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**Official Report
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des débats
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**Standing Committee on
the Legislative Assembly**

Connecting People to Home
and Community Care Act, 2020

1st Session
42nd Parliament

Tuesday 23 June 2020

**Comité permanent de
l'Assemblée législative**

Loi de 2020
pour connecter la population
aux services de soins à domicile
et en milieu communautaire

1^{re} session
42^e législature

Mardi 23 juin 2020

Chair: Kaleed Rasheed
Clerk: Valerie Quioc Lim

Président : Kaleed Rasheed
Greffière : Valerie Quioc Lim

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
THE LEGISLATIVE ASSEMBLY**

**COMITÉ PERMANENT DE
L'ASSEMBLÉE LÉGISLATIVE**

Tuesday 23 June 2020

Mardi 23 juin 2020

The committee met at 0901 in committee room 1 and by video conference.

**CONNECTING PEOPLE TO HOME
AND COMMUNITY CARE ACT, 2020**
LOI DE 2020
**POUR CONNECTER LA POPULATION
AUX SERVICES DE SOINS À DOMICILE
ET EN MILIEU COMMUNAUTAIRE**

Consideration of the following bill:

Bill 175, An Act to amend and repeal various Acts respecting home care and community services / Projet de loi 175, Loi modifiant et abrogeant diverses lois en ce qui concerne les services de soins à domicile et en milieu communautaire.

The Chair (Mr. Kaleed Rasheed): Good morning, everyone. The Standing Committee on the Legislative Assembly will now come to order. We are here for clause-by-clause consideration of Bill 175, An Act to amend and repeal various Acts respecting home care and community services.

We have the following members in the room: MPP Armstrong, Madame Gélinas, MPP Martin and MPP Skelly. The following members are participating remotely: MPP Vijay Thanigasalam, MPP Sam Oosterhoff, MPP Jim McDonnell, MPP Joel Harden and MPP Christina Mitas. We are joined by Ralph Armstrong from the office of legislative counsel, as well as staff from Hansard and broadcast and recording.

To make sure that everyone can follow along, it is important that all participants speak slowly and clearly. Please wait until I recognize you before starting to speak. Since it could take a little time for your audio and video to come up after I recognize you, please take a brief pause before beginning.

As always, all comments by members and witnesses should go through the Chair.

Before we begin, I recognize MPP Gélinas.

M^{me} France Gélinas: Thank you, Chair. I was wondering if we could have recorded votes for all of the amendments that we vote on today.

The Chair (Mr. Kaleed Rasheed): Sure, same process as yesterday. Thank you.

M^{me} France Gélinas: Thank you.

The Chair (Mr. Kaleed Rasheed): Yesterday, before this committee was adjourned, we were debating NDP

motion 21, which is on your screen right now. Further debate? I recognize MPP Gélinas.

M^{me} France Gélinas: Just so that we refresh our memories a little bit, the motion asks that the minister put a committee composed of one member of each recognized party and one member that is not a member of a recognized party, if the assembly contains such a member—which we know we do. That would happen within one year after the date that section 3 of schedule 1 to the Connecting People to Home and Community Care Act, 2020, comes into force. The committee would report back to the Legislature.

The idea is that through COVID-19 and through everything that is going on—home and community care is not sexy, it doesn't grab headlines, and it is the part of our health care system that is most at risk of being forgotten. Let's face it: We've had very few cases of COVID-19 within the more than 160,000 people who get a home care visit each and every day in Ontario. You don't hear about outbreaks. It's the same thing with the people who work in home care. There are lessons to be learned, and the lesson to be learned at the 40,000-foot level is that home is the safest place for frail, elderly people in the time of a pandemic.

I'm saying this as a politician. I am not a public health expert. All I am saying is that it is worth putting a committee of the Legislature together to make sure that there are significant changes happening to our home and community sector. You'll all remember that the community care access centres don't exist anymore; they have been taken out into the LHINs. The LHINs, the local health integration networks, do not exist anymore; they are taken into the Ontario Health regional table.

We are the ones, as legislators, who are the closest to all of those changes that the government is doing, so the idea behind the committee is really to look at, "Here's what happens through COVID-19, and let's learn from this." I know that many people with way more knowledge than me in public health and infectious disease would be able to speak to this, but we would add the part as to, "Here are the changes that are being done," so that at the end of the day, we are ready for the second wave; we are ready for another infectious disease to come to us, to take full advantage of the very good record that the home and community care sectors have had through this pandemic. There are learnings in there, I am sure.

Because the structure of it has changed through Bill 175, as well as Bill 74; because of the changes that have

been done legislatively—a legislative committee that would certainly be open to learning from the experts in public health and infectious disease could put all that together. I think there is something good to learn from this that could guide us into the future. This is the idea behind this particular amendment to Bill 175.

The Chair (Mr. Kaleed Rasheed): Before I say “further debate,” I would like to recognize MPP John Fraser, who’s joining us in the room.

Further debate? I recognize MPP John Fraser.

Mr. John Fraser: Thank you very much, Chair. I’m sorry I was a little tardy this morning.

I’m in support of this amendment. I want to thank very much the members for bringing it forward.

Right now, in committee room 1, we have a committee that’s sitting all summer long to inform the finance minister about the challenges that exist in our economy, with our small businesses and with all sorts of sectors in the economy. This is equally important. I know that the Premier has an obligation to do a review after the declaration of the state of emergency; this is not going to take away from it.

As legislators, I think it’s important, when these kinds of situations occur, that we come together, find common ground and listen to what people have to say. This is an unusual, extraordinary situation, and it’s one that we can learn from. There are all sorts of things that happened that are great, and there are all sorts of things that happened that didn’t work so well. That’s not about the assignment of blame; it’s about, “How do we not have that stuff that didn’t work happen again? What are the things that we could do?” If you contrast it with what’s going on with SCOFEA right now—it’s like we can talk all summer long about the economy as members of the assembly, but we can’t get together in an equal way and work together on something as critical, as important as people’s health and our response to COVID-19.

As I said, Chair, I’m in support of this amendment. I do want to acknowledge that when it was written, they did single out our particular circumstance at the moment as independent members, and I just want to say that I appreciate that. That’s very thoughtful. That’s all, Chair.

0910

The Chair (Mr. Kaleed Rasheed): Further debate? Seeing none, we are going to vote now.

Ayes

Armstrong, Fraser, Gélinas, Harden.

Nays

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

The Chair (Mr. Kaleed Rasheed): The motion is lost.

We are now going to move to NDP motion number 22. Madame Gélinas.

M^{me} France Gélinas: I move that section 11.2 be added to schedule 1 to the bill:

“11.2 Part VI of the act is amended by adding the following section:

“Public Vehicles Act does not apply

“47.2(1) Subsection 2(1) and sections 23 and 25 of the Public Vehicles Act do not apply to a public vehicle when it,

“(a) is being operated by, for or on behalf of,

“(i) an entity that provides a home and community care service under this act, or

“(ii) a licensee under the Long-Term Care Homes Act, 2007; and

“(b) is transporting only persons described in subsection (2).

“Persons transported

“(2) Clause (1)(b) applies to the following persons:

“1. A resident of a long-term care home under the Long-Term Care Homes Act, 2007, who is determined to be eligible under this act for the transportation service being provided.

“2. A person who is eligible under this act for the transportation service being provided.

“3. For a person mentioned in paragraph 1 or 2, one attendant or escort accompanying the person.”

The Chair (Mr. Kaleed Rasheed): Further debate? I recognize MPP Gélinas.

M^{me} France Gélinas: This is a second attempt to try to have this included in the act. It was part of the current bill that governs home and community services, but it will be repealed with Bill 175.

The exemption means that transportation services do not need to be regulated in the same way as taxis, buses and other services governed by the Public Vehicles Act. This is something that will be very problematic if the bill is proclaimed. I know the government will tell us that they’ll put it in regulations, but putting it in regulations—if there is ever a gap between the legislation going through and the regulations having been written in due process, it will cause real hardship, as well as the possibility of lawsuits and all sorts of other problems.

Patient transportation is huge. Most people who qualify for long-term care have long lost their driving privileges and depend on volunteer transportation and other forms of transportation to live their lives, to attend social events, family events, doctor’s appointments and all the rest of it. It’s the same with most of the people who receive home and community care services—they are, in the great majority, dependent upon those volunteer drivers to be able to enjoy life, to go to a day centre, to go visit their family, to go to the doctor etc.

By putting this section back into the bill the way it was before—because this is a section that already exists in Ontario—we’re just making sure that we carry it forward. Look at it as a little bit less work to do in regulations—because to pretty much every single one of the 20-some amendments that we have put forward so far, the answer has been, “It will be in regulation.” So you guys will be very, very busy writing a lot of regulations. I’m putting out

an olive branch here to take a little bit of work out of all of the regulation-writing. Keep it in the bill. It worked before, it doesn't cause any issues, and this is something we all want to do anyway.

The Chair (Mr. Kaleed Rasheed): Further debate? I recognize MPP McDonell.

Mr. Jim McDonell: I recommend voting against this motion because this issue is already being addressed through motion 23. The government is proposing an amendment to ensure that the government can deal with any technical or transitional items that arise as part of the shift from the Home Care and Community Services Act, 1994, to the Connecting Care Act, 2019. We recognize that the Ontario Community Support Association requested that we maintain the exemption to the Public Vehicles Act, and the government intends to make this amendment by regulation so that the exemption to the Public Vehicles Act will be maintained.

The regulations were posted on the registry back in February, so most of the work is already done.

The Chair (Mr. Kaleed Rasheed): Further debate? I recognize MPP Fraser.

Mr. John Fraser: As my colleague said, this is the second go at this. It looks pretty straightforward to put it in legislation, and I'm not sure what their reticence to do it is. I will say, these are the kinds of things that you can put in regulations. You can't put the bill of rights into regulations. Things like policies for abuse and appeals shouldn't be in regulations. It looks like we're governing health care by regulation.

I'll take you at your word that you're going to use these regulations to do this, but is there going to be a gap? When this is enacted and this gets wiped out some time in July—maybe sooner, depending on when this gets reported—is the measure that's supposed to be in place going to be in place? That's the question. Because if it's not, then those individuals who are using their cars and probably their gas are going to be at some risk. They're actually not people that we pay. They are not on the payroll. They're just community people coming together to help one another.

I'm going to support this amendment. It is the kind of thing that you can get into regulations, if the regulations are ready—so they'd better be ready—but I just want to underscore again that there are far too many things in this bill that are very inappropriately being put into regulations, and that's a big risk.

It's a risk for the people that we serve. It's a risk for us as members, because 10 years from now, what if somebody decides to change the regulation, change the bill of rights, change the appeals? They don't have to come back here—another government at another time. The folks that elect you, that send you here, don't get a say. That's why they send us here.

The Chair (Mr. Kaleed Rasheed): I recognize MPP Armstrong.

Ms. Teresa J. Armstrong: I think this is a very important piece—because there are some things that aren't broken, and this is one of the helpful ways that people who need transportation access it. It has been working for

people. I know that one of the presenters specifically asked for this not to be taken out of legislation. Again, it could be an oversight and the government doesn't realize that this is something that's working, it's benefiting patients, it's bringing community together.

Under COVID-19, we saw how people were helping others who couldn't get out of their homes. They were delivering groceries. They were trying to connect with them.

This is a way to make it quicker and simpler, rather than leaving it in a situation where they could be regulated as taxis. It's not necessarily, obviously, public transportation. It's a very specific service, that people want to help out, volunteer—family members. When people are ill, generally, they may even feel more comfortable going with someone they know. So to have this changed and possibly come under taxi or other kinds of transit laws is not going to be helpful.

0920

Keeping it under the legislation gives people the security and the assurance that when they need to get to their appointment for cancer treatment, to their doctor's appointment—even just an errand when they're not feeling well—that it's a quick and easy thing to do. It has already been proven that it works. There don't seem to be any hiccups with this. So I would recommend that the government—I understand that they want to put it in regulations, in the transitional piece, but really, there's no disadvantage to them by keeping it in legislation. It just secures the people who are receiving that service, the people who are providing that service, and it continues to be dependable.

Taking it out, putting it in regulations—I can't see it being any stronger. This is a strong piece—what the description is for the transportation piece of it. I hope the government will reconsider.

The Chair (Mr. Kaleed Rasheed): Further debate? MPP Harden.

Mr. Joel Harden: I just wanted to follow up on what others of my colleagues have mentioned about how important having this security is in legislation.

I want to name a couple of services back home in Ottawa Centre that rely upon this kind of help. Ottawa West Seniors Services and the Good Companions Seniors' Centre are two organizations that are run by volunteers. They're run by neighbours helping neighbours.

If you talk to MPP Fraser, if you talk to me, if you talk to MPP Fullerton or MPP Roberts or MPP Ghamari or any of the Ottawa-area MPPs, they will tell you how critical these services are and how reliant they are on the goodwill of volunteers to help seniors get to critical appointments, to help seniors do grocery shopping, to help them avail themselves of day programs when those reopen—and who knows when that may be under COVID-19?

Certainly, those organizations, which I have a great deal of respect for, are in a precarious position if there's a question about whether they have to take out a more ambitious insurance policy to cover volunteers. Then, all of a sudden, the cost of operation for many of these groups

becomes a lot more expensive. I'm sure my friends in government don't want to have that impact on organizations that are providing the community care that we all support.

This is the second opportunity for us, as my colleagues have said, to make sure this protection is enshrined in law. I would encourage my colleagues in government to do that for the betterment of seniors in Ottawa and across the province.

The Chair (Mr. Kaleed Rasheed): Further debate? Seeing none, we are ready to vote.

Ayes

Armstrong, Fraser, Gélinas, Harden.

Nays

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

The Chair (Mr. Kaleed Rasheed): Motion lost.

We are now going to move to government motion number 23. MPP Mitas.

Miss Christina Maria Mitas: I move that subsection 12(2) of schedule 1 to the bill be amended by adding “or similar” after “transitional” in clause 48(1)(n) of the Connecting Care Act, 2019.

The Chair (Mr. Kaleed Rasheed): Further debate? MPP Mitas.

Miss Christina Maria Mitas: I recommend voting for this motion, of course, because this motion is proposed to ensure that the government can deal with any technical or transitional items that arise as part of the shift from the Home Care and Community Services Act, 1994, to the Connecting Care Act, 2019. The addition of the word “similar” ensures authority for any regulations that are required to deal with the repeal and replacement of the Home Care and Community Services Act, 1994, with the Connecting Care Act, 2019. It permits a smooth transition for the regulation of home and community care from one legislative regime to the other.

The Ontario Community Support Association requested that we maintain the exemption to the Public Vehicles Act. This regulation-making authority would permit the government to do so by regulation. The government intends to make this amendment by regulation so that the exemption to the Public Vehicles Act will be maintained.

The Chair (Mr. Kaleed Rasheed): Further debate? I recognize MPP Fraser.

Mr. John Fraser: This is obviously an important piece in the bill since we're doing everything by regulation. I don't know if legislative counsel is available, but if someone can explain to me the limitations, or lack of limitations, of the word “similar”—what is that with respect to? Is it so broad that it can include almost anything?

The Chair (Mr. Kaleed Rasheed): Legislative counsel, please go ahead.

Mr. Ralph Armstrong: Ralph Armstrong, office of the legislative counsel.

With reference to the question, it is often a matter of fineness as one looks at even commonly used words in legislation—how far they can be taken. On the question that sometimes comes up—is this truly a transitional matter or is it, well, like a transitional matter because we're changing systems, but is it supposed to last a bit longer than normal transitional matters—these kinds of fine wordings are what we do in my office. The idea is that adding some extra terminology such as even “simply” or “similar” will reflect the legislative intent, the intent given by the Legislature, that there can be no doubt that these kinds of expert issues can be dealt with by way of the already extensive regulation-making power under this legislation.

The Chair (Mr. Kaleed Rasheed): I recognize MPP Gélinas.

M^{me} France Gélinas: Also for Mr. Armstrong, just so that I fully understand—you agree that there is really extensive regulation-making authority that already exists through Bill 74 and now Bill 175. We're now adding words such as “similar” that have not been defined. I'm an opposition MPP. I look at this as saying, “They already had really broad regulation authority.” As an MPP, I don't really like more regulation authority. I want it to be in a bill, a bill that I can hold the government to account for; a bill that I can have a voice on. I have no voice on regulation.

So you're telling me that there's already broad regulation-making authority. Now we're adding a word that is not defined that could be used to go even broader than what already exists. Am I telling the truth when I say that?

The Chair (Mr. Kaleed Rasheed): I recognize the legislative counsel.

Mr. Ralph Armstrong: Mr. Chair, I would say to the member that it is up to the members of the Legislature to decide what they want to be in the bill. All I can speak to is my opinion as to what can be done under the law.

M^{me} France Gélinas: Is the adding of “similar” making the regulation-making even broader than it would be if this word was not there?

Mr. Ralph Armstrong: Yes, that is my opinion, ma'am.

The Chair (Mr. Kaleed Rasheed): If you have any policy questions, we do have ministry staff to clarify as well, if there are any policy questions you may have.

M^{me} France Gélinas: I wouldn't mind.

0930

The Chair (Mr. Kaleed Rasheed): Sure. We have Amy, Ryan and Phil from the ministry. Madame Gélinas, please go ahead, and then I will recognize.

The Clerk pro tem (Mr. William Short): Ryan Collier is the legal counsel.

The Chair (Mr. Kaleed Rasheed): Okay. Ryan Collier is the legal counsel from the ministry side, so you can ask him this question.

M^{me} France Gélinas: I don't know if you could hear when I was asking my question, but my question basically boils down to: I've sat through seven hours of the government voting down every amendment. Most of the time, the rationale for voting down the amendment was that they were going to be dealing with this in regulation. We already saw in Bill 74 and in Bill 75 that the regulation-making authorities are quite broad. The adding of "or similar," I interpret this as, the regulation-making—it will make this even broader. Was that the intent, and am I correct in my assumption?

The Chair (Mr. Kaleed Rasheed): I recognize Mr. Ryan.

Mr. Ryan Collier: This is a very specific regulation-making authority, and so yes, this particular regulation-making authority is being made broader. But as the government members have said, this is to address specifically the exemption to the Public Vehicles Act, and it's appropriate for this exemption to be in regulation to be able to provide the flexibility that's necessary as we transition from a very old scheme in the Home Care and Community Services Act and the Public Vehicles Act.

That exemption applies to a very narrow portion of public vehicles. They are public vehicles that must be paid for, that transport on highways between municipalities. The government would like to make sure that, by regulation, the current exemption will be transferred over, is appropriate for all members receiving these services and allows the ministry to work with the Ministry of Transportation to make sure to craft an appropriate exemption going forward in the new legislation.

M^{me} France Gélinas: Two things. The first one: Are you telling me that if we don't add "or similar," the government would not be able to do a regulation about the Public Vehicles Act? Why could they not make a regulation about the Public Vehicles Act right here, right now?

The Chair (Mr. Kaleed Rasheed): I recognize Mr. Ryan.

Mr. Ryan Collier: As my colleague Mr. Armstrong referred to, the additional words "or similar" help to clarify that any of the specific regulations made under the transitional regulation-making authority continue to have authority, should they be proposed, providing that—the intent is that any exemptions to the public vehicles legislation or any successor legislation stand for longer than the period of transition, but at any time after the repeal of the Home Care and Community Services Act. "Or similar" is just broadening the reference to a transitional regulation.

M^{me} France Gélinas: So you've answered my second part. The Public Vehicles Act could be amended—no matter if Bill 175 passes or doesn't pass, the government maintains the ability to make regulations about the Public Vehicles Act any day of the week. By adding "or similar," we are broadening their ability—which, to me, is already

very broad—to make regulations. Am I telling the truth when I say that?

The Chair (Mr. Kaleed Rasheed): I recognize Mr. Ryan.

Mr. Ryan Collier: With respect, madam, I don't think that's correct. The government could not make a regulation regarding the Public Vehicles Act without the amendment.

M^{me} France Gélinas: So why didn't they just put in an amendment to put it back in the act? Why add words that are not described when this was already in the act? Why not just make an amendment and keep it in the act and be done?

The Chair (Mr. Kaleed Rasheed): I recognize Mr. Collier.

Mr. Ryan Collier: As I have mentioned, regulation-making authority allows us to make sure that the exemption can be possible and capture the correct people that it needs to capture. It's not simply a matter of duplicating the existing exemption in HCCSA, the Home Care and Community Services Act, but working with the Ministry of Transportation to ensure a modern and new exemption that captures the right people at the right time to preserve the intent of the exemption under the former legislation.

M^{me} France Gélinas: What you're telling me is that it could be different from what we used to have. It will be modern and a change from what we used to have.

The Chair (Mr. Kaleed Rasheed): I recognize Mr. Collier.

Mr. Ryan Collier: The intent would be to capture the same people, but it may require different wording to do so.

M^{me} France Gélinas: What keeps them from using it similarly to go into other parts of home and community care, such as fees, such as who qualifies and who doesn't, such as First Nations, such as anything else?

The Chair (Mr. Kaleed Rasheed): I recognize Mr. Collier.

Mr. Ryan Collier: Again, this regulation-making authority is only one specific regulation-making authority under the Connecting Care Act. That one, in 48(1)(n), deals only with transitional matters, with the coming into force of this act and the repeal of the Home and Community Care Services Act. It must be a matter that concerns the transition between the repeal of one act and the coming into force of another. It's not the regulation-making authority upon which the government would rely to make regulations regarding home care generally under the Connecting Care Act.

The Chair (Mr. Kaleed Rasheed): Thank you. I recognize MPP Armstrong, and you are asking question—

Ms. Teresa J. Armstrong: I'm just debating on motion 23.

The Chair (Mr. Kaleed Rasheed): Okay; debate. If I can please request the ministry staff members to turn off their cameras, then thank you very much for—

Ms. Teresa J. Armstrong: I actually had a question for the ministry staff.

The Chair (Mr. Kaleed Rasheed): My apologies. Can you please turn your cameras back on again? I believe MPP Armstrong has some questions for you, as well.

Ms. Teresa J. Armstrong: I just would like clarification. Amendment 23: Is it specifically directed to the Public Vehicles Act only, this change in government transitional matters, or anything similar? Is it specifically only for this piece in Bill 175?

The Chair (Mr. Kaleed Rasheed): I recognize Mr. Collier.

Mr. Ryan Collier: No, this is an amendment specific to this regulation-making authority. An example of how it can be used would be to address the issue regarding the Public Vehicles Act.

Ms. Teresa J. Armstrong: What other example could you provide that this would be something that was necessary? Obviously, you've looked through the legislation, the old act, and decided that this needs to be broader. The Public Vehicles Act is one example. Can you give us what other examples were concerning that you would like this to be basically open-ended power under making regulations?

The Chair (Mr. Kaleed Rasheed): I recognize Mr. Collier.

Mr. Ryan Collier: I don't have any specific examples in mind. But as we move from a legislated regime that is over 25 years old to a new regime under the Connecting Care Act, as well as periods of time where there may be regulation of home care in a state of transition, where some sectors could perhaps be regulated under the successor legislation and some under the previous legislation, it may be helpful to have a regulation-making authority such as this clarify the application of the law, which act applies to whom and which provision applies to which sector, for example.

0940

Ms. Teresa J. Armstrong: So when creating this wording, looking at the act, you used the Public Vehicles Act as the example. That's the only example that came to be and why you created this amendment? There are no other examples that were discussed that this would venture into?

The Chair (Mr. Kaleed Rasheed): I'm sorry, MPP Armstrong. I believe Madame Gélinas asked a similar question that Mr. Collier did provide the answer to.

Ms. Teresa J. Armstrong: Okay. I'm sorry. I may not have picked up on the answers, clearly.

The Chair (Mr. Kaleed Rasheed): That's okay. Do you have any further comments?

Ms. Teresa J. Armstrong: No, not for the ministry. Thank you.

The Chair (Mr. Kaleed Rasheed): Madame Gélinas.

M^{me} France Gélinas: I would like to ask the same question to Mr. Armstrong.

The Chair (Mr. Kaleed Rasheed): Okay. Madame Gélinas, please go ahead.

M^{me} France Gélinas: Counsel Armstrong, I'm not sure if you have been following, but the "or similar"—we asked, and legislative counsel told us that it is an example; it is not limited. Could you think of another example where "or similar" could be used?

Mr. Ralph Armstrong: I do not have an example, madam. Although, in my experience—and I'm pretty old now—in drafting regulation-making powers and drafting regulations, often, some of the largest and most unpleasant issues that come up in the process are things that people with the best will in the world in working their way through it did not see at the time, but you look at the authority that you have and say, "We'll deal with that situation." So often, the idea is not to have every specific example, but to make provision for the complications of life.

I hope that answers the question.

M^{me} France Gélinas: Yes, very well. It basically gives more authority to make it easier to pass regulations.

Mr. Ralph Armstrong: Simply put, ma'am, yes.

The Chair (Mr. Kaleed Rasheed): Further debate? I recognize MPP Armstrong.

Ms. Teresa J. Armstrong: Sorry, I wasn't quite done there when I was asking the ministry—

The Chair (Mr. Kaleed Rasheed): Oh, yes—please.

Ms. Teresa J. Armstrong: I have to say, I'd like to put on record that we've already seen this bill being gutted and everything moved into regulations. Then for the government to come up with this wording under this amendment 23 to give them even more, broader and vaguer authority or regulation-making powers and only providing one example isn't giving us a lot of confidence that this won't be used in many ways that it maybe shouldn't be, because there are no limitations; it's just completely open. It has been blown wide open, quite frankly. I just want to put that on record, that having one example of how they're going to use it—I hope that's the only example.

Again, when things are in regulation, it's very difficult to monitor what government is doing, because it doesn't come back to the Legislature. So I'm putting that out there, that I hope this is the only example the government has on their mind. If they had other examples, it would have been good to have them brought forward here so we could be aware of what their intentions are, because there has been a lot of preamble and intentions, but not a lot of things in solid legislation that we can speak to.

The Chair (Mr. Kaleed Rasheed): Further debate? I see none. We are ready to vote, but before we vote, if I can please request the ministry staff and the legislative counsel to turn off their cameras. Thank you so much for clarifying some of the concerns of some of the MPPs.

I believe we are ready to vote. Do we have everyone? Are we good?

Interjection.

The Chair (Mr. Kaleed Rasheed): Okay. Perfect.

Ayes

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

Nays

Armstrong, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Government motion 23 is carried.

Shall schedule 1, section 12, as amended, carry?

Ayes

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

Nays

Armstrong, Fraser, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Carried.

Shall schedule 1, section 13, carry?

Ayes

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

Nays

Armstrong, Fraser, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Carried.

Shall schedule 1, as amended, carry?

Ayes

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

Nays

Armstrong, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Carried.

Now we are going to move to NDP motion number 24. MPP Armstrong, I recognize you.

Ms. Teresa J. Armstrong: I move that section 1 of schedule 2 to the bill be amended by adding the following subsection:

“(2) Subsection 6(1) of the act is amended by adding the following paragraph:

“4.2 To develop a provincial standard on needs assessment that ensures that publicly funded home and community care services are provided based on needs, not on the ability to pay.”

The Chair (Mr. Kaleed Rasheed): Further debate? I recognize MPP Armstrong.

Ms. Teresa J. Armstrong: This is a really, really important amendment. Again, I implore the government side, the members here, the MPPs here, to really think about this particular section that we’re bringing forward.

Developing standards for assessment is something that needs to be done. We know that, in this bill, we need a basket of tools to make sure that people have a standard of care throughout the province so they can rely on that.

Developing a provincial standard on needs assessment helps move that forward so that people understand that everybody is doing the same thing. It’s called “best practices.” We’re all looking at best practices.

If we have a provincial standard, there are no grey areas of what the expectations are for a needs assessment, so that when people go in for people’s medical health requirements, they know what to expect, and the consumers who are receiving those services know that they’re going to be treated the same. Everyone is going to have the same provincial standards and is going to be assessed on their needs, like the neighbour next door.

The other piece is that we need to ensure that it’s publicly funded. Community and home care services, as we talked about many times before—we know that the government funds the health care piece, but also we have said here that it should be not-for-profit. Based on that, funding people’s needs, publicly funded—we want to make sure that it’s not because they can’t pay for those services.

When we start administrating fees for service, then that gives a hierarchy in health care: those who can pay and those who can’t. So have a provincial standard on needs assessment, and ensure it’s publicly funded for home and community care so that we can alleviate people’s anxiety and concerns around access if they can’t afford health care and home care and community care.

0950

I ask the government, again, to—they want things to be smooth and seamless, and I think having a provincial standard of needs assessment is a way to have that seamless situation. There are no questions asked. People understand what their expectations are. They know what their responsibility is in order to perform a needs assessment. The consumer receiving that is going to feel confident that they have the same service and the same quality of care as someone else, and won’t have to worry whether or not there’s ability to pay. That’s a comfort.

Again, bringing this forward—the government has put a lot of things into regulations. This would be something that would help people restore their confidence and faith that when they’re going to be calling their home care provider or when they’re going to get access to community care, there’s a standard in place, and their ability to pay won’t come into question.

The Chair (Mr. Kaleed Rasheed): Further debate? I recognize MPP Vijay Thanigasalam.

Mr. Vijay Thanigasalam: I recommend voting against this motion because the government’s priority is to strengthen the publicly funded health care system, making it better for all patients, families and their caregivers. The needs assessment will continue to be required to be part of home and community care through regulation. Under this bill, Bill 175, in the proposed regulation, as under the current legislation, eligible patients will have access to publicly funded home care at no personal charge. This includes professional home care services such as nursing and therapies as well as personal support services.

Client copayments have been part of the community services landscape for some time. The ministry is not seeking to disrupt that model, but will continue to engage with our community partners about copayments.

The Chair (Mr. Kaleed Rasheed): Further debate? MPP Joel Harden.

Mr. Joel Harden: I want to respond to what my colleague MPP Thanigasalam just mentioned. I was particularly struck by, if I'm interpreting you correctly, MPP Thanigasalam, the phrase you used, about how client copayments have been a common practice in the home and community care industry and you're not seeking to disrupt that trend at this time. I think that on its own should give us pause to reflect on what we're doing with this legislation.

I'm not sure about the other MPPs at this committee—I make the assumption that you've had the same experience I have had. I have talked to many low-income seniors—who I understand you are trying to help through your low-income dental program, for example—who are having very difficult times accessing home and community care services. Particularly on the community care side, where many of the adult day programs are facilitated through great seniors' centres and active living centres in our city, in Ottawa, like Ottawa West Seniors Services and Good Companions, that do amazing work, a lot of seniors have a difficult time accessing services where they're required to pay.

I will remind MPP Thanigasalam and the government that section 23.1 of Bill 175 is permissive. It's permissive in that while it says that you aspire to the goal of having no service fees for home and community care, the last aspect of that particular passage of the legislation is very clear—unless specified otherwise in regulation.

As so many folks have said at this committee, we are leaving a lot of faith in the regulations making sure that people can protect us. And what I just heard—MPP Thanigasalam, you can correct me if I'm wrong—is that the government is acknowledging through what was just said by MPP Thanigasalam that client copayments have been part of the home care and community care industry for some time. I think that, colleagues, is evidence of the fact that the government—

Interjection.

The Chair (Mr. Kaleed Rasheed): My apologies, MPP Harden.

Point of order: I recognize MPP Martin.

Mrs. Robin Martin: Thank you, Chair. I believe this is a point of order.

You just misrepresented what MPP Thanigasalam had said. He said that copayments have been part of community services, and you said “home and community services.” It's not the home care part. The community services parts, like Meals on Wheels, have always had copayments. Just don't misquote people.

The Chair (Mr. Kaleed Rasheed): I recognize MPP Joel Harden.

Mr. Joel Harden: Well, I thank MPP Martin for her point of order. I guess what I would do, Chair, is offer

MPP Thanigasalam an opportunity to repeat his remarks. I thought I had heard that it extended beyond community care, but if he wants to restate the government's commitment to no user fees whatsoever for home care, I would welcome the opportunity for MPP Thanigasalam to restate that, and I would be happy to note that for the record and continue with my remarks.

The Chair (Mr. Kaleed Rasheed): Further debate? Madame Gélinas.

Interjection.

The Chair (Mr. Kaleed Rasheed): Oh, okay. My apologies for that.

Further debate, MPP Joel Harden? Please go ahead.

Mr. Joel Harden: Okay. Well, I'm going to interpret that as an indication from my colleague that you're not seeking the opportunity to restate what you said for the record, so we will look to Hansard for what was caught in what we said. I am very sensitive, as a seniors critic and as a disabilities critic for the province, to any measures that would continue to take us down the road of user fees on top of the services that are addressed in this piece of legislation. I think we should be moving towards no user fees. I think people with disabilities and seniors deserve upfront no-cost options to help them live meaningful and fulfilling lives, and I heard that through many of the deputations.

Again, section 23.1 of this legislation is permissive. It says that it aspires to not create any barriers to services by way of copayments, but there are the words towards the end of that section—MPP Martin, I point this out specifically to you, given your legal background—unless otherwise specified in the regulations. So the legislation that we have is permissive. There's nothing dilatory or assumptive in my making that point; that is in the piece of legislation that the government has put to us today—copayments, and potential further copayments.

What I would prefer is some very clear clarification, as MPP Armstrong has mentioned, to make sure that we go down a different road, to make sure we go down the public services road, the medicare tradition many of us have spoken about at this community, to make sure that seniors, people with disabilities, users and consumers of home and community care services can get what they need to age in place, to live meaningful and fulfilling lives, without having to fork out money. I think that's a very important Canadian value.

The Chair (Mr. Kaleed Rasheed): I'm now going to go to MPP Gélinas.

M^{me} France Gélinas: The home and community sector has been in need of provincial standards for a very long time. I am on record saying that the disparities between regional areas of our province are huge. I am sorry to keep using the example from Ottawa, but that's because it's an example that I know well. If you do the needs assessment for a person in the North East LHIN for home care, and they use a scale of 0 to 25, you don't get any home care unless you score at about 18. Even then, the maximum you will get will be two baths a week. Starting at 13 in the Ottawa–Vanier area, you qualify for home and community

care. I have nothing against the good people of Ottawa; I just want standards, and right now, we don't.

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If you get assessed at the end of the fiscal year, which is in February or March, when there is no money left for home care, then things get even worse. It doesn't matter what your needs are; it doesn't matter if you're freshly out of the hospital, you can't transfer out of your bed, you can't feed yourself, you need stitches removed—nothing is going to happen until the next fiscal year. This is not right.

One of the characteristics of what makes us Canadian and Ontarian is medicare, where care is based on need, not on ability to pay. We know when we go in the hospital that we will be looked after, they will give us a gown, they will feed us, but we also know that if you have a broken leg and you need crutches, you will have to pay for those crutches before you go out the door of the hospital. The standards are really clear as to what is covered and what is not covered.

None of that exists in the home and community care sector. In some areas, supplies are covered; in other areas, the patient has to pay for them. It is all over the map. It is not good. As MPP Teresa Armstrong said, let's make it clear as to what is part of the basket of services for home and community care and what is outside of that—and that means provincial standards on needs assessment—so that you know exactly if you assess someone and this is their level of needs, this is the basket of services that will be available to them. We have been needing that for a long time.

I know that many members of the government talk very much in favour of raising the limit and there will not be a limit put on the amount of care that you can have on their home care. That was a limit that was put by the last Conservative government and taken away by this one. But all of this is meaningless if there isn't a basket of services available to you, if all it means is that you're on a wait-list for your home care to start in weeks and months down the road. That cannot be.

So to hold ourselves to account, to make sure that our home care service will improve and will meet the needs of the people, you need provincial standards. Anything else means that the status quo of services all over the map, depending on where you live and when your needs happen to be, will continue to be.

The Chair (Mr. Kaleed Rasheed): I recognize MPP Fraser.

Mr. John Fraser: I want to thank the members for bringing this amendment forward. I'll be supporting this amendment.

You need a standardized tool. MPP Gélinas is right: It's all over the map across the province, and that's with a relatively limited number of people who are administering home care. Now you're going to put that into triple digits with health teams. You're going to need a standard, or what's going to happen is what's happening in Sarnia is not what's happening in Kingston or in Welland or in Hamilton, and if you've eliminated the cap—there are a

limited set of resources for health care in Ontario. We all want more. But if you don't have a standard by which to measure things and you don't have a cap, how are you going to manage it? That's the question.

This is something that's been needed for a long time. I know the difference that happens in our community and in Sudbury and I'm sure it's different—I know it's different—all across Ontario. We need to change that. You're expanding the number of people who are going to be administering home and community care, so it actually means that you need stronger tools to be able to ensure that you can manage those dollars and the hours of care in a way that's going to produce some equity in the system.

The Chair (Mr. Kaleed Rasheed): Further debate? Seeing none, we are now going to vote on NDP motion number 24.

Ayes

Armstrong, Fraser, Gélinas, Harden.

Nays

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

The Chair (Mr. Kaleed Rasheed): The motion is lost. Shall schedule 2, section 1, carry?

Ayes

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

Nays

Armstrong, Fraser, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Carried. Shall schedule 2, section 2, carry?

Ayes

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

Nays

Armstrong, Fraser, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Carried.

Now we are going to move to NDP motion number 25. MPP Joel Harden, please go ahead.

Mr. Joel Harden: I move that section 2.1 be added to schedule 2 to the bill:

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

“Annual report on personal support worker labour issues

“17(1) The minister shall make available to the public an annual report with respect to actions taken by the ministry to,

“(a) improve working conditions for personal support workers;

“(b) ensure that personal support workers receive a living wage for all hours worked; and

“(c) improve local training and hiring practices for personal support workers.

“Publication of report

“The minister shall ensure that the report is,

“(a) published on a government of Ontario website or in such other manner as the minister considers advisable; and

“(b) available to the public on or before December 31 in each year.

“Tabling

“(3) The minister shall table the annual report in the Legislative Assembly as soon as possible after it is published.”

The Chair (Mr. Kaleed Rasheed): Further debate? I recognize MPP Harden.

Mr. Joel Harden: I am very proud to move this forward. One of the things I think we heard very clearly from the personal support workers who deputed to our committee and all of the various organizations who work with organizing those services is that we have a lot to do in making sure we turn personal support worker jobs into fantastic, meaningful careers.

This is where once again I’m going to implore all of my colleagues on the committee to see the personal support worker profession as something in dire need of more attention and support from the province of Ontario. I think recent decades have shown that the decision to embrace the managed competition model and allow organizations to compete for publicly funded government home care contracts on the basis of how much labour costs has very much hurt the personal support worker profession.

I can tell you from our city of Ottawa that, according to the local LHIN, there is a 60% turnover rate for personal support workers in our city. People are hired and trained into this profession, they work for a short amount of time in many cases and leave because of the duress they’re under. They would rather work in the retail fast food industry, they would rather work in the retail grocery store industry—both of which are perfectly fine jobs. But they would rather do those jobs than work in the personal support worker industry, which is a profession that we have a huge need to expand capacity in.

I think what this could do is allow us, as a province, to track how we incentivize personal support workers to stay in the profession, how we turn these jobs into meaningful careers, and most importantly, how we respect people who are on the front line, who today we’re calling health care heroes. I think this is how we can make sure that we commit ourselves to a regimen to improve this profession, to work with the women, predominantly, who are in this workforce—many women of colour, many newcomer

women—who are making enormous contributions but at, in my opinion, a fraction of what their actual worth is.

1010

I will end by saying this: These professions—for those who haven’t had the great fortune to meet people who work in personal support work—are extremely skilled. I think that’s often missed. Dr. Pat Armstrong has talked about this extensively in her work. To learn how to relate to and build a relationship with someone with dementia, for example, consuming home care services in their home, if they’re able to actually pull that off before going into a long-term-care facility—there is a whole array of different skills in feeding, in bathing, in all kinds of different care aspects, that is extremely skilled. It beggars belief to me that we do not compensate for how qualified and how important the workers in this sector are, and that we place a higher value on people who can trade pieces of paper in downtown Toronto at the stock exchange than on personal support workers working with people with disabilities and seniors.

So this is a regimen we could commit ourselves to to respect this profession, and I certainly hope that my colleagues in government would support this.

The Chair (Mr. Kaleed Rasheed): I recognize MPP Sam Oosterhoff.

Mr. Sam Oosterhoff: I recommend voting against this motion.

The government recognizes the critical role that personal support workers play in delivering high-quality health care services in Ontario, and it’s why we have brought this bill forward.

Bill 175 is supporting PSWs in home and community care to become more integrated within the circle of care and new delivery models provided by Ontario health teams. This improved integration of care will enable more PSWs in home care to work as part of a care team, which can also improve engagement and reduce isolation on the job.

In addition to the proposed legislative changes, the ministry is developing a health human resources strategy for the health system—and not just home and community care, but an integrated system as a whole.

The government is also looking carefully at training, compensation and conditions for PSWs across the health system.

Particularly in light of COVID-19, we’ve seen the need to consider the system as a whole as we seek to make improvements.

If these improvements do require legislative changes, it’s likely that labour or employment legislation would be the appropriate vehicle for these changes.

The Chair (Mr. Kaleed Rasheed): I recognize Madame Gélinas.

M^{me} France Gélinas: I know that a lot of you have mentioned how happy and satisfied you were that we had over 40 groups that came and did deputations. Some of them were actual PSWs who work in the field of home care and community services.

You will all remember Gloria Turney, working eight years as a PSW in home care, who told us that all she gets is 10 hours of guaranteed work and the rest of it is on call—no paid sick leave, no hope for a pension. She told us that the company takes everything and leaves nothing for the PSWs.

You will remember Jodi Verburg, 10 years as a PSW in home care—the same. She worked for a for-profit company, and she shared with us that after 10 years on the job—no paid sick leave, no benefits, paid \$17 an hour.

To bring a new management model to care through the Ontario health team is not going to make any of the for-profit home care providers suddenly pay their employees a living wage. They're not going to start to give them a pension. They're not going to start to give them paid sick days.

I want everybody to realize that as of last night, 5,781 health care workers got infected by COVID-19—

The Chair (Mr. Kaleed Rasheed): I'm so sorry to interrupt you.

It's 10:15, so this meeting is in recess until 1 p.m. this afternoon.

The committee recessed from 1015 to 1300.

The Chair (Mr. Kaleed Rasheed): Good afternoon, everyone, and thank you for joining the committee meeting. We are here doing clause-by-clause for Bill 175, An Act to amend and repeal various Acts respecting home care and community services. Welcome back, everyone.

Before we went on recess, we were debating NDP motion number 25. Madame Gélinas had the floor. Further debate?

M^{me} France Gélinas: Basically, what amendment number 25 does is it requires the minister to create an annual report on personal support workers' labour issues and to make that report public. I know that anybody who was not familiar with personal support workers now is familiar, simply because of what's happening with COVID-19, the work they do in our long-term-care homes and the number of them who have tested positive for COVID-19.

They also are the main workers in home care. If you think that the working conditions are bad in long-term care, they are no better and sometimes worse in home care. All of the big players in home care are private providers. They compete for contracts to provide home care to the people of Ontario. This competition is in huge part based on cost. The biggest cost of home care is labour. In home care, you don't build anything, you don't sell anything; you have home care workers who provide to the person who needs it. This bidding process, where the person with the lowest bid wins the bid, means that the person who pays their employees the least gets the bid.

There are almost no home workers who work full-time. A great majority do not have sick benefits. A great majority do not have paid time off, benefits, pension or any of that. Most of them will get a contract for 10 hours of work over two weeks, and the rest of their work comes from sitting by the phone and waiting for the phone to ring to tell them what their next shift is going to be. Almost all

home care workers have more than one job, just trying to make ends meet.

At the same time, the women—because they are mainly women—who chose to work for home care do it for the right reason. You don't go into home care because you want to be rich. You don't go into home care because you want to be famous. You go into home care because you want to help people. They know that they make a real difference in the lives of the people that they serve.

The idea of putting in this legislation a requirement for the minister to create a report on personal support workers' labour issues is really a way to help them. The bill basically concentrates on the management of care. We won't have CCACs and we won't have LHINs any more; we will have Ontario health teams. Ontario health teams will be responsible for hospitals, long-term care, home and community care, palliative care, primary care, and mental health and addictions. All of those will work together. The management of care will look different, but who holds the contract, who are those personal support workers the employees of—there is nothing in this bill that will change this.

There is nothing in this bill that will provide an impetus for the big home care chains to give sick days, to give benefits, to give full-time work. Our home care sector is not able to recruit and retain a stable workforce, because it doesn't matter how hard you work in home care; you will never make a living wage.

The working conditions in home care tell you to go home to home. In my riding of Nickel Belt, they often come to see me and they will show me their mileage sheets—700 kilometres driven in a two-week pay period. Think about it: 700 kilometres on rural northern Ontario roads—and do that in January and February when it snows every second day; those are hours and hours they spend on the road. None of those hours are paid for. What other workers are asked to travel to do their work and don't get paid for travel time? Home care workers. They get mileage, most of them 33 cents a kilometre. That's all.

All of this will not change until there is an impetus for change. The impetus for change will come once the minister creates an annual report on personal worker labour issues.

At the end of the day, the goal is to make PSW a career that people want, desire and is respected for the hard work that they do. This is a step in that direction.

The Chair (Mr. Kaleed Rasheed): Further debate? I recognize MPP Fraser.

Mr. John Fraser: I'll be supporting this amendment. I want to thank my colleagues for bringing it forward. This is really important. If we learned anything from COVID-19, our greatest vulnerability was around our workforce, and especially around PSWs. We can see how the shortage of PSWs in long-term care had a dramatic effect in some long-term-care homes that got into outbreak and things got beyond control. We can see what happened to residents.

It's a bit harder to see when Mrs. Smith or Mr. Brown doesn't see their support worker for that day so they can get them out of bed or give them a bath or check in to make

sure that they're eating right. The stability of our workforce and the organization of our workforce is critical for us to be able to ensure that vulnerable people, especially aging, frail seniors, are going to have the care that they need. They're not going to have the care unless we can guarantee the workforce is going to be there. We know the things that we have to do. They're in this amendment. I think we all agree on that.

The government put out pandemic pay. It's going to be hard for that pandemic pay to end, especially for the home care workers or long-term-care workers, people who are providing care to the ones we care for most: our parents, our grandparents, our children sometimes.

We can't let the lessons of COVID-19 drift off into the ether. Putting this in legislation says, "We have to organize those people who were providing hands-on care. We need to make sure that we're training them. We need to make sure that we're paying them well, that they can exist and have a living in their chosen field." It's a really tough job, and some of the benefits and victories of rights that were won by personal support workers—like two days' paid sick leave, like equal pay if you're doing the same job part-time as full-time, things like that—were lost a couple of years ago.

If we don't do what's outlined in this amendment, if we don't actually stabilize the workforce and create some structure to be able to report our success in doing that, it's going to be really hard to ensure that people are getting the services that they need. Right now, you don't have 13, 14 CCACs, or whatever we call them now—

M^{me} France Gélinas: It's LHINs now.

Mr. John Fraser: Oh, they're still called the LHINs. We won't have those. We're going to have 100-plus health teams. Those are good ideas, but they need structures. They need governance structures. They need province-wide structures that establish things like standards, a stabilized workforce. If you want them to succeed, you have to give them the tools, which means you have to say, "Look, we're going to have to measure this, and here's how we're going to measure it."

Again, I don't want to belabour the point too much. I think this is an important amendment. I hope that my colleagues on the government side can vote for it and support it.

1310

These are the people who get paid the least to do the hardest job. It's a really tough job—not to show favour to one part of the health care sector, but it is. Some people get paid for travel time; most don't. You work an hour in one place. If the weather's bad, your income gets affected. Your work is precarious. And what are you doing? You're caring for somebody's mum or dad.

If we value the PSWs and all people working in home care, then these kinds of measures are really important.

The Chair (Mr. Kaleed Rasheed): I recognize MPP Armstrong.

Ms. Teresa J. Armstrong: This motion is very, very important. Right now, the government of the day has set up a human resources advisory council for a long-term-

care strategy for hiring PSWs. That came about, of course, because of the public inquiry into the Wettlaufer murders. At that time the NDP asked, calling on the government of the day at that point, to expand that public inquiry to look into the systemic problems of long-term care. That was declined. But out of that report—it was focused specifically on the murders at that time—there were some recommendations, and around the HR piece was one of the recommendations that Justice Gillese put in place. As a result, the government was supposed to come back on July 1 with their updates and findings on that.

I say this because I don't want home care PSWs to be in the same situation as what we have in the long-term-care file. We don't need to go down that road. There are already signs. There are already enough voices on record, whether it's PSWs, whether it's constituents calling us because they didn't get the continuity of care or someone showing up, whether it's family members or home care organizations—there were some deputations on that. They're telling us that there is a problem in this career choice. They need more workers and they need a stabilized workforce in order to deliver the home care that we need to project into the future.

That's the other piece that we brought an amendment on here, so that the government could actually forecast what the needs of home care and community care are into the future. It's good that we're looking at home care and health care in general, but what we do now is going to affect us in the future. When we create legislation, we have to look at beyond today and beyond the needs of what's happened and how those needs will be affected later.

This is focusing specifically on the front-line staff. As we've heard from PSWs at the presentations, the pay is not enticing. They're not paid for mileage, as we said. I even heard from a PSW that now they can be tracked on their phones, so that if they finish a job a little bit earlier or someone takes a little bit longer, they can't even run in to get a coffee because it's on the clock.

They do need good wages. They need paid sick days—because if they're sick and they go to work, they're going to transmit it to the people they're caring for. They need benefits.

I heard one of the MPPs in the government say how they recognize the value—don't quote me, but something to the effect of, they realize how important PSWs are in the home care system. We've heard how everybody is a health care hero, and we all agree. I can't imagine what they've gone through during the pandemic—having to go into work and really put their lives on the line, knowing that they could be carriers or spread it or be contaminated by it.

This amendment is asking the government to be forward-thinking and forecast that there are already problems happening here. Let's be the ones to take charge of it, be ahead of the curve, so to speak, to make sure that we can deal with home care now and the conditions of the workforce, so that we're not scrambling at the last minute in COVID-19 asking people to come and join PSWs to help people in long-term care.

Nobody wants to be in those positions. As the population ages, we need to make sure that people are choosing the front-line home care and community care piece because it's a good career that pays well. Their heart's in it. We know, when people are health care providers, they're a special breed. They're nurturers, they're compassionate, and in order for that to continue, we have to pay people fairly and working conditions need to be healthy—health and safety.

As a politician, when I'm in an election and I go to a door, I'm cautious about when people invite you in. Usually, you're friendly, everything's well and they want to invite you in, but you don't know what you're walking into. Chances are it's perfectly fine. But as a PSW front-line worker, every day when you're told to go to someone's home, that's your job. You have to enter the home to deal with that care for that person.

If anything, this government can really look great by taking this initiative and starting discussion and tables around how to improve PSW work, how to improve community and home care.

We know that the aging population is coming. It's an opportunity to take hold of and really make things better in the long run. I don't know about anyone else, but in the next 25 years—no, maybe 20 years—I'm probably going to be needing some kind of care, to a degree. Maybe it's a community day program, health prevention, rehab, exercise, even dietitians—a lot of diabetes happens when we get older. I want to rely on the workforce that's there—when they are coming to my home, that they're not worried and stressed out and only have that 10-minute window. And if they need a little extra time or if they didn't have a full-time job—that was the other piece that I have heard. One PSW, specifically, who was in the news in London said she wanted more hours—and the company she worked for was a for-profit company. She said she'd only get just the bare minimum before she hit the full-time hours, and she would say, "Call me. I'm willing to work more hours." They would spread it around so everybody would get less than the full-time.

There are definitely blemishes in the system that we have now, and this would be a way to address those problems. I really believe that if we don't start calling out what the problem is, we can't fix it. So having this personal support labour committee—an annual report on it would be a step in the right direction, to get the information so we can solve the problem, and not working backwards like we are now in long-term care trying to fix everything or trying to fix things now. We knew that those problems were there, and people just kept kicking the can down the road.

I urge the government to really, if doing nothing else during all these amendments—and there were so many good amendments in here—and I understand their reasoning for not doing it in some ways, because they want everything in regulations. But this is a really good step, it's a really good prevention piece. If they didn't accept any of those amendments—this piece is a good prevention piece for a lot of the things that could go wrong because

everything is in regulations and not being debated. This could help the consumers who are accessing health care and, of course, ultimately, make a difference in the workforce on the front lines so that people, when they join a PSW workplace, feel good about what they've studied for and they know they're going to be considered heroes, and there's going to be that acknowledgement and the reimbursement. We can have all these nice words—and so we should; we should celebrate them—but they need our help now, and this would be a good amendment for the government to support.

1320

The Chair (Mr. Kaleed Rasheed): Further debate? Seeing none, we are now going to vote on NDP motion 25.

Ayes

Armstrong, Fraser, Gélinas, Harden.

Nays

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

The Chair (Mr. Kaleed Rasheed): Motion lost. Shall schedule 2, section 3, carry?

Ayes

Martin, McDonell, Mitas, Skelly, Thanigasalam.

Nays

Armstrong, Fraser, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Carried. Shall schedule 2 carry?

Ayes

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

Nays

Armstrong, Fraser, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Carried.

I'm requesting to bundle here schedule 3, section 1, all the way to schedule 3, section 7, inclusive. Shall schedule 3, sections 1 through 7, inclusive, carry?

Ayes

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

Nays

Armstrong, Fraser, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Carried.

Now, we are going to debate government motion number 26. I recognize MPP Martin.

Mrs. Robin Martin: I move that schedule 3 to the bill be amended by adding the following section:

“Opioid Damages and Health Care Costs Recovery Act, 2019

“7.1(1) The definition of ‘health care benefits’ in subsection 1(1) of the Opioid Damages and Health Care Costs Recovery Act, 2019, is amended by adding the following clause:

“(0.a) home and community care services under the Connecting Care Act, 2019,”

“(2) Clause (b) of the definition of ‘health care benefits’ in subsection 1(1) of the act is repealed and the following substituted:

“(b) community services under the Home Care and Community Services Act, 1994, before its repeal,”

The Chair (Mr. Kaleed Rasheed): This amendment seeks to amend an act that is not open in the bill. I therefore rule the amendment out of order.

Mrs. Robin Martin: Can I ask for unanimous consent that the motion be considered nonetheless?

The Chair (Mr. Kaleed Rasheed): Sure. Is there unanimous consent for government motion number 26? I heard a no. Apologies, we cannot move forward.

Now we are going to go to schedule 3, sections 8 through 10. Shall schedule 3, sections 8 through 10, inclusive, carry?

Ayes

Martin, McDonell, Mitas, Skelly, Thanigasalam.

Nays

Armstrong, Fraser, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Carried.
Shall schedule 3 carry?

Ayes

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

Nays

Armstrong, Fraser, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Carried.
Shall section 1 carry?

Ayes

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

Nays

Armstrong, Fraser, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Carried.
Shall section 2 carry?

Ayes

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

Nays

Armstrong, Fraser, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Carried.
Shall section 3 carry?

Ayes

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

Nays

Armstrong, Fraser, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Carried.
Shall the title of the bill carry?

Ayes

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

Nays

Armstrong, Fraser, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Carried.
Shall Bill 175, as amended, carry?

Ayes

Martin, McDonell, Mitas, Oosterhoff, Skelly, Thanigasalam.

Nays

Armstrong, Fraser, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Carried.
Shall I report the bill, as amended, to the House?

Ayes

Martin, McDonnell, Mitas, Oosterhoff, Skelly,
Thanigasalam.

Nays

Armstrong, Fraser, Gélinas, Harden.

The Chair (Mr. Kaleed Rasheed): Carried.

Thank you all for your participation in this committee meeting. I appreciate everyone joining, and also all the presenters.

No further business. Committee adjourned.

The committee adjourned at 1330.

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Mrs. Robin Martin (Eglinton–Lawrence PC)

Also taking part / Autres participants et participantes

Mr. Ryan Collier, counsel, legal services branch, Ministry of Health

Clerk pro tem / Greffier par intérim

Mr. William Short

Staff / Personnel

Mr. Ralph Armstrong, legislative counsel