

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

**Official Report
of Debates
(Hansard)**

P-24

**Journal
des débats
(Hansard)**

P-24

**Standing Committee on
Public Accounts**

Committee business

1st Session
43rd Parliament

Monday 18 November 2024

**Comité permanent des
comptes publics**

Travaux du comité

1^{re} session
43^e législature

Lundi 18 novembre 2024

Chair: Tom Rakocevic
Clerk: Tanzima Khan

Président : Tom Rakocevic
Greffière : Tanzima Khan

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House Publications and Language Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400
Published by the Legislative Assembly of Ontario



Service linguistique et des publications parlementaires
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400
Publié par l'Assemblée législative de l'Ontario

ISSN 1180-4327

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON PUBLIC ACCOUNTS

COMITÉ PERMANENT DES COMPTES PUBLICS

Monday 18 November 2024

Lundi 18 novembre 2024

The committee met at 1230 in room 151.

COMMITTEE BUSINESS

The Chair (Mr. Tom Rakocevic): Good afternoon, everyone. I would like to call the meeting of the Standing Committee on Public Accounts to order.

The first item on the agenda for today is a filed notice of motion by MPP Collard. I will turn the floor over to MPP Collard to move her motion.

M^{me} Lucille Collard: I move that the Standing Committee on Public Accounts request the Auditor General to conduct a special audit into Ontario Health atHome and the shortage of home care supplies, including the selection process and criteria whereby home care service providers or suppliers were awarded contracts, the policies and processes that led to the shortage of home care supplies, and the impact of the home care supplies shortage on hospital operations, the morbidity and mortality of patients and the finances of the province.

The Chair (Mr. Tom Rakocevic): Further debate? MPP Collard.

M^{me} Lucille Collard: I'd like to explain the reasons behind this proposition for the motion. As you all know, home care patients across Ontario have experienced severe supply shortages for essential medical supplies over the past few months. These shortages affected many patients, including cancer patients and palliative care patients. These patients did not receive the essential equipment they needed, including syringes, drainage bags, pain medications, bandages, IV therapies, saline supplies and other equipment. Because they no longer had access to the materials they needed, many patients were transferred to emergency rooms, putting a greater burden on our hospitals. Some caregivers ordered supplies on Amazon or even used unsterile supplies at great risk to patients. Such a situation is obviously unacceptable. The shortages began shortly after September 24, when Ontario Health atHome switched to new suppliers.

While the minister has promised to reimburse those who ordered materials themselves, that is not enough. Ontarians need answers. The patients who were affected and their families deserve to know how such a situation could occur, and as their representatives, we have an obligation to get to the bottom of this to ensure that such a situation never happens again and that those responsible are held accountable.

I think that the motion would enable the Auditor General to investigate what went wrong and help us understand how to avoid such a situation in the future. I believe this would be a good use of the Auditor General's time and resources and that it is a timely request, and so I encourage everyone in the committee to support this motion.

The Chair (Mr. Tom Rakocevic): Further debate? MPP Fife.

Ms. Catherine Fife: Thanks to MPP Collard for bringing forward this motion to public accounts committee. As people around this table know, if we reach consensus, we can direct the Auditor General to look into what is actually happening with Ontario Health atHome. All of us around this table have people in our ridings who have been disproportionately and negatively impacted by this gap in service. In my own riding, there is a client who waited eight hours in a palliative care bed for morphine. So the entire day he waited in pain.

We need to figure out why this happened. We need to figure out what broke down during the process, what accountability measures we're not taking into account, how we ended up here, especially when we are dealing with some of the most vulnerable people in our communities. I think that if the AG received a strong sense that this committee is concerned about how this issue developed—I mean, the Minister of Health has said it's unacceptable. Well, "unacceptable" is the lowest bar for critiquing what has actually happened with regard to Ontario Health atHome.

This is a key part of the health care system, and when we fail people who are at home and who are receiving medical care not in an acute centre like a hospital, there have to be some checks and balances and there has to be some accountability. This is a lot of money that went out of this place, and Ontarians did not receive value for money as far as this entire process and the selection process and the criteria.

We're going to support it because we think that this is worth investigating. None of us around this table want this to happen again, and we need to learn from mistakes, because a very big mistake has happened with regard to Ontario Health atHome, and why it actually continues to this day, why there are shortages for medical procedures and for bandages and for medicine. This is well within our purview as a committee to decide to do this. Thank you.

The Chair (Mr. Tom Rakocevic): Further debate? MPP Byers.

Mr. Rick Byers: I appreciate the opportunity to provide comment. When I saw the motion—I think it was Friday—the question in my mind was the appropriateness of this question for a public accounts committee. I went to the Auditor General Act and it talks there about examining government financial accounts and the management of public funds. The Auditor General’s website talks about the detailed scrutiny of government spending, which we understand. The wording of this motion clearly is driven much more to a policy relation—important issues, and the Ministry of Health and the minister can and have and will continue to address them, but I will not be supporting this, as it’s not in my view a mandate for this committee to be considering.

The Chair (Mr. Tom Rakocevic): MPP Gélinas.

M^{me} France Gélinas: I agree that the Auditor General’s role is to do value-for-money audits. In this particular circumstance, there are a lot of questions that have to do with value for money, because the system we had before in rural and northern Ontario means that—in my riding alone 27, little businesses supplied home care products, whether it be a morphine pump or bandages or dressings or whatever else. Health atHome decided to give this contract to Bayshore to do the last mile throughout the province. There is a cost to this.

In my riding, the cost is enormous. I can talk about Lorraine: stage 4 cancer, was in the hospital, finally got her pain under control, got discharged to home care—happy to go back to her home with her daughter—and the morphine pump never came. The suppliers that had been there for years doing a great job had morphine pumps, but he doesn’t have the contract anymore; the contract is with Bayshore, who does not even know where half of the places in Nickle Belt are, never mind delivering those pieces of equipment to those small rural communities. So Lorraine is back in the hospital, where she does not want to be, costing the hospital thousands of dollars a day because we have to start from scratch to get her pain under control when all of this would have been prevented had Bayshore not had the last-mile contract for pretty much the entire province when the small business delivery model that had been working well for decades lost all of those contracts.

This is right up the alley of an Auditor General, to look at the decisions that were made that have impact on value for money. The contract with Bayshore—maybe we rent the G-pump for a hundred bucks a week rather than \$105, and maybe we rent the morphine pump for \$50 a month rather than \$55 that was before. But you have to look at the value for money of the entire context, where, in my riding, most of the palliative care people are not able to be discharged at home. They are in our hospital—our hospital that, as of last night, had 101 patients either waiting in the ER to be admitted in the hospital, or in a closet, or at the end of a hallway, or in a TV room—because they are sick enough to be admitted into the hospital but there is no place for them.

1240

We know that a lot of people who are ready for home care are not being discharged to home care because of the supply issues that are going on with Bayshore not being

able to do the last mile in many, many parts of the province, but having the sole contract. This is bread and butter for an Auditor General, who will go through “here’s how much it used to cost us, here’s how much the new contract will cost us, but here is the cost associated with all of the failures of the new contract throughout our province.”

We have to learn from this. Was there a difference in cost with some of the home care devices and stuff? Yes, there was. Does going out with a contract where the only bidders were companies big enough to be able to service the entire province—I have doubts with this. I represent 33 rural, northern communities, and none of them are being well served with the contract that has been awarded.

For all of this, the Auditor General is able to put a very value-for-money-audit lens on this to let us know what works and what doesn’t at every part of the decision-making. Because, at the end of the day, it is the taxpayers who pay the bill for everybody who ends up in a hospital in northern Ontario because they were not able to get the resources, the devices, the bandages and everything else that they needed to stay home. There’s a price to be paid, and it’s us the taxpayers. This is why we have an Auditor General, so that she can tell us, “Here’s how much this has cost you.” And also, she usually comes up with recommendations as to, “How do we do things better?”

I don’t assume that anybody did anything wrong. They wanted to get a better price for medical equipment that is used at home by home care patients. I’m assuming the driving force behind this decision was saving the taxpayers money, but the reality is a lot of suffering from a lot of people.

When you are a stage 4 cancer patient and you can finally go home—this is where we all want to be. We want to be supported respectfully and safely in our own home. Being stuck in a hospital—don’t get me wrong, hospitals in Ontario do their best. But they’re noisy. It’s not your home. You’re not with your friends. Where I live, you’re often hundreds of kilometres away from your family and friends. This is not where you want to be. You want to be home. We know this. That’s why we have a home care system. We also know that, for home care to work, you need those medical devices to be there.

The system was there. The small providers were ready and had been doing this for decades. None of them were able to bid because of the way the bidding system was done; you had to cover a huge geographical area. They all thought that Bayshore was going to subcontract to them because, as I say, Bayshore probably doesn’t know where Westree is. There’s a local business that does, but none of them got the subcontract from Bayshore. Bayshore is handling the last mile themselves.

There are no shortages of morphine pumps or feeding pumps or anything like this in Ontario. There are plenty. There are plenty of small providers who have been providing those devices to home care for decades. We have all of this. What we don’t have is a new contract provider who was ready to do the job.

Meanwhile, the taxpayers of Ontario are paying an awful high price for this. We have to learn from this. Even the best intention of trying to bring down the cost of home care

turned out to be doing the exact opposite. Let's give the Auditor General a chance to look at this with not a view of punishing, not a view of partisanship, just a view of, "How do we learn from this? How do we put a number on this?" so that we get taxpayers' value for their money on this, because right now the taxpayer is not getting value for the money we are spending on people who should be receiving care at home but are stuck in the hospital because there's no way to get the devices they need delivered to their house.

The Chair (Mr. Tom Rakocevic): Further debate? MPP Pasma.

Ms. Chandra Pasma: I'm speaking in support of this motion this afternoon to ask the Auditor General to conduct a value-for-money audit into the Ontario Health atHome contract, which has caused a great deal of chaos and pain for people receiving home care in the province of Ontario due to medical supplies that are not arriving on time, leaving families to pay money out of pocket in order to obtain very necessary medical supplies for their loved ones, in some cases even ordering those supplies from Amazon.

That is also seeing patients go without the medical supplies that they need, including palliative care patients who don't have access to the pain medication that will make their pain levels tolerable. In one case in Ottawa, a woman who was receiving palliative care was having a great deal of difficulty breathing in her final days. The doctor ordered an emergency nebulizer, and the final part for that nebulizer arrived the day after she passed away.

So there is not only the financial cost of families who are paying out of pocket, but there is an immense physical, emotional and psychological cost for families; for these patients in Ontario who are not able to pass away with the dignity I think we believe that every patient should have; and for the family members who will have these memories for the rest of their lives of what the final day with their loved ones was like, watching them struggle for breath, watching them suffer with pain, not being able to interact with their family members the way they would've liked. This is not okay in the province of Ontario. We need to understand what went wrong with this contract, that this was allowed to happen in the province of Ontario.

I was disappointed that MPP Byers said he doesn't understand how this is a value-for-money issue that falls under the purview of the Auditor General. I think every time the taxpayers of Ontario pay for a contract, we should receive the service that's being paid for, and if we're not receiving that service, then that is very much a value-for-money issue. We had contracts before that worked that were delivering that service. Now, we have a contract that doesn't. We are not receiving the value for money that we as taxpayers in Ontario expect. We are asking families and individuals to pay an immense financial, psychological, emotional, physical cost. We need to understand why. That is absolutely a value-for-money question, and I would urge all members of the committee to vote in support of this motion, so that we can have the Auditor General conduct this much needed review of the contract.

The Chair (Mr. Tom Rakocevic): Further debate? MPP Fife.

Ms. Catherine Fife: Specifically just to the point that this request and this motion by MPP Collard is not within the mandate of the Auditor General: In fact, it's very similar to the Ornge air ambulance contract that this committee was seized with for over a year, whereby the government's procured air ambulances—people kept getting paid off along the line. You couldn't perform CPR in these air ambulances, if you can imagine, because a favoured contractor got the deal—minus the design. This committee really pulled the curtain back on how scandalous and how corrupt those decisions were with regard to the Ornge air ambulance. So I see this very much in keeping with—I mean, it might not be as glamorous as a new or broken air ambulance piece of equipment, but the stories that we're hearing from our communities are beyond heartbreaking. It also speaks to the assessment of where the dollars are going and how those decisions were made.

1250

This is also very similar to the greenbelt—that's where we got the detailed audit observations from the Auditor General as to how broken the decision-making was around carving up the greenbelt; 4.6 of that Auditor General's report says the "government's exercise to alter the greenbelt did not factor in financial impacts or costs, or clarify fiscal responsibilities."

I suspect that if this committee voted in favour and did the right thing today, to have the Auditor General review the Ontario Health atHome contract as it relates to Bayshore, we would see a lot of the same assessments and analysis as to how decisions got made.

I hope that the committee members around the table recognize that Ontario taxpayers are not getting good value for money from Bayshore. Not only are they not getting good value for money; they're not getting basic, humane, compassionate care. That is something that all of us, regardless of our partisanship, should agree—that that's not acceptable. So I'm encouraging our PC counterparts around this table to vote in favour of having the Auditor General investigate with what's happening with the Ontario Health atHome. Thank you.

The Chair (Mr. Tom Rakocevic): Further debate? MPP Collard.

M^{me} Lucille Collard: I think everything has been said about how this totally falls within the mandate of the AG. It is value for money. Those suppliers didn't deliver on the services they were hired or contracted to deliver, and that's taxpayers' money.

I just want to conclude by saying I'm bringing this motion not as a new thing but because we already sent a letter asking the same to the AG. Her response was not, "It's not within our mandate." Their response was, "She could do it if she gets a direction from the public accounts committee," because her schedule, as you know, is already made up for.

I'm going to let my colleague who's here give maybe a little bit more details. But again, she never said it was not within her mandate. Thank you.

The Chair (Mr. Tom Rakocevic): Further debate? MPP Shamji.

Mr. Adil Shamji: Good afternoon, everyone. We're here because home care in Ontario is in complete disarray. We know the stories. We're all hearing it in our communities. I know that the Conservative members are hearing it too. I was knocking doors last week, and we still have patients residing at home in Ontario that are not getting the care that they deserve.

One of the constituents that I talked to at her door on Thursday or Friday told me that the home care nurse who's trying to provide supplies to her father-in-law is unable to get those supplies. And when that nurse went back to the company to advocate for her patient, do you know what happened? She was formally reprimanded. How come we never see that in the commercials that you guys put up on the Argos game? This is Doug Ford's Ontario, and it is unacceptable.

The reality is that the Premier said that he would get to the bottom of this. He said he would do anything that it takes. This has been going on for weeks now. And not only has the problem not been resolved, it's getting worse.

I understand that MPP Byers has made an argument that putting forward a motion on the Standing Committee on Public Accounts is not within the committee's mandate—

Mrs. Robin Martin: That's not what he said.

Mr. Adil Shamji: Oh, is that—no? What did—

Interjection.

Mr. Adil Shamji: So I'm going to read from the Auditor General's letter to me, and then you can tell me what is within the mandate of the special committee on public accounts:

"Members can put forward a motion to the Standing Committee on Public Accounts if there is a special audit they would like the office to conduct. Under the Auditor General Act, I may undertake a special assignment if required to do so by the assembly by resolution of the Standing Committee on Public Accounts or by a minister of the crown."

Now if this is a committee, if this is an assembly, that is serious about looking after patients in Ontario; if this is a committee that is serious about fiscal responsibility, about financial accountability and that is serious about its responsibility and its mandate as quoted to you by the Auditor General, then this is a very simple motion to support, and I hope every member does so.

The Chair (Mr. Tom Rakocevic): Further debate? MPP Martin.

Mrs. Robin Martin: I've been listening to everybody's comments and now feel I need to weigh in. I agreed with what MPP Byers said. For one thing, the Ontario Health atHome contract that we're referring to, I believe, was issued September 24, 2024, so we're talking about a contract that may have been in existence for six weeks or something like that before this issue arose or before we knew about this issue.

I've looked up public sector value-for-money auditing on the Deloitte website, and it talks about the standards that should be applied and what reporting should do in value-for-money auditing; I'm not an expert on this subject like MPP Byers would be, because he is an auditor

by background and has practised in this area for 30 years, but it talks about:

"(a) the adequacy of management systems, controls and practices, including those intended to control and safeguard assets, to ensure due regard to economy, efficiency and effectiveness.

"(b) the extent to which resources have been managed with due regard to economy and efficiency.

"(c) the extent to which programs, operations or activities of an entity have been effective."

It seems to me that although it's very important that people get their medical supplies at home in a timely way, and we all want that because we want home care to be delivered well to anybody who is using home care services, the actual contract with this entity started six weeks ago or so—two months ago—so there is not really much to audit at this point. I think what we're talking about doing is a value-for-money audit on a brand-new arrangement that hasn't had time to even play out to see what they can do. What you're talking about is the difficulties in starting up a new contract system, which the minister has acknowledged and has said she wants to rectify.

Everyone is interested in making sure that people getting home care get the best possible home care. It's in everyone's interest to ensure that, and I just don't think it makes sense to give the Auditor General this kind of an assignment when there are many other things the Auditor General also could be working on. This is a brand-new contract and a brand-new entity. We're not going to be able to see much in the way of value for money, because we can't see how effective it has been because it hasn't been operating for a period of time. That would be my view.

The Chair (Mr. Tom Rakocevic): Further debate? MPP Fife.

Ms. Catherine Fife: I guess my question for the member opposite is, how bad do you want it to get? Clearly, something has gone very wrong. The sooner that the Auditor General looks into it, the sooner we can start working towards finding some solutions.

The story that MPP Gélinas told: Not only did Bayshore come in and get this huge contract—without any checks and balances, apparently—but it also put small businesses out of business who were doing the good work in our communities for years. So, the argument that it's too soon to do an audit is a flawed argument because what we do know for sure is that people are not getting home care.

So this is us not waiting for things to get worse; this is us saying, "You know what? Let's get the Auditor General in there and see if we can find some solutions faster." It doesn't make any sense at all.

The Chair (Mr. Tom Rakocevic): MPP Shamji.

Mr. Adil Shamji: Thank you, Chair. I must admit, I find MPP Martin's remarks absolutely outrageous and completely out of touch with reality, because the contract may have come into effect six weeks ago, but the reality is that Ontario Health atHome was conceived by Bill 135 which had first reading on October 4, 2023.

I know that, and I know she knows that, because we debated that. We did line-by-line, clause-by-clause consid-

eration in the Standing Committee on Social Policy together one year ago, and over that year—and I must admit, when it came up for amendments in line-by-line review, I made it very clear that I had no confidence in this government's ability to execute Ontario Health atHome. I pointed out that there was nothing concrete about how this was going to be conceived, about how it improved our home care environment. I even put forward an amendment that said to give the government two years to figure out how they would put this together. They rushed it through. They chose to have the contract start six weeks ago. And over that year, roughly, they squandered the opportunity to get procurement right; they squandered the opportunity to get organization and structure right; they squandered the opportunity to get human resources right. That is exactly why we are in the situation that we are in right now.

1300

If MPP Martin thinks that this problem began when that contract took effect six weeks ago, she is only proving my point as to why this Auditor General report is required—because the government thinks the problem started six weeks ago. It started the moment Bill 135 was introduced and the moment the passed legislation was handed to the minister and Ministry of Health. We need to know what happened after that step occurred.

The Chair (Mr. Tom Rakocevic): Further debate?

Mrs. Robin Martin: I would appreciate it if the members kept addressing through you, Chair, not attacking each other, as my colleague has just been doing to me. But that's par for the course.

I would like to say that I stand by what I said. I think what I said is absolutely correct, and I think the comments made by the last two members speaking, MPP Fife and MPP Shamji, prove my point. They're both talking about changing the policy—a policy they don't like—or awarding contracts to different people because they think that might be better. They're not talking about a value-for-money audit, which is what we were supposed to be talking about on this motion. The motion is being used for political purposes.

In response to MPP Fife, the minister has already said that she's addressing Ontario Health atHome and the issue and making sure people get home care supplies delivered to their door. This is an issue that you can raise and have raised in question period. You have questions—you can ask them—about making sure that people are getting those services. We all agree that's the most important thing. The minister has said it is unacceptable that people do not get those products when they have ordered them, and that is being addressed.

This is not the place to be doing that kind of policy change. That is something that has got to happen somewhere else. That's not what this committee is for, and that's not what a value-for-money audit is for.

I'm going to go back to say that I rely on the expertise of MPP Byers when he said that this is not what the Auditor General would be most ably used at.

The Chair (Mr. Tom Rakocevic): Further debate?

Ms. Chandra Pasma: I find MPP Martin's comments quite shocking. So my questions, Chair, through you, to

MPP Martin are: How many people in the province of Ontario have to die without dignity, without humane, compassionate care? How many families have to suffer the psychological trauma of watching their loved one suffer as they die before we can conclude that this contract is not working and that it is not succeeding? And how many taxpayer dollars do we have to pay for a contract that is not working and that is costing Ontarians enormously financially, but also mentally, emotionally and psychologically, before we can conclude that there is a serious question here of whether or not taxpayers are getting value for their money and ask the Auditor General to conduct this audit so we can understand why we are not receiving the value for money that Ontario taxpayers expect?

The Chair (Mr. Tom Rakocevic): Further debate?

Mr. Adil Shamji: Through you, Chair, in response to MPP Martin's comments: Saying that our home care situation is unacceptable, which the Minister of Health has said, is stating the obvious.

Mrs. Robin Martin: She did not say that.

Mr. Adil Shamji: She has.

Mrs. Robin Martin: No. She said the fact that the deliveries weren't happening was unacceptable.

Mr. Adil Shamji: Okay. Thank you, MPP Martin, for correcting me. The fact that the deliveries are not happening on time is unacceptable. Great. Thank you for stating the obvious, however you want to articulate it.

The reality is that words are words; now it's time for action. That does not allow the Minister of Health and the Ministry of Health to absolve responsibility and accountability. We need to understand: Why did this happen? How were the contracts awarded? What has been the procurement process? How will we make sure that this doesn't happen again? What has been the impact on home care, health care and patients in Ontario?

There are home care patients as we speak who are going into emergency departments, driving up wait times, driving up hallway health care and on top of that, draining hospitals of the supplies that those hospitals need for surgeries and in-patient services. That is unacceptable, and for the Minister of Health to say the situation is unacceptable or whatever she said—just to say that it's unacceptable is not good enough.

She said she's going to fix the problem; she hasn't. She said that they're going to hold people accountable; they haven't. The Premier hasn't done it. The Minister of Health hasn't. We've asked the questions; we get the same non-answers during question period. It's time to turn to someone who has the expertise, the authority and the mandate to do this.

Anyone in this room who actually cares about health care will support my request for an Auditor General investigation into the fiasco that is Ontario Health atHome, and I hope all members here will support this motion.

The Chair (Mr. Tom Rakocevic): Further debate?

Mrs. Robin Martin: I just want to respond to that: Everyone in this room actually cares about health care and making sure health care is delivered. So just because MPP Shamji thinks that we all have to vote for his suggestion, MPP

Collard’s motion, doesn’t mean we all have to do that to show we care about health care. We disagree with your approach, and I have already said why, so I’m going to leave it there.

The Chair (Mr. Tom Rakocevic): Further debate? MPP Skelly.

Ms. Donna Skelly: Just a quick clarification: I believe this is not the motion. The request was put forward by MPP Collard. Thank you.

The Chair (Mr. Tom Rakocevic): Further debate? Further debate?

M^{me} Lucille Collard: I’m going to ask for a recorded vote, Mr. Chair.

The Chair (Mr. Tom Rakocevic): Okay. So the members are ready to vote, a recorded vote being sought.

Ayes

Collard, Fife.

Nays

Byers, Cuzzetto, Dixon, Martin, Sabawy, Skelly, Triantafilopoulos.

The Chair (Mr. Tom Rakocevic): I declare the motion lost.

We will now recess for five minutes to allow the committee to move into closed session for report writing.

The committee recessed at 1308 and later continued in closed session.

STANDING COMMITTEE ON PUBLIC ACCOUNTS

Chair / Président

Mr. Tom Rakocevic (Humber River–Black Creek ND)

Vice-Chair / Vice-Présidente

Ms. Donna Skelly (Flamborough–Glanbrook PC)

Mr. Rick Byers (Bruce–Grey–Owen Sound PC)

M^{me} Lucille Collard (Ottawa–Vanier L)

Mr. Rudy Cuzzetto (Mississauga–Lakeshore PC)

Ms. Jess Dixon (Kitchener South–Hespeler / Kitchener-Sud–Hespeler PC)

M^{me} France Gélinas (Nickel Belt ND)

Mrs. Robin Martin (Eglinton–Lawrence PC)

Mr. Tom Rakocevic (Humber River–Black Creek ND)

Mr. Sheref Sabawy (Mississauga–Erin Mills PC)

Ms. Donna Skelly (Flamborough–Glanbrook PC)

Ms. Effie J. Triantafilopoulos (Oakville North–Burlington / Oakville-Nord–Burlington PC)

Substitutions / Membres remplaçants

Ms. Catherine Fife (Waterloo ND)

Ms. Chandra Pasma (Ottawa West–Nepean / Ottawa-Ouest–Nepean ND)

Also taking part / Autres participants et participantes

M^{me} France Gélinas (Nickel Belt ND)

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