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**Official Report
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(Hansard)**

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des débats
(Hansard)**

SP-47

**Standing Committee on
Social Policy**

Advancing Oversight
and Planning in Ontario's
Health System Act, 2021

1st Session
42nd Parliament

Wednesday 19 May 2021

**Comité permanent de
la politique sociale**

Loi de 2021 visant à faire
progresser la surveillance
et la planification dans
le cadre du système
de santé de l'Ontario

1^{re} session
42^e législature

Mercredi 19 mai 2021

Chair: Deepak Anand
Clerk: Tanzima Khan

Président : Deepak Anand
Greffière : Tanzima Khan

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
SOCIAL POLICY**

**COMITÉ PERMANENT DE
LA POLITIQUE SOCIALE**

Wednesday 19 May 2021

Mercredi 19 mai 2021

The committee met at 0901 in committee room 2 and by video conference.

ADVANCING OVERSIGHT
AND PLANNING IN ONTARIO'S
HEALTH SYSTEM ACT, 2021
LOI DE 2021 VISANT À FAIRE
PROGRESSER LA SURVEILLANCE
ET LA PLANIFICATION DANS
LE CADRE DU SYSTÈME
DE SANTÉ DE L'ONTARIO

Consideration of the following bill:

Bill 283, An Act to amend and enact various Acts with respect to the health system / Projet de loi 283, Loi visant à modifier et à édicter diverses lois en ce qui concerne le système de santé.

The Chair (Mr. Deepak Anand): Good morning, everyone. The Standing Committee on Social Policy will now come to order. I've already addressed the gavel. We are here for clause-by-clause consideration of Bill 283, An Act to amend and enact various Acts with respect to the health system.

As you know, we have MPP Joel Harden, MPP John Fraser and MPP Robin Martin in person, and we have MPP Amy Fee, MPP Christine Hogarth, MPP Natalia Kusendova, MPP Effie J. Triantafilopoulos, MPP Logan Kanapathi and Madame France Gélinas on Zoom. We are also 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 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, please make sure all comments go through the Chair. It's kind of standard, but we have to say it, because people forget.

All right. Any questions at this time? I see a no—a big no; thank you, Madame France. Oh, you have a question. Okay. I thought you said no. Go ahead, please.

M^{me} France Gélinas: Thank you, Chair. Is it okay if I ask the Clerk that whenever there is an NDP motion, we would require a recorded vote? Do I have to say this at every amendment, or can I just tell you now that whenever there's an NDP motion, we would like a recorded vote?

The Chair (Mr. Deepak Anand): Let me just ask everybody, as well, so that we have a consensus from the rest of members. Does anyone have any objection to that? Okay. I see it's unanimous consent, so absolutely no problem.

Interjection.

The Chair (Mr. Deepak Anand): You would like to have a recorded vote, sir? Okay. All right, so we'll make sure that there is a recorded vote. If not, then we will keep chugging along. Great. Thank you so much.

The Clerk has distributed the amendment package to all the members and staff electronically. The amendments are numbered in the order in which the section and the schedule appear in the bill.

We will now begin the clause-by-clause consideration. As you will notice, Bill 283 is comprised of three sections and four schedules. In order to deal with the bill in an orderly fashion, I suggest that we postpone consideration of the first three sections, in order to dispose of the schedules first. All in favour? Thank you. I appreciate it. 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.

At this time, is there an agreement to stand down the three sections and deal with the schedules first? Okay.

Before we begin schedule 1, I will allow each party to make some brief comments on the bill as a whole. Afterward, debate should be limited to the section or amendment under consideration. At this time, I would like to ask for any comments.

Interjection.

The Chair (Mr. Deepak Anand): I've been informed by our Clerk, Ms. Khan, that we have MPP Mitzie Hunter on the call at this time. MPP Mitzie Hunter, please confirm your name and please confirm that you're in Ontario. I want to ask you another thing: My understanding is that you're not joining as a member?

Interjection.

The Chair (Mr. Deepak Anand): A member, but not on the committee. So you will not be permitted to vote. Please confirm your name and that you are in Ontario.

MPP Mitzie Hunter, can you hear us? Can you please confirm?

Interjection.

The Chair (Mr. Deepak Anand): She has disconnected, so we will wait for her to come back.

We will continue our proceedings. MPP France Gélinas, go ahead, please.

M^{me} France Gélinas: I just wanted to put on the record before we start that the four schedules of the bill are quite different. The first one that deals with the collection of vaccine data is quite puzzling to me, because I've asked questions in the House to the minister—as well, there are health estimates going on right now so I have had the opportunity to ask many questions to the minister regarding that schedule.

There is such a high demand by everyone in health care for us to collect race-based data—“us” as in the provincial government, but more specifically for the Ministry of Health to collect race-based data. We know that this pandemic has not been equally devastating on all Ontarians. If you look at Black, Indigenous and people of colour, if you look at new immigrants, if you look at people who work minimum-wage, precarious jobs, they have borne the brunt of the damage of the sickness of getting COVID—getting sick, being admitted into the hospital, being admitted into the ICU, unfortunately dying from the disease—after the people in long-term care.

We all know that if we don't collect that data, we don't have the body of evidence we need to make changes to the vaccine rollout, to the response to COVID etc., so you will see that we're really trying hard to get this into the bill. When I ask the minister, she makes it clear that public health units have the power to do this. But she has the power to mandate them to do that, and it hasn't been done. So you will see.

For the second section of the bill, which deals with PSWs and creating a new authority, this is very punitive on a group of workers who have given their all during this pandemic, and always. Again, PSWs are mainly women—a great majority; I think over 90% of them are women. Many of them are racialized. Most of those jobs are part-time, with no benefits and no protection, and don't pay very well. And yet we are putting forward an authority that will be there to punish them, but there is nothing in there to support them.

So you will see, also, through the amendment, and I hope that the government will be open to this, that you cannot just put an authority in place that has full authority over the livelihood and continuing working in the job, when there is no protection for them. Have no fear: There are a lot of employers out there who want them to continue to be precariously employed because they want to continue to exploit them, because a worker who doesn't know when her next shift is going to come is a whole lot less likely to bring forward if there are failures in IPAC or whatever is going on with their clients, with their patients, with their residents.

0910

Again, the idea of having an overseeing body, I suppose, is something that has been asked for for a long time, but what they wanted was to become regulated health professionals. They wanted to be added. They could have been added to the College of Nurses, which already has three classifications. They could have had a fourth one.

But no, we're creating this brand new entity that has the power to punish them but no power to help them.

Then the other two, when it comes to the physician assistants: After the war in Afghanistan, I can tell you that the north was the first to welcome back—most of the people who worked for the army through the war in Afghanistan got the training to be physician assistants. They knew how to do all sorts of stuff in all sorts of circumstances and they were welcomed into northern Ontario and started to work. Again, we heard from the CPSO, which will be the college that will be regulating them, that you need to give CPSO more freedom over this profession. So again, we will need to make changes to this. Otherwise, I can tell you right now that what happens in northern Ontario is we hire pretty much anybody who's willing to come and work up here with us. Whether they be nurse practitioners or physician assistants or physicians, everybody is welcome. We need so many more. But right now, if the physician assistant has to work under directives all the time, then if the physician goes, the physician assistant cannot do anything anymore. They have lost their entire scope of practice. If the physician leaves but you have a nurse practitioner, the nurse practitioner has her own scope of practice and can continue to practise in all of this. So you will see that we will ask for amendments in that too.

And then for the last one, there are some minor changes. This is something that the professions have been asking for for a long time for behaviour therapists. I think everybody is in agreement. We've had compelling presentations made by the medical laboratory, which right now regulates technologists, that it is time to look at med lab assistants and med lab technicians, as well as, I would tell you, phlebotomists. So you will see that we will be looking at bringing those ideas that were presented to this committee during the deputation parts of our work.

I hope there will be some opportunity for the government to listen. We all want the best for our health care system at the end; we all want the best for the people of Ontario at the end, and there are good ideas from everybody. I see the members from the Liberals have put motions forward. I see that the government has put motions forward—really put your thinking cap on with the view of ending up with as good and as strong a health care system as we can. Merci.

The Chair (Mr. Deepak Anand): Thank you so much. At this time, I do see MPP Harden. Before that, does anyone from the government side want to say anything? Okay, MPP Martin.

Oh, before we do that, we actually have MPP Mitzie Hunter here. Good morning, MPP Hunter. Please confirm your name and confirm you're in Ontario.

Ms. Mitzie Hunter: Good morning, Chair. It's MPP Hunter and I am in Ontario.

The Chair (Mr. Deepak Anand): Thank you so much.

MPP Martin, before you proceed, I just want to say—I'll read it out. Before we begin the schedule, I will allow each party to make some brief comments. I'll repeat that: some brief comments. I would appreciate if we try to maintain the brief comments, as brief as we can. But again, there's no restriction. You can—

Mrs. Robin Martin: Thank you very much, Chair.

The Chair (Mr. Deepak Anand): Go ahead.

Mrs. Robin Martin: Of course, we all want the best health care system that we can have, and that's what we're here to achieve. This legislation is to recognize the valuable role that personal support workers, physician assistants, behaviour analysts play in delivering high-quality health care services. Personal support workers are valued members of health care and social service teams and work tirelessly on the front lines to ensure our loved ones are safe. As personal support workers continue to play a greater role in our health care system, the proposed legislation would establish a new legislative framework that supports consistency and education, training and standards of practice for the province's personal support workforce regardless of the work setting or employment type that they have.

I should just note that the model that we have proposed would be less onerous for registrants and less expensive by not having the administrative costs associated with the college model. If you have more procedure, you have more cost.

Additionally, the proposed act would regulate physician assistants and improve the integration of these providers within Ontario's health care and social service system and ensure high-quality care and patient safety. The government is also proposing to regulate behaviour analysts as a new profession under the College of Psychologists of Ontario, and under the COVID-19 Vaccination Reporting Act, this legislation would also require persons or entities who administer the vaccine for COVID-19 to disclose to the Ministry of Health vaccine-related data collected from individuals who consent to disclosure of their information.

That's all I wanted to say. Thank you, Chair.

The Chair (Mr. Deepak Anand): I appreciate it. I do see MPP Harden, and then MPP Fraser wants to speak. Just in case, if I'm not able to see you, please wave to Ms. Khan. She's pretty strong on this. She will make sure that everybody is counted and listened to.

Thank you, MPP Harden. Over to you, sir.

Mr. Joel Harden: I just wanted to add, in addition to what MPP Gélinas said, just for the record, that today is Personal Support Worker Day. This is actually quite a significant day to be talking about this piece of legislation, the schedule that addresses their working conditions. We're talking about 100,000 professionals in the province of Ontario. At least, that's the latest information I have. If somebody can correct the record there, I would happily be corrected. But that's a significant amount of professionals in our system.

I also just want to acknowledge again for the record that our committee heard deputations—very powerful deputations—from personal support workers themselves, speaking in very plaintive terms about how what they have seen during the pandemic has really impacted them and their profession. I just want to acknowledge—I think this is true for all of us, Chair. But what I hope this bill can address is the need for us to encourage more people in Ontario to join

the personal support work profession. What can we do to bring more people into this profession? Because I'm sad to say, sir, where MPP Fraser and I are from, in our health region, there's a 60% turnover rate in the personal support worker profession. Folks are coming into the profession and leaving, in more than a majority of cases, within a year.

We heard very plaintive appeals from a number of folks. I remember very well Lynn Steele from the Canadian PSW Network and Professor Laura Bulmer from George Brown College, who was one of Ontario's leaders in mentoring PSWs. I'm very happy your government has listened to her and brought her to many of the COVID command tables to understand what we should be thinking about when mentoring PSWs.

I also remember very clearly—and perhaps MPP Gélinas can remember her name for the record; I'm forgetting it right now. But there was a northern PSW from, if I'm not mistaken, Timiskaming–Cochrane or a northern community, who said very clearly that she fears, with the legislation we have before us, that this particular voluntary registry with the board of governors with the power to oversee and discipline PSWs could be doing a lot to scapegoat and blame personal support workers when critical incidents happen in the workplace and not support them. She went through a litany of cases where, in her own experience, in situations where—and I've heard this too, Chair—PSWs are on wards with 15, 18, 22—Chair, if you can believe it, I've heard as much as 30 residents to one PSW for an overnight shift. Mistakes invariably are going to happen. Gaps in care are going to happen. I remember the plaintive appeal from our friend up north who works as a PSW that she didn't want to be scapegoated, and she wanted this bill to do more than create a voluntary registry with enforcement powers where there is no obligation for people who have actually worked as PSWs, worked in the profession, to sit on the board of governors. It doesn't have the standing that the regulatory colleges for other health care professionals have, be they nurses or physicians. I remember that very, very well.

0920

The other thing I bring into our discussions today, given discussions I've had previously with parliamentarians in this session of the Legislature, is that I really have a curiosity about wanting to know why the province of Ontario, regardless of the political party, is okay with a system where we hire intermediaries that employ PSWs. If you read the Auditor General, Chair, some of those intermediaries, be they ParaMed or CarePartners or Bayshore—we heard a deputation from Bayshore here—can eat up as much as 52% of the public's money in administrative costs.

In a context where so many PSWs are being paid minimum wage or barely above it, when they can't get full-time hours and they can't get sick pay—and I've spoken to people who are now retired who worked for the Victorian Order of Nurses back in the early 1990s. What they described to me, Chair, was an employment situation that's vastly different than what I heard from PSWs'

testimony to this bill, where people had full-time jobs, where people could be paid for travel between home care visits from one client to the next. It really seems as if in a matter of just a few decades, we have let the standards in this industry completely fall off a cliff.

When I think about what this bill could do, it's a really opportune moment for us as parliamentarians. When I think of what this bill could do to help us raise up the PSW profession, I hope very seriously my friends in government look to the amendments that we're putting forward today, because that's what we're doing in good faith, Chair: We're trying to suggest to the government a way in which they can really be a champion for the personal support worker profession, not through a voluntary registry whose board of governors may have little to no direct interest in personal support work.

On PSW Day, when cities and towns across Ontario are honouring the PSW profession—including in the city of Ottawa today; that is happening. The CN Tower is being lit up today to honour PSWs; thank you, Mayor Tory. This is a day for us to hope that this particular piece of legislation can raise up the standards of the PSW profession.

I'll just end by saying, Chair, that it's not only important for those PSWs to have great working conditions, great compensation, so we don't have people entering and leaving the profession; it's important for the people they serve. It's important for seniors. It's important for people with disabilities. Those folks know that the working conditions of the people they see once or twice or a few times a week are their health care conditions. There is a direct relationship between the amount of money we invest in a PSW and the kind of patient care that she—largely, often “she”—is able to give someone.

So again, that's just a plaintive appeal for me off the top. Thank you for the opportunity to offer some comments. I really, really hope this is an opportunity where the government can work with us in helping to give personal support workers the respect and working conditions they deserve. Thank you very much.

The Chair (Mr. Deepak Anand): Thank you so much.

With that, I do see MPP Aris Babikian. MPP Babikian, please confirm your name and confirm you're in Ontario, and then we'll be moving to MPP John Fraser.

Mr. Aris Babikian: Good morning, colleagues. It's Aris Babikian. I am in Toronto.

The Chair (Mr. Deepak Anand): Thank you so much, MPP Babikian.

MPP Fraser?

Mr. John Fraser: Thank you, Chair. I'll keep my comments brief. I'll just say that I concur with my colleague from Ottawa Centre. This is Personal Support Worker Day, and it's interesting that we are creating some sort of regulatory framework for them without allowing them participation in the governance. There's a power imbalance for PSWs. They get paid the lowest wages and have the toughest jobs, and I think we have to try to correct that. I think my colleagues in the official opposition have put forward some thoughtful amendments that I hope the government will consider.

We've been down the pipe of creating a registry. I'm kind of disappointed that the Michener report was not available to us. We have an opportunity here, an opportunity to elevate this profession and to create some—I'll use the word “justice” in terms of the kind of respect that's commensurate with the work that they do to care for the people who we care for most.

The other piece that I just want to mention right now is my colleague Ms. Hunter and I have put forward a number of amendments that have to do with the collection of really important data to understand how this vaccine rollout is going and how it has gone to ensure that there is equity in the vaccine rollout. We know that there are challenges that are related to socio-economic status, race, disability, and we have to understand that so that we can be better prepared the next time we have to do this. And we'll likely have to do it again.

I'll just leave it at that, Chair, and I want to thank you very much for your time.

The Chair (Mr. Deepak Anand): I appreciate it. Thank you so much, MPP Fraser, for that.

MPP Hunter, technically speaking, I said I would allow each party to make some brief comments. I'm happy to hear from you. Please try to be brief. I appreciate it. Over to you, MPP Hunter.

Ms. Mitzie Hunter: I appreciate it, Chair. I do want to join my colleagues and I want to thank my Liberal colleague, MPP Fraser, for giving me the opportunity to join this committee for what I feel is very important with regard to the first schedule on the administration and the collection of data during vaccination. We are moving forward very rapidly in vaccinating Ontarians with their first dose. Obviously, we've not put the legislation in place in terms of the standards for the collection of data until sort of mid-stream. This gives us the opportunity to get it right. Being able to know specifically who is being vaccinated and to utilize that data to reduce any hesitancy or lack of confidence in the vaccination is something that is really, really critical. We see in the United States that their vaccination efforts have stalled, in fact, in certain respects, due to different reasons of hesitancy. In Ontario, we may not be confronting that issue today, but down the road, there may be areas in which people just have not been vaccinated for different reasons, and we want to know where those individuals are and give them the supports that they need to access the vaccine. The only way for us to do that is to have the data and to have the information.

It's not enough. The bill does not go far enough by suggesting that this type of individual socio-demographic data should be done on a voluntary basis. It actually needs to be mandated, with the province providing standards and people being given appropriate opportunity to offer that data. So whether it's disaggregated data by race and ethnicity, we know that in certain communities, the Black community—I've met with health experts in the Black community who have been very public about the need for race-based data. This was something that they pushed for in the testing process and the province required the collection of that data in the testing process, and it

therefore needs to continue in the vaccination process as well.

People with disabilities as well: We don't want to miss people in the rollout and in the vaccination process, especially where they require supports.

So there's an efficient process put in place through public health for the collection of certain data, and I believe that that needs to be expanded to include the socio-economic data as well, for the health of everybody in this pandemic.

Chair, I just want to also say that I did have the opportunity to listen to the Ontario Nurses' Association, to the folks from the personal support workers as well as individuals providing home care; I believe it was Bayshore that was there. It was an opportunity to really look at the continuum of care in this province and the need that we have to provide better care in these settings. So we have an opportunity, with Bill 283, to do that.

0930

It is Personal Support Worker Day in Ontario, and I can't close my remarks without acknowledging the tremendous contribution of personal support workers to our care systems right across the continuum, in fact, including community and home care, acute care, as well as long-term care. The majority of people who are personal support workers in this province are women. The majority of them are racialized women, and the majority are Black women.

We need to see an improvement in the overall way that we pay personal support workers, the benefits that are granted to them, working conditions. A lot was said about that, in the improvement of working conditions that leads to retention in the profession, and really, on Personal Support Worker Day, the overall respect that we can demonstrate for this important profession in our province.

How do we want the future of that profession to look? That's the decision before us today, and these amendments, I'm sure, that all parties are offering, are meant to improve our health care system, including the ones that we're putting forward on the data side. Thank you, Chair.

The Chair (Mr. Deepak Anand): All right. Thank you, MPP Mitzie Hunter. With that, we're going to start with—

Interjection: Wow.

Mr. John Fraser: Can I just speak, Chair? Can I just speak? Every member has an opportunity to speak, and you've been very gracious about that—and that's very ungracious.

Interjection: To say, "Wow"?

Interjections.

The Chair (Mr. Deepak Anand): Okay, well, I just want to remind the members, all of the members, we have a marathon bill. We don't want to start with a sprint, we want to start with the marathon, so let's continue working together. With that—

Interjection.

The Chair (Mr. Deepak Anand): We all are in this together, and we would make sure that we all maintain decorum. Again, I am looking forward to each one of you working together.

Let's move on with schedule 1. Are there any motions for schedule 1? MPP Martin, go ahead, please.

Mrs. Robin Martin: I move that section 1 of schedule 1 to the bill be amended by adding the following definition:

“‘information’ includes personal health information within the meaning of the Personal Health Information Protection Act, 2004; (‘renseignements’)”

The Chair (Mr. Deepak Anand): All right, MPP Martin has moved the motion. Any debate? MPP Harden.

Mr. Joel Harden: I'm just wondering if MPP Martin can explain the intent the government has behind this particular amendment.

The Chair (Mr. Deepak Anand): Absolutely. MPP Martin, would you please?

Mrs. Robin Martin: Thank you. I think that's a good way to proceed with all of our motions going forward today: whoever's bringing them could explain their intent. I would say that this is recommended because it's really just a clarification. It's consistent with the intent of the legislation and recommended by the Information and Privacy Commissioner, who the government has been working with.

The Chair (Mr. Deepak Anand): All right. Any further debate? Seeing none—MPP Gélinas, please.

M^{me} France Gélinas: I was just curious to see—and maybe I would ask this to Mr. Armstrong—if we change section 1 of schedule 1 of the bill by including the definition that “‘information’ includes personal health information within the meaning of the Personal Health Information Protection Act,” does that put any limitation as to the word “information,” or does it clearly only open it up? If Mr. Armstrong could answer that.

The Chair (Mr. Deepak Anand): Do we have legislative counsel on call? Okay. Can you unmute, Mr. Armstrong?

Mr. Ralph Armstrong: Can you hear me now?

The Chair (Mr. Deepak Anand): Absolutely, we can hear you. Good morning.

Mr. Ralph Armstrong: This would only appear to be a clarification. To me, reading the bill in context, I would have said that it already included personal health information. This just is a putting-it-beyond-doubt matter that I don't think has any broader effect.

M^{me} France Gélinas: So it doesn't limit—information could be non-personal health information as well as personal health information, is kind of the basis of my question.

Mr. Ralph Armstrong: Yes. Because this includes—all it is is clarifying that the personal health information is included. It's all information, including the extra class of personal health information.

M^{me} France Gélinas: Thank you.

The Chair (Mr. Deepak Anand): All right, thank you so much. Further debate? Seeing none, are the members ready to vote?

At this time, I would appreciate all members, can you please turn on your cameras so it's easy for our Clerk to record the vote.

Who don't we have? MPP Kanapathi, can you please turn on the camera?

Maybe he's not in a position to turn on the camera. In that event, we can continue. If he's not able to, we'll treat that as an abstain?

Go ahead, MPP Martin.

Mrs. Robin Martin: I would just suggest maybe—this is a government motion. We didn't require a recorded vote, so I'm not sure it matters.

Interjection.

The Chair (Mr. Deepak Anand): Okay. Thank you. That's the downside of technology. Sometimes the Internet is not working; sometimes many other technical issues come forward. We can try to send a message to MPP Kanapathi.

MPP Kanapathi, can you please turn on the camera and/or confirm—you don't have to turn on the camera, just speak that, if required, you will be recording your vote.

Interjection.

The Chair (Mr. Deepak Anand): MPP Fraser? Go ahead, sir.

Mr. John Fraser: At a certain point, if someone has left the room, the government side can call for a recess, or not. I understand—

The Chair (Mr. Deepak Anand): Absolutely. No, absolutely. My understanding is, there is a possibility somebody can go for a bio-break or anything else. But going forward, I would appreciate all the members, when they're about to leave for five or 10 minutes, absolutely they have all the right, but just inform Ms. Khan so that we will treat it like you're not present in the room at that point in time.

I think it would be fair, Ms. Khan, that we can treat it like he's not present in the room. If you absolutely have to do it, you can remove him from Zoom, and if required, he can always come back and connect back.

I just want to say that one thing I always believe is we are always constantly learning. This is one of the things which we're learning today in Zoom. When we're meeting and the person, for some reason—I mean there are many technical reasons. Your Internet is not working. Your battery died. So what do we do in this case?

Interjection.

The Chair (Mr. Deepak Anand): Let's do that, then. We will move with that.

0940

We're going to do a roll call vote. Ms. Khan is going to do the roll call vote. We are voting on an amendment on schedule 1, a motion moved by MPP Martin. All those in favour?

I declare the motion carried. Thank you, everybody, for your co-operation.

A vote on section 1, as amended: Any debate? Seeing none, are the members ready to vote? Yes? Thank you. All those in favour?

I declare section 1, as amended, carried.

Now, we are moving over to schedule 1, section 2. Are there any motions? Yes, MPP Harden.

Mr. Joel Harden: I would just like to point the members' attention to amendment 2 in our amendment package, and I'll read from it right now.

I move that section 2 of schedule 1 to the bill be amended by adding the following paragraph:

“4.1 The individual's race and socio-economic status and any disability-related information about the individual.”

The Chair (Mr. Deepak Anand): MPP Harden has moved the motion. Any debate? MPP Harden, then MPP Fraser, and then MPP Martin.

MPP Harden.

Mr. Joel Harden: I think, as we've heard from deputants to this committee, particularly as we have heard from medical experts, it's important that this information be required and it's important that the Ministry of Health asks that this information be required. We have several leading jurisdictions in Ontario—Toronto and Ottawa, and I'm sure there are more; my colleague MPP Gélinas can correct me if I'm forgetting any northern communities or any other communities—but we need to know how this virus and any subsequent pandemic are going to be impacting at-risk communities, and I frankly think that should very much be informing our vaccination strategy. In fact, Dr. Rachlis said this explicitly, didn't he? We need to be thinking about how we follow the best practices of other jurisdictions around the world. I have utter confidence in our 34 public health jurisdictions in this province. I think they're fantastic individuals and I want to be on the record thanking every single one of them for their service, including the great Dr. Vera Etches from home.

But what would be important for us, I think, is to have a stipulation of leadership from the Ministry of Health that this isn't something that we can't ask; that this is something we must ask so we can assess, indeed, how some communities—as I heard MPP Gélinas, MPP Hunter and others say very explicitly—have borne the brunt of this virus. We can't allow that to happen. We have to make sure that our public health strategy informs an equity perspective, what Dr. Rachlis called the social determinants of health. This is what we're attempting to offer our friends in government with this particular amendment.

MPP Gélinas, if I've forgotten anything, you are our party's expert on this; I defer to you.

The Chair (Mr. Deepak Anand): Thank you so much. We'll be going to MPP Fraser, MPP Martin and then, if required, we will ask the rest of the members if they want to say anything.

MPP Fraser.

Mr. John Fraser: Thank you, Chair. I will not reiterate how well put forward this was by my colleague from Ottawa Centre.

This is really about vaccine equity. It's in keeping with the kind of amendments we've put forward. The only clarification I need is from the Chair or the Clerk: that if this amendment passes, it doesn't create any difficulty for the next amendment—the third amendment would not be ruled out of order? I don't think so.

The Clerk of the Committee (Ms. Tanzima Khan): We can ask legislative counsel to speak to it again too, but my understanding from him is that the wording is different enough that it can be considered.

Mr. John Fraser: Okay, great. Thank you.

The Chair (Mr. Deepak Anand): Is that it, MPP Fraser?

Mr. John Fraser: That's it. Thank you.

The Chair (Mr. Deepak Anand): Perfect. MPP Martin, over to you.

Mrs. Robin Martin: I recommend voting against this motion because the Ministry of Health plans to make a regulation at a later time to prescribe socio-demographic data elements as additional information that will be disclosed to the Ministry of Health. The proposed legislation also enables the making of a regulation for carrying out the purposes of this act. As such, socio-demographic information can be mandated in the future by regulation. The Ministry of Health is working closely with the Information and Privacy Commissioner as well as various stakeholders on the development of a data governance framework to address the use, access and control of socio-demographic data collected, based on agreed-to principles.

The Chair (Mr. Deepak Anand): Thank you, MPP Martin.

Further debate? MPP Madame France Gélinas?

M^{me} France Gélinas: I cannot tell you how important it is to put that into the bill. We know that the ministry has the power to do this, but those powers have not been used. We have Public Health Ontario, which has put together the best practice for collecting race-based data, socio-economic data, disability data. They know how to do this, but the government has never mandated them to do this.

I have no problem with the government taking their time to say, "Who will have access to this data? How will it be used?" and all of this. But we are in the middle of a pandemic. The vaccine rollout is not equitable. There are tens of thousands and hundreds of thousands of people left behind for all sorts of reasons, many of those reasons directly linked to their race and their socio-economic status as well as their ability or disability status. It has to be in the bill. It has to be made clear to every single one who gives a vaccine that this information has to be collected.

I have been working on collecting race-based data for a very long time. We have activists throughout the province who want this data to be collected who went and got their vaccine. They were dying to make sure that their race-based data, their socio-economic data, their ability or disability data was going to be collected, and there was no opportunity to do this. So we tested this in pharmacies, in primary care, in vaccinations, in pop-up vaccinations, in youth vaccination clinics, in First Nations vaccinations. None of them were able to find a place—and they wanted to share that information—where they could share that information, and we already have [*inaudible*] with their first shot already done.

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I'm putting all that on the record because it has to be in the bill. It has to be the law that this is collected. Health

care professionals have no problem. They all know that what they [*inaudible*] requires consent. There's not one health professional who would force anybody to give that information. They know how to handle consent. If you don't have consent, you don't collect it. This is taught in the first week of any university program that leads you to be a health care provider. So we don't have to worry about this. They know their work. They know that if they don't have consent, they won't collect it. But unless it's in the bill, unless it is mandated, it is not being collected, and Ontarians—all Ontarians—will suffer for it, because we won't have the data necessary to support good decision-making: decision-making that will bring us to the point of herd immunity; decision-making that will make sure that we reach out to the population who want to be vaccinated but face barriers to accessing vaccinations. So it has to be there.

The Chair (Mr. Deepak Anand): MPP Fraser?

Mr. John Fraser: My colleague just put it very well, so I'm not going to reiterate it and relitigate it. But what I will say—and I do respect, MPP Martin, the ability of the government to make regulations, and it's necessary to give specifics to how we're going to move forward with something. But this amendment is directional. It does not affect the ability to make regulations. What it does is that it gives some direction and it gives a sense of immediacy to what is required. If you look back at some of the regulations that are still waiting to be made, we passed home care legislation and said we were going to create a bill of rights through regulation almost a year, maybe a year and a half, ago. Nothing has happened. The MPP's own bill that passed, which was to do with defibrillators and our defibrillator registry—those regulations haven't been done.

We're in a relatively urgent situation to be able to collect this data. I'm just saying, we can't wait 18 months to make regulations to deal with the collection of this data. We can't wait. That's what I'm trying to say. And I'm not being critical of the fact that those regulations aren't done; that's just the reality.

The more direction that we give to the regulations that need to be made, the more immediately they can be made. And I would implore my colleagues on the government side to do this.

I'll leave it at that. Thank you very much, Chair.

The Chair (Mr. Deepak Anand): I appreciate it. Thank you so much. At this time, any further debate? If none, we're going to be doing a recorded vote, as requested by the members.

Back to the Clerk.

The Clerk of the Committee (Ms. Tanzima Khan): Just for clarification, we will be doing a recorded vote through a roll call vote, as MPP Kanapathi is still—we're still trying to figure out what is happening.

The Chair (Mr. Deepak Anand): I saw him in and out. Okay. Go ahead.

Ayes

Fraser, Gélinas, Harden.

Nays

Babikian, Fee, Hogarth, Kanapathi, Kusendova, Martin, Triantafilopoulos.

The Chair (Mr. Deepak Anand): Thank you so much. That is lost.

We're moving over to the motion to be moved by MPP Fraser. MPP Fraser, go ahead, please.

Mr. John Fraser: Chair, I guess I'll move it forward, but I'll be asking my colleague Ms. Hunter to give an explanation following. So just one of us will give that explanation as opposed to two.

The Chair (Mr. Deepak Anand): Okay. Please go ahead.

Mr. John Fraser: I move that section 2 of schedule 1 to the bill be amended by adding the following paragraphs:

"7. The individual's race and ethnicity.

"8. The individual's household income level.

"9. The individual's education level.

"10. The languages spoken by the individual.

"11. Whether the individual has any disabilities.

"12. Any other information provided for in the regulations."

I'll turn it over to Ms. Hunter.

The Chair (Mr. Deepak Anand): MPP Hunter? Can you please unmute MPP Hunter?

Go ahead, MPP Hunter.

Ms. Mitzie Hunter: Thank you, Chair. I would also note if we could just put on the screen the motion that is before us? I believe we still have the previous one on.

Chair and members of the committee, there really is no reason why we would delay the immediate collection of this life-saving data. It doesn't take more time than what is already required and mandatory in terms of postal code, name, email address.

It does, however, have a direct impact in terms of our vaccination strategy, particularly to areas that are more challenging and more difficult to reach with vaccines. It will enable those vaccinators in our public health system to have the necessary specific information they need to get vaccines into the arms of people who are most susceptible to the virus, most at risk of the virus, and will help us to crush the virus in a much quicker way.

This amendment has been thoughtfully put forward. It has received advice from experts in the field, including public health, as well as those Black doctors who have called for the collection of race-based disaggregated data since the testing was being administered. The vaccinations are just as important as the testing, particularly in our racialized communities. It respects privacy laws, it's consistent with the integrity of data collection, and the socio-demographic data is simply going to help us in our rollout.

There should be no reason why the government members, all of whom represent diverse communities, should oppose this amendment. It is not a hostile amendment. It's an amendment that respects good public health principles and that is, frankly, desperately needed in Ontario and in a

consistent way—not in an inconsistent way. Part of the problem with vaccine inequity is that there are inconsistencies. By consistently to collect the data in every public health unit, from every person vaccinated who chooses to provide this information, it will help to save lives.

I would just encourage the government members to do something in an expeditious way rather than a delayed way, because the variants of concern and the effects of the pandemic are disproportionately affecting certain communities in this province, and we've got to address that with our vaccine rollout strategy. Disaggregated data is an additional tool that we can give to public health leaders to help in the fight against COVID.

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The Chair (Mr. Deepak Anand): Further debate? I see MPP Harden. Go ahead, please.

Mr. Joel Harden: I want to concur with what MPP Hunter said, and just bring some Ottawa-specific colouration to this. I know that particularly in the neighbourhoods in Ottawa Centre of Carlington and in Chinatown, in Centretown West—the health professionals in those communities are telling me explicitly that right now, as we wait about whether we mandate this testing, Ottawa Public Health is picking up the inequity. They are picking up the inequity of how this virus is disproportionately impacting certain people

Naini Cloutier, who is the executive director of the Somerset West Community Health Centre, has said publicly in our community that 62% of COVID-positive cases in our community are in racialized communities where people tend to work in precarious jobs, putting themselves in harm's way without sick days. This is why I would like to see this information mandated: because the courageous folks at Ottawa Public Health have required that this information be collected, so we can track—and we're doing our best in Ottawa, as I'm sure MPP Fraser can attest to. We're doing our best to try to figure out how this virus—I know it's actually very much the case in Heron Gate and communities in MPP Fraser's riding—

Interjection.

Mr. Joel Harden: Pardon me, Chair?

The Chair (Mr. Deepak Anand): MPP Harden, through the Chair, please.

Mr. Joel Harden: Oh, I'm sorry. I'm just motioning with respect to my friend from Ottawa South. He's my neighbour, Chair. He's my neighbour, literally; we're talking less than a kilometre away from my own home to the border of his riding.

The point I'm making, Chair, is that our community back home in Ottawa has the benefit—the staggering benefit; it's a shocking benefit—to realize how communities like Carlington and Centretown West and Heron Gate, and Caldwell in the riding to our west, in Ottawa West—Nepean, are being disproportionately hit by this virus. It astounds me, to be honest, that the Ministry of Health would not want to mandate the collection of that data everywhere.

I want to say something on a positive note about what the government has done, what Ornge has done to fly in

vaccinations to Indigenous communities in the northwest of our province, that proactive, equity-focused strategy. That's an example of reading the data and trying to deliver help. Given what the government has done, Chair, it would seem that there's awareness of this, so why wouldn't we want to mandate this? I'm struggling to understand, in the debate over my friend's amendment, given what MPP Hunter has said, why we wouldn't want to support this. I'm really hoping to hear something from the government beyond, "We look forward to one day implementing this in regulation." I think medical professionals have told us they want more leadership from us than that.

The Chair (Mr. Deepak Anand): Thank you, MPP Harden.

I do know MPP Fraser wants to talk, but MPP Martin, please go ahead, and then we'll have MPP Fraser.

Mrs. Robin Martin: The vaccine rollout data now shows that disproportionately impacted hot spot communities are 8% more vaccinated than non-hot spot communities. In fact, the Ontario science table has confirmed that the government's policies have positively impacted the vaccine rollout and made it more equitable.

I would just say that, unlike what MPP Hunter suggested, information is currently actually being collected, for the first time ever in Ontario's history. I can see MPP Gélinas nodding her head, or saying no with her head gesture, and what I would just say to MPP Gélinas is that, in fact, it is being collected. It may not have been collected the last time you checked, or it may not have been collected at any particular site, but it is being collected, I can confirm.

This is for the first time ever in Ontario's history, as a result of the actions of this government. Even though there have been calls to collect this kind of data for years, including the 15 years during which the former Liberal government, of which MPP Fraser and MPP Hunter were significant members—that government did nothing to ensure the collection of this kind of data which they now say is so, so important.

But mandating this, as the Liberals and NDP members here today are asking us to do, would do nothing except short-circuit consultations with the very stakeholder groups who are impacted by this kind of collection of data and the Information and Privacy Commissioner, and that is not something that I could recommend, so I recommend that we vote against this motion for all of those reasons, and I hope my colleagues will agree.

The Chair (Mr. Deepak Anand): Over to MPP Fraser.

Mr. John Fraser: Well, I was going to keep my comments brief, but I think I have to add this in: I think we got to those communities that the member is speaking about a little late in the game. I don't think any of us should be patting ourselves on the back for how we've gotten vaccines to those communities. That's why the better the information, the better the decision.

The question that I have to ask right now—and it's not totally appropriate to this committee: If all of this is based on science and the science table has said you need to go to hot spots for four weeks and spend 50% of your vaccines

there, why all of a sudden is it only two weeks? We don't know. That's why data and information are important, and that's why we need to mandate that in this bill, so that we can get it done right away. We're in a race. We don't have time to wait a year and a half for regulations, because that's what it will take. I'll leave it at that.

The Chair (Mr. Deepak Anand): Further debate? I see MPP France Gélinas.

M^{me} France Gélinas: First, I'd like to correct some of the information that was shared. The race-based data has been collected by the community health centres within Toronto Public Health for about 10 years. Every two years, they put out a report as to the data that has been collected and some of the changes in the way programs, services, health care are being accessed, are being promoted because of the data, the race-based data. I call it "race-based data," but it is more than this; it has socio-demographic in it. It has information—if you are differently abled. This data has been collected in Ontario for a number of years by all of the community health centres within Toronto Public Health. It was Toronto Public Health that had mandated it. It is something that has been done that is available in Ontario. It has not been done for the vaccine rollout.

I can't help but tell you, the COVID-19 pandemic has selectively hit different Ontario communities. I can tell you that higher-income neighbourhoods with mainly white populations have had a very low rate of COVID infection and at the beginning much more access to the vaccinations. The poorer neighbourhoods with mainly non-white populations have had high rates of COVID infection, high rates of people being sick being admitted into our hospitals, being admitted into the ICU, having to be put on life support and ventilation and unfortunately also passing and dying.

For many years, health policy experts and advocates have pushed for mandatory collection of socio-demographic data that included the race, the ethnicity, socio-demographics, your different ability, disability. This is the type of data that is crucial for understanding health disparity and planning for their improvement. I want to reinforce that all health data is always given voluntarily. It is always protected by privacy. I can tell you that 87% of Ontarians who are asked actually do want to provide socio-demographic data as well as race-based data and different abilities. It is the providers who are reluctant to ask these questions because it has not been mandated to them. But once you mandate the health care providers to ask for that information, 87% of Ontarians are willing to share it. The other 13% have a right to not give consent and to not share that information. But just think of what we could do if we had 87% of 14.5 million Ontarians—if we had that data, it would change things for the better. It has to be done. The list that has been added is a smart way of mandating this data to be collected. It has to be done. We've reached that point. It has to be done. It has to be in legislation so that every health care provider knows that it is their responsibility to do this. Health care providers take their responsibilities seriously. If they do not have consent,

they won't collect it. If they do have consent, they will feel at ease to collect it. I say we vote in favour of this amendment.

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The Chair (Mr. Deepak Anand): Thank you, MPP Gélinas. I do see MPP Hunter—I just want to say this to each one of you, and I really appreciate your contribution. It is absolutely important and necessary. But it is a marathon, so please remember that. We want you to keep all that energy till the last lap. There are 34 laps and we are in the third lap right now.

MPP Hunter.

Ms. Mitzie Hunter: Thank you, Chair. I won't repeat the discussion that members of the official opposition and my colleague MPP Fraser have said, because I think they have given very strong evidence points, evidence that—I, too, MPP Gélinas, have talked to the community health centres and they do collect this data on a routine basis. What the public health experts have said is that there's a lack of standardization of the requirement for the data collection and making it mandatory. So there's a tremendous amount of inconsistency in the vaccination process.

For the members on the government side, recognizing that the vaccination effort is a unique opportunity—it's a unique opportunity that's happening right now, and we have an opportunity to collect health data based on individual socio-demographic information that can help to improve the outcomes for people in these groups. We need to do targeted responses to the vaccination process, and it's not possible to do that targeted response without the specificity that is needed in this data.

We saw that last June. I called and my colleague MPP Coteau called on the government to collect disaggregated race-based data in the testing process, because we saw from Toronto Public Health taking initiative to collect the data that 80% of those who were testing positive were from racialized communities—a huge, outsized, disproportionate effect of this virus and this pandemic on those communities. So in the vaccination response, equally to achieve vaccine equity, we need to have this information to better target the responses.

For the 50% more to hot spot communities, the two-week shift of vaccines to those communities was as a result of huge inequities and disparities in how the vaccine was reaching the hot spot communities, and it was doing us no favours because the virus was continuing to spread and escalating in a way that was precarious. Ontario's health system was on the verge of collapse. So by shifting more vaccinations to those hot spots, we can see the early results, but we're not done and we're not through it. We still need to have 50% more vaccines going to the hot spot communities so that we can address where the virus is happening, where it is causing the public health risk. There's no real scientific reason as to why it's not happening.

If you look at the test positivity in just one area of Scarborough, in the Morningside community, it's 1,200 per 100,000. That's more than 10 times the provincial average. It's not a fair use of numbers to say that more

people are vaccinated in hot spots than in non-hot spots, therefore, we need to change the course. We should be factoring in the infection rate and where the virus is having the highest impact so that we can get those vaccines out to those communities as quickly as possible so that we can keep everyone across the province as safe as possible. That's what the science is telling us.

Just in terms of your short-circuiting comment around the communities that are impacted: The communities that are most affected—the Black community, specifically—have written very publicly about the need for race-based disaggregated data, individualized socio-economic data as part of Ontario's vaccination process and its COVID response because of the historic reasons. There are certain communities—Indigenous communities, Black communities—that have had unfortunate encounters with the health system, and there's a mistrust as a result of that and a hesitancy that has been built in as a result of that. We have to acknowledge that because otherwise our response to the rollout is going to miss the mark.

These communities have clearly said that they want to have the mandated collection of this data so that we can better target our vaccine resources and reach into those communities to make sure that people are vaccinated at the same pace as everyone else. That is going to require a change in tactics and approach.

It was the former Liberal government that created the Anti-Racism Directorate, which mandated and required, across ministries, the collection of this disaggregated data. Processes were put in place, including in the education system and the health system, to do this.

The COVID-19 pandemic and the vaccination process creates a unique opportunity for us to lead and to include this information up front in the mandated collection of all of the data required so that we can make the decisions that are in the best interests of the health and well-being of all Ontarians, and not to leave any Ontarian behind because we're going to delay the process. Thank you, Chair.

The Chair (Mr. Deepak Anand): Thank you, MPP Hunter. We are actually beyond our 10:15 mark, but I respectfully want to ask each of the members: If you do not have to present your member's statement, can we have the vote on this before we break, if that is okay? Okay. I appreciate it. Thank you so much.

Further debate? No? Okay. At this time, respectfully, I'll ask the members: If there is no further debate, there will be a recorded vote.

Interjection.

The Chair (Mr. Deepak Anand): Okay. Because we have everyone on the screen, I would say: All those in favour, please raise your hand—

Interjection.

The Chair (Mr. Deepak Anand): MPP Hunter?

Ms. Mitzie Hunter: Sorry, Chair. We would like to have the vote recorded.

The Chair (Mr. Deepak Anand): Yes, it will be a recorded vote, MPP Hunter.

Ms. Mitzie Hunter: But by individual members?

The Chair (Mr. Deepak Anand): It would always be by individual members. Our Clerk will be recording and naming the MPPs who are in favour and against.

Okay. Starting with this, please raise your hand if you're in favour.

The Clerk of the Committee (Ms. Tanzima Khan): So it is a recorded vote. Because we have everyone on screen, the Chair will ask, "All those in favour?" and I will read out the names of the individuals who have their hands raised. Then the Chair will ask, "All those opposed?" and I will read out the names of all those opposed. If you choose to abstain, we do ask that you say "abstain."

The Chair (Mr. Deepak Anand): Absolutely. Just on a side note, my understanding is that MPP Hunter is not subbing?

The Clerk of the Committee (Ms. Tanzima Khan): She's not a voting member.

The Chair (Mr. Deepak Anand): She's not a voting member. Okay. All right. It makes your life easier, MPP Hunter.

All right. All those in favour?

The Clerk of the Committee (Ms. Tanzima Khan): MPP Fraser, MPP Harden.

The Chair (Mr. Deepak Anand): Those who are opposed?

Mr. Joel Harden: Point of order.

The Chair (Mr. Deepak Anand): Point of order.

Mr. Joel Harden: I don't think MPP Gélinas heard your call for votes in favour, Chair. I saw her waving her hand.

The Clerk of the Committee (Ms. Tanzima Khan): Yes, she waved her hand. We can—

The Chair (Mr. Deepak Anand): Again, I think we can accommodate because it's Zoom and we have to work with the technology.

MPP Gélinas, we did ask, "All those in favour?" I'm just going to ask one more time. We typically should not do it, but, again, no problem. This time, I'm happy to do it.

Ayes

Fraser, Gélinas, Harden.

Nays

Babikian, Fee, Hogarth, Kanapathi, Kusendova, Martin, Triantafilopoulos.

The Chair (Mr. Deepak Anand): The motion is lost.

Thank you, everybody, for your cooperation. At this time, we're going to take a recess and we will be meeting again at 1 p.m. Thank you for your cooperation, and let's continue working together.

The committee recessed from 1020 to 1301.

The Chair (Mr. Deepak Anand): Good afternoon, everybody. Welcome back. I know you're all excited. We are debating clause-by-clause consideration of Bill 283, An Act to amend and enact various Acts with respect to

the health system. I would like to welcome everybody back.

I do see MPP Lindsey Park here. Good afternoon, MPP Park. Please confirm your name and please confirm you're in Ontario, ma'am.

Ms. Lindsey Park: Hi, Chair. It's MPP Lindsey Park in Oshawa, Ontario.

The Chair (Mr. Deepak Anand): Thank you so much.

Ms. Khan, do we need to go through the attendance, or can we just jump in?

The Clerk of the Committee (Ms. Tanzima Khan): We can just get started.

The Chair (Mr. Deepak Anand): We can just jump in. Okay.

At this time, we are at schedule 1, section 2, motion 4. Do we have any takers for motion 4?

Mrs. Robin Martin: I think we're moving that one, so that would be me. My cue. Thank you, Chair.

I move that paragraph 5 of section 2 of schedule 1 to the bill be struck out and the following substituted:

"5. The individual's health number within the meaning of the Personal Health Information Protection Act, 2004."

The Chair (Mr. Deepak Anand): Thank you so much. MPP Martin has moved the motion. Any debate? Yes, MPP Martin? Go ahead, please.

Mrs. Robin Martin: Again, this is a motion I would recommend voting for. It's really just a clarification and is consistent with the intent of the legislation. Also, it was requested by the Information and Privacy Commissioner.

The Chair (Mr. Deepak Anand): Further debate? Seeing none—yes?

M^{me} France Gélinas: I just wanted to ask: I'm reading the Information and Privacy Commissioner recommendations to the committee and I just wanted to make sure that what's there is all of the recommendations that she has made regarding paragraph 5 of section 2. She does say to change the term "shall" in section 5(1) to "may" such that the amendment previously would read as follows—and it doesn't seem like all of her recommendations are in there. Or am I just missing something?

The Chair (Mr. Deepak Anand): Okay. Should we check with the legislative counsel? Is there a question or is it a debate?

Interjection.

The Chair (Mr. Deepak Anand): MPP France, are you asking the counsel or are you debating?

M^{me} France Gélinas: Well, if the MPP who moved the motion has the answer, I'm happy to listen to her. If she doesn't, then I would go to leg counsel.

The Chair (Mr. Deepak Anand): Okay, so, kindly, for the record, please repeat your question.

M^{me} France Gélinas: My question is that—

The Chair (Mr. Deepak Anand): MPP Martin?

Mrs. Robin Martin: I don't need the question. No comment.

The Chair (Mr. Deepak Anand): No comments. All right. Further debate?

M^{me} France Gélinas: Then I would go to Mr. Armstrong.

The Chair (Mr. Deepak Anand): Okay. Mr. Armstrong, can you please unmute yourself and address the question for MPP France Gélinas?

Mr. Ralph Armstrong: Can you hear me?

The Chair (Mr. Deepak Anand): Yes, we can.

Mr. Ralph Armstrong: I do not believe that the government moved all the recommendations that the privacy commissioner made to the committee, but I am not totally full up with the recommendations. I believe that ministry counsel is available, if that's helpful.

M^{me} France Gélinas: Repeat the last part?

The Chair (Mr. Deepak Anand): MPP Gélinas, we have ministry counsel on the call. If you want, you can ask them at this point in time. Is that something you would be interested in?

M^{me} France Gélinas: Yes. If they're on the call, I'm interested.

The Chair (Mr. Deepak Anand): Okay. Can you please unmute the MOH?

We have the counsel from the Ministry of Health. Can you please unmute yourself and answer the question from Madame France Gélinas?

Ms. Alana Georgas: Thanks, Chair. I think that this particular motion is in respect of paragraph 5 of section 2, and I believe it reflects the IPC's recommendation with respect to that paragraph. I would note that I believe the comment from MPP Gélinas was actually more in respect of what the IPC had said about section 5 of the bill.

The Chair (Mr. Deepak Anand): Okay. Thank you for the clarification.

Further debate? Seeing none—yes, MPP Gélinas?

M^{me} France Gélinas: So the privacy commissioner said to change “Ontario health card number” to “health number within the meaning of the Personal Health Information Protection Act.” I see that there, so individual health numbers within the meaning of the act is there.

The part that is not there that the privacy commissioner asked for is replacing the phrase “unless the individual has not supplied the information to the vaccinator” with the following: “if the individual has consented to the disclosure of the information to the ministry.” That's the part that I'm wondering—she made that recommendation.

The Chair (Mr. Deepak Anand): All right. Okay. Is that, again, a question to somebody or is it debate?

M^{me} France Gélinas: Well, the lawyer from the ministry was helpful, so maybe she would be helpful again.

The Chair (Mr. Deepak Anand): Okay. The counsel from the Ministry of Health, can you please unmute yourself and reply if you can.

Ms. Alana Georgas: I think my only comment would be that that recommendation is not reflected in this motion.

The Chair (Mr. Deepak Anand): All right. Thank you so much.

Further debate? Seeing none—

M^{me} France Gélinas: Then I would move—

The Chair (Mr. Deepak Anand): Yes, go ahead.

M^{me} France Gélinas: —to MPP Martin and ask how come this recommendation from the privacy commissioner was not included.

The Chair (Mr. Deepak Anand): Further debate? Seeing none, are the members ready to vote? All those in favour, please raise your hand. All those opposed—

Mr. Joel Harden: Point of order, Chair.

Interjections.

The Chair (Mr. Deepak Anand): Oh, it's a point of order. I wasn't sure if you were saying yes or no. I wasn't too sure. Sorry, my apologies. Go ahead.

Mr. Joel Harden: That's okay, Chair. My understanding was MPP Gélinas had requested that all votes for the duration of this committee would be roll call votes.

The Chair (Mr. Deepak Anand): MPP Harden, she had requested all the NDP. She had not requested for all; she had requested for NDP.

Mr. Joel Harden: Okay.

The Chair (Mr. Deepak Anand): MPP Fraser, do you want the same with the Liberal—no, you didn't ask for recorded votes.

Mr. John Fraser: I asked for recorded votes on our motions, Chair.

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The Chair (Mr. Deepak Anand): You did ask for yours.

Mr. John Fraser: I did, yes. On ours, yes.

The Chair (Mr. Deepak Anand): Yes, okay.

Interjection.

The Chair (Mr. Deepak Anand): All those in favour of government motion number 4, please raise your hand. All those opposed, please raise your hand. Seeing more in support, I declare the motion carried.

Moving over to motion number 5, I am looking for a volunteer. Yes, MPP Harden. Go ahead, please.

Mr. Joel Harden: I'll just ask members of the committee to direct their attention to the page that begins with “5” at the top. The motion is this:

I move that section 2 of schedule 1 to the bill be amended by adding the following subsection:

“Human Rights Code

“(2) Nothing in this section shall be interpreted or applied so as to reduce any right or entitlement under the Human Rights Code.”

The Chair (Mr. Deepak Anand): Thank you so much. Would you like to explain?

Mr. Joel Harden: I'd like to defer to my colleague, MPP Gélinas.

The Chair (Mr. Deepak Anand): MPP Gélinas, would you like to explain?

M^{me} France Gélinas: Sure. This amendment is really to put it in writing that we are hopeful that, going forward, people will be asked for their race-based data, socio-demographic data, as well as data regarding their differing ability or disability. That being said, we also want to be respectful of their human rights, so we thought it would be important to add it into the bill so that we make it clear to everyone—we know that some mainly health care professionals are not comfortable asking those questions, so we want to make it clear to everyone, including people from health care, that the Human Rights Code would always be respected. That's all.

The Chair (Mr. Deepak Anand): Further debate? MPP Martin, and then MPP Harden.

Mrs. Robin Martin: I would recommend opposing this. It's unnecessary because Ontario's laws are already read to be consistent with the Human Rights Code and, as such, the inclusion of this provision directly in the statute is unnecessarily duplicative of where the rights code already applies.

The Chair (Mr. Deepak Anand): MPP Harden.

Mr. Joel Harden: Notwithstanding what my friend just mentioned, I would just point out for the benefit of our committee, germane to this particular amendment, we have a letter to the Ministry of Health from Commissioner Ena Chadha from the Ontario Human Rights Commission concerning the COVID triage protocol.

Currently ongoing in the pandemic, there has been a debate in the Legislature—and I won't rehash all of that debate, but I think it's germane to this amendment, Chair—about what will happen in our intensive care units in the event, God forbid, that critical life care has to be rationed. We've been undergoing a debate, episodic as it is, on the floor about that. The minister, to date, has said there is no draft triage protocol.

The concerns that Commissioner Chadha mentioned in her letter to the minister are such that she is worried. She is worried, given information has been furnished to the media about the fact that there may in fact be a draft plan out there. Health administrators have spoken to this in the press.

So Commissioner Chadha has raised with my friends in government the fact that there could actually, in fact, be, right now, as we're debating this amendment to this particular bill, a situation in which people with disabilities could be in ICUs, which could become overwhelmed—again, Chair, let me stress, I hope this doesn't happen, and I know people out there are working extremely hard to make sure it doesn't happen—

Interjection.

The Chair (Mr. Deepak Anand): MPP Kusendova, what is your point of order?

Ms. Natalia Kusendova: I have a point of order. Respectfully, what my colleague is talking about is beyond the scope of this committee's work and this legislation that we are considering today. We do have a separate committee that is discussing our COVID preparedness and our government's response, so those comments are appropriate for that committee, but not for today. Thank you very much, Chair.

The Chair (Mr. Deepak Anand): Thank you, MPP Kusendova. We are talking about human rights, so MPP Harden, you can continue, please. I appreciate the intervention, but you're okay. Go ahead.

Mr. Joel Harden: Thank you. Yes, we are indeed talking about the Human Rights Code. I just want to flag for members why we—and I wanted to speak after MPP Gélinas, because MPP Gélinas is the health critic for our party. My role for our party is being as good a spokesperson as I can be for people with disabilities and accessibility in the province.

I just want to flag that there is a live debate going on right now that this amendment addresses, and that is the question of: What will we do in the event that we have to ration care and there's a perception about the quality of life or the likelihood of survival for someone with a disability having been put into the ICU, having been put—again, God forbid—on a ventilator or something like that? What are the decision-making processes that go into whether or not we remove that life-saving service?

Members of the committee are aware of the import of this amendment, the Human Rights Code implications for people with disabilities. We know in Italy, we know in the state of New York in the United States that these kinds of awful decisions were made, and there are cases before courts in both of those jurisdictions right now about people with disabilities and their loved ones staking claims because of alleged ableism in the law, that it wasn't necessarily about fairness; it was about a perception that the lives of people with disabilities mattered less than people who were not disabled.

I'm just going to, with this amendment, flag for my friends on the committee the import of—inasmuch as I heard what my friend opposite just said about duplicative implications, there is a case right now that we are debating in public policy, from the Ontario Human Rights Commissioner herself, that we have to be mindful of the ways in which health policy can actively discriminate against people with disabilities. If my friends in government would pass this motion, I think some of those concerns could be, to a certain extent at least, allayed.

I would welcome any further thought—particularly from folks like MPP Kusendova, who has worked in the health care system and, I'm sure, has seen how this discrimination can happen from a practitioner's perspective. People with disabilities certainly have told me they want these commitments clarified in this legislation.

I would welcome any further comment from my friends—

The Chair (Mr. Deepak Anand): Thank you so much. MPP Fraser?

Mr. John Fraser: I'll keep my comments brief. I agree with my colleague from Ottawa Centre. Addressing the issue about it being duplicative: You can say that, but also, people need to see things in legislation to give them assurance that their rights are going to be respected.

Right now, there's a directive with regard to patient transfers from hospitals and long-term care, in which people's human rights can be overridden very easily. That authority is delegated. That's a really serious thing to delegate to somebody out there in a hospital: "You can do whatever you want."

I think it's important to see this in the legislation for the reasons that my colleague has said. I won't take any further time. I encourage the government to support it.

The Chair (Mr. Deepak Anand): Thank you so much. Further debate? Seeing none, are the members ready to vote? All those in favour, please raise your hands.

The Clerk of the Committee (Ms. Tanzima Khan): MPP Gélinas, did you have something to say?

M^{me} France G elinas: Yes. This is an NDP—

The Chair (Mr. Deepak Anand): Absolutely. Madame France G elinas, going forward, any motion forwarded by independent members from the Liberal Party or the official opposition will be a recorded vote. Thank you for reminding. We will make sure that that happens. We have a wonderful Clerk, who does a really good job. Rest assured, we'll be there for that.

Ayes

Fraser, G elinas, Harden.

Nays

Babikian, Fee, Hogarth, Kusendova, Martin, Park, Triantafilopoulos.

The Chair (Mr. Deepak Anand): Thank you so much. Based on the votes, I declare the motion lost.

At this time, I'm going to ask, respectfully, if there is any debate on schedule 1, section 2, as amended. If none, are the members ready to vote? Yes. All those in favour? Now, in this case, what happens is—is it a recorded vote, not a recorded vote?

The Clerk of the Committee (Ms. Tanzima Khan): If someone says "recorded vote," we'll—

The Chair (Mr. Deepak Anand): Then only do it? Otherwise, we will continue as is.

Mr. Joel Harden: I'd like a recorded vote on this.
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Ayes

Babikian, Fee, Hogarth, Kusendova, Martin, Park, Triantafilopoulos.

Nays

Fraser, G elinas, Harden.

The Chair (Mr. Deepak Anand): Based on the vote, I declare schedule 1, section 2, as amended, carried.

Moving over to schedule 1, section 2.1, I do see a motion. Go ahead, MPP Fraser.

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

"Vaccine not denied

"2.1 For greater certainty, a person shall not be denied a vaccine if they fail to provide the information referred to in section 2."

I'll turn it to my colleague, Ms. Hunter—

The Chair (Mr. Deepak Anand): Thank you so much. MPP Hunter, would you like to explain?

Ms. Mitzie Hunter: Thank you, Chair. It's really just to clarify the intention of the collection of socio-demographic data that, while it is mandatory for those who are vaccinators to ask for the information, if someone chooses not to provide the information, they will not be denied the

opportunity to get their vaccine. So it's really protecting and respecting the rights of those individuals.

The Chair (Mr. Deepak Anand): Further debate? MPP Martin.

Mrs. Robin Martin: I recommend voting against this motion, because vaccinators need to determine what administrative data needs to be collected for vaccine safety, really, for providing health care to a vaccine recipient and for any immunization record. Some health care providers actually have regulatory obligations to collect and document certain kinds of information. For example, a pharmacy might need to record who and what they have dispensed. So there's a kind of a minimum set of information that is required for safety reasons. Once that information is collected, the proposed legislation would require the vaccinator to disclose that information to the Ministry of Health.

The Chair (Mr. Deepak Anand): Further debate? Seeing none—okay. Next time, I'm going to ask MPP France and then I'm going to say "further debate." MPP France, go ahead, please.

M^{me} France G elinas: It never hurts to be very clear in a bill. The amendment makes it very clear: "For greater certainty, a person shall not be denied a vaccine if they fail to provide the information referred to in section 2."

Every Ontarian has a right to consent to share any personal information whatsoever, and if they decide not to share that information that is being collected, they will still gain access to the vaccine. So to put it in there—I can tell you that for LGBTQ members, asking them their sex, their gender when the only choice is male and female, they may very well choose not to consent to give that information. I can give you a long list of other reasons why people don't always give you the information that is required, but care is not denied and vaccination is not denied. To put it in the bill reaffirms the rights of every Ontarian that you will still get your vaccine even if you don't share your address, even if you don't share your gender, even if you don't share some of the basic information that they are requiring out of you. This is what this amendment does.

The Chair (Mr. Deepak Anand): Further debate? Seeing none, are the members ready to vote? I appreciate it. All those in favour, please raise your hand, and it will be a recorded vote.

Ayes

Fraser, G elinas, Harden.

Nays

Babikian, Fee, Hogarth, Kusendova, Martin, Triantafilopoulos.

The Chair (Mr. Deepak Anand): Based on the numbers, the motion is lost.

Moving forward, we have schedule 1, section 3. If you'll notice, there are no proposed amendments to sections 3 and 4 of schedule 1. I propose that we bundle these

sections so that we can fast-forward some of the work. Does the committee agree at this point? Thank you for that. I appreciate it.

Shall schedule 1, section 3, carry? All those in favour?

Mr. Joel Harden: Point of order.

The Chair (Mr. Deepak Anand): Point of order, MPP Harden.

Mr. Joel Harden: Could we have a roll call vote on this matter, please?

The Chair (Mr. Deepak Anand): A recorded vote?

Mr. Joel Harden: Please. That's what I meant—a recorded vote. Pardon me.

The Chair (Mr. Deepak Anand): No problem.

There will be a recorded vote.

Shall schedule 1, sections 3 and 4, carry? All those in favour?

Ayes

Babikian, Fee, Hogarth, Kusendova, Martin, Park, Triantafilopoulos.

Nays

Fraser, Gélinas, Harden.

The Chair (Mr. Deepak Anand): At this point, schedule 1, sections 3 and 4, carries.

Moving over to the next one, schedule 1, section 4.1: I do see a motion. Go ahead, MPP Fraser.

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

“Information in de-identified form

“4.1(1) Every vaccinator shall provide the following information to the ministry in de-identified form with respect to individuals to whom the vaccinator administers vaccines:

“1. Race and ethnicity.

“2. Household income level.

“3. Education level.

“4. Language.

“5. Disabilities.

“Use of information in de-identified form

“(2) The ministry shall use and disclose the information received under subsection (1) only for the purposes of conducting research and analysis about the characteristics of individuals receiving vaccines.

“Definition

“(3) In this section,

“‘information in de-identified form’ means information from which any information that identifies an individual and any information that it is reasonably foreseeable in the circumstances could be utilized, either alone or with other information, to identify an individual has been removed.”

I'll turn it over to my colleague MPP Hunter.

The Chair (Mr. Deepak Anand): Go ahead, MPP Hunter, if you would like to explain.

Ms. Mitzie Hunter: Thank you to my colleague MPP Fraser.

I believe that this committee has heard about the importance of the collection of this type of demographic data to help in the targeting of individuals who need the vaccine and where the efforts of vaccinators need to be applied in a specific, targeted way to outreach to those individuals. It is all about accelerating the ability to vaccinate all people who want a vaccine in this province, and to do that in a way that respects and understands the inequities in our current vaccination system that may not be addressing the needs of those individuals and communities. The collection of this data is going to help us to better target our efforts and our resources to assist those individuals and those communities, and as you can see from the proposed amendments, it is being done in a way that respects that individual and collective privacy as well, so there's nothing that will identify the person as an individual.

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I really urge the members on the government side to take action on the things that you say you know, and pass this amendment quickly with the Bill 283 package.

The Chair (Mr. Deepak Anand): MPP Harden, and then MPP Martin.

Mr. Joel Harden: I just want to add to the debate, because it's something I've learned from the benefit of my colleagues in Brampton. Given what MPP Hunter has just said, I was shocked to learn through my colleagues in Brampton the degree to which, for warehouse workers, this has just been an absolute catastrophe, this moment. I saw 600 cases at one Amazon fulfillment centre—and many other warehouse workers. If you can imagine, Chair, pretty much all of those folks were working in very precarious circumstances, without sick days, for very profitable companies. It's really impressing upon us that if we can get the data to understand the vaccination strategy, we can start to deal with the labour market conditions that have precipitated this vulnerability.

In Ottawa, we certainly have significant amounts of people in precarious work; it's true. But as I've learned from my colleagues in Brampton and Scarborough, my goodness, the extent to which so many of our neighbours have been made vulnerable—I want to say that, because it's conscious labour-market policy that allows large, profitable companies to set up in our province, because we want to attract those employers, attract those investments and attract those jobs. That's fine; I understand that. But then when they set up a labour-market circumstance where so many people are shuffling through there on a part-time basis without access to paid sick days—I mean, 600 positive cases in one facility. That really was an eye-opener for me.

This is where I'll own a piece of this, because in Ottawa Centre, we're very lucky. There's a significant degree of affluence in our community. I'm part of that. I have a full-time job with benefits and sick days. We have a high take-up with the vaccination strategy that's going on in our community. But what I've heard from our friends in Brampton and Scarborough—and I'm sure other people could corroborate this on the committee—is how that has not been the case, in some of our communities of greatest

need. So if we can get the data that our friends are asking for, that's one way we can start to address the problem.

I just feel as if this job is a learning experience, Chair, as I'm sure it is for you, too. That has been remarkable to me, the degree to which so many of our neighbours are vulnerable, and if we start measuring it and we make sure that we're measuring it, we'll have a much better sense of how we can deal with it and where we can get the resources to where they're needed the most.

The Chair (Mr. Deepak Anand): Further debate?

Mrs. Robin Martin: I would recommend opposing this motion. As I said before, the Ministry of Health plans to make a regulation at a later time to prescribe socio-demographic data elements as additional information that would be disclosed to the ministry. The proposed legislation also enables the making of a regulation for carrying out the purposes of this act, and as such, socio-demographic information can be mandated in the future by regulation.

The Ministry of Health is also working with the Information and Privacy Commissioner of Ontario, as well as other various stakeholders, on the development of a data governance framework to address the use, access and control of socio-demographic data collected, based on agreed-to principles.

The Chair (Mr. Deepak Anand): MPP Fraser? And after MPP Fraser, MPP France Gélinas, with both hands.

Mr. John Fraser: I just want to reiterate that we had a home care bill before us that stripped out the patients' bill of rights. The government's commitment to creating one—it's a year and a half later, and that bill of rights doesn't exist. The regulations aren't there. I'm not going to go through how many other bills are like that.

That might be fine when it's business as usual, but it's not business as usual right now. We're not trying to solve something that's 20 years old or 30 years old or 10 years old; we're in the middle of a pandemic, an urgent situation where we're undertaking something we probably haven't undertaken ever in the history of Ontario, and there's a sense of urgency with that. By clearly spelling it out in the legislation, it suggests that sense of urgency. It gives that sense of urgency.

We need this information, and it's very directional to the government, both in how urgent the matter is, but also in specifically what needs to be there. I think it's a reasonable amendment put forward. I would encourage the government to support it. I'll leave it at that.

The Chair (Mr. Deepak Anand): Further debate? Madame France Gélinas.

M^{me} France Gélinas: I want to remind the committee that the Ontario Public Health Association said they want to require those administering vaccines to collect socio-demographic data, including race and ethnic origin, and so did Dr. Rachlis. The Alliance for Healthier Communities said to ensure "mandatory ... collection of race, income, household size and preferred language data," and to ensure "a health equity lens is applied to data governance in consultation with diverse and racialized communities and experts."

Even the Neighbourhood Pharmacies told us to "review current pharmacy reporting requirements to confirm" there is "data infrastructure in place" to facilitate reporting, and engage with and support pharmacies with respect to "changes relating to vaccine data collection and reporting."

The Information and Privacy Commissioner—the list of people telling us to do this—most of the people who came to talk to us recommended that we do this, and we're not doing it.

The Chair (Mr. Deepak Anand): Thank you so much.

MPP Hunter, is that a point of order, or do you want to debate? Go ahead.

Ms. Mitzie Hunter: Chair, I will not prolong. There's just a lot of concern that I have. I've heard about the urgent need for this data, because it is life-saving. The vaccinations are life-saving. It really matters more to certain communities that are more impacted by COVID and by the vaccinations, which may not be reaching them right now.

The indifference I'm hearing from the government, the lack of urgency, is just abhorrent. There is no reason for the government to not respond when members have come before this committee. Opposition members have brought well-researched and friendly amendments to the bill, and to say that people can wait, with such indifference—because they cannot wait. This is a health pandemic. It's a health emergency, and we should be doing all we can to protect people. This is something that we can do today and we ought to do it.

The Chair (Mr. Deepak Anand): Further debate? Seeing none, there will be a recorded vote.

Ayes

Fraser, Gélinas, Harden.

Nays

Babikian, Fee, Hogarth, Kusendova, Martin, Park, Triantafilopoulos.

The Chair (Mr. Deepak Anand): Based on the vote, I declare the motion lost.

Schedule 1, section 5: I do see a government motion. Go ahead, MPP Martin.

Mrs. Robin Martin: I move that section 5 of schedule 1 to the bill be struck out and the following substituted:

"Use and disclosure of reportable information by ministry

"5. The ministry shall use and disclose the information disclosed to it under sections 2, 3 and 4 in accordance with the Personal Health Information Protection Act, 2004 and with any additional requirements that may be provided for in the regulations."

The Chair (Mr. Deepak Anand): Thank you so much, MPP Martin. If you'd like to debate or explain, go ahead.

Mrs. Robin Martin: Thank you. I recommend voting for this motion because the amendment would clarify that

the requirements that would be prescribed in the regulation would further limit the Ministry of Health's use and disclosure of this information. The information will make sure the province has a more complete picture of who is being vaccinated and will help the government better understand uptake across the province.

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The Chair (Mr. Deepak Anand): Further debate? Yes, MPP Gélinas?

M^{me} France Gélinas: Again, the Information and Privacy Commissioner was quite clear as to what she wanted to see. She told us, change the term "shall" in subsection 5(1) to "may," such that the amended provision would read as follows: "may use and disclose the information disclosed under sections 2, 3 and 4 only in accordance with" the Personal Health Information Protection Act, 2004.

She went on to tell us that we should remove section 5(2) of the bill because of the risk it poses to privacy. Subsection 2 says: "Despite the Personal Health Information Protection Act ... the ministry shall use and disclose any information that may be prescribed in the regulations in accordance with the requirements provided for in the regulations." Yet the privacy commissioner wants us to take this off and doesn't want us to keep the word "shall." In 5(1), she wants us to use the word "may."

So I would ask, to MPP Martin, how come we're not listening to the Information and Privacy Commissioner?

The Chair (Mr. Deepak Anand): MPP Martin?

Mrs. Robin Martin: The Information and Privacy Commissioner has expressed concern with the current wording of subsection 5(2) of the bill, as it could be read as authorizing a regulation to be made that would broaden the Ministry of Health's authority to use and disclose the information disclosed to it under the act. This proposed amendment would clarify that the requirements that would be prescribed in regulation would further limit the Ministry of Health's use and disclosure of the information collected under the bill; i.e., the ministry's authority to use and disclose the information would not be broadened, thereby addressing the Information and Privacy Commissioner's concern, according to the lawyers.

The Chair (Mr. Deepak Anand): Further debate? I see MPP Fraser, then MPP France Gélinas.

Mr. John Fraser: Whose lawyers?

Interjection.

Mr. John Fraser: Okay. All right.

The Chair (Mr. Deepak Anand): Legal counsel.

Mr. John Fraser: Can we get an explanation of why we're using "shall" instead of "may," which is what the privacy commissioner asked for? Why are we denying that request? I'd just like to understand that, so if I could get an explanation, that would be great.

The Chair (Mr. Deepak Anand): MPP Fraser has asked the Ministry of Health legal counsel—can you please unmute the members of the legal counsel for the Ministry of Health? I understand there are two members, so whichever member is answering the question, can you please start with your name so that we can record it for Hansard.

Ms. Alana Georgas: Thank you, Chair. This is Alana Georgas. I am counsel for the Ministry of Health. With respect to the IPC's recommendation, they have a couple of interrelated recommendations to section 5 as it has been introduced in the bill. Our motion here would strike out subsection 5(1) and subsection 5(2) of the bill as it was introduced and replace it with this new section 5.

The purpose for doing this was to be very clear that the rules that would apply to the ministry's use and disclosure of the information that it would receive under the act would need to be in accordance with both the Personal Health Information Protection Act and any additional requirements that would be provided for in regulation. Because of the way that this section is redrafted, in our view "shall" is appropriate because the requirement is to comply with both the act and any additional requirements. The IPC had recommended that the "shall" be changed to a "may," in our view, because the language in the Personal Health Information Protection Act is discretionary in that it says how the ministry may use and may disclose information; the "shall" works here in this provision because the ministry would be obligated to only use and disclose the information in accordance with the Personal Health Information Protection Act. And then, in addition, it "shall" comply with any additional requirements that would be provided for in the regulations. We believe that section 5, as set out in this motion, would address the concerns raised by the IPC.

The Chair (Mr. Deepak Anand): Thank you so much. I appreciate it.

Further debate? Go ahead, MPP France Gélinas.

M^{me} France Gélinas: Can I ask Mr. Armstrong to answer sort of the same question. We have a written request from the IPC that says, change the term "shall" in subsection 5(1) to "may" such that the amended provision would read as follows: "may use and disclose the information disclosed under sections 2, 3 and 4 only in accordance with" the Personal Health Information Protection Act, 2004.

I am not a lawyer, but you are, sir. So, in law, what's the difference between "shall" and "may," and why would the Information and Privacy Commissioner come forward wanting "may" rather than "shall"?

The Chair (Mr. Deepak Anand): Thanks so much, MPP France.

Mr. Armstrong, please unmute yourself.

Mr. Ralph Armstrong: Can you hear me?

The Chair (Mr. Deepak Anand): Yes, we can hear you, sir.

Mr. Ralph Armstrong: Well, the difference between "shall" and "may" in law is something that a lawyer can write almost an entire book on, because in some circumstances, each word can essentially mean the other. Now, I am essentially looking at the recommendation and the drafting here in agreement with ministry counsel, but because of the way this has been redrafted, it's a certain different use of tone than the recommendation, but I would say that it probably ends up with stricter requirements on the ministry's use of personal health information than even what was in the IPC recommendations.

It's an absolute requirement to comply with PHIPA and with any additional requirements, so stricter requirements that might be brought forward. Also, the way it's drafted removes the subsection (2) that the IPC had found objectionable and leaves one section setting out the entire code, if you will, on this subject for the purposes of this bill.

I guess that's somewhat a long-winded way of saying that my thinking on it is in accord with ministry counsel's.

The Chair (Mr. Deepak Anand): Thank you so much. Thanks for the clarification.

I do see MPP Harden wanting to pitch in. Go ahead, MPP Harden.

Mr. Joel Harden: A question, I think for Mr. Armstrong or Ms. Georgas, given what was just said: Is it your opinion that this potentially leaves the government or the ministry open to an actionable legal claim in the event that someone doesn't want to co-operate with the sharing of information under the Personal Health Information Protection Act? Not saying, of course, Chair, that someone's compelled to, but if someone has a change of heart after or considers the process to be objectionable, in that the government is gathering this. We know we have many staunch libertarians in this province—not a whole number, but there are some. I'm wondering if this opens the government to any potential problems if the goal is, in fact, to help our public health officials to get this information to inform our vaccination strategy. Is this use of "shall" hamstringing us from a policy perspective?

The Chair (Mr. Deepak Anand): Thank you so much.

Mr. Armstrong, would you like to clarify? And I just want to remind the members who are actually in the room that when you're talking, please go close to the mic. I appreciate you're looking at me and I appreciate you're going through the Chair, but the person who has to answer needs to understand clearly, so I would appreciate that.

Mr. Armstrong, if you're not able to understand, we can ask MPP Harden to re-explain. If not, can you please answer that?

Mr. Ralph Armstrong: I followed the question. From a legal point of view, it's difficult for me to say whether it leaves the government more open to claims one way than another. As we know, no matter how something is drafted and with your best intentions to bring it under a legal regime, claims will come and it's the role of the courts to find whether they have any merit.

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I would not have thought that this would raise any extra issues, given the general purpose of the legislation and how it's a rule of statutory interpretation that you have to view legislation in terms of its purpose and intent and the circumstance it's meant to deal with.

I don't know whether ministry counsel has anything further to add on the point of view of the ministry on these kinds of protections.

The Chair (Mr. Deepak Anand): Thank you so much. I would like to see if there is any further debate. If not—okay. At this point, are members okay to vote? All those in favour, please raise your hands. All those opposing the

motion, please raise your hands. I declare the motion carried. Thank you so much.

The next one we have is on the same subsection. I'm not too sure if—MPP Fraser, would you still like to continue?

Mr. John Fraser: I think that this is going to be essentially out of order because of the amendments that we put forward. Is that correct?

The Chair (Mr. Deepak Anand): You can withdraw it.

Mr. John Fraser: There's no point in debating it because there's nothing to actually do. I withdraw.

The Chair (Mr. Deepak Anand): I appreciate it. Thank you so much. You see, we are moving fast now.

At this moment I will ask members, shall schedule 1, section 5, as amended, carry? Any further debate on this? Yes, MPP Harden?

Mr. Joel Harden: I just would ask for a recorded vote on this. Thank you, Chair.

The Chair (Mr. Deepak Anand): Absolutely. Thank you so much. MPP Harden, would you like to make a recorded vote on all of them?

Mr. Joel Harden: Yes, please.

The Chair (Mr. Deepak Anand): Okay. All righty. Further debate? I see none.

Ayes

Babikian, Fee, Hogarth, Kusendova, Martin, Park, Triantafilopoulos.

Nays

Fraser, Gélinas, Harden.

The Chair (Mr. Deepak Anand): Considering the number of votes, I declare that schedule 1, section 5, as amended, carries.

Moving over to schedule 1, section 6, I do see a motion.

Mr. John Fraser: I think because motion number 7 failed, I'll withdraw this motion.

The Chair (Mr. Deepak Anand): Withdraw? I appreciate it. Thank you so much.

At this moment I would ask the members, shall schedule 1, section 6, carry?

Mr. Joel Harden: Point of order.

The Chair (Mr. Deepak Anand): Point of order, yes?

Mr. Joel Harden: I'd like this to be a recorded vote, please.

The Chair (Mr. Deepak Anand): Absolutely, there will be a recorded vote.

Ayes

Babikian, Fee, Hogarth, Kusendova, Martin, Park, Triantafilopoulos.

Nays

Fraser, Gélinas, Harden.

The Chair (Mr. Deepak Anand): Based on the votes, I declare schedule 1, section 6, carried.

Moving over to schedule 1, section 7: As there are no proposed amendments to sections 7 to 9 of schedule 1, I propose that we bundle all these sections. At this point I'm looking to the committee members for their consent. All in favour? Thank you so much. I really appreciate it. At this time—

The Clerk of the Committee (Ms. Tanzima Khan): MPP Gélinas has a point of order.

The Chair (Mr. Deepak Anand): MPP Gélinas, thank you so much for that wave, and thanks to my Clerk, Ms. Khan. Over to you.

M^{me} France Gélinas: Thank you, Chair. We're now at "Regulations." This is section 7, where it says, "The Lieutenant Governor in Council may make regulations,

"(a) respecting and governing anything that, under this act, may be prescribed or provided for in the regulations;

"(b) modifying or clarifying the definition of 'vaccinator' for the purposes of this act;

"(c) respecting how vaccinators may provide information under sections 2, 3 and 4;

"(d) providing for exemptions from this act or any provision of this act, and setting conditions on such an exemption;

"(e) generally, for carrying out the purposes, provisions and intent of this act."

The Information and Privacy Commissioner came to us and said that she wants to add provisions to require public consultation and adequate notice before making any regulation under section 7. I would like to ask the government, how come we did not respect the recommendations to make sure that the public have an opportunity to be consulted before any regulations are made under those five points?

The Chair (Mr. Deepak Anand): MPP Gélinas, what I understood out of this: There is no amendment to this section, though. You're debating overall on the section. Is that what it is?

Interjection.

The Chair (Mr. Deepak Anand): Yes. Okay, so we're going through the overall debate on section 7. Further debate? MPP Martin.

Mrs. Robin Martin: As I've said many times, we are in consultations with various stakeholders, and regulations are also consulted upon, so I don't really understand MPP Gélinas's point. I would note that neither the NDP nor the Liberals were so concerned about what the IPC—the Information and Privacy Commissioner—said as to bring their own amendments with respect to any of these sections. Obviously, that indicates that they weren't too worried about those concerns when we were considering amendments. I think that this will be dealt with in the usual course of how regulations are normally drafted, and I've already said we're in consultations with all the stakeholders and the Information and Privacy Commissioner.

The Chair (Mr. Deepak Anand): Further debate? MPP Fraser.

Mr. John Fraser: The point that I want to make is, the usual course—and I think I've said it already in this

debate—we're, what, seven million vaccines in? We're a little late in the game. If we'd actually passed some of the measures that clearly define the kind of information that needed to be collected, we'd be a lot farther ahead in this. There are processes in doing regulations that are standard. We're not doing what the Information and Privacy Commissioner asked for here.

Respectfully, whether or not we brought forward an amendment and whether or not we did that out of concern is not germane to this debate right now. The question is, what is it we're doing here? We just want you to simply answer a question. I think it's relevant, because we could have done some things in this bill to define this section here that would have put us a lot farther ahead. I'll leave it at that.

The Chair (Mr. Deepak Anand): MPP Harden.

Mr. Joel Harden: Just to amplify what both MPP Fraser and MPP Gélinas have said, you will recall that in a previous meeting of this committee, I made a pitch to my friend MPP Harris to extend the time by which we could invite community consultations as deputations. The amendment failed. I understand it, but that was in part motivated by what MPP Gélinas is talking about. It is always a challenge for me to try to recruit and encourage communities from home when they see the work of legislative committees in the city being largely Toronto-dominated, and that's unfortunate, because it's a big province. Our city, Ottawa, has unique experience with unique demographics, so I take what MPP Gélinas said to heart. I really feel as if a lot of the structural changes to committee work that we've seen in the last few years has gotten us into some trouble. We're not canvassing as wide as we could, and we're not getting the best advice and the most diverse advice that we can, so I certainly think that there's a lot here.

When I raised these concerns to MPP Harris, I didn't hear a reply from my friend then, and it would be nice to hear a rationale now as to why we really do give the public very limited horizons, very limited times by which they can help us make decisions here.

The Chair (Mr. Deepak Anand): Further debate? I have MPP Hunter and then MPP Martin.

Ms. Mitzie Hunter: I believe that the committee, and the Clerk can clarify, has an opportunity to put forward a motion if the committee deems that an amendment should be made to this section. That's a privilege that the members of the committee have.

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I do want to say that, in consideration, certainly my colleagues in our Liberal caucus felt that this bill could benefit from the explicit addition of the collection of disaggregated data, individual-level socio-demographic data, and to be clear about what that data is as it relates to specific groups. That was explained and determined in the amendments that we put forward, and that's after reviewing the full points of schedule 1, including item 7, which has regulations, which is prolonged and really left up to the government to decide when those regulations will be drafted and how they will be consulted on—which could

take a lengthy process unless the government is prepared to tell us when the regulations are going to be done and how the data portion to collect that socio-demographic data that's so vital to the vaccine rollout and so critical to the urgency of the vaccine rollout will happen. How will that happen?

The Chair (Mr. Deepak Anand): Further debate?

Mrs. Robin Martin: I hesitate to speak again, but I would just say we've been told by my colleagues here today in the opposition that this was urgent and can't wait. At the same time, they are simultaneously demanding us to have further consultations, speaking out of both sides of their mouth on this issue. I think we've indicated how this will go, that the consultations are happening, and I hope we can now vote on it.

The Chair (Mr. Deepak Anand): We're moving over to MPP Fraser. Before we move over to MPP Fraser, I just—

Mr. John Fraser: First off, Chair, I think saying that another member of the House is speaking out of both sides of their mouth is unparliamentary language. I don't think that's needed in the committee.

The Chair (Mr. Deepak Anand): MPP Fraser, I did not hear the word the way you said, but—

Interjection.

Mr. John Fraser: I don't think it's necessary—

The Chair (Mr. Deepak Anand): Yes.

Mr. John Fraser: And to the member across, what I said to the member is, if we pass in this legislation the amendments where we were specific about the information that we wanted to collect, this would not be as big an issue.

I'm not suggesting delaying; I'm suggesting exactly the opposite. So characterizing me as saying two things that I'm not—I think it's important. And if we want to go ahead in this committee, I think the approach should be maybe a bit more neutral as opposed to combative. That's all.

The Chair (Mr. Deepak Anand): MPP Fraser, again, I want to encourage all the members—all the comments should go through the Chair and we should restrict ourselves to our bill. I do understand. At the same time, I will make sure that we respect each other. Respect is always the paramount for any business, especially where we are the role models for many of our residents. So thank you.

One thing I want to say to all the members: It becomes a little difficult for me to understand whether you're asking the legal counsel or you're asking the ministry. If you want specific answers from those people, please raise that in the comments when you make them. If not, then I'll treat it as a regular debate.

Further debate on this? Seeing none, are the members ready to vote? Thank you. We are voting only on section 7 because we debated on it. All those in favour, please raise your hand. All those opposed, please raise your hand. Schedule 1, section 7, carried.

At this time, I'm going to respectfully ask that schedule 1, sections 8 and 9—is there any debate? MPP Harden.

Mr. Joel Harden: I'd just like a recorded vote on this, please.

The Chair (Mr. Deepak Anand): Recorded vote.

Ayes

Babikian, Fee, Hogarth, Kusendova, Martin, Park, Triantafilopoulos.

Nays

Gélinas, Harden.

The Chair (Mr. Deepak Anand): Based on the vote, I declare sections 8 and 9 carried.

At this time, we are going to be having a debate and, followed by debate, the voting on schedule 1, as amended. Any debate? No? Okay. Yes?

Mr. Joel Harden: A recorded vote on this, please.

The Chair (Mr. Deepak Anand): Recorded vote. Thank you so much. All those in favour, please raise your hand.

The Clerk of the Committee (Ms. Tanzima Khan): MPP Gélinas has debate.

The Chair (Mr. Deepak Anand): MPP Gélinas.

M^{me} France Gélinas: Thank you. I just wanted to put on the record that it was an opportunity for Ontario to make sure that its health care system, when it comes to vaccinations, collected race-based data, collected socio-economic data, collected data regarding different abilities and disabilities, and that this data is needed by our health care system to continue to improve. Ontario has one of the best health care systems in the world. If we want to continue to do this, we need to have this data so that we can make decisions based on evidence.

To be told that it will be done in regulations—I will remind everybody that, in 2007, we passed a new Long-Term Care Homes Act. We used to have a minimum standard of care in legislation. When we passed the Long-Term Care Homes Act, they decided they didn't want to put it in legislation; they will work on it in regulation. They hired Mrs. Sharkey to do a report. Fast-forward to 2021, we still don't have a minimum standard of care in legislation or in regulations. It never got done.

Things move very slowly in the Legislative Assembly. A bill comes by; we won't see those bills again for 10, 15, 20 years. For the Mining Act, it took 100 years before we looked at it again. This is an opportunity missed. I guarantee you our health care system will be poorer for it, and changes that needed to be done won't get done.

The Chair (Mr. Deepak Anand): MPP Fraser?

Mr. John Fraser: I just want to concur with my colleague MPP Gélinas. She's right: There was an opportunity here, an opportunity for us to move quickly forward with things that we heard from deputants in committee, information we know that's important.

We're halfway through this thing—halfway through vaccinating everybody in Ontario—and we're talking about how to collect data. We missed an opportunity to move quickly to collect the kind of information that we need right now, and that's disappointing.

I agree with MPP Gélinas that it's a missed opportunity, and I know my colleague MPP Hunter would like to say a few words.

The Chair (Mr. Deepak Anand): Thank you, MPP Fraser.

Further debate? MPP Hunter, go ahead, please.

Ms. Mitzie Hunter: It is disappointing today that the government decided to delay rather than move ahead with really good evidence that could have made the bill a stronger bill, with the vaccine rollout being more fair and equitable to all people in Ontario.

I want to quote from the Ontario Hospital Association's publication, COVID-19: Building a Better Health System with Data. It starts off by saying, "In the middle of wave 1, the USA and UK reported a two- to three-fold increase in infections and deaths from COVID-19 in their Black populations.

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"A lack of individual level socio-demographic data in Canada meant that we did not know if we were showing the same trends and so a coalition of health care providers, academics and communities was formed to push for change." The author says, "I was part of this group that had four simple asks of the Ontario government:

"(1) Existing data should be analyzed to see if there is any indication of race-based disparities in COVID-19;

"(2) Ontario should start collecting socio-demographic data including race and ethnicity at the time of COVID-19 testing"—and I would extend that to vaccinations;

"(3) Data and analyses should be used as a basis of an equitable pandemic response; and,

"(4) Socio-demographic data collection should be hard-wired for the future so that we can properly plan; this could be done by asking a few questions at the time of OHIP card renewal."

The need for this in Ontario is very urgent, and it speaks to the health disparities that we see and the disparities in health outcomes that we see, in general and specific to the COVID pandemic: rates of infection, rates of hospitalization, rates of ICU admittance and, sadly, rates of death. If we do not make a commitment to track, on a disaggregated level and an individual level, who is getting vaccinated, how will we know how to target our resources to get it to those people who need it the most?

The resistance from the government is unfounded. The community has asked for this. The need is there. Health care agencies really just need the government's support to mandate the requirement and to set the standards. That's the role of the province when it comes to health care. To just leave it up to some regulation, sometime down in the future, does us all a disservice. It's very concerning and disappointing that you have not seen the need for inclusion of this important collection of data and the use of this data as we're doing the vaccine rollout to protect people and to save lives.

The Chair (Mr. Deepak Anand): Thank you, MPP Hunter.

I do see MPP Martin. Go ahead.

Mrs. Robin Martin: To be clear, socio-demographic information is currently being collected, for the first time ever in Ontario's history, as a result of the actions of this government, even though there have been calls to collect

this data for years, including the 15 years in which the member, MPP Hunter, and MPP Fraser, who are here today, did nothing to ensure that the collection of this data, which they now say is so important, was being collected.

As I said before, vaccine rollout data now shows that disproportionately impacted hot spot communities have 8% more vaccinations than those which are not hot spot communities and not disproportionately impacted communities, and the Ontario science table has indicated that government policies have positively impacted the vaccine rollout and made it more equitable.

The Chair (Mr. Deepak Anand): MPP Hunter.

Ms. Mitzie Hunter: Chair, I do want to say that it's important that we have accurate information. The government was dragged kicking and screaming to collect race-based data, disaggregated data, last June, due to calls from myself, MPP Coteau, other members of the opposition, health experts and, really, the public health agencies, including Toronto, that went ahead and collected it ahead of the province mandating the requirement. So it's nothing to brag about.

Also, it's not historic. As the former Minister of Education, I put in place the collection of data across all school boards, building on the work that the Toronto District School Board had done for a number of years to collect, year over year, individualized data based on race and other socio-demographic information to help with the education outcomes of students. I'm pleased to see—in fact, just this morning in question period, the Minister of Education talked about the continuation of the collection of that data that was started under the former Liberal government.

So just to be clear about what is the first time ever—it's not the first time ever; maybe it's the first time that the member opposite was made aware of it.

The Chair (Mr. Deepak Anand): MPP Fraser, would you like to add anything?

Mr. John Fraser: I know that we're interested in moving forward—this is important stuff and I'll keep it really short.

The Chair (Mr. Deepak Anand): I appreciate it.

Mr. John Fraser: But if we avoid the history lessons—or the dubious history lessons—we might get through this quicker, all of us, myself included.

The Chair (Mr. Deepak Anand): I don't know. I mean, I sometimes feel that whenever I'm in the House, I look at the Speaker and I say—when it comes to the committees, we're the mini-Speakers. But then I guess there is a difference, still.

Anyhow, let's move forward, keep working on, together. At this point, I respectfully ask everybody: Are the members ready to vote on schedule 1, as amended? Yes. A recorded vote: I heard it before, so I want to make sure of that.

Ayes

Babikian, Fee, Hogarth, Kusendova, Martin, Park, Triantafilopoulos.

Nays

Fraser, Gélinas, Harden.

The Chair (Mr. Deepak Anand): Based on the vote, I declare schedule 1, as amended, carried.

With that, we're going to move over to schedule 2. I do see a motion on schedule 2, section 1. MPP Martin.

Mrs. Robin Martin: I move that subsection 1(1) of schedule 2 to the bill be amended by adding the following definitions:

“‘personal health information’ has the same meaning as in section 4 of the Personal Health Information Protection Act, 2004; ...

“‘personal information’ means personal information within the meaning of the Freedom of Information and Protection of Privacy Act; ...”

The Chair (Mr. Deepak Anand): MPP Martin has moved the motion. MPP Martin, any further debate on this?

Mrs. Robin Martin: Thank you. I recommend voting for this motion because adding the definitions that I have suggested, which have been recommended by the Information and Privacy Commissioner, will help to clarify the intent of the relevant sections of schedule 2 and ensure their consistency with the Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act.

The Chair (Mr. Deepak Anand): Further debate? MPP France Gélinas.

Mme France Gélinas: This is sort of a little technical thing, but let's say that the member did not read the full motion into the record. Does the full motion still get put in? Because she did not read the part that says “renseignements personnels sur la santé” and she did not read the part that says, “renseignements personnels.” But I take it that although she didn't read it, it's implied.

The Chair (Mr. Deepak Anand): Okay. No problem. Thanks for that request, MPP Gélinas.

MPP Martin, would you like to read the motion?

Mrs. Robin Martin: Do you want me to read the whole motion again, or just the parts that I missed? I'm in your hands, Chair. I won't do that again. I'll butcher my French—

The Chair (Mr. Deepak Anand): No, no, I appreciate that. Thank you so much. Actually, do you know what? To make it easy, I'm going to read that for both of you.

Interjection.

The Chair (Mr. Deepak Anand): She should read it? Okay.

Mrs. Robin Martin: The whole thing again? I'm very sorry to have delayed the committee by not having read the stuff in French; I was trying to protect you.

I move that subsection 1(1) of schedule 2 to the bill be amended by adding the following definitions:

“‘personal health information’ has the same meaning as in section 4 of the Personal Health Information Protection Act, 2004; (‘renseignements personnels sur la santé’)

“‘personal information’ means personal information within the meaning of the Freedom of Information and Protection of Privacy Act; (‘renseignements personnels’)”

The Chair (Mr. Deepak Anand): Any debate? MPP France Gélinas.

Mme France Gélinas: I just wanted to say that we will be voting in favour. I think it's a very good idea to clarify those terms.

The Chair (Mr. Deepak Anand): On a lighter note, I just want to say to MPP Martin that there were spaces in it and you didn't use the word “space.”

No further debate, so we are going to be voting on it. All those in favour, please raise your hands. All those against? Considering none, I declare the motion carried.

At this time, I'm going to be asking the members, on schedule 2, section 1, as amended, any debate?

Mr. Joel Harden: Recorded vote.

The Chair (Mr. Deepak Anand): Recorded vote. At this time—MPP Gélinas, go ahead, please.

Mme France Gélinas: We did have another request from the privacy commissioner that says to use “‘information’, ‘document’ and ‘record’ ... in a consistent manner and clarify wherever they are intended to include personal information and personal health information.” She had asked us to do this, and I just wanted to make sure that we intend to do that.

The Chair (Mr. Deepak Anand): All right. Is that a question or is it a debate?

Mme France Gélinas: It's a question to the universe.

The Chair (Mr. Deepak Anand): Okay. Back to the other members, if anyone else wants to debate. Considering I'm seeing none, at this point we will be voting on schedule 2, section 1, as amended.

Ayes

Babikian, Fee, Fraser, Gélinas, Harden, Hogarth, Kusendova, Martin, Park, Triantafilopoulos.

The Chair (Mr. Deepak Anand): I declare schedule 2, section 1, as amended, carried.

Moving over to schedule 2, section 2, there are no proposed amendments to sections 2 and 3 of schedule 2, so I propose that we bundle these sections. At this time, I will be looking for a nod. Does the committee agree? Yes? I appreciate it. Shall schedule 2, sections 2 and 3, be carried? Any debate? Yes, sir?

Mr. Joel Harden: Recorded vote.

The Chair (Mr. Deepak Anand): A recorded vote. Okay. With no further debate, I am going to respectfully ask the members, with a recorded vote, shall schedule 2, sections 2 and 3, be carried?

Ayes

Babikian, Fee, Hogarth, Kusendova, Martin, Park, Triantafilopoulos.

Nays

Fraser, Gélinas, Harden.

The Chair (Mr. Deepak Anand): Considering the number of votes, I declare schedule 2, sections 2 and 3, carried.

Schedule 2, section 4: I do see a motion, motion number 12. MPP Harden.

Mr. Joel Harden: I move that section 4 of schedule 2 to the bill be amended by adding the following subsection:

“Majority

“(2.1) The majority of the directors on the board shall be either registrants or individuals who have previous work experience as personal support workers.”

The Chair (Mr. Deepak Anand): Mr. Harden has moved the motion. Would you like to explain, sir?

Mr. Joel Harden: I sure would. I’m very excited to be proposing this particular amendment, Chair. We had a lot of very interesting discussion at committee from deputants—at least three that I can recall—and I’ve heard from a lot of folks at home who are personal support workers, all of whom walk on water, in my opinion. I think if we’re going to have any kind of a regulatory body, we have to have people who can speak from that front-line experience.

It’s been difficult for me, obviously, to read the news of what personal support workers have had to endure in this pandemic, and even, frankly, what they’ve had to endure long before the pandemic, with working conditions and difficult situations. But if we wanted to have good decisions made—and you’ve heard my concerns addressed earlier around what kind of regulatory body the PSW community wants. I’ve certainly heard resoundingly that they want something analogous to what our friends in nursing and what physicians and other health professions have. It certainly stands to reason for me that the people involved in this oversight ought to have been in the personal-support-worker profession.

I’m hoping this is something that can be a meeting of the minds for all of us here. Certainly, personal support workers deserve our respect, and in any situation where there’s an alleged breach of professional practice, I would certainly want, for the benefit of the province, that people with direct experience in this work are involved in rendering judgments on those particular matters.

The Chair (Mr. Deepak Anand): MPP Fraser, go ahead, sir.

Mr. John Fraser: I am really surprised that we’ve created a board of directors for a health profession that doesn’t actually have a description of who are the people we want to have on the board. That’s why the member brought this forward. Every other health profession is described that way: “We’re going to have so many of these members, so many of those members,” so that mostly the public interest is served, but also the interest of the profession.

I have to say, I want to thank the member for bringing that forward. I’m going to support it. I don’t know if it’s exactly the composition—I wish there would be more

definition in the composition than there is here. Here’s the thing: It’s respect. Putting that in the bill is respect. I was really surprised not to see it in this bill.

Thanks, Chair. That’s all I have to say.

The Chair (Mr. Deepak Anand): Okay, I do see MPP Martin, followed by MPP Gélinas.

Mrs. Robin Martin: I would recommend voting against this motion. The motion would not support the attended effect of the legislation, which is to create an alternative to a traditional self-regulatory model, such as under the Regulated Health Professions Act, 1991, in favour of a more skills- and competency-based governance model of the authority’s board of directors.

Prevailing governance best practices suggest that the board should be smaller and composed of individuals focused on guiding the strategic direction of the organization who are neutral and free from professional and/or advocacy interests. A majority of professional representation on the board of the authority is contrary to this practice, particularly if, in the future, additional classes of registrants are overseen by this authority, which is contemplated.

This motion would create the expectation that each new group of providers is represented on the board, creating the need to continuously balance the size of the board on the basis of professional affiliation, as additional classes of registrants come under the jurisdiction of this oversight authority.

The goal of ensuring professional representation for each class of registrant, including for personal support workers, is accomplished in this legislation by the profession-specific advisory committees that the authority is required to establish under section 11 of schedule 2 of the bill.

The Chair (Mr. Deepak Anand): MPP Gélinas.

M^{me} France Gélinas: I want to remind my colleagues that The Canadian PSW Network came and told us to ensure that the boards include at least 50% representation from the not-for-profit sector, and that workers from all sectors are represented.

We also had CUPE, who came and told us, “Ensure PSW registrants, elected by other registrants, represent the majority of the board of directors, as well as any board-appointed committee.”

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We had the Ontario Community Support Association that told us to ensure that the expertise and experience of those being governed is reflected in those appointed to the governance of the authority and that participation is included at the board level, not just on the advisory committee. The same recommendation was also made by VON.

We had the care worker association tell us to allow registrants to be eligible for election to the authority’s board by striking out “elected or” in the first line of subsection 4(6) and retaining reference only to the eligibility to be appointed as a director of the authority.

We also had AdvantAge Ontario that said to include PSWs from all types of workplace settings and clarify the

qualifications for elected, appointed directors. The Canadian Association of Continuing Care Educators also told us the same thing. And it goes on and on.

To be on an advisory committee is not the same as to be on a board that is allowed to take away your livelihood. This is not okay the way it is set up now. These women—these mainly racialized women—deserve a seat at the board table, not as an adviser but as somebody that has power to decide. This is what this motion does.

The Chair (Mr. Deepak Anand): MPP Harden?

Mr. Joel Harden: Just something I forgot to mention: I recall Lynn Steele from The Canadian PSW Network saying explicitly that the industry has gotten to a point where I believe there are 40 different designations to describe personal support workers. Basically, because there's no proper professional regulation, anybody right now could call themselves a personal support worker.

The Chair (Mr. Deepak Anand): Further debate? MPP Martin.

Mrs. Robin Martin: I only speak because I know there are several motions with respect to this schedule, and I think the general approach behind all of the motions brought by the opposition with respect to this schedule are because they would like to see a different model of governance, which is what other regulated health professions have under the Regulated Health Professions Act. However, this poses some challenges for personal support workers in that they do not have a defined scope of practice. They tend to work in different settings and have different scopes of practice. They are unable to be regulated under the RHPA-type model because of some of those things.

This model, which is adapted from models in the UK and British Columbia and has worked very well, is a lighter-touch regulatory model. It costs less. With more procedures is more cost, and it certainly is a concern that PSWs do not have to face too great a cost for a regulatory body. They will be and their input will be incorporated in the advisory committee, which will be a PSW advisory committee, and then if we put massage therapists, for example, under this in the future, there would be a massage therapist advisory committee. The board itself is there to govern the authority.

I just wanted to raise these issues. Obviously, rules of natural justice will be followed by everybody throughout the whole governance of this. What I wanted to say, really, is that there are different models for regulatory governance. This is a new thing for Ontario, but it is in no way to suggest that PSWs are unworthy. It is basically a model which is suited to what PSWs do and the current situation of PSWs in this province, and it is to take account of the fact that they do not want to have the expense of a full regulatory college, which would be very expensive.

I think my colleague's suggestion is normally that the government should continue to pay for that thing for the rest of forever in perpetuity, but no regulated health profession has that. It's all self-funded eventually, and this is a lower-cost-funding regulatory body for PSWs. We are trying to keep their best interests at heart and find a

regulatory model that will work well for them. We believe that this is it.

The Chair (Mr. Deepak Anand): Thank you, MPP Martin.

MPP Fraser, go ahead, please.

Mr. John Fraser: I'm just trying to understand that line of argument. Ontarians have a say in who sits at this table. It's not totally analogous, but there's an expectation in governance that the people who are being governed will be reflected in it, will have some say—maybe not all say; things are different—but some say.

I just think that we're taking this move forward—it's PSW appreciation day today, and they're not reflected. Maybe there was another way for the government to do that, in a way that was significant and meaningful in here, but it's just—there's nothing. It's a missed opportunity, and I'll just stop there.

The Chair (Mr. Deepak Anand): Further debate? Since there's no further debate at this moment, I will ask the members—it's going to be a recorded vote on the motion presented by MPP Harden.

Ayes

Fraser, Gélinas, Harden.

Nays

Babikian, Fee, Hogarth, Kusendova, Martin, Park, Triantafilopoulos.

The Chair (Mr. Deepak Anand): Based on the recorded vote, I declare the motion lost.

Moving on to motion number 13, I do see MPP Harden. Go ahead, MPP Harden.

Mr. Joel Harden: I'd like to direct the committee's attention to—oh, pardon me.

Interjections.

The Chair (Mr. Deepak Anand): Go ahead, MPP Harden.

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Mr. Joel Harden: This is amendment 13. I move that clause 4(6)(a) of schedule 2 to the bill be struck out.

The Chair (Mr. Deepak Anand): MPP Harden has moved this motion. Any debate? MPP Harden and MPP—okay. MPP Harden, you go ahead first, please.

Mr. Joel Harden: Again, Chair, this is just the opposition trying through another angle to impress upon our friends in government that sometimes it's better not to do something than to do something poorly. I'm taking my direction from the personal support worker advocates who have appeared before this bill.

Just to carry on a little bit from the debate we just had, I think a lot of what the parliamentary assistant has said, which is valid, around the financial capacity of personal support workers to contribute to a regulatory college—we could fix that, Chair, if we immediately made the pandemic pay increase that is going to run out soon permanent. We could fix that if we didn't renew contracts for for-

profit agencies that are billing the Ministry of Health \$28, \$29, \$30 per hour for a PSW who is perhaps earning between \$18 and \$20 an hour. There is a whole lot of money, the people's money, that we're leaving on the table, and if we gave that in compensation and full-time hours and decent benefits to the hard-working PSWs who are out there in the community every single day, they would be in a position to financially contribute to an actual regulatory college. So I would respectfully disagree with what my colleague has said earlier.

With an earlier amendment, I was trying to amend the process that has been proposed for this committee to consider, and now, in this amendment, we're taking a different route. But I really do believe we have to get this right. That's what I heard the PSW advocates telling us loud and clear.

The Chair (Mr. Deepak Anand): MPP Gélinas and then MPP Fraser, and at that point, I will ask MPP Martin. MPP Gélinas, go ahead, please. I'm trying to follow the pattern of who puts his or her hand up first, or we can try between the different parties. MPP Gélinas.

Mme France Gélinas: We're talking about subsection (6), "eligibility." I want everybody to understand what you're voting on. Under "eligibility," it says:

"(6) A person is eligible to be elected or appointed as a director of the authority if they,
 "(a) are not a registrant."

You've just made it clear that no PSW, nobody who is concerned, will ever be able to be appointed to the authority. How could that be? If you don't want a majority of them—don't ban anybody who has ever held the job of a PSW, who knows what it's like to be a PSW, from being on the board of directors of the authority.

This is what you're voting on, that subsection 4(6) says you are not eligible if you are a registrant. How could that be? Even if there would be two of them appointed, we would be further ahead. But to say that if you're a registrant you're not allowed, to me, is so disrespectful. Those are the people who will have decision-making authority as to whether you keep your job or not, and we're making it expressly clear that none of them will know what your job is about because none of them will be working in the field. What kind of authority is that? It makes no sense. You have to have some people with lived experience. You have to have some PSWs, you have to have some front-line workers on this authority so that they know what it's like and they know what they're talking about.

If you don't want to make it a majority—you voted down our first amendment—at least give them a chance to have one or two voices. One voice on this authority's board of directors: Is this too much to ask?

The Chair (Mr. Deepak Anand): MPP Fraser, followed by MPP Martin.

Mr. John Fraser: It's one thing to not expressly include PSWs; it's another thing to actually say they can't be there: "We're creating this great thing for you. It's going to be good for you. It's going to be good. We're going to elevate the profession. But you can't participate in the decision-making, none of you."

Not one of the 100,000 can do that. But if you're a doctor, you can. If you're a nurse, you can. If you're a physiotherapist, you can. If you're an accountant, you can. If you're a lawyer, you can. I could go on for the rest of the afternoon saying who can participate in the governance of bodies that regulate or cover their professions. It's disrespectful, simply because you're saying, "There's not one single one of you we can allow to come on this board and be able to participate." You've excluded them. It's not that you just haven't identified them or given that respect; you've literally said, "No, not one of the 100,000 PSWs in this province or the many other thousands who retired can participate on this board." What kind of message is that?

The Chair (Mr. Deepak Anand): Further debate? Mrs. Martin.

Mrs. Robin Martin: Again, the members from the opposition don't seem to understand the different regulatory model that we're trying to put forward here. It is a regulatory model which represents a deliberate choice by the government not to replicate the existing self-regulatory model in existence under the RHPA for other health professions. By the way, you cannot be in that model unless you have a scope of practice, which the PSWs do not have, because if you try to define one, it won't fit them all, and then we're not regulating them as a group.

Rather, this governance model proposed in part 2 of schedule 2 of the bill would allow a model whereby the composition and skills-based competency of board members could be set out in regulations under the proposed act, as well as in the authority's own corporate bylaws. If this section is struck out, then registrants of the authority would be eligible to serve on the authority's board of directors.

The purpose of a neutral, competency-based approach to the composition of the authority's board of directors' memberships is an attempt to minimize potential conflicts of interest and to avoid potential issues, as between different types of professions that will be regulated by the authority. If current registrants or former personal support workers are serving on the board of directors, that purpose will not be met, so accepting this motion would not advance that intended purpose.

The goal of professional representation here in the case of personal support workers is accomplished, as I said, at the level of the advisory committee for each of the regulated professions that will be governed by the authority, together with patients, family and educator representatives.

So I recommend voting against this motion for those reasons. It's not disrespectful in any way of PSWs. In fact, this is the way that they are regulated in the UK and BC. It's a model that works and is cost-effective and is not procedurally burdensome. We feel it is a great model for Ontario, and maybe a model for some of the other regulated health professions that they might prefer.

The Chair (Mr. Deepak Anand): Further debate? MPP Gélinas.

Mme France Gélinas: I want to make sure that everybody understands that there are other professions in health

care that do not have a scope of practice but are regulated under the registered health professionals of this province. Just go down the same bill; we're about to say that CPSO, the College of Physicians and Surgeons of Ontario, will have oversight of physician assistants. Physician assistants have no scope of practice either, yet we've decided that these predominantly male workers should be governed by a regulated health profession body; namely, the CPSO. But for personal support workers we say, "You don't have a scope of practice and therefore you cannot have any of this." I just want to put it on the record. When I keep hearing, "PSWs don't have a scope of practice and therefore they cannot be self-regulated by a college," I want us to realize that physician assistants don't have a scope of practice, yet they will be regulated by a college.

The Chair (Mr. Deepak Anand): MPP Martin, back to you.

Mrs. Robin Martin: The difference in the situation is that physician assistants have a college which is willing to host them, an existing college which says, "You can come and be part of our college." This option was not available to PSWs, who did not have a willing host college. Therefore, we are left with PSWs, without a scope of practice, not being able to be regulated under the RHPA.

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So how do we regulate them? Oh, look: There's a nice model here from BC and from the UK, which seems to be working very well for many allied health professionals and health professionals, and so we adopted that model.

I actually think it is a great opportunity for Ontario to move forward on the regulation of health professions, which has not changed in this province since 1991. And believe me, there are numerous issues with the way we currently regulate health professions under the RHPA. This may suggest some opportunities for solutions.

The Chair (Mr. Deepak Anand): At this point, if there is further debate—okay.

Mr. Joel Harden: Chair, through you, I am not trying to antagonize the parliamentary assistant at all in what I'm about to say, but I am trying to understand the government's case here.

The parliamentary assistant mentioned the United Kingdom and British Columbia. I have no idea how this works in the United Kingdom, but with some knowledge of British Columbia and its rules around health authorities and personal support workers, what I do know is that in this pandemic, the government of British Columbia, an NDP government, made the decision to take one union's collective agreement, the collective agreement belonging to the Hospital Employees' Union, and extend it to every single personal support worker in the province of British Columbia.

There were minimum standards, and what that meant for that province is that when the government said, "You can only work in one retirement home or one long-term-care home," there was no loophole for agency workers. If you read the long-term-care commission report that we've just gotten and the impacts on personal support workers and the horrific impact in our homes, that was one of the

major reasons why we had the spread of the virus—as the Premier has said—like wildfire through our long-term-care homes. It was because of that vulnerability in our system. That did not happen in British Columbia.

Again, I'm only speculating, but if this voluntary registry approach is working in British Columbia—and I haven't actually pursued it with my colleague in that province and now, after this debate, I will—it would seem to me the more important structural matter there is you've got a government actually looking after minimum standards for PSWs in that industry, making sure that folks are making good wages and have full-time hours, access to benefits and sick leave. You're protecting people. That is not the case in the province of Ontario. What we've heard, time and again, from PSW advocates, is that people are feeling unsafe.

I just want to say, for the record now, the group that I've heard particularly from are folks visiting people in homes: the community care PSWs, who have been described to me as the people at the lowest rung. I have talked to PSWs who have been attacked and who have been through all kinds of difficult situations with family members of their clients.

The very notion that—let's just say, for the sake of argument, that's what this advisory body will be determining: an alleged critical incident where a PSW has come to her own defence in a situation where she has been attacked; this is a hypothetical situation, Chair. Who would I want at that determining body, trying to figure out what went on there in that community care context? Would I want an administrator who's run a company that's benefited from issuing home care contracts, or would I want someone who has been the personal support worker, who has been in that situation, who knows about de-escalation and cultural competence and all the things that are really important in personal support work? For me, it's clear: It's the latter.

The other thing I really want to understand: The parliamentary assistant has said there's no defined scope of practice for PSWs. I would really like to know what that means, because every PSW I have had the benefit to speak to, or care attendants for people with disabilities, tell me of very similar situations in which you're involved in some of the most delicate interpersonal services for people—bathing, dressing.

Some of the more difficult conversations our constituency office has had back home have been when there has not been a continuity of care for those personal support workers and their clients. What do I mean by that? If somebody's father, for example, has to strip completely naked before a bath for four or five different individuals in a given month, what are the outcomes to that situation, Chair? They're not going to be good outcomes. There's probably going to be potential indelicate situations, challenging situations.

So getting back to what this amendment is seeking, I want to suggest to the government, to the parliamentary assistant, if the goal is to make sure that there's an adjudicative body that is there and present to ensure public safety

and standards for the personal support worker profession, I do not understand why we would want to eliminate registrants from being present in making those determinations. I understand what the parliamentary assistant said, but I think there's a bigger story about why BC is working well, and I think there certainly is a very compassionate scope of practice that I've been made aware of talking to PSWs.

If we could do more in this bill to improve the working conditions for this profession, as they have done in British Columbia, I think we could go a lot further into not having these awful incidents happen in the first place, Chair. Wouldn't that be better? That's certainly what I would rather. I would rather people be making great salaries, good benefits, predictable hours; patients having continuity of care, developing that relationship with that PSW on a consistent basis, earning that trust. That's what I would rather. But the notion that we can't have a PSW involved in this government's body? I don't know. I feel like we are making a philosophical decision there, which is really troubling.

The Chair (Mr. Deepak Anand): Thank you so much. I guess—no further debate? Okay. At this time, I will be asking the members—

Interjection.

The Chair (Mr. Deepak Anand): You have a comment.

Mr. John Fraser: I have a comment. Yes, Chair.

The Chair (Mr. Deepak Anand): Okay. My apologies. MPP Fraser, go ahead, please.

Mr. John Fraser: Again, I'm just concerned this excludes the profession from being involved in decisions about the profession, and we don't do that for anybody else. I understand what my colleague MPP Martin is saying and the desire of the government to create a different body to regulate professions. They want to grow more colleges; I understand that. But I think to leave it undefined and then to exclude people from a possible disciplinary action without participation of someone who has lived experience and knowledge and understanding—there are people in this meeting today who have a college, and they know that someone in their profession is going to participate if there's a disciplinary hearing or decisions that are made.

I just think it's unfair to exclude them. It's not right. I don't think it's natural justice, and we always talk about how natural justice is the judgment of your peers. I don't want to belabour the point, but I understand what the government is trying to do and understand the merits of trying to do that, but you can't lose the people who deserve to be judged by at least one peer and have some participation of someone with lived experience. I'll just leave it at that, I promise.

The Chair (Mr. Deepak Anand): Thank you so much. Further debate? No further debate. Okay.

Mrs. Robin Martin: Chair, can we call for a recess?

The Chair (Mr. Deepak Anand): Sure. I was hoping to do that at 3:30, which was the middle point of 1 to 6, but we can do that now. Absolutely. Let's take a five-minute recess.

Interjections.

The Chair (Mr. Deepak Anand): MPP Martin, what is your suggestion and request? We'll be happy to consider it.

Mrs. Robin Martin: We just have a member joining us. I'm trying to manage members shifting.

Interjections.

The Chair (Mr. Deepak Anand): We're taking a full five-minute break.

The committee recessed from 1459 to 1508.

The Chair (Mr. Deepak Anand): Welcome back, everybody. I do see new faces. It's good to see them. Thank you so much. Before we begin, I'm just going to ask the new members, respectfully, to please state your name and confirm that you're in Ontario, starting with MPP Kaleed Rasheed.

MPP Rasheed, please confirm your name and that you're in Ontario, sir.

Mr. Kaleed Rasheed: Thank you so much, Chair. MPP Kaleed Rasheed, from Ontario.

The Chair (Mr. Deepak Anand): Thank you so much.

MPP Tangri, please confirm your name and confirm you're in Ontario, ma'am.

Mrs. Nina Tangri: Thank you, Chair. Good afternoon. This is MPP Nina Tangri. I'm in Mississauga, Ontario.

The Chair (Mr. Deepak Anand): Thank you so much.

MPP Bouma, please confirm your name and please confirm you're in Ontario, sir.

Mr. Will Bouma: Yes, sir. Chair, through you: I am indeed MPP Bouma and I'm in my office in the Whitney Block.

The Chair (Mr. Deepak Anand): Thank you so much.

Again, we're going to go back. We were on motion 13. At this time, no further debate? Okay. Are the members ready to vote? I'm looking for the nod. Thank you so much. This will be a recorded vote, so please put your hands up until Ms. Khan is able to record your vote.

Ayes

Fraser, Gélinas, Harden.

Nays

Babikian, Bouma, Fee, Martin, Rasheed, Tangri, Triantafilopoulos.

The Chair (Mr. Deepak Anand): Based on the vote, I declare the motion lost.

At this moment, I'm going to ask: Shall schedule 2, section 4, be carried? There is no amendment. All those in favour, please raise your hand. MPP Triantafilopoulos, I'm not sure—yes, okay, I can see now. Because of the name tag at the bottom, we were not able to see it. All those opposed, please raise your hand. Based on the vote, I declare schedule 2, section 4, carried.

Moving over to schedule 2, sections 5 to 9: I don't see any proposed amendments to sections 5 to 9 of schedule

2. I propose that we bundle these sections. I'm looking for a nod if we're okay with that. Thank you so much.

At this moment, I'm going to ask: Shall schedule 2, sections 5 to 9, be carried? All those in favour? All those opposed? I declare schedule 2, sections 5 to 9, carried.

Moving over to schedule 2, section 10, I do see a motion. MPP Harden?

Mr. Joel Harden: I move that subsection 10(2) of schedule 2 to the bill be struck out and the following substituted:

“Same

“(2) The chief executive officer shall be a registrant but shall not be a director of the authority.”

The Chair (Mr. Deepak Anand): MPP Harden has moved the motion. MPP Harden, would you like to explain, or any further debate?

Mr. Joel Harden: I think in the previous debate, Chair, I made it clear as to why I think it's important for the PSWs to be involved.

The Chair (Mr. Deepak Anand): Okay. Further debate? MPP Gélinas.

M^{me} France Gélinas: Again, if we want an authority that will look at and oversee the people who work as PSWs in our province, it would make sense that the chief executive officer is somebody who knows what the work is all about, that they not be part of the board of directors, but that it be somebody who comes from the field, somebody who's a registrant, somebody who knows what it is to be a PSW in Ontario.

The Chair (Mr. Deepak Anand): Further debate? I see MPP Martin.

Mrs. Robin Martin: In addition to what I said in respect of the NDP's motion number 12, I would just add that it would be very unusual to advance the goal of increased professional representation in the authority's governance or operations by requiring the CEO to be a registrant. No other health professional regulator under the Regulated Health Professions Act, 1991, for example, requires that the CEO also be a registrant of the profession, nor do the regulatory colleges for social workers or teachers.

In addition, it is envisioned that the oversight authority would oversee multiple professions, if in the future the government determines it is in the public interest to do so. Requiring the CEO to be a member of a single profession regulated under the authority, therefore, may well be inconsistent with its statutory mandate to oversee multiple professions and could create potential interprofessional issues between the different classes of registrants.

The Chair (Mr. Deepak Anand): Further debate? MPP Fraser.

Mr. John Fraser: Now it's clear, and has been clear in the last debate over the amendment, that the government's intention is to create a regulatory authority of sorts that covers more than just PSWs. That wasn't the clear intent communicated when this bill was put forward and throughout debate. This was just something that I understood was there to support PSWs and their profession and to elevate them. This is just further excluding them from that participation.

Again, I'm not going to repeat the argument around disciplinary hearings and the ability to be judged by at least one of your peers. But I think if the government's intent was to create something that was going to be used for more than PSWs, then they should have provided for a way for PSWs, as far as discipline goes and participation in the decision-making of that body, to have at least one seat at the table. It's strange that they didn't do it and that my colleagues are having to go through a variety of different amendments to make that point.

I would encourage the government to accept this amendment. I think it would be the right thing to do.

The Chair (Mr. Deepak Anand): Further debate? Okay.

Are the members ready to vote? Thanks so much.

At this time, there will be a recorded vote on schedule 2, section 10.

The Clerk of the Committee (Ms. Tanzima Khan): Motion 14.

The Chair (Mr. Deepak Anand): Oh, sorry. We're actually on the motion right now.

Ayes

Fraser, Gélinas, Harden.

Nays

Babikian, Bouma, Fee, Hogarth, Martin, Rasheed, Tangri, Triantafilopoulos.

The Chair (Mr. Deepak Anand): I declare the motion lost.

Moving over to schedule 2, section 10: There is no amendment. Is there any debate on schedule 2, section 10? Seeing none, are the members ready to vote? Okay.

All those in favour, please raise your hand. All those opposed, please raise your hand.

Considering the number of votes, I declare schedule 2, section 10, carried.

Moving over to schedule 2, section 11: I see a motion. MPP Martin.

Mrs. Robin Martin: I move that subsection 11(1) of schedule 2 to the bill be amended by striking out “advise” and substituting “advise and make recommendations to”.

The Chair (Mr. Deepak Anand): MPP Martin has moved the motion. Any debate?

MPP Martin.

Mrs. Robin Martin: I would recommend voting for this motion because this amendment would further help to strengthen the voice of the registrants, patients and their families and educators who serve on each advisory committee established by the authority, which my friends have indicated they are concerned about. Under schedule 2 of the bill, the authority must establish an advisory committee for each profession, known as a class of registrants that the authority oversees.

This amendment would also strengthen the voices of other groups who may be later added to the composition

of the advisory committees in accordance with any future regulations.

Finally, the amendment would also emphasize the important work of the individual advisory committees insofar as their advice and recommendations would help to inform the oversight activities of the authority with regard to each class of its registrants.

The Chair (Mr. Deepak Anand): Further debate? Are the members ready to vote?

Oh, MPP Gélinas.

1520

M^{me} France Gélinas: Again, I want to draw the committee's attention to the fact that the registrant, the PSW—and if there are other classifications, osteopaths or community care workers, who are added later on as a class—will have zero decision-making authority. They will advise, and they will make recommendations. That's it; that's all. A board of directors—some people appointed, the rest of them selected—that will make decisions that will decide if they keep their jobs or not, that will decide if they pay penalties, that will make life-changing decisions for them, will have zero knowledge of what it is to be a PSW. Their voice at the advisory committee will be just that they will advise; they will make recommendations. They will have zero decision-making power.

The Chair (Mr. Deepak Anand): Further debate? Seeing none, are the members ready to vote? All those in favour, please raise your hand. All those opposed, please raise your hand. Based on the vote, I declare the motion carried.

At this point, I'm going to be asking the members, shall schedule 2, section 11, as amended, be carried? Any debate? No? Are the members ready to vote? All those in favour, please raise your hand. All those opposed, please raise your hand. Based on the votes, I declare schedule 2, section 11, as amended, carried.

At this moment, we're going to be moving over to schedule 2, section 12. I see a motion. There's government motion number 16. MPP Martin.

Mrs. Robin Martin: Thank you, Chair—

The Chair (Mr. Deepak Anand): MPP Martin, before you start, I just want to say that you don't need to read the punctuation. We appreciate the details, but you can—

Mrs. Robin Martin: Sorry. Thank you. That's a bad habit. When I used to practise law, that's how we used the Dictaphone, so I was just reading it like I did that. My apologies.

The Chair (Mr. Deepak Anand): Go ahead.

Mrs. Robin Martin: I move that clause 12(g) of schedule 2 to the bill be struck out and the following substituted:

“(g) to advise the minister, at the minister's request, on matters specified by the minister, which may include,

“(i) whether additional classes of registration should be prescribed,

“(ii) whether existing classes of registration should no longer be prescribed,

“(iii) suggestions for amendments to the act or the regulations to support the operations of the authority, and

“(iv) any other policy matter concerning the authority's objects that the minister considers advisable; and”

The Chair (Mr. Deepak Anand): MPP Martin has moved a motion. Any further debate? MPP Gélinas.

M^{me} France Gélinas: Again, I want to draw the attention of the members to—the way we are setting this up is that the advisory has no power to initiate conversations with the ministry. It starts with “to advise the minister, at the minister's request, on matters specified by the minister, which may include,” so the whole thing is pretty limited in the scope as to if there are powers or duties or objects that the authority itself wants to advise the minister on. If the minister did not request and it's not a matter specified by the minister and if it's not included in the four Roman numerals that are put there, then it doesn't matter what's going on at the authority; the ministry doesn't want to know, will never know. It's just weird.

The Chair (Mr. Deepak Anand): Further debate? Seeing none, at this moment I'll ask the members, are you ready to vote? Thank you for the nod. All those in favour, please raise your hand. All those opposed, please raise your hand. I declare the motion carried.

At this point, I'll be asking the members, shall schedule 2, section 12, as amended, be carried? Any debate? No? Okay. At this moment, I'll be asking the members if they're ready to vote. Thank you for the nod. Those in favour, please raise your hand. All those opposed, please raise your hand. I declare schedule 2, section 12, as amended, carried.

Moving over to schedule 2, section 13: I do see a motion—

Interjection.

The Chair (Mr. Deepak Anand): That's on 13.1. All right. I don't see any motion on schedule 2, section 13. At this point, before I do ask for the vote, is there any debate? Seeing none, are the members ready to vote? Yes? Shall schedule 2, section 13, be carried? All those in favour, please raise your hand. All those opposed, please raise your hand. I declare schedule 2, section 13, carried.

Moving over to schedule 2, section 13.1, I do see a motion. MPP Harden.

Mr. Joel Harden: I move that section 13.1 be added to schedule 2 to the bill:

“Directives to employers

“13.1 The authority has the power to issue directives to entities that employ registrants relating to the employment of registrants.”

The Chair (Mr. Deepak Anand): MPP Harden has moved a motion. Any further debate from your side?

Mr. Joel Harden: I think I've made my opinions on this matter clear.

The Chair (Mr. Deepak Anand): MPP Martin.

Mrs. Robin Martin: I recommend voting against the motion. The motion is not consistent with the intended purpose of schedule 2 of the bill, which namely is to regulate the activities of registrants with the authority who provide health and supportive care services, rather than to regulate or direct the activity of employers. It's contrary, really, to the purpose of the act.

The Chair (Mr. Deepak Anand): Further debate? Seeing none, are the members ready to vote? There will be a recorded vote. At this moment, I'll be asking the members: All those in favour, please raise your hand.

Ayes

Fraser, Harden.

Nays

Babikian, Bouma, Fee, Martin, Rasheed, Tangri, Triantafilopoulos.

The Chair (Mr. Deepak Anand): Based on the vote, I declare the motion lost.

At this point, as there are no proposed amendments to sections 14 to 26 of schedule 2, I propose that we bundle these sections. I'm looking to the committee members for their acceptance. Yes? Thank you so much.

At this moment, I'll be asking members, shall schedule 2, sections 14 to 26, be carried? Any debate? None? All those in favour, please raise your hand. All those opposed, please raise your hand. I declare schedule 2, sections 14 to 26, carried.

I do see a motion for schedule 2, section 26.1. MPP Harden.

Mr. Joel Harden: I move that section 26.1 be added to schedule 2 to the bill:

“Educational and training requirements

“26.1 The Lieutenant Governor in Council shall establish minimum educational and training requirements for the registration and renewal of registration for each class of registration.”

1530

The Chair (Mr. Deepak Anand): MPP Harden has moved the motion. Further debate?

Mr. Joel Harden: This introduces the idea of meeting minimal educational standards and having those respected.

The Chair (Mr. Deepak Anand): MPP Martin.

Mrs. Robin Martin: I would recommend voting against the motion. Schedule 2 of the bill already provides the Lieutenant Governor in Council with the power to make regulations respecting applications for registration, including requiring applicants or registrants to meet the specified educational and skills-based requirements, which may include completing a program of studies or taking one or more designated courses.

If the bill were to be passed, the government would begin immediately consulting with the affected stakeholders in the development of the initial regulations setting out the registration requirements for applicants, together with any exceptions to those requirements to permit the registration of individuals whose prior work experience may make them eligible for registration with the authority even if they may lack some of the otherwise applicable educational and skills-based requirements for registration.

The development of such registration eligibility criteria is essential to the operations of the oversight authority.

The Chair (Mr. Deepak Anand): Any further debate? Seeing none, I am going to be asking the members to vote. There will be a recorded vote on the schedule 2, section 26.1 motion.

Ayes

Fraser, Harden.

Nays

Babikian, Bouma, Fee, Martin, Rasheed, Tangri, Triantafilopoulos.

The Chair (Mr. Deepak Anand): Based on the vote, I declare the motion lost.

Moving over to schedule 2, section 27: I do see a motion. MPP Harden.

Mr. Joel Harden: I move that section 27 of schedule 2 to the bill be amended by adding the following subsection:

“Entitlement to registration, persons previously employed as personal support workers

“(1.1) An applicant is entitled to registration or renewal of registration as a personal support worker if, before the day the Advancing Oversight and Planning in Ontario's Health System Act, 2021 receives royal assent, the applicant was employed as a personal support worker.”

The Chair (Mr. Deepak Anand): MPP Harden has moved the motion. Further debate? MPP Martin.

Mrs. Robin Martin: I recommend voting against this motion. The motion is unnecessary. The regulation-making authorities in schedule 2 of the bill, specifically at subclause 63(h)(iv) of schedule 2, already provides the Lieutenant Governor in Council with the power to prescribe exemptions from the specified educational and skills-based requirements that applicants and registrants are required to meet in order to be eligible for registration. The way it's worded would actually confuse things by simply looking at employment as a qualification when there may be other qualifications.

The Chair (Mr. Deepak Anand): Further debate? Seeing none, are the members ready to vote? Thanks for the nod. It will be a recorded vote.

Ayes

Fraser, Harden.

Nays

Babikian, Bouma, Fee, Martin, Rasheed, Tangri, Triantafilopoulos.

The Chair (Mr. Deepak Anand): Based on the vote, I declare the motion lost.

We're moving over to schedule 2, section 27. I do see a motion from MPP Harden.

Mr. Joel Harden: I move that section 27 of schedule 2 to the bill be amended by adding the following subsection:

“No fee

“(2.1) No fee shall be charged to an applicant for registration or renewal of registration.”

The Chair (Mr. Deepak Anand): MPP Harden has moved the motion. Any further debate? MPP Martin.

Mrs. Robin Martin: I recommend voting against this motion because the proposed motion is inconsistent with the intended effect of schedule 2 of the bill; namely, the intent that the authority will ultimately be self-funding based on a reasonable fee charged to its registrants, and that such fees would have to be set in accordance with processes and criteria that the authority establishes and that the Minister of Health approves.

The government’s policy intent is not to disincentivize registration with the authority or to unduly burden personal support workers with the payment of unreasonable fees associated with registration. It’s necessary to have some fee. We’re doing it this way. One of the reasons—the intention behind establishing the authority as opposed to a regulated health professional college is to make it less expensive for PSWs and less onerous that way.

The Chair (Mr. Deepak Anand): MPP Fraser.

Mr. John Fraser: Given the earlier debate and the exclusion of PSWs from participation in governance and disciplinary parts of this, I am really shocked that the government is essentially arguing taxation without representation. There are members of this committee on this call who have a college, and they pay a fee, but they also participate, their profession participates, in the decision-making bodies and the disciplinary bodies. What’s being suggested here is, “You’re going to pay for something that you can’t participate fully in”—taxation without representation. I’m shocked.

The Chair (Mr. Deepak Anand): Further debate? Seeing none, are the members ready to vote? Thanks for that nod. There will be a recorded vote.

Ayes

Fraser, Harden.

Nays

Babikian, Bouma, Fee, Martin, Rasheed, Tangri, Triantafilopoulos.

The Chair (Mr. Deepak Anand): Based on the vote, I declare the motion lost.

Based on this, there’s no amendment to schedule 2, section 27. Shall schedule 2, section 27, be carried? Any debate? At this moment, all those in favour, please raise your hand. All those opposed, please raise your hand. I declare schedule 2, section 27, carried.

Moving over to schedule 2, section 28, I do see a motion, motion 21.

Mr. Joel Harden: Chair, I’m wondering, because our previous amendment with motion number 18 was—

Interjection.

Mr. Joel Harden: Oh, I’m sorry. It was just voted down; it wasn’t ruled out of order, so I’ll continue.

The Chair (Mr. Deepak Anand): We’re moving at flying speed, so that’s why.

Mr. Joel Harden: Understood, Chair. Thank you.

I move that section 28 of schedule 2 to the bill be amended by adding the following subsection:

“Failure to meet minimum criteria re: education, training

“(1.1) The chief executive officer shall refuse to grant or renew a registration unless the applicant meets the minimum educational and training requirements established by the Lieutenant Governor in Council under section 26.1.”

The Chair (Mr. Deepak Anand): As the honourable members know, if NDP motion number 18 failed—to the committee member: The proposed amendment is out of order as it is dependent on a previous motion that did not carry. As Bosc and Gagnon note on page 771 of the third edition of House of Commons Procedure and Practice, “An amendment is accordingly out of order ... if it is governed by or dependent on” an amendment which has already been negated. Considering that, I’m going to say we’re not going to be debating on this. We withdraw this, technically.

MPP Harden, we are on motion number 22.

Mr. Joel Harden: I move that subsection 28(7) of schedule 2 to the bill be amended by striking out “and paid the required fee, if any” in the portion before clause (a).

The Chair (Mr. Deepak Anand): MPP Harden has moved a motion. Further debate? MPP Martin.

Mrs. Robin Martin: I recommend voting against the motion because the proposed motion is inconsistent with the intended effect, as I’ve said before, of schedule 2 to the bill, namely the intent that the authority will ultimately be self-funding based on a reasonable fee charged to registrants and that such fees would have to be set in accordance with processes and criteria that the authority establishes and that the Ministry of Health approves. The government’s policy intent, as I said before, is not to disincentivize registration with the authority or to unduly burden personal support workers with a payment of unreasonable fees associated with registration.

1540

The Chair (Mr. Deepak Anand): Further debate? None. Okay, are members ready to vote? There will be a recorded vote.

Ayes

Fraser, Harden.

Nays

Babikian, Bouma, Fee, Martin, Rasheed, Tangri, Triantafilopoulos.

The Chair (Mr. Deepak Anand): Based on the vote, I declare the motion lost.

There are no amendments to schedule 2, section 28. We will be debating and voting on schedule 2, section 28. Any debate? No? Okay. At this moment, are the members ready to vote? Yes, thank you. All those in favour, please raise your hand. All those opposed, please raise your hand. Thank you so much. I declare schedule 2, section 28, carried.

As there are no proposed amendments to sections 29 to 45 of schedule 2, I propose that we bundle these sections. At this point, I will be asking the committee members, would they agree to this? I see the nods. Any debate on sections 29 to 45 of schedule 2? Seeing none, are the members ready to vote? All those in favour, please raise your hand. All those opposed, please raise your hand. I declare sections 29 to 45 of schedule 2 carried.

Moving over to schedule 2, section 46. I do see a motion, motion number 23.

Mr. Joel Harden: I move that section 46 of schedule 2 to the bill be struck out and the following substituted:

“Discipline proceedings

“46. (1) The board shall establish a discipline committee to hear and determine issues concerning whether registrants have failed to comply with the prescribed code of ethics that applies to them.

“Application of Health Professions Procedural Code

“(2) The provisions of the Health Professions Procedural Code, being schedule 2 to the Regulated Health Professions Act, 1991, respecting discipline proceedings under that act apply, with necessary modifications, to discipline proceedings under this act.”

The Chair (Mr. Deepak Anand): MPP Harden has moved the motion. Further debate? MPP Martin.

Mrs. Robin Martin: I recommend voting against this motion. The motion attempts to incorporate existing procedural requirements for discipline proceedings, as set out in the Health Professions Procedural Code, which is schedule 2 of the Regulated Health Professions Act, 1991. The model of regulation proposed in schedule 2 of this bill for personal support workers and other eventual classes of registrants represents a deliberate effort to create a new and complementary professional regulatory scheme to the RHPA and the code, rather than duplicating the existing, heavily procedural requirements in that statutory scheme.

Duplicating the exact procedural requirements found in the code could also result in increased costs for the authority and higher potential registration fees for registrants of the authority, and duplicating all of the procedural requirements for disciplinary proceedings that are unique to the RHPA and the code in the manner proposed by the motion would be potentially difficult and could create potential confusion and uncertainty if applied to disciplinary provisions in part 5 of schedule 2 of this bill. For example, the relevant part of the code contains provisions relating to composition requirements for panels of the discipline committee of a health regulatory college, specifying the need for both professional members and publicly appointed ones, but such aspects are unique to the statutory scheme under the RHPA and the code.

I would just point out that rather than setting out the discipline and appeals processes in this legislation, the

framework would set them out in regulation, and the regulations would be made in consultation with the sector to ensure that there is fairness and that the processes are fit for the purpose.

The Chair (Mr. Deepak Anand): MPP Fraser.

Mr. John Fraser: Okay, well, I guess I’m just going to make the same argument again. If you’re a doctor or a nurse or a physiotherapist or an optometrist, you get protected by procedural code. Your patients get protected by procedural code. We’ve established something already in law that protects everybody, but now, either because the government is in a hurry or they have another intended purpose, we’re just leaving it as less than what everybody else gets.

I just think it’s sending the wrong message to people. The first people who are joining this college are the people with the least power in the health care system. They are people who have precarious employment. They are people who are largely women, largely racialized and they often work in environments that don’t allow them the opportunity to speak up and speak out. Often what we hear about PSWs are not good things, when there are so many good things that are happening and there are so many pressures on them.

I think again what my colleague is trying to do is to show some respect and provide some rigour for this new college that we’re creating, and inviting the first people in, the people who have the hardest time having their voice and their story told in the health care system being—they said, “Well, you know, everybody else got this stuff set up for them, but we haven’t quite figured out what we want to do with you yet.” It sounds a bit like pandemic pay, which is ending at the end of June, which is, “Well, we don’t know if we’re going to give you that raise that we gave you that was less than the raise that we gave you before.”

I just think we’re sending the wrong message. I’ll be supporting the motion.

The Chair (Mr. Deepak Anand): MPP Martin.

Mrs. Robin Martin: I would just like to point out that the Health Professions Procedural Code is not in the regulated Health Professions Act, 1991; it’s in regulation. I just said that regulations will establish procedural appeals and discipline processes, just like they did in the RHPA. I think that we can anticipate a procedural code of some kind that will protect and certainly make sure that PSWs are accorded natural justice to the extent that they are going to be disciplined by this oversight authority. I think it would be similar to the RHPA in doing that in a regulation. Thank you.

The Chair (Mr. Deepak Anand): At this point, further debate? MPP Fraser.

Mr. John Fraser: I think that’s what my colleague is trying to do with this motion, if I understand the member’s argument. But we should—

The Chair (Mr. Deepak Anand): MPP Harden.

Mr. Joel Harden: Not to belabour, but that is correct. I feel as if—

The Chair (Mr. Deepak Anand): MPP Harden, I’d appreciate if you can speak closer—

Mr. Joel Harden: Pardon me, Chair. I feel as if this is just an opportunity for us to do something now that the PSW profession has asked for. The amendment to come builds on the same principle.

The Chair (Mr. Deepak Anand): Further debate? Seeing none, are members ready to vote?

Ayes

Fraser, Harden.

Nays

Babikian, Bouma, Fee, Martin, Rasheed, Tangri, Triantafilopoulos.

The Chair (Mr. Deepak Anand): Based on the recorded vote, I declare the motion lost.

There are no amendments to schedule 2, section 46. Shall schedule 2, section 46, be carried? Any debate? No. Are the members ready to vote? Thanks for the nod. All those in favour, please raise your hand. All those opposed, please raise your hand. Based on the vote, I declare schedule 2, section 46, carried.

Moving over to schedule 2, section 47, I see a motion. MPP Harden.

Mr. Joel Harden: I move that section 47 of schedule 2 to the bill be struck out and the following substituted:

“Appeals

“47. The provisions of the Health Professions Procedural Code, being schedule 2 to the Regulated Health Professions Act, 1991, respecting appeals of discipline proceedings under that act apply, with necessary modifications, to discipline proceedings under this act.”

1550

The Chair (Mr. Deepak Anand): MPP Harden has moved the motion. Further debate?

MPP Harden.

Mr. Joel Harden: I’m saying that I believe that people accused of critical incidents deserve a right to representation and to defend themselves, to be there, to have an actual due process in place for serious incidents. I think we owe personal support workers at least that, at a minimum.

The Chair (Mr. Deepak Anand): Further debate? MPP Martin.

Mrs. Robin Martin: I’m sure many of the things that my colleagues are concerned about are going to be dealt with in the regulations.

Just in addition to what I had said with respect to the previous motion, I would recommend voting against this motion because the motion is not consistent with our intent in schedule 2 of the bill, which is to create a new and complementary model of professional regulation to the Regulated Health Professions Act, 1991, rather than duplicating existing aspects of that statutory scheme. Schedule 2 of the bill already incorporates an appeal mechanism for orders made by the discipline committee of the authority. Specifying an internal appeals mechanism by a specialized appeals committee established with the

authority, separate and apart from the discipline committee, is intended to promote greater access to appeals for registrants following the conclusion of a disciplinary process.

The Chair (Mr. Deepak Anand): MPP Fraser, go ahead, please.

Mr. John Fraser: I think it would have been good for the government to indicate more clearly in the legislation what their intent was in making regulations. I think they could have done that. You have a group of people who already feel they are treated differently than everyone else in their places of work in the health care system. Leaving it open while we’re debating this legislation, I think, is another missed opportunity.

I’ll be supporting the motion.

The Chair (Mr. Deepak Anand): Further debate? Seeing none, there will be a recorded vote.

Ayes

Fraser, Harden.

Nays

Babikian, Bouma, Fee, Martin, Rasheed, Tangri, Triantafilopoulos.

The Chair (Mr. Deepak Anand): Based on the vote, I declare the motion lost.

There are no amendments to schedule 2, section 47, so I’ll be asking the members if there is any debate on schedule 2, section 47. Seeing none, are the members ready to vote? Yes. All those in favour, please raise your hand. All those opposed? Based on the number of votes, I declare schedule 2, section 47, carried.

As there are no proposed amendments to sections 48 and 49 of schedule 2, I propose that we bundle these sections. I’m looking for a nod from the committee members. Is that acceptable? Thank you so much.

Any further debate on sections 48 and 49 of schedule 2? Seeing none, are the members ready to vote? Thank you. All those in favour, please raise your hand. All those opposed, please raise your hand. Based on the number of votes, I declare sections 48 and 49 of schedule 2 carried.

Moving over to schedule 2, section 50: I do see a motion. MPP Harden.

Mr. Joel Harden: I move that part VII of schedule 2 to the bill be amended by adding the following section:

“Protection of personal health information

“56.1 Where documents or materials are filed with a court in relation to an”—

Interjections.

Mr. Joel Harden: Pardon me. Did I go one ahead? My apologies, Chair. Thank you.

The Chair (Mr. Deepak Anand): MPP Harden, I truly want to finish this mountainous job quickly as well, but we still have to follow the path.

Mr. Joel Harden: It was simply a page-turning error. I could hang out with you guys all day.

The Chair (Mr. Deepak Anand): Go ahead, sir.

Mr. Joel Harden: I move that section 50 of schedule 2 to the bill be amended by adding the following subsection:

“Exception

“(1.1) The authority shall not set or charge any fees, costs or charges payable by an applicant for registration or renewal of registration.”

The Chair (Mr. Deepak Anand): MPP Joel Harden has moved the motion. Further debate?

Mrs. Robin Martin: I would recommend voting against this motion for the reasons I’ve said before. It’s not the intended effect of schedule 2 of the bill. Our intended effect is that the authority will ultimately be self-funding based on a reasonable fee charged to its registrants and that such fees would have to be set in accordance with the processes and criteria that the authority establishes and the Ministry of Health approves.

As I said before, we don’t want to disincentivize registration with the authority or to unduly burden personal support workers with payment of unreasonable fees associated with registration.

The Chair (Mr. Deepak Anand): Further debate? MPP Fraser.

Mr. John Fraser: It’s really interesting. The government is making a counterargument to the argument they used to make with the College of Trades. Again, I won’t belabour the point; I know we’re trying to get this done. It’s taxation without representation. I’ll be supporting the motion.

The Chair (Mr. Deepak Anand): Further debate? MPP Martin.

Mrs. Robin Martin: I just want to say that there will be representation through the advisory committee. I know MPP Fraser keeps making this point, taxation without representation, as though we’re at the Boston Tea Party, but that’s not what this is about. The advisory committee will have PSWs on it and they’ll be able to provide their input, and the regulations will set out a lot of these details.

The Chair (Mr. Deepak Anand): Further debate? I’m going to ask the members if they’re ready to vote. There’s going to be a recorded vote on motion 25.

Ayes

Fraser, Harden.

Nays

Babikian, Bouma, Fee, Martin, Rasheed, Tangri, Triantafilopoulos.

The Chair (Mr. Deepak Anand): Based on the recorded vote, I declare the motion lost.

There are no amendments to schedule 2, section 50. I’ll be asking members if there’s any debate on schedule 2, section 50. Seeing none, are members ready to vote? Thanks for that nod. All those in favour, please raise your hand.

All those against—

Mr. John Fraser: Are we voting for or against?

The Chair (Mr. Deepak Anand): Against. Okay. No problem.

I declare schedule 2, section 50, carried.

As there are no proposed amendments to sections 51 to 56 of schedule 2, I propose that we bundle these sections. Does the committee agree? Thank you for that nod. Any debate? Are we ready to vote? All those in favour, please raise your hand—a lot of exercise for the hand. All those opposed, please raise your hand. I declare sections 51 to 56 of schedule 2 carried.

Moving over to schedule 2, section 56.1: I do see a motion. MPP Martin, go ahead, please.

Mrs. Robin Martin: I move that part VII of schedule 2 to the bill be amended by adding the following section:

“Protection of personal health information

“56.1 Where documents or materials are filed with a court in relation to an investigation into an offence under this act or in a prosecution for an offence under this act, including under sections 158 to 160 of the Provincial Offences Act, the court may, at any time, take precautions to avoid the disclosure by the court or any person of any personal health information about an individual, including, where appropriate,

“(a) removing the identifying information of any person whose personal health information is referred to in any documents or materials;

“(b) receiving representations without notice;

“(c) conducting hearings or parts of hearings in private;

or

“(d) sealing all or part of the court files.”

1600

The Chair (Mr. Deepak Anand): MPP Martin has moved the motion. Further debate?

MPP Martin.

Mrs. Robin Martin: I recommend voting for the motion because the motion was recommended by the Information and Privacy Commissioner of Ontario in their written submissions made to the committee. The motion helps to better protect the privacy interests of Ontarians by allowing courts to take certain steps to protect the personal health information of individuals who receive health or supportive care services in relation to potential provincial offence prosecutions to be made under the proposed act.

The proposed text is also consistent with similar, existing provisions contained in the Personal Health Information Protection Act, 2004, with regard to offences under that statute.

The Chair (Mr. Deepak Anand): Thanks to MPP Martin for that clarification.

Further debate? Seeing none, are the members ready to vote? Yes? All those in favour, please raise your hand. All those opposed, please raise your hand. Based on the number of votes, I declare the motion carried.

Thanks to everybody’s co-operation, we are moving swiftly.

As there are no proposed amendments to sections 57 to 65 of schedule 2, I propose that we bundle these sections. At this time, I’m looking forward to the committee, if you agree. Thank you for that nod.

Any debate on sections 57 to 65? Seeing none, are the members ready to vote? All those in favour, please raise your hand. All those opposed, please raise your hand. I declare sections 57 to 65 of schedule 2 carried.

Moving over to schedule 2, section 65.1: I do see a motion. MPP Harden.

Mr. Joel Harden: I move that section 65.1 be added to schedule 2 to the bill:

“Long-Term Care Homes Act, 2007

“65.1(1) Subsection 6(2) of the Long-Term Care Homes Act, 2007 is repealed and the following substituted:

“Based on assessment of resident

“(2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident, the needs and preferences of that resident and takes into account the licensee’s duty to comply with subsection 8(5).”

“(2) Section 8 of the act is amended by adding the following subsections:

“Minimum standard of daily care

“(5) Every licensee of a long-term care home shall ensure that the average number of combined hours of nursing services and personal support services offered at the home each day is at least four hours per resident, or if a higher minimum average is prescribed, the prescribed amount.

“Same, calculation

“(6) For the purposes of this section, the average number of hours of nursing services and personal support services is calculated as prescribed by the regulations and does not include hours paid in respect to vacation, statutory holidays, leaves of absence, sick time or training time or for other purposes which do not involve direct patient care.”

“(3) Subsection 38(2) of the act is amended by adding the following clause:

“(g.1) prescribing a higher minimum average number of combined hours of nursing services and personal support services for the purposes of subsection 8(5);”

The Chair (Mr. Deepak Anand): Thank you so much, MPP Harden. Would you like to clarify?

Don’t worry, MPP Martin; I’m going to come to you.

Mr. Robin Martin: On a point of order, Chair.

The Chair (Mr. Deepak Anand): Go ahead.

Mr. Robin Martin: I believe that this motion and perhaps the next motion, number 28, are out of order because they amend bills which are not otherwise being amended in this act. Is that right?

The Chair (Mr. Deepak Anand): Thank you, MPP Martin. I appreciate that you already read what I have in my hand. That’s the ruling that we’ll be talking about.

Before we do that, MPP Harden, you wanted to say something. Go ahead.

Mr. Joel Harden: I just think this is an opportunity for us to put four hours of care per resident, which is something all parties in the House have agreed to want to do. So let’s seize the opportunity.

The Chair (Mr. Deepak Anand): Thank you so much. On NDP motion 27, a new section, 65.1, of schedule 2: I

want to remind the committee members, as Bosc and Gagnon note on page 771 of the third edition of House of Commons Procedure and Practice, “An amendment is inadmissible if it proposes to amend a statute that is not before the committee or a section of the parent act, unless the latter is specifically amended by a clause of the bill.” I therefore rule the motion out of order because the Long-Term Care Homes Act, 2007, is not opened by the bill. We will be considering this as out of order.

MPP Fraser, go ahead, sir.

Mr. John Fraser: A point of order: I want to thank my colleague for bringing it forward. If we’re looking at establishing a college and establishing discipline, the condition—

The Chair (Mr. Deepak Anand): MPP Fraser, I apologize. I can’t hear it. I’m not sure about the rest of the committee members.

Mr. John Fraser: Oh, there it is. Okay. Sorry. Thank you.

I want to thank my colleague for bringing it forward, because I think what he’s trying to do is establish a principle that if we’re going to have discipline and have a college, the conditions under which people work have some impact on their ability to do their job. We’ve probably seen that in the pandemic, where people had real challenges trying to execute the kind of care that they want to provide. I think it’s something that the government needs to consider going forward, as to how those conditions and situations that people are working in contribute to their ability to provide the kind of care that they want to.

I’ll leave it at that. Thank you for your indulgence, Chair.

The Chair (Mr. Deepak Anand): Thank you so much, MPP Fraser. I want to remind that I’m just following the rules, and as per the ruling, the motion is out of order.

Moving over to the next, I am going to look forward to MPP Joel Harden. Motion number 28, sir.

Mr. Joel Harden: I move that section 65.2 be added to schedule 2 to the bill:

“Medical Laboratory Technology Act, 1991

“65.2(1) The definition of ‘profession’ in section 1 of the Medical Laboratory Technology Act, 1991 is amended by adding ‘and includes the professions of medical laboratory assistant and medical laboratory technician’.

“(2) The definition of ‘profession’ in subsection 2(2) of the act is amended by adding ‘and includes the professions of medical laboratory assistant and medical laboratory technician’.

“(3) Subsection 9(1) of the act is amended by adding ‘medical laboratory assistant’ or ‘medical laboratory technician’ after ‘medical laboratory technologist’.

“(4) Section 9 of the act is amended by adding the following subsection:

“Same

“(2.1) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a medical laboratory assistant or a medical laboratory technician.”

The Chair (Mr. Deepak Anand): At this point, I'm just going to intervene again. I'm just going to read the ruling on your motion. As Bosc and Gagnon note on page 771 of the third edition of House of Commons Procedure and Practice, "An amendment is inadmissible if it proposes to amend a statute that is not before the committee or a section of the parent act, unless the latter is specifically amended by a clause of the bill." I therefore rule the motion out of order, because the Medical Laboratory Technology Act, 1991, is not opened by this bill.

At this point, we are going to move forward with schedule 2, section 66 to section 69. I propose that we bundle these sections, because there are no amendments. Does the committee agree? Thank you for that nod. At this point, I'm going to ask if there is any debate. Seeing none, are the members ready to vote? All those in favour, please raise your hand. All those opposed, please raise your hand. Based on the number, I declare that section 66 to section 69 of schedule 2 carry.

Next, I do have a statement to the honourable committee members. Amendments 29 and 30 have been ordered in the amendments package in the order that they would appear in the bill; however, I suggest that we consider motion number 30 before 29 for better clarity, as the context of motion 29 is contingent on motion 30. I hope you all agree. I'm looking for a nod. Yes. I appreciate it. Thank you so much. So we will be moving over to motion number 30 first. Okay. Moving over to motion number 30, I do see MPP Harden. MPP Harden, go ahead, please.

1610

Mr. Joel Harden: I move that section 70 of schedule 2 to the bill be amended by adding the following subsection:
"Same

"(2) Section 65.1 comes into force six months after the day the Advancing Oversight and Planning in Ontario's Health System Act, 2021 receives royal assent."

The Chair (Mr. Deepak Anand): MPP Harden, would you like to explain?

Mr. Joel Harden: I think it's self-explanatory.

The Chair (Mr. Deepak Anand): Okay. Any further debate? MPP Martin.

Mrs. Robin Martin: I recommend voting against the motion, because the proposed amendment is not consistent with the intended purposes of schedule 2 of the bill, which is the establishment of a new statutory oversight authority to register and oversee the activities of registered personal support workers and other providers of health and supportive care services. I also think it is related to and dependent upon motion 27 and the one after, as we're going to discuss, motion 29, the fact that it enacts—the proposed amendments to the Long-Term Care Homes Act, I think. Anyway, that's how I understood it. Thank you.

The Chair (Mr. Deepak Anand): Further debate? Seeing none, are the members ready to vote? This is going to be a recorded vote.

Ayes

Fraser, Harden.

Nays

Babikian, Bouma, Fee, Martin, Rasheed, Tangri, Triantafilopoulos.

The Chair (Mr. Deepak Anand): Based on the number of votes, I declare the motion lost.

With that, we're going to go back to motion number 29. Thank you for the patience, MPP Harden. Please go ahead.

Mr. Joel Harden: I move that section 70 of schedule 2 to the bill be amended by adding "subject to subsection (2)" at the beginning.

The Chair (Mr. Deepak Anand): MPP Harden has moved the motion, but before we proceed with the debate, I just want to remind the committee members if motion number 30 had failed, which it did, the proposed amendment is out of order as it is dependent on a previous motion that did not carry. As Bosc and Gagnon note on page 771 in the third edition of House of Commons Procedure and Practice, "An amendment is accordingly out of order ... if it is governed by or dependent on" an amendment which has already been negated. So, respectfully, I have to say this is out of order.

Moving further along, at this point I am going to respectfully ask, since there is no amendment to schedule 2, section 70, if there is any debate on schedule 2, section 70, before we vote on it. Seeing none, are the members ready to vote? Seeing that yes, all those in favour, please raise your hand. All those opposed, please raise your hand. I declare schedule 2, section 70, carried.

Okay. We're moving over to schedule 2, section 71. Any debate before we do the voting? No. Are the members ready to vote? All those in favour, please raise your hand. All those opposed, please raise your hand. Based on the number of votes, I declare schedule 2, section 71, carried.

Before we proceed further, I do see that there has been an NDP notice on schedule 2, and I'm going to request Ms. Khan to post it on the screen. Okay. I do see MPP Harden. MPP Harden, go ahead, please.

Mr. Joel Harden: I won't belabour it, Chair, but I will just say for the record, I think we're making a mistake with this schedule, and I would like to give my colleagues one last opportunity to vote against this schedule and provide a proper regulatory body for personal support workers.

The Chair (Mr. Deepak Anand): Further debate? No. Thank you so much, MPP Harden, for that note.

Since there is no further debate, I'm going to be asking everybody at this point, shall schedule 2, as amended, be carried? Before we do that, any debate? No. Are the members ready to vote? All those in favour, please raise your hand. All those opposed? I declare schedule 2, as amended, carried. Thank you, everyone.

At this point, we're going to be moving over to schedule 3, section 1. I do see a motion.

Mr. Joel Harden: I move that section 1 of schedule 3 to the bill be amended by striking out subsection 4.1(4) of the Medicine Act, 1991 and substituting the following:

"Additional requirement for authorized acts by physician assistants

“(4) A member who is a physician assistant shall not perform an act under the authority of section 4 unless the performance of the act by the member is permitted by the regulations and the member performs the act in accordance with the regulations.”

The Chair (Mr. Deepak Anand): Thank you so much. MPP Harden has moved the motion. MPP Martin, and then MPP Fraser.

Mrs. Robin Martin: Thanks very much, Chair. I recommend voting for this motion because it would maintain the strong supervisory relationship between the physician assistants and physicians and surgeons, and enable the CPSO to move more quickly to regulate physician assistants. I believe our motion 32 achieves exactly the same thing, so if we pass this, we’ll withdraw our motion 32.

The Chair (Mr. Deepak Anand): Thanks. At this moment, I’m going to look to MPP Fraser—no further debate? You’re supporting it? Okay, great. Thank you so much.

MPP Joel Harden has moved motion 31. Since there is not further debate, there will be a recorded vote.

Ayes

Babikian, Bouma, Fee, Fraser, Harden, Martin, Rasheed, Tangri, Triantafilopoulos.

The Chair (Mr. Deepak Anand): I declare the motion carried.

Congratulations, MPP Harden. We can’t have an in-person party, but you can throw a virtual party afterwards. We’ll be happy to come and attend.

At this moment, MPP Martin has offered that she will be withdrawing motion 32.

Mrs. Robin Martin: Yes, thank you.

The Chair (Mr. Deepak Anand): Thank you so much.

I’m going to be looking up to the members. Shall schedule 3, section 1, as amended, be carried? Is there any debate? Since there is none, are the members ready to vote? All those in favour, please raise your hand. All those opposed, please raise your hand. I declare schedule 3, section 1, as amended, carried.

Moving over to schedule 3, section 2: As there are no proposed amendments to sections 2 to 4 of schedule 3, I propose that we bundle these sections. I am going to be looking up to the committee members for agreement, and I can see the agreement. Is there any debate? I don’t see that debate, so there’s no debate. Are the members ready to vote? Thanks for that. All those in favour, please raise your hand. All those opposed, please raise your hand. I declare schedule 3, sections 2 to 4, carried.

1620

Shall schedule 3, as amended, be carried? Any debate? Seeing none, are the members ready to vote? Yes. All those in favour, please raise your hand. All those opposed, please raise your hand. I declare schedule 3, as amended, carried.

Now we’re moving over to schedule 4. As there are no proposed amendments to sections 1 to 12 of schedule 4, I

would propose that we bundle these sections. I’m looking for a nod from the committee members for an agreement, and I do see that.

If there is any debate—seeing no debate, are the members ready to vote? Yes. All those in favour, please raise your hand. All those opposed, please raise your hand. Seeing none, I declare schedule 4, sections 1 to 12, carried.

I do see a motion from the government side, motion number 33. MPP Martin.

Mrs. Robin Martin: I move that schedule 4 to the bill be amended by adding the following section:

“Other acts

“12.1 A reference in any other act to a member of the College of Psychologists of Ontario shall be deemed to be a reference to a member of the College of Psychologists and Behaviour Analysts of Ontario who practises the profession of psychology.”

The Chair (Mr. Deepak Anand): MPP Martin has moved the motion. Further debate?

Mrs. Robin Martin: It’s really just a housekeeping amendment to ensure existing legislative references continue to apply only to members of the profession of psychology.

The Chair (Mr. Deepak Anand): Further debate? Seeing none, are the members ready to vote? Yes. All those in favour, please raise your hand. All those opposed? Seeing none, I declare the motion carried.

As there are no proposed amendments to sections 13 to 17 of schedule 4, I propose that we bundle these sections. At this point, I’m looking to the committee members for an agreement, and I do see that.

Any debate? Seeing none, are the members ready to vote? Yes. All those in favour, please raise your hand. All those opposed, please raise your hand. Seeing none, I declare sections 13 to 17 of schedule 4 carried.

At this point, I’m going to be looking to the members for schedule 4, as amended, to be carried. Any debate? Seeing none, are the members ready to vote? Yes. All those in favour, please raise your hand. All those opposed, please raise your hand. Seeing none, I declare schedule 4, as amended, carried.

I do notice that there is a motion from MPP Harden. MPP Harden, please go ahead.

Mr. Joel Harden: I move that schedule 5 be added to the bill:

“Schedule 5

“Support Workers Pay Act, 2021

“Definitions

“1. In this act,

“Minister” means the Minister of Long-Term Care; (‘ministre’)

“support worker” means a person who delivers personal support services and includes home support workers, home help workers, community support workers, long-term care home support workers, retirement home support workers, residential support workers and homemakers. (‘préposé aux services de soutien’)

“Minimum pay

“2.(1) The minimum pay for every support worker shall be the minimum amount received by a support worker

when including the temporary pandemic pay increase that was paid to support workers in accordance with Ontario regulation 241/20 (special rules re temporary pandemic pay) continued under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020.

“Appropriation required

“(2) Subsection (1) does not apply unless money has been appropriated by the Legislature for the purpose of subsection (1).

“Travel payments

“3(1) Every entity that employs support workers shall provide travel payments in the amount set by the Support Worker Wage Review Commission established under section 5.

“Appropriation required

“(2) Subsection (1) does not apply unless money has been appropriated by the Legislature for the purpose of subsection (1).

“Programs

“4.(1) The minister shall develop the following programs:

“1. A program to provide training, education and professional development for all support workers and long-term care staff that provide care.

“2. A program designed to recruit and retain the number of support workers required to deliver adequate and appropriate care.

“3. A program that ensures support workers are paid while learning on the job and that helps to ensure they receive full-time jobs at the end of their training period.

“Appropriation required

“(2) Subsection (1) does not apply unless money has been appropriated by the Legislature for the purpose of subsection (1).

“Support Worker Wage Review Commission

“5.(1) The Support Worker Wage Review Commission is established.

“Composition

“(2) The commission shall be composed of no less than three and no more than nine members appointed by the Lieutenant Governor in Council.

“Same

“(3) In the appointment of persons to the commission under subsection (2), the Lieutenant Governor in Council shall ensure, to the extent possible, the following groups are evenly represented:

“1. Sector management.

“2. Sector policy experts.

“3. Support workers or support worker representatives.

“Functions

“(4) The commission shall perform the following functions:

“1. The commission shall review support worker pay every two years.

“2. Based on each review under paragraph 1, the commission shall make recommendations on support worker pay to the minister.

“3. The commission shall review support worker travel pay and, no later than 12 months after the day this section comes into force, set the amount of travel pay support

workers shall receive per kilometre travelled between work sites.

“4. The commission shall review the travel pay set under paragraph 3 once every two years and, if it determines it is appropriate, increase the travel pay rate.

“Commencement

“6. The act set out in this schedule comes into force on the day the Advancing Oversight and Planning in Ontario’s Health System Act, 2021 receives royal assent.

“Short title

“7. The short title of the act set out in this schedule is the Support Workers Pay Act, 2021.”

The Chair (Mr. Deepak Anand): Thank you, MPP Harden, for that quick edition of the motion.

I was wondering if I could add the same this way; I have a few motions of my own. I respectfully would like to say to the committee members that I am ruling this amendment out of order as it is beyond the scope of the bill. Again going back to Bosc and Gagnon, on page 770 of the third edition of House of Commons Procedures and Practice: “An amendment to a bill that was referred ... after second reading is out of order if it is beyond the scope and principle of the bill.” Respectfully, we will not be including this and it is out of order.

With that, I am going to go back with you to sections 1, 2 and 3.

Interjections.

The Chair (Mr. Deepak Anand): I see you have a friend out there—I don’t have to wait for Ms. Khan to say it. MPP Harden.

Mr. Joel Harden: Thank you, Chair. I respect your ruling, but I’m making an eleventh-hour pitch to all my friends on the committee for a unanimous consent motion to suspend that ruling and to actually pass that legislation, if possible, the amendment that I put forward—if I could, for some reason, persuade every single member on this committee.

Mr. John Fraser: I agree.

The Chair (Mr. Deepak Anand): The member has asked for unanimous consent to consider his motion. Is everyone in favour? I see a no. I sincerely apologize.

Moving back to sections 1, 2 and 3, were there amendments?

Interjection.

The Chair (Mr. Deepak Anand): Thanks for your co-operation. We are back to sections 1, 2 and 3, as we started with the bill. At this moment, I’m going to be asking individually.

We’re going to be talking about section 1, contents of this act. Is there any debate? Seeing none, are members ready to vote? Seeing yes, all those in favour, please raise your hand. All those opposed, please raise your hand. I declare section 1 carried.

At this moment, I’ll be talking about section 2, commencement. Is there any debate? Seeing none, are the members ready to vote? I see a nod. All those in favour, please raise your hand. All those opposed? Seeing none, I declare section 2 carried.

We’ll be debating and taking a vote on the short title, section 3. Is there any debate? Seeing none, are members

ready to vote? Seeing yes, all those in favour, please raise your hand. All those opposed, please raise your hand. I declare section 3 carried.

Now, we will be moving over to the title. At this point, I'm going to be asking members, shall the title of the bill be carried? Any debate? Seeing none, are the members ready to vote? Seeing yes, all those in favour, please raise your hand. All those opposed, please raise your hand. I declare the title of the bill carried.

Shall Bill 283, as amended, be carried? Are the members ready to vote? Seeing yes, all those in favour, please raise your hand. All those opposed, please raise your hand.

Based on the number of votes, I declare Bill 283, as amended, carried.

At this point, I am going to ask the committee members, shall I report the bill, as amended, to the House? Any debate? Seeing none, are members ready to vote? Seeing yes, all those in favour, please raise your hand. All those opposed, please raise your hand. Based on the number of votes, I declare that I will report the bill, as amended, to the House.

With that, I think we're done with the business of the day. The meeting is now officially adjourned.

The committee adjourned at 1634.

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Mr. Kaleed Rasheed (Mississauga East–Cooksville / Mississauga-Est–Cooksville PC)

Mrs. Nina Tangri (Mississauga–Streetsville PC)

Also taking part / Autres participants et participantes

Ms. Alana Georgas, deputy director, legal services, Ministry of Health

Ms. Mitzie Hunter (Scarborough–Guildwood L)

Clerk / Greffière

Ms. Tanzima Khan

Staff / Personnel

Mr. Ralph Armstrong, legislative counsel