It's a symbol of commitment. It's a reasonable and, I think, well-thought-out amendment to the bill, and I'll be supporting it.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: This amendment speaks specifically to the United Nations Declaration on the Rights of Indigenous Peoples. Nowhere in the bill do you make reference to what is called UNDRIP, the United Nations Declaration on the Rights of Indigenous Peoples. This is something that is meaningful, that they've asked for and that we do not have in the bill. Do we talk about Indigenous people in the bill? Yes. But do we talk about the

United Nations Declaration on the Rights of Indigenous Peoples? No.

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Those six organizations, whether we talk about the Anishinabek Nation, the Grand Council Treaty, Nishnawbe Aski Nation, the Indigenous friendship centres, the Six Nations council, the Chiefs of Ontario—they want to see the United Nations Declaration on the Rights of Indigenous Peoples in the bill. We have an opportunity to show that we are listening, to show that we respect, and to vote in favour.

The Chair (Mrs. Nina Tangri): One more further debate? Mr. Mamakwa.

Mr. Sol Mamakwa: This shouldn't even be a discussion. When we talk about humanity, when we talk about human rights for First Nations, this should be supported. I'm not sure if any of you have been on-reserve in the north. The things that happen there would not be allowed anywhere in Ontario. It's very simple. It's very direct. It's not a big ask. If you guys vote against this, I think that will set a marker on which direction the government is moving towards for First Nations and Indigenous peoples in Ontario. There are people dying in our communities. You can't move away from that to improve access to health care services.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Just so that whenever there's an NDP motion, if we could always have a recorded vote.

The Chair (Mrs. Nina Tangri): Noted. Further debate?

We'll continue with NDP amendment, the section 1 of schedule 1, page 3. We'll vote.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

We'll move on to the question. Shall schedule 1, section 1, carry? All of those in favour? Opposed? Carried.

Moving on to schedule 1, section 2: any debate? Seeing none, shall schedule 1, section 2, carry? All of those in favour? Opposed? Carried.

Schedule 1, section 3: We have an NDP notice. Further debate? Madame Gélinas.

M^{me} France Gélinas: I think we need to seriously look at the super-agency that was created in schedule 1 and the different section. Ontario has a Ministry of Health. We've never had a centralized super-agency like this, ever. I am worried as to the powers that have been given to the super-agency as well as the effect it will have on our health care system. If you take the time to read the 19,000 pages of

written submissions we've received, you will see that Ontarians feel the same way.

The Chair (Mrs. Nina Tangri): Mr. Fraser?

Mr. John Fraser: I share that concern as well. As I said earlier, in the opening, you are giving a very small group of people power over people's lives—actually, a power that we exercise here, as MPPs, in working with the government and the Ministry of Health. Our ability, and the ability of the people who come after us who sit in these seats—because they're not ours; they belong to our communities—is going to be severely hampered. It's taking out the “local” from health care.

I appeal to you, and I will throughout this debate, to consider what things are going to be like 10 or 15 years from now, what that's going to mean for your community. How, when somebody makes a decision that you believe is wrong and your community believes is wrong, are you going to be able to change that? Right now there are avenues for people to do that, and we've seen that happen. This creation of a super-agency has a lot of risk, and a lot of that risk is going to come probably when none of us are here.

When you look at this request to strike down this part of the bill, and throughout the bill, I think it's important that we think about that. I think the message that is being sent is that communities have a stake in health care, and we have to protect that. And that's not happening here.

The Chair (Mrs. Nina Tangri): Further debate? We'll move forward.

Shall schedule 1, section 3, carry? Those in favour? Opposed? Carried.

Schedule 1, section 4: We have an NDP notice on section 4 of schedule 1. Who would like to speak to that? Madame Gélinas.

M^{me} France Gélinas: I think that it would be wise to remove the entire section from the bill so that we are respectful of the wishes of the people of Ontario who have come and made deputations, who have asked to make deputations, who have taken the time to write to us, so that we keep the power of the super-agency in check, to make sure that it is always in the best interests of the people of Ontario.

The Chair (Mrs. Nina Tangri): Further debate?

Shall schedule 1, section 4, carry? Those in favour? Opposed? Carried.

We'll move on to schedule 1, section 5. The NDP have an amendment on subsection 5(4) of schedule 1. Who would like to speak to the motion? Go ahead, Madame Gélinas.

M^{me} France Gélinas: I move that subsection 5(4) of schedule 1 to the bill be struck out.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Basically, the Labour Relations Act has to apply to the super-agency, especially looking at the 20 crown agencies—there's a chance that there will be more of them—that will be rolled up. All of the people—I can speak for the North East LHIN. There are over 900 people who work for the North East LHIN who are going

to be rolled up into the super-agency, and we have to make sure that we reassure those people. The North East LHIN is not a big LHIN. Some of them have way more people. We are talking about tens of thousands of people who—the agencies that they work for don't exist anymore, and they want to make sure that their future is protected.

How do we give them this reassurance? How do we make sure that they will be treated with respect? It's to make sure that the Labour Relations Act applies. Right now, in order for this to happen, we need to strike out subsection 5(4) of schedule 1. If you do this—and I guarantee you, there are thousands of nurses looking at us this morning—you will bring the level of anxiety of tens of thousands of health care workers down. They are worried. They chose to be health care workers because they wanted to help people. They chose to work for the LHINs because they wanted to help people who receive care in the community, care coordination and all the rest of them. Give them this little wee bit of reassurance that in the future ahead, a law that exists in Ontario will apply to them.

These are the rules of the game. They've always worked in an environment where the laws of Ontario apply to them. They want to continue. It doesn't guarantee them anything; it just guarantees them that the laws that are in Ontario when it comes to labour relations will apply. That's it; that's all. But you will bring the anxiety and the temperature down an awful lot.

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When you provide health care, it is a relationship between two human beings. When one of the human beings, the one providing the care, is stressed out of her mind, you cannot have quality care. This amendment gives you an opportunity to bring back quality, to lower the temperature a bit. All it does is make the laws of the land, the labour law that they've known throughout their career, continue to apply.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? Mr. Fraser.

Mr. John Fraser: I'll be supporting this amendment. We've had a Labour Relations Act here since 1995, and we have it for a reason. Probably everybody in this room has been or will be protected by that Labour Relations Act. It's something that came into law in 1995, so it has transcended a few different governments, because I think we all agree that there needs to be protection for people in the workplace.

What we're saying to people here is, "All of us here, we have protections. The people who work for us have protections. But you don't get those protections." That's the wrong message to be sending people—really the wrong message.

If there are specific things in the transformation which I may or may not agree with that you want to do—this is like a big hammer. It's like killing a fly with a sledgehammer. If there are issues in labour relations in here that you think need to be addressed, then use the right tools. Use negotiation. Change things. Change things for everybody. Just don't change them for nurses or physiotherapists or PSWs or front-line administrators or ward

clerks. You can't just wipe that out. It's wrong, but it's also fundamentally unfair because, as I said, most of us in this room have benefited from that, will still benefit from that and will have family that benefit from that.

It doesn't belong in this bill. If there's something in there about your transformation or your integration that you need to have changed or need to negotiate, then do that. But you can't just put it in there like that. It's not right.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? Mr. Sabawy.

Mr. Sheref Sabawy: I recommend voting against this motion for the following reasons: First of all, it's a standard provision in legislation. It's not unique to this bill specifically, and there's lots of precedents for that.

This provision of schedule 1 of Bill 74 will provide valuable clarity regarding the relationship between Ontario Health and its funded entities from a labour relations perspective. It provides that the agency should not be subjected to single-employer rule under the Labour Relations Act in connection with its statutory functions to provide funding to health service providers and integrated care delivery systems.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? Seeing none—Madame Gélinas.

M^{me} France Gélinas: To say that it's not unique, that it's in another bill, is to completely—you say, all of you have said, that this is the biggest transformation of our health care system. It puts a lot of people in a very nervous, very uncomfortable position. You have an opportunity to do right, to calm everybody down, to bring back the quality of care that comes when the health care providers are respected. You will see that through this massive transformation, the quality of our health care will go down because the health care providers are too nervous. Give them that little, wee bit of certainty to say that the laws will apply—the laws that we've lived with for 23 years will apply.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? Seeing none, we'll pose the question.

Ayes

Armstrong, Fraser, Gélinas.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the motion lost.

We'll move on to the NDP notice on section 5 of schedule 1. Would you like to speak to the notice, Madame Gélinas?

M^{me} France Gélinas: Yes, just to give us a chance to relook at the super-agency.

The Chair (Mrs. Nina Tangri): Further debate?

Shall schedule 1, section 5, carry? Those in favour? Those opposed? Carried.

Schedule 1, section 6: The NDP has a motion on clause 6(b) of schedule 1, page number 5. Would you like to speak to that, Madame Gélinas?

M^{me} France Gélinas: I move that clause 6(b) of schedule 1 to the bill be amended by striking out “and sustainability” in the portion before subclause (i) and by adding the following subclauses:

“(ii.1) the development and implementation of strategies and accountability and reporting mechanisms for health promotion and prevention of illness,

“(ii.2) the development and implementation of strategies and accountability and reporting mechanisms to reduce the avoidable and remediable differences in health outcomes and health access between groups of people in Ontario,”

The Chair (Mrs. Nina Tangri): Further debate?

M^{me} France Gélinas: The Ontario Health Coalition did a nice job of explaining this: that we have to put a mandate to include health promotion strategies and data reporting that would help to monitor the health care system and support proactive health care initiatives. This is something that they actually presented. They also gave us a written submission on this to make sure that funds are not rationed for health care funding and that we give the super-agency the mandate in health promotion and disease prevention or prevention of illness.

The Chair (Mrs. Nina Tangri): Further debate?

Mr. John Fraser: I’ll be supporting this amendment. Again, I think it’s a reasonable extension of the agency’s mandate. That’s an important one for all Ontarians, especially because we’re talking about the importance of primary care. One of the stated reasons for this bill is to improve primary care, and this amendment will ensure that that’s inside the super-agency’s mandate.

The Chair (Mrs. Nina Tangri): Further debate?

Mrs. Robin Martin: I would recommend voting against this motion because the proposed motions are not necessary, having regard to the agency’s existing objects as set out in section 6 of schedule 1 of Bill 74, as well as the fact that ensuring the sustainability of the health system is a fundamental goal of the proposed agency.

The government also intends to propose an amendment to the preamble to schedule 1 of the bill which would reflect the government’s belief that the public health care system should be guided by a commitment to equity and to the promotion of equitable health outcomes.

The Chair (Mrs. Nina Tangri): Further debate?

M^{me} France Gélinas: If the government is serious that they want the health care system to be guided by a view of equity and health promotion, then they have to put it in the bill. Putting it in the preamble—a preamble is not part of the law. The law comes after the preamble. So if you are serious that you want this to be there, then you have to put it in the bill, and this is your opportunity to do this. Putting it in the preamble doesn’t cut it. A preamble is not part of the law. You can ask our good lawyer who’s sitting here.

The Chair (Mrs. Nina Tangri): Further debate? Seeing none, we’re voting on clause 6(b) of schedule 1 to the bill, page number 5.

Ayes

Armstrong, Gélinas, Fraser, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

We move on to the NDP motion: clauses 6(e), (g) and (h) of schedule 1. Who would like to speak to that? Madame Gélinas.

0950

M^{me} France Gélinas: I move that clauses 6(e), (g) and (h) of schedule 1 to the bill be struck out and the following substituted:

“(e) to work with the ministry to develop clinical standards for virtual care that shall be adopted by a person or entity that may be funded by the agency under section 21;

“(g) to respect the requirements of the French Language Services Act;

“(h) to respect the diversity of communities including, but not limited to, Indigenous and francophone communities in the planning, design, delivery and evaluation of services;

“(i) to plan to meet the population of Ontario’s need for health care services in a compassionate and equitable way guided by the principles of universality, accessibility, portability, comprehensiveness and public administration and under the criteria of public funding as embodied in the Canada Health Act;

“(j) to improve population health and quality of care, including the timely access to public and not-for-profit health care services;

“(k) to promote,

“(i) the public and not-for-profit delivery of health care services,

“(ii) equity in access to health care including appropriate and equitable access to care for our diverse populations,

“(iii) the recognition of unique regional needs, including the uniqueness of northern Ontario,

“(iv) improved access to health care across the whole continuum of care in rural, northern and remote communities, and

“(v) the public interest in health care planning, design and evaluation, including protection of existing publicly funded health care services, addressing geographic inequities, inequity in access for marginalized and equity-seeking populations, continuity of care for patients and stability for the health care workforce;

“(l) to prohibit the use of managed competition and competitive bidding in the Ontario health care system;

“(m) to create a health system improvement plan;

“(n) to create, make public and consult on a human resources plan for health care services that address health labour shortages in the publicly-funded health care system; and

“(o) to implement any health system strategies for managing health service needs developed by the minister.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: I think we’ve all heard about the shortage of PSWs and the shortage of other health care professionals in different parts of our province. This gives us the opportunity to change this. It gives us the opportunity to make sure that we have a human resources plan, that we don’t go down the path of competitive bidding. Anybody who remembers our home care system before we introduced competitive bidding will all tell you that we were way better before than we are now.

Ensuring, again, the public sector and not-for-profit health delivery—to make sure that we support and recognize the unique francophone, Indigenous and northern Ontario health care needs, as well as require of the government to create provincial virtual care standards. I have nothing against virtual care. I come from northern Ontario, and we use it a lot. But you need to develop standards to make sure that it benefits patients, not the care provider.

We also want to make sure that through this legislative process, we look at the benefits of centralization of supply management. Again, in northern Ontario, health care providers often get their supplies locally, which helps, in northern and rural Ontario, to keep economically vibrant communities. This is an opportunity to do a lot of good in making sure that this amendment is carried through.

The Chair (Mrs. Nina Tangri): Further debate? Ms. Kusendova.

Ms. Natalia Kusendova: I will be voting against this motion because, similarly as with the previous one, many of the objects proposed here already fit within the broad scope of the existing set of objects determined by the agency as set out in the bill and are once again reinforced by statements made in the preamble. The removal of objects specifying the agency’s role in promoting health system integration would undermine the effectiveness of the agency.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: I want to remind the member that telling people that it is in the preamble is not the same as having it in the bill. The preamble is not the law. It is not part of the bill. It does not have to be followed by successive governments. A preamble is not part of the bill. This amendment would be part of the bill.

The Chair (Mrs. Nina Tangri): Further debate? Seeing none, we’ll vote on clauses 6(e), (g) and (h) of schedule 1 to the bill, on page 6.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

Now we’ll move to the independent amendment on section 6 of schedule 1. Mr. Fraser?

Mr. John Fraser: I move that section 6 of schedule 1 to the bill be amended by striking out “and” at the end of clause (g) and by adding the following clause:

“(g.1) to respect the diversity of communities and the requirements of the French Language Services Act in carrying out its objects; and”

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: Madam Chair, I believe that this is a very simple amendment that serves as a symbol that reflects the importance of community and the need to respect the French Language Services Act, which is something that is very important to the francophone community in Ontario because it’s important to get care in your own language. It becomes even more important as you get older. Sometimes your language skills—you might be bilingual; you revert back to your language. We have a French Language Services Act here in Ontario. Health care is one of the most important things that we do. I think this is a very simple amendment that will make sure that this is part of the super-agency’s mandate.

The Chair (Mrs. Nina Tangri): Further debate? Mrs. Karahalios.

Mrs. Belinda Karahalios: I recommend voting for this motion because this amendment makes clear the government’s commitment to French-speaking Ontarians by ensuring that respect for the requirements of the French Language Services Act forms part of the agency’s objectives.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: We will be supporting.

The Chair (Mrs. Nina Tangri): I will call the question. Section 6 of schedule 1 to the bill: all of those in favour of the amendment? Opposed? Carried unanimously.

We’ll move forward to the NDP amendment on section 6 of schedule 1. Who would like to speak to that? Madame Gélinas.

M^{me} France Gélinas: I move that section 6 of schedule 1 to the bill be amended by adding the following subsection:

“Application of FIPPA

“(2) The agency is designated as an institution for the purposes of the Freedom of Information and Protection of Privacy Act.”

The Chair (Mrs. Nina Tangri): Further debate?

M^{me} France Gélinas: It was, I would call it, shameful that an officer of the Legislative Assembly, the Information and Privacy Commissioner of Ontario, never had an opportunity to come and do a deputation. He did send a written submission. In his written submission, he makes specific amendments to the bill. This is one such amendment. It comes directly from the Information and Privacy Commissioner of Ontario. I would strongly recommend that if we want to show, first of all, respect for an officer of the Legislature and, second, take his recommendation seriously, that we vote in favour of the amendment that he has asked us to make to this bill.

1000

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I'll be supporting this amendment as well.

The Chair (Mrs. Nina Tangri): Further debate? Mrs. Fee.

Mrs. Amy Fee: I will be voting against this motion. I just want to take a few moments to explain why. In order to accord with the definition of "institution," as set out in the Freedom of Information and Protection of Privacy Act, Ontario Health should properly be designated as an institution under regulation 460 of the freedom of information and privacy act. The government intends to have the agency designated as an institution under that act once the legislation is in force, so the proposed amendment is not necessary.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: I would say that it is never a wise move for a government to go against the recommendations of an officer of the Legislative Assembly. The Information and Privacy Commissioner knows FIPPA inside and out. The protection of privacy in a health care setting is at the top. If you have a breach of privacy, it is devastating to the patient and to whoever did the breach. It never hurts to err on the side of caution when it comes to protecting the health privacy of Ontarians. This is what the Information and Privacy Commissioner is asking us to do. It doesn't hurt to err on the side of caution—and not only your intention to have it but to have it in the bill, especially when an officer of the assembly asks you to do so.

The Chair (Mrs. Nina Tangri): Further debate? Seeing none, we'll call the question on the amendment to section 6 of schedule 1 to the bill, page number 8.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

We'll move forward to the NDP notice on section 6 of schedule 1. Who would like to speak to that? Madame Gélinas.

M^{me} France Gélinas: It's really to make sure that, when we create the super-agency, we put the good of patients first. Madam Chair, I would ask for recorded votes on all of the notices that the NDP put forward from now on.

The Chair (Mrs. Nina Tangri): The notice would be specific to the section, so it needs to be requested for each section as we move forward.

M^{me} France Gélinas: I request a recorded vote.

The Chair (Mrs. Nina Tangri): Further debate? We'll call the question. The Ontario NDP recommends a notice on section 6 of schedule 1 to the bill.

Shall schedule 1, section 6, as amended, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 6, as amended, carried.

Moving on to schedule 1: The NDP has a new section 6.1 of schedule 1. Would you like to speak to that? Madame Gélinas.

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

"Health system improvement plan

"6.1(1) In creating the health system improvement plan referred to in clause 6(1)(m), the agency shall,

"(a) consult with clinical leaders, physicians, nurses, health service providers, patients and families of patients;

"(b) consult with Indigenous peoples;

"(c) conduct public consultations, including in-person consultations;

"(d) ensure that the plan aligns with the priorities of the Ontario government; and

"(e) ensure that the plan includes a cancer plan, a renal plan, a mental health plan, a vascular plan that includes cardiac and stroke components, an addictions plan, a diabetes plan, an organ donation and transplantation plan and a palliative care plan.

"No involvement of the minister

"(2) The agency shall not involve the minister in the creation of the health system improvement plan, but may report the plan to the minister when it is completed."

The Chair (Mrs. Nina Tangri): Committee members, I am ruling this amendment out of order as it is dependent on the previous motion, which was lost.

So we'll move forward: schedule 1, section 7, NDP motion. Who would like to speak to that? Madame Gélinas.

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

“Reinvestment of revenue

“(6) The agency shall use any revenue generated through the operation of this section to re-invest in Ontario’s front-line health care labour and resources.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Basically what we’ve done is made it crystal clear to anyone that any savings that are to be generated by the changes in this bill will be reinvested in front-line care. This is something that the government is on record saying many times in the House, but it is not in the bill. What this amendment does is, it makes it clear that any savings will go into front-line resources. The government has claimed that it is their intention. It would be good for them to be true to their intention and actually put it in the bill.

The Chair (Mrs. Nina Tangri): Further debate? Ms. Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: I would recommend voting against this motion, because subsection (2) of section 7 of schedule 1 to Bill 74 would prevent the agency from actually using revenue for any purpose other than to further its objects. This could include investment in front-line health care, labour and resources as needed, but could also include other important investments.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I understand both sides of this debate, but the question really is, and I think it’s important that this principle be in—that’s why I’ll be supporting this amendment: It’s about the money going directly to front-line care. We’re creating an agency that’s going to be really big and have a lot of different mandates inside—cancer care, organ donation, all these things that were listed in the previous motion that was out of order.

There’s a risk in these things. The other side would know as well that when you invest that money in the central organization, there gets to be growth in mid-level and executive-level jobs. I know that’s something that’s really important to the government because that’s what the government has been talking about a lot lately. I think, again, this amendment is reasonable. It addresses something I think is a risk in the bill, and I’ll be supporting it.

The Chair (Mrs. Nina Tangri): Further debate?

M^{me} France Gélinas: When you vote down amendments that are directly related to what you’ve been saying to the public, then the public loses all faith. Your government loses all credibility every time you talk about why you are putting Bill 74 forward. You say that it is to create savings through the super-agency and the integrated care so you can reinvest. Well, when comes an opportunity to put it in the bill, that you will do this, you vote this down. Do you see how those two don’t line up? The people

are watching. Health care matters to millions of Ontarians. How will you ever stand up again and say, “Yes, we are doing this so that we can find savings to reinvest in front-line care”? But when you have an opportunity to put it in the bill, you vote it down. The story doesn’t hold anymore.

The Chair (Mrs. Nina Tangri): Further debate? Seeing none, we will move to the question: section 7 of schedule 1 to the bill, page number 10.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

We shall continue. We’ll move to the notice. The Ontario NDP has a notice on section 7, schedule 1. Would you like to read it, Madame Gélinas?

M^{me} France Gélinas: Sure. In order to remove an entire section, we have to give this type of notice. It’s really to make sure that the super-agency has the opportunity to do what it is supposed to do.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas?

M^{me} France Gélinas: I’ll ask for a recorded vote.

The Chair (Mrs. Nina Tangri): I’ll pose the question: Shall schedule 1, section 7, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): Carried.

Moving forward to schedule 1, section 8: We have an independent motion to section 8 of schedule 1—page 11. Mr. Fraser.

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

“Approval by standing committee required

“(1.1) No person shall be appointed to be a member of the board of directors unless they have appeared before and been approved by the Standing Committee on Government Agencies.”

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I believe this amendment to be a very important one. We’re talking about 15 people who will have control and say in about \$30 billion worth of spending but, more importantly, a say in people’s lives at

a time when they're most vulnerable. I think that this is a minimum of what needs to happen here.

I want to remind you again that we're not here forever. Ten years from now, there will be other people—maybe not all of us; maybe some of us will be here. There will be different people, and they will have less power than we have right now over health care. This is a very simple amendment, and it's a minimal requirement.

Later on in this bill, there will be some amendments around the public nature of this super-agency. But I have to tell you, if this was a multinational, a \$30-billion company, we wouldn't be putting people on the board without really serious consideration.

I think that the way this has been done to date is wrong. It doesn't reflect why we're all here. So I would ask my colleagues on the other side to think about that, to think about the importance of those people who are going to be there. They have a lot of power. That power is coming from people, and it's coming from the people who represent them, and that's us.

The Chair (Mrs. Nina Tangri): As the time is now 10:15, we will continue further debate on this motion, and recess until 2 p.m. this afternoon.

The committee recessed from 1015 to 1400.

The Chair (Mrs. Nina Tangri): Good afternoon. We are assembled for clause-by-clause consideration of Bill 74, An Act concerning the provision of health care, continuing Ontario Health and making consequential and related amendments and repeals. As a reminder, Ralph Armstrong from legislative counsel is here to assist us with our work should we have any questions for him.

When we recessed this morning, we were considering Mr. Fraser's amendment to section 8 of schedule 1 to the bill on page 11. Is there further debate on Mr. Fraser's amendment? Mr. Sabawy.

Mr. Sheref Sabawy: I recommend voting against this motion because this proposed amendment is unnecessary as all government appointments to agencies are subject to standing order 108(f), which provides that the Standing Committee on Government Agencies is to review the intended appointments of persons to agencies, excluding reappointments and appointments for a term of one year or less. So it is redundant. It's not necessary.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: We all know that Ontario Health has a brand new board of directors. All 15 members—14 of them are from down south, one is from North Bay, and none of those people are we allowed to call in front of the Standing Committee on Government Agencies.

Just to let you know, the Standing Committee on Government Agencies is a structure of the Legislative Assembly that—that has been, frankly, quite useful. When you call people in front of the committee on government agencies, you often find out why those people are good, what they have done before, why they have been selected, and why they're on a particular agency. It's an opportunity to get to know them and to build trust into the system.

Right now, the 15 people who have been appointed to the board we cannot call in front of the standing committee. People have a lot of worries about who they are. The little wee bit of things we know from them is that most of them come from the financial sector and all of them come from down south. If you were to pass this, it would allow us to call them in front of the committee on government agencies, and maybe we would discover a whole lot more about those people that would put people at ease.

Right now, people are looking at this and saying, "They put a bunch of people who come from the financial sector because they are interested in making money off of our health care system, and those are people who know how to make money." They are successful financial people who know how to make money. But when you appoint them to the board of Ontario Health, then it's those skills—how to make money—that will now be applied to how to make money off of our health care system.

Let them come in front of committee. Let the people of Ontario get to know them so that this huge black cloud that stands on top of those 15 people has a chance to be dissipated a little bit. Without this amendment, we will never get to talk to those people.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I want to thank France for dispelling the myth that they can be called to committee. You'll also realize that, for that committee, if you make an appointment of, I believe, one year or less than one year, they're not compelled to be called to committee.

In actual fact, I think this is a very reasonable amendment. I actually don't think that the provisions of the committee right now, even in terms of a 20-minute interview, are adequate. I don't think, if any of us were running a multi-billion-dollar company, we would choose our board members the way we're doing it right now. I don't think we would. Apart from it being a multi-billion-dollar company, we are ceding a tremendous amount of power to these people—a tremendous amount of power. We all need to know who they are, why they're there, what their skill set is, what their qualities are, and what they've done in the past.

With all due respect, this is something that is not redundant; not in any way. It's important to pass this. If, in fact, it did get passed, I would think it would be an important conversation at the Standing Committee on Government Agencies for the length and duration of that interview. It's a really important thing.

I'm going to go back and say this again—and you're going to hear this a few times over the next two days. We're not all going to be around; right? We're not all going to be members. It's 10 or 15 years from now. Who's going to make these decisions? Will it be the people on the other side of the table? Will it be reversed? We need to put in the measures that protect the public, that protect the public interest, which is why we're here.

The Chair (Mrs. Nina Tangri): Further debate? The independent member has moved that section 8 of schedule 1 to the bill be amended, on page 11.

Mr. John Fraser: Recorded vote, please.

The Chair (Mrs. Nina Tangri): Point of order, Mr. Fraser?

Mr. John Fraser: Recorded vote.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

We'll move on to the NDP amendment on section 8 of schedule 1, on page 12. Madame Gélinas, will you speak to that?

M^{me} France Gélinas: I move that section 8 of schedule 1 to the bill be amended by adding the following subsections:

“Composition of the board

“(1.1) The composition of the board of directors shall comply with the following rules:

“1. The board shall aim to achieve gender parity amongst its members.

“2. The board shall aim to have members from diverse regions of Ontario.

“3. The board shall include a member who is a patient advocate and this member shall not be a member of the Patient and Family Advisory Council.

“4. The board shall include at least one member who identifies as francophone.

“5. The board shall include at least one member who identifies as Indigenous.

“6. The board shall include at least two members who provide health care services but these members shall not be members of any prescribed board or association.

“Conflict of interest

“(1.2) The members of the board of directors must comply with the following requirements:

“1. A member must not have any financial or other interest in any entity, including a health service provider, that receives funding or contracts from the Ontario government or the agency.

“2. A member must not have held a contract with the Ontario government or the agency within the previous five years before being appointed.

“3. A member shall not apply for a contract with the Ontario government, the agency, an integrated care delivery system, a health service provider or any other entity that receives funding or contracts from the Ontario government for five years after the end of the member's term.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: The first part is really to show a bit of diversity in who will be a member of the board. First,

we ask for gender parity. Right now, of the 15 members, it is greatly dominated by white males. Second, the board should have diverse regions of Ontario. Right now, they are all from southern Ontario, except for a previous PC politician from North Bay. Third, we want a patient's voice, we want a francophone, we want Indigenous, we want to have health care providers, and we put in a clear conflict of interest.

The agency will overview tens of billions of health care dollars every single year. It is very important that the people who sit on that board don't have any pecuniary interest in any way, shape or form. We do this by being very clear in the legislation about conflict of interest.

1410

The Chair (Mrs. Nina Tangri): Further debate?

Mrs. Robin Martin: I recommend voting against this motion because the government has acknowledged that the health system should recognize the diversity within all of Ontario's communities. We will work to ensure Ontario Health's board operational planning activities and community engagement efforts reflect this diversity.

As Ontario Health will be a crown agency under the proposed legislation, the government intends to ensure that the conflict-of-interest rules that apply to public servants under the Public Service Act of Ontario, 2006, would also apply to Ontario Health's employees and its board of directors.

The Chair (Mrs. Nina Tangri): Further debate?

M^{me} France Gélinas: To ensure that engagement reflects diversity is not okay. You have to make sure that the people who are actually making those decisions reflect the diversity of Ontario. It is not okay to have a bunch of white guys from Toronto making decisions for the Indigenous people he represents and for the francophone people I represent. It is not okay. This is 2019. Your engagement will reflect diversity: This doesn't meet the bar. It is the decision-makers who need to reflect diversity, and you only achieve this if you put it in the bill that you will have diversity on the board.

Your actions speak very loudly right now. The 15 people who will have decision-making over tens of billions of health care dollars every year do not reflect the diversity of Ontario, and they should.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: Yes, I'll be supporting this amendment because I think it's reasonable. It's not overly prescriptive. The reality is, our boards and commissions, especially one this big, have to reflect the people of this province and people's life experiences, their understanding of their communities, their understanding of the particular needs, especially with respect to Indigenous and the francophone population, which I think would be important to ensure—and we'll have that in the next proposed amendment—is included in the composition of the board.

The Chair (Mrs. Nina Tangri): Further debate? Seeing none, we'll pose the question. The NDP has moved that section 8 of schedule 1 to the bill be amended, on page 12. All those in favour of the amendment?

Are we having a recorded vote?

M^{me} France Gélinas: Yes, please. Every NDP amendment, please.

Ayes

Armstrong, Fraser, Gélinas.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

We shall move on to the independent amendment on page 13: section 8 of schedule 1.

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

“Diversity

“(1.2) In appointing the members of the board of directors, regard shall be had to the importance of representing the diversity of the population of Ontario and of ensuring representation for its French-speaking and Indigenous communities.”

The Chair (Mrs. Nina Tangri): Further debate?

Mr. John Fraser: I won’t belabour the point. I think I made the point in the last amendment. At a bare minimum, this is what’s required on the board. Again, I think it’s a reasonable reflection of what should be there, and I would encourage members to support the amendment.

The Chair (Mrs. Nina Tangri): Further debate?

Ms. Natalia Kusendova: Similarly, I will be voting against this motion. The government has acknowledged that the health system should recognize the diversity within all of Ontario’s communities. We will work to ensure that Ontario Health’s board operational planning activities and community engagement efforts reflect this diversity.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: I cannot believe that in 2019, people on the government side think that it is okay for rich, white, old guys to make decisions for the health care services of the entire province.

This does not reflect our province. Our province is made up of very diverse communities. At a minimum, the francophone community and the Indigenous community have to be respected. At a minimum, you have to have gender parity.

This is 2019. Look at who you have appointed to this board. Look at who will be making decisions for the single mom in Attawapiskat and the single mom in Biscotasing. They have no idea who those people are. They have no idea what their needs are. But those people need to have equitable access to our health care system, and you can only achieve this when the people in charge of the board have the breadth of diversity that makes us so strong. You are really not living up with the times here.

The Chair (Mrs. Nina Tangri): Thank you. I’d just like to caution members not to use language that may impute motive. Please be careful with the use of your words.

Mr. Fraser.

Mr. John Fraser: I won’t belabour this point too much. Both of these populations here, the French-speaking and francophone community in Ontario and the Indigenous populations, have experienced a great deal of difficulty over the history of our province in accessing care. That goes across partisan lines. It’s not just you; it’s not just us. It’s all of us here.

I think that recognizing that the people who make those decisions have the depth of understanding of the history of the services that those populations didn’t receive or had been trying to receive—and what the law is right now, and what the situation is right now—is critical.

I supported the last amendment. I’m going to say this again: This is a bare minimum. It’s not overly prescriptive. It’s pretty minimal. So I would encourage the members across the way to reconsider their vote on this motion.

The Chair (Mrs. Nina Tangri): Further debate? I’ll call the question. The independent has moved section 8 of schedule 1 to the bill, on page 13.

Mr. John Fraser: Recorded vote, please.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

We’ll move to the NDP notice on section 8 of schedule 1. Further debate on schedule 1, section 8? Madame Gélinas.

M^{me} France Gélinas: I wish to remove the entire section from the bill, so that we are more in line with what the population of Ontario has told us they wanted.

The Chair (Mrs. Nina Tangri): Any further debate? We’ll call the question.

M^{me} France Gélinas: Recorded vote.

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section, 8, carried.

Moving on to schedule 1, section 9: We have independent, subsection 9(1) of schedule 1, on page 14. Mr. Fraser.

Mr. John Fraser: I move that subsection 9(1) of schedule 1 to the bill be struck out and the following substituted:

“Board meetings

“(1) The board of directors of the agency shall meet regularly, in a public forum, throughout the year and in any event shall hold at least four meetings in each calendar year.

“Sub-regions

“(1.1) The board shall, in accordance with the regulations, hold regular meetings in each of the prescribed sub-regions of Ontario.”

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: Thank you very much, Madam Chair. This is pretty straightforward. The meeting should be in a public forum. All Ontarians are shareholders in this agency.

1420

One of the challenges that exists in this bill is taking the community out of care—the community’s stake in the health care that they receive and, as I’ve said before, putting a lot of power into this board. We have to check and we have to balance that power. One of the ways of doing that is making these meetings public; I think we would all have that expectation. We all have that expectation of our hospital boards, of those boards of agencies that we fund as governments that serve people. That’s the expectation that we have, and I don’t know why we would have a different expectation here.

There is also a challenge with geography here. You’ve got a board that’s going to make big decisions, and all those decisions are centralized here in downtown Toronto. I love Toronto but Ontario is a lot bigger than Toronto, and most of us here come from regions outside. We know what has happened in the past with decision-making under different governments of different stripes. All of us have made very centralized decisions. They don’t hear the regions. People have to travel here to be heard. Centralized decision-making doesn’t hear what’s happening in our communities.

So I think that it’s important, if this board is going to represent 14 million people over thousands and thousands and thousands of square kilometres, that the board meet publicly and that it do so in a fashion where they’ll get to those regions. How those regions are prescribed through regulation is up to the government, but it should represent—I’ve heard the number five—a reasonable number of regions.

I feel very strongly about this. I encourage the members opposite to consider this amendment and think about what it will mean to the communities that they live in. Thank you, Madam Chair.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? Mrs. Karahalios?

Mrs. Belinda Karahalios: Thank you, Madam Chair. Legislation amendments are not required to enable Ontario Health to hold public meetings.

Secondly, the proposed amendments would not enable the board of directors to conduct meetings or portions of meetings in camera under circumstances where it would be appropriate and necessary. The board of directors has the power, and may choose, to conduct its meetings in various locations across Ontario at its discretion in a manner consistent with the agency’s bylaws.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? Madame Gélinas?

M^{me} France Gélinas: The first meeting of the board was not advertised, was held in camera, and the backlash that came from it was terrible. You have to realize that those people are making decisions for our hospitals, our long-term-care homes, our primary care, our mental health and addictions, our home and community, and our palliative care. Those are all services that people care about very much. On the first opportunity they had to show to the people of Ontario that they take this responsibility seriously, they held an in camera meeting.

The idea of the amendment is really to reassure the public that it will be a public meeting, and every public meeting has a right to go in camera. Whenever you talk about an individual, their salary, or a lawyer’s privilege, they’re allowed to go in camera—and so would that board, like every other board in Ontario. The amendment would give reassurance to people that it will be a public forum, and you have an opportunity that they’ll actually come to see what northern Ontario, southwestern or eastern Ontario looks like. There is life outside of beautiful Toronto.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? Mr. Fraser?

Mr. John Fraser: The public meetings can go in camera; that’s established. There is a need for public meetings. This amendment provides that; so does the following amendment. If the government doesn’t like this amendment because it thinks it hamstring the board, then the government can propose another amendment that ensures public meetings. I’m happy if somebody wants to amend this amendment to adjust it to make you feel more comfortable, but the board has to meet in public. It has to present to the public. It has to answer to the public. It has to answer to us. Right now, there is nothing in this bill that ensures that.

I’m going to say this again—broken record: 10 years from now, 15 years from now, when it’s a government of a different stripe with different members around here, are you willing to take that risk?

The Chair (Mrs. Nina Tangri): Further debate? Seeing none, we’ll call the question.

Mr. John Fraser: Recorded vote.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

We'll move on to NDP amendment of section 9 of schedule 1, page 15. Who is speaking to that? Madame Gélinas.

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

“Notice

“(3) The agency shall give reasonable notice to the public of the meetings of its board of directors.

“Public meetings

“(4) All meetings of the board of directors should be open to the public.”

The Chair (Mrs. Nina Tangri): Further debate?

M^{me} France Gélinas: Well, to let people know, we ask for reasonable notice—

The Chair (Mrs. Nina Tangri): One moment. I just need a correction: “(4) All meetings of the board of directors shall”—I think you had said “should.”

M^{me} France Gélinas: Okay. Sorry. “All meetings of the board of directors shall be open to the public.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: The first part is to give reasonable notice. This is going to be the agency that controls tens of billions of dollars of our health care system. The least we can do is know that they're about to meet, so we know if they meet once a year, once a quarter or once a month. Give reasonable notice. This is very little, but it will pay huge dividends in building Ontarians' confidence in what's going on.

The second one is to be open to the public so that if the public so chooses, they don't have a right to speak, but they have a right to listen. This is customary throughout the health care system. We can all go to the board of directors meetings of our hospitals, of our LHINs, of our CCACs—when there used to be CCACs—and every other public health care agency. It gives people confidence. Most of the time, not a whole lot of people show up, but the fact that you have opened it up to the public is a way to connect with the people, to show transparency, show accountability. If you need to go in camera—you can ask legal advice from Mr. Armstrong, and he will assure you that a board can move to in camera if they need to.

But at least you can reassure the public that the meetings will be open, because so far, that's not what we've seen. And when you do damage to the confidence of the people in our health care system, you do damage to the care they receive.

The Chair (Mrs. Nina Tangri): Further debate?

Mrs. Amy Fee: Again, I will be voting against this motion. It's sort of the same line as the previous motion. We don't need legislative amendments for Ontario Health

to hold public meetings. The proposed amendments also would not enable the board of directors to conduct meetings or portions of meetings in camera under circumstances where it would be appropriate and necessary.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: So exactly the same argument as last time around: There needs to be public meetings. If you don't like the way this amendment is worded, then change it so that there are public meetings.

I think, at the end of the day, it's a bare-minimum expectation. I think that 10 years from now—I'm not going to question your motives, but 10 years from now, is there going to be a government that says, “We don't need to have any public meetings. They're not necessary”?

1430

Do you believe that public meetings are necessary or not? If you do believe they're necessary, then propose an amendment to this amendment—a restriction of some sort, a qualification. This is not an onerous amendment, or an unreasonable expectation. I think that we all have to think about exactly the kind of power that we're giving people and the kind of scrutiny that they should be under.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas?

M^{me} France Gélinas: I would like to ask counsel Armstrong to clarify that when a board of a hospital has a public meeting, are they allowed to go in camera?

Mr. Ralph Armstrong: You know, Madame Gélinas, this is raising what one would call an interesting point of interpretation, and I'm not really prepared to respond. I know the ministry's legal counsel are in the room and I'm wondering if any of them are more briefed on the normal laws of these committees. I'm not trying to avoid, but it's not an area that I have right to my hand, and I can think of an argument either way. I'd rather know if somebody knows the exact answer—if the Chair would permit.

The Chair (Mrs. Nina Tangri): If you're from the ministry, can you please state your name and title for the record?

Ms. Tara Corless: Good afternoon, Madam Chair. I'm Tara Corless, legal counsel for the Ministry of Health and Long-Term Care. I do provide legal support to the Ministry of Health in respect of matters involving public hospitals and the interpretation of the Public Hospitals Act.

There is no requirement in the Public Hospitals Act that hospitals conduct their board meetings publicly. I am aware that many hospitals do so in accordance with their bylaws, but there is no statutory requirement that their meetings be held publicly.

The Chair (Mrs. Nina Tangri): Thank you very much. Mr. Fraser?

Mr. John Fraser: I think the question was directly as to, in a public meeting, is it normal practice that a board of directors can go in camera in a meeting? That was the question, I believe.

The Chair (Mrs. Nina Tangri): Madame Gélinas?

M^{me} France G elinas: If I can follow up on the question: Hospitals that hold their meetings in public—which, as far as I know, are all of them, except for the four private hospitals—there are circumstances where they go in camera. Do you agree?

Ms. Tara Corless: I do agree. Some guidance in that regard can be found in the Local Health System Integration Act, which spells out explicitly the circumstances under which meetings of LHIN boards have to be held in camera. Those circumstances include where the board will be discussing matters which involve personal health information, labour relations, negotiations matters, matters that impact on public safety or the security of the property of a LHIN or the security of its members, or matters that are privileged under solicitor-client privilege. Those sorts of discussions would be held in camera. There are a number of circumstances, and I do believe it's customary that, when those matters arise, the discussions be held in camera.

The Chair (Mrs. Nina Tangri): Madame G elinas?

M^{me} France G elinas: The point that I'm making—that "all meetings of the board of directors shall be open to the public"—the exceptions to go in camera could still apply? The ones that you just mentioned?

Ms. Tara Corless: Yes.

M^{me} France G elinas: Thank you.

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question. The NDP have moved that section 9 of schedule 1 to the bill be amended, on page 15.

Ayes

Armstrong, Fraser, G elinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

Any further debate on section 9 of schedule 1? I'll call the question. Shall schedule 1, section 9, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, G elinas, Mamakwa.

The Chair (Mrs. Nina Tangri): Schedule 1, section 9, is carried.

We'll move to schedule 1, section 10. Is there any further debate on schedule 1, section 10? Madame G elinas.

M^{me} France G elinas: You have an opportunity to show the people of Ontario that you have heard them and that you have read the tens of thousands of pages—19,413 pages, to be exact—that they have sent you by voting this section down.

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question. Shall schedule 1, section 10, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, G elinas, Mamakwa.

The Chair (Mrs. Nina Tangri): Schedule 1, section 10, is carried.

Moving on to schedule 1, section 11: Further debate? Madame G elinas.

M^{me} France G elinas: You realize that once you have created this super-agency—the opportunity to back out is now. It's not too late to do the right thing.

The Chair (Mrs. Nina Tangri): Further debate? I'll move to the question. Shall schedule 1, section 11, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, G elinas, Mamakwa.

The Chair (Mrs. Nina Tangri): Schedule 1, section 11, is carried.

Moving on to schedule 1, section 12: Further debate? Madame G elinas.

M^{me} France G elinas: One more chance: Don't let it go by. There won't be too many left.

The Chair (Mrs. Nina Tangri): I just wanted to clarify before moving further: Are we still requesting recorded votes?

M^{me} France G elinas: Yes, we are.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? Seeing none, shall schedule 1, section 12, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, G elinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 12, carried.

Schedule 1, section 13: Further debate? Seeing none, shall schedule 1, section 13, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 13, carried.

Moving on to schedule 1, section 14: Further debate? Madame Gélinas.

M^{me} France Gélinas: I wish the government members would consider what they're doing. The consequences of their actions will follow them for the rest of their lives. We don't change bills every couple of weeks or months. When we pass a bill, it will be there 10 years from now, and it will be there 15 years from now.

The Chair (Mrs. Nina Tangri): Further debate? I'll move to the question. Shall schedule 1, section 14, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 14, carried.

1440

Schedule 1, section 15: Further debate? Seeing none, shall schedule 1, section 15, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 15, carried.

Schedule 1, section 16: Further debate? Seeing none, we'll call the question. Shall schedule 1, section 16, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 16, carried.

Moving on to schedule 1, section 17: Further debate? Madame Gélinas.

M^{me} France Gélinas: We're giving you another chance to do the right thing.

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question. Shall schedule 1, section 17, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 17, carried.

Moving on to schedule 1, section 18: This is the NDP motion, page 16. Who would like to speak to that? Madame Gélinas.

M^{me} France Gélinas: I move that section 18 of schedule 1 to the bill be struck out and the following substituted:

"Funding of agency

"18. The minister may provide funding to the agency in accordance with the following conditions:

"1. The funding is provided to meet population needs for publicly funded health care services in Ontario.

"2. The funding is provided in accordance with the principles of the Canada Health Act.

"3. The amount of funding provided is not based on the incentive to restrict funding for health care services in Ontario."

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: The little bit that the government is on record regarding the funding of our health care system has a lot of people worried. I have been the health critic for 12 years; I have never seen 19,000 people respond to a bill. This is huge.

In health care, following the money is always a wise thing to do. This amendment would allow us to do this, to make sure that the money is going to publicly funded health care, that it follows the tenets of the Canada Health Act, and there is no incentive to restrict care. Because if you don't provide any care, you can save a whole lot of money, but that's not why our health care system exists. Our health care system does not exist to save money; our

health care system exists to meet the needs of Ontarians. So three pretty fundamental elements of funding.

The Chair (Mrs. Nina Tangri): Further debate? Ms. Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: I just wanted to highlight the fact that 18,000 of the 19,000 emails that were received were actually identical in content.

I would recommend voting against this motion because section 18 of schedule 1 to Bill 74 would already permit the minister to make funding to the agency subject to certain terms and conditions. The agency's objects, as set out in schedule 1 to Bill 74, include managing health service needs across Ontario to ensure the quality and sustainability of the health system.

It's also unnecessary to have legislation require that one comply with other legislation or the principles found in that legislation, including the Canada Health Act.

The Chair (Mrs. Nina Tangri): Further debate? Is your hand up, Mr. Fraser?

Mr. John Fraser: Yes. Sorry, it was a bit of a wave there.

I'll be supporting this amendment because I think it pretty much lays out the terms under which the minister needs to look at how he's going to fund this central agency. I think the principles that are outlined here, again, are just reasonable and basic.

The Chair (Mrs. Nina Tangri): Further debate?

M^{me} France Gélinas: There is nowhere in the bill where we say that the funding will follow the principles of the Canada Health Act. There is nothing in the bill where it says that the funding will follow the publicly funded health care system. There is nowhere in the bill where it says that it's not going to be based on incentives to restrict care.

The Chair (Mrs. Nina Tangri): Further debate? Seeing none, we'll call the question. The NDP have moved that section 18 of schedule 1 to the bill, on page 16, be amended.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

Any further debate on schedule 1, section 18? Seeing none, I'll call the question. Shall schedule 1, section 18, carry? Those in favour?

M^{me} France Gélinas: Where are we?

The Chair (Mrs. Nina Tangri): Schedule 1, section 18. Can I confirm if this is a recorded vote?

M^{me} France Gélinas: Yes.

The Chair (Mrs. Nina Tangri): I'll call the question one more time. Shall schedule 1, section 18, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 18, carried.

Moving on to schedule 1, section 19: NDP, clauses 19(2)(e) and (f) of schedule 1.

M^{me} France Gélinas: I move that clauses 19(2)(e) and (f) of schedule 1 to the bill be struck out and the following substituted:

"(e) a requirement for the agency to take responsibility for ensuring that the integrated care delivery systems and the health service providers comply with the French Language Services Act; and

"(f) a requirement that funding cannot be changed if the change would result in an increase of funding being provided to a for-profit entity."

The Chair (Mrs. Nina Tangri): Further debate?

M^{me} France Gélinas: The first one comes from an officer of the Legislative Assembly, the French language commissioner. We have had this problem before with the LHINs who were covered by the French Language Services Act. When they contracted out services, those contracted-out services were not covered by the French Language Services Act. We tried really hard. When we amended the LHSIA, we couldn't get this to go forward.

We all know that the LHINs, until they took over the CCACs, never offered any services. They contracted out those services, yet the act of contracting out meant that the French Language Services Act did not apply.

We don't want a repeat of this. We want to make sure that in the integrated care delivery system, if whoever is in charge of this contracts out home care or palliative care and they don't offer all of the services, then this does not become a loophole for those agencies to not follow the French Language Services Act.

The French language commissioner had it in his recommendations, and I think it would be wise to put that in. We've already had a lot of problems because it was not in the LHSIA in order to put it in.

Then the second one is to protect not-for-profit entities.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? Mr. Sabawy.

Mr. Sheref Sabawy: I recommend voting against this motion for the following reasons: This change is not required, such that requirements concerning French-language services could already be included as a performance objective in the accountability agreement.

Secondly, the government has already committed to maintaining a strong, publicly funded health care system. However, a mix of public and private providers already exists in Ontario, and the agency needs to be able to interact with all providers, to avoid disruption in the

system and to effectively work towards building a higher-quality, more sustainable system.

1450

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I'll be supporting this amendment, just based on, again, the fact that I think we need to strengthen the provisions for French-language services, and Indigenous services as well. We do have an act that we need to respect. I think this is a reasonable amendment. I agree with my colleague. In the LHSIA legislation, there were opportunities that were missed; there's no question about that. We do need to ensure that we strengthen this, and I think that this amendment is worth supporting.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: To say that integrated care delivery will be put into their performance agreement is not at all the same as saying that it is covered by the French Language Services Act. One is the law that needs to be respected. The other one is a wish that sometimes will get respected and most times won't.

As far as the second part, not only is our health care system publicly funded; it's also mainly publicly delivered. Except for the four private hospitals, 140 corporations are all not-for-profit. The idea is not to undo, although I could wish, but it's to not further increase for-profit delivery, which people in Ontario have very strong feelings against. They want every dollar to go to care, not to go to profit.

The Chair (Mrs. Nina Tangri): Further debate? Seeing none, we'll call the question. The NDP have moved that clauses 19(2)(e) and (f) of schedule 1 to the bill be amended.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

We'll move to the independent. Subsection 19(2) of schedule 1: Mr. Fraser.

Mr. John Fraser: I move that subsection 19(2) of schedule 1 to the bill be amended by striking out "and" at the end of clause (e) and by adding the following clause:

"(e.1) a plan for how the agency will ensure compliance with the French Language Services Act by health service providers, integrated delivery care systems and other persons or entities that receive funding under section 21 of this act; and"

The Chair (Mrs. Nina Tangri): I just wanted to add a correction: "care delivery" and "delivery care." You had said it in an opposite way.

Mr. John Fraser: Oh, sorry—"by health service providers." Do you want me to read the whole thing over again, or just that?

The Chair (Mrs. Nina Tangri): Just that.

Mr. John Fraser: Just that piece: "integrated care delivery systems".

The Chair (Mrs. Nina Tangri): Thank you very much. Further debate? Mr. Fraser.

Mr. John Fraser: Again, I've made this point a number of times. The French Language Services Act is law here in Ontario. There have always been challenges for francophone communities and francophones having access to the care that they need. Receiving health care in a language that you understand is critical and I think that putting this protection in the act will ensure that francophone communities' rights and needs will be respected, so I would encourage my colleagues to support this amendment.

The Chair (Mrs. Nina Tangri): Further debate? Mrs. Martin.

Mrs. Robin Martin: We think, again, that this is an unnecessary amendment. The requirement could already be included as a performance objective in the accountability agreement, as with the previous one, and stakeholders and the public can be reassured that the ministry has developed a program and policy framework to ensure that all parties, regardless of their status under the French Language Services Act, plan for and address the needs of the local francophone population.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: An accountability agreement and a program and policy framework will never be the same as the law. We are legislators. We make laws, laws that have to be followed in Ontario. An accountability agreement is not a law. A program and policy framework is not a law.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I'll take one more go at this. This amendment is going to ensure that the rights of francophones across this province are met inside this agency. I know, because I was here for the debate on the LHSIA legislation, that there were a number of amendments that we did not make that were actually put forward by France. Those amendments were important, and the fact that we are enshrining this in law is a very important symbol and signal to that community that has had to struggle for rights that they are recognized within this legislation.

I would urge the members opposite to reconsider their opposition to this motion. I think it's very simple and straightforward. It's not redundant. It's direct and not overly complex.

The Chair (Mrs. Nina Tangri): Further debate? We'll call the question. The independent has moved that subsection 19(2) of schedule 1 to the bill be amended, on page 18.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

Moving on to the NDP, subsection 19(3) of schedule 1. Who will speak to that? Madame Gélinas?

M^{me} France Gélinas: I move that subsection 19(3) of schedule 1 to the bill be struck out and the following substituted:

“Same

“(3) The accountability agreement must be consistent with the provincial health system plan and the principles of the Canada Health Act.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas?

M^{me} France Gélinas: This is basically just good practice. You would expect the minister to not unilaterally create an agreement between the minister and the super-agency. You would expect that this would be based on a provincial plan and that, at a minimum, the principles of the Canada Health Act will be respected.

The Canada Health Act is not in the bill. You have to put it in to reassure people that medicare, the program that they care so much about, is based on the Canada Health Act and that this new bill, Bill 74, will be respectful of that. You have to put that in.

The Chair (Mrs. Nina Tangri): Further debate? Mrs. Martin?

Mrs. Robin Martin: I would recommend voting against this motion. Again, the proposed amendments are not legally required. The minister is already subject to an obligation to comply with the Canada Health Act, and there is no need to restate this requirement in the bill. In fact, it could have the opposite effect, because what is required under the Canada Health Act is actually quite narrow. It only requires funding for medically necessary physician and hospital services. That is actually quite narrow.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser?

Mr. John Fraser: I don't agree with that last piece of the argument. I think that this principle in the bill is something that's central to all of us. I don't think it's redundant or unnecessary. It reflects the importance of health care to the people that we serve, principles that I think not only define health care but define who we are. I don't see a problem with that being reflected in the bill, so I'll be supporting the amendment.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas?

M^{me} France Gélinas: All that the amendment does is say that it will be consistent with the principles of the Canada Health Act. It does not preclude you from going beyond that. It just says that you will be consistent with the principles of the Canada Health Act.

People who live in Ontario know what's going on in other provinces. They have seen other Conservative governments and what they have done with the privatization of their health care systems. They are afraid that this is going to happen here in Ontario. To give them a little bit of reassurance, of something where the bar is pretty low, consistent with the Canada Health Act—you've already said that you expect to go way beyond “medically necessary.” Give people a little bit of reassurance that you will be consistent with the principles of the Canada Health Act.

The Chair (Mrs. Nina Tangri): Further debate? We'll move to the question. The NDP have moved that subsection 19(3) of schedule 1 to the bill be amended.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

1500

We'll move to the NDP amendment of subsection 19(5) of schedule 1. Who will speak to that? Madame Gélinas.

M^{me} France Gélinas: I move that subsection 19(5) of schedule 1 to the bill be struck out and the following substituted:

“Publication

“(5) The agency and the ministry shall each publish on its website,

“(a) a current copy of the accountability agreement; and

“(b) a copy of any plans, reports and financial statements provided to the minister under subsection (4).”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: It's really just to make sure that we strengthen the transparency of the agreement and the funding accountability between the ministry and the super-agency. It is something that is—it looks like the bill wants to go that way; let's put it in black and white. If you have intentions of showing transparency and accountability, then this just puts it in black and white.

The Chair (Mrs. Nina Tangri): Further debate? Ms. Kusendova.

Ms. Natalia Kusendova: I will be voting against this motion simply because it is redundant and unnecessary. The agency would already be required, under subsection 19(5) of schedule 1, to publish its accountability agreement on a website. Other reports and accountability documents would be published without including a requirement in the proposed legislation.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: There is nowhere in the legislation that says that the current accountability agreement would be published on the website. There is nowhere in the bill that says their plans, their reports and their financial statements will be made public.

The Chair (Mrs. Nina Tangri): Further debate? Ms. Kusendova.

Ms. Natalia Kusendova: Madame Gélinas, if you would kindly look to section 19(5), it says right there: “The agency shall publish a current copy of the accountability agreement on its website.”

The Chair (Mrs. Nina Tangri): Madame Gélinas.

M^{me} France Gélinas: But we’ve asked for the ministry to also do that.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Where do you see the plans to report the financial statements?

The Chair (Mrs. Nina Tangri): Further debate?

M^{me} France Gélinas: They are nowhere in the bill. It is reasonable to expect that their plans, their reports and their financial statements be made available on a website.

The Chair (Mrs. Nina Tangri): Ms. Kusendova.

Ms. Natalia Kusendova: Under the Management Board of Cabinet’s agencies and appointments directive, otherwise known as AAD, all provincial agencies must make their annual report, business plan and memorandum of understanding “available to the public on a government or agency website within 30 days of the minister’s approval.”

The Chair (Mrs. Nina Tangri): Mr. Fraser.

Mr. John Fraser: I think that section (b) of this amendment is the critical piece that’s here. It talks about plans, reports and financial statements. That management board directive is very narrow in scope. What it actually says is that once the minister says he has read it—I know from experience, and so will my colleagues and maybe some colleagues on the other side, that the minister might not read the report for two years. It shouldn’t happen that way, at any time. So I think this just adds more accountability. It’s not redundant. It adds more accountability to the agency. I’m going to support it, because I think that’s the thing that we need to be doing here.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Transparency and accountability in the health care system are paramount. There is so much money that taxpayers and government invest in our health care system that you have to be transparent, you have to be accountable. If you’re not, human beings, being who we are—we make it up, and we always assume the worst. To put it in the bill that you’re not going to have to until the minister signs off three years down the road—as soon as you have your financial statements ready and you’ve had your signoff by the board, you make them available. Your plan has been figured out. You have a five-year plan. You don’t wait for the minister to read it and sign off 30 days later. You put it on the website.

Those are little bits of transparency and accountability that go a long, long way in putting out fires down the road.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? I’ll call the question. The NDP have moved that subsection 19(5) of schedule 1 to the bill be amended, on page 20.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

Any further debate on schedule 1, section 19? We’ll move to the question. Shall schedule 1, section 19, carry? I think you wanted a recorded vote.

M^{me} France Gélinas: Please.

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): Schedule 1, section 19, is carried.

Moving on to schedule 1, section 20: We have an independent, on section 20 of schedule 1. Mr. Fraser.

Mr. John Fraser: I move that section 20 of schedule 1 to the bill be amended by adding the following subsection: “Same

“(2.1) The minister shall not issue a directive under subsection (1) that would reduce the provision of health care services in French.”

The Chair (Mrs. Nina Tangri): Thank you. Further debate?

Mr. John Fraser: I think this is pretty straightforward. The experience that we had in my community of Ottawa some 20 years ago was that the minister was going to issue a directive that would have really reduced francophone services for the francophone community in Ottawa and across Ontario. It was the wrong decision. It was the wrong thing to do.

Right now, we actually have a hospital that would have been closed, that is an academic hospital, that is training physicians and nurses and other allied health care professionals in French, so that we can deliver those services not just in Ottawa but in the northeast, across Ontario, in Windsor and Niagara.

I think this is an important amendment to the bill. This is a community that has had to struggle to get services in

their language. They have a law that protects them, and they still have to struggle. I think it's important that my colleagues across—all of my colleagues—consider this amendment. It's very simple, it's straightforward and I think that you should support it.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? Mrs. Karahalios?

Mrs. Belinda Karahalios: New restrictions or limitations on the minister's directive powers are not required. We need to think of the negative unintended consequences that this restriction could have. There may be circumstances where it's necessary for the minister to issue such a directive. An example is if a provider is not meeting their obligations. Because of a reason like this, we recommend voting against this motion.

The Chair (Mrs. Nina Tangri): Thank you. Further debate?

M^{me} France Gélinas: I would also like the government to look at the negative consequences of not passing this. I'll give you the example, in Penetang, where a designated hospital, under the French Language Services Act, had a directive to merge with another hospital that was not designated. The francophone population of Penetang and area lost access to French-language services because in the directive to merge, the respect of the French-language designation was not there. They never respected the French-language designation.

After it happened, everybody was really sorry it happened. That was not their intention. That was not their plan. They were all very sorry it happened. But it happened.

How do you keep it from happening? You make sure that you pass those kinds of amendments, so that the negative consequences on the French community are not repeated over and over and over again.

1510

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: What the amendment is requiring would not prevent the minister from doing that. What it would ensure that the minister would do is, if they had a provider that wasn't meeting their obligations, (a) they would work with them to meet their obligations, and (b) in the event that that was not possible, that there be a plan for the provision of those services. So I encourage the members again to reconsider and support this motion.

The Chair (Mrs. Nina Tangri): Further debate? I'll move to call the question. An independent has moved that section 20 of schedule 1 to the bill be amended, on page 21.

Mr. John Fraser: Recorded vote.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

We'll move on to the NDP amendment, section 20 of schedule 1: Madame Gélinas.

M^{me} France Gélinas: I move that section 20 of schedule 1 to the bill be amended by adding the following subsections:

“Same

“(2.1) The minister shall not issue a directive under subsection (1) if the directive relates to integrations or would result in,

“(a) a reduction in health services, including French health services and Indigenous health services;

“(b) a termination of employment or loss of positions;

“(c) a conflict with rights under a collective agreement or an Ontario act that relates to employment;

“(d) a public or not-for-profit health service provider ceasing to provide services that it provided before this section came into force;

“(e) a cut to or closure of any hospital including a small or rural hospital; or

“(f) a transfer of a public or not-for-profit health service, or any part of that service, to a for-profit person or entity.

“Same

“(2.2) The minister may only issue a directive under subsection (1) if the directive is in the public interest and is aimed at expanding publicly delivered health care services in Ontario.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Basically, we have seen with Bill 74 an increase in the minister's power and authority like we have never seen before. The idea is, really, if there are willing partners on the ground, we don't need the minister's authority. But if there is no agreement on the ground, then the minister's authority is limited by those six clauses.

The Chair (Mrs. Nina Tangri): Further debate? Mrs. Fee.

Mrs. Amy Fee: I do recommend voting against this motion because section 20 of schedule 1 to Bill 74 is a consolidation of directive-making powers, including the Local Health System Integration Act, 2006. New restrictions or limitations on the minister's directive powers are not required and—this part I really want to stress—our government has committed publicly to maintaining a strong public health care system.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: That strong commitment is to publicly funded, never publicly delivered. And to use the argument that we already have privatization in our health care system—I agree, but this bill opens the door to way more. Every service in our hospitals will be contracted out to private providers once Bill 74 goes through.

What we're saying is, let's protect the not-for-profits that we have now. You are never on record saying “publicly delivered”; you only focus on “publicly paid for.”

The Chair (Mrs. Nina Tangri): Further debate? Seeing none, we'll call the question. The NDP have moved that section 20 of schedule 1 to the bill be amended, on page 22.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

We'll move to NDP amendment, subsections 20(3) to (5) of schedule 1. Who will speak to that? Madame Gélinas.

M^{me} France Gélinas: I move that subsections 20(3) to (5) of schedule 1 to the bill be struck out.

The Chair (Mrs. Nina Tangri): Further debate?

M^{me} France Gélinas: Basically, it is to again look at the power of the minister to issue binding directives. It is to bring a bit more balance and fairness.

As I said, if there are willing partners who want to do integration, they are willing partners and integration will happen. But if you cannot, on the ground, get the people to agree, then to give the minister binding directives—nothing good will come of that.

Health care is provided by people, and if you don't listen to them, and if you don't respect them, and if you go against the wishes of the community, you will do damage to the quality of the care that the people of Ontario depend on.

The Chair (Mrs. Nina Tangri): Further debate? Ms. Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: I would recommend voting against this motion, because the amendment would remove necessary points of clarification relating to the minister's directive-making power.

The Chair (Mrs. Nina Tangri): Further debate? We'll move to the question. The NDP have moved that subsections 20(3) to (5) of schedule 1 to the bill be amended, on page 23.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

Any further debate on schedule 1, section 20? Madame Gélinas.

M^{me} France Gélinas: It is not too late to really look at the minister's unilateral powers.

I have been the health critic for 12 years. I have had six different health ministers during that period of time. Believe me, not all of them were good. Not all of them had the good of our health care system at the forefront. And it will happen again.

Remember, this bill will be there in 10 years' time. You may wish that you had thought through, a little bit more, giving the minister all of those powers when there are no willing partners at the local level. With willing partners, everything can be done. Without willing partners, giving the ministry overarching power to impose will never lead to anything that resembles quality patient care.

The Chair (Mrs. Nina Tangri): Further debate? We'll move to the question. Shall schedule 1, section 20, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 20, carried.

I'm just going to take a moment to confer with the Clerk.

Interjection.

The Chair (Mrs. Nina Tangri): I'm just going to request a two- to five-minute break, a short recess.

The committee recessed from 1520 to 1526.

The Chair (Mrs. Nina Tangri): I call to order. Members, for the purpose of orderliness, I suggest we postpone consideration of section 21 of schedule 1 and the filed amendment on page 24 until after the committee considers section 29 of schedule 1. This is because the proposed amendment on page 24 relates to another amendment filed to section 29 of schedule 1. Is it agreed to stand down section 21 of schedule 1 until after section 29 of schedule 1? Is it agreed?

M^{me} France Gélinas: Can you explain that to me again?

The Chair (Mrs. Nina Tangri): Section 10(24) is tied to section 29—

Interjection.

The Chair (Mrs. Nina Tangri): Amendment 24 is tied to—if you look at what you're proposing.

I'll pose the question again. Is it agreed? Agreed.

M^{me} France Gélinas: Now that I understand.

The Chair (Mrs. Nina Tangri): Thank you.

We'll move on to schedule 1, section 22. The independent is not here. We'll take one moment to wait for the independent, unless somebody else would like to move.

Does the committee agree to move on, or would you like to agree to wait for the independent?

Mrs. Robin Martin: Can we move on? We have a lot to cover.

The Chair (Mrs. Nina Tangri): Agreed? Okay.

So the NDP, section 22 of schedule 1, page 26: Madame Gélinas.

M^{me} France Gélinas: I move that section 22 of schedule 1 to the bill be amended by adding the following subsections:

“Content

“(1.1) The service accountability agreement must include the following:

“1. A requirement for the delivery organization to engage with the public for at least 60 days with respect to local health system planning.

“2. A requirement that the engagement must include in-person consultations.

“3. A provision indicating that the agency will require the delivery organization to comply with the French Language Services Act.

“Other acts

“(1.2) For greater certainty, a service accountability agreement shall not conflict with or be inconsistent with rights under a collective agreement or an Ontario act that relates to employment.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Basically, again, we are trying to bring the French Language Services Act as it applies to the bill—to make it a condition in the bill that the service accountability agreement must have provisions for the French Language Services Act. You are on record saying that you want the accountability agreement to say so. Then put it in the act. If it’s not in the act, then it doesn’t count. I guarantee you: For some accountability agreement where it should be there, it will not. If you are serious that you want the accountability agreement to respect the French Language Services Act, you have to put it in the bill. This is what this does, as well as ask for consultations so that people have a say.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Sabawy.

1530

Mr. Sheref Sabawy: I recommend voting against this motion because the proposed amendment is unnecessary and could restrict local decisions about how best to conduct public and stakeholder engagement. The other reason is that organizations subject to the French Language Services Act already have a statutory obligation to comply with this, so it’s redundant.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: It is not the same. A wish, an accountability agreement or a framework never has the same power as an act. An act is the law. Everybody who signs the agreement can refer back to it on solid ground. But if you are the junior partner of an integrated system and you are the only one who is worried about French-language services, you will easily be dismissed.

If you are serious about French-language services, you will put it in the act.

The Chair (Mrs. Nina Tangri): Further debate? Seeing none, we’ll call the question. The NDP have moved an amendment to section 22 of schedule 1 to the bill, on page 26.

Ayes

Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

Mr. Fraser?

Mr. John Fraser: Chair, my apologies for being delayed. I’d like to ask for unanimous consent to consider the page 25 motion with regard to the French Language Services Act.

The Chair (Mrs. Nina Tangri): Mr. Fraser has requested unanimous consent to return to page 25, on section 22 of schedule 1. Do we have unanimous consent? Agreed. Go ahead, Mr. Fraser.

Mr. John Fraser: Thank you very much. I appreciate the committee allowing me to do that very much.

I move that section 22 of schedule 1 to the bill be amended by adding the following subsection:

“Compliance with French Language Services Act

“(1.1) If a French-language health planning entity provides notice to the agency that a delivery organization must deliver services in French, the agency shall not enter into a service accountability agreement with the delivery organization without ensuring that the provision of health services by that delivery organization meets the requirements of the French Language Services Act.”

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: It’s pretty straightforward. I’ve made the point a few times in this bill. I think that anything that we can do to strengthen the protection of French-language services inside this bill is important. It’s also a very, very important symbol to the community that we recognize that these services in French are critical to their community but that we also recognize that there have been times where those protections haven’t been in place, and we want to ensure that they will always be there.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: As I said, the French Language Services Act is a bill that brings everybody on equal negotiating ground. Once you put it that you must comply with the French Language Services Act, there is no negotiation necessary. It will happen.

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question. The independent has moved that section 22 of schedule 1 to the bill be amended, on page 25.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

Moving on: Any further debate on schedule 1, section 22?

Mrs. Robin Martin: Can we do these in a block, because there are no notices?

The Chair (Mrs. Nina Tangri): We'll deal with 22, as we're already discussing it right now. We'll move on to the others, and we can group them at that point.

I'll call the question: Shall schedule 1, section 22, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 22, carried.

We can deal with schedule 1, section 23, up to schedule 1, section 26, in its entirety, if we all agree. Do we all agree? Good.

Further debate?

We'll call the question.

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 23 through to section 26, carried.

Moving on to schedule 1, section 27: Who would like to speak to that? Ms. Kusendova.

Ms. Natalia Kusendova: I move that section 27 of schedule 1 to the bill be amended by adding the following subsection:

“Application

“(1.1) Subject to subsections (2) and (3), subsection (1) applies to health service providers and integrated care delivery systems that receive funding from the agency under section 21.”

The Chair (Mrs. Nina Tangri): Further debate? Ms. Kusendova.

Ms. Natalia Kusendova: This is a technical amendment and is needed to align with a similar provision in subsection 26(2) relating to the power to appoint investigators. Without this amendment, the minister would be able to appoint supervisors over any health service provider, not just those health service providers that are funded by Ontario Health.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: I think that the ability of the minister to appoint a supervisor is something that has served our province well. Sometimes things do derail, and the minister, in their role as overseer of our health care system, needs to appoint a supervisor. I would much rather that we keep it in the bill the way it is because this power has been used in the past, has been very useful in the past and has served the people of Ontario right. There is no harm in putting it there. It doesn't bind the minister to use this power. But this is a power that has been with the minister for quite some time, has been used for quite some time and has been useful for protection of our health care system.

The Chair (Mrs. Nina Tangri): Further debate?

We'll move the question. The government, on page 27, has moved that section 27 of schedule 1 to the bill be amended. All those in favour of the amendment?

Would you like a recorded vote?

M^{me} France Gélinas: Recorded vote.

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare amendment 27, to section 27 of schedule 1, carried.

Shall schedule 1, section 27, as amended, carry?

Would you like a recorded vote?

M^{me} France Gélinas: Sure.

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 27, as amended, carried.

Schedule 1, section 28: The NDP has an amendment on page 28. Madame Gélinas.

M^{me} France Gélinas: I move that section 28 of schedule 1 to the bill be amended by striking out clause (b) in the definition of “integration decision”.

The Chair (Mrs. Nina Tangri): Further debate?

M^{me} France Gélinas: Basically, the striking out of the definition part is in protection of small and rural hospitals against mega-mergers of hospitals.

1540

This is something that the hospitals that I represent, and the people in northeastern and northwestern Ontario as well as rural Ontario, are very afraid of. When we hear things such as there will be 50 integrated health delivery systems, we’re quick to do the math. There are over 150 hospital corporations operating on over 180 sites, many of them small hospitals in northern and rural Ontario. If we’re down to 50, there are going to be forced mergers. This is an effort to clarify that our small and rural hospitals will not be part of mega-mergers.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? We’ll move to the question. The NDP have moved section 28 of schedule 1 to the bill—the amendment on page 28.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

Any further debate on schedule 1, section 28?

M^{me} France Gélinas: Are we voting on section 28?

The Chair (Mrs. Nina Tangri): Madame Gélinas.

M^{me} France Gélinas: You have to try to put yourself in the shoes of people who live in northern and rural communities, where we depend on small and rural hospitals. Those small rural and northern hospitals—sure, they provide good, quality hospital care, but they are part of the economic engines of most small communities. If you take away the power of the hospitals to make decisions about their procurement, where they buy their food and where they clean their linen and all of this, you will have a direct impact on the financial viability of those small and northern communities that have northern hospitals.

This section 28 speaks to this. You can make sure that the bill does not facilitate the mergers of our small rural hospitals by voting this down.

The Chair (Mrs. Nina Tangri): Further debate? We’ll call the question. Shall schedule 1, section 28, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 28, carried.

Moving on to schedule 1, section 29: Madame Gélinas.

M^{me} France Gélinas: This is where we do the switch?

Interjections.

The Chair (Mrs. Nina Tangri): We will deal with section 29 first, and then we’ll come back to that. Madame Gélinas.

M^{me} France Gélinas: I move that subsection 29(1) of schedule 1 to the bill be struck out and the following substituted:

“Integrated care delivery system

“(1) The minister may, after holding in-person and online public consultations, designate an entity that is a not-for-profit entity or a broader public sector entity as an integrated care delivery system.

“Same

“(1.1) For greater certainty, an entity designated under subsection (1) shall not be a for-profit entity.

“Same

“(1.2) If the minister makes a designation under subsection (1), the minister shall ensure that,

“(a) at least one health service provider that provides Indigenous health services is designated as an integrated care delivery system; and

“(b) at least one health service provider that provides health services in French is designated as an integrated care delivery system.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Basically, the first part is to really open up the consultations process to the public, to make sure that the new entities that will be created—that people have a chance to shape them, have a chance to be heard. There are many, many good integrations that already happen. I could talk about what happened in Espanola, close to where I live, where it has been very successful. It has been successful because local people had a say.

Then, to make sure that the designation is for the broader public sector and for not-for-profit entities, and also to make sure that we have some enabling self-autonomy for francophones and for Indigenous communities by requiring that at least one Ontario health team is led by a francophone entity and at least—the same thing—by an Indigenous entity.

The Chair (Mrs. Nina Tangri): Further debate? Mrs. Fee.

Mrs. Amy Fee: I will be voting against this motion. To me, such an amendment would be unduly restrictive and

does not reflect the operational realities of Ontario's current health care system.

Again, I want to stress that our government has committed publicly to maintaining a strong public health care system.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: It is not sufficient to rise in the House and answer questions and say, "You will be using your OHIP card, not your credit card." If you are serious that you want the not-for-profit sector, then you have to say so in the bill. Remember that you will not always be there. What the Minister of Health said at the time, in 2019—sorry; nobody will remember in 2025, but this bill will still be there. If you are serious that you want our health care system to be delivered by not-for-profit, then you have to put it in the bill. It has to be there. Otherwise, the private sector will take over. You cannot say in the House that you support not-for-profit, and then when it's time to put it in the bill, to make it a reality, you vote it down. Then, your actions speak louder than your voice. Your actions are saying, "When I have an opportunity to make our health care system, the new integrated model, based on not-for-profit"—you are voting this down. So what are you really saying? That some of them will be for-profit. This is what you are saying by voting this down.

The Chair (Mrs. Nina Tangri): Further debate? Seeing none, we'll call the question. The NDP have moved that subsection—

Mrs. Robin Martin: Just on a point of order—

The Chair (Mrs. Nina Tangri): Mrs. Martin.

Mrs. Robin Martin: That was perilously close to, as many times what Madame Gélinas has said has been, if not, in fact, imputing false or unavowed motives to us. I ask the Chair to please ensure that the debate does not do that. I think Madame Gélinas was doing that in that answer.

The Chair (Mrs. Nina Tangri): I have cautioned the members already previously, so please be careful with the use of words and imputing motive. Thank you.

Mr. Sabawy.

Mr. Sheref Sabawy: I'm feeling that there is some misleading here about for-profit and not-for-profit in regard to this bill. The physicians who do actually take the patient and prescribe the medication are—he's not not-for-profit; he is for-profit. I think you are trying to put in some line there and give some impression to the public that it's going to be not-for-profit all the way; it can't be, because some of the services have to be delivered through professionals who get funded by the government but they are for-profit, because they have to get their living.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I'd like to say to the members opposite that it's about balance. I think the concern my colleague is raising in terms of that balance being more for-profit and that that's the risk inside that bill is a fair one to make.

The mechanisms we have to ensure that we get results from the private delivery of health care are not as well

developed as they should be, and I don't see them inside this bill. I think what the member is trying to do—I can understand what you're saying, by saying it's going to restrict the minister. The reality is, the protections that we have in place aren't enough, and unless we put these in place, we may end up somewhere where we don't want to be.

1550

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: We've never argued with you that physicians run their own business. Most of them are small business owners who work and make a profit, and this is how they get paid for the work that they do.

What we are saying is that you are creating, with Bill 74, an integrated care delivery system. Let's make sure that those integrated care delivery systems are run by not-for-profit entities.

The services that they offer—if primary care is included, then physician services are included and, I'm assuming, will continue to be small businesses, and the same thing with many other parts.

But you are creating the integrated care delivery system. Those 50 or so—that's the number that you have been using. You have a chance here to tell the public that those will be not-for-profit. Don't let an opportunity like this go by.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: Just further on that point: In this bill, when we look at integrated care delivery systems, the likelihood is that we're going to give power in those systems to the people who have the most power, because they're the most organized and they're the most well-funded. In some cases, that's a hospital, and in other cases, as it has been in long-term care, that could be a large company, like Revera or Chartwell or a private company. If you take a look at the outcomes in long-term care, we know that the outcomes in not-for-profit are better in terms of the things that we want. Inside this bill, there is not really a provision to ensure that we get those outcomes.

If you give more power to people who have power and access to more money and more resources, you can get out of balance. I think what the member is trying to do here is a very important point of principle.

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question. The NDP have moved subsection 29(1) of schedule 1 to the bill—the amendment on page 29.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost. And now we will return—

Interjection.

The Chair (Mrs. Nina Tangri): We'll complete the section. The NDP have moved an amendment: subsection 29(2) of schedule 1. Madame Gélinas?

M^{me} France Gélinas: When do we deal with this?

The Chair (Mrs. Nina Tangri): At the end of the section—

M^{me} France Gélinas: At the end of subsection 29?

The Chair (Mrs. Nina Tangri): Yes, we'll finish section 29 of schedule 1, and then we'll return to 21(1).

M^{me} France Gélinas: Okay. Thank you.

I move that subsection 29(2) of schedule 1 to the bill be amended by striking out “and” at the end of clause (a) and by adding the following clauses:

“(c) the person, entity or group of persons or entities is committed to ensuring that virtual care will not reduce or remove access to in-person care; and

“(d) the designation would not result in,

“(i) a reduction in health services, including French health services and Indigenous health services,

“(ii) a termination of employment or loss of positions,

“(iii) a conflict with rights under a collective agreement or an Ontario act that relates to employment,

“(iv) a public or not-for-profit health service provider ceasing to provide services that it provided before this section came into force,

“(v) a cut or closure of any hospital, including a small or rural hospital, or

“(vi) a transfer of a public or not-for-profit health service, or any part of that service, to a for-profit person or entity.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Basically, we go through a lot of what people who make deputations, people who have written, who have been selected to present, had to say.

One: A cut or closure of any hospital, including small and rural hospitals—you have to realize that last time the PC government was in power, they closed 28 hospitals. Now, they are talking about going from 140 hospital corporations to 30 integrated health teams. Those 30 integrated health teams will be in charge of hospital services. So, if you are a hospital in Smooth Rock Falls, Matheson, Iroquois Falls, Cochrane—and I can name you every community in northern Ontario except for the four big centres, and they are all very nervous that their community hospital won't exist anymore.

To put into law that you're not going to cut or close, that you're not going to have the minister cut or close any hospitals, including small and rural, will take a lot of tension away from what exists right now. The same thing vis-à-vis French-language services; the same thing vis-à-vis people who work within the system who want to make sure that the act that protects them right now, the labour law that protects them right now, will continue to be there. This is an opportunity to put into law what you've already said you had the intention to do.

The Chair (Mrs. Nina Tangri): Thank you. Further debate?

Ms. Effie J. Triantafilopoulos: I would recommend we vote against this motion because these proposed amendments are not required, as clause 29(2)(h) of schedule 1 to Bill 74 already includes a power for the Lieutenant Governor in Council to make regulations establishing conditions and requirements on the minister's designation of an integrated care delivery system.

The Chair (Mrs. Nina Tangri): Thank you. Further debate?

M^{me} France Gélinas: I'm not sure how what she just said relates to what we're talking about. Here, we're talking about making sure that we have virtual care. We're talking about saving our little hospitals. What does that have to do with this?

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question. The NDP has moved that subsection 29(2) of schedule 1 to the bill be amended, on page 30.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

The independent has moved an amendment: section 29 of schedule 1. Mr. Fraser.

Mr. John Fraser: I move that section 29 of schedule 1 to the bill be amended by adding the following subsection: “Compliance with the French Language Services Act

“(4) For greater certainty, every integrated care system shall comply with the requirements of the French Language Services Act.”

The Chair (Mrs. Nina Tangri): I'm just going to ask you to resay—you added a word and you missed a word. If you could deliver—

Mr. John Fraser: Oh, did I add a word? My gosh, that's terrible.

The Chair (Mrs. Nina Tangri): If you could please just restate. Thank you.

Mr. John Fraser: Okay. I'll read it again from—

M^{me} France Gélinas: Subsection (4).

Mr. John Fraser: “(4) For greater certainty, every integrated care delivery system shall comply with the requirements of the French Language Services Act.”

The Chair (Mrs. Nina Tangri): Thank you very much. Further debate?

Mr. John Fraser: This is pretty straightforward. I think we've gone around a few times on this one. I'd encourage the members opposite to consider putting this in the bill. I think it's an important reflection of what must happen. It's simple and it's also a very direct symbol to the community of the importance of the provision of French-language services in health care in Ontario.

The Chair (Mrs. Nina Tangri): Thank you. Further debate?

M^{me} France Gélinas: The French-language entities were here. The French-language commissioner was here. L'Assemblée de la francophonie de l'Ontario sent a written statement. They've all asked for the same thing: that the newly created entity be under the French Language Services Act. This comes from the francophone community, and it should be respected.

1600

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I was remiss in not saying that this amendment did directly come from the French Language Services Commissioner and the entities. It's a request of the community to put this in the bill, and I'd like the members opposite to consider that.

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question. The independent has moved that section 29 of schedule 1 to the bill be amended on page 31. All of those in favour of the amendment?

Mr. John Fraser: Recorded vote.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

We'll move to section 29 of schedule 1. Further debate?

M^{me} France Gélinas: Don't we do number 24?

The Chair (Mrs. Nina Tangri): We will return to that as soon as this section is complete.

Further debate?

I'll call the question. Shall schedule 1, section 29, be carried?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 29, carried.

Now we will return to section 21 of schedule 1, amendment 24.

M^{me} France Gélinas: I move that—

The Chair (Mrs. Nina Tangri): One moment, just to give everyone a chance to—the one we stood down earlier. Page 24: Madame Gélinas.

M^{me} France Gélinas: I move that subsections 21(1) to (3) of schedule 1 to the bill be struck out and the following substituted:

“Funding

“(1) The agency may provide funding to,

“(a) a health service provider in respect of health services that the provider provides; or

“(b) an integrated care delivery system referred to in subsection 29(1.2).

“Non-health services

“(2) The agency may provide funding to a health service provider, integrated care delivery system or other person or entity in respect of non-health services that support the provision of health care if the following conditions are met:

“1. The health service provider, integrated care delivery system or other person or entity is a not-for-profit provider, system, person or entity.

“2. The agency only provides funding to one integrated care delivery system in each geographic area.

“3. Any prescribed conditions.

“Terms and conditions

“(3) The funding that the agency provides under this section,

“(a) shall be provided in accordance with the principles of the Canada Health Act; and

“(b) shall not be used for virtual care that will have the effect of reducing or removing access to in-person care.”

The Chair (Mrs. Nina Tangri): Committee members, I am ruling this amendment out of order as it contains a reference to subsection 29(1.2), which does not exist in this bill. Madame Gélinas.

M^{me} France Gélinas: Remember when we first started—it seems like days ago, but it was this morning at 9—I mentioned that there had been some typos done because our very hard-working legal branch had not been able to spend the time that they wanted to spend on the bill? This is one of those. I'm sorry I didn't catch that sooner, the 29(1.2).

The Chair (Mrs. Nina Tangri): Because it was dealt with in amendment 24, subsection 29(1.2), and that was defeated, therefore it doesn't relate now. It was defeated, so therefore it can't be spoken to now.

M^{me} France Gélinas: The idea was that it should have read “an integrated care delivery system”—period—and not referred to a subsection. That was the part that we did not have time to correct in time to meet the deadlines.

The Chair (Mrs. Nina Tangri): Thank you, Madame Gélinas, for the comments.

As an order of the House—

Interjection.

The Chair (Mrs. Nina Tangri): Mrs. Martin, go ahead.

Mrs. Robin Martin: I was just going to say “the order of the House”—so I think you're going to say that.

The Chair (Mrs. Nina Tangri): Yes. In the order of the House, we will move on. Shall schedule 1, section 21, carry?

M^{me} France Gélinas: You still ruled it out of order although there was a typo that could not be avoided because the timelines were too short.

The Chair (Mrs. Nina Tangri): Yes, because the time has ended for those changes to be submitted.

M^{me} France Gélinas: So there is no leeway that will be given to everybody in legal services who worked really, really hard to try to meet those impossible deadlines and made a few typos?

The Chair (Mrs. Nina Tangri): Pursuant to the order of the House on March 27, the deadline for filings has passed, and therefore no changes can be made at this point.

M^{me} France Gélinas: Can I ask for unanimous consent? Everything can be done with unanimous consent.

The Chair (Mrs. Nina Tangri): It was the order of the House; the committee cannot seek unanimous consent to make that change.

We'll move forward: schedule 1, section 21. I'll propose the question. Shall schedule 1, section 21, carry? All those in favour?

Madame Gélinas?

M^{me} France Gélinas: I had comments to make on section 29, but you didn't recognize me.

Interjection.

The Chair (Mrs. Nina Tangri): We'll allow further debate on schedule 1, section 21. Madame Gélinas?

M^{me} France Gélinas: Okay. When we look at section 21, this is an opportunity to look at non-health service providers. You will all remember that we had those really nice people who came and talked to us about delivering Meals on Wheels. When they were there, I asked them, "Do you sell frozen meals?" They said yes. The frozen meals that they sell are provided by a for-profit entity. They buy it from them and they deliver it to people who need Meals on Wheels.

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But they made it clear that all of the value added of having the volunteers deliver, of having volunteers preparing meals, of them being part of their community, had a multiplying effect on the health of their community. All of this is at risk, because once you pass section 21, then the provisions that were there—that it had to be a not-for-profit agency—will be gone.

Once the protection that it had to be a not-for-profit agency is gone, the for-profit—and I'll give the example—that prepares the frozen meals that Meals on Wheels delivers—there's a good chance that many Meals on Wheels programs throughout Ontario will be lost.

Voting against section 21 is to make sure that we continue with the not-for-profit protections that used to be there and that will no longer be there once you pass this.

The Chair (Mrs. Nina Tangri): Further debate? We'll pose the question. Shall schedule 1, section 21, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 21, carried.

Moving on to schedule 1, section 30: An independent has moved section 30 of schedule 1. Mr. Fraser?

Mr. John Fraser: I move that section 30 of schedule 1 to the bill be amended by adding "and must do so in a way that complies with the requirements of the French Language Services Act" at the end.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: Again—

The Chair (Mrs. Nina Tangri): One moment. I'd just like to clarify that we are on page 32. Go ahead, Mr. Fraser.

Mr. John Fraser: Very simply, it's an important amendment to the bill that recognizes the importance of ensuring that French-language services are protected and delivered. I would encourage my colleagues to support the amendment.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas?

M^{me} France Gélinas: At some point, you will have to make a further commitment in this bill to the French Language Services Act. Putting it in a preamble does not cut it. It has to be in the act.

The Chair (Mrs. Nina Tangri): Further debate? Seeing none, we'll pose the question. An independent has moved that section 30 of schedule 1 to the bill be amended—page 32.

Mr. John Fraser: Recorded vote.

Ayes

Armstrong, Fraser, Gélinas.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

Moving on to section 30 of schedule 1, page 33: The NDP have an amendment.

M^{me} France Gélinas: I move that section 30 of schedule 1 to the bill be amended by adding the following subsection:

"French Language Services Act

"(2) The agency and each health service provider and integrated care delivery system shall respect the requirements of the French Language Services Act when identifying opportunities to integrate."

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: We make it clear that there will be opportunities to integrate. The agency, the integrated care delivery systems, they can all go on their merry way and do integration. All we ask is that they shall respect the requirements of the French Language Services Act.

It is not sufficient to have it in a work plan, to have it in a framework, to have it in a preamble. You have to have it in the bill. This comes directly from the French Language Services Commissioner as well as les entités as well as l'AFO, l'association francophone de l'Ontario.

The Chair (Mrs. Nina Tangri): Further debate? Seeing none, the NDP have moved that section 30 of schedule 1 to the bill be amended—page 33.

Ayes

Armstrong, Fraser, Gélinas.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

Further debate on schedule 1, section 30? The NDP has filed a notice. Is there any further discussion? Madame Gélinas.

M^{me} France Gélinas: When you go to vote on section 30, you have to be conscious that you will enable integration powers that will cause problems at the local level. Try to think of this bill 10 years from now; think of this because this is the average length of a bill. We never go back and rework them. It's not an ongoing process to put a bill forward. Once those forced integrations of power are there, they will be used. They will be used against communities. Communities will rebel, community care will suffer, and quality of care will suffer.

There is a chance to vote against section 30 and I encourage you to do that.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I just want to concur with France and say that the powers that are there are going to have an impact on communities that we're not going to know right now. There's not a check on that power. There's not a venue or an opportunity for communities to have a say in the care that's their care; that they own, that was bought with their money; that serves their neighbourhoods, their neighbours, their moms and dads, their kids, themselves. It's really important that we all consider that when we're voting on this section and as we go through the bill.

The Chair (Mrs. Nina Tangri): Further debate? I'll pose the question. Shall schedule 1, section 30, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 30, carried.

We'll move to schedule 1, section 30.1. The NDP has a new section. Madame Gélinas?

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

“Transfer of information

“30.1 In the event of an integration, a health service provider or integrated care delivery system,

“(a) shall ensure that the records of personal information or personal health information that it has in its custody or under its control are transferred in a secure manner and in accordance with any prescribed requirements; and

“(b) may transfer records of personal information or personal health information about an individual to another person or entity if the health service provider or integrated care delivery system makes reasonable efforts to give notice to the individual before transferring the records or, if that is not reasonably possible, as soon as possible after transferring the records.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: If you read the brief that came from the Information and Privacy Commissioner, an officer of the Legislature—remember those 19,000 briefs that we got? His was one of those. This is an amendment that comes directly from his written submission. The public in Ontario have great respect for the Information and Privacy Commissioner. We have had a number of sad occasions where there has been a breach of personal health information in Ontario, and the Information and Privacy Commissioner has been at the forefront to reassure people that we learn from our mistakes and that we put in place the learnings of our mistakes so that we protect the personal health information.

If people lose confidence that the personal information they share with their physicians, with their nurse, with their caregiver—that there's a chance that that personal information will find its way to not be protected, then it changes the health care system for the worse. They are not going to share with their provider things that the provider should know if they lose confidence.

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This comes from an officer of the Legislature. It comes from mistakes that have been done in the past. This is the way to ensure that those mistakes are not repeated.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? Mrs. Martin.

Mrs. Robin Martin: I believe we already addressed this in an earlier proposed amendment, but we would recommend voting against it. The amendment is not required to achieve the intended objective, as we had discussed earlier, with respect to regulation 460. Various requirements already govern the secure maintenance and transfer of personal health information, as set out in FIPPA and PHIPA.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? Mr. Fraser.

Mr. John Fraser: Just to restate France's point, this is something that has come recommended to us by an officer of the Legislature whose responsibility is to safeguard this. I've been on the other end, with people saying to myself and my colleagues that we need to listen to officers of the Legislature. I've heard that repeatedly over the last three or four years on a number of issues, from that side. I'm encouraging you, with all due respect, to walk the talk.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: FIPPA and PHIPA were written way before we gave the minister those tremendous powers of integration in Bill 74. The Information and Privacy Commissioner is telling us that we need to add this protection of personal health information in the bill. If there's someone who knows FIPPA and PHIPA inside and out, it is the Information and Privacy Commissioner. If he feels that this is required in order to protect health privacy, then I say let's err on the side of caution, let's be too cautious rather than not enough and not trust that pieces of legislation that were drafted decades ago knew that the minister was going to gain all of those integration powers in Bill 74. They did not. The Integrity Commissioner did his work, reviewed FIPPA, reviewed PHIPA and made recommendations that we should follow.

The Chair (Mrs. Nina Tangri): Further debate? I'll pose the question. The NDP has moved new section 30.1 of schedule 1. All those in favour of the amendment?

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

Moving on to schedule 1, section 31, we are now on page 35. The NDP have an amendment. Madame Gélinas.

M^{me} France Gélinas: I move that section 31 of schedule 1 to the bill be amended by adding the following subsection:

“Restrictions

“(2) Despite subsection (1), the agency shall not make an integration under subsection (1) if it would result in,

“(a) a reduction in health services, including French health services and Indigenous health services;

“(b) a termination of employment or loss of positions;

“(c) a conflict with rights under a collective agreement or an Ontario act that relates to employment;

“(d) a public or not-for-profit health service provider ceasing to provide services that it provided before this section came into force;

“(e) a cut or closure of any hospital, including a small or rural hospital; or

“(f) a transfer of a public or not-for-profit health service, or any part of that service, to a for-profit person or entity.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: This is really to set the stage as to what those integrated systems will look like. There is a way to move forward with integration. I can name you many integrations that have taken place in and around northern Ontario that are very successful, that have improved access to care, improved wraparound, improved response and decreased wait times. They did that by respecting those six points: respecting the French language and Indigenous; making sure that there is no loss of positions; making sure that they respected collective agreements and labour law; making sure that it continued to be not-for-profit; making sure that small, rural hospitals—and I would add to this small, northern hospitals—continue to be the thriving economic engines of their region; and making sure that they did not transfer not-for-profit toward for-profit. Those are basic tenets that will ensure that the integration will reach the end goal that the government wants to achieve: a more integrated system that wraps around the person, that decreases wait times and that gives us better-quality care. Those are important and should be included.

The Chair (Mrs. Nina Tangri): Further debate? The NDP have moved that section 31 of schedule 1 to the bill be amended—page 35.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The NDP have served notice: section 31 of schedule 1. Madame Gélinas.

M^{me} France Gélinas: Section 31 is basically, again—if you pass section 31, the powers of integration have an opportunity to do a whole lot more damage than good: damage to small rural hospitals, which will be forced to merge, and damage to Catholic hospitals and Catholic long-term-care homes.

They have also submitted written documents that show—if you just look at the Sisters of St. Joseph, who were here not long ago—they have been in our communities for hundreds of years. They have brought forward quality of care. They have brought forward services where there were no services. They have served the disadvantaged and the poor when nobody else would step in. If you pass section 31, all of this is at risk.

The Catholic health organizations have asked for protection. The small and rural hospitals have asked for

protection—many others. If you pass section 31, then you forgo this opportunity to protect them. They've come to us. They have written to us. They have spoken loudly. I think we should respect that.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I just want to add to France's point. There are a large number of not-for-profit and religious organizations that have delivered and actually built health care in Ontario. We can list them off. I know the Grey Nuns; I know the Sisters of Charity. We have people who came to this province and came to communities and started health care organizations that are incredible today, and they started it from nothing. When those people come to you and say, "I think that you need to give us some protection," I think we need to listen to them. I think we owe a debt to those people who have built health care to listen to them and to acknowledge their request. So I'd encourage the members opposite to vote down this section of the bill.

The Chair (Mrs. Nina Tangri): Further debate? Seeing none, I'll call the question. Shall schedule 1, section 31, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 31, carried.

Moving on to schedule 1, section 32—I ask for just one moment.

Interjections.

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The Chair (Mrs. Nina Tangri): Committee members, for the purpose of orderliness, we will consider amendments 37 and 38 before 36. Agreed? Thank you.

Amendment 37, government: Mrs. Martin.

Mrs. Robin Martin: I move that section 32 of schedule 1 to the bill be struck out and the following substituted:

"Facilitation decision

"32. The agency shall issue a facilitation decision when,

"(a) the agency facilitates or negotiates,

"(i) the integration of persons or entities where at least one of the persons or entities is a health service provider or an integrated care delivery system, or

"(ii) the integration of services between health service providers or integrated care delivery systems or between a health service provider or integrated care delivery system and a person or entity that is neither a health service provider nor an integrated care delivery system but which supports the provision of health care; and

"(b) the parties reach an agreement with respect to the integration."

The Chair (Mrs. Nina Tangri): Further debate? Mrs. Martin.

Mrs. Robin Martin: The amendment corrects a drafting error in section 32. It would provide that, in the case of both types of facilitated integrations that are described, the agency would be required to issue a facilitation decision after the parties to the integration had reached an agreement.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: There is also part of a clause where the agency can basically withdraw the funding of any one of the partners. This, to me, is extremely problematic because any agency but especially a not-for-profit agency who feels the threat of losing their funding may very well agree to integration that is not in the best interests of the population they serve.

The Chair (Mrs. Nina Tangri): Further debate? The government has moved that section 32 of schedule 1 to the bill be amended—page 37.

Would you like a recorded vote?

M^{me} France Gélinas: Sure.

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare the amendment carried.

Moving to section 32 of schedule 1, on page 38: Madame Gélinas.

M^{me} France Gélinas: I move that section 32 of schedule 1 to the bill be amended by adding the following subsections:

"Condition

"(2) At least one month before issuing a facilitation decision, the agency and any affected parties must demonstrate the integration is necessary to improve the Ontario health system and the agency shall publish a report with this information on its website and provide for public consultations about the report.

"Restrictions

"(3) Despite subsection (1), the agency shall not make a facilitation decision under subsection (1) if it would result in,

"(a) a reduction in health services, including French health services and Indigenous health services;

"(b) a termination of employment or loss of positions;

"(c) a conflict with rights under a collective agreement or an Ontario act that relates to employment;

"(d) a public or not-for-profit health service provider ceasing to provide services that it provided before this section came into force;

“(e) a cut or closure of any hospital, including a small or rural hospital; or

“(f) a transfer of a public or not-for-profit health service, or any part of that service, to a for-profit person or entity.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Basically, all that this section would do is that the agency would have to post a report to the public before it is done, and then apply the core principles to prevent further privatization and to prevent mega-mergers, mainly of our hospital sector. There is nowhere in the bill where there is mandatory posting and mandatory reporting to the public, so what this amendment does is, it will ensure that at some point in the process the integration will be posted and people will have a say.

The Chair (Mrs. Nina Tangri): Further debate? Seeing none, we’ll pose the question. The NDP have moved section 32 of schedule 1 to the bill be amended—page 38.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

We’ll now return to page 36. The NDP have an amendment to section 32 of schedule 1. Madame Gélinas.

M^{me} France Gélinas: I move that section 32 of schedule 1 to the bill be amended by adding “Subject to subsection (2)” before “The agency shall issue” in the portion before clause (a).

The Chair (Mrs. Nina Tangri): I’m going to rule this amendment out of order, as subsection (2) does not appear in the bill.

The NDP has filed notice. Go ahead.

M^{me} France Gélinas: Here we are at section 32. Basically, you have to look at what the integration powers will look like and what it will do to small and rural communities and what it will do once we start to go from the 48 small, rural hospitals, all forced to merge into one of the 50 integrated care delivery systems, and communities start to lose the economic benefit, on top of the health benefit, of having a small hospital in their community. Once those small hospitals are forced to merge with bigger hospitals, the supply chain will be coming from the bigger hospitals. All of the economic impacts of buying the food, cleaning the linen, having a security system, having security staff, having maintenance staff and having cleaning staff that all come from the community—once they are merged with the big hospital, it will all be the big supply chains that will come in, and it will be a blow to all of our small and rural hospitals.

Mrs. Robin Martin: On a point of order, Chair.

The Chair (Mrs. Nina Tangri): I have a point of order. Mrs. Martin?

Mrs. Robin Martin: Again, Madame Gélinas is imputing false or unavowed motives. We haven’t said any of that. This is happening again, so I would just say let’s address what’s in front of us.

The Chair (Mrs. Nina Tangri): I’ll return to further debate, and I’ll move to Mr. Fraser. I do caution once again: Please do not impute motive.

M^{me} France Gélinas: I was not done.

Mr. John Fraser: Okay, then, please—

The Chair (Mrs. Nina Tangri): Continue, Madame Gélinas.

M^{me} France Gélinas: Section 32 allows for the merger of small, rural hospitals. The point that I’m making is that if small, rural hospitals are merged with bigger hospitals, what will happen? We have seen this before. Remember the last time the Conservatives were in power, they closed 28 hospitals. We’ve seen this movie before. We already know how it ends. So I’m just cautioning that voting against section 32 would protect us from having to view this movie again.

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The Chair (Mrs. Nina Tangri): Mr. Fraser.

Mr. John Fraser: Very quickly, in defence of France, I don’t think she was imputing any motive. There are risks, and pointing out those risks that exist because of the framework that you put around the way decisions are made—that’s one of the consequences. Small and rural hospitals are an economic driver in a community, and that’s a risk that happens when you give the kind of power that you’re giving to a very small number of people, who aren’t from that community, who don’t live in that community, who may not even know where that community is. I think what France had to say was very direct and pointed out those risks. If you want to vote for it, you can vote for it. But I don’t think she was ascribing anything to you that was untoward.

The Chair (Mrs. Nina Tangri): Further debate? I’ll pose the question.

Shall schedule 1, section 32, as amended, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 32, carried.

Moving on to schedule 1, section 33: Mr. Fraser.

Mr. John Fraser: I move that subsection 32(2) of schedule 1 to the bill be amended by adding the following clause:

“(c.1) issue an order under subsection (1) that would reduce the provision of health care services in French;”

The Chair (Mrs. Nina Tangri): If I could just ask you to please say the first part—

Mr. John Fraser: Can I do it again?

The Chair (Mrs. Nina Tangri): You actually said subsection 32 instead of 33.

Mr. John Fraser: Sorry.

The Chair (Mrs. Nina Tangri): Just please resay that. Thank you.

Mr. John Fraser: We’re hitting that magic time of day for me.

I move that subsection 33(2) of schedule 1 to the bill be amended by adding the following clause:

“(c.1) issue an order under subsection (1) that would reduce the provision of health care services in French;”

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I don’t want to restate all the arguments that I have made about strengthening the protection for the provision of French-language health services. What I know is that it’s something that’s very important to the community. I feel very strongly that it should be there. More importantly, the communities feel very strongly that it should be there.

When I’ve had some discussion with my colleagues over here, even with the LHSIA bill, there were opportunities that we missed to protect francophone services and francophones in this community.

I would encourage all members of the committee to consider this and to support this amendment.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: We’ll be supporting this amendment.

The Chair (Mrs. Nina Tangri): Further debate? We’ll move to the question.

Mr. John Fraser: Recorded vote.

The Chair (Mrs. Nina Tangri): Recorded vote. The independent has moved that subsection 33(2) of schedule 1 to the bill be amended—page 39.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

Moving on to subsection 33(2) of schedule 1, page 40: Madame Gélinas.

M^{me} France Gélinas: I move that subsection 33(2) of schedule 1 to the bill be amended by adding the following clauses:

“(c.1) issue an order under subsection (1) to a health service provider or integrated care delivery system that would have the effect of reducing the availability of French health services or would otherwise adversely affect Ontario’s francophone community;

“(c.2) issue an order under subsection (1) if that order would result in a public or not-for-profit health service provider ceasing to provide services that it provided before this section came into force;

“(c.3) issue an order under subsection (1) if that order would result in a conflict with rights under a collective agreement or an Ontario act that relates to employment;

“(c.4) issue an order under subsection (1) to a health service provider or integrated care delivery system that carries on operations on a public or not-for-profit basis if the order would transfer or merge some or any of the provider’s or system’s operations to one or more persons or entities that carry on operations on a for-profit basis;

“(c.5) issue an order under subsection (1) to a health service provider or integrated care delivery system if that order would result in a reduction in health services and Indigenous health services;

“(c.6) issue an order under subsection (1) to a health service provider or integrated care delivery system if that order would result in a termination of employment or loss of positions;

“(c.7) issue an order under subsection (1) to a health service provider or integrated care delivery system if that order would result in a cut to or closure of any hospital including a small or rural hospital;”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Basically, as we go through subsection 33, we want to make it clear that there needs to be enhanced transparency. There needs to be public consultation. There needs to be a respect of labour rights.

We have to be able to protect the francophone community, to protect the not-for-profit sector, to protect the existing labour laws and collective agreements, to make sure that we don’t end up with a reduction in health services to our Indigenous population, as well as we don’t end up closing small and rural hospitals.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Mamakwa.

Mr. Sol Mamakwa: As you know, I’m from north-western Ontario. I know that when we talk about integration, it’s beyond that for the communities I represent. Again, I represent 27 First Nations that are fly-in. The provision of health care services is mostly federal. I know that our people get caught in the jurisdictional black hole of health services because of who we are and where we are.

We have two small hospitals in our riding, in Sioux Lookout and Red Lake. Also, in northern Ontario, we have 28 airports, which act as lifelines for our communities in order to access service. In 2015, there were 2,750 medevacs in those 28 communities. That’s about eight per day, at a cost of about \$12,000 to \$15,000 per medevac. It’s a sickness system.

When we talk about integration, and when we talk about integration in a provincial sense, integration is more than that for First Nation communities, because it creates more of that jurisdictional barrier. Since being here, that's one of the things I always get in response: "That's a federal responsibility." I've asked many times for this government to respond to on-reserve services—example: physician services. In my home community, we get five days of physician services per month. That's 60 days per year. Out of those five days, two of those are travel days, which leaves three days per month. That's what health care looks like.

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That's what I mean. I've learned over the years that health is a very complex system. We heard from the Nishnawbe Aski Nation that they have a plan, and you have got to respect that plan because they are ready to transform the health care system between the two responsibilities, federal and provincial. The cost of complacency, of doing nothing, will be at the cost of people's lives.

In January 2017, I had this one community that lost two 12-year-old girls in a two-day span. That community was in a struggle for months. Do you know where we sent those youth? All over the country—BC, Edmonton, Saskatchewan, Manitoba, Ottawa—because there are no services near the communities. Thunder Bay couldn't even handle that.

So when we talk about health care, you guys are voting all these issues down. You guys are like, I don't know, machines when you're voting. It doesn't mean anything. For me—

Mrs. Robin Martin: Point of order.

The Chair (Mrs. Nina Tangri): Point of order, Mrs. Martin.

Mrs. Robin Martin: Again, you're making allegations against us. We're not like machines. We're listening to you and we're reading everything—

Mr. Sol Mamakwa: No, no. I'm not talking about—

The Chair (Mrs. Nina Tangri): Mr. Mamakwa, please be careful with your use of words. Continue.

Mr. Sol Mamakwa: Anyway, that's the system that we live under. Coming here as a First Nations person, the systems that are in place are colonial systems. The systems that are there right now are designed to take away the rights of our people. The system that she just—what she just said there, that's the exact system I meant. We are colonized people, and we deserve to be treated equally. We deserve to be treated as human beings. I just wanted to share those comments. Sometimes, it's beyond that. All I'm saying is that integration, for us, is very different. It's beyond that. It's the federal and the provincial systems. Thank you for listening.

The Chair (Mrs. Nina Tangri): Thank you. Mr. Fraser?

Mr. John Fraser: I just wanted to follow up with what Sol said. Not to put words in Sol's mouth, but coming here and being on committee and coming from a different place—I've been on the other side. What you experience on the other side is that there's a lot of research, right?

People give you a lot of information. You've got to defend your position. I think what he's saying is, "I'm not hearing the response that you're hearing me. You may vote against me, but you're not asking me a question. I'm not hearing your concern about this."

I don't think he intended to insult you. I think he was just stating the reality of what he sees in front of him. I respect that. I've been on the other side. I know what it's like. I think just a response and an acknowledgement of how difficult it is for some of those communities might go a long way. Thank you, Chair.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: In subsection 29, subsection 31, subsection 32 and subsection 33, we ask you to put in the bill that there would not be a reduction in Indigenous health services. Those words are meaningful. If those words were to be in the bill, it would be meaningful to many, many Ontarians, like MPP Mamakwa just shared. Every time you vote those down, you vote down the hopes of the francophone community, of the Indigenous community, of the small and rural hospital community, and the list goes on.

The Chair (Mrs. Nina Tangri): Further debate? We'll move to the question. The NDP have moved subsection 33(2) of schedule 1 to the bill—amendment 40.

Ayes

Armstrong, Gélinas, Fraser, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

Moving on to amendment 41: The government has moved—who would like to speak? Mrs. Karahalios.

Mrs. Belinda Karahalios: I move that clauses 33(3)(d) and (e) of schedule 1 to the bill be amended by striking out "paragraph 5, 6, 7 or 8" wherever it appears and substituting in each case "paragraph 5, 6 or 8".

The Chair (Mrs. Nina Tangri): I'm going to ask you to just resay the sentence. In "(2)," you said "(3)." Please just—sorry.

Mrs. Belinda Karahalios: Thank you. I move that clauses 33(3)(d) and (e) of schedule 1 to the bill be amended by striking out "paragraph 5, 6, 7 or 8" wherever—

Interjection.

Mrs. Belinda Karahalios: Did I do something wrong?

The Chair (Mrs. Nina Tangri): You said the same thing.

Mrs. Belinda Karahalios: I said the same thing?

Interjections.

Mrs. Belinda Karahalios: Thank you, Madam Chair. My apologies. I move that clauses 33(2)(d) and (e) of

schedule 1 to the bill be amended by striking out “paragraph 5, 6, 7 or 8” wherever it appears and substituting in each case “paragraph 5, 6 or 8”.

The Chair (Mrs. Nina Tangri): Thank you. Further debate?

Mrs. Belinda Karahalios: Simply, this amendment corrects a drafting error.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: I don’t consider adding municipally operated long-term-care homes a drafting error. Right now, the overwhelming integration power of the minister does not allow her powers to integrate municipal long-term-care homes. With this amendment, the minister will now have power over municipally run long-term-care homes. I think the municipality should have a thing to say about this. I don’t consider this a drafting error, and I don’t support this.

The Chair (Mrs. Nina Tangri): Further debate? We’ll pose the question. Would you like a recorded vote?

M^{me} France Gélinas: Yes.

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare the amendment carried.

Moving on: The independent has a motion. Mr. Fraser.

Mr. John Fraser: I move that subsections 33(3), (4) and (5) of schedule 1 to the bill be amended by striking out “30 days” wherever it appears and substituting in each case “90 days”.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: It’s pretty straightforward. A minimum of 30 days is not enough time. Again, I’m going to go back to—let’s think about this when we’re not here. We’re giving a lot of power to one person and to a board. And 30 days—not even enough time to go to a judicial review.

As I said earlier, when we first started talking about this bill, we have to make sure that there’s a check on this power, because there’s an imbalance here. I don’t think that the people who sent us here would expect not to have a say in decisions like this, in decisions that affect their lives, and in decisions that, quite frankly, are about that community service, that hospital, that hospice, that long-term-care home that’s theirs, that they’ve built, that they own, essentially. It’s not ours. It’s not the minister’s. It’s not the government of Ontario’s. Those health services in all those communities belong to those communities.

1700

I think that having a minimum of 30 days’ notice is not enough. I think 90 days is reasonable, considering the kind of changes that are possible under this bill, and I would encourage all the members here today to support the amendment.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: To ask people to give meaningful input with 30 days’ notice when you could talk about a system that is large and complex—to give people a little bit more time I don’t think is unreasonable.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: A bill of this magnitude is going at warp speed, when you compare it to any other health care restructuring legislation in this province. We’re doing this in weeks. This is a fundamental change that’s going to affect every community we represent, and we need to ensure that we protect those communities by giving them enough time. It’s going to be hard enough, with that time, to speak out against changes or to ask for a review of those changes with respect to the legislation and the other obligations that the government, the minister and the agency will have through law in Ontario.

The Chair (Mrs. Nina Tangri): Further debate? I’ll call the question.

Mr. John Fraser: Recorded vote.

The Chair (Mrs. Nina Tangri): Recorded vote. Amendment 42: The independent has moved that subsections 33(3), (4) and (5) of schedule 1 to the bill be amended.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

Moving on to NDP amendment 43: Go ahead, Madame Gélinas.

M^{me} France Gélinas: I move that subsection 33(3) of schedule 1 to the bill be amended by striking out “and” at the end of clause (b) and by adding the following clauses:

“(d) conduct public consultations, including in-person consultations; and

“(e) report on such public consultations on a website.”

The Chair (Mrs. Nina Tangri): Further debate?

M^{me} France Gélinas: Basically, we are now looking at the part of the bill where we’re not dealing with willing partners anymore. The community has tried to find a way to do integration; it doesn’t work, and we now have the minister issuing integration orders to unwilling partners.

The least we could do is to make sure that there are public consultations and that the results are reported on a website.

The Chair (Mrs. Nina Tangri): Further debate? We'll move to the question.

The NDP has moved amendment number 43: that subsection 33(3) of schedule 1 to the bill be amended.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The NDP has an amendment, amendment number 43. Madame Gélinas.

Interjections.

The Chair (Mrs. Nina Tangri): Sorry; 44.

M^{me} France Gélinas: I move that subsections 33(4) to (6) of schedule 1 to the bill be struck out and the following substituted:

“Submissions

“(4) Any person may make written submissions about the proposed order to the minister no later than 60 days after the minister publishes the proposed order on a website.

“Issuing a decision

“(5) If at least 60 days have passed since the minister gave the notice required under subsection (3) and after the minister has considered any written submissions made under subsection (4), the minister may issue an integration order under subsection (1), and subsection (4) does not apply to the issuance of the order.

“Variance

“(6) An integration order mentioned in subsection (5) may be different from the proposed order that was the subject of the notice mentioned in subsection (3), but if the order is different, the minister shall provide notice of the new order in accordance with subsection (3).”

The Chair (Mrs. Nina Tangri): Further debate?

M^{me} France Gélinas: Basically, what this does is that it requires the minister to, first of all, post the integration order and consult on it. If the minister decides to change the integration order, then the changed integration order should also be made public, with the public having an opportunity to give feedback to the—new and improved, I suppose—changed integration order.

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question. The NDP has moved amendment 44, that subsections 33(4) to (6) of schedule 1 to the bill be amended.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The independent has moved an amendment: section 33 of schedule 1. Mr. Fraser.

Mr. John Fraser: This is a long one, so I'll try not to make too many mistakes.

I move that section 33 of schedule 1 to the bill be amended by adding the following subsections:

“Appeal

“(7) Any affected person may appeal the decision to issue an integration order under subsection (5) to the Health Services Appeal and Review Board by providing notice of the appeal to the board and the minister within 30 days after the day the order was issued.

“Stay of decision

“(8) An appeal of an integration order stays the order until the appeal is disposed of.

“Parties

“(9) The affected person and the minister are the parties to the appeal.

“Powers on appeal

“(10) After considering the submissions from the parties and conducting a hearing, the Health Services Appeal and Review Board may confirm or rescind the minister's integration order.

“Written reasons

“(11) The Health Services Appeal and Review Board shall provide written reasons for its decision.”

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: This speaks, again, to making sure that we have some check and balance on the power that's being provided for in this bill. Right now, there's no mechanism for appeal. The minimum 30 days' notice gives little time for even things like a judicial review.

Again, I'm going to go back to this: If the members opposite aren't satisfied with this as a resolution or a way of making sure that we know that our communities will be heard, then I'd like them to suggest something else. Because right now, there is nothing in there.

I'd encourage you to support this. And if in fact you're not going to support it, what I would really encourage you to do is to find an effective way of ensuring that we protect our communities inside this bill.

1710

The Chair (Mrs. Nina Tangri): Further debate? Ms. Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: I'm recommending that we vote against this motion. The Health Services Appeal and Review Board is an administrative tribunal and, as such, is not designed to hear issues of public policy and health system design. Any person seeking to appeal an integration decision could bring an application for judicial review to the Superior Court.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: I think we are in the section about required integration. The community didn't agree. There is no willing partner. We now are at the required integration and the minister issued an order. What you're saying is that there will be no appeal; there will be no public process; there will be no opportunity for people to have a voice. This section needs to be bolstered up so that you have a pathway to give people a say, a pathway for people to be heard. This is what we have been trying to do. If you're not satisfied with the Health Services Appeal and Review Board, then put another agency in charge of the appeal. But to ask residents of Ontario to go to the Superior Court I think is out of the means of most Ontarians.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I'm just going to go back to the Montfort Hospital. If in fact there had been this kind of provision that you had, if this was in a bill at that time, the Montfort Hospital would not be there right now. It wouldn't be there; it would not exist. The beacon for French-language services in this province would not be there. They had time. They ended up going to court, spending thousands and thousands and thousands of dollars. They put 10,000 people in an arena. They fought tooth and nail. Number one, they shouldn't have had to do that. The people should have an ability to appeal. It can't even be done through us.

You're taking your power, the power that's vested in you as a member to speak for your community, and you're giving it away, and there's nothing in this bill that protects the community. You can say, "You can send it to a judicial review." That's not good enough.

If you went back to your communities and told them today—if they knew, if you talked to people who cared about health care in your community and said, "You know what? The minister can say to you 30 days from now that your hospital is going to close down or you must merge with this larger hospital, and the only way that you can stop that is by rushing to court"—that's what a judicial review is. If there's another appeal mechanism, I wish somebody would enlighten me from the other side. I can't find one. It's not there.

The Chair (Mrs. Nina Tangri): Further debate? Ms. Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: Madam Chair, I'd also like to bring to the member's attention section 33(4), where it states that, "Any person may make written submissions about the proposed order to the minister no later than 30 days after the minister publishes the proposed order on a website."

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: I'm guessing for the 19,000 people who did a written submission to this committee, I don't think they feel that they have been heard. If all there is is, "Your hospital is about to close," and you get 19,000 submissions of people who say, "No, I don't want it to,"

and you treat them the same way that you're treating the 19,000 people who wanted to have their say on this bill, it doesn't stand for too much, does it?

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I know that you care about health care in your communities, and I know that you know that your communities own that health care. It's theirs. It's not ours. It's not the government's. It's not the minister's.

What I'm urging you to do is to make sure that the protections that should be in this bill are in this bill. Making a written submission to a minister is not a protection. That's allowing people to express their views. What you have to do is provide a mechanism for objective review, or at least enough time for people to be able to launch an appeal that has substance.

I'd just like for you to put something in that bill for all of us, for all of our communities. I would encourage you, if you're going to vote this down, to do something before we vote on this section.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas?

M^{me} France Gélinas: No, it's okay.

The Chair (Mrs. Nina Tangri): Further debate? We'll call the question. The independent has moved amendment 45 to section 33 of schedule 1 to the bill—

Mr. John Fraser: Recorded vote.

The Chair (Mrs. Nina Tangri): Recorded vote.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The NDP have filed notice on section 33 of schedule 1. Further debate? Madame Gélinas.

M^{me} France Gélinas: We're all on page 16. We're all at section 33. We all look at the required integration. This is the section you're about to vote on.

This is the part of the bill where there is no willing partner. The communities do not agree as to what the integration should look like. The health care providers do not agree what the health care will look like. The minister will put on a website—the minister's orders will be there for 30 days. Whether one person or 14 million people write in within the 30 days, nobody will know. And what you are telling them is, "If you don't like it, sue me." Is this really the message you want out? Because this is what section 33 tells us.

The Chair (Mrs. Nina Tangri): Further debate? We'll pose the question. Shall schedule 1, section 33, as amended, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 33, carried.

Moving on to schedule 1, section 34, amendment 46, NDP: Madame Gélinas.

M^{me} France Gélinas: I move that section 34 of schedule 1 to the bill be amended by adding the following subsection:

“Restriction

“(3.1) On issuing an integration decision, the agency or the minister, as the case may be, shall create a human resources plan that describes any effect of the decision on human resources and shall provide the plan to any staff that would be affected and their bargaining agents.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas?

M^{me} France Gélinas: I think we all know that health care happens between people. Health care is not a widget. It is not a place. It is not a time. It is a relationship between two people. If you want quality care, you have to respect that relationship. If the people providing this care are to be affected by an integration decision, then the least you can do is to let them know what the human resources plan is.

If they are unionized, then you also talk to their bargaining agent. But there are many that are not unionized and that will still have the same questions about the submission. The minister is to notify the health system provider or integrated care delivery, but there is never an obligation in the bill to actually talk to the people who provide the care and would be affected.

1720

This is what we are doing with this amendment, to make sure that the same courtesy—that is, the minister has to notify the health service provider. The minister or the agency will also have to have a health human resources plan and notify the human resources that are affected.

The Chair (Mrs. Nina Tangri): Further debate? Mrs. Karahalios.

Mrs. Belinda Karahalios: I’m voting against this motion because it is unnecessary. The matters raised in the motion are already addressed in sections 34(3) and 34(2)(d).

The Chair (Mrs. Nina Tangri): Further debate? I’ll move the question—sorry, Madame Gélinas?

M^{me} France Gélinas: The member refers to: “On issuing an integration decision, the agency or the minister, as the case may be, shall give the decision to the parties to the decision and publish it on a website.” Where do you see a human resources plan? And (d): Where do you see in this a human resources plan—

Mrs. Robin Martin: In 2(d)—

The Chair (Mrs. Nina Tangri): Mrs. Martin can respond.

Mrs. Robin Martin: I believe that Mrs. Karahalios said it’s in section 2(d).

The Chair (Mrs. Nina Tangri): Madame Gélinas.

M^{me} France Gélinas: Section 2(d) says, “the parties to the decisions.” The parties to the decisions throughout the bills have always been described as the health service providers or integrated care delivery. The parties never included the hard-working health care providers. This is the nurses, the physiotherapists, the PSWs—they are not a party. They are human resources, and they are not included in the bill. So we’re asking—I’m happy that you think it was there. Now that you see that it is not, then maybe we should agree that a human resources plan needs to be there and it needs to be shared with either the unions, if they’re unionized, or the non-unionized staff directly to them.

The Chair (Mrs. Nina Tangri): Further debate? Seeing none, we’ll move to the question. The NDP has moved that section 34 of schedule 1 to the bill be amended.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The NDP has moved an amendment: subsection 34(7) of schedule 1. Madame Gélinas.

M^{me} France Gélinas: I move that subsection 34(7) of schedule 1 to the bill be struck out.

The Chair (Mrs. Nina Tangri): Further debate?

M^{me} France Gélinas: Basically, by taking this out, we remove the minister’s ability to amend or revoke an integration order without having proper notification. So if the integration is posted for 30 days and then changes are made, those changes should be posted again.

The Chair (Mrs. Nina Tangri): Further debate? The NDP has moved amendment 47: that subsection 34(7) of schedule 1 to the bill be amended.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The NDP has filed notice on section 34 of schedule 1 to the bill. Further debate? Madame Gélinas.

M^{me} France Gélinas: Everybody sees that we're dealing with the rules regarding the integration decision. This part of the bill has no provision to let health care workers know what is going on. This part of the bill has no provision to let unions know what is going on. We all know that hospital administrators are very important and long-term-care administrators are very important and home care administrators are really important—they are the parties to those deals. But the people who provide the care, the people who will be nervous about their jobs, the people who will quit their jobs because they cannot afford to be in a job where they don't know if they'll still be working six months from now need to be included, and they're not.

The Chair (Mrs. Nina Tangri): Further debate? We'll pose the question.

Shall schedule 1, section 34, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 34, carried.

Moving on to schedule 1, section 35: The NDP has filed an amendment. Madame Gélinas.

M^{me} France Gélinas: I move that subsection 35(2) of schedule 1 to the bill be struck out and the following substituted:

“Restrictions

“(2) Despite subsection (1), a health service provider or integrated care delivery system, as the case may be, shall not integrate its services if it would result in,

“(a) a reduction in health services, including French health services and Indigenous health services;

“(b) a termination of employment or loss of positions;

“(c) a conflict with rights under a collective agreement or an Ontario act that relates to employment;

“(d) a public or not-for-profit health service provider ceasing to provide services that it provided before this section came into force;

“(e) a cut or closure of any hospital, including a small or rural hospital; or

“(f) a transfer of a public or not-for-profit health service, or any part of that service, to a for-profit person or entity.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: You have seen this language before because it is—if you want this to succeed, if you want the wraparound, if you want to break down silos, if you want to get rid of hallway health care, then you need to take those into account. Those are the six tenets of integration that will ensure success.

If you don't respect French-language services as well as Indigenous health services, if you don't respect the jobs that people have, if you don't put in writing your willingness to deal with not-for-profits, and if you don't put it in writing that small hospitals will be protected, then—there is already a high level of anxiety within our health care system, and this high level of anxiety will go through the roof. As health care workers become nervous about their jobs, it affects the quality of care that they can provide. We are all human beings. When you hear that government is playing with your job—the job that allows you to pay your mortgage and your child's daycare and your car payment—nothing good comes of that.

Put those tenets into the bill. Make sure that small, rural hospitals won't be merged against their will. Make sure that the wee bit of service that we provide to Indigenous peoples is not going to be taken away. Make sure that the few health care agencies that have a French-language designation continue to be there, and that if there is a third-party transfer of health care services, that they are covered by the French Language Services Act—and if they are in a designated area, they will have.

Those six tenets—we have put them on the record many times. It is not too late to support them. It will ensure respect. It will ensure a level of putting water on the fire so that people feel that they can participate fully toward your idea of integration. I call them the “dignity clauses.”

1730

The Chair (Mrs. Nina Tangri): Further debate? Mr. Sabawy?

Mr. Sheref Sabawy: I recommend voting against this motion because it's not advisable to establish new and unclear restrictions or limitations on any integrations.

The Public Sector Labour Relations Transition Act's provisions under schedule 1 to the bill are consistent with the current state of the law and would preserve the status quo respecting the application of the Public Sector Labour Relations Transition Act to voluntary integrations.

The Chair (Mrs. Nina Tangri): Further debate? I'll move the question. The NDP has moved that subsection 35(2) of schedule 1 to the bill be amended.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

Moving on, the NDP have an amendment to subsection 35(7) of schedule 1. Madame Gélinas?

M^{me} France Gélinas: All right. I move that subsection 35(7) of schedule 1 to the bill be amended by striking out “30” and substituting “60.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas?

M^{me} France Gélinas: We are now in “Integration by providers and systems.” This is the submissions, and it says, “Any person may make written submissions about the proposed decision to the minister no later than 30 days after the minister publishes the proposed decision on a website.”

We’re asking to change this to 60 days, simply because in most areas of the province the health care system is so complex that 30 days is not a very long time to give people the chance to write in.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser?

Mr. John Fraser: I’ll be supporting this amendment.

The Chair (Mrs. Nina Tangri): Further debate? The NDP have moved amendment 49, that subsection 35(7) of schedule 1 to the bill be amended.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The NDP have moved an amendment to subsection 35(8) of schedule 1. Madame Gélinas?

M^{me} France Gélinas: I move that subsection 35(8) of schedule 1 to the bill be amended by striking out “30” and substituting “60” and by striking out “90” and substituting “120.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas?

M^{me} France Gélinas: This is the section of the bill where we are in “Integration by providers” and the minister has a certain amount of time. In issuing a decision, “If more than 30 days, but no more than 90 days, have passed after the minister gives notice under subsection (6) and after the minister has considered any written submissions made under subsection (7), the minister may, if the minister considers it in the public interest to do so, issue a decision ordering the health service provider or integrated care delivery system not to proceed with the integration mentioned in the notice under clause (3)(a) or with a part of the integration.”

All we’re asking is to change it to “if more than 60 days, but no more than 120 days.” Again, it gives people more time to be heard by the minister and more time for the minister to decide if the minister accepts the integrated provisions that were submitted or if the minister wants to make changes.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? The NDP have moved amendment 50, that subsection 35(8) of schedule 1 to the bill be amended.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The NDP has filed notice. Further debate? Madame Gélinas.

M^{me} France Gélinas: We’re looking at section 35, which is the section that deals with integration by providers and systems. In this part, again, there is no mandatory public consultation. Once the orders have been done, there is a very short time frame for people to send written submissions. We have no idea what will happen to those written submissions. Will anybody read them, or will they be treated the same way that the 19,413 submissions we just received have been treated by this government, where you were supposed to read all of this in 36 hours? This section should be voted down so that we have reassurance that integrations will be done properly.

The Chair (Mrs. Nina Tangri): Further debate? I call the question. Shall schedule 1, section 35, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 35, carried.

Moving on to schedule 1, section 36: The NDP has filed notice. Further debate? Madame Gélinas.

M^{me} France Gélinas: Section 36 deals with compliance. Again, in this part of the bill, we are completely excluding any unions and any health care workers. The parties are always the administrator, the ministry and the agency. Everything can happen—it will be made, done, sealed, delivered—before the people who provide the care would ever know. So I recommend we vote this down.

The Chair (Mrs. Nina Tangri): Further debate? I’ll pose the question. Shall schedule 1, section 36, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 36, carried.

Schedule 1, section 37: The NDP has filed notice. Madame Gélinas.

M^{me} France Gélinas: Section 37 of the bill deals with the transfer of property held for charitable purposes. If you have read the written submissions that were sent to us and participated in Catholic health charities, you will see that there's quite a bit of anxiety regarding this part of the bill that allows for transfer of property held for charitable purposes. We all know that the Sisters of St. Joseph, les Soeurs de la Charité and many other Catholic health organizations own quite valuable property. It is theirs to own; it is not the ministry's. But the way that section 37 is written, it looks as if the ministry could basically do a transfer of property held for charitable purposes, as the bill says.

The Chair (Mrs. Nina Tangri): Further debate? I call the question. Shall schedule 1, section 37, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 37, carried.

Moving on to schedule 1, section 38: The NDP has filed an amendment. Go ahead, Madame Gélinas.

M^{me} France Gélinas: I move that subsection 38(1) of schedule 1 to the bill be struck out and the following substituted:

“Transfers, application of other act

“(1) The Public Sector Labour Relations Transition Act, 1997 applies when an integration occurs pursuant to section 29, 31, 32, 33 or 35 of this act that is,

“(a) the transfer of all or part of a service of a person or entity; or

“(b) the transfer of all or part of the operations of a health service provider or integrated care delivery system.”

1740

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: This is to make sure that the labour protections for public sector entities are available for any type of transfer of health services. This will be especially important where Ontario health teams are held by hospitals, where we have to reassure workers that they're not going to be asked to do the same jobs with lower pay, no benefits and no pension plans, if they come from a place where they have decent pay, benefits and pension plans.

The Chair (Mrs. Nina Tangri): Further debate? Mrs. Martin.

Mrs. Robin Martin: I recommend voting against the motion because an integrated care delivery system or integration resulting from a change in agency funding could take many forms. Therefore, any labour relations issues that might arise in those circumstances should be dealt with under the applicable labour legislation.

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question. The NDP has moved amendment 51: that subsection 38(1) of schedule 1 to the bill be amended.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The NDP has filed amendment 52, on subsection 38(1) of schedule 1. Madame Gélinas.

M^{me} France Gélinas: I move that subsection 38(1) of schedule 1 to the bill be struck out.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: This section of the bill—we are in the section that talks about “Transfers, application of other act.” Under 38(1), “The Public Sector Labour Relations Transition Act, 1997, applies when an integration occurs that is”—and then it goes on to give specifics. The member just said that the laws that are there should apply. Then, if the laws that are there should apply, we should not need to put that in.

The Chair (Mrs. Nina Tangri): Further debate? Ms. Kusendova.

Ms. Natalia Kusendova: I will be voting against this motion because the Public Sector Labour Relations Transition Act protects employees when there's a significant integration of their employers. Furthermore, the PSLRTA provision under schedule 1 of the bill relating to integration would maintain the current state of the law under the Local Health System Integration Act of 2006.

The Chair (Mrs. Nina Tangri): Further debate? I'll pose the question. The NDP has filed amendment 52: that subsection 38(1) of schedule 1 to the bill be amended.

Ayes

Armstrong, Gélinas.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The NDP has filed an amendment to clause 38(2)(a) of schedule 1. Madame Gélinas.

M^{me} France Gélinas: I move that clause 38(2)(a) of schedule 1 to the bill be struck out and the following substituted:

“(a) where the integration occurs as described in this act, the changeover date is the effective date of the integration described in subsection (1), as set out in the facilitation decision or the required integration order, as the case may be;”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Basically, this motion relates to the integration powers from the minister and how the date of integration could be changed.

The Chair (Mrs. Nina Tangri): Further debate? I’ll call the question.

The NDP has moved that clause 38(2)(a) of schedule 1 to the bill be amended.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The NDP has moved an amendment to subsection 38(3) of schedule 1. Madame Gélinas?

M^{me} France Gélinas: I move that subsection 38(3) of schedule 1 to the bill be amended by striking out the portion before paragraph 1 and substituting the following:

“Exception

“(3) Despite subsection (1) but subject to subsection (5), the Public Sector Labour Relations Transition Act, 1995 does not automatically apply when an integration described in subsection (1) occurs if the following describes the person or entity who would be the successor employer if that act applied:”

The Chair (Mrs. Nina Tangri): Madame Gélinas, I’m going to ask you to re-say, under “Exception”—you said “1995” instead of “1997,” so please just reread that.

M^{me} France Gélinas: “(3) Despite subsection (1) but subject to subsection (5), the Public Sector Labour Relations Transition Act, 1997 does not automatically apply when an integration described in subsection (1) occurs if the following describes the person or entity who would be the successor employer if that act applied.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Yes. If you go to 38(3), you’re talking about “Exception.” They go on to say, “Despite subsection (1) but subject to subsection (5) ... does not apply” when the integration described “occurs if the following describes the person....” Basically, we want to

make it clear that the Public Sector Labour Relations Transition Act doesn’t automatically apply.

The Chair (Mrs. Nina Tangri): Further debate? Further debate? We’ll call the question. The NDP have moved amendment 54: that subsection 38(3) of schedule 1 to the bill be amended.

Ayes

Armstrong, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

We’ll move on to the question: Shall schedule 1, section 38, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 38, carried.

Moving on to schedule 1, section 39: The NDP has filed notice. Madame Gélinas.

M^{me} France Gélinas: On section 39, we’re talking about transfers and what can happen with transfer orders with the organizations that can be applied to the notification requirement, the information for preparation, the format—none of this includes making sure that the people most affected, the health care workers, are taken into account. We also have some issues with some of the personal health information in this section, so we recommend that we vote against it.

The Chair (Mrs. Nina Tangri): Further debate? Further debate? We’ll call the question. Shall schedule 1, section 39, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 39, carried.

The time is currently 5:50. We will recess until 6 p.m. Is the committee in agreement?

M^{me} France Gélinas: So we see you tomorrow? Is this what you're saying?

The Chair (Mrs. Nina Tangri): No—10 minutes, until 6 p.m., just as a short break.

M^{me} France Gélinas: Oh, okay.

Mr. John Fraser: I'm just going to throw this out here and not ask anything—

The Chair (Mrs. Nina Tangri): Mr. Fraser.

Mr. John Fraser: Thank you, Chair. We are now at amendment 55 of 82. Is that correct? We have 12 hours allocated to this; we've already spent five, I think. I just want to throw that out there, that I think we have enough time in what's allocated tomorrow to be able to complete this bill. When we take our recess, I think we need to think about that, because there are members here who do have to drive a long distance—

Interjection.

Mr. John Fraser: There we go. I picked off one.

I just wanted to put that out there. I understand the orders of the House, but we're progressing along in a way that's productive, and no one on this side is being obstructionist or I think has an intention of being that way.

The Chair (Mrs. Nina Tangri): We will recess till 6 p.m. We will be sitting till 8 p.m. tonight, unless we—

M^{me} France Gélinas: Can I ask that we recess for more than 10 minutes so I have time to go eat? If I don't eat, I become really grumpy.

The Chair (Mrs. Nina Tangri): We are operating, as you know, under the orders of the House. I'll allow 15. We do have some food brought in here to allow us to be fairly quick. So 15 minutes—6:05. Recessed.

The committee recessed from 1750 to 1806.

The Chair (Mrs. Nina Tangri): Good evening, everyone. We'll continue. We'll move on to schedule 1, section 40. The NDP have moved an amendment: section 40, schedule 1, page 55. Go ahead, Madame Gélinas.

M^{me} France Gélinas: I move that section 40 of schedule 1 to the bill be amended by adding the following subsections:

“Restrictions

“(1.1) The minister shall not issue an order under subsection (1) if the order would result in,

“(a) a reduction in health services, including French health services and Indigenous health services;

“(b) a termination of employment or loss of positions;

“(c) a conflict with rights under a collective agreement or an Ontario act that relates to employment;

“(d) a public or not-for-profit health service provider ceasing to provide services that it provided before this section came into force;

“(e) a cut to or closure of any hospital including a small or rural hospital; or

“(f) a transfer of a public or not-for-profit health service, or any part of that service, to a for-profit person or entity.

“Transition plan

“(1.2) If the minister makes an order under subsection (1) with respect to a person or entity that receives funding from the agency under section 21, the minister, the agency and the person or entity shall develop a transition plan that includes the following:

“1. The estimated cost of the transfer.

“2. The timeline for the transfer.

“3. The impact of the transfer on the people of Ontario.

“4. The impact of the transfer on human resources.

“5. Any other prescribed information.

“Publication

“(1.3) The minister shall publish a copy of the transition plan on a website at least 60 days before the order under subsection (1) takes effect.

“Same

“(1.4) If the minister receives any feedback from the public with respect to the transition plan, the minister shall publish a summary of this feedback on a website.

“Transfer of information

“(1.5) If the minister makes an order under subsection (1), an organization listed in subsection (2),

“(a) shall ensure that the records of personal information or personal health information that it has in its custody or under its control are transferred in a secure manner and in accordance with any prescribed requirements; and

“(b) may transfer records of personal information or personal health information about an individual to another person or entity if the organization,

“(i) before transferring the records, gives notice to the public, and

“(ii) subject to any prescribed requirements, makes reasonable efforts to give notice to the individual before transferring the records, or, if that is not reasonably possible, as soon as possible after transferring the records.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Yes. In part, what we're trying to do in section 40 is—I'm just going to go to the right page here. Section 40 of the bill deals with transfer orders. This is the part of the bill where Cancer Care Ontario disappears. Trillium Gift of Life Network disappears. They call it “dissolution,” actually—that all 14 LHINs get dissolved and all of the above.

What our amendment tries to do is really to, again, set the parameters for those existing agencies as to how they would be merged into the super-agency. It mandates a transition plan so that we see in the transition plan the cost, the timeline, the impact on the people of Ontario, as well as making it mandatory for the minister to publish when this is about to happen and what it will look like, and then, in the transfer of information, many of those agencies—and here, if you think of Cancer Care Ontario alone—they are health information custodians, and with this comes the responsibility to protect personal health information. So the recommendations that come from the Information and Privacy Commissioner would guide every single one of those existing transfer payment agencies when they get dissolved, no longer exist and the Ontario Health agency takes over.

It would also apply to other agencies that are not part of the 20. It would apply if Ornge, the telemedicine network or public health units—if any other agency has to have a transfer order, then this framework would apply to all of them to guarantee that great agencies like Cancer Care Ontario are suddenly not dissolved and that the great work they have been doing for people diagnosed with cancer, their families and their caregivers does not suddenly just disappear.

The Chair (Mrs. Nina Tangri): Further debate?

Ms. Natalia Kusendova: I will be voting against this motion. As we've made it clear time and time again, we want to build on the expertise of our institutions such as Cancer Care Ontario. But particular to your proposed motion, several of the kinds of restrictions proposed in subsection (1.1) of your motion do not reflect the intent or scope of the kinds of transfer orders to which section 40 of schedule 1 of the bill relates. Some of the intent of the proposed restrictions in the motion can be accomplished without the need to amend this provision in the manner proposed under this amendment, given existing regulation-making authorities in other statutes, as we've mentioned before, such as in the PHIPA Act of 2004.

The Chair (Mrs. Nina Tangri): Further debate?

M^{me} France Gélinas: Section 40 is quite clear. It names the organizations:

“(2) The following are the organizations for the purposes of subsection (1):

“1. Cancer Care Ontario.

“2. eHealth Ontario.

“3. HealthForceOntario Marketing and Recruitment Agency.

“4. Health Shared Services Ontario.

“5. Ontario Health Quality Council.

“6. Trillium Gift of Life Network.

“7. Any local health integration network; and” then point 8:

“8. Any other prescribed organization that receives funding from the ministry or the agency and that provides programs or services that are consistent with the objects of the agency.”

It is not a far-fetched conclusion that it could be any other organization. Given that, I would say that the arguments that we have put here not only, in my view, apply to the 20 organizations that are going to be transferred, but it would also apply to any other prescribed organization, and as I said, those could just as well be Ornge air ambulance service or the telemedicine network that we use lots in the north, or public health units, for all we know. This framework would help to make sure that if they are to be transferred, then there is transparency in place; there are timelines in place; people know that it's coming; people will know the cost of the transfer; and we will take the time to figure out the cost of the transfer before we transfer and will take the time to figure out the impact of the transfer on the people of Ontario and the impact of the transfer on human resources—because all of those agencies have human resources—and any other prescribed information.

I think it would make the transfer to Ontario Health or the main agency a lot more palatable for a lot more people if they better understood. If there are cost savings, you put it up front. If there are positive impacts for the people of Ontario, then people understand that as well.

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question. The NDP has moved amendment 55, section 40 of schedule 1 to the bill.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

Moving on, the NDP has moved amendment 56. Madame Gélinas.

M^{me} France Gélinas: I move that paragraphs 1 and 8 of subsection 40(2) of schedule 1 to the bill be struck out.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Well, basically, we had the CEO of Cancer Care Ontario come here. We had a number of cancer survivors come and talk to us. We've also had written submissions from cancer treatment centres, from Cancer Care Ontario, that made it clear that Cancer Care Ontario, because they had a plan, because they had a focus on getting the best possible outcome for people with cancer, should not be rolled up and transferred into the super-agency. So this is what this aims to do.

The Chair (Mrs. Nina Tangri): Further debate? I'll pose the question. The NDP has proposed in motion 56 that paragraphs 1 and 8 of subsection 40(2) of schedule 1 be amended.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The NDP has filed a notice to section 40 of schedule 1 to the bill. Madame Gélinas.

M^{me} France Gélinas: In section 40, we talk about transfer orders. Those are the transfer orders that would force Cancer Care Ontario, eHealth Ontario, HealthForceOntario Marketing and Recruitment Agency, Health Shared Services Ontario, Ontario Health Quality Council, Trillium Gift of Life Network and the 14 local health

integration networks to start to transfer their assets, their roles, their budget—everything—to the main agency. Yet we will do this without knowing the costs of those transfers, the benefits to the people of Ontario, the impact on the people who work there, or the impact on the people who receive services.

You will remember as well that we had a written document from the Trillium Gift of Life Network as to how important it was to keep this focus on. Today, of all days, we gave standing applause to the minister, as well as the response to the minister, on organ donation.

1820

We are leaders in organ donations in Ontario, if you look at the work that is being done just down the road at Toronto General Hospital, at UHN, in large part because of Trillium Gift of Life Network. Transferring those agencies to the super-agency without having a plan to see how much it will cost and what impacts it will have I don't think is in line with the government's stated goals of ending hallway health care, providing seamless care or providing wraparound care.

The Chair (Mrs. Nina Tangri): Further debate? We'll call the question. Shall schedule 1 of section 40 carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 40, carried.

Moving on to schedule 1, section 41, amendment 57: The NDP have an amendment. Madame Gélinas.

M^{me} France Gélinas: I move that subsections 41(9) to (11) of schedule 1 to the bill be struck out and the following substituted:

“Application of FIPPA

“(9) For greater certainty, the Freedom of Information and Protection of Privacy Act applies to a record that is transferred from a transferor to an institution within the meaning of that act.

“Transfer of information

“(10) If a transfer involves transferring the assets, liabilities, rights and obligations of a transferor to a transfer recipient, the transfer recipient shall be responsible for responding to any request made under the following provisions that was originally made to the transferor and to which the transferor had not responded on the day immediately before the transfer date:

“1. Subsection 24(1), 47(2) or 48(1) of the Freedom of Information and Protection of Privacy Act.

“2. Subsection 36(2) or 37(1) of the Municipal Freedom of Information and Protection of Privacy Act.

“3. Subsection 53(1) or 55(1) of the Personal Health Information Protection Act.

“Same

“(11) If a transfer involves transferring the assets, liabilities, rights and obligations of a transferor to a transfer recipient, the transfer recipient is deemed to be the party responsible for responding to any complaint, appeal, review or other proceeding before the Information and Privacy Commissioner of Ontario pertaining to the transferor before the date of the transfer.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: We are in section 41, which deals with the assumption of rights as well as obligations. If you look more specifically at section 9, it deals with the application of FIPPA. Section 10 deals with the transfer of property held for a specified charitable purpose. Section 11 deals with the application of it all.

Those recommendations come from the Information and Privacy Commissioner of Ontario to make it abundantly clear who is responsible for protecting our personal information. This is something that is crucial to the trust that people have to maintain in our health care system. This part of the bill needs to be expanded to be a whole lot more clear so that it is clear to everybody, when the transfer occurs, who is responsible. As a health information custodian, you have a ton of responsibility.

The motion makes it clear as to who assumes what responsibility when, as opposed to the way it is written now, which, according to the Information and Privacy Commissioner, is not abundantly clear. At the end, it's about the protection of personal information and personal health information when integration occurs.

The Chair (Mrs. Nina Tangri): Further debate? Further debate? Seeing none, the NDP—

Interjection.

The Chair (Mrs. Nina Tangri): Oh, I'm sorry; my apologies. Madame Gélinas.

M^{me} France Gélinas: I am truly worried that six members of the government could sit there, listen to the recommendations that come from an officer of the Legislature, talking about something as important as the protection of our personal health information, and have absolutely nothing to say. This is not good. Those parts of the bill are important. It is our collective responsibility to make this bill as good as could be. Right now, we already know that there will be confusion as to who has the responsibility for our health information unless we clarify this. If you sit there, say nothing and vote this down, it sends a really strong message that protecting our personal information is not that important.

The Chair (Mrs. Nina Tangri): Further debate? Further debate? The NDP has moved amendment 57, that subsections 41(9) to (11) of schedule 1 to the bill be amended.

Ayes

Armstrong, Gélinas, Fraser, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The government has moved amendment 58. Who would like to speak to that? Mr. Sabawy.

Mr. Sheref Sabawy: I move that subsection 41(9) of schedule 1 to the bill be struck out.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Sabawy.

Mr. Sheref Sabawy: In response to some feedback from the Information and Privacy Commissioner—IPC—the government position is that all records in the custody or control of Ontario Health, once it is prescribed as an institute within the meaning of FIPPA, should be subjected to that act—i.e. FIPPA—regardless of their origins or treatment prior to being transferred. The provision is therefore unnecessary.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: How can we have such different interpretations of what the Information and Privacy Commissioner has sent? His written document about the application of FIPPA is quite specific. What I just read into the record comes directly from his written submission. What you are suggesting is that the part of the bill that's called "Application of FIPPA" be completely taken out; as in, no clarification that FIPPA will apply. Am I missing something here?

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: Just to follow up on what France was saying, is that protection that you provided for in the bill here—I don't understand how we're going from "it's there" to "we don't need it." I think the thing that we have to think about is, if you take a look at what's happening in health care right now, you'll notice there are a lot of companies that are in the data collection and data-mining business. They are buying up health care providers.

The protections that we afford for them under the freedom of information act—I'm sorry; pardon me. We need to make sure that people are protected because people's personal records—not just their health records, but their personal records—are going to be very valuable information to private entities. People will be buying and selling and trading that information, and I don't know why you want to pull this out.

1830

The Chair (Mrs. Nina Tangri): Further debate? Mr. Sabawy.

Mr. Sheref Sabawy: Again, I will go back to the same description we talked about. As soon as Ontario Health becomes an institute, actually, FIPPA applies. In that case, all the transferred information, regardless of its origin, is still protected under FIPPA.

The Chair (Mrs. Nina Tangri): Further debate?

Mr. John Fraser: So, just so I can clarify—

The Chair (Mrs. Nina Tangri): One moment. Mrs. Armstrong?

Ms. Teresa J. Armstrong: It's very concerning, why you would want to do that. It's like a blackout on privacy. If there's that transition piece, people are wondering what's going to happen to their personal records.

I can tell you that I'd like to know what's going to happen to my personal records. So, if you don't even have a concern for your own personal records, be very worried that you're taking this out and you're blacking out that piece of information when you have that transition.

It's wrong, and I'd like to know why, other than that explanation. It doesn't justify what you're doing to this bill. Sorry.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: Just to clarify—I guess there was a bit of misunderstanding with your first interpretation of this amendment. The Information and Privacy Commissioner—you're interpreting what he wants. He has not specifically asked you to remove that from the bill. Can you confirm to me whether he specifically asked for that to be removed from the bill, or if you're interpreting his recommendations?

The Chair (Mrs. Nina Tangri): Further debate? Mrs. Martin.

Mrs. Robin Martin: In response to motion 8, we discussed FIPPA regulation 460 and how it would work. I don't think we have any further submissions.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: Okay, just to clarify so I can understand it, because there was a bit of confusion with the first explanation: It sounded a bit like it was in line with what the commissioner wanted, and that's your interpretation, not what the commissioner, who responded on this bill—he did not specifically ask for that. Is that correct? I just want you to say yes or no. That's all I need to know. Somebody from the other side?

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: I cannot answer your question. If there's somebody willing to answer, I'm willing to wait to make my next comments. But you're not going to get an answer.

Mr. John Fraser: Okay.

M^{me} France Gélinas: I want people to understand that we are now taking out that FIPPA would apply to the transfer responsibility.

We know that an agency like Cancer Care Ontario has a huge amount of personal health information. This is how they do research and do their work. Their board doesn't exist anymore. So already, part of how FIPPA is to apply cannot be there anymore, because you have sent those notes to say that the board is no longer needed—and the super-agency is not created yet.

Can you see where we have this period where we're not sure who is responsible for what? Because Cancer Care

Ontario—the LHINs also have a ton of personal health information. Their boards are no longer in place. Yet in FIPPA and PHIPA, the board has a role to play.

So, how do you make sure that all of those crown agencies continue to be in line with the legislation that protects our health information and our personal information, when those agencies already don't have boards, and the new super-agency is not there, and now you're taking away the application of FIPPA?

The Chair (Mrs. Nina Tangri): Further debate? Mr. Sabawy, are you—no.

Further debate? Mr. Mamakwa.

Mr. Sol Mamakwa: When we talk about information and the protection of privacy act, when we talk about that information, like, say, for example—I just want you to understand. Provision of these privacy—on-reserve, everything is federal. These things do not apply on-reserve. I'm just sharing this because I know it's that jurisdictional thing again. If you go to an on-reserve nursing station clinic, these rules do not apply.

I think we heard from Nishnawbe Aski Nation that at some point they want to transform their own health care system, using provincial and federal resources to run their own system, bringing the resource allocation, the accountability and also the responsibility back to the communities. That's just a prime example, FIPPA; they have to deal with two legal things on privacy, because it's the Privacy Commissioner of Canada. That's what they have to deal with when they have to start dealing with this information.

I just wanted to share those thoughts.

The Chair (Mrs. Nina Tangri): Further debate? Further debate? I call the question. The government has moved amendment 58 on subsection 41(9) of schedule 1 to the bill.

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare the amendment carried.

The NDP has moved notice of section 41 of schedule 1. Madame Gélinas?

M^{me} France Gélinas: I wish to withdraw.

The Chair (Mrs. Nina Tangri): Withdrawn.

Any debate on section 41? So the question: Shall schedule 1, section 41, as amended, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 41, carried.

Moving on to schedule 1, section 42, the NDP has moved amendment 59. Madame Gélinas?

M^{me} France Gélinas: I withdraw.

The Chair (Mrs. Nina Tangri): Withdrawn.

The NDP has moved subsection 42 of schedule 1, amendment number 60. Madame Gélinas?

M^{me} France Gélinas: I move that subsection 42(4) of schedule 1 to the bill be struck out and the following substituted:

“Terms of employment

“(4) All rights, including bargaining rights held by a trade union, duties and liabilities relating to all employees and former employees of a transferor that are vested in or bind the transferor immediately before the effective date of the transfer are vested in or bind the transfer recipient instead of the transferor immediately after the transfer.

“Other acts

“(5) Nothing in this act shall be interpreted as preventing the application of the Public Sector Labour Relations Transition Act, 1997 or the Labour Relations Act, 1995, in accordance with the terms of those acts, to an integration or partial integration that results from an order made under subsection 40.”

The Chair (Mrs. Nina Tangri): Can you complete the last? You missed “(1)”.

M^{me} France Gélinas: “Subsection 40(1).”

The Chair (Mrs. Nina Tangri): Thank you. Further debate? Madame Gélinas.

M^{me} France Gélinas: All right. We're dealing with section 42 of the bill, which deals with employees' continuity; that is, during a transfer, the employees are transferred to the new transferor. In subsection (4), we talk about the terms of employment. It's to make it very clear as to who is responsible for everything that has to do with the bargaining rights of a union whose members are being transferred, and adding a subsection (5) that talks about the other acts, so that PSLRTA, the Public Sector Labour Relations Transition Act, and the Labour Relations Act continue to apply. This will go a long way toward giving reassurance to our existing health care providers that their jobs will still be there, that their care will still be needed and that they should not start to look for other jobs, that they would continue to have the same protection that they had before, even if they now work for a different employer.

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The Chair (Mrs. Nina Tangri): Further debate? The NDP has moved, in amendment 60, that subsection 42(4) of schedule 1 to the bill be amended.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The NDP has filed a notice. Madame G elinas.

M^{me} France G elinas: I withdraw.

The Chair (Mrs. Nina Tangri): Any further debate on section 42 of schedule 1 to the bill? I'll move to the question. Shall schedule 1, section 42, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, G elinas.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 42, carried.

Moving on to schedule 1, section 43: The NDP has filed a notice. Madame G elinas.

M^{me} France G elinas: Yes. Give me one sec.

We're now on section 43, which talks about dissolution orders. Remember Cancer Care Ontario and Trillium Gift of Life? This is where the minister makes a dissolution order, so they're dissolved. Basically, we would like people to reconsider giving the minister the ability to dissolve the crown agencies listed and let the process of building the super-agency be a whole lot more transparent. If you show that it's going to be in a better position to help the people of Ontario, that it's a way to provide better care, that it's a way to end hallway health care, to provide wraparound care and better transitions of care, then let it happen that way rather than through a dissolution order.

Cancer Care Ontario should not be dissolved, and neither should Trillium Gift of Life, before we know how we continue to maintain good outcomes for people with cancer, how we continue to provide a good chance of transplants to people who need a transplant etc.

The Chair (Mrs. Nina Tangri): Mr. Fraser.

Mr. John Fraser: Yes. I think when we look at this section of the bill, there's a great deal of concern, especially around Cancer Care Ontario and Trillium Gift of Life in terms of their mandate becoming watered down in a much larger agency. I know that in British Columbia, they amalgamated or brought into a larger agency their cancer care agency, and that affected the outcomes. Their outcomes weren't as good.

I think that we really have to consider this dissolution mechanism and make sure that we're really sure about what we're doing. Once we pass this bill, it's done. We really need to be careful and take a look at what the experience is not only in Canada but around the world when you take an agency with a specific mandate and its separate governance and put it into a larger agency—where it's a much smaller piece—that has a much broader mandate. It may lose the focus and attention that have actually brought us to having some of the best outcomes in the world in cancer care. There's a risk there, for sure.

The Chair (Mrs. Nina Tangri): I'll call the question. Shall schedule 1, section 43, carry? Those in favour?

Interjection.

The Chair (Mrs. Nina Tangri): Can I just confirm if we're still doing recorded votes?

M^{me} France G elinas: Yes, please.

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, G elinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 43, carried.

Moving on to schedule 1, section 44: The government has a motion.

Mrs. Robin Martin: I move that section 44 of schedule 1 to the bill be struck out and the following substituted:

“Community engagement

“44(1) The agency, integrated care delivery systems and health service providers shall establish mechanisms for engaging with patients, families, caregivers, health sector employees and others as part of their operational planning processes in accordance with the regulations, if any, made by the minister.

“Duties

“(2) In fulfilling its duties under subsection (1), the agency shall,

“(a) engage the Indigenous health planning entities that the minister, by regulation, specifies, in a manner that recognizes the role of Indigenous peoples in the planning and delivery of health services in their communities;

“(b) engage the French language health planning entities that the minister, by regulation, specifies;

“(c) engage the Minister's Patient and Family Advisory Council established under the Ministry of Health and Long-Term Care Act; and

“(d) meet any additional engagement requirements that the minister, by regulation, specifies.

“Engagement

“(3) The minister shall engage with Indigenous communities before specifying Indigenous health planning entities for the purposes of this section.”

The Chair (Mrs. Nina Tangri): Further debate?

Mrs. Robin Martin: I recommend that we vote for this motion because we want to recognize the role of Indigenous peoples in the planning, design, delivery and evaluation of health services in their communities, and this provision would give the minister more flexibility to specify Indigenous health planning entities on an ongoing basis.

We really feel that improving the health of Indigenous peoples in Ontario is important, and we're committed to building a connected health system to improve the patient experience and strengthen local services.

There's a lot of work to do, obviously, but we think this is the right way to do it.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: We're in the part of the bill that talks about community engagement. This is section 44. That part before used to say "shall establish mechanisms for engaging." We haven't moved a whole bit. We still are "shall establish mechanisms for engaging," and then we put some duties that will be further defined by regulation.

If we were serious about meaningful consultation, then we would not leave to regulation how this will happen.

If we talk about the French-language entities—they were here. They made a deputation. They told you of the limbo that they are presently in. The entities report to the LHINs, and the LHINs are no longer there. They report to the boards of the LHINs, and the LHINs don't have boards anymore.

When it came to Indigenous people, we had two groups that came in and did deputations, and four more that sent us written submissions. They were also clear as to how First Nations people want to be consulted and have to be consulted, but none of this is in your amendment. In your amendment, it starts with "shall establish mechanisms for engaging with," and it goes on. They wanted to not see a "shall establish," but they wanted to see exactly what those mechanisms were going to be, and at what level of the organization they were going to be engaging. None of that is there, and I'm wondering why not.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: In looking at this amendment, subsection (3) here seems to be the most substantial piece that is in there, and that's welcome. That's an improvement that should be there.

But what my colleague was saying is, the lack of specificity in the section altogether is not very comforting. Although I acknowledge that it's an improvement, I don't think that there's enough there. I think it's important that—

The Chair (Mrs. Nina Tangri): Further debate? Mr. Mamakwa.

1850

Mr. Sol Mamakwa: I know that with engagement, sometimes we have our own definition of what engagement is. I know that communities have their own processes, their own protocols, on how engagement happens. I think Nishnawbe Aski Nation was very clear that they want to take over their health services, using provincial and federal resources.

Earlier I spoke about the airports and how they are lifelines to our communities. I remember that specifically in my riding, in July 2016, there was a medevac required by a seven-year-old. Every time Ornge tried to land, the lights went off at the airport. It was 2 o'clock or 3 o'clock in the morning. That happened three times. Ornge had to go back and wait until the lights came on or until it became daylight. By that time, it was too late, and that young boy ended up passing away. It was just simple appendicitis.

When I talk about needless deaths, unnecessary suffering, people begin to accept that that's just the way things are, and nobody is made accountable or is made responsible for those issues. The reason I share those stories—I always try to, because these things happen. Even me, when I hear those stories, I just go, "Okay, yes, that's fine." That's just the way things are.

What I'm getting at is that community engagement is really important, but let us do it ourselves. Let our people do it. You guys have your own process, but our people have their own process, their own protocols, on how to do proper engagement. Nishnawbe Aski Nation was very clear on their process on how they want to transform their health care system.

I just wanted to share those thoughts.

The Chair (Mrs. Nina Tangri): Further debate? Further debate? I'll call the question. The government has moved amendment 61—

Interjection.

The Chair (Mrs. Nina Tangri): Mr. Fraser.

Mr. John Fraser: I'd just like to ask Sol, in terms of the way that section 3 is written there—because it's a negotiation, right? It's between nations. I'm just trying to sort out whether this—I don't think it would prevent the minister indicating that the nation itself was the entity for planning. I'm trying to sort out whether this does what needs to be done in this bill. Because it is a change, and I'm not sure that it would prevent what the member is suggesting needs to be done from being done, and that it may in some way help.

That might be too tough a question, or not too tough a question. I didn't mean to just drop it on you like that.

The Chair (Mrs. Nina Tangri): Further debate?

Mrs. Robin Martin: Is the member proposing an amendment? Because it's too late for amendments.

Mr. John Fraser: No, I'm asking a question that relates to whether this change—because the nature of negotiations is nation to nation, right? It's like government to government. It's like between us and municipalities. The way that this amendment is written, I'm not sure that it prevents that. It doesn't promote it, but I just want to ensure that it doesn't prevent that from happening.

The Chair (Mrs. Nina Tangri): Further debate? The government has moved amendment 61, section 44 of schedule 1 to the bill.

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): Carried.

The NDP has moved an amendment, subsection 44(2) of schedule 1. Madame Gélinas.

M^{me} France Gélinas: I move that subsection 44(2) of schedule 1 to the bill be amended by striking out "the agency" and substituting "the agency, the integrated care delivery system or the health service provider, as the case

may be,” in the portion before clause (a) and by striking out clause (b).

So, basically, we are in a part—

The Chair (Mrs. Nina Tangri): I just have to stop you there. You’ve read your intent. Committee members, I am ruling this amendment out of order, as it is inconsistent with the previous decision the committee made on this section of this bill.

M^{me} France Gélinas: Because it what?

The Chair (Mrs. Nina Tangri): It’s inconsistent with the previous decision the committee made on this section of the bill. The question—it’s different. It changes section 44, under “Duties,” (2). Therefore, it’s out of order. It was just amended, so it’s out of order.

The independent has moved amendment 63, section 44 of schedule 1. Mr. Fraser.

Mr. John Fraser: I move that section 44 of schedule 1 to the bill be amended by adding the following subsection:

“Consultation with French health planning entities

“(3) The agency, integrated care delivery systems and health service providers shall consult with the prescribed French language health planning entities on prescribed matters.”

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I think that we—

Mrs. Robin Martin: Madam Chair, I believe that’s out of order.

The Chair (Mrs. Nina Tangri): Point of order, Mrs. Martin?

Mrs. Robin Martin: Is it not out of order because motion 61 amended section 44 to add a different subsection (3) than the one being proposed?

The Chair (Mrs. Nina Tangri): The way this is—because he’s adding and not amending a number, we can add another number. Here, it is (3). Legal can add it as a new number, although we did the changes to the previous amendment. So that is allowed.

Mr. Fraser, please continue.

Mr. John Fraser: It’s not out of order. I think we’ve had a lot of debate about the provision of health services in the French language. I think this amendment is important. It has been brought forward by a number of important stakeholders, including the French Language Services Commissioner and the entities. I would ask members opposite to please support this amendment.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: When the entities were here, they made it clear that they wanted a home. They did not like their status right now, which is in limbo. They report to a board that doesn’t exist anymore. At least, this sort of gives them a home, given that they are there to consult the French community and report on the plan to develop services in French.

The Chair (Mrs. Nina Tangri): Further debate? The independent has moved—

Interjection.

The Chair (Mrs. Nina Tangri): Are you requesting further debate? Mr. Fraser?

Mr. John Fraser: No, I’m fine. You can go ahead. I was just waiting.

The Chair (Mrs. Nina Tangri): We will pose the question: The independent has moved amendment 63, section 44 of schedule 1 to the bill.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

Moving on to NDP amendment 64, section 44 of schedule 1: Madame Gélinas.

M^{me} France Gélinas: I move that section 44 of schedule 1 to the bill be amended by adding the following subsection:

“Duties, French language health planning entities

“(3) In fulfilling their duties under subsection (1), the agency, integrated care delivery systems and health service providers shall consult with the French language health planning entities in a manner that respects the French Language Services Act and recognizes the role of the French speaking community in the planning, design, delivery and evaluation of health services.

“Duties, appeals

“(4) The minister, the agency, integrated care delivery systems and health service providers shall,

“(a) establish mechanisms to address an appeal to an integration or transfer order, as the case may be, under sections 20, 31, 32, 33, 35 and 40;

“(b) ensure that the mechanisms referred to in clause (a) include a notice of an integration or transfer at least 60 days before the integration or transfer are scheduled to occur; and

“(c) ensure that information on the planned integration or transfer are made available to the public.”

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Basically, what that does is, it specifically names the duties toward the French-language health planning entities, but it also—remember how we told you that in many parts of the bill, the entities are only the management in the direction of those hospitals, of those long-term-care homes, of those palliative care? Well, the same thing happens with the French-language entities. We ask that they be notified of any transfer order or integration order, so that they would have time to respond, and that this information be made available to the public, so that they are able to do their work of planning, designing, delivering and evaluating health care services.

The Chair (Mrs. Nina Tangri): Further debate? The NDP has moved amendment 64, section 44 of schedule 1 to the bill.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The independent has moved amendment 65, section 44 of schedule 1. Mr. Fraser.

Mr. John Fraser: I move that section 44 of schedule 1 to the bill be amended by adding the following subsections:

“Collaboration with French health planning entities

“(3) The agency, integrated care delivery systems and health service providers shall collaborate with the French language health planning entities on,

“(a) methods of engaging the francophone community;

“(b) the health needs and priorities of the francophone community, including the needs and priorities of diverse groups within that community;

“(c) the health services available to the francophone community;

“(d) the identification and designation of health service providers for the provision of French language health services;

“(e) strategies to improve access to, accessibility of and integration of French language health services in the health system; and

“(f) the planning for and integration of health services.

“Planning

“(4) The agency, integrated care delivery systems and health service providers shall engage, including collaborating with, the French language health planning entities on,

“(a) developing the strategies referred to in clause (3)(e);

“(b) incorporating the strategies developed under clause (a) into local health planning, as appropriate; and

“(c) implementing French language health services strategies.

“Reporting

“(5) The agency shall report on its engagement and planning activities under subsections (3) and (4).”

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: My God—no mistakes.

Again, this is something that the community has asked us for, the entities, through the Office of the French Language Services Commissioner.

I think it’s critically important right now that the reporting on how the Ministry of Health or how this agency

is engaging with francophone communities—it’s even more important. The elimination of the office of the commissioner, or, may I say, the diminishing of the office of the commissioner to no longer an independent officer and housed inside the Ombudsman’s office, I think, makes this amendment even more important. Again, it’s a reflection that we understand the importance to the community of delivering these services, and the kinds of struggles the community has had in the past of ensuring that those services were there for them.

I would encourage my colleagues to support the amendment.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: We will be supporting this amendment.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser has moved amendment 65, section 44 of schedule 1 to the bill.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): It’s defeated.

Madame Gélinas.

M^{me} France Gélinas: How do we go about requesting a break?

The Chair (Mrs. Nina Tangri): You can propose it, and if the committee agrees, we can have a break.

M^{me} France Gélinas: Can we have another 10 minutes so I can finish my sandwich and have a cookie?

The Chair (Mrs. Nina Tangri): You can request it. Are we in agreeance to a 10-minute break?

M^{me} France Gélinas: I’ll whittle you down to eight minutes. Do I hear seven and a half?

Mrs. Robin Martin: How about five?

The Chair (Mrs. Nina Tangri): Are we in agreeance to a five-minute break?

M^{me} France Gélinas: I can chew fast.

Mrs. Robin Martin: Madam Chair, can I just ask that we finish the section, just so you don’t have to repeat it?

The Chair (Mrs. Nina Tangri): We actually just have to call the one question, and then we can have—

Interjection.

The Chair (Mrs. Nina Tangri): Yes.

Any further debate on section 44? I thought not. Shall schedule 1, section 44, as amended, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): Carried.

We shall be recessed until 7:15.

The committee recessed from 1909 to 1915.

The Chair (Mrs. Nina Tangri): I call to order. We reconvene.

Schedule 1, section 45: Mr. Fraser has proposed amendment 66, section 45 of schedule 1 to the bill. Mr. Fraser.

Mr. John Fraser: I move that section 45 of schedule 1 to the bill be amended by striking out “and” at the end of clause (d), by adding “and” at the end of clause (e) and by adding the following clause:

“(f) the accessibility of health services in French.”

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: This is yet another amendment brought forward by the entities, the commissioner and the community to reflect the importance of the provision of health services in French. At the risk of repeating all the things I’ve said already about five times today, I would just encourage members to use this opportunity, once more, to protect those services and to send a signal to the people who wanted us to put this in the bill that you heard them and that you think it’s important.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: We’re in a section of the bill that deals with public interest. It’s trying to define what making decisions in the public interest is all about. It says that as the case may be, they may consider any matter that they regard as relevant, including, without limiting the generality of the foregoing—so they talk about quality of the management and administration of the agency, the health service provider, the integrated care delivery system or the other person or entity that receives funding; proper management of the health care system; availability of financial resources for the management of the health care system; accessibility to health services; and quality of the care.

So this is the bill’s definition of making decisions in the public interest. By adding “(f) the accessibility of health services in French,” you would ensure that at least when the integration decisions are made, they would look at services in French—because we have tried many times to bring in the French Language Services Act; you voted against all of this. Now, it would at least be in the act, under the definition of public interest, that it is in the public interest that we look at accessibility of services in French.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser has proposed amendment 66, section 45 of schedule 1 to the bill. All of those in favour of the motion, please raise your hands—would you like a recorded vote, Mr. Fraser?

Mr. John Fraser: Yes.

Ayes

Armstrong, Fee, Fraser, Gélinas, Karahalios, Kusendova, Mamakwa, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): Carried.

Moving on to NDP notice, any further debate on section 45, schedule 1? Further debate? Madame Gélinas.

M^{me} France Gélinas: On section 45, we have a very narrow definition as to what the public interest is about. It is basically a value statement that shows what is in the public interest and what is not. A lot of what we see in here—we see the quality of the management, the proper management of the health care system, the availability of financial resources. We could have seen “in the public interest” to include things like equity of access, geographical distribution, talking about services to First Nations and Indigenous people. None of this, apparently, is part of making decisions in the public interest. It’s a pretty narrow focus of what the public interest is.

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The Chair (Mrs. Nina Tangri): Further debate? I call the question.

Shall schedule 1, section 45, as amended, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): Carried.

Moving to schedule 1, section 46: Is there any further debate?

M^{me} France Gélinas: I’m not sure where we’re at.

The Chair (Mrs. Nina Tangri): Schedule 1, section 46. There are no amendments.

M^{me} France Gélinas: Okay.

The Chair (Mrs. Nina Tangri): I’ll call the question?

M^{me} France Gélinas: Yes.

The Chair (Mrs. Nina Tangri): Shall schedule 1, section 46, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): Carried.

Moving on to schedule 1, section 47: There are no amendments. Any further debate?

Seeing none, shall schedule 1, section 47, carry?

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): Schedule 1, section 47, carried.

Moving on to schedule 1, section 48: The NDP has moved amendment 67, clauses 48(1)(a) and (b) of schedule 1 to the bill.

M^{me} France Gélinas: I move that clauses 48(1)(a) and (b) of schedule 1 to the bill be struck out and the following substituted:

“(a) requiring a health service provider, integrated care delivery system or other person or entity that receives funding from the agency under section 21 to institute a system for collecting socio-demographic and race-based data in order to be able to report on progress toward specific outcomes for the diverse communities in Ontario;

“(b) requiring a health service provider, integrated care delivery system or other person or entity that receives funding from the agency under section 21 to institute accountability and quality improvement plans for health promotion and the prevention of chronic disease and injury;”

The Chair (Mrs. Nina Tangri): Further debate?

M^{me} France Gélinas: I just wanted to make sure that we are collecting information about the diverse communities in Ontario, as well as putting an emphasis on health promotion and chronic disease prevention.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas,

M^{me} France Gélinas: We are now in the part of the bill that deals with regulations. You will remember that when the Alliance for Healthier Communities was here, they made it very specific that if you don't ask that specific socio-demographic data be collected, if you don't ask for a plan for health promotion and a plan for prevention of chronic diseases and injury, it's not going to happen. She was here and she answered every question the same way: You need to put that in the bill. You need to put those plans in the bill. This is what this is all about.

The Chair (Mrs. Nina Tangri): Further debate? I'll pose the question.

The NDP has moved amendment 67, clauses 48(1)(a) and (b) of schedule 1 to the bill.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The government has moved amendment 68, clause 48(1)(k) of schedule 1 to the bill. Who would like to speak to that? Ms. Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: Chair, we're recommending that we strike it out, as it's no longer required since—

Mrs. Robin Martin: No.

The Chair (Mrs. Nina Tangri): If you could read the—

Ms. Effie J. Triantafilopoulos: Oh, sorry. Schedule 1? Pardon me. Let me do that again.

I move that section 48(1)(k) of schedule 1 to the bill be struck out.

“Regulations ... (k) governing engagement mechanisms under section 44;”

The Chair (Mrs. Nina Tangri): I need you to correct, please—you said “section” rather than “clause.”

Ms. Effie J. Triantafilopoulos: Oh, sorry. Schedule 1?

I move that clause 48(1)(k) of schedule 1 to the bill be struck out.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: I just want to be sure—I've been up for a very long time, and I'm trying to follow the bill. We're in subsection 48(1), talking about regulations, and we're taking out: “The Lieutenant Governor in Council may make regulations ... governing engagement mechanisms under section 44.” Am I right?

Mrs. Robin Martin: Yes.

M^{me} France Gélinas: That's what we're doing? Tell me again why you don't want to have engagement mechanisms—

The Chair (Mrs. Nina Tangri): Further debate? Ms. Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: I'm recommending voting for this motion because the clause is no longer required because motion 61 amended section 44 to provide the minister with regulation-making powers.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: What harm is there in having the Lieutenant Governor in Council also be able to make regulations governing engagement mechanisms? Remember, we've had these conversations, that we would like the engagement mechanisms to be more—

Ms. Teresa J. Armstrong: Robust.

M^{me} France Gélinas: —robust, to be clarified, to be included in legislation rather than regulation. Why should we take this out?

The Chair (Mrs. Nina Tangri): Further debate?

The government has moved amendment 68, clause 48(1)(k) of schedule 1 to the bill.

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare the amendment carried.

The NDP has moved amendment 69, on section 48 of schedule 1.

M^{me} France Gélinas: I think Mr. Fraser wanted to ask something.

Mr. John Fraser: No, not yet.

The Chair (Mrs. Nina Tangri): Madame Gélinas?

M^{me} France Gélinas: My very tired eyes are going to try this.

I move that section 48 of schedule 1 to the bill be amended by adding the following subsections:

“Restriction

“(1.1) Despite section (1), the Lieutenant Governor in Council may not make a”—

The Chair (Mrs. Nina Tangri): I’ll stop you, so you can start that again. You said “section” rather than “subsection.” Rather than finish it off and start again, I thought I’d—

Interjection.

M^{me} France Gélinas: Go ahead. Do you want to try it?

The Chair (Mrs. Nina Tangri): Mr. Mamakwa.

Mr. Sol Mamakwa: I move that section 48 of schedule 1 to the bill be amended by adding the following subsections:

“Restriction

“(1.1) Despite subsection (1), the Lieutenant Governor in Council may not make a regulation if the regulation would violate the Canada Health Act, an Ontario act related to employment, the terms of any applicable collective agreement or the bargaining rights held by a trade union.

“Regulation

“(1.2) If Ontario regulation 515/09 (Engagement with the Francophone Community under Section 16 of the Act) made under the Local Health System Integration Act, 2006 is revoked, the Lieutenant Governor in Council shall immediately remake the regulation under this act.”

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The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: We moved that amendment to make sure that no regulation is made that would violate the Canada Health Act or any Ontario labour law, as well as to put into the act the continuity of the French-language health services planning entities that were previously under the Local Health System Integration Act, 2006, just to make sure that we don’t find ourselves with a gap in care for our francophone community because of one act being repealed before this certain section of Bill 74 coming into effect. This is why it’s there.

The Chair (Mrs. Nina Tangri): Further debate? Further debate? I’ll pose the question.

The NDP have proposed amendment 69, section 48 of schedule 1 to the bill.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

The government has proposed amendment 70, subsection 48(2) of schedule 1 to the bill. Ms. Kusendova?

Ms. Natalia Kusendova: I move that subsection 48(2) of schedule 1 to the bill be amended by striking out “section 13” at the end and substituting “sections 13 and 44”.

The Chair (Mrs. Nina Tangri): Further debate? Ms. Kusendova.

Ms. Natalia Kusendova: I will be voting for this motion, because the amendment is required, as motion 61 amended section 44 to specify the regulations under that section that would be made by the minister.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Remind me again what happened to section 44.

The Chair (Mrs. Nina Tangri): Ms. Kusendova?

Ms. Natalia Kusendova: We are adding section 44 in addition to section 13.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: So it looks like my cookie is not having the effect that I was hoping it was going to have, and I’m really sorry, but I’m trying to follow. We’re under “Minister’s regulations.” It says, “The minister may make regulations governing any matter that may be dealt with by regulation under section 13.” Now we’re adding section 44, but section 44 is about, “The agency, integrated care delivery systems and health service providers shall establish mechanisms for engaging with patients....” It’s not about the minister.

The Chair (Mrs. Nina Tangri): If there’s a question of legality, we can ask legal counsel.

M^{me} France Gélinas: Mr. Armstrong, could you enlighten me?

Mr. Ralph Armstrong: We’re all tired. But the government moved a motion earlier that passed, replacing section 44 as it appears in the printed bill with a provision referring to regulations made by the minister about the engagement process and specifying Indigenous health planning entities. This change feeds into that by actually providing the minister with the power to make the regulations referred to in the new section 44.

M^{me} France Gélinas: Just so that I fully understand, if I vote this down, then the minister doesn’t get those extra powers?

Mr. Ralph Armstrong: Well, I can’t go so far as to say that, because it would raise what we call an interesting

question of interpretation, which I always hate. I would probably advise the client who asked me that since section 44, as amended, says the minister may make regulations, says that regulations made by the minister exist, that somehow the power must exist, even though you can't find it when you look to the regulation-making section. It is better, I would say, to have the section that says, "The minister may make the regulations," so that nobody has to come to me asking me the interesting question of interpretation.

M^{me} France Gélinas: Thank you.

The Chair (Mrs. Nina Tangri): Further debate? Further debate?

The government has moved amendment 70, subsection 48(2) of schedule 1 to the bill.

Ayes

Fee, Karahalios, Kusendova, Martin, Sabawy, Triantafilopoulos.

Nays

Armstrong, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare the amendment carried.

The NDP has moved amendment 71: subsection 48(2) of schedule 1. Mr. Mamakwa.

Mr. Sol Mamakwa: I move that subsection 48(2) of schedule 1 to the bill be struck out.

The Chair (Mrs. Nina Tangri): Committee members, I am ruling this amendment out of order as it is inconsistent with a previous decision the committee made on this section of the bill.

Mr. Fraser has proposed amendment 72: section 48 of schedule 1 to the bill. Mr. Fraser.

Mr. John Fraser: I move that section 48 of schedule 1 to the bill be amended by adding the following subsection:

"Transition, French language health planning entities

"(4) The French language health planning entities that were selected by the minister in accordance with Ontario regulation 515/09 (Engagement with the Francophone community under Section 16 of the Act) made under the Local Health System Integration Act, 2006 are deemed to have been prescribed as French language health planning entities under this act until a regulation prescribing those entities comes into force under this act."

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: Again, this amendment has come forward from the entities. They are in limbo. They're not sure where they're at, much like where we are right now. So what I would really like to do is request a 20-minute recess.

The Chair (Mrs. Nina Tangri): I'm not going to propose that to the committee.

Interjection.

The Chair (Mrs. Nina Tangri): Right now we will discuss further debate to this, and when the question is proposed, then you can—

Mr. John Fraser: Then go after that. Okay, great.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I think that this amendment does not impact the minister's ability to put in regulation those entities that the minister then decides. But they need to have a place right now, and they've expressed that very clearly to us.

This piece of legislation, as you know, is a large structural change in health care in Ontario, so it's going to take some time to implement. If we have a rather large gap between now and when the minister makes those regulations, which is entirely possible, then we're going to have a big gap in French and planning for French-language services, which have to be consistent and ongoing.

I would encourage the members to take a look at this amendment. Again, it has come to us from the communities. It's a reasonable request, and I'd encourage my colleagues to support this amendment.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: We are in the part that deals with the regulations. We would add subsection (4), transition of French-language health planning entities. It's basically to make sure that the French-language planning entities, as we know them now, are the French-language planning entities that we are referring to in the act.

I would say that there's quite a bit of suspicion toward what things mean. The words "French-language planning entities" are found in the bill, but they were never defined to mean the entities that exist right now. This is what this part of the transition is all about.

The Chair (Mrs. Nina Tangri): Further debate? Mrs. Martin.

Mrs. Robin Martin: The amendment is not required. Regulation 515/09 continues to be enforced. The planning entities continue to have the same roles and responsibilities under the Local Health System Integration Act, 2006. The regulation would only be revoked once Ontario Health is able to assume the roles and responsibilities of the local health integration networks and a new regulation to name entities under the Connecting Care Act, 2019 is made.

The Chair (Mrs. Nina Tangri): Further debate? We'll put the question—

Mr. John Fraser: Yes.

The Chair (Mrs. Nina Tangri): Would you like to vote?

Mr. John Fraser: I'd still like to vote, 100%.

The Chair (Mrs. Nina Tangri): So there's no request for a—

Mr. John Fraser: Oh, okay. Let's have a 20-minute recess and we'll keep everybody in suspense until tomorrow morning when we'll all be fresh.

Mrs. Robin Martin: We have to vote on the provision. We just had the discussion.

The Chair (Mrs. Nina Tangri): We can vote on it immediately upon returning from the 20-minute recess, which at this point would happen tomorrow morning.

Mrs. Robin Martin: Chair?

The Chair (Mrs. Nina Tangri): Mrs. Martin.

Mrs. Robin Martin: I would like to vote now because we just had the discussion on this provision and it's confusing enough and it will take a second for us to vote. We've already had the debate. In fact, I would suggest that we vote on the rest of the schedules—sections 48, 49, 50

and 51—and be done. There are no notices on any of those, and we could tie that off.

The Chair (Mrs. Nina Tangri): Mr. Fraser, under section 129(a), has proposed a 20-minute recess, which he may and which leaves us further past 8 p.m. Therefore, tomorrow morning at 9 a.m. we will reconvene and the question will be called.

Mrs. Robin Martin: Don't we get a vote on that motion?

The Chair (Mrs. Nina Tangri): No. We have to adjourn. Thank you very much. Until tomorrow morning at 9 a.m.

The committee adjourned at 1943.

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