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

SP-38

**Journal  
des débats  
(Hansard)**

SP-38

**Standing Committee on  
Social Policy**

COPD Awareness Day Act, 2021

1<sup>st</sup> Session  
42<sup>nd</sup> Parliament  
Monday 8 March 2021

**Comité permanent de  
la politique sociale**

Loi de 2021 sur la Journée  
de sensibilisation à la BPCO

1<sup>re</sup> session  
42<sup>e</sup> législature  
Lundi 8 mars 2021

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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**

Monday 8 March 2021

Lundi 8 mars 2021

*The committee met at 0903 in committee room 1 and by video conference.*

**COPD AWARENESS DAY ACT, 2021  
LOI DE 2021 SUR LA JOURNÉE  
DE SENSIBILISATION À LA BPCO**

Consideration of the following bill:

Bill 157, An Act to proclaim COPD Awareness Day /  
Projet de loi 157, Loi proclamant la Journée de  
sensibilisation à la BPCO.

**The Chair (Mr. Deepak Anand):** Good morning, everyone. The Standing Committee on Social Policy will now come to order.

Before we start the committee meeting, I just want to say that today is March 8, 2021, which is International Women's Day 2021. I do see a lot of trail-blazing women as my colleagues who are here, and I want to give a shout-out to each one of you. You guys are heroes by yourself, but I always say you are empowered women. There a lot of women who have yet to be empowered, and I think it is our responsibility—your responsibility to give them a hand and make them like you. Again, happy International Women's Day 2021.

Welcome, MPP Kanapathi. Please confirm your name and that you're in Ontario, sir.

**Mr. Logan Kanapathi:** It's MPP Logan Kanapathi. I'm here in Markham, Ontario.

**The Chair (Mr. Deepak Anand):** Thank you. As we all know, we are here for public hearings on Bill 157, An Act to proclaim COPD Awareness Day. As a reminder, the deadline for written submissions is 7 p.m. Eastern Standard Time on Monday—that is, today—March 8, 2021. Legislative research has been requested to provide committee members with a summary of oral presentations and written submissions as soon as possible following the written submissions deadline. The deadline for filing amendments to the bill is 12 noon on Tuesday, March 9, 2021.

We have MPP France Gélinas and MPP Mike Harris in the room, and we have MPP Amy Fee, MPP Joel Harden, MPP Christine Hogarth, MPP Natalia Kusendova, MPP Robin Martin and MPP Effie Triantafilopoulos on Zoom.

We are also joined by staff from legislative research, Hansard, and broadcast and recording.

To make sure that everyone can understand what is going on, it is important that all participants speak slowly and clearly. Please wait until I recognize you before

starting to speak. Since it could take a little time for your audio and video to come up after I recognize you, please take a brief pause before joining. As always, all comments should go through the Chair.

Once again, in order to ensure optimal sound quality, members participating via Zoom are encouraged to use headphones or microphones if possible.

MR. LOGAN KANAPATHI

**The Chair (Mr. Deepak Anand):** At this time, are there any questions? Seeing none, I would like to welcome Mr. Logan Kanapathi, MPP and the sponsor of the bill.

You will have 15 minutes for your presentation, followed by 45 minutes of questioning from members of the committee. The questions will be divided into three rounds of six minutes for the government members, three rounds of six minutes for the official opposition, and two rounds of four and a half minutes for the independent members, if they do join. I'll give reminders of the time remaining during the presentation and questions. And please state your name for Hansard as you begin. MPP Kanapathi.

**Mr. Logan Kanapathi:** Good morning, Chair, and good morning to my colleagues and all the colleagues from the committee. I'm happy to speak today about Bill 157, An Act to proclaim COPD Awareness Day.

Before I start, I want to thank all my colleagues who rose to speak in support of this bill during the second reading.

I also want to thank the general practitioners, respirologists, lung disease specialists and organizations such as COPD Awareness Canada and the Lung Association of Ontario, and our Minister of Health and parliamentary assistant MPP Robin Martin for all your great support for COPD Awareness Day.

I also want to thank Mr. Andy Martin, the president of COPD Awareness Canada. I shared his story during the second reading, but I will share it again, Chair, because it's such a moving story. His story is one that thousands of other people across Ontario share. Mr. Martin's father, Charlie Martin, was diagnosed with COPD in 2000 but had been living with undiagnosed symptoms for long before then. Sadly, in 2009, the disease took Mr. Martin's life.

This bill is inspired by stories like Mr. Martin's. I hope that COPD Awareness Day will help people with COPD to be diagnosed earlier so they don't have to struggle with symptoms for so many years without treatment.

Two months ago, one of my close friends died of COPD. He was a well-educated and strong community leader. He wasn't aware that he had COPD until he was admitted in the hospital for a severe breathing condition. By the time he was diagnosed, it was too late. I truly believe this bill will help people like him get an early diagnosis.

Bill 157 will designate the third Wednesday in November of each year as COPD Awareness Day.

Chronic obstructive pulmonary disease, or COPD, is a progressive, incurable lung disease, characterized by the narrowing of the airways that make breathing increasingly difficult as the disease worsens. COPD is most commonly caused by chronic bronchitis and emphysema.

COPD has been around for hundreds of years. The first known reference to it comes from a Swiss doctor in 1679, who referred to "voluminous lungs," or large lungs, in the autopsies of patients who had struggled with shortness of breath. But it wasn't until almost 300 years later, at an emphysema conference in 1969, that a doctor named William Briscoe first used the term "chronic obstructive lung disease."

#### 0910

Today, COPD is the third-leading cause of death globally. The most common symptoms of COPD include feeling shortness of breath when doing routine activities such as climbing the stairs or getting dressed in the morning; frequent respiratory infections, such as the flu or common cold, that last longer than normal; feeling tired all the time; losing weight without exercising or diet; a chronic cough that produces mucus; and chest tightness.

Imagine if, all of a sudden, daily activities that you once took for granted, such as getting dressed in the morning, going grocery shopping or climbing the stairs, suddenly became more difficult, or even impossible. Most patients require an oxygen supply, such as oxygen tanks, just to get by. This is a daily reality for people living with COPD.

COPD is diagnosed through a simple spirometry test, a reliable test for measuring lung function, or how much your lungs can inhale and exhale. The test measures the speed and the amount of air your lungs are able to inhale and exhale. Your health care providers or doctors will determine the appropriate treatment and the medication to help control the advance of disease and COPD flare-ups, or acute lung attacks. However, the best way to prevent the advance of this disease is to encourage more Ontarians to quit smoking and live a healthier and more physically active lifestyle.

While COPD is incurable, it is possible to treat and manage. And yet, more than half of those suffering from COPD are not aware that they have a disease and struggle to manage symptoms without proper treatment.

COPD is more common than you might think. According to the Lung Association, 10% of adults over 35, approximately 900,000 Ontarians, are living with COPD. The number of people living with COPD is also increasing. It's alarming. The majority of the burden of COPD falls on seniors. The Public Health Agency of Canada has reported that 15% of seniors aged 65 to 69 and 30% over

the age of 85 live with COPD. When we consider our aging population, COPD prevalence becomes an even more pressing issue.

By creating COPD Awareness Day, we can teach Ontarians to recognize the symptoms of COPD and seek earlier detection. This will help people suffering from COPD to receive earlier diagnoses and treatment from their primary care providers, instead of having to seek care in the emergency department when their symptoms become life-threatening or unmanageable. It will also educate people about the risk factors for COPD and promote a healthier and more physically active lifestyle—at the end of the day, improving the quality of life for Ontarians.

The relationship between smoking and COPD is much better established. Cigarette smoking is the number one cause of COPD, and accounts for approximately 80% to 90% of all cases. When considering this statistic, it is important not to place blame on those who develop COPD as a result of smoking. Quitting smoking is incredibly challenging, but it is the single most important step a person can take to improve lung health and overall quality of life.

Although quitting smoking is not a cure for COPD, it is a person's best chance to avoid developing it. But not all COPD cases are caused by smoking. Other causes include genetic disorders; environmental and workplace pollutants, such as dust; exposure to chemicals and other fumes; second-hand smoke; and frequent lung infections during childhood. Workplace pollutants such as dust and exposure to chemicals and other fumes account for approximately 10% to 15% of all new COPD cases. Skilled trades workers and farmers who are exposed to biomass fuel are particularly at risk.

Emerging research indicates that poor development of lung function during adolescence can be a major contributor to COPD later in life. A study from the University of Waterloo found that vaping in people 16 to 19 years old increased by 75% between 2017 and 2018 while cigarette smoking among the same age group increased by 45%. Now, more than ever, we need to educate our youth about the long-term risk of smoking and vaping on their lung health. COPD Awareness Day can help with this.

Our government has already made great changes in this area: banning advertising material that promotes e-cigarettes or vaping products, restricting the sale of flavoured and high-concentration vaping products, and encouraging Ontarians to exercise regularly and lead a healthy lifestyle. COPD Awareness Day will build on this work.

Most importantly, raising awareness about COPD among the younger population will inspire everybody to take action to protect those with COPD. These actions include going out to get your free flu shot, pneumonia vaccine, being more cautious around people with the cold or flu, washing your hands more frequently to avoid infection, and avoiding allergens that might worsen COPD symptoms.

The role of the general population in protecting those with COPD has increased drastically over the past year, during the COVID-19 pandemic. Some research shows

that although there is no relationship between COPD and a person's chance of becoming infected with COVID-19, but COVID-19 patients with COPD have significantly higher rates of hospitalization, ICU admission and ventilation.

These are our front-line heroes. They are the people who are putting their lives on the line each day to make sure that our loved ones are being taken care of in hospital. They make sure there is food on the table and that our roads and infrastructure remain in good condition.

The lungs are the primary target for COVID-19, meaning those with COPD are at much higher risk. We have to do our part to increase awareness so that those who are undiagnosed can remain safe and reduce their risk.

In conclusion, Chair, at a time when all Ontarians have been asked to go above and beyond to keep our province's most vulnerable safe, educating the public about the risk COVID-19 poses to those with COPD will help inspire people to continue to follow public health guidelines and take the COVID-19 vaccination when it is their turn to do so.

People like Andy Martin, people who have worked for years to encourage greater awareness of this terrible illness will know that, with this bill, we as a government are dedicated to combatting this illness. Through this bill, our government is committed to protecting the most vulnerable in our society, slowing the rise of COPD and creating a healthier, smoke-free society.

It is important we create a day to raise awareness about the reality of this horrible disease. Those suffering from COPD shouldn't feel alone. We are here for them, as a government. We are committed to educating Ontarians so that they understand COPD symptoms, note the risk of smoking and the benefit of a healthy lifestyle to improve their overall quality of life.

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

I do see now MPP Belinda Karahalios. Please state your name and that you're in Ontario.

**Mrs. Belinda C. Karahalios:** Good morning, Chair. It's MPP Belinda Karahalios from Ontario.

**The Chair (Mr. Deepak Anand):** Thank you so much. And MPP Karahalios, today is International Women's Day, so happy International Women's Day.

Now we are moving over to the official opposition. You will have two rounds of seven—

*Interjection.*

**The Chair (Mr. Deepak Anand):** Six minutes? Okay. Mr. Harden.

0920

**Mr. Joel Harden:** I want to begin from a standpoint of thanking my friend MPP Kanapathi for putting this forward.

I have to admit, I was present for some aspects of the debate on this in the chamber, but I would love if MPP Kanapathi would, for the record, talk a little bit about what drew his attention to this very important issue and why he wanted to prioritize this as his private member's business this session.

**Mr. Logan Kanapathi:** My wife is a medical doctor, and I have two sons—this is very near and dear to my heart. I can tell you a personal story. My mother is an asthmatic person. It's in my family. My grandmother had asthma. My mother uses her inhaler, three puffs every day, three times a day. My wife is a doctor. She brings home many heartbreaking stories, from victims of COPD, especially from smoking. I have heard so many heartbreaking stories about these families who were completely unaware of this illness until it was too late.

Mr. Harden, I represent the most ethnically diverse community in all of Canada, Markham—or Scarborough. Especially among the diverse community, there is much less awareness, and with so little information and awareness, the disease goes untreated for far too long. My riding has a heavy immigrant population, and across this community, there's little information about this illness and its effects.

One of my close friends—I mentioned him in my presentation. He was a PhD in mechanical engineering. He was a smoker. Unfortunately, it went undiagnosed up until two weeks before his death. He passed away suddenly two months ago.

**Mr. Joel Harden:** I'm sorry for your loss.

**Mr. Logan Kanapathi:** If there was more information available and if he was aware sooner, he would have had a different outcome. There's not enough conversation around this topic. That's why I wanted to change that.

Thank you for that important question. I like that. That's a very important question, MPP Harden.

**Mr. Joel Harden:** Well, I know I'm speaking to a community organizer, and we share this background. I'm always curious to know what motivates people to champion things. So what you say is deeply touching. Thank you for sharing it.

I'm wondering if you could elaborate, MPP Kanapathi, on the context we find ourselves in, from a public health standpoint, around smoking and worries that I've read about from epidemiologists and medical experts—perhaps you talk to your spouse about this—about vaping and the way in which it has really overtaken our society, particularly among young people, leaving people even more vulnerable to respiratory illnesses. As I was listening to your remarks, I was thinking about some of what I've read in this area, and I'm wondering if that was also on your mind as you wanted to prioritize this as a public policy conversation.

**Mr. Logan Kanapathi:** As I discussed in my presentation, MPP Harden, smoking is the number one cause of COPD. Quitting smoking is the single most important step one can take to slow down the progress of the disease and improve health and quality of life. We've prohibited the sales of flavoured vape products; you know that. Our government is doing as much as we can to prevent young people from getting access to vaping products. That's what COPD Awareness Day is all about. Second, they prohibit the sale of vapour products with a high nicotine concentration in all retail establishments except specialty vape stores. Finally, they require vape stores to

make sure that any indoor displays and promotion of vapour products are not visible from outside of the store. These and other changes will help to protect our children and youth from the danger of vaping.

COPD Awareness Day will improve awareness about COPD among Ontario youth and help to build on these vaping protections.

**Mr. Joel Harden:** Understood.

Again, back to this issue of what would seem to be a recent uptick in situations in which many consumers are accessing vaping products, which are proven to be extremely addictive, at a young age: I'm aware of the work your government is doing to address this, but I'm wondering if, in fact, we have to use your private member's bill, this opportunity for COPD awareness, for a specific targeted strategy to youth and young people. I was wondering if you had any remarks or thoughts about that.

**Mr. Logan Kanapathi:** It's a great way to engage with the schools—

**The Chair (Mr. Deepak Anand):** One minute.

**Mr. Logan Kanapathi:**—and schoolchildren. It's a great way to go in with the school boards. I am positive that raising awareness and creating this conversation is the key to early detection of the illness. It's a good question, again.

MPP Harden, I've always believed, during my municipal time and now as an MPP, that if it's not enforced in the law, it's not going to work, at least to a certain extent.

Education and awareness—that's the only way that you can change people's mindset. That's the way you can get a good outcome. It's a mindset—changing and modifying their lifestyle. That is the only way we can win the people's minds and hearts. That's what COPD Awareness Day is going to do.

**The Chair (Mr. Deepak Anand):** Over to the government side: MPP Kusendova, go ahead, please. You have six minutes, and I'll give a reminder at one minute.

**Ms. Natalia Kusendova:** Good morning, colleagues. First of all, I want to thank my colleague for bringing this bill forward.

As some of you know, I work in the emergency room as a nurse, and so I see COPD patients on a very regular basis. The telltale sign that it's likely a patient coming in with COPD is because they have their little oxygen tank on wheels dragging behind them.

I think it's so important that we educate people and raise awareness, because more than half of the population of patients with COPD are actually unaware they have it. This is, as I understand, one of the reasons why you brought on this bill.

Also, our work in helping people end smoking—even in my own family, this has been an issue and is very difficult. As you have pointed out, it is a serious addiction and it does take a lot of mental health supports and all kinds of cessation tools to help the person quit smoking.

I know that vaping has become an issue in our community, especially with young people, and for adults, as well, who are using vaping as a cessation tool, but in fact they end up replacing smoking with vaping. Frankly, we don't know the long-term impacts of vaping. The studies

are still not conclusive. So replacing one bad habit with another may not be the answer.

How do you think COPD Awareness Day will help Ontarians from an early age, especially before the age of 40, either not start smoking in the first place or quit smoking in order to have better health outcomes?

**Mr. Logan Kanapathi:** Thank you, MPP Kusendova, for the passionate work you do each and every day, and thank you for bringing your perspective. You asked a great question.

Recognizing the risks that vaping poses to health, especially the health of the province's youth, the government proposed several changes to the Smoke-Free Ontario Act, 2017, which came into effect on July 1, 2020. The amendments do several things. First, they prohibit the sale of flavoured vapour products in all retail establishments except specialty vape stores or licensed cannabis retail stores, with the exception of menthol-flavoured, mint-flavoured and tobacco-flavoured vapour products. The second one is that they prohibit the sale of vapour products—this is a very important one—with high nicotine concentrations, greater than 20 milligrams per millilitre.

That's why COPD awareness has come into play—and how we can teach the young, the youths, the early ages; you are right. It's more where there is an environmental issue, where there is a smoking issue and a health care message. You have to do it at the early stage. That's the way we can win the hearts of the younger people. They are the leaders of tomorrow. If we lose our next generation, we lose our families, we lose our country, we lose our province, we lose our world.

This bill on COPD Awareness Day will bring awareness, especially to the young people.

**0930**

**Ms. Natalia Kusendova:** I will pass it on to my colleague MPP Hogarth.

**The Chair (Mr. Deepak Anand):** MPP Hogarth, you have two minutes.

**Ms. Christine Hogarth:** I want to say thank you to MPP Logan Kanapathi for bringing this bill forward. I think it's a really important message to share with people. We don't talk enough about lung health. I'm part of the lung health caucus, with MPP Gélinas and some of our colleagues.

Back in the early 2000s, my father was diagnosed with pulmonary fibrosis, and as a family, we had no idea what that was. We didn't even think about it. He passed away in 2007, the day before the election.

Your bill, I think, is going to bring awareness to patients and to families. I think that is one piece that is really important—how do we support families when they are going through these problems? Their life has changed; it's turned upside down. I want to thank you, as somebody who has had a family member with a lung condition who passed away, for bringing this forward so families can have that support and know where to go and know what signs to look for.

My question is, with some of the items you'd like to bring forward on COPD Awareness Day—will they



include looking at supports for families and how they can look for the signs in their family members?

I'll tell you one thing my father always said: When he had to walk around or go to dinner at a restaurant, when we could go to restaurants, he'd have to take his oxygen tank with him—and it was the stigma of that oxygen tank, because people didn't know, “Am I safe to sit with this person near me, with this oxygen tank?”

I'm hoping that some of these items will be addressed when we talk more about lung health and the conditions—that it's not to be fearful.

I'm just wondering if you can share a little bit more about what you see this day looking like.

**Mr. Logan Kanapathi:** Thank you, MPP Christine Hogarth—

**The Chair (Mr. Deepak Anand):** Thank you, MPP Kanapathi. That finishes the time allocated to this, but you can start in the next round.

Now I'll request MPP Belinda Karahalios—you have four and a half minutes, and I'll remind you one minute before.

**Mrs. Belinda C. Karahalios:** I don't have any questions at this time, Chair. Thank you so much.

**The Chair (Mr. Deepak Anand):** We're moving over to the official opposition. MPP Gélinas, go ahead, please.

**M<sup>me</sup> France Gélinas:** I'd like to thank MPP Logan Kanapathi for bringing this bill forward.

I have two questions: The first one is on prevention; the second one is on treatment.

When we focus on prevention—I cannot tell you how hurtful it was when your government took power in June 2018 and they cancelled the regulations that would have banned the advertising of vaping, that would have banned flavoured vaping products. Instead, in front of every school in Nickel Belt, there were gigantic billboards advertising vaping. In front of every one of the high schools in Nickel Belt, the vaping industry put up all of this advertising, and it worked. My grandson told me that eight out of 10 of his friends vaped; none of them were of age. My granddaughter, also a teenager—same thing. She was in a younger grade, in grade 10, and 60% of the kids in her class vaped.

Why do you think your government did that? Why did they cancel the ban on advertising, the ban on flavouring, only to change their mind two years down the road, after hundreds of thousands of youth are now addicted to vaping?

**Mr. Logan Kanapathi:** Thank you for that question.

Through The People's Health Care Act, 2019, our government completed an overhaul of the health care system that would create Ontario health teams across the province and put the patient at the centre of the health care system—we're looking at billions and billions of dollars.

You touched upon the vapour products. First, our government has prohibited the sales of flavoured vapour products in all retail establishments, with the exception of menthol-, mint- and tobacco-flavoured vapour products. Second, we prohibited the sales of vapour products with a high nicotine concentration. Finally, they required the

vape stores to make sure that any indoor displays and promotion of vapour products are not visible from the outside of the stores. These are the changes that will help protect our children from the dangers of vaping.

COPD Awareness Day will improve the awareness of COPD among Ontario youth and will help to build on these vaping protections. That's what our government is trying to do. Our ministers, they're the [*inaudible*] parliamentary assistant MPP Robin Martin is here. We are very [*inaudible*] about that.

Our discussion in my presentation—that smoking is the number one cause of COPD, that quitting smoking is the single most important step one can take to slow down the progress of this disease and improve their health and quality of life. This change will not cure COPD, but it will improve lung health and lead to fewer COPD symptoms.

In Ontario, we have made huge strides to help people quit smoking and prevent people from starting to smoke in the first place.

I think this bill will help to bring that awareness and education to the younger people, which is what you are referring to.

**M<sup>me</sup> France Gélinas:** I certainly agree with you. Stopping smoking is important.

Once kids got addicted to nicotine through vaping, lots of them made the switch to smoking. In my riding, the rate of smoking is still—28% of people smoke, in big part because kids were attracted to vaping. Once they got addicted to nicotine, they made the switch to cigarettes.

My second question has to do with treatment. We know there is no cure—and I thank you for putting a positive picture out there of COPD. Although there is no cure, there is treatment.

The most effective treatment, everybody will tell you, is pulmonary rehabilitation. What does pulmonary rehabilitation look like? Well, it's a place where you have an interdisciplinary team of health care professionals who do education, exercise—I'm a big fan—training, nutrition, counselling, all of this under—

**The Chair (Mr. Deepak Anand):** One minute.

**M<sup>me</sup> France Gélinas:** —one roof.

Why is it that hospitals trying to balance their budgets are cutting their pulmonary rehabilitation and those services are not available to people with COPD anymore, when we know that this is the best practice to help them?

**Mr. Logan Kanapathi:** Thanks for that question.

Of course, we must make sure that people with COPD are able to access medication. It's incredibly important. Inhalers and other medication help prevent flare-ups to improve the quality of life for people living with COPD.

You asked about COPD medications such as bronchodilators, and you touched upon some—

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

MPP Gélinas, you will have one more round, if you would like to continue.

Over to the government side: MPP Robin Martin.

**Mrs. Robin Martin:** Thank you, MPP Kanapathi, for bringing forward this very important bill.

As you know, our Ministry of Health is really committed to supporting patients who have chronic obstructive pulmonary disorder to help improve their quality of life—for everybody affected by this disease. Our ministry is working with our system partners to support best practices that lead to improved health care, health outcomes and optimal health service and experiences for COPD patients.

You may recall when we debated this bill in the House, I also raised a personal experience. My mother had COPD and lung cancer and was a smoker for many years, but she managed to quit. Probably the most terrifying experience I've ever had in my life was picking her up one day, in the depth of a cold January winter—she was at the street corner, waiting. She was going to borrow my car after I dropped my daughter off at school, and myself at work. I guess the contrast between the cold and the warmth of the car—when she got in, she could not catch her breath. There was at least a minute, which seemed to go on much, much longer than that, when I thought she was going to pass out and die from not being able to get her breath. It was terrifying. My daughter was in the car—a child—and it was a terrible moment. I immediately drove her to the hospital and they diagnosed her, eventually, with COPD. We were not aware that she had COPD. We didn't know what to look for. I can honestly say that for years, she had talked about having a tickle in her throat, and it just never registered.

0940

I'm particularly interested in the important service that you are doing, by bringing awareness to this disease. I think MPP Kusendova, who is a nurse, mentioned that almost half of the people who have COPD do not know they have COPD. You mentioned that there is not enough conversation about this disease right now. Especially in diverse communities like yours, in your riding, how do we get people to talk about COPD and to make sure that there is more generalized awareness? I know having the day will help, but what kinds of conversations will happen, do you think, if we can get more awareness?

**Mr. Logan Kanapathi:** Thank you, MPP Robin Martin, for your heart-wrenching story of what happened to your mother. Those are the emotional stories I'm telling. This is why it is so important to create an awareness day—because many people are not aware. They have symptoms until they are too late to act on them.

As I mentioned, this bill has support from COPD Awareness Canada and the Lung Association. Organizations like these two have been crucial in pushing the moment forward.

You made an excellent point about how we can get the message out to grassroots people. Ontario is not Alberta; Ontario is Ontario. It's a cultural mosaic. Talk to friends. Talk to the local health professionals, like you and Natalia Kusendova. Doctors like my wife, Dr. Rajesh Logan—she has been talking to many patients every day and talking to the doctors' association and among the diverse groups in the GTA. There are a lot of other front-line medical professionals—they are very eager to get this message out. This bill would not have been possible without stories like

yours and your mother's story, or Andy's story and my friend Dr. Ram Sivalingam's story. These are the stories that are going to enhance the other stories, to amplify this bill. We can take this message broader. We can take this message to the grassroots level, to the kitchen table conversation, where we can improve and enhance this conversation among various groups—especially young people, the next generation of Ontarians, how they can take this issue seriously. I think this bill will help on those messages.

Thank you, MPP, for that great question.

**The Chair (Mr. Deepak Anand):** We still have 40 seconds, if you want to ask more—

**Mrs. Robin Martin:** I just want to say, then, thank you again, MPP Kanapathi. I really do think this is a big step forward. We all need to work together, though, to get the message out in our communities and make sure that people are aware of this and watching out for their loved ones.

**The Chair (Mr. Deepak Anand):** Moving over to MPP Karahalios: Any comments?

**Mrs. Belinda C. Karahalios:** No questions, no comments, Chair. Thank you.

**The Chair (Mr. Deepak Anand):** That finishes the second round.

Moving over to the official opposition: MPP Gélinas, would you like to start?

**M<sup>me</sup> France Gélinas:** Yes. We have seven and a half minutes?

**The Chair (Mr. Deepak Anand):** You have six minutes, MPP.

**M<sup>me</sup> France Gélinas:** Okay. Flag me after three, because my colleague wants—

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

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

Thanks again, MPP Kanapathi, for this bill. It is important, and it will make a small step toward helping people who live with COPD, whether they know it or not.

Right now, most of our hospitals in Ontario are over capacity. Your government is telling them, "If it's not 24-hour in-patient care, don't do it anymore. Send it to the community." So for a lot of communities, including my own, what used to be good access to pulmonary rehab is now being sent to the community, but there's nobody in the community with the resources to have a physiotherapist and a nurse and a social worker and a nurse educator to be able to continue this vital service.

What do you figure will happen throughout Ontario once hospitals, to balance their budgets, send those important services to the community, where there are no resources and no money to pick them up? What will happen to people with COPD?

**Mr. Logan Kanapathi:** Thank you for this very important question, MPP.

COPD has a human cost, but it also has a cost to our health care system; you are right. Acute flare-ups are especially costly for the system and result in a more prolonged hospital stay compared to out-patient management; I understand that. You deal with the hospital.

Our government increased the hospital capacity when it comes to ICU beds and ventilators. When we took government, our hospitals were running at almost 100% capacity.

Then, on top of that, COVID-19 came. So we built, within a year and a half, to manage this big pandemic—I'm proud to say we managed and we succeeded in that, winning the hearts of the people of Ontario.

Thank you for that question.

For example, Cortellucci Vaughan Hospital, so they have capacity—there's another example in York region. We increased COVID-19 patient bed capacity within three, four, five months. This is the track record we have for our government, the Ministry of Health and—

**M<sup>me</sup> France Gélinas:** I agree with you: It's important for everybody to have access.

But do you think that everybody with COPD who wants pulmonary rehab right now has access to it?

**Mr. Logan Kanapathi:** Yes, of course; that's why we need this awareness. Awareness alleviates. A lot of people are lining up, trying to get the treatment in ICU beds. You are prevented from going into the ICU bed and flooding into the ventilator machines, because it has to do with the respiratory system—

**M<sup>me</sup> France Gélinas:** Thank you. I think I used my three minutes. Sorry; I told my colleague I would leave him three minutes.

**Mr. Logan Kanapathi:** Thank you for that question.

We need to do more things when it comes to—

**The Chair (Mr. Deepak Anand):** MPP Harden, go ahead, please. You have two minutes and 35 seconds.

**Mr. Joel Harden:** MPP Kanapathi, I'm wondering if you could reflect—we can do some awareness in the middle of our conversation, given the leadership you're showing.

My colleague mentioned that your government made the decision early in its mandate to allow some advertising on a large scale that did lead to a lot of people, particularly young people, taking up vaping. In the piece of work you're putting forward, you're imploring us to be aware of the consequences of that.

Do you think there are any consequences for governments—not just Ontario, but any government—allowing more advertising, particularly targeted advertising, for flavoured, highly addictive products to young people? Do you think there should be legal liability for governments that do those sorts of things?

**Mr. Logan Kanapathi:** Thank you, MPP Harden, for the great questions.

As I discussed in my presentation, smoking is the number one cause of COPD. Quitting smoking is the single most important step one can take to slow down the progress of the disease and improve their health and quality of life; you are right. That's also applicable to vaping. This change won't cure COPD, but it will improve lung health and lead to fewer COPD symptoms.

**0950**

Our government needs to do more. We are not perfect. No government is perfect. We understand that. Our

government is working in the right direction, and because we are fighting the pandemic, the government is fighting on many fronts in order to save the lives of Ontarians.

If we can improve the awareness of COPD, it will not only help people get diagnosed earlier and prevent these acute flare-ups, but it will also prevent many people from developing COPD in the first place, especially the young people you were mentioning—

**Mr. Joel Harden:** Indeed. The point I'm hearing you raise, which I take to heart, is that there's an onus on all of us who are legislators to ensure that decisions are made that will not create harm. I'm thinking about the legal actions that have happened around traditional cigarettes and what governments have learned from that. There has been liability assessed for those actions.

Do you think liability will be assessed for vaping liberalization in marketing and advertising?

**Mr. Logan Kanapathi:** We have to bring the control of the sales—

**The Chair (Mr. Deepak Anand):** I have to apologize, MPP Kanapathi. That finishes your time from the opposition side.

So we're moving into the last—

*Interjection.*

**The Chair (Mr. Deepak Anand):**—from the government, yes. Six minutes for the government: MPP Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** I want to provide a little bit of background before I ask my specific question to MPP Kanapathi.

In Ontario today, we have 1,300 more acute-care beds in hospitals than a year ago, in March 2020. Our government has spent \$2.5 billion more on hospitals, including in-patient and outpatient services. I would just like to put that on the record in response to Madam Gélinas's earlier question.

MPP Kanapathi, I want to applaud you for taking this initiative. Introducing this bill is very significant and is a milestone for us, as legislators in Ontario. It really pointed out to me the effects of COPD, as you were mentioning, on 10% of people over the age of 35 in Ontario, who are living with the disease and, in some cases, are completely unaware of what kind of disease they have.

Bringing the conversation back to our youth, which I think is an important conversation going forward: In my own community, parents are very concerned about the rise of vaping, particularly with younger and younger people. We know that vaping products are dangerous because of the high levels of nicotine, but now I understand that there seems to be some debate or discussion around the link between vaping and possibly linking risk factors for COPD, as well.

Vaping is relatively new, and I know, initially, a lot of smokers felt that it would actually help them cease smoking. I don't know how many more years we'll need to look at research to be able to figure out what the potential risks are and if there's a direct link between vaping and COPD. Has your research been able to bring anything specifically to light in this area?

**Mr. Logan Kanapathi:** Thank you for your support and your passion with regard to this bill from day one.

Of course, this is an important project that the Lung Association has spearheaded in partnership with some of the associations you mentioned. The project is still a work in progress. We're going to work with many of the health care professional associations after this bill is passed, and we're going to coordinate across a lot of youth organizations on how we can take this message and bring more education and awareness among the young people.

They found that 35% of people who have at least one COPD symptom haven't spoken to their doctor about it, that only 44% of those who have COPD symptoms have had a spirometric test, and that 35% of patients diagnosed with COPD had been experiencing the symptoms for at least a year before being diagnosed. You are right; you hit the nail on the head: The statistics are alarming and staggering. Some 56% of patients diagnosed with COPD didn't know what COPD was before their diagnosis.

These are early findings. So we need more awareness and education campaigns to teach people about COPD, in terms of the warning signs. COPD Awareness Day will encourage organizations to explore the links and conduct more research in the future. That's very important. That's what this bill is all about.

**The Chair (Mr. Deepak Anand):** Anyone else from the government side? You have a minute and thirty seconds, approximately. MPP Babikian.

**Mr. Aris Babikian:** Thank you very much, MPP Kanapathi, for your initiative. It's definitely an important initiative.

Can you elaborate a little bit more on how COPD Awareness Day will assist in raising awareness of COPD across the province of Ontario? And do you think that the ethnic media can play a role in spreading awareness of this issue?

**Mr. Logan Kanapathi:** Thank you, MPP Babikian, for the great questions.

You know Christine Hogarth's family story, and there are so many stories—MPP Robin Martin's stories, our stories, my friend's stories, Mr. Martin's father's stories. All these stories are human stories. This is very relevant to the cultural community. We could post this message. This is a very important message—how we can have preventive measures, rather than just a cure. Before we get to the worst scenario, we have to do the prevention.

That's the country we are living in. We have a wonderful medical system. We still are moving to the forefront, but it's a wonderful primary medical care system. That's how we've managed the COVID-19 pandemic—by going to the primary medical doctors—

**The Chair (Mr. Deepak Anand):** Thank you, MPP Kanapathi, for your presentation. That finishes all the rounds for your presentation.

At this time, we will be taking a recess. We will resume public hearings of Bill 157, An Act to proclaim COPD Awareness Day, at 1 p.m. Thank you so much for joining.

*The committee recessed from 0958 to 1301.*

**The Chair (Mr. Deepak Anand):** Good afternoon, everyone. Welcome back.

I do see one new face. For the record, I would ask MPP Billy Pang to please confirm that you are MPP Pang and that you are in Ontario, sir.

**Mr. Billy Pang:** I am MPP Billy Pang, and I am currently in my riding of Markham–Unionville.

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

We are going to resume our public hearing on Bill 157, An Act to proclaim COPD Awareness Day. Before I start—I think we are still waiting for the presenter?

**The Clerk of the Committee (Ms. Tanzima Khan):** They're just joining us.

**The Chair (Mr. Deepak Anand):** As they are joining us, I'm going to go through the notes.

Before that, I want to say on the record that if you ask me the question, out of the 7.67 billion people on this earth, who do I love most? That's my daughter, Suvidhi Anand, who is here.

Welcome to Queen's Park, Suvidhi Anand.

We have one presenter this afternoon. The presenter will have seven minutes for their presentation, and the remaining 39 minutes of the time slot will be for questions from members of the committee. The time for questions will be broken into two rounds of seven and a half minutes for the government members, two rounds of seven and a half minutes for the official opposition, and two rounds of four and a half minutes for the independent members as a group.

At this time, I'll ask if there are any questions. Seeing none—and we do have our presenter.

#### COPD AWARENESS CANADA

**The Chair (Mr. Deepak Anand):** We have Mr. Andy Martin, the executive director of COPD Awareness Canada.

Mr. Martin, welcome to the committee. You will have seven minutes for your presentation, sir. For Hansard, please state your name and confirm that you're in Ontario. You may begin now.

**Mr. Andy Martin:** My name is Andy Martin. I am the executive director of COPD Awareness Canada. Good morning to you, Chair, members of the committee, staff and everyone else attending. Thank you to this committee for asking our organization to present to you on this very important bill.

By now, you have probably been introduced to information and statistics that outline what COPD is and that begin to show you how much Ontario has to raise the overall level of awareness of COPD and do more on its early detection and diagnosis. However, I will risk repeating some things in order to highlight them.

COPD is so very slowly progressive in its advancement that oftentimes, folks will have it for quite a long time—years, even decades—before detection and diagnosis are achieved. Also, the symptoms can tend to mask themselves as other things; for example, but not limited to, just getting older. People who may be out of breath after activities they previously had less trouble performing will sometimes attribute that to normal aging or just being out of shape.

Likely estimates are that these kinds of scenarios happen just over half the time. The generally accepted estimate, according to studies, is a 1-1 ratio. That means that for every person diagnosed, there is at least one person living with COPD who is unaware they have it.

My father, Charlie Martin, was not diagnosed with COPD until well into the later stages. We realized afterwards that the symptoms, in varying degrees, had been present for a long time previously. But after the diagnosis in 2000, it was too late to do anything meaningful to slow the progress. He suffered over the course of nine long and very-painful-to-watch years before succumbing to COPD directly.

In Ontario, there are about 900,000 individuals diagnosed with COPD. That means that well over 900,000 folks are living with the disease who are unaware that they have it. The rates are largely the same across the country—and the world.

When I first found out about these numbers, frankly, I was staggered. The driving forces behind my starting COPD Awareness Canada were these statistics and wanting to prevent for others what happened to my dad—realizing that we can save lives and prolong and improve the quality of them by detecting and diagnosing COPD earlier.

Since at almost any level of government, it is often a question of how best to allocate tax dollars, and realizing that this isn't necessarily a high-money-outlay bill, I propose we perform a short thought exercise.

In 2010, the cost of COPD hospitalizations in Canada was approximately \$1.5 billion. I'm not sure what the 2020 numbers were, but I'm betting it was much higher, as COPD has become more prevalent, not less. This is a very small slice of the overall economic burden of COPD. The overall amount for Canada is probably in the tens of billions when you consider all of the elements. That \$1.5-billion amount was due to lung attacks alone. Lung attacks are essentially the equivalent of a heart attack, but from a pulmonary perspective—each one potentially deadly, definitely debilitating, and averaging a 10-day stay, at about \$10,000 each. They almost always occur in the later stages of COPD. Plus, they have a very high recurrence rate.

From my personal experience, I knew my dad suffered many lung attacks over those nine years. I called my mom this weekend to ask how many she remembered. She had seven of them written down but had stopped recording in 2005 because the frequency became too high, at about two, three or even four per year. So we conservatively estimated at least 18.

With ambulance trips, follow-up visits, drugs, rehab, home care and lost work time, the costs start adding up to well more than the cost of the stay itself. My dad's situation was not unusual for late-stage.

In a world where we have enhanced awareness strategies and people know the symptoms, risk factors and diagnosis methods of COPD, so many more are likely to be diagnosed in the early stages, before it becomes too late. Consequently, the late-stage burdens for most are greatly reduced or even eliminated.

The short exercise is over. Thanks for staying with me on that.

If you were wondering why this particular date was chosen for the Ontario COPD Awareness Day, it correlates to the Global Initiative for Chronic Obstructive Lung Disease—or GOLD—organization's World COPD Day, which takes place on the third Wednesday of every November, so other organizations across the globe that concentrate on lung health will also be recognizing COPD awareness on that day.

Bill 157, An Act to proclaim COPD Awareness Day, will be the first of its kind for COPD in Canada. It is a part of COPD Awareness Canada's overall strategic plan to pursue similar acts in municipalities, all other provinces, and eventually at the federal level.

COPD is the fourth-highest cause of death in this country and is expected to reach the third-highest by 2030. COPD is severely underdiagnosed, indicating there is a massive level of under-awareness for the disease, which I call the deadliest disease no one knows about. Because of these things, I've often said to anyone who will listen, and often to some people who won't, that we should have at least a week or even a full month of awareness. But every journey begins with a single step. This is step one. There is so much more to do.

#### 1310

That concludes my presentation. I'll be happy to answer any questions to the best of my ability.

**The Chair (Mr. Deepak Anand):** Thank you, Mr. Martin, for your presentation.

We're going to start with the question round. The first round is going to be from the government side. MPP Kusendova, you will seven and a half minutes.

**Ms. Natalia Kusendova:** Good afternoon, Mr. Martin. Thank you for sharing the story of your father—and our condolences for your loss.

This morning, we have heard some testimonials about other members having similar situations in their families and having to learn about the disease and then having to navigate our health care system.

We're very thrilled to be the first province in all of Canada to be putting forward a bill to help raise awareness of this very important issue.

I am a registered nurse, and I'm very proud to wear the two hats of two very important jobs that I do in my life these days, especially in light of the COVID-19 pandemic.

It is true what you say—that more than half of patients who have COPD are actually unaware of the disease, so early diagnosis would certainly be very, very helpful.

I think the first step is raising awareness. A parallel that I can bring this to, for example, is our work on human trafficking. Many people in Ontario are not acutely aware of the fact that human trafficking is happening in our largest cities and our smallest towns. As you said, every journey begins with a single step—and raising awareness is simply that.

Can you elaborate a little bit more on what it would mean to the surviving families of the victims of COPD to

see this awareness day formally adopted in the province of Ontario, as a first step?

**Mr. Andy Martin:** I think there will be a lot of relief. There are so many people in the same situation as my family was. They found out that their loved one had received a diagnosis of COPD, and the symptoms were present but not recognized for so many years or even decades earlier, and they realized that the situation they find themselves in—and eventually things get much, much worse—could have been avoided. They will probably say that it's about time, and I'm saying it, too. It's long overdue.

**Ms. Natalia Kusendova:** You mentioned that COPD is currently the fourth-highest cause of death in the country and is quickly becoming the third-highest. For our awareness, can you tell us what the first three are and why you think this shift is happening—that COPD is actually overtaking and becoming the third-leading cause of death among Canadians?

**Mr. Andy Martin:** I'm not sure of the first two. I think the first one is cancer; the second one might just be accidents. I don't know what the other leaders are.

I think one of the major reasons why it's taking over in prevalence is the massive level of under-awareness. And the risk factors are becoming more and more prevalent. Smoking is number one in 80% or 90% of the cases currently, although I think that's going down because the other forms are rising—from workplace exposures, pollution, the genetic deficiency, alpha-1 antitrypsin deficiency. Those kinds of risk factors are increasing; they're not decreasing.

**Ms. Natalia Kusendova:** Would you agree that raising awareness, especially among our youth—for MPP Kanapathi, one of the main points of his bill is to bring this awareness to our young people, to our students, because we know that the largest impact that we have is to have a healthy lifestyle, of either smoking cessation or actually not starting smoking to begin with before the age of 40. Would you agree that initiatives to help raise awareness among our youth in our schools and among our young adults would be beneficial?

**Mr. Andy Martin:** Yes. At COPD Awareness Canada, my board and I have outlined some strategic plans to reach youth and young adults. We're going to be looking at approaching entities to make those things happen.

**Ms. Natalia Kusendova:** What we're seeing in the hospitals and as we are dealing with the pandemic is that people who are diagnosed with COVID-19 but have additional comorbidities are at higher risk for potentially worse health outcomes.

Can you describe to us a little bit about this additional comorbidity, of having a COPD diagnosis coupled with COVID-19? What are some of the challenges that these patients are facing?

**Mr. Andy Martin:** I don't know specifically, but I have been doing some research on the comorbidity with COVID-19 and COPD. As far as I can tell from the experiences that I've been reading about, those who already have COPD aren't necessarily at greater risk of

contracting COVID-19, but should they contract COVID-19, their symptoms and the repercussions of that have the potential to be so much greater. So those with COPD need to be extra vigilant.

**The Chair (Mr. Deepak Anand):** Two minutes.

**Mr. Andy Martin:** I'm not sure I answered your question properly, but I think I did.

**The Chair (Mr. Deepak Anand):** MPP Kusendova, you have about a minute and 30 seconds. Would you like to continue?

**Ms. Natalia Kusendova:** I think all my questions were answered. Thank you.

**The Chair (Mr. Deepak Anand):** MPP Babikian, go ahead. You have about a minute and 15 seconds.

**Mr. Aris Babikian:** Thank you, Mr. Martin, for coming and bringing your own personal experience to our attention. It is very important to hear such personal experiences.

I understand that the COVID-19 pandemic has likely resulted in additional challenges and risk factors for people living with COPD.

Can you share with the committee some of the day-to-day challenges that Ontarians living with COPD are facing today?

**Mr. Andy Martin:** Again, I don't have any specific examples of that. I imagine, based on the research I've been doing, that those who are currently diagnosed with COPD and trying to be vigilant to avoid contracting COVID-19 are probably experiencing, amongst other things, enhanced financial hardship, because they have to maybe hire somebody to bring in all their groceries and other goods. Maybe their home care is impacted. Actually, I know an example of someone who had home care that was negatively impacted—

**The Chair (Mr. Deepak Anand):** Thank you, Mr. Martin. The time for the government side is over. We can continue in the second round.

At this time, I am going to the opposition. MPP Gélinas.

**Mme France Gélinas:** I would like to thank you, Mr. Martin, for sharing the story of your father, who had to suffer through nine years with COPD following his diagnosis. I fully agree with you that the story you shared with us is a story that many families face. The diagnosis of the disease is slow, and once the diagnosis is there, the access to treatment is also difficult.

I was wondering if you could share with us—don't share anything you don't feel comfortable sharing—how is the access to treatment for people who are diagnosed with COPD? We know that there are best practices that exist out there. Pulmonary rehab, with education, exercise, training, nutrition and counselling, makes a world of difference for people who have COPD. Would you know if those are available to people?

**Mr. Andy Martin:** I think that there are some great programs out there. I read about a really great program in Nova Scotia that did an outreach program, where the physical rehab and all of the nutrition and health aspects were brought into the home.

In terms of how it impacted my dad and some of the other stories I've been hearing from a treatment perspective and the availability of it—in Ontario, generally, I think the treatment access is pretty good. In marginalized communities and for those with financial hardships—I just assume that those people are having trouble accessing various levels of treatment and rehabilitation.

1320

**Mme France Gélinas:** We already know that about 900,000 people in Ontario have the disease; we assume another 900,000 have it and just don't know yet. That's 1.8 million Ontarians, carrying the same burden of ill health, who have COPD.

Beyond awareness, do you see a role for early intervention, health promotion, disease prevention, access to care? When I think about health promotion, disease prevention, certainly what we do about access to tobacco, access to vaping—I just want to hear your point of view on all of that.

**Mr. Andy Martin:** That's a tough question. Obviously, access to tobacco and access to vaping are two huge topics. Do we intervene earlier? I think the answer is a resounding yes. How we intervene has to be a matter of choice and informed decision.

COPD Awareness Canada's strategic plan: Intervene earlier on an informational basis and insert these sorts of things into the curriculums. We have commercial plans, video plans for releases across various platforms. Those sorts of interventions will make them structured and have a plan in place.

As far as control of those substances, vaping in particular—I'm not sure what you do with that. Do you say no? Apparently, the studies show that vapers can start exhibiting COPD-like symptoms so much earlier than those who are smoking. So it's really dangerous, as far as I'm concerned.

**Mme France Gélinas:** I agree. The body of evidence is not there yet to support how dangerous vaping is for COPD, but anecdotally, I fully agree with you that we see an impact on people who pick up vaping and develop the disease. I can tell you that there is research going on right now to make the link between the two.

Besides health promotion and disease prevention—what was most helpful to your dad? Sorry; you don't have to share personal information with us. What is most helpful to people who have the disease, to help them stay healthy and to help them cope with the disease and keep it from progressing?

**Mr. Andy Martin:** When you get into the later stages—and we touched on comorbidities earlier—I found that one of the biggest comorbidities that my dad had was depression. Once you get to the point where you can't exercise, which is one of the main ways that you treat and rehabilitate COPD, to keep your lung function at least somewhat normal, despite all its loss, you find that there is a large section of people, as far as I can see—and my dad was one of them—who are just gradually giving up hope and sinking further and further into depression,

because they feel like they can't do it. So we need to start treating that aspect of it, as well.

**Mme France Gélinas:** We know that it's an incurable disease. We also know that there is stigma attached to COPD. So people who get the disease are under a lot of strain and stress and pressure. We should recognize this by making sure that they have access to mental health supports from the get-go. Would that have helped your dad?

**Mr. Andy Martin:** It's hard to say. My dad was a really stubborn guy. I think once he got it in his head—I just don't know. I'm not a psychologist. I think that with some form of therapy, there might have been a chance.

**Mme France Gélinas:** Again, don't feel you have to share personal things.

How was your mom coping with this?

**Mr. Andy Martin:** My mother was a rock—and is still, but she was the main caregiver for nine years. There were plenty of times when my mom just needed a break, and I would go and spend a week or two there and be my dad's main caregiver. My mom dealt with it, as I think most partners do in this situation. They shoulder an entirely different, massive burden.

**Mme France Gélinas:** What kind of care was your mom able to provide?

**Mr. Andy Martin:** Above and beyond weekly or semi-weekly visits from the health care professionals, it was a wide range of stuff. I personally did it myself, and—

**The Chair (Mr. Deepak Anand):** Thank you, Mr. Martin. That finishes the allocated time for the opposition.

Now we're moving over to the members from the independents.

MPP Karahalios, would you like to ask anything?

**Mrs. Belinda C. Karahalios:** Just a thank you to Mr. Martin for his time today—and also to the cause that he works towards and for. I do not have any questions or comments for him at this time; just thanks. That's all.

**The Chair (Mr. Deepak Anand):** Moving over to the government side: MPP Kanapathi, you have a total of seven and a half minutes, and I will point out around two minutes before it ends.

**Mr. Logan Kanapathi:** Mr. Martin, it's nice to see you again, virtually. Before I start my questions, I want to thank you—and COPD Awareness Canada—for sharing your father's emotional story. You have brought forward the horrible reality of this disease. I want to thank you for your passion and commitment.

Many sons in this country long had to see their fathers suffer. You went through a big journey with your parents, and you're being a champion on this issue. You're standing up for families all over this province, not only for your family.

Thank you to your wife—I know your family is very passionate about this issue—for being part of this bill.

This is a bill about bringing education and awareness to people in all walks of life. Seeing as you are the CEO of COPD Awareness Canada, what is a comprehensive communication strategy to share the news of COPD Awareness Day, to reach out to the grassroots, including reputable organizations like yours, the younger generation

and the many diverse cultures? You mentioned in your presentation reaching out to vulnerable, marginalized communities, and that there still is a disconnect about this horrible disease. Please elaborate on that.

**Mr. Andy Martin:** Do you mean in terms of how we should communicate with the various—

**Mr. Logan Kanapathi:** Yes, with the grassroots people. There's a disconnect in terms of communications in COPD events.

**Mr. Andy Martin:** Well, that's a toughie, but I think the kernel is to develop specific communications plans and nest them into some of the existing infrastructure that is already there—and for those bits of infrastructure that aren't there, we create some. For instance, I discussed how to reach the younger generation: We develop a small addition to the curriculum, and we develop a communication plan there.

I have some other ideas about how to reach them and the younger adults and the marginalized communities—we maybe partner with the organizations that are most likely communicating with them already.

**Mr. Logan Kanapathi:** You mentioned mental health. I just found out through your presentation that COPD patients are affected by their mental health. Tell us your experience. Please elaborate on how we can work on that issue. Especially in cultural communities, there's a big stigma around mental health—

**Mr. Andy Martin:** For sure.

**Mr. Logan Kanapathi:** —break those barriers. Many are suicidal, there's a lot of depression, in all walks of life. So how can we break those barriers?

1330

**Mr. Andy Martin:** I'll start by saying that despite the fact that my dad was a very stubborn man, I heard him say a number of times over his nine years of fighting with COPD that he would like to just end it.

In terms of framing his state of mind and his depressive state at that point—what could we do for those people who could be fighting the disease more but, because of their depressed state, feel like they can't? In terms of access to mental health, I think—maybe when treatment starts, there's an arm of mental health that starts kicking in, just administratively. So you've got your doctor, and you've got access, maybe, to a part-time psychologist, who can help you try to walk through those processes, as well as all the rehab that you're supposed to be doing.

**Mr. Logan Kanapathi:** How much time do we have, Mr. Chair?

**The Chair (Mr. Deepak Anand):** You have about three minutes, MPP Kanapathi.

**Mr. Logan Kanapathi:** Okay. I'll ask one more question to Mr. Martin.

You have been dealing with so many professional associations, respirologists, lung disease specialists, organizations such as—so many professional associations in Ontario, Canada, like the OMA. Tell me how this bill, Bill 157, An Act to Proclaim COPD Awareness Day, can educate and bring awareness to preventive measures

among people before it gets worse. What's your plan? You are the CEO of the COPD association of Canada—

**Mr. Andy Martin:** How are we going to better advocate?

**Mr. Logan Kanapathi:** Yes, to better advocate through these organizations, so as a plan of communication—

**Mr. Andy Martin:** Well, that might be the biggest one yet, I think.

**Mr. Logan Kanapathi:** I'd like to hear from you. You've been working on this issue for a long time.

**Mr. Andy Martin:** Yes. Well, I do it part-time. I have a regular full-time job.

In terms of communications plans—

**Mr. Logan Kanapathi:** We gave the tools: Now, we have a bill in Ontario—

**Mr. Andy Martin:** Right. Well, if we take the snippet of the bill itself, we're going to be taking it and running with it, I think, in conjunction with your office, in terms of disseminating the information that's out there, press releases to the media, and that's the start. We can start coordinating further in terms of reaching various institutions and organizations.

There's so much work left to do. I don't think I have enough time to talk about it all.

**The Chair (Mr. Deepak Anand):** Do we have any other members—we have about 45 seconds. Seeing none, I'd like to move over to the official opposition.

MPP Harden, go ahead. You have seven and a half minutes, and I'll point out around two minutes before the end.

**Mr. Joel Harden:** I just have a couple of questions.

I want to thank you, Mr. Martin, as my colleagues have done, for your advocacy and for your work. It certainly means a lot, and the humanizing of it is really important, so thank you for that.

Mr. Martin, I'm familiar with some of the precedents around smoking cessation and the responsibility of governments, given what we know with much of the research in traditional cigarettes, the addictive qualities—and the responsibilities that different governments have had to bear for lack of action. We are now witnessing, as you said, a massive uptake in the use of vaping, particularly amongst youth, and we were talking about it this morning. Given everything you know, on the patient side, on how this impacts families, and given what we have heard from families who have struggled with cigarette addiction and what it has done, not only for people but for the public health care system, do you think there will be consequences, as we have seen with the debate over traditional cigarettes, for governments who liberalize advertising for significantly addictive products that end up in folks procuring COPD? What do you think?

**Mr. Andy Martin:** Sorry, could you repeat that last part of the question?

**Mr. Joel Harden:** You've told us a very riveting story from the perspective of your family. What I'm familiar with, in the research in smoking cessation in general, and what a lack of proactive government policy decades ago did to make governments actually liable for a lot of hurt—



a lot of tort, as the legal experts like to say, that have been borne by individuals.

I am hearing from parents, I am hearing from folks who are raising to me, “Joel, the massive uptick in vaping usage, particularly amongst young people”—which directly corresponds to the huge promotion of advertising that we saw in the year 2018-19.

You’re an expert. You follow the policy in this area, despite having a full-time job. I certainly consider you more of an expert than me.

Do you think there will come a time when governments who choose to liberalize advertising rules, even if it’s temporary—that that’s going to have a significant impact with respect to more COPD cases and maybe even liability for governments who allow that to happen, given what we know about the traditional cigarette?

**Mr. Andy Martin:** Well, I can’t speak to the liability issues. I’m not a legal expert or even close to it. But when you advertise freely and for a highly addictive product that apparently tastes great and kids will love, it seems reasonable to suppose that you’re going to have a massive uptick in the usage.

I guess you’re asking me: Should a government be liable if they liberalize—

**Mr. Joel Harden:** You know the harm from the family side. Some people might suggest that it’s an individual choice matter and government shouldn’t be culpable. What do you think?

**Mr. Andy Martin:** I don’t know whether the government should be culpable. I guess it depends on how responsibly they’ve acted in terms of their level of involvement in the liberalization—if that did exist; I don’t know. I’m not sure I should be making political statements.

**Mr. Joel Harden:** I understand, Mr. Martin. I’m just anxious to answer some of these questions I’m getting from families. I appreciate you making the attempt.

Chair, I’d like to pass the rest of my time to MPP Gélinas, if she has any other questions.

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

**M<sup>me</sup> France Gélinas:** Again, Mr. Martin, I thank you for your advocacy with COPD Awareness Canada, and making people aware that they may have a disease and should reach out to get a diagnosis. The idea behind this is that once you’re diagnosed, you will know about your disease and we will teach you how to manage it as best as possible so that you do not end up with ever-increasing symptoms and basically can go on with a fairly normal life. Is this the idea behind the awareness? Am I capturing this right?

**Mr. Andy Martin:** Yes. For me, it’s a very simple equation: If we wait too long, the disease gets to a point where it’s impossible to slow or stop; if we catch it earlier, the symptoms and the disease itself are manageable in a much greater fashion. We can put more supports in place, but I believe the existing supports are pretty good. But you won’t need a lot of those end-stage supports if you catch it

earlier. For me, it’s almost a no-brainer. We should be investing in early diagnosis.

**M<sup>me</sup> France Gélinas:** I fully agree.

Can I bring you a step further and say that not only do we want to make sure that people are aware—if they see some of the symptoms in themselves, that they reach out to their primary care providers to see if they have the disease. A very easy test, a spirometry test, gives you a pretty good indication whether you have COPD or not.

How do you see the part about health promotion and disease prevention fitting in with your awareness? Do you see the awareness day not only talking about, “Reach out to your family physician, and your life will be a whole lot better”—but do you also see a part as to making sure that people under 18 don’t have access to vaping, making sure that Juul and all the big vaping companies don’t put out products that taste like cotton candy or strawberry sundaes?

Do you see that part of it as in health promotion/disease prevention so that—right now, 80% to 90% get COPD because they smoke. If we could keep them from picking up, it will also have a big impact.

**Mr. Andy Martin:** Yes, the prevention arm has to be just as big, I think, and just as strong for smoking and vaping. I don’t want to hazard putting them in the same category there, but they are, kind of.

In terms of the strategies for the awareness, which I think was the main focus of your question, I think that there are some great programs out there; it just doesn’t reach far enough, and a lot of times it lacks impact. I think we need to work on the impact and the reach.

**The Chair (Mr. Deepak Anand):** Over to MPP Karahalios, if you want to ask anything at this time.

**Mrs. Belinda C. Karahalios:** I’m still okay. Thank you, Mr. Martin.

**The Chair (Mr. Deepak Anand):** Thank you, Mr. Martin. That concludes our business today.

By the way, the number one and two diseases are heart disease and stroke in that context.

As I said, this concludes our business today, so I’m going to be talking about the reminders. As a reminder, the deadline to send in a written submission will be 7 p.m. Eastern Standard Time today, March 8, 2021. Legislative research has been requested to provide committee members with a summary of oral presentations and written submissions as soon as possible following the written submission deadline. The deadline for filing amendments to the bill will be noon, 12 p.m., on Tuesday, March 9, 2021.

Before we conclude, I want to say congratulations to MPP Kusendova on your engagement.

And I want to say thank you to our Clerk, Tanzima Khan, staff from legislative research, Hansard, and broadcast and recording for all your support and help. Thank you for everything that you do.

The committee is now adjourned until 9 a.m. on March 10, 2021, for clause-by-clause consideration of Bill 157.

*The committee adjourned at 1343.*





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