



Legislative Assembly
of Ontario
Second Session, 37th Parliament

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**Official Report
of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Wednesday 28 November 2001

Mercredi 28 novembre 2001

Speaker
Honourable Gary Carr

Président
L'honorable Gary Carr

Clerk
Claude L. DesRosiers

Greffier
Claude L. DesRosiers

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LEGISLATIVE ASSEMBLY
OF ONTARIO

Wednesday 28 November 2001

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mercredi 28 novembre 2001

The House met at 1845.

ORDERS OF THE DAY

COMMUNITY CARE ACCESS
CORPORATIONS ACT, 2001

LOI DE 2001 SUR LES SOCIÉTÉS
D'ACCÈS AUX SOINS COMMUNAUTAIRES

Mrs Johns moved second reading of the following bill:
Bill 130, An Act respecting community care access corporations / Projet de loi 130, Loi concernant les sociétés d'accès aux soins communautaires.

Hon Helen Johns (Minister without Portfolio [Health and Long-Term Care]): I want to start off tonight by saying that I will be sharing my time with the member from Simcoe North and the member from Northumberland.

It's a great pleasure to be here this evening, to be able to talk about health care and the important prominence that the government puts on health care for the citizens of this province. Health care for our citizens is a prime concern of this government. Since 1995 we have made significant changes in the health care system with the intention of enhancing services and of improving the lives of the people who require assistance and require health care in the province and—

Mr David Caplan (Don Valley East): On a point of order, Mr Speaker: Would you check if there's a quorum for me to hear the minister's inaccurate claims?

The Acting Speaker (Mr Bert Johnson): Would you check and see if there's a quorum present.

Clerk Assistant (Ms Deborah Deller): Quorum is not present, Speaker.

The Acting Speaker ordered the bells rung.

Clerk Assistant: Quorum is now present.

The Acting Speaker: The Chair recognizes the minister from Huron-Bruce.

Hon Mrs Johns: As I was saying, the health care of our citizens is the prime concern of this government. Since 1995 we have made significant changes in the health care system with the intention of enhancing services for the people of Ontario and with the intention of improving lives for the people of Ontario who require access to health care systems in the province.

Home care is an integral part of the health care system that we have been working on since 1996. In 1996, we

created the community care access centres. We have consistently sought in that time to ensure a strong community care system where the right people receive the right services at the right time. For that reason alone what this government has done is increase funding by these CCACs. When I talk about this in my community, my community talks about the remarkable increases. Having moved in many areas across the province, on average across the province, funding is up 70% since 1995. Right now in the province of Ontario the taxpayers, through their provincial government—I can say the provincial government alone because the federal government isn't involved in home care—provide \$1.17 billion to home care in this province.

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I think you would recognize and agree with me when I say that this is positive proof that this government has a commitment to home care, because we take very seriously how we spend and how we use precious tax dollars. So when we double the funding for homemaking in the province of Ontario, you can see that our commitment to homemaking is very substantial.

Clearly the government values this critical role of CCACs or community care access centres; I'm going to be talking about CCACs today. After all, we created them, we're funding them and we saw them become increasingly confident as one-stop shopping areas that provide access points for people who need services in their home.

Still, CCACs are very young organizations and time has revealed a number of flaws in design that require some changes to be made. That's really what this bill tonight is about. This bill is about making the CCACs sustainable into the future so they can achieve their potential as a key element in the health care system.

Furthermore, marrying different entities into one organization, as we did in 1996, and in some cases changing direction in the way things are done, has not been easy for the CCACs over the past few years. Consequently, while many CCACs have worked extremely well, others need further support and further direction. In fact, the CCACs have in the past asked our government for standards, directions, benchmarks and improvements regarding their operations. We have every intention of moving forward with those as well.

Subsequently, we initiated one province-wide program review of CCACs, and a second specific operational review in the Hamilton-Wentworth area. The province-wide review, which was conducted by Pricewater-

houseCoopers and released this past summer, found a number of areas where CCACs needed strengthening in order to meet their mandate of serving Ontarians efficiently and effectively. These areas included financial accountability, fiscal practices and quality management strategies.

Similarly, when the operational review was done in Hamilton-Wentworth, it revealed a number of deficiencies on the part of that specific CCAC. The review said there was evidence that there was minimal understanding of the factors contributing to the Hamilton CCAC deficit and that its board had a critical shortage of members with business skills or experience. As well, effective monitoring or management of service utilization and caseloads proved to be lacking, which in the end led to the ministry appointing a designate to manage the operations of the CCAC and to ensure the implementation of the review's recommendations.

The revelations of these weaknesses, combined with the rising drumbeat of publicity about CCACs' shortcomings, had us act. There were many comments about the inequity or the equity of service delivery and the lack of accountability. In some circles, we even heard increased demands for no-strings-attached funding. From that, we decided we had to act.

Yet the very nature of the difficulties shown by Price-waterhouseCoopers and the Hamilton operational review suggest that money alone is not the answer, is not the obvious solution to what is ailing the system. You will hear that tonight from the opposition, but I wish to stress that it is not the complete answer to the problem. We need to work with these CCACs to prepare them to be sustainable in the future.

In the last few weeks there have been a lot of articles about CCACs in the papers. I just want to say that one of the papers, the Windsor paper, was talking about one of the members. The Liberal MPP for Windsor West once organized a public meeting to heap scorn and criticism on the local community care access centres. She said, "The accountability of that organization is probably the worst in the whole health care system." What it goes on to say, of course, is that since that time she's forgotten she said that and the paper wanted to remind her.

I think we all recognize that many of the good CCACs have come through a really early stage and are working toward maturity but need some help with some areas. So what Premier Harris decided to do was to look at a strategy that would enshrine the CCACs for us in our health care system; that we could make the changes that were necessary and implement what needed to be implemented system-wide in order to gain the greatest benefit for the greatest number of people who are served by these wonderful organizations. No one on any side of this House wants another Hamilton because a second CCAC has somehow slipped through the cracks of reform.

Therefore, today we have taken further steps in the evolution of Ontario's home care system by calling on the Legislature for approval, in principle, of the Community Care Access Corporations Act, 2001. During the

development of this system-wide strategy, my office met with a number of people who had comments and concerns about CCACs, as did my colleagues. MPPs from all across the province met with stakeholders in the health care system and consumer groups and heard many comments about the CCACs. The end result of all of us coming together is Bill 130 and a number of subsidiary actions that I am outlining today that we are prepared to undertake at the Ministry of Health.

When I talk about Bill 130, I need to say that this act would take us further along the home care road by improving the accountability, the consistency and the coordination of CCACs across the province. It will result in a more equitable and efficient delivery of services to the people of Ontario.

Let me take a few moments to refresh memories of what motivated this Legislature to approve the creation of Ontario's current 43 CCACs which came into operation in January 1998.

Mr Caplan: On a point of order, Mr Speaker: Could you check once again to see if there's a quorum present to hear the minister's inaccurate claims?

The Acting Speaker: Could you check and see if there is a quorum present.

Clerk Assistant: Quorum is not present, Speaker.

The Acting Speaker ordered the bells rung.

Clerk Assistant: Quorum is now present, Speaker.

The Acting Speaker: The Chair recognizes the minister from Huron-Bruce.

Hon Mrs Johns: Before I was interrupted, I was talking about the creation of the CCACs back in 1998. The CCACs became a simplified point of access where 400,000 people across the province come every year. What they do in that time frame is arrange for visiting health and personal support services in people's homes, especially for hospital discharge patients; they authorize services for special-needs children in the schools; they manage admissions to long-term-care facilities; they provide information and make referrals to the public about other community agencies and services that are available in our communities; and they provide, they purchase, the highest-quality and best-priced services from local, not-for-profit and profit agencies and providers through a request-for-proposal process. These services that they contract include nursing, physiotherapy, occupational therapy, speech-language pathology, dietician services, social work and personal support services.

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I wish to stress that under this act these services will still be provided. They will still remain untouched. The contracts that have already been accepted will still remain within the organization. In truth, we hope there's a more consistent, province-wide approach to policies and priorities by the CCACs as envisioned in this bill. This would lead to system-wide improvements in the provision of these services to the people in our communities who are in need of them.

I'd like to take a moment now to reiterate some of the key areas that are proposed in this legislation. They

include the authority to designate by regulation each individual community care access centre as a statutory corporation. It also includes, following the designation of a CCAC, the authority to appoint board members by orders in council; following the designation of a CCAC again, the authority to appoint its executive directors by OIC appointments and the authority to determine the number of CCAC board members by regulations.

New accountability responsibilities that would be required of each CCAC include: creating a strategic plan to meet the government's visions and objectives to provide quality services to the community; establishing accountability relationships throughout the organizations; developing evidence-based performance indicators to evaluate the performance of CCACs; and regular and consistent monitoring and reporting to ministry offices on CCAC activities, including budget and service outcomes. Also, they include strengthening our service agreements with CCACs to ensure consistent expectations and clear requirements in their operation.

I want to start with the last point. Under the act, and following designation, CCACs would be required to comply with all ministry policies, directives and guidelines. After all, the Ministry of Health uses taxpayer dollars to fund community care access centres, and we want to ensure that the policies, directives and guidelines of the Ministry of Health are there to ensure that services are provided to the people of Ontario.

In addition, there will be provincially developed orientation and education programs on ministry policy and strategic directions, fiscal accountability and stakeholder relations for all community care access centre board members and the executive directors.

Each community care access centre board would also be required to establish a community advisory council to promote and enhance the integration of CCAC services with local long-term-care facilities, hospitals and other community support service agencies. Considerable discussion has arisen about the linkages that should exist between all health care providers in a community and the role each must play to ensure that we have quality health care. These advisory councils are part of the solution and need to be there. They will meet regularly and develop strategies that would ensure that the council health care providers are well informed and clear about each of their roles so that they neither duplicate one another's efforts nor leave gaps in the system.

The advisory council will bring together organizations in each local community both upstream and downstream from the patient's movement through the CCAC. The council would formally be a committee of the CCAC board and would be chaired by the CCAC board member. As I said before, the advisory councils would include hospitals, long-term-care facilities and community support service representatives who understand and are best able to address system operation issues in order to serve the people of this province. The council would help the hospital and the CCAC work together to ensure that we have a smooth transfer of patients moving from the

hospitals. As well, it should help ensure the placements in long-term care facilities so that they happen on a more timely, less bureaucratic basis. The council can be seen to be an important step in the growth and the development of an integrated, seamless community care system.

The ministry has further proposals in mind that, while they do not in and of themselves require legislation, could well be implemented much more smoothly because of the governance changes that we're making in this legislation. We would implement a province-wide system that supports the CCAC case manager in the management of budgets for their caseloads. The case manager's role right now is to ensure that people get the services they need. In the future, the case manager's role would be to clarify through province-wide education and the introduction of common best practices in the CCACs the opportunities that are available for the people of Ontario. As I said earlier, there is to be no change in the current request for a proposal process for services, but we would improve training, strengthen community care access centre business expertise in contract management and bring a province-wide, consistent approach for service providers as they contract with the CCACs.

We also propose as a result of the changes that we're introducing today to change placement coordination processes to streamline the procedures and ensure that the right people access the right service at the right time in a long-term care facility. These changes that we make will reduce admission delays, create more accurate waiting lists and ensure that those who most need placement in a long-term care facility will have the priority access to that service.

As well, the advisory council will be a useful additional venue to help problem solving around system barriers between community care access centres and the long-term care facilities. We intend to move forward with a province-wide information system so that we can compare the results of CCACs throughout the province of Ontario. With this system we will have common and comparable data, and that is important to the sustainability of community care access centres across the province. This will ensure that services are being provided to people in their communities as efficiently and as effectively as possible.

This will also allow us to focus precious health care dollars upon client needs: our first priority in today's legislation. We'll also be developing best practices and benchmarks based on performance measures. The last three years have shown us that changes have to be made to CCACs if they are to achieve their potential as a key part in Ontario's health care system. Challenges created by an inequitable service delivery and under-developed accountability mechanisms: each of those will be addressed.

Let me stress that as a result of all our discussions, we chose in Bill 130 a minimum response to meeting our objectives. Some wanted us to turn the home care delivery over to hospitals. Others across the way, I can say, want us to move them to public health. Others

wanted us to submerge CCACs into a regional health authority. But we believe that there's a future for community care access centres in each of our communities and hence we will move forward with the bill that we have today. We believe we chose the option that will be the most effective and the least disruptive of CCACs' primary function, and that is to provide customer service to the people of Ontario.

I want to emphasize the collective will that characterized our work. Political will was matched with bureaucratic dedication, the deep commitment of the CCACs and the service providers and, most importantly, by the anticipation of clients and their families that we could make a difference if we went in and made some changes to community care access centres. These collective thoughts forwarded the momentum that we have been working with to ensure we have legislation which will allow us to go forward.

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When and if this legislation becomes law, we intend to move as expeditiously as possible in confirming the selection of the board members and the executive directors. We intend to ensure the continuity of expertise through the reappointment of both a significant number of present chief executive officers as executive directors and a significant number of old board members as new board members.

We fully intend to retain significant and much-valued community representation. There has been a lot of talk about that in this House. We had many options to take community care access centres out of the community, but we decided to appoint community care board members from the community, which I have guaranteed in the House to do. We guaranteed that we would use representation that had a business base, that had a base in health care, that we would take a wide, broad brush to ensure that we had strong community representation. We will also ensure that every board member has the same strong skill set that will enable us to answer the PricewaterhouseCoopers criticism that CCACs lack effective mechanisms to ensure accountability.

Let me turn now to the makeup of the board. We're still working on the composition and the number of board members we believe we would need to achieve our best home care objectives. As I said earlier in this House, I personally believe that the optimum size for the board is five to seven members. However, the current legislation does not specify the minimum or the maximum number of people on the board. I have told the association for community care access centres that we are open to suggestions and opinions about the numbers. Some of the reasons why others have suggested more board members may be more committees within community care access centres. We're having a look at that to ensure that we help CCACs to be able to do the jobs they need to do internally.

This government has an abiding commitment to the equitable, efficient and seamless delivery of health care in the province, and to a system in which the roles of all

partners are clearly defined and implemented. At a cost of \$1.5 billion a year for all community care—with the CCACs' portion being, as I mentioned earlier, \$1.17 billion—no one can doubt that community care is a top priority for this government.

I might add that I wish home care received the same priority from the federal Liberal government as it does from our government. The Liberals promised, in their red book in 1997, a home care tax credit. They promised they would do that. As of this time, we have not seen that. That certainly is a disappointment to all Ontarians.

Mr Ted Chudleigh (Halton): Another Liberal promise.

Hon Mrs Johns: Another broken promise from the red book.

In 1998, Health Minister Allan Rock conceded the Liberal's failure to deliver a home care program even in jurisdictions for which Ottawa is responsible, such as aboriginal communities. At the same time, he claimed to want to bring a national perspective to home care—a national perspective, but no dollars. The Liberals have always been good at talking the talk. Getting them to walk the walk, however, seems to be like herding cats. For all of us in Ontario, that should be a big disappointment.

Here in Ontario, in Bill 130, we have worked hard to create a solution that will fit all CCACs and that will enable us to spend this money on home care services in an equitable, consistent and reasonable manner. For instance, most of us in government agree that we need such things as a common assessment tool and a budgetary approach to case management. We firmly believe that the new governance structure will help us get there faster and better. A best practices model for CCAC governance will be useful here, as it will for placement coordination services, contract management and case management approaches that we favour.

We will make every effort to consult and collaborate with both the old and new board members, as well as the executive directors, so we can make a smooth transition and maintain quality health care in the province.

This new legislation is the tool that will enable us to work together more efficiently and effectively to serve the needs of the people of Ontario and their families in need of home care services.

Let me stress that there is nothing more crucial to the citizens of this province than the assurance of quality health services delivered by health providers who are accountable to Ontario's taxpayers for how their health care dollars are being spent. The steps we're taking will strengthen the accountability, consistency and coordination of home care service delivery at CCACs all across the province. Bill 130 is essential to the operation of the community care access centres as well as ensuring that CCACs meet their mandate effectively and efficiently.

Now I'd like to turn to some of the specific suggestions for amendments that I've heard about for this legislation. Many of these were made by the Ontario Association of Community Care Access Centres. I way to

say, first off, that I value the association's input. We have been accumulating information from lawyers and others to look at the concerns they raised. First of all, I thank the association for bringing them forward. I thank them for their understanding and support in the concept of moving to province-wide standards. I have not reached any conclusions yet with regard to the suggested legislative amendments, but I await a commitment from opposition members regarding the amendments and the time constraints that we have on this bill.

Let me deal with each amendment individually and indicate the response of the ministry lawyers to the need for the amendment.

First, the association suggested that members of CCAC boards and employees of CCACs should be given personal protection—or immunity, if you prefer—for acts done in good faith, like that which exists for crown agencies such as district health councils. The lawyers note only that under this legislation, while CCACs would become statutory corporations, they would not be crown corporations. CCACs would retain the power to purchase liability insurance in much the same way as CCACs do right now, the same as board members at public hospitals already do. That doesn't need to be enshrined in legislation.

Second, the association has expressed concern about the lack of corporate continuance language in the legislation. The association suggests that the continued existence and enforceability of contractual agreements and existing liabilities is legally uncertain. The ministry has had a number of opinions about this from a legal perspective and believes that the continuation of CCACs is described in the legislation and that such an amendment is unnecessary. I just need to quote the section here. The section they speak to is subsection 4(1). It's called "Continuation of designated corporations." "On the date specified in the regulation in which a community care access corporation is designated under section 2, the corporation is continued as a corporation without share capital under the name or names specified in the regulation." The lawyers at the ministry believe that will cover their concern in that area.

Third, the association sees a need for the membership of CCAC boards to reflect the diversity of their local communities and the clients they serve. It is concerned that this goal is not specified or set out in legislation. Let me be clear about this legislation that I'm introducing today, that this government is introducing today. There is no intention here to diminish community representation upon these boards. In fact, considering the small size of the membership in current CCACs—I want to talk about this for a minute. Right now we have membership in 43 CCAC boards, and that's the accountability mechanism. In each of those CCACs we have membership of between 25 and about 200, maybe 300, at the maximum. Our changes would ensure that there is more accountability to the public. First of all, there would be a process where all the financial statements and the money that was spent would have to be shown to all people in the community.

The meetings with respect to the board members would be open and public. We would be able to broaden the outreach that we have in the community. Should this bill become law, we shall advertise for board members, if and when they're necessary. Current board members, many of whom do an exceptional job within their local communities, are both welcome and invited to apply.

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Fourth, the association wants the executive director to be an employee of the board rather than of the board and the ministry. I can only say in response that it is the government's position, as expressed by many of us on this side, that executive directors must also be responsive to ministry programs and policies, as well as board priorities. We believe that executive directors can be responsible to both and can provide the best quality care to the people of their community. In short, the executive director will be appointed and their terms of employment set by the government, while the board will be their employer and provide direction to them. As the legislation says, the executive director "is responsible for the management and administration of its affairs, subject to the supervision and direction of its board of directors."

Fifth, the association is concerned that transition measures outlined in the bill would paralyze the daily activities of the community care access centre. It would like to see its concerns in this regard answered through a series of amendments. Let me assure everyone first off that none of these transition powers are intended to disrupt the day-to-day operations of the community care access centres. Most of the powers are what lawyers have called risk management measures. They are common in any governance structure which is in transition. They are not specific to CCACs. They have been used as transition legislation for children's aid societies, school boards and municipalities going as far back as 70 years and going back to all three parties that are here in the Legislature. The important point here is to ensure continuity of service to the people that both the provincial government and the CCACs are here to serve. In that regard, we will be flexible and we will move quickly with transition matters. In this issue, it is the ministry's preference to allow the legislation to stand as is while the ministry will provide guidelines to the CCACs with respect to transitional matters. We're happy to work with the association to that end.

Last, the association is concerned that Bill 130 will allow the ministry to collect personal information. The ministry respectfully disagrees with this since the ministry is governed by the provisions of the Long-Term Care Act, 1994, in regards to the collection of personal information. Specifically, I draw everyone's attention to section 64.

Specific amendments aside, I need to draw attention to something else which the association and many individual board members and CEOs have made quite plain to me. They have suggested that an end to uncertainty is probably the most important single action we can do to make life easier for existing CCAC board members and

their CEOs. Should amendments result in greatly extending the time required for this bill to become law, any potential gains from the amendments could be outweighed by the cost of delay. These are factors that must be weighed in any final decision regarding amendments.

In conclusion, let me state plainly that the government believes this act would, when fully implemented, help community care access centres make more efficient use of taxpayer money, while ensuring effective and timely service to the public. We intend for all CCACs to be successful at the task for which they were created: the coordination of a delivery of home care services for the people of the province of Ontario. In short, once we receive royal assent, if we do, the provision of client service would remain as it is now: the highest priority for this government.

Mr Garfield Dunlop (Simcoe North): It's a pleasure to rise this evening and speak to Bill 130, the Community Care Access Corporations Act, 2001. I want to thank Minister Johns, and then the Premier for appointing Minister Johns to take on this special task which is very, very important to all citizens of our province.

I'd just like to give you a little bit of my history with home care and community care access centres. I think it's important that we put some of these things on the record as we're debating this legislation. Before the phrase "community care access centre" was made or formed, most of the home care and homemaking services in the province were provided, in many cases, by our boards of health. I sat as a member of the Simcoe County District Health Unit, as a board member and an elected representative, for five years in the mid-1980s. Of course the reason for the home care program and why it was originally formed with 100% funding by the province—and it's been 100% funding from day one, although it is a health care service—is to keep people out of our hospital beds. Getting surgery out of the way and allowing someone to recuperate in their own home was very important. Back in the mid-1980s, in our Simcoe County District Health Unit, we saw this program—home care and homemaking—as a division of the board of health. I thought it worked very well at that time. The budget was one of our largest as far as a division: it was about \$6 million, I think, around 1985. Today, for that same program they're requesting \$42 million.

But I've got to tell you that there was always a movement with the administration of the home care and the homemaking program to remove that from the board of health. I thought the board of health was created in a very special way. In Simcoe county we had four county councillors appointed to the board, a council member from the city of Orillia, a council member from the city of Barrie and two provincially appointed representatives. I was always pleased with the way it was administered and I'd hate to think that maybe we made a mistake in going in that direction by changing that.

I was pleased with the way it operated. It was always increasing every year—we'd see a growth in that—and it kept people out of our hospitals, because at that time we

also had a pressure on our local hospitals. Simcoe county is a large county in the province, but it's also representative of a very diverse part of the province and represents the problems that have existed in the province as a whole. We were looking at growth. We looked at the Royal Victoria Hospital in Barrie—they were looking at an expansion there; the Orillia Soldiers' Memorial Hospital—expansions; the Collingwood hospital; the Midland; the Penetang; and the hospital at Alliston. All were looking at planning growth and the beds were at capacity. In that time frame—since 1985 to now—we've done some of the redevelopments and a lot of the hospitals have expanded. But the fact of the matter is that without the home care program we couldn't have existed, and it worked out very well.

I've watched that program leave the board of health and become another separate board of administration under the community care access centres that we see today. As I said earlier, it's gone from about \$6 million operating in 1985 to about—the request this year was close to \$42 million. I have to tell you that I've watched with a lot of care what's happened in the freezing of the budgets this year, looking at the Price Waterhouse study, looking at the new act that's been introduced and that we're speaking on and debating this evening. We have to have a good home care program, but we also have to be able to control the spending because it is provincial dollars and we are contributing 100% of those dollars at all times.

I talked earlier to Minister Johns and I know there was certainly a movement at one time by the federal government to actually include a national home care program in one of their budgets. I understand that they still would like to do that at some point, but meanwhile we do have a wide cross-section of home care services across our country. There's no consistent program from one province to the other, although I do know that of all the provinces, the most money per capita toward the community care access centres that we see today is coming from the province of Ontario.

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I wanted to make a few other comments before I turn it over to the member for Northumberland. First of all, I have to say to you that Ontario's community care access centres initiative simplified access to community-based services for all Ontarians. It is important to our government, and I think it's important to every member of this House and every citizen of this province. It's amazing how many of us—the demographic we represent here today; the average age of the MPPs here—have senior citizens, grandmothers, grandfathers and parents who have required the assistance of community care access centres, and we certainly do appreciate that.

One comment I wanted to make was that I personally have tried to work very closely with my community care access centre. I know that the executive director, Mr Robert Morton, is also the chairperson of the Ontario Association of Community Care Access Centres. Almost immediately after Minister Johns was appointed to head

up this committee, I had Bob Morton down to visit Minister Johns. I hope that some of those meetings have been productive and have helped work toward some positive feedback, and hopefully we'll work this out.

As you know, we strongly support the accessibility of a wide range of services under one roof, and that's why it became one-stop shopping—we've heard that term used in a number of places. Furthermore, we support helping the elderly, medically fragile children, people with disabilities and those who are chronically ill to remain in the comfort of their homes as long as possible. I guess that's simply because we do not really have the space in our hospitals. It's been a problem—

Mr Caplan: You closed the hospitals.

Mr Dunlop: I mentioned it earlier. You know full well that we haven't closed them. You know full well that you closed the hospital beds and left the lights on in the buildings, and now you have the nerve to stand here tonight and heckle across the room that we closed hospitals.

Interjections.

Mr Dunlop: You closed the hospital beds and simply left the lights on in the buildings—one more inefficient way you do business, very simply the same way your federal cousins do in Ottawa. Promises, promises and nothing but that is all you can deliver.

The community care access centres offer access to community-based services, home care, long-term-care facilities and hospital discharge programs under a single umbrella. But even as we speak today on this bill, there are still definitely problems with the organizational ability of the one-stop-shopping or one-roof approach. I think I had enough complaints over the two or three years prior to the introduction of this bill. I definitely have concerns about the administration, how these programs are handled.

Every month, thousands of Ontarians receive home care services ranging from physiotherapy to nursing care to personal support services through their local community care access centres. We as a government have demonstrated our continued support of CCAC initiatives through our funding. Since we took office in 1995, funding for home care has increased to approximately \$1.1 billion, a growth of more than 70%. I don't know what other program, of all the provincial programs, has received that kind of increase in the last five years.

Just over a year ago, we announced permanent new funding of more than \$70 million for community care access centres. Remember, when we took this program over from our colleagues across the floor, it was a little over \$600 million. So the amount of money that's gone into this has almost doubled in that time. I know you're not happy with it, but let me add something else. In the five years you were in power, you increased it about \$120 million, a lot less than 70%. So, we're talking about the growth here. We're talking 70%; you're talking about the 25% you increased the funding in the five years the New Democratic Party was in power.

Mr Caplan: You closed the hospitals.

Mr Dunlop: No. Again we're back to the hospital closing issue. Isn't it amazing? So you're telling me here tonight—

Interjections.

The Acting Speaker: Order. The chair recognizes the member for Simcoe North.

Mr Dunlop: Thank you very much.

We restructured the hospital system. We didn't close beds. We didn't leave lights on, electricity, cleaning staff to do the halls. If you want a list of the hospital beds, we'll provide it to you. If you want a list of the inefficiencies you left in the system, we'll provide that to you as well. It's not too hard. We had 10 years—the lost decade.

Interjections.

The Acting Speaker: Order. When there are two of us standing, one of us is out of order and it's not me.

We can wait for a while if you would like to talk back and forth. Just tell me when you're finished and I'll proceed.

The Chair recognizes the member for Simcoe North.

Mr Dunlop: The purpose of the community care access centres is to deliver one-stop shopping for community or home care. Community care access centres, like any other operation of government, must function within their budgets. They cannot budget for deficits and automatically expect the province to provide extra funding. That is not good fiscal management. I should point out that last year 18 of the 43 community care access centres did have deficits. The community care access centres and community support budgets, as I said earlier, are about \$1.1 billion to \$1.2 billion since 1995 and funding has increased by 72%.

The current funding freeze—and I should point out that there have not been any cuts to the base funding—will remain the same until such time as some of the growing pains that appear to be stopping the ability of the community care access centres to provide fast, efficient and targeted services are resolved.

Some information already exists. The government commissioned PricewaterhouseCoopers to examine community care access centre programs. That report was released in the spring and showed wide variation in community care access policies and practices. There are inconsistencies in the processes used to access and monitor community care access customers.

Interjections.

The Acting Speaker: Maybe I misunderstood the rules of this House. I thought that when I gave the floor to someone, they were entitled to speak without interruption, without somebody shouting at them. If I have it wrong, let me know. But other than that, you're trying my patience. I'm usually very congenial and easy to get along with and so on. I've got a little bit of a cold and I'm not in good humour and so on. But try me again; I may not throw you out.

The Chair recognizes the member for Simcoe North.

Mr Dunlop: I'll close up very quickly here.

An analysis of the cost of services in different community care access centres—and this goes back to the PricewaterhouseCoopers survey—showed wide variations in how much it takes to deliver a unit of service. I'd ask you if—and I'm not going to get into it tonight; the member from the opposition can ask the member for Parry Sound-Muskoka. He can give you examples of two community care access centres in his particular riding and the wide variation in the prices and who's doing the complaining and who's doing the work and running a very efficient and clean operation.

My time is up. I just wanted to take this opportunity to thank Minister Johns for bringing forth this legislation. I look forward to the debate continuing on here this evening. I know it's a very emotional issue. We need these centres, and we need them operating as efficiently and productively as possible to serve the needs of all the citizens that we want to keep out of hospital beds and in their homes in a family-like manner. Thank you for the opportunity to make these comments this evening.

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The Acting Speaker: The Chair recognizes the member for Mississauga South on a point of order.

Mrs Margaret Marland (Mississauga South): It is a point of order, Mr Speaker. Can you advise me whether we are doing questions and comments in this session this evening?

The Acting Speaker: No.

The Chair recognizes the member for Northumberland.

Mr Doug Galt (Northumberland): In the last 30 seconds or so of this delivery, I'd like to share with you something that I came across, I believe it was in a Windsor paper, headed, "Thorn." It says, "Sandra Papatello: The Liberal MPP for Windsor West once organized a public meeting to heap scorn and criticism on the local community care access centre. 'The accountability of that organization is probably the worst in the whole health care system,' she declared. Papatello forgot that last week when the provincial Conservatives returned control of the troubled agencies to cabinet. They did so to make the CCACs more accountable and end their huge deficits. Now she claims this is a 'muzzling' of local voices, and pure 'vindictiveness' on the part of the government. If Papatello wanted what was right for her constituents, she would support the government on this initiative."

Interjection: What newspaper is that?

Mr Galt: It's from her local newspaper right in her hometown. I would think she would follow that editor's advice and support the government on this particular issue.

I was interested in hearing the member for Simcoe North talking about the 70% increase that the CCACs have received since we took office back in 1995. I want to stress a point: that's with no help from the feds. There isn't five cents flowing to long-term care coming from the feds, or for home care or anything along this line. Neither is there any money coming for the drug plan, even though they have talked in their red book about

coming forward with dollars for home care, they've talked about pharmacare, but not a single cent. I don't think we'd be able to afford it in the province of Ontario if we had not established a sound economic base. That was established by the Honourable Ernie Eves back in 1995-96. That's when he made, as the Minister of Finance, some very dramatic cuts in our income tax, stimulating the economy. The end result has been that we have a very sound foundation, increasing the tax revenues in this province by some \$15 billion, and that's an increase of about 50%.

Also, the member for Simcoe North was talking about the accountability this would bring to the CCACs and their activities. That has really been a hallmark of the Harris government since we took office back in 1995.

I think it's interesting that recently there was a quote from Dr Sinclair, on October 2, I believe, and it was to the effect that we are not applying a greenback poultice. That's a term borrowed from Dr Sinclair, who headed up the now disbanded Health Services Restructuring Commission. Dr Sinclair was quoted in the Kingston Whig-Standard on October 2, stating his belief concerning home care, that a greenback poultice, or infusion of money, will only create more problems. Obviously he's not a Liberal, because that's a standard solution that every Liberal has: more dollars. I like the way Dr Sinclair put it: a greenback poultice. It describes it well, and I'm afraid that whether you're a federal or provincial Liberal, the answer to everything is a greenback poultice.

Interjection.

Mr Galt: I've heard the criticism coming across this Legislature about all the dollars that you people would spend—

Mr Dwight Duncan (Windsor-St Clair): You're no Paul Martin.

The Acting Speaker: I just wondered if there's something about the rules that the member for Windsor doesn't—do I need correction?

Mr Duncan: There's a lot of them I don't understand.

The Acting Speaker: I see. There may be lessons available sometime, somewhere, but right now we don't yell across.

The Chair recognizes the member for Northumberland.

Mr Galt: Thank you very much, Mr Speaker. It was obvious when I was talking about the greenback poultice and how that's the Liberal approach to dealing with things that we must have struck a nerve, because it seemed to bring forward the House leader from the official opposition getting just a little agitated there.

It's most important to note that the CCACs are still relatively new organizations and have accomplished much in the four years they've been up and running. There were and still are high expectations around the role of the CCACs in long-term care. That's particularly true as advances in technology and reduced lengths of hospital stays have increased the acuity of the CCACs' clients, which in turn has resulted in higher costs related

to more complex interventions requiring greater skill and specialization on behalf of their staff.

I want to emphasize that CCACs and their contracted service providers have emerged as the pivotal community service providers in our reformed health care system. With the increased emphasis on in-home and community services to meet the needs of a dynamically changing population, CCACs are naturally positioned to assume a leadership role. We will make every effort to ensure they realize that potential.

Part of the Harris government's strategy regarding the province's network of community care access centres and the need to improve community-based services in Ontario is the Community Care Access Corporations Act, 2001. If passed, this bill would strengthen the accountability in the community-based long-term-care sector, a sector that manages a budget of more than \$1 billion.

Let me briefly outline how we got to this point.

There was an undeniable need for improvements in the operation of the province's 43 CCACs. In fact, the CCACs asked our government for standards, directions and improvements regarding their operations. Consequently, we initiated the province-wide program review of CCACs, and an operational review of the Hamilton-Wentworth CCAC.

The province-wide review—conducted, as I mentioned, by PricewaterhouseCoopers and released this past summer—found a number of areas where CCACs needed strengthening to meet their mandate of serving Ontarians efficiently and effectively. These areas included financial accountability, fiscal practices and quality management strategies.

Similarly, the Hamilton-Wentworth operational review revealed deficiencies in many areas. There was evidence that there was minimal understanding of the factors contributing to its deficit. The board had a critical shortage of staff with business skills or experience. There was a poor understanding of how to correct the situations causing growing expenditures, and there was no effective monitoring or management of service utilization and caseloads. This led to the appointment of a ministerial designate to manage the operations of the CCAC to ensure the review's recommendations are implemented.

I'm very pleased to be able to support Bill 130. I'm very impressed with what the associate minister of health and long-term care has been able to manage in just a month or so, tackling this very difficult issue of the CCACs, one that I know in your riding and in my riding and several others in Ontario we've been struggling with. It's been this minister who has been able to solve that problem and bring forward Bill 130.

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The Acting Speaker: Comments and questions?

Mr Caplan: The minister who spoke, and the member for Simcoe North and certainly the member for Northumberland, made a lot of claims, a lot of puffery, and I have one word to say to that: bullfeathers. No way. You guys are so way out there it's not funny. You know, there is a \$175-million deficit in just this current year

with community care access centres. This is clear. You know this. That's what they're running as deficits.

Not surprisingly, earlier today in this chamber we had closure on a bill which accelerates tax cuts. The interesting thing is, the cost to the provincial government is \$175 million. So we're going to accelerate tax cuts \$175 million and we don't have it for health care. And then we have the unseemly spectacle of the Premier of Ontario going to Ottawa and saying, "We need more money for health care." Well, bullfeathers. No way. You guys are way out in left field. This is unbelievable. And we don't want to let the people who are the health care advocates, community care access boards and their executive directors, tell the public about this, so we're going to give them a gag order. That's what Bill 130 is, pure and simple. It says the minister will decide. There's no public accountability. It's accountability to the minister. If the minister gives her directions and says, "You shall," or, "You shall not," that is what happens.

Interjections.

Mr Caplan: Give it a rest. Let the government at least be honest about what they're doing. Don't try to wrap it in this candy floss, because it just doesn't sell.

The Acting Speaker: I just wanted to be sure that I was right in this, and that is that there's only supposed to be one person talking, and that's the person who has the floor. Let's pluck that bull later.

Ms Shelley Martel (Nickel Belt): I listened with great interest to the comments, particularly those made by the associate minister, and I was struck by her comment that the government considered Bill 130 to be the minimum response that it could provide to changes needed at the CCACs. She went on to say that of course the government had the option of completely destroying community care and giving that to the hospitals to deal with.

If this government had gone forward and had hospitals deal with community-based care, I would have opposed that because that would have been wrong. And you know what? I oppose too the fact that the government is moving forward by getting rid of duly elected boards at the local level, by appointing executive directors instead of the duly elected boards at the local level doing that, and by deciding what information will be released to the public, because that's wrong. If the best endorsement you can give to this bill is that we could have done something worse, that's a pathetic endorsement for this bill indeed.

This bill should be called a purge bill, because that's what it's all about. What you are doing through this bill is dealing with the criticism that your government doesn't like about your current under-funding of home care. So you are going to go in and remove those directors on boards who have been particularly vocal, like in my community, and you're going to go in and remove executive directors who have been particularly vocal, like in my community, and you're going to make sure you control what information gets out to the public.

This has nothing to do with improving home care in Ontario. It has everything to do with your government trying to silence criticism of people who are advocating

for the sick and the vulnerable and the aged in our communities.

Mr Wayne Wettlaufer (Kitchener Centre): It's really interesting to hear the Liberals and the NDP get up and yap away, as they so often do, and talk their typical rhetoric. We've heard them say in the last week, "Oh, tax cuts are a bad thing to do when you're cutting back on home care." First of all, we haven't cut back on home care. Home care has increased. The funding by this government in home care has increased by 72% over five years, and that's a fact. They don't want to bother with facts. They like their rhetoric. They like their comfort zone, which is filled with innuendo.

Mr John Gerretsen (Kingston and the Islands): Why are you doing it?

Mr Wettlaufer: But let's look at tax cuts, I say to the member from Kingston. Last week, a Leger Marketing survey said that 63.8%—that's almost 64%; that's almost two thirds of the population—want governments to cut income taxes to stimulate the economy. They realize that we can keep putting more money into CCACs if we have more revenue. But we have a little bit of a problem here now. We've increased spending in health care by \$6.5 billion since we came to power in 1995. What have the federal Liberals done? They've cut spending in health care in Ontario by \$100 million. Forget your tax points, because they don't count. They've cut spending \$100 million in health care in Ontario, and the Liberals don't do anything about it. They don't want to talk about that.

Now, let's take a look at something else here. The federal Liberals talked about home care in their red book in the last federal election, but of course these Liberals don't want to talk about that either because the federal Liberals reneged on their promise. Well, son of a gun—Liberals reneging on a promise. They reneged on just about every promise that was in any red book they ever campaigned on.

The Acting Speaker: The member's time has expired.

Mr Wettlaufer: We need money in health care. They won't give it to us.

The Acting Speaker: Comments and questions.

Mr Wettlaufer: The federal Liberals don't care about health care.

The Acting Speaker: Order. The Chair recognizes the member for Windsor-St Clair.

Mr Duncan: Let me begin by saying that the provision of home care services is a difficult question. It is an expensive proposition and it's one that is necessary, given the rapid rate of growth of our population.

The government tonight, or this week, could have addressed a number of substantive issues around home care. And yes, I must say it does require more money. Where could that money have come from? Did we have to raise taxes? No. There's a \$2.2-billion corporate tax cut that kicked in on October 1. You could have used \$175 million of that.

The rate of growth in government expenditures has not kept pace with the rate of growth in demand for health care, and in particular home care services. It has not kept

pace with the fact that we have cut—closed down—literally hundreds of acute care hospital beds in this province. We all have constituents, in every part of this province, who are not getting enough care, are not getting adequate care. I had a case in my riding where a blind man had his visiting nurse cut and his homemaking service cut, and it wasn't until he almost burned his apartment down and the media got involved in the case that there was any kind of response.

I acknowledge that it is a difficult problem. I acknowledge that it is an expensive problem. I acknowledge that there are no quick and easy fixes. But I also recognize that, given the chance tonight to debate substantive improvements to the provision of home care in this province, the government has chosen simply to shut down and close off voices of advocacy in each community in this province, and that's regrettable. We could be debating the provision of different types of service—visiting nurses versus home care—and the levels of money. Instead, all we're doing tonight and all this government wants to do is shut down any voices of dissent within this debate.

The Acting Speaker: The minister from Huron-Bruce has two minutes to respond.

Hon Mrs Johns: Thank you to my colleagues who have made comments.

Let me say first off that I guess the tack of the opposition members over the next few days will be to just write off the concerns that we've had with home care, write off that we had an operational review and that major concerns were raised by the people who did the review, write off the fact that we had to put a supervisor into Hamilton because the services weren't being provided to the community, and when the supervisor went in, she found that she could balance the budget because she allocated dollars more effectively. The opposition wants me to write off the fact that Pricewaterhouse-Coopers put in a report and suggested that substantial change needs to be done and that the government should move forward to do that. The opposition wants me to write off the fact that customers and clients of community care access centres have raised concerns to every MPP in this area saying, "You need to do a better job of providing services."

What has happened in this bill, whether the opposition wants to believe it or not, is that we are moving forward with that. We didn't have to deal with money in this bill. There's a business planning process to be able to deal with money issues. It wasn't something I had to legislate.

What had to be legislated were the governance issues, and there had to be some accountability issues put into legislation, and there had to be a requirement to integrate the health care community within each of our communities. After looking at the broad range of things we needed to do for community access, those were the only three things I had to embed in legislation, and I chose to do that. We can deal with service levels, we can deal with better systems and accountability mechanisms in policy, procedure, regulation. I can do all of that.

You cannot write off the fact that there were problems with the community care access centres. This government has come up with a solution, and we're going to implement it.

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Mr Gerretsen: On a point of order, Mr Speaker: I'm sure the minister will agree that the first thing the Price-Waterhouse study recommended was a need for more resources, and that's—

Interjections.

The Acting Speaker: I was under the impression that only one person at a time has the floor in this place. If the member for Ottawa West-Nepean and the member for Kingston and the Islands would like to get together and apologize to each other for the way they've been shouting, that would be fine. I have no objection to that whatsoever. But we don't shout back and forth across the floor or up and down the floor. I understood those as the rules. If I've misunderstood them, please let me know.

Mr Gerretsen: Speaker, I apologize.

Mr Garry J. Guzzo (Ottawa West-Nepean): I apologize to you, Mr Speaker, and to the former mayor of Kingston.

The Acting Speaker: Well, this sounds very amiable. I just hope it can continue.

We're going into debate. To lead off, I'd like to recognize the member for Thunder Bay-Atikokan.

Mrs Lyn McLeod (Thunder Bay-Atikokan): Speaker, I will be sharing this time with our lead critic on this issue, the member for Windsor West.

Once again this government would rather try to make a problem disappear than actually deal with it. Bill 130 is a takeover of community care access centres. It is nothing less than that; it is nothing more than that. It is a hostile takeover. It's a takeover that has been done without consultation. It's a takeover that has been done without any due warning. I say to the members of the community care access centres who are here tonight that if you had any doubt about the hostility of the government in taking you over, just listen to the kind of blame-laying that has been going on by the members of the government all night. To hear them speak, all the problems of home care in this province are a direct result, an exclusive result, of the mismanagement by local community care access centres and by a lack of accountability on their part.

That is simply, fundamentally a distortion of what is happening out there. The bottom line is that this government has underfunded community care access centres so that they are facing a deficit of \$175 million. It has made them do their dirty work, and when the community care access centres dared to come to government and say, "We cannot deliver a reasonable level of service to the people who need that service," this government's answer was to shut them down.

I don't suppose it actually came as much of a surprise to the community care access centres, even though they had no warning. Two years ago I remember talking to Bob Fera, formerly the provincial chair of the community

care access centres association and the former chair of the Sudbury community care access centre. He resigned in fury that this was done to local board members. I remember talking to Bob Fera two summers ago, and he said, "We are really concerned that we're not going to be able to meet the needs that are there. But we have to work with the government; we have to work behind the scenes with the government. We're going to do that because we're afraid that if we don't they will simply come in and take us over, replace us with people who will not be so publicly critical of the government's failure to meet the needs of seniors and those needing long-term care in our communities."

Well, look at what's happened. Two years later, community care access centres, which did their best for two years to work with this government to make government understand the increasing needs of an aging population, the increasing needs of people who are being discharged earlier and earlier from hospital, kept running into a complete and utter void of response from this government. Finally, last spring, in desperation, they released a report on the crisis in home care. It was a measure of their desperation that they were prepared to publicly raise these concerns. What happened? The Premier of this province accused these local community board members, volunteers trying to serve their communities, of a shoddy ploy intended to wring more money from the government. Shame on them for daring to raise the concerns of the people in the communities they're trying to serve.

So now we have a takeover. Some people might look at this bill and say, "Good for the government. They're going to take some responsibility." I doubt it, because what this bill is all about is taking pressure off the government by silencing the very people who know what's happening on the front line and have dared to speak about it.

Why is the government embarrassed? Why would they feel the need to shut down these community volunteers who are simply out there trying to serve the people who need their care? I suggest it is because this government knows well that it has totally, absolutely failed to provide funding in any way adequate to the home care services we should be providing.

Members of the government opposite might say, with some justification, "No government has done it better. No government has provided more money for home care than our government has," ignoring the fact that we have had an increased population, an aging population and increased demands. I say to the government that no government has gone about a systematic, widespread restructuring—destructuring—of our acute care hospital system in the name of transferring care to the community. And now 50% or more of the services that community care access centres have been providing have been going to acute care for those people who have been discharged early from hospitals, only the problem is that the government was never prepared to put the resources into home care.

What's happening now? I can tell you. The evidence is in. It's increasing every month. People who are being discharged without care from hospitals are coming back into hospital with more complications requiring more care, staying longer in a hospital bed. Now we have people who can't be discharged from hospital because there simply is no care. We have frail and elderly people, the people for whom home care support was designed, who can't get any care at all because the dollars are going to provide for acute care.

Those frail, elderly people are falling. They're breaking hips. When you're 75 years old, 80 years old, the average age served by community care access centres, you don't recover quickly from a broken hip, so you end up in hospital: first in an acute care hospital, then in a rehab hospital and then in a nursing home. This is not only chaotic and putting people through anguish; it is costing this government a fortune. This is chaos, and it is costly chaos. The associate minister suggested that some CCACs may have slipped through the Web of reform. I would suggest to her that the community care access centres in this province haven't had a chance to be part of the reform. They have simply been dumped on, and now they're being blamed for the government's failure.

I'm not going to spend a lot of time tonight on the state of home care; we've been raising it in this House on almost a daily basis. I do want to recognize that the problem of the lack of resources is compounded by the kind of managed competition process that was put in place. Supposedly, awards of service were to be based on 80% quality. But we've known from the beginning that with the kind of funding restraints the CCACs were under, it was going to become a question of quality or access. The managed competition process has been costly, it has been time-consuming, it has been chaotic. It needs to be changed. But what we're going to be left with after tonight is neither quality nor access.

The bottom line is that community care access centres across this province are facing \$175 million in deficits, and instead of acknowledging it, this government wants to suggest that it's a problem of local mismanagement and that they need to take it over. Well, I can tell you there's nothing in this bill to help Dawn Wreshall from Thunder Bay. She was the most recent person to call our office. Her father's home care was cut from five one-hour sessions a week to just one hour in total—one hour per week. Her father is 78. His wife passed away a few years ago. Dawn called because she's concerned that since she's now the primary caregiver, she won't be able to care for him adequately and he will be forced into a nursing home.

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This bill does nothing for Dawn Wreshall. It does nothing for the thousands of people like her who our members, and I'm sure government members, have been hearing from. We've waited for two years—more than two years—for a Long-Term Care Act, a real Long-Term Care Act that would have made it clear what the

standards were of what we are going to provide in home care. There are no standards here. There is nothing but a takeover being done in the name of holding community care access centres more accountable, as if they were the ones to blame for everything that's happened.

I'm not going to spend a lot of time on what the bill does. I want to just acknowledge three central things, because they are central to this. First of all, the bill says that we are going to appoint board members—the government is going to appoint the board members. They are no longer going to be elected. This is hugely ironic. One of the things that we on this side of the house welcomed when this Conservative government created the community care access centres was that they had put in place a process for the board members to be elected by a concerned community. And yet this same government that created them, this same government that believed that local accountability was achieved through an election process, is now taking that very accountability away. How can the associate minister stand up and say this bill is about more accountability? Surely, as elected representatives, we believe the way that you are ultimately accountable is to the people who elect you. That's what Mr Wilson, when he was Minister of Health and created the CCACs, seemed to believe. He gave them a year, I think, and of course at the end of that first transitional year, the CCAC board members were to be elected. This government has decided, because local accountability, which in fact is what this is, is too embarrassing for them to live with. They'll shut down that process.

The second crucial part of this bill is that the executive officer of the community care access centre will no longer be appointed by a board, but will be appointed by the minister, appointed and able to be fired without cause by the Minister of Health. I would add, as I understand it, at least initially, without provision for severance. Talk about intimidating. Talk about a power for silencing. Is it any wonder that we are not likely to hear the outraged voices of executive directors of community care access centres across the province when they know they can be fired without notice and fired without severance and when they see the evidence before them in this bill that all they have to do to warrant that kind of hammer being brought down is dare to speak on behalf of the clients who their agency serves?

There's one other part of the bill I want to stress, and that's subsection 11(2), because this says it all: every community care access centre "shall comply with all directions issued by the minister."

What have we lost with those three central tenets of this bill? We've lost community advocacy. Community care access centres have been trying to provide a service. Again, I repeat, they are volunteers. These are not people who are advocating for themselves. They're not raising concerns on their own behalf. They all have easier things to do with their life. They raised their concerns because they saw the anguish in the homes, they saw the anguish in individual lives and they saw the anguish in families. I

say to the members opposite, if you've talked to any of those community board members, you've understood how they shared the anguish of the people they were trying to serve. What's wrong with that? It is what they were expected to do. It is unfortunate it happened to be embarrassing to the government. They were set up to be advocates by this very government that's shutting them down. I remember saying to the chair of the first appointed board for my home community, a man named Don Murrel, "Don, I really hope that this concept of community care access centres, where you are community people who will be advocates for your community, is something you'll be able to hold on to."

That's why I'm particularly distressed at this legislation, because I think they tried. They tried to remain community advocates, little knowing that it would be the government that set them up that would then shut them down.

I quote from Doug Hamilton, the chair of the Toronto Community Care Access Centre: "This new structure is a major cause for alarm. It removes the voice of consumers and community representatives from the very organizations that serve and advocate for the sick, frail and vulnerable members of our community. And it politicizes a key segment of the health care delivery system. It imposes a gag order on CCACs preventing them from voicing dissatisfaction with chronic underfunding of home care in this province."

I suggest that what else is lost is any ability for community care access centres to make the broader public aware of the needs in home care. Yes, they have to make a report to the minister. Yes, supposedly the reports are to be made public. But, given the fact that all these members of boards will be government appointees, along with the executive director, those reports are not going to be about the gaps in service. Those reports are going to be about the successes. They're going to be a plea to government to keep them going because they're doing so well.

In fact, even if they dared, in these reports, to point out gaps, there is a section of this bill which says the public will have access only to the information that the minister deems to be in the public interest. It appears that the minister does not believe that public advocacy in home care is in the public interest. If the minister believed there was a public interest in advocacy for home care, we would not have Bill 130 in front of us tonight.

I think what we will lose with this bill is the commitment and the expertise of local board members, those local volunteers who have served out of a commitment to their communities, out of a concern for people who need care. They've had no other reward than the reward of service. Why would anyone who continues to have that concern for community, that commitment to people, want to do the government's dirty work if there was no hope of reward in simply making a difference at a community level? Those community volunteers are realizing only too well that that reward is not going to be there. That's been their motivation.

As this legislation is presented, as they hear the government and the minister laying blame on their lack of accountability and their mismanagement, they must feel angry and belittled as their contribution is so devalued. Why would they serve after this? I don't believe for one moment that the failure is in the community care access centres and their volunteer board members. I just want to read one quote about the issue of competence of CCACs. It comes from John Enns, who's the vice-chair of the Waterloo community care access centre. He says, "The implications of the proposed legislation is a slap in the face the week after the Waterloo CCAC was praised for its accountability and effectiveness in a glowing report from the Canadian Council on Health Services Accreditation." Shame on the Waterloo CCAC for being so incompetent and so lacking in accountability that the minister needs to shut down this volunteer board.

Inevitably, the greatest losers in all of this are the people who need care, because it is going to be easy to ignore the waiting lists. From the Waterloo CCAC board chair, Norma Marossi: "It is now glaringly obvious that advocacy on behalf of the frail, sick and vulnerable in the community will not be tolerated. Provincial appointees with the support of government will be able to ignore the pleas from the community for the service they deserve."

The minister tonight talked about Hamilton, one of those glaringly deficient community care access centres with a large deficit. The government had to go in and take it over. You know what, Mr Speaker? The waiting list for home care in Hamilton miraculously shortened. Do you know how they shortened the waiting list for community care in Hamilton? They just cut people off. They just didn't put people on the waiting list. It is one way of dealing with the problem. With this new legislation, it is going to be much easier to misrepresent what's happening without fear of contradiction.

That's certainly what happened in this Legislature just last week when it came to the CCAC in my home community of Thunder Bay. In Thunder Bay, the community care access centre had to cut \$9 million in services. That's a lot of money in our community care access centre. For the very first time ever, they have had to cut nursing services. Do you know that if you're discharged early from hospital in Thunder Bay, you may have to wait 20 days just to get a dressing changed? They've had to cut out all the speech therapy in our schools, so if you're a child over the age of five years, 10 months, you no longer fall under the public health unit for speech therapy. You don't get speech therapy in my community. In fact you don't get it in northwestern Ontario unless you can pay for it.

There are indefinite waiting lists if you're a senior waiting for home care, trying to stay in your own home. There are 680 clients on the waiting list. There's nobody new being admitted to that waiting list, so our waiting list won't grow. You have to die before you're going to get care. It's the only way the waiting list is going to be reduced.

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The associate minister said last week that the Thunder Bay CCAC had a budget of \$17 million last year and that they wanted to go to \$26 million. They didn't. They had a budget of \$21 million last year. Did the minister acknowledge that? No. Did she look at the reasons their budget this year needs to go from \$21 million to \$26 million? No. Did she recognize the negotiated salary increases? Did she recognize the cost of the RFPs? Did she recognize the fact that in Thunder Bay there was a 48% increase in the caseload? No.

None of that was taken into account. There was simply a misrepresentation of the budget and a refusal to acknowledge the realities of what the Thunder Bay community care access centre is dealing with.

The anger of the associate minister directed at the local board was quite something to see. She basically accused the volunteer board members in my community of lying, as if those people, who are there solely to serve the people in my community, were cutting people off service just to make some kind of political point with the government. Home care is not about politics for these community-based community care access centre board members; it's about people who need service.

I want to save lots of time for my colleague. I just want to tell you that I think this is the beginning of a process that frightens me a great deal. I don't even know if the associate minister is aware of what this may begin, but I get pretty nervous when I hear the Premier of this province talk about abandoning home care. He wants to present it as some kind of gimmicky ploy to attack the federal government on funding, but I think it has a deeper relevance to what we're doing tonight.

We have a bill before us that silences the critics. When you silence the critics, when you refuse to acknowledge the real gaps in service, what happens? What happens is that increasingly private pay becomes a reality. The 85-year-old man in my husband's medical office a couple of days ago, who simply cannot go home alone, who could not safely be allowed to leave and go home alone, had two choices because he can't get on a waiting list for home care in my hometown. He could go to a nursing home or he could pay privately for his home care. He said, "I won't go to a nursing home. I'll spend my last penny just to get some home care."

Private pay is becoming a reality. This government is creating a crisis in access to home care, as they are creating a crisis in access to health care. When you create a crisis in access, you drive a demand to be allowed to pay privately. You make it a necessity to pay privately. Already in Ontario we have the highest proportion of private pay for health care of any province in this country at 33.3%. A large part of that is going for home care, and more of it is going for privately paid home care every day.

I suggest to you that is part of the agenda of this government. It's possible that this utter chaos in health care, acute care, long-term care and home care, this utter chaos we've had under this Tory government is the result

of complete incompetence, complete mismanagement, complete refusal to put resources in place, and that that's all it is. But I think it's more than incompetence, more than mismanagement, more than a refusal to give resources. I think there is, if not a deliberate agenda, at least a willingness to see the alternative of private delivery and private pay be something that the public has to resort to because they no longer have any alternatives.

Where else have we seen this government take action to shut down the voices that criticize them? Emergency room bypasses: a hot issue in the press? People being bypassed, bypassing emergency rooms, critically ill in ambulances with no hospital to take them because acute-care hospitals are working at 95% capacity, people lying on stretchers in emergency room hallways: what does the government do? Do they fund emergency room services? Do they provide more acute-care beds? No. They bury the statistics on critical care bypass so it will come off the front pages of the paper and the public won't be concerned, until it happens to them.

Cancer Care Ontario, a huge issue: long waiting lists for radiation treatment. In the summertime they come out with a study that says we have equally long waiting lists for cancer surgery. What's the government's answer? Deal with the surgery? Deal with the waiting lists? No. Their answer is to merge Cancer Care Ontario centres with hospitals so that you can bury the facts, so that you can bury the gaps in the budget, you can bury the reality of waiting lists.

I guess the question is, what's next? Hospital boards taken over? Public health boards taken over? Public health boards have dared to raise concerns about their ability to provide mandatory programs. I guess they'll be the next to go.

Before I close and turn this over to my colleague, I do want to acknowledge that there is another part of this bill which was addressed by the community care access centres in raising concerns about the bill, and I noticed that the majority of the very real concerns they raised, the most fundamental concerns, have been dismissed out of hand by the minister as not requiring a response through an amendment process. I hope the members of CCACs present acknowledge or recognize that, because the minister has essentially dismissed all the key concerns that are central to you in making this bill in any way palatable.

One of the concerns that I share, among many others, is the aspect of privacy. This bill requires that personal health information be disclosed to the minister or to a representative of the minister. In the absence of health privacy legislation, this is a very serious inclusion in this bill. We fought the privacy legislation. The privacy commissioner of Ontario fought the privacy legislation that was proposed by this government. The federal Privacy Commissioner said the privacy legislation proposed by this government was absolutely intolerable. It was deemed so by privacy commissioners because it allowed for the disclosure of personal health information to members of the government when there was absolutely

no reason, no defence, for giving personal health information to a member of the government. Statistical information, yes. Governments need that for policy purposes; they need it for funding purposes. They do not need access to personal health information of individuals, and I trust that this government will at least give the privacy commissioner of Ontario the courtesy of reviewing this before they ram this bill into law.

I would like to talk more about cost-effectiveness of home care, because we're losing the cost-effectiveness. I would like to talk about whether or not this government can afford to provide home care rather than shut down home care agencies. They could if they just had a priority for health care, for human services, rather than a priority for tax cuts.

I'm going to leave this now to my colleague on a note saying that I consider this to be a shameful piece of legislation when a government collapses the very agencies it set up to be community advocacy groups solely on the grounds that they did the job they were created to do.

Mrs Sandra Pupatello (Windsor West): I'm very happy to speak to Bill 130, the bill that essentially eliminates community care access centres across Ontario.

Let's just call the bill exactly what it is: a hostile takeover of home care in Ontario. This bill is effectively a gag order for all of those who have been community advocates since 1997, as they evolved into true advocates for patients. Those agencies will be gone.

Some of my colleagues have already expressed effectively what the guts of the bill speak to, and that is the elimination—in fact, the most common phrase in the bill is actually “ceases to exist.” The CEO ceases to exist, is terminated. The boards of directors cease to exist. The memberships, those who could be participative in their local CCAC, cease to exist. It's the most common phrase in the bill.

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My colleague from Thunder Bay-Atikokan asked the question, “Why?” We believe we know the answer to that. We understand that in 1997 this government created community care access centres. Let's just do a very quick review on the history of how they came to be.

Let me add the caveat upfront that in 1995 my constituency office of Windsor West received not one phone call about a lack of home care in my community. The VON, the agency in my hometown at the time, did a very effective job of providing service. That was in 1995 and 1996: not one phone call to my constituency office despite the massive cuts across the system in health care that particularly affected my hospitals in Windsor. Not a phone call in home care. That VON organization did a fabulous job, to the point where we were so surprised to see the creation of CCACs. What were they doing when a program seemed to be running well? Programs can always be improved. You'll never have the best program. You need to strive to do that. So that was the beginning.

Then the government embarked, if you'll recall, on the Health Services Restructuring Commission. I wish to say on record that if Duncan Sinclair were still in his job, he

would finally resign as he promised to do when he said, “If the government doesn't invest in community services before the services are eliminated from the hospital system, I will resign.” That's what he said. If he were still in that job, I trust he would keep his word and resign, because the government did not meet that commitment.

Here's an example of the health services restructuring in my community that of course gutted a number of facilities, all in the name of long-term improvement to the system. It called for, among many things, reinvestment in other services. Reinvestments were recommended for home care. What a surprise that was. This kind of comment existed in every Health Services Restructuring Commission across the province, because everyone in health policy could see, all of those bean-counters, all of the PhDs and eggheads who have ever looked in the area of health policy—it was apparent; you didn't need to be a scientist to understand—that when you eliminated services in one part of the health care sector, it was going to spill over into other sectors. Duncan Sinclair said that the government needed to invest in those community services before you gutted services in hospitals.

What did the government do? They created community care access centres. They essentially ripped everything open and said, “OK, we're going to lay a new template across how we're going to deliver home care.” Fine. I guess the government, as a majority government, has the right to do things that it deems appropriate in health care. But, for God's sake, it wouldn't even take good advice from experts in the field. People who have worked in the industry for decades told the government, “Be careful how you do this. Watch the timing of it. Don't cut so dramatically in one area, because the other services are still not equipped to deal with them.”

The predictable thing happened in home care. Hospitals were ratcheted down in terms of their budgets and were driven to throw people out of hospital quicker and sicker. This happened across the board. We heard the stories, the nightmares, of people backed up in emergency rooms, patients lying on gurneys in hallways for days at a time with no beds because the hospitals didn't have the funding to keep the beds open, so the people were being sent out, as the OHA would confirm. Every hospital in Ontario was told by the government to get those utilization levels down, all those big words for health care. What that essentially means is, “Get the people out the door. There isn't room for them in the hospital. As technologies change and as we do more in hospital on the technology side, we're going to do things quicker, need less invasive surgeries these days.” It was all meant to drive utilization levels down in hospitals.

Where were those people going to go? The very predictable thing happened. The things we said in this House happened. Back in 1997, when the CCACs were created, we said, “Standards have to be in place before you let this horse out of the barn. Tell us what services will be in that basket across the province so that whether you're in Wawa or you're in Windsor, you can expect to

have the same level of service.” The government didn’t do that. We asked the government for that back in 1997. At the time, you had government-appointed boards of directors, government-appointed staff for one year while it transitioned into what was to be community advocacy, community care access centres.

The members opposite—I hear the buffoonery across the way dare to quote my quotes from my Windsor paper. They forgot to say when those quotes were made. They were made, in fact, when my own CCAC in Windsor forgot that they were supposed to become a public organization, and a year after they were to allow memberships by the general public on to our local board, they refused to do it. What did they think their local MPP was going to say? Everything I would say again if they dared to do it again. Since that time, my local CCAC, kicking and dragging all the way, became the public organization they were meant to be by the legislation.

I would just add, for all those who dared to bring those comments into the House tonight, that if it wasn’t for the opposition we brought to bear on that local community care access centre to be open, to let us in and see what they were doing with the funding—we in fact called for the forensic management audit that the government was forced to do, embarrassed to do, and ultimately the report that led to dramatic change at my local CCAC, so that when it did improve, it improved because they had community people represented on that board, not the government appointees, not the Tory hacks you put in place, some of whom have still hung around for a long time, who dared to be defenders of government instead of defenders of the patients they were meant to serve. Those people should never have participated in that community group. Those people should never have taken on a volunteer position unless they knew it meant they were going to advocate for patients.

That’s what I demanded, and I would say the same again whether my newspaper likes it or not. That’s the way it was in my community.

Just as my own community care access centre comes up to speed with where Ottawa was from the beginning—and I remember well the CCAC in Ottawa advocating from the beginning and saying, “The demand, the caseload is growing dramatically and we need assistance with this.” They got slapped around from beginning to end by this government, which all of a sudden turned the tables on them and said, “They are being mismanaged.” In Ottawa’s case, they decided to just slap them around the very same people they put in place, because they were causing too much trouble for the government, too many headlines for the Ottawa MPPs to have to deal with.

The truth was, just as they went ahead with the Health Services Restructuring Commission and then implemented the commission’s reports by changing the health system and not investing as they were supposed to, they actually changed the very nature of home care. In the 1980s, and in some cases 40 years ago, communities and government started to fund programs that allowed the elderly to stay in their homes. It was essentially an elder

care program. It was not the post-Conservative-government virtual hospital that it’s become. When you started changing what we service in health care and where, it was not a home care program that compared with a Liberal government program or even for that matter an NDP government program. So to suggest it’s even the same group is just a fabrication.

Let’s say what it is. You changed the health system to the degree that community care access centres became hospitals. You drove utilization down in the four walls of the big H in every community, and those services went into the community via community care access centres. Where they used to spend the money on personal grooming items, helping to prepare meals for the elderly, helping with some housekeeping duties so they could stay in their home, those monies dried right up as the demand for critical nursing services went through the roof.

The government likes to vaunt these fancy numbers about increases in services. We are talking about a wholly different organization. The people who are here in the gallery tonight will tell you that it is a whole different program. The tens of millions of dollars now driven into nursing care leave nothing for the elder care types of programs they used to be able to offer in communities. You now triage their patient load. What is the most critical? Well, I imagine a patient won’t die if you don’t assist with vacuuming in that particular week.

Now you’ve got patients driven out of the hospital the same day they’ve had surgery. We have the most horrendous stories of double mastectomies, women with tubes everywhere, sent home four hours after surgery, and a home care nurse is going to see to this. It is to the point where some people think maybe that’s good public policy. There are just some things where you say, “You know what? For the sake of this woman, she can stay overnight, for God’s sake.” But the funding and all that flexibility in the hospital system are gone. We can’t even be decent to Ontarians in this province any more. So now, of course, the double mastectomy is a much more serious issue that has to be dealt with in the home than that elderly man who needs a little bit of help preparing meals. That’s where we are in Ontario today.

All this increase in the caseload has never been acknowledged by the government. Those caseloads went through the roof at a staggering pace. The funding couldn’t possibly keep up with them. By way of example, in terms of numbers, I look at just one hospital in Windsor facing a \$17-million deficit, with the amount of services they would like to provide but can’t, where we still have people waiting for every level of care. If you come into that emergency room and you’re not dying, you are triaged out into the waiting room, and frankly that is the case everywhere in Ontario.

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I say to the members opposite that I realize you’re proud of what you’ve done to health services in Ontario. But for God’s sake, just ask your neighbours, just ask the people where you live, and they will tell you the

experience, because it's the same everywhere. It's not just in Windsor West; it's not just in Thunder Bay, These stories are everywhere. As I travel the province as a health co-critic, everywhere I go the stories are the same. If you are not dying when you arrive at the emergency room, you're triaged out into the waiting room for some length of time, until it's more convenient for the hospital to see you. That's the way it is.

As you can imagine, that CCAC program, that home care program that doesn't see the serious level of care that hospitals do, has just been billowed down to the bottom of the priority list as far as this government is concerned. There was no acknowledgement that while they increased funding, the caseloads increased exponentially and the funding could never keep up. It was mandated by the government, and then the government was not there to pick up the pieces. So much for the history of where we are today. They created this. They created the notion that the community would then take care of themselves and advocate for services they needed.

We committed from the beginning that if we were the government, we would introduce standards of care. This minister said in this House this past week that they're introducing this bill to bring in standards of care. How absurd is that? Actually, on that note, I have to quote somebody who said, probably in better words than I ever could—CCAC board chair Wendy Bell. Do you know what she said? She said, "Is she out of her mind?" That is probably better said than I could say it.

The last thing this bill does is bring in standards. We've called for standards in home care since its inception in 1997. Do you know who else called for standards? The community care access centre boards called for standards. They said, "Tell us what we should be mandated to deliver." They asked you for that.

This government said they brought Bill 130 in because the Price Waterhouse review they ordered told them to do this. How absurd is that? The difficulty is, we don't have the tens of millions of dollars to run ads to tell the whole world the hypocrisy of the statements we've heard. So let me just tell you this: here is the Price Waterhouse report. This is the report that the minister claims results in Bill 130. Let's go to the page that summarizes for us what the areas for improvement are. Let's take that page out of this report that she claims resulted in Bill 130. One area for improvement is, "Need for more resources." We never heard that across the way. The number one need for improvement was resources. And when it talks about resources, it doesn't just talk about money; it talks about staffing issues, personnel issues.

We all recall—and we've dealt with this everywhere across the province—that we have had our nurses virtually thrown out the door of the province. When the hospitals cut, because they had to cut, do you know who were cut the most? It was the nurses. Funnily enough, most of the money in an institution like that will go to the nurses, because that's the lion's share of the personnel in a hospital. That makes perfect sense. As we chased the nurses out the door, we virtually chased them out of the

field. We aren't even graduating nurses in Ontario today who want to stay in Ontario to work. Even as they are now trying to recoup, begging the nurses to come back, we can't blame the nurses for saying, "We don't trust this government." They don't trust that tomorrow there won't be some other absurd policy come along that will chase them right back out the door.

Where has this problem hurt the most? The home care area. Just as all these community care access centres have gone their merry way to listen to the government and go through requests for proposals, so that these contracts would be compared in a very businesslike fashion, private companies come in, bid on the work, get the work and assume that nurses, like widgets on a factory line—they're required here and then if that company wins the contract, why, the widgets will just move and go work over there. It has created the most unstable workplace imaginable for nurses in Ontario. It's the most disrespectful way to treat the majority of our professionals in the health field, and that's what this government has done.

The Price Waterhouse report said, "need for more resources," including finding ways to address the critical shortage of human resources in the home care sector. I don't see any of that in Bill 130. I don't see anything about the \$175-million shortfall that, as my colleagues acknowledge, we could find a hundred times over with the wasteful, mismanaged spending of this government. It pointed out inconsistencies in the policies and practices. Everybody has called for standards. This bill has nothing to do with the standards. It called for ministry program administration. Can you imagine that the Price Waterhouse report actually called for the ministry itself to do some work and we don't know that the ministry has done any of that work?

I note with interest that this particular minister likes to say, "I, I, I," but when it comes to blame somewhere, it's "the ministry" or "they." So in this particular case, this particular minister has not done her homework, has not brought standards of care, has not set the benchmarks for what services need to be delivered in home care across Ontario, has not done what the Price Waterhouse report called for in program administration, including funding, policy compliance, data management and accountability mechanisms—this at the feet of the new minister for home care. It has been a disaster so far. The response to this review is Bill 130—absolutely absurd. It's the complete opposite direction that you would think the government would want to go, just in terms of health policy for the government.

The member from Simcoe, who spoke earlier tonight, was talking about the kinds of complaints he got in his office. He just couldn't believe that. It was very frustrating for him to get those kinds of calls in his office. I ask this member from Simcoe, what do you think is going to happen after Bill 130? Who else are they going to call? Bill 130 says that the minister controls everything. It's nobody else's fault but the minister's. So maybe we will all redirect our calls to the minister's office. Because the minister wants to hear about the case

that my colleague from Windsor-St Clair talked about, where a blind man pretty near burned to death because they cut his meal preparation, and in this particular case this blind man was trying to warm up soup on the stove and the place caught on fire. Why? Because this man lost his home care hours. But I think in the future we will have him call the minister's office. Talk about bad public policy.

Just in general, where we seem to be going in health care: the lion's share of the public want to see more care at home. The trend seems to be people are living longer—that's no surprise—and people are living healthier, longer—that's no surprise. Seventy-year-old people today are not like they used to be 20 years ago. They're much more vibrant, they're much more healthy, they're much more active. So in the future we will likely be seeing people live and needing home care services. I see the Speaker counting his fingers. That's a few years to go for the Speaker. But in 10 years or in 20 years, home care will be addressing individuals who might be 90 years old. That will be typical in this province.

Mr Gerretsen: They are now.

Mrs Papatello: They are now, as my colleague says.

So where are we going with this particular document? What we see is an attempt to take monies away from the system and not even allow the window where we can see that the money in fact is not there. What this bill does specifically is have an audit prepared every year, but that audit is for the minister's eyes only. It says very specifically in this bill that the audit will only be submitted to the ministry for approval. So as Sandra Papatello, MPP for Windsor West, I used to go to my local CCAC and say, "Let's compare some numbers on the nursing expenses of this year versus the caseload." I could participate at my annual general meeting, which I did, to ask very valid questions, because I could access the financial data. That will no longer be available to me. How nice to close the door and close shop on community care access centres so we can't see how much money my community gets, how many services are required and who is on a waiting list in my community. I will no longer be able to access that information.

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Moreover, this government is going to appoint the board members. I can tell you that some of the board members at my local CCAC probably will not get appointed by this government. You see, they're actually there to advocate for the patient. They're actually there because they're interested that everybody gets the services they require. I bid them adieu. I think they're going to be off the list.

Likewise with all the current CEOs in every CCAC across Ontario. Any one of them who, behind closed doors, thinks this is absolutely horrendous, I can tell you they will not likely say it publicly. I don't think the minister, with apparently lots of time to read all the newspaper articles across Ontario as they relate to CCACs, shall be appointing those people who are suggesting the government is crazy. I see the staff at the

side laughing. Of course, I know you've already made copious notes on everyone who has dared speak out against this legislation and this government.

For those who have been very brave of late, let me at least get some of them on record, for heaven's sake. My colleague from Thunder Bay mentioned some of them. I noted with interest the editing job of the minister herself who chose not to quote some of the newspaper editorials and articles that did appear, like in Ottawa, that suggested, "Muzzling Home Care Critics: By tinkering endlessly with community care, freezing funding while demand rose and centralizing control of local community care organizations at Queen's Park, the provincial Conservatives have damaged both health care and their credibility as conservatives." I didn't hear the minister mention that speech at all.

There are a number of comments like this, which we mentioned earlier. "Is she out of her mind?" One CCAC board chair, Wendy Bell, said that. I don't think Wendy Bell will likely be appointed by this government after this bill is passed. This particular CCAC had the lowest budget percentages for administration. It was less than 8%, and that's of course when this government chose to just paint all of them, suggesting that they are all mismanaged, that they all have a massive increase in administration costs. It wasn't just this minister. The Premier, the Minister of Health, all of them have taken shots at the local management to suggest that all of them are behaving as if they were—this was a shoddy ploy, that it's not really a problem with the government at all, in fact it's management at these local levels.

I also note with interest that every time this government has sent in a supervisor because things haven't gone well, the miraculous has happened: the government has given them more money. We go back to the Hamilton hospitals. As soon as they sent a supervisor into the community, they gave them tens of millions of dollars. And I might suggest the hospitals could be next, frankly, because apparently they're not listening to the government either and some are starting to complain very loudly about it. In fact, maybe they should just hand over the keys and the government can go waltzing in—

Interjections.

Mrs Papatello: I guess the minister is getting a little upset. We're striking very close to the truth, aren't we?

Interjections.

The Acting Speaker: I wasn't counting my fingers, I was exercising because my hand was going to sleep, which reminds me that there are only three kinds of people: those who can count and those who can't. We can't have this kind of shouting back and forth. The member for Windsor West has the floor and I would ask everybody else to yield the floor to her.

Mrs McLeod: On a point of order, Mr Speaker: The associate minister accused—

The Acting Speaker: When there are two of us standing, one of us out of order, and it's not me.

Interjections.

The Acting Speaker: I think I have a couple more jokes. Maybe we could cool off a little bit more if I took a little more time.

Interjections.

The Acting Speaker: You don't like that idea. I'm not experiencing very much love in this room. I'll give you a minute. Try to draw yourselves together because we'd like to get on with the work that we're sent here to do.

If you're ready, I would—

Mr Gerretsen: On a point of order, Mr Speaker: The minister just accused my colleague of lying. She said, "She is lying." I would like you to ask her to withdraw that.

The Acting Speaker: I didn't hear it. I have heard some unparliamentary things, but I did not hear that. But if the member for Huron-Bruce has something she'd like to say—

Hon Mrs Johns: I would certainly like to withdraw. I should be parliamentary. I apologize. There are other things I should have said.

The Acting Speaker: The Chair recognizes the member for Windsor West.

Mrs Papatello: Here's the deal: the Hamilton hospital received \$42 million after it was taken over by the government. It was just amazing that the hospital in Hamilton got the money after a supervisor came in, and it seemed to be the same thing that the board from that hospital had been demanding before the supervisor walked in. How funny is that? We'll see what's going to happen in home care when they choose to take it all over.

The point of all this is that home care services in general make good sense. That was supposed to be the way we were going. All governments were going that way, from the 1980s and on up. Everyone was restructuring to see that what the public wanted in health services, in fact, was being able to keep people in their homes longer, being able to make the services closer to the people. In particular in northern and rural Ontario they have significant problems where they don't have a hospital to go to. It's eminently more convenient to have home care services available with transportation, so they can go to the elderly farmer who's still living in a farmhouse. On my last trip to Renfrew, I met these kinds of people. They require good home care services across the province.

Let me say that the last big study, done by Marcus Hollander, a principal author of this study, said, "We found that a significant proportion of people seemed to have a health care crisis a year or two after their services were cut that ultimately cost the system more. These simple, cheap services appear to help maintain the elderly person's functioning, and prevent his/her deterioration." What else did the Hollander report say? It gets worse, when what we can predict what may happen next in Ontario, given the significant cuts in services that have occurred in the last year—

Ms Marilyn Mushinski (Scarborough Centre): On a point of order, Mr Speaker: I know the opposition has

done everything to try to shut me up this evening, but I wonder if you would check to see if there is a quorum present.

The Acting Speaker: Certainly. Would you check and see if there is a quorum present.

Clerk Assistant: Quorum is present, Speaker.

The Acting Speaker: Thank you. The Chair recognizes the member for Windsor West.

Mrs Papatello: I can see why the government doesn't want to hear the things we have to say about home care. It is amazing to me, whether it's heckling by the minister herself, who can't seem to just sit there and listen to the truth, or the colleagues opposite who will find every manner of trying to get me off the truth that the people need to know in this province, and that is, if we provide home care services, for an entire year of homemaking services, personal support services that keep a person in their own home, it's \$2,500. How much is that, by comparison, for long-term care facilities? It's \$42,000. From an economic point of view alone, it makes eminent good sense to supply appropriate levels of home care.

We're talking about supplying services. Does Bill 130 address any of that? Absolutely not. Bill 130 does one thing: it shuts up every critic in Ontario who had the right to speak out and say what their community was getting or not getting. That's what the bill does. The organization tried to speak with the minister. I marvelled at the comments tonight by the minister, who said they did wide consultations on what they were going to do here. The Ontario Coalition of Senior Citizens' Organizations, which represents 500,000 Ontario seniors, was refused access to the minister. Why would the minister be afraid to meet with an organization representing that many seniors, when CCACs, the lion's share of the clients, tend to be—or at least used to be—the elderly?

They sent letters; the letters weren't responded to. In the end, we have a list of many, many community care access centres: \$17 million, \$12 million, \$3.3 million, all kinds of shortages, budget shortfalls. They simply have one choice: cut service.

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What is required in home care, which we said from the beginning, are standards of care. What we said from the beginning was that we want local advocates, local decisions, because they know best what their communities need.

Here's what Jim Flaherty, the Minister of Finance, said at one point. He said, "One way we can do that"—this is on local input—"is develop regional solutions to health care issues. Doesn't it just make sense to have local people who understand local needs have more say about where their health care dollars are spent? That's why I believe the time has come for more regional autonomy and coordination in our health care system," the very comments the minister herself laughed at when it was suggested by the opposition. So much for the comments by the Minister of Finance.

The truth is we are not supplying appropriate care for our elderly and our most vulnerable people in this

province. They're in my backyard in Windsor West; they're in the minister's backyard in Huron county. We have spoken with them. They deserve it. These people have paid taxes for a long time in this province, and when they finally make the request for services, after the kinds of investments they have made in this province, the least we can do is supply them with the services they need. Those are the elderly.

If this government was going to embark on health services restructuring and make the cuts they did to hospitals, it was incumbent on them to see that the investments were made in the communities before they went forward with the changes. The government did not do that. Now they stand accused by all those in the field, "You're wrong; you need to fund better; you need to set standards. The only thing this government could do was draw up Bill 130 for this House, as if that's some kind of panacea for the problem. It's not. The problem will get worse.

The worst thing is that these are the most vulnerable people. You can't see them. If they are elderly, you will be lucky if they are the people—they don't have the family supports because the patients who have family supports don't get the service. So it's the people who typically are alone. It's the people who will not pick up the phone and call their local MPP, and often we will not hear about it until it's too late. That is a shame. Shame on the government.

The Acting Speaker: Just in case we lost two or three viewers to West Wing, I'd like to welcome them back. It's time for comments and questions.

Ms Martel: I know the member for Windsor West, because she referenced the PricewaterhouseCoopers report, would want to reinforce the fact that nothing in the 41 recommendations that were put forward endorses or suggests or requires some of the measures the government is taking in Bill 130, specifically the government assuming control over what are now duly elected boards, specifically the government appointing the executive directors, specifically the government determining what information will now be available to the public. Let me just reference some of the recommendations.

Recommendation 2: "The ministry needs to revisit and clarify the scope of mandatory functions to be provided by CCACs in order to ensure that all residents of the province have equitable access to the same range of core services and programs." Do you have to take over the boards to do that? Absolutely not.

Recommendation 5: "The ministry should develop and implement a planning process to forecast future home care service volumes." Do you have to appoint executive directors for that to happen? Absolutely not.

Moving on, recommendation 9: "The ministry," the association, "and CCACs need to identify and implement strategies to build on best practices and improve province-wide consistency for key components of the contract management process." Does the minister have to

have the final say over what information is disclosed to the public for this to happen? Absolutely not.

The point is that time and time again the consultants made important recommendations about fiscal accountability, about best practices, about more training for boards, about more training for executive directors, but nowhere did they recommend that you take over control of CCACs, which is what you're going through Bill 130.

Hon Mrs Johns: I'd like to go back to one of the issues that was raised by the first speaker. I have in my hand the Long-Term Care Act, 1994. In Part I, section 1, it says, "The purposes of this act are ... to ensure ... a wide range of community services...." The bill then goes on to talk about "community services" and what the definition of that is: "community support services," "homemaking services," "personal support services" and "professional services." So this encompasses the services that community care access centres provide to the public.

Interjections.

Hon Mrs Johns: I guess they don't want to hear this. This act talks about all the services that community care access centres provide to the people of the province. This is where you get the services. In section 64 of this act, it says that the Freedom of Information and Protection of Privacy Act regulations apply to all of these services that are provided, all of the services that would talk about people and their health records. So I want to confirm again for everybody in the House that there is no change whatsoever to the privacy concerns. The privacy that was protected in the past will still be protected as a result of Bill 130. I also want to say that some of the things we talk about—

Interjections.

Hon Mrs Johns: I know it's hard to hear me, Mr Speaker, but I'm going to keep working on it. There are some concerns about services that were supplied; there are some concerns about what's happening in CCACs. Hence, that's why we went forward to make some substantial changes to community care access centres. I said in my first discussion there were some things I didn't have to change, because it didn't require legislation, but that I intended to change, and I talked about service level scope, core services, planning, forecasting, budgeting, information disclosed to the public, training. I talked about all of those things—

Interjections.

The Acting Speaker: We've gone back to this yelling back and forth. It's not only not nice, it's not allowed. We take turns. We usually go in rotation: the member for Nickel Belt; the member for Huron-Bruce; in a minute I'm going to get to the member for Kingston and the Islands.

Mr Caplan: A fine member.

The Acting Speaker: I beg your pardon?

Mr Caplan: A fine member.

The Acting Speaker: I'm up here criticizing people for talking out. Now I'm really mad.

The Chair recognizes the member for Kingston and the Islands.

Mr Gerretsen: I would like to challenge the minister. When hospitals were closed, when hospital beds were reduced, there was a solemn commitment given in this House by the Premier and by the then Minister of Health that the resources that were taken out of the hospital sector as a result of the closures would be put into the community care sector. I would just challenge the minister to do a forensic audit to find out how much money the system saved as a result of those bed closures and hospital closures. Let's see if all of that money went into the community care access centres. The minister knows, we all know, that it wouldn't even come close to the amount of money that was saved by doing that.

But this isn't about the government and this isn't about the opposition; this is about the vulnerable, the sick, the elderly who need help. They are people who cannot help themselves. In many situations they do not have homecare providers. They are simply left on their own resources. We all know them. They are all over the province, not just in our constituencies. They're in the government members' constituencies and they're in the third party members' constituencies. They're all over. That's who this is about.

When I read the report by PricewaterhouseCoopers for the government of Ontario. The very first recommendation is the need for more resources, including finding ways to address the critical shortage of human resources in the home care sector. That says it all. This is not about control. This is about adequate funding within our home care community, for our community care access centres. That's what it's really all about. Let's focus our attention on that and not who runs the organizations.

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Hon Brenda Elliott (Minister of Intergovernmental Affairs): I'd like to be very clear for the folks who are listening tonight. We're debating the CCAC changes that are being proposed by the government. CCAC simply means the health care services provided in our community beyond the hospitals. The way I often describe it in my riding is that they are services like a hospital without walls.

My riding of Guelph-Wellington has a superb CCAC. We've had marvellous service delivery right from the very outset. But clearly that has not been the case across the province, and that is why the government has introduced this legislation.

My colleagues across the way seem to be unclear as to some of the things we've done. I want to set the record very straight. The impression is being given that somehow our government has not adequately funded CCACs. I think it's important to point out that for community services delivered by CCACs, the funding has been about \$117 billion, and that is an increase of 70% since 1995. That is a tremendous increase.

Interjections.

The Acting Speaker: Order. I will not warn the member for Kingston and the Islands again. I will not warn the member for Scarborough Centre again.

Hon Mrs Elliott: We're talking about finding ways to increase care. There is absolutely nothing wrong with looking for ways to make each and every service provided by the government of Ontario, with our partners in the community, more accountable. That is what is being attempted here tonight, that is what we are debating, and our objective remains exactly the same: to find the best way to use every health care dollar available to the people of Ontario in the most effective way.

We have been listening. We have understood that changes need to be made, and this government is not afraid to undertake them. That is why this legislation is before us tonight.

The Acting Speaker: The member for Windsor West has two minutes to respond.

Mrs Papatello: Let's recap Bill 130. The government bungled home care when they created community care access centres. They didn't create standards before they let the horse out of the barn. Everyone in the communities across the province called for standards. The government did not supply them. We warned about the managed competition system and suggested that there could be a problem. We suggested that you would be driving the nursing shortage into orbit, which has in fact happened. Now there are cutbacks because they've restructured the health system in other places, creating massively more demand in the home care sector, and they did not fund it accordingly. What the government did after that was blame the very organizations they created and said they were all mismanaged; it was their fault, not the government's fault. And so we have Bill 130.

They bring in a gag order to fail to address the real issues of home care. They refuse to invest, when we know it makes economic sense to do so and that it's the right thing to do in terms of health policy in where the public wants to go in receiving their home care services. They refuse to commit that the people who need them will get them.

This government is using this bill as some kind of guise to bring in standards. Bill 130 does not talk about standards. Bill 130 does not talk about funding. Bill 130 throws those same advocates who were working for the patients out the door, to be replaced by government appointees, government lackeys, to do the government's bidding and to hide all the critical financial information from all of us who want that information to see that our community needs are being met.

This bill is bad public policy. I urge all members of the House to vote against it.

The Acting Speaker: Further debate?

Ms Martel: It's a pleasure for me to participate in the debate. I want to indicate at the outset that I will be using the full hour we are allotted. Of course that's not going to happen tonight, given the time, but I will continue when next this bill is called.

Speaker, it's going to come as no surprise to you or to people who are watching that New Democrats are opposing Bill 130, because this bill does absolutely

nothing to improve home care in the province of Ontario but does everything to ensure that the government will assume complete control over CCACs in order to minimize, to muzzle, to silence the critics in those organizations who have been very vocal in the last number of months about this government's current underfunding of home care.

I intend to proceed in this way: I want to go back to the decision made by the government on around May 30, when they had their bureaucrats tell CCACs that there would be a freeze in the level of funding provided to community care access centres. It's important to do that so people will understand what the implications were of those freezes and cuts—because in many cases it was a cut—to people who needed service and why many people in CCACs became very vocal in their criticism of the government.

Then I want to look at the report from PricewaterhouseCoopers. The government has tried to say that it is as a result of this report that we have ended up with Bill 130. I'm going to point out that in fact all the recommendations contained in that report could easily be implemented without the government assuming control over CCACS. Also, it's interesting that the report talks very clearly about the increased investment in home care which is required, which the government repeatedly fails to mention during the course of the debate on Bill 130.

Thirdly, I want to look at the government's response to the criticism by CCACs, which is not a response to fix the problem. Indeed we all know there is a problem, because we are all getting calls from constituents who are having their home care and homemaking services cut. No, the government's response is to try and muzzle and silence and minimize the criticism coming from those very people whose job it is to go forward and advocate on behalf of seniors.

Mr Caplan: On a point of order, Mr Speaker: I always enjoy listening to the member for Nickel Belt. I think there really should be a quorum here to listen. Would you please check whether there's a quorum present?

The Acting Speaker: The part about you wanting everybody here to enjoy it and so on is fine. That's not a point of order. The thing about a quorum is. Would you check if there's a quorum present.

Clerk at the Table (Ms Lisa Freedman): A quorum is not present, Speaker.

The Acting Speaker ordered the bells rung.

Clerk at the Table: A quorum is now present, Speaker.

The Acting Speaker: The Chair recognizes the member for Nickel Belt.

Ms Martel: The final two points I will be dealing with include the views of others who have comments to make about Bill 130 as well, because the minister would have the public believe that only the opposition is concerned about this bill and only the opposition believes that it is a blatant attempt for the government to take over community care access centres.

Finally, I want to make some points about why we need full public hearings with respect to this bill so we can have an informed and adequate debate about the situation of health care, home care in particular, in this province.

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Let me begin first with the end of May, when the government had bureaucrats tell community care access centres that their budgets would be frozen at last year's level. It's important to point out that for many CCACs that represented a cut in their budgets. The reason for that is that when many community care access centres ran a deficit last year, they received funds from the government to deal with any number of those deficits and the reasons for them. So when the government said, "You will be only funded at what your base budget is, not for the increased amount you received to deal with the deficit," that indeed did represent a cut in the services those CCACs provided last year.

Interjection.

The Acting Speaker: I'll not warn the member for Don Valley East again.

Ms Martel: As a result, most CCACs were then put in the untenable situation of recognizing that they had to deal with the deficit, because this government has also moved forward legislation that says, "You can't have deficits and you'll be personally liable," although it doesn't seem to apply to hospitals, as the Minister of Health recently announced. Those CCACs quickly came to the conclusion that most of them would have to implement plans to cut deficits, which would mean dramatic cuts in services to seniors, to the disabled and to those being discharged from hospital.

It was as a result of their coming to that conclusion and recognizing the dramatic impact those cuts would have on the people they are supposed to serve that many in CCAC boards and many executive directors and, frankly, many staff came forward and were very critical in a public way of the government's current underfunding of home care.

Let's deal first with the CCAC of Waterloo region. Last year, it assisted over 18,000 individuals and families, provided 250,000 nursing visits, 775,000 hours of personal support and homemaking and assisted 2,500 people who were able to make the transition to long-term-care facilities. It's worth noting that this CCAC was awarded its second third-year accreditation, the highest award provided by the Canadian Council on Health Services Accreditation. Why? Because this national body affirmed that this CCAC had the appropriate accountability and quality monitoring standards in place.

They had a major deficit to deal with, and the impact of this was discussed very publicly at a meeting held in the region on June 12. Some of the dramatic actions that had to be taken were as follows: starting June 1, the provision of personal support/homemaking services to the highest-priority clients only. Those clients, just to know who they were, were defined as follows, and this is in a notice sent by the CCAC to physicians and hospital

staff, effective June 4: "Priority A clients: the determination of priority A is based primarily on clients who, as a result of a health condition or inadequacy of their home environment, are at risk of dying or suffering the breakdown of an essential bodily function or are suffering from severe self-neglect requiring that they receive services immediately. These are clients who are highly vulnerable and require immediate assistance." These were the only clients the CCAC was able to deal with as a result of this government's cut to their budget, people who were going to have an essential bodily function fail and put them at risk of dying.

The second impact was the following, and it began July 1: that was the introduction of nursing caps in the hospitals to streamline referrals and reduce the volume of nursing visits provided in the community. "The CCAC will have to work closely with hospital staff to ensure that, wherever possible, education and teaching of patients is completed prior to discharge and that community nursing services are targeted to those in greatest need."

The third impact began September 1, the introduction of longer waiting lists for therapy service to manage the growth and the reduction of respite care hours for caregivers and the reduction in homemaking assistance to clients who were currently receiving CCAC services.

All that resulted in a situation where essentially only priority A clients have been able to receive homemaking services, those who are close to dying. The client B group, a group of clients who really required personal support to remain in their own homes, are now on a waiting list. As of October 20 there are still 350 of those clients on a waiting list, trying to get services.

The impact in Waterloo was quite dramatic. That community care access centre did have a public meeting and made it very clear that as a result of the government's current underfunding, these were the dramatic actions they would have to take, which of course they recognized would very negatively impact on their clients.

Not only did all of those things happen, but in a recent analysis of the impacts of the cuts, the same CCAC has told all members—because we've all received this—that the number of crisis placements in long-term-care facilities has increased by 40%, compared with last year at this same period. So exactly what we said would happen has happened. People who couldn't afford to receive services would have no choice but to enter long-term-care facilities to get them the home care services

and the health care services they needed, which has a huge cost on the health care system and which is a most inappropriate way to deliver health care when in fact people can remain in their own homes.

My own CCAC was very vocal. I suspect both the executive director and the chair of the board are on the minister's purge list, because they have been vocal right from day one about the impacts of the government's underfunding. They served 8,300 people last year. They had volumes of the following: 164,000 units of nursing service, 364,000 personal support and homemaking hours, 28,000 units of therapy services, and 679 admissions to long-term-care facilities where they helped in the transition. They came forward on May 23 in a very public way. Both the board chair and the executive director held a press conference and made it very clear that they were in the untenable position of having to cut \$1.8 million from their budget, which would mean dramatic impacts on service levels that they wanted to provide to clients in Sudbury-Manitoulin but could no longer afford to do so.

Some of those reductions are as follows: a waiting period of one month for any new clients admitted for homemaking services; major reductions in the amount of homemaking services provided to people in need of personal care; elimination of in-home personal support and homemaking to people for whom the programs exist in the community, notwithstanding that these other programs may have limited resources; elimination of in-home professional services—nursing, physiotherapy, occupational therapy, social work, nutritional counselling, speech therapy—for people who may be able, with little or no risk, to travel to receive these at clinics, even though in Sudbury-Manitoulin people are travelling for two and three hours to come to Sudbury to receive some of those services; deep cuts in the amount of medical supplies provided; reductions in medical equipment rentals; and new guidelines to determine how much service and what kind of service we could provide to new clients.

Speaker, I recognize the time. I can stop at this point, because it would be easier for me to stop here.

The Acting Speaker: Then I think we'll call it an evening. You'll of course have your turn to finish it up the next time it's called.

It being 9:30, this House stands adjourned until 10 am tomorrow.

The House adjourned at 2128.

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Pickering-Ajax-Uxbridge	Ecker, Hon / L'hon Janet (PC) Minister of Education, government House leader / ministre de l'Éducation, leader parlementaire du gouvernement	Waterloo-Wellington	Arnott, Ted (PC)
Prince Edward-Hastings	Parsons, Ernie (L)	Whitby-Ajax	Flaherty, Hon / L'hon Jim (PC) Deputy Premier, Minister of Finance / vice-premier ministre, ministre des Finances
Renfrew-Nipissing-Pembroke	Conway, Sean G. (L)	Willowdale	Young, Hon / L'hon David (PC) Attorney General, minister responsible for native affairs / procureur général, ministre délégué aux Affaires autochtones
Sarnia-Lambton	Di Cocco, Caroline (L)	Windsor West / -Ouest	Pupatello, Sandra (L)
Sault Ste Marie	Martin, Tony (ND)	Windsor-St Clair	Duncan, Dwight (L)
Scarborough Centre / -Centre	Mushinski, Marilyn (PC)	York Centre / -Centre	Kwinter, Monte (L)
Scarborough East / -Est	Gilchrist, Steve (PC)	York North / -Nord	Munro, Julia (PC)
		York South-Weston / York-Sud-Weston	Cordiano, Joseph (L)
		York West / -Ouest	Sergio, Mario (L)

A list arranged by members' surnames and including all responsibilities of each member appears in the first and last issues of each session and on the first Monday of each month.

Une liste alphabétique des noms des députés, comprenant toutes les responsabilités de chaque député, figure dans les premier et dernier numéros de chaque session et le premier lundi de chaque mois.

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