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Jeudi 21 juin 2001

Standing committee on the Legislative Assembly

Ombudsman's report

Committee business

Chair: Margaret Marland
Clerk: Douglas Arnott

Comité permanent de l'Assemblée législative

Rapport de l'ombudsman

Travaux du comité

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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

COMITÉ PERMANENT DE L'ASSEMBLÉE LÉGISLATIVE

Thursday 21 June 2001

Jeudi 21 juin 2001

The committee met at 1603 in committee room 1.

OMBUDSMAN'S REPORT

The Chair (Mrs Margaret Marland): Good afternoon. I apologize to deputations and anyone else who has been waiting, but we are not allowed to commence committee hearings until the House is through routine proceedings. We accomplished that about two or three minutes ago. Once petitions are complete, we may proceed, but the other standing order is that we have to proceed by 4 o'clock regardless. That's the reason for our delay.

As members of the committee know, this afternoon we are dealing with the report of the Office of the Ombudsman. I welcome Mr Clare Lewis and Ms Fiona Crean, who is the executive director.

It's my understanding that we have to finish at 6 o'clock, so I suggest we move forward to try to allow both the Ombudsman and the Ministry of Health approximately an hour each, since that's all we have. We will have Mr Lewis's presentation and then we'll have questions and answers for whatever is left of that hour, and then move to the second hour for the Ministry of Health. Is that agreeable to the committee members?

Ms Shelley Martel (Nickel Belt): I apologize, Madam Chair, it's the first time I've sat on this committee. I'm subbing today so I don't know what the usual procedure is. Will we sit again on this issue if we haven't had enough time to talk to the Ombudsman?

The Chair: Ms Martel, apparently that is for the committee to decide. Don't apologize for not knowing what the procedure has been, because we used to have the Ombudsman committee that dealt with the Ombudsman's reports. Now that that no longer exists the reports are coming here, so in fact there isn't a lot of precedent for how that has happened.

If you were to want to come back after today, that would have to be a decision of the committee. However, I do think, in fairness, we should be dealing with splitting the time equally today between the two presentations.

Ms Martel: I'll proceed in that manner, Madam Chair. I would like to get on the record that it's under the understanding that if we don't get through it, given how long his might be and the questions, we might be able to look at this again for next Thursday, as I assume we will still be sitting next Thursday afternoon.

The Chair: I'm asking if the committee agrees with splitting the time today. Is there concurrence on that?

Mr Joseph N. Tascona (Barrie-Simcoe-Bradford): We agree with that.

Mr David Ramsay (Timiskaming-Cochrane): Madam Chair, is it our information that both the Ombudsman's office and the ministry require an hour each? Is that their request?

The Chair: No, I don't think there was. We invited them to come before the committee. I don't think the time factor was specifically discussed, knowing that we probably would have had two and a half hours if we had started at 3:30.

Mr Ramsay: Do we have a sense of how long the Ombudsman's presentation is in that hour? Will there be time for Q&A in that?

Mr Clare Lewis: I had hoped to finish in rather quick time and allow any time you wished for questions, because I think it's important that this matter be completed, if at all possible. I understand the constraints on time. It's hard for me to keep myself limited but I'm going to do my very best.

The Chair: Great. Then let's proceed. Mr Lewis, you have the floor.

Mr Lewis: Thank you very much, Mrs Marland, and members of the committee. I want to mention to the committee that today I filed my annual report with the Legislative Assembly and held a press conference this morning. Last year I initiated what I intended to be a continuing practice of coming before this committee on that day—in fact, filing the report on a committee day—so I could discuss the report with the committee if it wished.

That's not going to be possible today given the other agenda item, but I want you to know that each of you has received a copy of this report today and I would be happy to come back at any time if you wish, or to receive any phone calls or letters. I'm more than happy to talk to you about anything you want to know about it. I would like to do that. In future, if I can, I'd like to come before you on a formal basis.

When I appeared in competition for this position in 1999 before this very committee, partially constituted as it is today but not completely, in my closing remarks I said, when expressing why I thought the Office of the Ombudsman was important, that the Ombudsman is about fairness and if it isn't about fairness, what is the

purpose of democracy? I am here today on what I consider to be a fairness issue to present before you with respect to what I consider to be disparate impact of two separate programs of the Ministry of Health and Long-term Care.

1610

I should tell you that the process for this committee in the past, under its other iteration as the Ombudsman committee, was that if the Ombudsman had an issue of significant importance in his or her view that was not able to be resolved by the Ombudsman and the ministry, then it was open to—is open to—the Ombudsman, by the legislation, to take the matter to the minister as well as the ministry and, failing at that stage, to the Premier. The practice has been that if it's not solved, then it is to come before this committee and the matter is to be put before you in an effort to persuade you to accept the rationale of the Ombudsman.

This investigation involves two programs, one being the program which has existed since 1985, the northern health travel grant, which deals with persons who must travel more than 100 kilometres in northern Ontario to their regional hospital to be assisted in travel costs. It pays 30.5 cents per kilometre, one way, for the purpose of attending, and that's for any specialized medical practice that isn't available in their own community.

The Cancer Care Ontario radiation re-referral program is a temporary program—not permanent as the northern health travel grant has appeared to be—created in April 1999 because Cancer Care Ontario informed the government that they believed there was a looming crisis in the treatment of prostate and breast cancer radiation procedures in that people were not able to be treated. The Canadian radiation oncologists had said that four weeks was the preferable time within which, once diagnosed, radiation treatment should commence. This program, which I must say I applaud the government for having committed to, is one that says that if a person in Ontario, wherever situated, is not able to be treated by their regional hospital within eight weeks, then they will be re-referred either to the United States, as it began, or to a hospital within Ontario that could receive them. They're quite separate programs created for quite separate purposes. A northern Ontarian is as entitled to this program as a southern Ontarian if the eligibility criteria are met.

The reason there has been a disparity is that southern Ontarians have been the larger users of the program by far because they had the regional hospitals which were overcrowded and unable to receive people within eight weeks. The northern hospitals have been able, on the whole, to receive their own patients from the north within the eight-week period and indeed receive re-referred patients from the south. Thunder Bay and Sudbury have both done that on a considerable basis.

I want to make it clear to you so that you will understand that I come forward with a finding that the effect of the two programs on this apples-to-apples comparison, that is, persons being treated for prostate or breast cancer radiation treatment, has been one that I characterize as "improperly discriminatory." I do not mean those terms in human rights terms. I do not mean them in terms of the Canadian Charter of Rights and Freedoms. I am bound by the language of my statute and I am able to make a finding of "improperly discriminatory," and that, I believe, is what is appropriate here. The program, in my view, the juxtaposition of the two programs, means there is a failure to treat similarly situated persons equally when there is no suitable, justifiable or appropriate reason not to do so, and, second, an otherwise reasonable decision—and both programs are reasonable in themselves—or act adversely impacts on an individual or group of individuals for no good reason.

This has a fairly long history. The cancer care re-referral program began in April 1999, and there were quickly complaints from the north and indeed from Cancer Care Ontario itself, which passed resolutions that the northern health travel grant was inadequate to meet the needs of persons in the north going to their own hospitals for this treatment. Complaints have come to my office, and by last year we were starting to look at this and make inquiries by reason of those complaints and indeed the complaint—I'm entitled, in fact required, to take complaints from members of the Legislature, and I received one on this issue.

We made inquiries and, on December 1, I decided there was enough to conduct a formal investigation. That investigation went apace. We were amassing all our material and getting all our information, but it became apparent there was an outstanding report that had been ordered by the government. The government committed in the spring of 2000 to do a review of both the cancer care referral program and the northern health travel grant, and indeed expanded that review to all travel grants for health in the province. We began to understand that that report, which I believe was done within the ministry, was completed some time in the fall, and we asked for the report. The Ombudsman is entitled to all government documents unless specifically denied for a very particular reason.

We were not getting the document. We thought that since it was, we understood, completed, it would assist us in our investigation. The ministry started to tell us we were going to be denied it, it being subject to cabinet consideration. Finally, in January of this year I said formally, either give me the document or deny formally. One month later, on February 26, the Deputy Attorney General, on behalf of the Attorney General, denied me access to the report under section 20 of my act, as being subject to cabinet privilege, and so be it. There it is. I don't dispute the right to do it. I do comment, of course, that it has limited the scope of my investigation to the degree that I don't have that report.

However, by that time I was confident that I had enough information to come forward and take the position that I at least tentatively believed there was an unintended consequence between these two programs of unfair and improper discrimination between northern and

southern residents, both receiving radiation treatment for prostate or breast cancer. So at that time, on March 26, I completed my tentative report and I filed it with the ministry. What I do in these circumstances is say to the ministry, "Here's what I think I'm going to do, but I don't know whether I should do it until I hear from you formally as to what you think about what I'm saying I'm going to do."

We met with the deputy minister, Mr Burns, on April 23, and indeed with Mr Zegarac, who is present today and who will be arguing on behalf of the ministry. Some further months after that—two months after I gave my tentative report—we got the ministry response, which challenged some of our assumptions. We took those into account and incorporated them, but they did not dissuade me from my principal conclusion, and I went forward with my conclusion that this is improperly discriminatory, albeit taking into account the matters which I thought were appropriate.

Having received the ministry response on May 25, I filed my final report inclusions on May 31 with the ministry and the minister. I asked for a response within seven days. I received a response which did not do much more than frankly—it's before you, actually, in the materials I filed with the committee—thank me for my timely response to theirs, and that they are committed to continuing to investigate the travel discrepancies and so on. "We'll get around to it and we'll keep you informed." I then, as I am required to do if I wish to proceed, filed the matter with the Premier and then sought to come before this committee for the purpose of arguing the matter.

1620

I'd like to give you an example of how this discrepancy operates, in my view. A good many people were re-referred under the Cancer Care program from the south to both the United States and to the north of Ontario mostly. In the case of those re-referrals, I can tell you the numbers. These were only prostate and breast cancer re-referrals. The number of patients who were re-referred in Ontario during 1999-2000 was 227 persons, mostly from the south. By the way, the cost of travel, accommodation and food for those patients re-referred was $956,535. The number of persons referred under that program to the United States for radiation treatment was 720, at a cost of $3.2 million. Those persons were almost all southern Ontarians. When they were re-referred, whether to the States or to here—northern Ontario or elsewhere—all arrangements for their travel and their accommodation were made in advance by Cancer Care. It was done by the program. It was not the responsibility of the patient.

The northern health travel grant awarded a total of 97,000 grants over the same period of 1999-2000 for all purposes and spent $9 million in doing that. But the total number of patient travel grants for radiation treatment—that is not limited, because they can't give me the breakdown, just to breast and prostate radiation—was 7,374 persons. The total expenditure for those 7,000 persons was $517,651, that being at the rate of 30.5 cents per kilometre one way. Of those, a number would have been and were radiation treatments for prostate and breast cancer.

So you can see that some 7,000 persons were compensated to a limited degree by the northern grant at the cost of half a million dollars, whereas 227 patients re-referred within Ontario by Cancer Care received travel, accommodation and food at $956,000, almost double for only 227 people. Indeed, the 720 who went to the States cost over $3 million.

Two examples, and one of the reasons this came before us: patients were starting to meet in the northern hospitals, Thunder Bay in particular. A woman from southern Ontario was being treated for breast cancer at the Thunder Bay hospital and had full flight, full accommodation and full meals for the period of her presence there. She started talking to other people. One of the people she was talking to was a woman from Red Lake. This woman from Red Lake was receiving the same treatment but under the northern health travel grant, because she couldn't get referred, because although she was a fairly long distance from her regional hospital, she didn't meet the criteria of having to go away from her own regional hospital. She had to travel by bus because she couldn't afford the airfare, which was $882. It wouldn't have been much less from London or Toronto, I can tell you, for a southern patient. So she went by bus and she left Red Lake and travelled to Kenora for three and a half hours. Then she waited for several hours in Kenora until she picked up a bus at around 11 o'clock at night, or maybe a little later, and got into Thunder Bay in the very early hours of the morning.

She was paid $196 for the shortest travel route by road at 30.5 cents per kilometre. She was not paid for food. There is, however, a program whereby—I understand we are informed but we haven't been able to confirm this, but I think it's true—all Cancer Care patients are provided accommodation—well, this is what we don't know for sure—at lodges, or if not available in the lodges, hotels, whether from north or south. But this woman, we don't believe, received that. So they were talking and all of a sudden of course there's a considerable disparity between these two cases.

Yes, the disparity is absolutely in accordance with the grants and the purposes of the grants, but there are people in like circumstances who are being treated quite differently and quite unfairly, in my respectful view. I can tell you that the complainants, when explained the different purposes of the grants, do not appreciate the distinction as being one that should apply to them, and neither do I.

I am concerned about time on this matter. The ministry has, I think you will be aware, moved to start after-hours radiation treatment for breast and prostate cancer at Sunnybrook hospital and has as a result of that program which began in January been able, in the middle of May, to stop re-referring people to the United States. So today people are only being referred within Ontario—either within southern Ontario or to the north.

I have a great deal of respect for the Cancer Care program, but its own board has criticized its impact on northern persons who have to travel considerable distances by reason of the north and who do not receive equitable treatment. Cancer Care is on record for some considerable time as having passed motions to that effect.

I am told by the ministry—and they'll tell you this themselves—that we need to look at what other programs are offered across the country, and we have done so. They assisted us; we did our own research. They claim that no other province does what we're proposing and that the programs are not discriminatory because everybody's eligible if they have to have it. Well, they're only eligible if they have to travel away from their regional hospital. But they may be travelling the same or greater distances in northern Ontario and they're not eligible.

My response to the proposition that other jurisdictions handle funding of similar travel similarly: I don't consider that comparison helpful to this investigation. My concern is whether the ministry is treating Ontarians suffering breast and prostate cancer equitably. It is not my role to inquire into the fairness of programs offered by other jurisdictions, and I do not believe that the existence of similar programs elsewhere justifies inequity in Ontario.

I think that at this point I should offer you the opportunity to ask me questions, because I do not want to run out of time. I'd like to give you the opportunity to question me if you wish.

The Chair: All right. Thank you, Mr Lewis. That was 20 minutes, so—

Mr Lewis: But not an hour.

The Chair: No, no. So we'll see how we go timewise for how long we spend on Q&A. Let's just—

Mr Ramsay: We'll just divide the time.

The Chair: Well, OK. We have to deal with one matter before we adjourn. We have to adjourn at 6, so if you want to divide the time of an hour and 15 minutes, that would take us to quarter to 6. Is that agreeable?

Mr Ramsay: We're dividing this hour.

The Chair: Yes, OK. But I meant overall. We need to do this equitably and still have 15 minutes left at the end, I was just reminded.

1630

Ms Caroline Di Cocco (Sarnia-Lambton): Just in comment, this is just a suggestion. In this hour, because you've kind of allotted one hour and one hour, so—

The Chair: But I forgot there was another motion to deal with.

Ms Di Cocco: If that's going to be the case, whatever time is left in this hour would be divided, and then when the ministry makes their presentation, however much time they take, what is left of their time would be divided. I don't know if that's reasonable.

The Chair: I'm sure it's fine.

OK, who from the official opposition? Mr Ramsay.

Mr Ramsay: Thank you very much, Mr Lewis. I was so happy to see you submit your report last week, because sometimes it's very difficult in this business on the political level, where we just get into these political rants back and forth and maybe it appears to outsiders and others that this is just a political wrangle. One side says it's right and the other side says it's right. It's very comforting from time to time to have third-party validation, especially from the prestige of your office, coming forward and saying what many of us from northern Ontario from all political parties in the north have been saying, that this system is unfair.

We were having trouble over the last two years trying to find anybody from the north who had their travel funded through the Cancer Care Ontario program to southern Ontario, let's say. The most gross example would be the couple flying up from Toronto to Thunder Bay, at the same time crossing paths with, say, maybe that woman from Red Lake who might have had to go to more specialized treatment in Toronto, or somebody starting in Thunder Bay. They crossed paths in that airport.

It's our understanding that the most those people from Thunder Bay or elsewhere in northwestern Ontario could get would be $420, yet if they couldn't book it early enough they'd have to pick up a $1,200 ticket to Toronto. They have to find their way downtown, find their lodging, in contrast to what you have said, that going the other way it's all done for you. All the booking is done for you, besides the expenses being paid. They'd have to get their meals and they'd have to be staying in the most expensive city in this province. So that's a real galling example also.

Mr Lewis: They were all under the northern health travel grant—or were they under CCORRP?

Mr Ramsay: They were on the northern health travel grant and got $420. What I'm saying is I'm not aware of, because we were trying to find this from Cancer Care Ontario—was this program, as you've said, available to northerners who, say, were being re-referred out of their area? Say you weren't getting your treatment in Sudbury or Thunder Bay; you had to go to Toronto, which is quite common, or Ottawa, for more specialized oncology treatments.

Mr Lewis: I'm not aware that is was not available to northerners. I understand that it was. I don't think it was often, in practice, available to northerners.

Mr Ramsay: No.

Mr Lewis: But you may have other information that I just didn't gain. You see, the problem is that the northern waiting period is not long enough to kick in the—

Mr Ramsay: The re-referral.

Mr Lewis: That's why they are able to take southern patients. Good for them. They get the business done. But there are so many people in the south, cramming up our hospitals, and properly so, that they need to be re-referred. It sounds to me as though people that you're talking about were in fact travelling under the northern health travel grant. They had to travel at least 200 km for it to kick in if they were going into the south, and they got 30.5 cents per kilometre. That's what they got.

Mr Ramsay: Like your office, we act as ombudspersons also.

Mr Lewis: Oh, of course.

Mr Ramsay: As a matter of fact, I wish we had a greater legislative role, but we don't. We actually tend to do a lot of what you do on a smaller level and we do what we can for our constituents. In my case, as I'm sure for all the members, it was getting complaints from our constituents that started this.

The example you gave was very similar to the one that was brought to me where a couple from Iroquois Falls was sitting in a waiting room in a doctor's office in Sudbury, being under similar circumstances, making friends with some people from southern Ontario and the southerners were saying, "Why don't you come out to dinner? It's kind of nice. We've got this nice program," and they're now scratching their heads and this is how they first found out about it.

This fellow, Mr Rene Boucher, from Iroquois Falls had called me, and I was absolutely shocked when I first heard about this. My first thinking was a charter challenge, because how can the government treat Canadians differently? I thought it was our right under the Charter of Rights and Freedoms that we should all be treated the same by our governments. Looking at that and trying to get lawyers is very expensive. That right is there for us to pursue but it's very expensive.

Then I decided to go to the Human Rights Commission of Ontario. Unfortunately, our Human Rights Code does not prevent discrimination based on place of residence.

Mr Lewis: That's right. It's not a protected ground.

Mr Ramsay: No, it's not a protected ground. I was hoping they would broaden the interpretation of "place of origin," which is a protected ground. I'm not a lawyer but I was hoping that under this circumstance they would really take a serious look at that. The travel originated in the north, the treatments originated in the north and there was certainly discrimination based, I thought, on place of origin.

The initial decision by the commission has been no. It's in appeal, but I think, as you say, because it's fairly clear-cut and because of the case law before it, it's not a protected ground and we're not going to get that, I presume.

Mr Lewis: Could I interrupt on one point?

Mr Ramsay: Yes, please.

Mr Lewis: I wouldn't want to mislead anybody. There will be people in the north travelling to the south for radiation and perhaps chemotherapy treatment who would only be able to travel under the northern health grant because this program, the Cancer Care Ontario radiation re-referral program, only deals with breast and prostate cancer. So it's quite possible that a prostate patient would run into a lung patient from the north and they would say, "That's terrible," but that's not apples to apples. I'm only interested in and I'm only pushing with respect to—I'm only dealing with the issue of those cancer patients suffering prostate or breast cancer who are treated differentially. So I wouldn't want to mislead anybody by telling horror stories of others. That's a whole different issue as to whether the northern health travel grant is itself sufficient, but that's not what I'm dealing with at the moment.

Mr Ramsay: I'd like to ask you, do you think place of residence should be a protected ground so that in the future the government of Ontario could not discriminate against Ontarians depending on where they lived?

Mr Lewis: I like to see all persons within one government's jurisdiction being treated equitably, period. I do not think I would like to go as far as to say that place of residence, as you're discussing it, should be a protected ground. When you compare it to place of origin under the Human Rights Code, they're really talking issues of race, ethnicity and so on. They're not talking about the kind of issue we're dealing with here today, which is the problems of a huge province with very real differences between north and south and so on. I'd rather rephrase it, Mr Ramsay, and say that what I'd like to see is governments treat like people in a like manner, and that's what I think is not happening in this circumstance. Northerners, by reason of the rules of the Cancer Care Ontario redirect radiation program, are not being treated the way the southerners are.

Mr Ramsay: Could you suggest some vehicle so that we could build in some protection, though, in the future, so you can't get into these sorts of discriminatory programs by government? What would be the remedy?

Mr Lewis: I think it's in the power of government right now, by a stroke of the pen, to rectify this if they so choose on this particular issue. I wouldn't, on the spur of the moment, like to create a proposed "use every time" answer. There may be room for it but, I think, at rather limited cost—because this Cancer Care program is not going to continue forever. It is clearly starting to serve its purpose. They're getting rid of it. You don't have to go to the States any more. They're starting to reduce the number of re-referrals and they're obviously looking at an end game on this, if I can use such a crude term. I want this thing dealt with before that end occurs so that the people who are still being treated by it get treated fairly, and I'm concerned about the delays up to this point.

I have to tell you, I am concerned about the fact that a study of travel grants that was promised in September 2000 has not yet come to fruition and we can talk about it. I'm not talking about whether I was denied or not; I'm saying that study is complete and it's time that it should be acted upon one way or the other, whatever its findings might have been.

1640

These are vulnerable people, these are ill people, and I honestly have to tell you my belief is that people who are suffering like this are not interested in complaining; they're interested in surviving. They want to get their treatment, and many of them don't have the money to put up front, which is what they have to do here in the northern case.

The Chair: Mr Lewis—

Mr Lewis: Sometimes they don't have the energy even to put in for the reimbursement.

I'm sorry, Mrs Marland.

The Chair: That's all right. I'm trying to be fair to each caucus.

Mr Lewis: You're right. Thank you.

The Chair: We move to Ms Martel for her 10 minutes.

Ms Martel: Thank you, Mr Lewis. I want to begin by saying on behalf of the cancer patients on whose behalf we began the referral to your office last October—

Mr Lewis: I am very deaf and this is always a very difficult room for me. Could you speak up so that I can hear you?

Ms Martel: I wanted to begin by thanking you on behalf of the two cancer patients from Fort Frances on whose behalf we made the referral to your office last October 31. I have spoken to one of them who is thrilled by the decision. The other in fact has a reoccurrence of her cancer right now so I haven't had a chance to talk to her directly.

You will know how emotional this issue has been for over two years for northern cancer patients, and most people are just relieved that an independent third party has seen it as it is, which was their being discriminated against by this government.

Having said that, I noted what you said with respect to accommodation costs being covered by Cancer Care Ontario. There are two instances that I am aware of where that is not the case. I am not sure that you got all the information or the correct information in this regard. For example, the CCO would cover if the patients were already registered patients at a cancer treatment centre in Sudbury or Thunder Bay, but they had to be registered as outpatients already. In a number of cases, because people coming from Red Lake, Pickle Lake etc have to come so far, they would have to come on a Sunday afternoon to actually get registered on a Monday morning and have to stay in a hotel the night before—

Mr Lewis: I see your point.

Ms Martel: —and they were not covered. The same thing has happened from Iroquois Falls to Sudbury, because it happened to Mrs Boucher, to whom David already referred. The second instance is that if the lodges are closed on a number of weekends, because the lodge in Amethyst is actually closed on weekends, or was during a portion of this time, those patients were also not receiving the accommodation cost. So there were many people who were also out of pocket through this time for accommodation.

Mr Lewis: So the ministry's statement of the issue wasn't entirely complete.

Ms Martel: We could give them some other cases that were different; maybe I could put it that way.

Let me get right to the heart of the matter, though, because we have just the 10 minutes.

As I see it, there are two issues before us now. Number one, what does the Ministry of Health do right now with respect to people who are receiving cancer treatment? My concern is that the ministry is going to argue that its re-referral program, in essence, is over because the last set of patients have already been referred to the United States and are probably in the process of finishing their cancer treatment now. So the ministry will not see fit to have a remedy for any other patients because people are no longer being re-referred to the United States; they are receiving treatment in their own centres, or if there is still a waiting list in their own centres they are being dealt with at Sunnybrook. So I'm concerned we won't have anything happen with the patients who are dealing with cancer treatment now.

My second concern—and it's one that you addressed at the press conference this morning and I was concerned by your response—has to do with those people who were discriminated against for the period April 1999 until June 2001, when the re-referral program was in existence. You have made a clear finding as improperly discriminatory and you have provided a remedy, except, as I see it and from what I heard from you this morning in the press conference, that remedy was not asked to be applied retroactively. I believe it should have been and it should be now applied retroactively. I don't believe it's enough to say that there was discrimination and then not provide a remedy for those who were discriminated against.

My question to you would be why you did not make a recommendation with respect to retroactivity. My second question, because I have a proposal for you to consider, would be whether or not you have that opportunity to offer a remedy now with respect to those who were discriminated against in the past.

Mr Lewis: May I respond by saying this to you on the latter point, not the accommodation issue. You've given me information with which I wasn't familiar and I think the ministry should address that about people who aren't getting lodging.

I would not ask for retroactive payment for the very reason you've raised about the program possibly coming to an end. I was very concerned about the time it was taking for me to get the response by the ministry on this case, OK? I didn't want to be too late getting here. I felt I didn't have a clear view of how to position a request as to how retroactive payments could be made, because it would involve receipts and proof of purchase of meals, accommodation, food and travel.

But primarily I thought it would give the ministry a reason to take longer to answer me, and I thought that if I waited, it would be too late and I wouldn't be here, because I have not felt this matter has moved expeditiously. I see the matter as urgent. I took it on in December—I took it on in October when I started to look at it, and then decided there was enough meat to go forward formally. I felt it wouldn't take too much to snooker my getting to this stage and I didn't want to be snookered. I'm sorry if that sounds harsh, but I was concerned about that and I did not want a pyrrhic recommendation. So I came with what I've got.

I will say this to you: should the government agree with me that fairness dictates that any person still to be treated in the north should receive the same payment, and should they then decide on their own to apply such a program retroactively, I would certainly fully support it. It would not be a wrong thing to do. But I haven't advanced it, for the reasons I've stated.

Ms Martel: I appreciate your comments and I can only say that that's so horribly unfair. I'm not talking about you, I'm talking about that the ministry could delay to such an extent that people who were already emotionally suffering from dealing with cancer were also financially penalized and that added to their emotional burden. It's not right that we cannot look at a program now that will get them what they are entitled to.

I will make the following proposition to you and I'll make it to the Ministry of Health as well, and I hope you will support me. This government did retroactive payments in 1996 to people who had suffered a financial penalty. I'll give you the example. All of us will recall when the government shut down the family responsibility regional offices and clearly the new office was not open. All of will recall the cases that were raised and the many women and children who suffered because they did not receive their support payments. At that time, after that occurred, the Attorney General established a program to consider reimbursements for individuals who experienced a financial penalty, ie NSF charges etc, because of payment delays during those months. These cases would be decided on a case-by-case basis. I gather what the Attorney General did at the time, on their phone lines and using other mechanisms, was to let recipients know that if they had been adversely affected because they had not received the payments they were entitled to, they could have their costs covered.

I am proposing to you, and I'm going to propose it to the Ministry of Health, that the same thing be done with respect to the cancer patients who were affected in a retroactive manner. It can be done in the following way: the two cancer centres in Thunder Bay and Sudbury would have on record every northerner who had to travel to those centres for radiation treatment for breast and prostate cancer during that over two-year period. They would have those as records; they would have their addresses.

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I believe it's incumbent on the ministry through those two cancer treatment centres to contact every one of those individuals who had treatment at that time to let them know there is a program of reimbursement available and to put the onus on them to provide information with respect to accommodation, travel, gas, food etc, but at least give them the opportunity to apply. I think it is horribly unfair that we have a finding of discrimination and no remedy for people who have been affected in the last two years. I'd ask you if that is a program you would consider supporting and endorsing with the ministry.

The Chair: Ms Martel, that is 10 minutes. I think, Mr Lewis, you will have an opportunity to reply to the question as we proceed.

Mr Lewis: You don't want me to answer that right now?

The Chair: Even with the ministry. We're going to run out of time.

Mr Lewis: I can do it in 30 seconds.

The Chair: OK.

Mr Lewis: If the government were to feel that I in fact was correct that, although unintended, disparity has existed, and discrimination, and it ought to be rectified, clearly if they made that conclusion, they would then permit those who yet have to be treated in the north for this during the time of the Cancer Care program—they would treat them equally. I could not say to them they should not treat those who had previously been treated. So I would have to support it if the government wished—I believe what you're saying, that it would be improper—to pay the others if they could establish their case. Yes. I couldn't deny that in the light of my findings.

Mr Tascona: I thank you for being here today.

Mr Lewis: Thank you, Mr Tascona.

Mr Tascona: For the record, your report was dated May 31, 2001.

Mr Lewis: Yes, sir.

Mr Tascona: How much time was given to the Minister of Health to respond to it?

Mr Lewis: Seven days. But his deputy of course has had the matter under his advisement since December 1 and indeed had my tentative report for two months.

Mr Tascona: OK. How much time was given to the Premier to respond to the report?

Mr Lewis: Three.

Mr Tascona: Three days?

Mr Lewis: Yes.

Mr Tascona: I read with care your report and certainly appreciate the effort that has gone into that. But just for the record, I noted that you didn't take the position that the Charter of Rights and the Ontario Human Rights Code applied.

Mr Lewis: Oh, no.

Mr Tascona: I think what we're dealing with here, to put it into the correct phraseology, is differential treatment.

Mr Lewis: I have to use my statutory language, and my statutory language is "improperly discriminatory." I can make certain findings, you know, like "error" and so on. The Ombudsman's office has over the years defined what that means—"improperly discriminatory: a failure to treat similarly situated persons equally when there is no suitable ... or appropriate reason not to do so; and an otherwise reasonable decision or act adversely" affects. These are reasonable decisions. It's how they impact that I'm dealing with. But, you're right that they're not human rights issues.

Mr Tascona: Let's focus on that, then.

Is there a geographic exclusion to the Cancer Care Ontario—

Mr Lewis: No, there is not.

Mr Tascona: Let me just finish the question, then.

Mr Lewis: Oh, I'm sorry.

Mr Tascona: We have a little experience in that. I'll just ask the questions and you can just respond. Let me finish, though, because it does sound like we pre-recorded this, but it was not.

Is there a geographic exclusion to the Cancer Care Ontario re-referral program? In other words, does it cover some areas of the province but not others?

Mr Lewis: No.

Mr Tascona: OK, and call it CCORRP for the terminology here. What are the criteria for the Cancer Care Ontario re-referral program?

Mr Lewis: They require that the regional hospital for the patient not be able to initiate radiation treatment for breast or prostate cancer within eight weeks of identification.

Mr Tascona: Are you challenging the eligibility criteria?

Mr Lewis: No, not at all.

The Chair: Mr Arnott.

Mr Ted Arnott (Waterloo-Wellington): First of all, I want to thank you for coming today.

Mr Lewis: Thank you, Mr Arnott. It's a pleasure to see you.

Mr Arnott: As I think everyone knows, it's our obligation as a committee to listen to your point of view and your opinion that you put forward today on this very important issue and then hear from the Ministry of Health and make a determination as to which of the two sides—

Mr Lewis: Yes.

The Chair: Mr Arnott, would you mind speaking a little closer.

Mr Arnott: I've got a bad cold, Madam Chair, and I'm sorry, but my voice isn't as strong as I wish it was.

I want to follow up on a question that Mr Tascona raised. Mr Tascona is a lawyer, as you are, and I'm not. I'm talking about the difference between what you characterize as improperly discriminatory based on the standards the Ombudsman's office has put together. Obviously there's a different interpretation or a different definition of what "discriminatory" means in terms of its relevance to the Human Rights Code or the Charter of Rights and Freedoms. Can you explain that a little bit more in layman's terms?

Mr Lewis: The Charter of Rights and Freedoms and the Human Rights Code deal with prohibited grounds of discrimination. We're not dealing with a prohibited ground of discrimination here. That's what I was discussing with Mr Ramsay. This isn't a case of racial discrimination or sexual discrimination, whatever; this is a case of my applying my act. I have a statute passed by this House that sets out that I can make certain findings that an act of government or the civil service is in error, it's wrong, it's unreasonable, it's improperly discriminatory.

That's one of the statutory grounds. It's not defined, but it means something, and what does it mean? I do not believe it means a Human Rights Code type of discrimination. That's not what was intended. It is something less than that, in my respectful view. I want to continue to emphasize that this is an unintended consequence. This was not a deliberate thing that was set up by government, to treat the north differently from the south on breast and prostate cancer care. I'm not arguing that at all. I'm saying that the implementation of the program by reason of the crowded southern hospitals and the less crowded northern hospitals has resulted in persons from the north travelling like distances and getting compensated considerably less and in a manner that is less helpful to them because they don't get it in advance, it's not done for them. They have to seek reimbursement, small as it is, at a later point.

Mr Arnott: Thank you very much.

Mr R. Gary Stewart (Peterborough): Good afternoon, Mr Lewis. You can see that I've been demoted here and we have a new Chair.

Mr Lewis: I hear you got another position, Mr Stewart. Good for you.

The Chair: The new Chair rules with a much harder hand than I did.

Mr Lewis: I found that out.

Mr Stewart: Just a couple of questions. This was established in 1985. Are there any different circumstances now than there were in 1985?

Mr Lewis: Yes.

Mr Stewart: In what way?

Mr Lewis: The Cancer Care Ontario redirect radiation program, re-referral program, is the difference.

Mr Stewart: Funding is not different, though, as far as assistance in travel.

Mr Lewis: I'm sorry. Say that again, sir.

Mr Stewart: Funding for assistance in travel for the north and south after eight weeks: is it any different now than what it was in 1985, when this first started?

Mr Lewis: No, but my point—

Mr Stewart: Maybe I'm not making myself clear. North coming south, you've got to wait eight weeks, and south going north, you've got eight weeks to get assistance, as I understand it.

Mr Lewis: Yes, that's right.

Mr Stewart: In the north they get assistance to go from A to B within that eight; in the south they don't. Was that any different in 1985 when it started than what it is now? Has there been any change in assistance for travel in that number of years?

Mr Lewis: The only way I can answer it is to say that the creation of the Cancer Care program is the catalyst for difference, and that occurred in April 1999. If there hadn't been a crisis in breast and prostate cancer treatment, the southern hospitals would have continued and the northern hospitals would have continued and the northern health travel grant would have operated in its manner the way it always has, I guess. What happened was, the creation of this special program to benefit all Ontarians had an effect of getting people in the north treated differently in terms of compensation for travel for

the same disease and treatment as was the case for persons in the south.

It wasn't set up to do that; it's the effect of it. The persons in the north see themselves, and I think with some reason, as not treated fairly, because they don't discriminate between north and south; they discriminate in terms of distances and the impact of their travel on them. So it's the creation of the Cancer Care program—which was a good program to create. I applaud it for being created. The government funded it because of the Cancer Care request, a need to meet a looming crisis. But it's had a differential impact.

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Mr Stewart: I'm not trying to split hairs on this thing, but we're talking discrimination. I wish the heck we weren't even talking about this. I wish to God there was no cancer in this whole country. But do you feel under your interpretation of the discrimination that the southern patients are discriminated against as well because when they travel within the south, they do not get any assistance at all? The terminology of discrimination is what I am—

Mr Lewis: Yes, I understand. May I answer that now? I can understand perhaps a southerner saying, "But the northerners are going to get paid 30.5 cents a kilometre one way for going from Red Lake or Fort Frances to Thunder Bay. If I have to travel from Windsor to Sunnybrook hospital here, why don't I get 30.5 cents?" I can say, on its face, yes, that's a distinction, but it's a distinction that was created and it's not the one that I am addressing, at least not today. It could happen, Mr Stewart.

Mr Stewart: I shouldn't have brought it up, eh?

Mr Lewis: Now you've given me the idea. The northern health travel grant was created as a recognition of the particular problems of persons in the north and the impact of distance on their having to travel outside their own communities for specialized care. They just can't get enough hospitals and they certainly can't get enough specialized doctors into smaller communities in the north, so people have to go to the Sudburys and the Thunder Bays. It was a proper effort, I think, to try to remedy a reality of the north.

Let me give you an example: civil servants—

The Chair: We're almost out of time, Mr Lewis, to be fair.

Mr Lewis: All right.

The Chair: Actually, each caucus has had 12 minutes each, and I'm trying to be fair. I would like to thank you, Mr Lewis and Ms Crean, for coming before the committee today. Whether or not you return will be a decision of this committee.

Mr Lewis: Do I get to listen to the Ministry of Health?

The Chair: Of course. It's an open, public meeting.

Mr Lewis: Will I have right of response to the Ministry of Health, if I feel it's necessary?

The Chair: You know, I think we could go on till Christmas if we kept doing that.

Mr Lewis: Not necessarily.

The Chair: I invite the representative of the minister, who is the member for Niagara Falls. Mr Bart Maves is the parliamentary assistant to the Minister of Health. So if you wouldn't mind moving, then I'll have Mr Maves—and I think, so we can move more quickly, if the ministry staff who are going to take part would come up to the table so you're at the mikes in case you are speaking, please.

Mr Lewis: Will you grant me an indulgence? I will not hear if I sit behind. Could I sit there?

The Chair: Yes, by all means.

Mr Lewis: Thank you very much.

The Chair: From the ministry, if you would introduce yourselves for the sake of Hansard, starting on my extreme left, please.

Mr Kevin Finnerty: My name is Kevin Finnerty. I'm with the communications branch of the Ministry of Health and Long-Term Care.

Ms Sandy Nuttal: My name is Sandy Nuttal. I'm with the health care programs and the program consultant to Cancer Care Ontario.

Mr Bart Maves (Niagara Falls): Bart Maves, the MPP for Niagara Falls and the parliamentary assistant to the Minister of Health.

Mr George Zegarac: My name is George Zegarac. I'm the executive director of the integrated policy and planning division in the Ministry of Health and Long-Term Care.

Mr Maves: Thank you very much, Madam Chair and members of the committee. On behalf of the minister and the Ministry of Health and Long-Term Care, I'm pleased to appear before the committee today to hear the final report of the Ombudsman. I would like to thank him and his staff for their work.

We take the findings of the Ombudsman very seriously and are pleased to have this opportunity to discuss the issues that surround the travel assistance programs in Ontario. I will deliver some opening remarks on behalf of the ministry and do my best to answer questions about the programs. These ladies and gentlemen from the ministry who have much more experience with the programs will assist when necessary as we endeavour to answer the questions of all the committee members.

From a ministry perspective, our mandate is clear: we are committed to providing the specialized health care people need, when they need it, as close to home as possible. In trying to fulfill this commitment, we face two key challenges, and we have for many years in this province, one being geography and the other being the distribution of medical specialists.

The problem of geography is obviously felt most keenly in the north, a vast area with a population of 877,000 people in 169 communities spread over 867,000 square kilometres. To help overcome the barrier of distance, and also to improve access to specialized health services, we have developed a number of special programs and incentives. These include, among others, funding the northern health travel grant, the NHTG program,

establishing regional health services in major centres in the north that provide a wide range of specialized care, and developing strategies to recruit and retain specialists.

The problem of medical specialist distribution can be felt anywhere in the province, not just in the north. The most serious medical consequence of the distribution problem can be longer waits for service. In particular, Ontario has experienced problems with waiting times for cancer radiation treatment in certain parts of the province. This is an enormous concern for the ministry. Addressing the needs of cancer patients has always been a top priority for us. That's why Cancer Care Ontario developed a temporary referral policy known as CCORRP, or the Cancer Care Ontario radiation re-referral program.

In 1999, when Cancer Care Ontario recognized that some of its regional cancer centres were unable to meet the current need for radiation treatment, the agency developed the radiation re-referral policy, or CCORRP. Cancer Care Ontario designed CCORRP as a short-term measure to help ensure that all patients who require radiation treatment are treated as quickly as possible. The policy pays the travel costs for breast and prostate cancer patients who can't be treated at the treatment centre in the region where they live, otherwise known as their home cancer treatment centre. Until recently, this often meant re-referral to centres outside of Ontario. Since April 1999, Cancer Care Ontario has re-referred over 2,600 Ontario breast and prostate cancer patients. Approximately 36% of these patients have been accommodated at other Ontario centres, primarily in Thunder Bay. More than 1,600 patients have been treated in the United States.

As of May 15, 2001, all newly referred patients are now being treated at Ontario facilities. Cancer Care Ontario has stopped re-referring cancer patients to the United States for radiation treatment, largely because of the success of the after-hours radiation clinic at the Toronto Sunnybrook Regional Cancer Centre. We are very pleased with this development. It means that Ontario patients are being treated by Ontario doctors in Ontario. But as Ontario patients continue to be re-referred within the province, the Ombudsman's report remains on the table.

So how do we reconcile the Cancer Care Ontario re-referral policy with the northern health travel grant? They are two separate programs with distinct purposes, objectives and criteria.

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The northern health travel grant is available only to people who live in northern Ontario. The northern health travel grant helps defray some of the travel costs for northern residents who must travel long distances to receive medically necessary insured special services within Ontario or Manitoba.

When it was first established in December 1985, the northern health travel grant was available to all northern Ontario residents who had to travel more than 250 or 300 kilometres for medical care, depending on where they received it. In 1991, the ministry reduced the distance requirement to 100 kilometres in northern Ontario and Manitoba and 200 kilometres to other parts of the province, to encourage patients to seek specialists in the north. In 1994, the ministry replaced its grant payment categories with a set payment per kilometre based on the actual distance between a patient's residence and the nearest specialist or facility.

The northern health travel grant is a long-standing permanent program. The northern health travel grant, as opposed to the Cancer Care Ontario re-referral policy, applies to any type of specialized care. CCORRP, however, is a temporary program specifically designed to address radiation therapy waiting lists. CCORRP pays travel, food and accommodation costs for breast and prostate cancer patients in Ontario who are unable to receive timely radiation treatment at their home cancer care centre.

It's the timeliness of treatment that essentially is what determines eligibility for CCORRP. If you would have to wait for cancer treatment at your home centre in excess of eight weeks, you become eligible whether you are in northern Ontario or southern Ontario. The key to CCORRP is timeliness. Anyone who is going to wait more than eight weeks for treatment becomes eligible for CCORRP. The eight-week standard is a clinical guideline established by Cancer Care Ontario to ensure that breast and prostate cancer patients get care within a medically acceptable time frame.

Southern Ontario patients who can receive treatment within an eight-week period at their home centre are not eligible for travel assistance of any type. That support is reserved exclusively for residents of northern Ontario. Only southern patients who must be re-referred away from their home treatment centre become eligible for CCORRP funding. The northern health travel grant and CCORRP are clearly two completely separate and distinct policies.

Looking at these policies in comparison with the larger national context, we find little guidance. Many other provinces, such as Alberta, Saskatchewan, Quebec, New Brunswick, Nova Scotia and Prince Edward Island, do not offer travel assistance programs of any kind, and no province or territory provides full compensation for travel, meals and accommodation. Ontario has the largest program in the country, both in number of annual claims and total expenditures.

Of the six other provinces and territories that provide travel assistance, Ontario's northern health travel grant program is generally comparable in terms of its goals, patient eligibility, escort eligibility and restrictions. The northern health travel grant differs, however, in its efforts to encourage the use of services in the north.

Looking at CCORRP, Ontario is one of five provinces offering a temporary cancer re-referral program. The others are Manitoba, Newfoundland, Quebec and New Brunswick. Alberta also had a temporary program, which has now ended. In both Manitoba and Newfoundland, like Ontario, these programs provide greater financial support than their permanent travel assistance programs.

Like other provinces, Ontario's radiation re-referral policy is a temporary, short-term measure designed to deal with capacity problems. Our program is also comparable to the programs in other jurisdictions in terms of standard wait time, the reason for re-referral, patient eligibility, the form and extent of assistance and the types of travel covered.

Although Ontario compares favourably to other areas in the country in terms of travel assistance, we believe we can do better. That's why the minister and the ministry made a commitment last year to review both the northern health travel grant and CCORRP. We decided to broaden our review to include all travel assistance programs in Ontario. This enlarged project has developed a number of options that are currently under review.

We don't want to eliminate the positive effects of the northern health travel grant program, a program which has succeeded in promoting the use of special services in northern Ontario and has encouraged more specialists to practise and remain in the north, but we are committed to finding a broader, province-wide travel assistance program that addresses the needs of northerners and southerners alike, both now and into the future. I believe everyone in this room shares that commitment.

As we move forward with our current review, we will be happy to keep the Ombudsman and the members of this committee abreast of any new developments.

I would now ask any of my fellow members at the table if they have anything to add before we open it up to questions.

Mr Zegarac: If I could add a couple of points of clarification in terms of the scope of the report, just to confirm that the report focused on breast and prostate cancer patients. So it's narrowed down to those categories. As Mr Maves indicated, the cancer referral program was actually designed and operated by Cancer Care Ontario, not by the government. The northern health travel grant program is a government-operated program. Those were just points of clarification I wanted to add.

The Chair: We have about 33 minutes, to 10 to 6, and then it would be the equal amount of time that we spent with Mr Lewis. That's 11 minutes per caucus. We'll start with Ms Martel.

Ms Martel: Let me make a couple of comments first and then ask some questions.

This is a temporary program that went on for 26 months. I would argue there's nothing temporary about that. During that whole 26 months, northern cancer patients suffered not only the emotional trauma of trying to deal with cancer, but they suffered a financial penalty as well, which I believe the Ombudsman has clearly identified. I heard the word "temporary" about 10 times, and I just think that is a sad excuse in terms of trying to defend a program that clearly has been discriminatory.

Secondly, Mr Maves, you talked about other grant programs in other provinces. I'd refer you back to the Ombudsman's report where he says on page 9, "While I appreciate the ministry's position that the CCORRP and the northern health travel grant should be considered in light of how other Canadian jurisdictions handle funding similar travel, I do not consider such a comparison particularly helpful to my investigation. My concern is whether the ministry is treating Ontario breast and prostate cancer patients equitably. It is not my role to inquire into the fairness of programs offered by other jurisdictions, and I do not believe that the existence of similar programs elsewhere justifies inequity in Ontario."

He also said at the bottom, "Although I appreciate the ministry's position that the northern health travel grant and the CCORRP are separate and were created for different purposes, I do not believe that this excuses the resulting disparity. A situation now exists in Ontario in which similarly placed individuals are not treated equally."

My final point has to do with the document in question and your comment that there will be a "broader ... travel assistance program." I think the committee should know that the minister first made a promise about a broader review of the northern health travel grant on May 8, 2000, in the Legislature in response to a question raised by my leader where she said, and I quote, "In 1999 we did review the entire issue of the northern health travel grant, and I'm very pleased to tell you today that we are prepared to review it again this year."

The document in question that the Ombudsman tried to get hold of, and that I have been trying to get hold of through freedom of information since September 13, 2000, was a document that was completed in August 2000. We have had a document about this disparity that has been completed since August 2000. We have had a minister who promised a review since May 2000 and we have no new program in place. This has gone on long enough. I don't want to use the word "resent," but I am not happy that the ministry would come here today and argue, "We're going to do something shortly. We're going to have a broader program." Nothing has happened on this dossier, and it would be inexcusable to use a program that might appear some time in the future as justification for not doing something about the Ombudsman's recommendations right now. That's what I want to return to.

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My first question would be, does the ministry accept the conclusion that was made by the Ombudsman, that is, that the Ministry of Health and Long-Term Care's omission to provide equal funding for breast and prostate cancer patients who must travel for radiation treatment is improperly discriminatory? Does the ministry accept that as a conclusion?

Mr Maves: First of all, let me say to some of your earlier comments that anyone in northern Ontario who had to travel for cancer care from 1985 to the present has received the northern health travel grant as long as they've travelled over a certain distance. That assistance was not available to anyone in the rest of the province who may have had to travel a long distance for cancer care. So that assistance has been there for them for quite some time. Never, between 1985 and 1995, did they

receive more than what was available to them in the northern health travel grant. That was something that was consistent across all of the previous governments.

Second, we feel it's important to talk about provincial comparisons because quite often, in every issue—in education and in many issues in health—we use comparisons of other provinces to our own as a measure of what types of services, what quality of services Ontarians are getting in comparison to other Canadians and in some cases people in other countries, in other jurisdictions.

I think it's a fair comparison. It's always fair to do that. We did that this morning in the public accounts committee, where the auditor talked about his budget and compared it to other provinces, and it's fair. I understand and heard the Ombudsman's comments about that, but we still believe it's fair to talk about the different types of programs and compare ours to other provinces.

Ms Martel: But that wasn't my question.

Mr Maves: I realize that, but you made statements that I'm trying to get at.

Ms Martel: It's not a tough question.

Mr Maves: The question about the Ombudsman and his comments talked to an apples-to-apples comparison. When you do an apples-to-apples comparison, anyone in Ontario who is facing not receiving cancer treatment within eight weeks is eligible for CCORRP. So in that sense, under CCORRP, it is a program that is open to anyone, whether they're in southern Ontario or northern Ontario. Southerners in Ontario who are going to have cancer treatment inside of eight weeks and have to travel for that receive nothing. Northerners in Ontario who are going to receive cancer care within eight weeks do receive the northern health travel grant. So in that sense, on an apples-to-apples, anyone in Ontario, whether they are from the south or the north, who is facing receiving cancer treatment outside of eight weeks is treated the same.

Ms Martel: OK. But my question was, does the ministry agree or disagree with the conclusion that was reached? I'm going to come back to that because I didn't get an answer.

One of the other things the Ombudsman pointed out, and I'd like you to respond to this, was the fact that in many cases these northern cancer patients were travelling farther to get to their home cancer treatment centre than were southern Ontario re-referral patients when they were referred to a second centre for treatment.

I'll give you a couple of examples. Donna Graham from Pickle Lake had to travel 525 kilometres one way to Thunder Bay for her cancer treatment. She travelled farther by car in the north to access cancer care at her home cancer treatment centre than any southern Ontario re-referral patient who went from Toronto, London and Hamilton to Buffalo, Cleveland, Detroit or Kingston.

The second example: Lorraine Newton lives in Kenora but she has to come to Toronto, so she has to go to Winnipeg to catch a flight to be dealt with here. She travelled farther by car just to get to Winnipeg than a southern Ontario re-referral patient who went from Toronto to Buffalo, from London to Buffalo or from Hamilton to Detroit.

Elizabeth Boucher, who is from Iroquois Falls, travelled 360 kilometres one way to Sudbury for cancer treatment at her home cancer treatment centre. She travelled farther by car to do that than a southern Ontario re-referral patient who went from Toronto to Buffalo or Kingston, from London to Buffalo or Detroit, or from Hamilton to Buffalo, Detroit or Kingston.

The final one, Gladys Whelan, who had to go from Fort Frances to Thunder Bay, 336 kilometres, travelled farther by car to get to her nearest cancer treatment centre than a southern Ontario re-referral patient who was referred from Toronto to either Buffalo or Kingston, from London to either Buffalo or Detroit, or from Hamilton to Buffalo, Detroit or Kingston.

There is an inequity here. Many of the northern patients travel farther every day just to get to their nearest cancer treatment centre than did the southern re-referral patients. There's nothing fair about not compensating them and recognizing that.

The other thing that Cancer Care Ontario did was to recognize that these patients shouldn't suffer a financial burden too. That's what they said when they established the program for southerners. That financial burden exists for northerners too, and I think the Ombudsman has demonstrated that.

Mr Maves: The current government subsidizes those patients the exact same way as did your government and the Liberal government before that with the northern health travel grant for treatments within eight weeks. We've always recognized, since December 1985, that northerners face added difficulties in accessing health care because of where they live, and that's why we have the northern health travel grant. All of those patients you referred to receive that northern health travel grant. If they were going to face receiving treatment outside of the timelines of eight weeks, then they would be eligible for CCORRP funding, which would be a richer program than the one they're already getting.

Ms Martel: But the Ombudsman has said that because they weren't eligible to receive that CCORRP funding, they suffered discrimination. That's clearly what he has ruled. Because they weren't eligible to receive the same 100% costs for accommodation, food and full travel, they suffered discrimination.

Mr Maves: But nobody receiving treatment inside of eight weeks is eligible for that compensation. Everybody getting treatment outside of eight weeks is eligible for that compensation. That's why we believe like people are being treated in like ways.

The Chair: I'm sorry, we're going to have to move to the next caucus.

Mr Tascona: Thank you, Madam Chair. You're dealing with this with a very fair hand, I may add.

Why is the government covering all expenses for southern Ontario patients needing care at the northwestern Ontario cancer care centre, while northern residents

who must travel long distances for medical treatment receive only part of their travel costs covered, Mr Maves?

Mr Maves: Cancer Care Ontario came forward to the government with a program and established a timeline-based program where anyone who was going to face receiving treatment beyond an eight-week period would receive special travel assistance under CCORRP, and anyone across Ontario, whether they're northerners or southerners, is eligible for that program.

Anyone in southern Ontario receiving treatment inside of eight weeks receives no compensation whatsoever for travel, accommodation or meals. Northern Ontarians travelling over 100 kilometres for getting treatment inside of eight weeks are eligible for the northern health travel grant.

Mr Tascona: Why are cancer patients from northern Ontario not receiving the same financial assistance southern Ontario cancer patients receive when they travel to Thunder Bay for radiation treatment?

Mr Maves: They are like patients. Those facing treatment outside eight weeks are receiving the exact same compensation package. They'd all be eligible for CCORRP.

Mr Tascona: Why did the ministry review the northern health travel grant program, and when will the report on the review be released?

Mr Maves: I can't really give you all of the background rationale of why we went down the road of reviewing it. Perhaps George could give more history on that than I can.

Mr Zegarac: The previous minister had heard a number of issues being brought forward, including some of the issues the Ombudsman brought forward today, plus other issues that patients from the south had brought forward in previous correspondence.

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The minister made a commitment that we would review it to look at whether we could come up with a travel program that could address some of the issues, again treating patients throughout Ontario in a consistent manner as much as possible given the clinical needs. That's the commitment the minister made and the government is conducting that review right now.

Mr Tascona: When is the report going to be released?

Mr Zegarac: My understanding is the report will be released, because it's part of a cabinet submission, as soon as a decision is made by government.

Mr Tascona: Is there any time frame on that?

Mr Maves: I can't talk about cabinet deliberations and I don't know a timeline for when cabinet will make a decision on the submissions that will be put to them by the Ministry of Health.

Mr Arnott: I want to compliment you, Mr Maves, and your staff for the clear and quite concise presentation to explain this problem. This has been an issue, as we know, before the Legislature for some considerable period of time, and I have followed it with a great deal of interest. As a member of the Legislature I have received a couple of letters from northern Ontario residents, but of course my constituency being Waterloo-Wellington, I haven't been deluged with complaints perhaps as Ms Martel has been, or Mr Ramsay or some of the other members who have raised this.

But I find, when I look at the package that we've been given, the June 7 letter of the Deputy Minister of Health to the Ombudsman, which talks about the fact that the program is being reviewed and cabinet, as you have indicated, is perhaps looking at proposals—"We expect the review to be completed shortly. The ministry will continue to provide your office with further updates as we move forward."

I think there's a commitment there on the part of the Ministry of Health to work with the Ombudsman to address the issue that's been identified. I find that very encouraging.

I think I've got a fairly good understanding of the nature of the problem, but it would seem to me that there needs to be one program for the whole province which accounts for everybody, not two programs. I think it's maybe important to point out that Cancer Care Ontario is an arm's-length agency, intended to co-ordinate cancer services, independent of the government. Is that not correct, Mr Maves?

Mr Maves: It's correct, but the Ministry of Health had to agree to pay for the program after Cancer Care Ontario made a submission about bringing in this special temporary program.

Mr Zegarac: If I could comment on the temporary nature that Ms Martel referenced in her statement, the temporary program has actually been designed by the cancer agency and designated that way, and it's been designated that way in other provinces as well. The nature of the program is because we have shortages in human resources, so the hope is that this will be a temporary program. For example, in Alberta they have had some success and here in Ontario we're having success in getting human resources to replace the program.

Mr Arnott: It's our belief that the Toronto Sunnybrook Regional Cancer Centre and the after-hours radiation clinic that is there have solved the problem for now. What do we anticipate in terms of demands for cancer care services in the next year? Are we going to be in this situation again where we are going to have to re-refer patients to the United States? Is that our expectation? Do we do any kind of meaningful projections in that respect such that we could have some confidence moving forward?

Dr Nuttal: Clearly, cancer is a disease that's increasing in incidence and that's driven by the size and the age of the population of Ontario. It's not due to natural increases in the overall incidence of the disease.

But one third of all cancer patients will require radiation treatment, so we can imagine that the volume of service demand is going to increase into the foreseeable future, until we're in a position where we might discover a cure for cancer, and I suggest to you that's a very long way away.

Human resources are a key to ensuring that Ontario has the capacity to meet this demand, as well as physical resources. Ontario is well-resourced from a physical point of view. We have eight cancer centres. We're building five more. We will soon, by the year 2005, be close to operating 13 regional cancer centres around the province. So in terms of the physical capacity, it's there to meet the growing need.

The human resources are another issue. Cancer Care Ontario has been singularly successful in recruiting radiation therapists, medical physicists and radiation oncologists at a time when there is both a national and international shortage of these individuals. Over the past two years they have aggressively recruited, and because Cancer Care Ontario provides the facilities that are attractive to people outside of Ontario who want to come here, who want to be able to practise in Ontario, who want to be able to do research and who also want to be able to teach, Cancer Care Ontario is able to attract very high-calibre, high-quality individuals. That's why we've seen an increase in the human resources available to treat more cancer patients, because of Cancer Care Ontario's ability to do this.

The rather long answer to your very short question is that into the future there is a possibility that we may see wait times increase again. Cancer Care Ontario is being very vigilant in keeping close track of those wait times. The ministry will continue to support Cancer Care Ontario in its recruitment program because that seems to be, if anything, the weaker link in the supply-and-demand side of the equation.

Mr Maves: Can I just add, Mr Arnott, a few numbers? Sandy talked about the recruitment efforts of Cancer Care Ontario and that over the past two years they have been successful, with 227 radiation therapists, 16 medical physicists and 34 radiation oncologists having been recruited in that time span. In January 2001, 36 radiation therapists graduated from Cancer Care Ontario's interim training program and have been offered positions at Cancer Care Ontario. The next graduating class will be May 2002, with an expectation that up to 54 students may graduate from the joint Mitchener-University of Toronto degree program, and 78 students in May 2003.

The Chair: Mr Ouellette, we just have two minutes left.

Mr Jerry J. Ouellette (Oshawa): Ms Nuttal, you mentioned a percentage of increase. Do you have the percentages of volume, how they're going to increase and over what time period?

Dr Nuttal: Certainly I can give you those projections. This year alone, 50,000 Ontario persons will be diagnosed with cancer. That's likely to increase on average 3% each year.

Mr Ouellette: My other question is, we spoke quite a bit about the regions but we didn't discuss how regions were determined. Can you tell us how the regions or catchment areas for each of these areas when individuals have to travel outside the region are determined?

Mr Maves: For the northern health travel grant?

Mr Ouellette: Yes.

Mr Maves: That was set up in 1985, and I don't know if—

Mr Finnerty: The northern health travel grant was established, as Mr Maves indicated, in 1985. When it was initially established it was available to all northern Ontario residents who lived north of the French River and had to travel in excess of 250 kilometres in northern Ontario to Manitoba or 300 kilometres elsewhere in the province. That was then changed in 1991. The kilometre distance was reduced to 100 kilometres in travel in northern Ontario and 200 kilometres in the rest of Ontario. It is now a standard 100-kilometre distance for northern residents who have to travel and seek specialist assistance.

I think your question may be about who determines regions for regional cancer centres. I will ask Sandy to answer that question.

Dr Nuttal: Cancer Care Ontario is the agency that's responsible for determining where a cancer centre should go next and they make that recommendation to the Ministry of Health. To my knowledge, there isn't a particular set of planning parameters used by Cancer Care Ontario beyond population base. They don't use distance, for instance, as one of the determining factors as to where a cancer centre would go, but it is one of many factors that are considered. So when Cancer Care Ontario does locate a cancer centre, they do look very carefully at how far patients have to travel within a 30-minute to a 60-minute—beyond that range, as opposed to using kilometres.

The Chair: We'll move to the official opposition. Ms Di Cocco.

Ms Di Cocco: There are two issues. I want to focus on two matters: one is fairness and one has to do with accountability. My question about fairness is that the change that came about to redirect cancer patients provided, as I said, a result that the people in the north felt that they were not being compensated in the same way. If the criteria to provide compensation, not just for the care but also for the complete travel and accommodation, had that result in northern Ontario, do you believe that's fair? It's that simple: the question is, do you believe that's fair?

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Mr Maves: As I said before, anyone in northern Ontario accessing care within eight weeks receives the northern health travel grant, and people in southern Ontario don't receive that when they travel. Anyone, whether in northern Ontario or southern Ontario, receives the same package under CCORRP. So in that sense, that's fair because like people in like situations are being treated the same.

Ms Di Cocco: That's your interpretation, obviously. OK.

The other part is, you've got a review that was done in this regard—and this is the accountability issue. Why was that review denied to the Ombudsman?

Mr Maves: Simply because that review was being utilized for a cabinet submission. Section 20, I believe, of the Ombudsman Act outlines that documents that might involve the deliberations or proceedings of the executive council are not subject to disclosure. It's my understanding that the ministry will disclose that document once the submission has gone through cabinet and a decision on it has been made.

Mr Finnerty: If I could add just one point, a certificate was obtained from the Deputy Attorney General under section 20 of the Ombudsman Act attesting to the fact that this was indeed part of a cabinet submission.

Ms Di Cocco: So you're saying definitely now that the Ombudsman doesn't have a right to look at this document.

I'm going to ask the same question Ms Martel asked. The Ombudsman is an officer of the Legislature, a third party who is there for the benefit of all of us as MPPs, to bring fairness issues to our attention. His conclusion, after a fairly significant report here, stating that the treatment—the words used are "improperly discriminatory": "The Ministry of Health and Long-Term Care's omission to provide equal funding for breast and prostate cancer patients who must travel for radiation treatment is improperly discriminatory."

I just want an answer: do you agree with his comments or his conclusion?

Mr Maves: When I've addressed that before, and the ministry's position has been the same: when you're looking at apples to apples and like people in like situations, then the policy is applied evenly across all people. The CCO program is a timeline program. There are certain medical consequences if you don't receive treatment within an eight-week period. So northerners get the northern health travel grant when they're within that eight-week period; southerners don't. Outside the eight-week period, everybody across the province gets the same CCORRP funding. In that sense, we think there's fairness in those two programs.

Ms Di Cocco: The other matter I'm just going to state one more time: are all reviews that are provided to address situations that are brought to the minister's attention, such as the one that was tabled which the Ombudsman was referring to, not accessible or provided for cabinet criteria, as you said, and therefore are not to be released to officers of the Legislature? Is that common practice?

Mr Maves: No. The Legislature passed the Ombudsman Act some time ago. The Ombudsman Act included section 20 which, as I stated before, provided that anything that's going to be used for the proceedings of the executive council is not subject to disclosure.

So when the ministry determined that review was going to be used for a proceeding before the executive council, then it became not subject to disclosure. Past governments that supported the Ombudsman Act clearly took this very situation into consideration when they passed that act. Many reviews that are done aren't utilized in cabinet submissions and therefore are released.

Ms Di Cocco: What was the purpose of the review? Why was it required? What was the intended use of it initially? Why was it requested? Could someone explain it to me?

Mr Finnerty: I can answer that question. Former minister Witmer made a commitment to review the northern health travel grant and the Cancer Care Ontario re-referral program, as Mr Maves and Mr Zegarac have indicated, in response to a number of concerns raised either in the Legislature or through media reports or letters, so the review focused on both programs I've just described.

The review was later expanded to consider all travel assistance programs province-wide, and that analytical work and review is still underway.

Ms Di Cocco: It wasn't intended to be a top-secret document for the use of cabinet, I presume, at that time? It wasn't intended to be out of the purview of the Ombudsman, if he should request it? That's what I'm trying to get at.

Mr Finnerty: At the time the minister committed to commissioning a report, it was more in terms of gathering facts—

Ms Di Cocco: Yes, and information.

Mr Finnerty: —conducting a review, reviewing both programs. I can't really speak to what the end point was supposed to be, but since I was part of the review committee, it was to examine the northern health travel grant and the Cancer Care Ontario re-referral program in the context of Ontario as well as similar programs that are offered in other Canadian jurisdictions.

Ms Di Cocco: Would it not have been of value to the Ombudsman, if it was a review, if was to gather information and to gather facts—that's what reviews are for, to give us information so good decisions can be made. Would that not have assisted Mr Lewis in his quest, I guess, for fairness in these matters?

Mr Zegarac: If I could comment, in the absence of having that report available to the Ombudsman, the ministry staff had offered to answer any questions the Ombudsman had. If I'm correct, the ministry actually provided other reports that had been conducted earlier.

Mr Finnerty: In fact we provided to the Ombudsman's office a report on the northern health travel grant program, a review of it that was conducted in July 1999 by the Centre for Rural and Northern Health Research at Laurentian University. We also answered other fact-based questions the Ombudsman's staff had. Mr Zegarac and I, as well as Sandy Nuttal, were interviewed by the Ombudsman's staff and answered any questions the staff might have had.

Ms Di Cocco: So this was a decision to—just a clarification, because I'm sure you've answered it: who made the decision not to submit, or not to allow, the Ombudsman to obtain this review or this report? Who made the decision?

Mr Maves: I think the deputy made a request to the Attorney General.

Mr Finnerty: The deputy minister made a formal request to the Deputy Attorney General to certify that the document in question was indeed part of a cabinet submission. That certificate was requested and obtained and was provided to the Ombudsman's office.

Ms Di Cocco: So the request was made through the deputy minister. The deputy minister made the request to the Attorney General, and the Attorney General said?

Mr Finnerty: The Deputy Attorney General provided a certificate attesting to the fact that the document in question was part of a cabinet submission. That's the process outlined under section 20 of the Ombudsman Act, which clearly states that any document that's part of a deliberation for the executive council is exempt from disclosure to the Ombudsman.

Ms Di Cocco: And that was signed off by the deputy minister of—

Mr Finnerty: The Deputy Attorney General.

Ms Di Cocco: The Deputy Attorney General signed off that this was now a cabinet document?

Mr Finnerty: That's correct.

The Chair: That completes the rounds of the three caucuses.

Do you have a question of the Chair, Ms Martel, but not of the deputations, because we're not starting another round.

Ms Martel: I understand we're not starting another round, and that's the very issue I want to raise, Madam Chair, because with respect to the last two answers the ministry staff provided, I watched both the Ombudsman and his staff in the back gasp in astonishment, so I have to think they have a different point of view and a different response to the questions that were just asked. In that respect, because I also have further questions, both for the Ombudsman and for the ministry staff, since this committee would meet again on a Thursday, I would be asking if we would have the opportunity to meet so we can continue this discussion on this important issue, certainly allow the Ombudsman and his staff some time to respond at least to the last two questions that were raised by my colleague from the Liberal Party.

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The Chair: Is that your motion?

Ms Martel: Yes, that this committee meet again to continue—I don't know if you want to call it the representation or the matter of dealing with the Ombudsman's report regarding his Investigation into the Ministry of Health and Long-Term Care's Funding for Breast and Prostate Cancer Patients who must travel for Radiation Treatment.

The Chair: Who would you invite to take part in that?

Ms Martel: I would respectfully request that the Ombudsman and his staff and the ministry staff reappear next week.

The Chair: OK, that's the motion.

Mr Tascona: I would ask for clarification from the clerk. There is a procedure in terms of how these matters flow. The order, as I understand it, is that we hear from the Ombudsman and then, second, we hear from the government organization involved, which today is the Ministry of Health. Is deviating from that procedure within the rules?

Clerk of the Committee (Mr Doug Arnott): It is up to the committee itself to determine its procedure. It has been the practice on occasion for the Chair to ask, after completion of the two presentations, if the Ombudsman wishes to make any further comment on any new material that has being introduced in the course of the governmental organization's presentation to the committee.

The Chair: I'm not about to ask that unless both parties get the same time. That's a decision I'm making as Chair. I think if it's going to be a rebuttal situation, it will continue, and if the committee decides to take more time and invite both parties back, as the motion says, then that's the motion that is on the floor at this time.

Mr Tascona: Let me ask for clarification, then, Madam Chair. How much time are we talking about, in terms of this clarification the member is seeking? If the House doesn't close before next Thursday, we have one session. How much time are you looking for?

Ms Martel: I would think, Mr Tascona, that I could have my questions dealt with—or raise them; maybe not have them dealt with—during next week's session.

Mr Tascona: I know. How much time are you looking for in next week's session? Because the next part of the proceeding in this matter is for us to consider the report—it's normally done in closed session—and make a decision on the Ombudsman's report. Then we have to report to the Legislature.

Ms Martel: Is there a timeline within which the Ombudsman's report has to be returned to the Legislature, Madam Chair? Is there a deadline for that referral?

The Chair: Apparently there isn't a requirement in terms of time that we have to report to the Legislature.

Ms Martel: Might I presume that the Ombudsman's report could be dealt with, if we didn't finish with our questions on this special report, at the next sitting of this committee, even if that sitting was in the fall? Is that correct?

Clerk of the Committee: That would be correct, if the committee agreed to continue its consideration.

The Chair: In which case I think Mr Tascona is asking you, Ms Martel, as the mover of the motion that is on the floor, how much time you are looking for.

Ms Martel: Let me answer it in this way: since there seems to be no requirement for the fuller Ombudsman's report to be tabled by the assembly at a specific time and we could deal with his report at another sitting in the fall, I would ask for the possibility of next week's session being devoted to this same issue for the whole period of time. Because I'd like to hear what the Ombudsman would have to say in response to what the Ministry of Health said, I can't tell the committee now what questions may be generated and how long that would take. Since I can't see that there's a deadline imposed anywhere for us to deal with his fuller issue, I would say to the committee that we anticipate dealing with this the whole time.

The Chair: Can you clarify for me? You're now referring to the "fuller report." Are you talking about his annual report or are you still on this matter that's before us now?

Ms Martel: I may have mistaken Mr Tascona's comments. I thought what he wanted to deal with next week was the annual report of the Ombudsman as well and he wanted time left for that next week as well. Maybe I misunderstood you. If I did, I apologize.

Mr Tascona: I think you did, because I never mentioned it. But I think that what I understood the Ombudsman to say today was that he felt there was urgency in dealing with this matter.

Mr Stewart: Just a comment: I think that we've heard two good presentations on the concern that's been brought up today. I think that if committee wants to discuss it within the committee, that's fine. I think to bring both parties back again for further discussion, it may be decided after discussion within the committee, but this thing's going to turn into a debate: your side, my side. I just don't think there's going to be any benefit to what we're talking about. I think we have to discuss it among ourselves, if we wish to. But to ask them to come back again, I think there's been full discussion. They've all had more than an hour and I think all the points have been gotten out.

Ms Di Cocco: I just want to say that I believe this requires some serious consideration, because this is an officer of the Legislature. Normally these reports are accepted in a way whereby there is an intent to address the recommendations. From the response that I've heard from the ministry, I think that there is a difference of opinion, at least that's my interpretation of the responses. I certainly would be in agreement to discuss, if you want to call it, the rebuttals and give them an opportunity to do that. I would agree with that proposal to sit and discuss the issue one more session before we rise.

The Chair: OK, now we've got to be careful. We're going to be out of time. Is there someone else who wants to speak to this motion? Or else I think we should deal with the motion.

Mr Stewart: Just very briefly, Madam Chair, you've got a report that's pending by the Ministry of Health on this that I understand is going to cabinet. I find it very difficult to make too many comments until that report is tabled.

The Chair: Mr Arnott, you had a comment?

Mr Arnott: I listened carefully to what Ms Martel had to offer in terms of her support for her motion. I understand she has some additional questions, maybe some additional issues she wants to raise. But I was just thinking in terms of next steps with respect to what Mr Tascona said about our natural inclination to want to deal with this issue and not put it off until the fall in terms of final consideration. The fact is this committee will not sit over the summer unless we are specifically ordered to sit by a motion of the House, agreed to by the House leaders.

The Chair: We will be sitting next week.

Mr Arnott: But after the House rises we won't be sitting, so there may not be an opportunity to discuss this again until the House resumes sitting in the fall. But if you have additional questions, would it perhaps be sensible to agree to some limitation on the time frame for those questions, such that we can still go into closed session, as has been the practice of this committee in the past, to deliberate and discuss what our recommendation is going to be before we come back into open session and have a motion, I guess, to decide the final outcome?

Ms Martel: If I might, I apologize to the committee members, because I'm not a regular member on this committee, so I don't know what the usual procedure is. I understand now that you need to go into a closed session to deal with what we've heard. I appreciate that and I apologize that I misunderstood.

I would be quite prepared, depending on what time we have, if we need to leave an hour for that closed session and consider the first hour for rebuttals, at least the opportunity for the Ombudsman to reply, as we would normally afford him that opportunity under other circumstances, and then another round of questions, perhaps to either of the parties at the same time. I think that would be fine and would give an undertaking that I would be finished and we would have time to go into the closed session and complete this next week.

The Chair: So you're changing your motion slightly to say to spend one hour next week with those parties. Is that what your motion is now saying?

Ms Martel: I was thinking if we started at 4, as we were this week, but—

The Chair: OK—

Ms Martel: Madam Chair, maybe I can be helpful: I'm going to assume there's going to be some kind of rebuttal, and I don't know how long that will take. That's the only reason I'm hedging on how much time. Why don't I just say whatever time we have next week, we split in half?

Mr Tascona: Let's be clear that this is not a hearing. We're here to hear both the Ombudsman and the Ministry of Health. If the Ombudsman has something else to offer and there are some questions on that, we can question. The same thing with the Ministry of Health.

We're getting into some order of proceedings here, that the procedure is very clear in terms of who speaks. So if we're going to hear from the Ombudsman, the next question is, "Are we going to hear from the Ministry Health?" And then we're going to hear back and forth.

One hour to me doesn't seem unreasonable, as long as the House is sitting. If the House isn't sitting, we won't be here. But the thing is, one hour for clarification perhaps from both sides would mean to me that we'd maybe want to hear half an hour from the Ombudsman and half an hour from the Ministry of Health, if we're going to be fair in this. So if we're going to have an hour's time, I think you've got to split it between them.

The Chair: OK, we're going to have to deal with this.

Ms Martel: I'm assuming there's going to be some period for questions from the committee members, so my

suggestion would be that whatever time we have when start next week, we split that time in half. So the first period would be the open session, with any rebuttals, questions, or anything else, and the second half of the time for the closed, in camera session. How would that be?

Mr Tascona: I'm sure that Madam Chair can figure that out for us, but if it's one hour to deal with that, I'm quite content with that.

The Chair: OK, so the motion is now that next week's meeting, the 28th, will be to invite both sides back for half of whatever time is left when we get through routine proceedings, obviously at least an hour, and we will divide that time when we start, depending on what the time is.

OK, all in favour of that motion? Opposed, if any? That motion is carried.

Thank you, Mr Maves and the ministry staff.

COMMITTEE BUSINESS

The Chair: We just have one final matter to deal with and that was to approve the budget item—I'm just looking for the wording on our agenda. Mr Arnott?

Mr Arnott: Yes, Madam Chair, last week I moved a motion, after some discussion about our participation as a committee at the national conference of state legislatures, which I understand again is being held this August. There were two dollar figures indicated. If the whole committee went, I think it was around $30,000, and if it was just the subcommittee that was $14,000.

The motion was passed that we would send the subcommittee. Upon reflection and discussion with other members of the committee, given the fact that we have a mandate from the House to pursue a study of parliamentary reform, in that context it's my opinion, and I think it's shared by some of the other members of the committee, that we probably should not participate in that San Antonio conference.

So what I'm intending to do is move a motion that we rescind last week's motion in terms of our participation at that conference and would just not send members this year to that particular conference.

The Chair: All right, so the motion is to rescind the motion of last week.

All in favour? That motion is carried.

Thank you very much, committee members, for your co-operation. This meeting stands adjourned.

The committee adjourned at 1804.

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Mrs Margaret Marland (Mississauga South / -Sud PC)
Mr Jerry J. Ouellette (Oshawa PC)
Mr R. Gary Stewart (Peterborough PC)
Mr Joseph N. Tascona (Barrie-Simcoe-Bradford PC)

Substitutions / Membres remplaçants
Ms Shelley Martel (Nickel Belt ND)

Also taking part / Autres participants et participantes
Mr David Ramsay (Timiskaming-Cochrane L)

Clerk / Greffier
Mr Doug Arnott

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Mr Andrew McNaught, research officer,
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