



Legislative Assembly
of Ontario

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de l'Ontario

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**Official Report
of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Tuesday 23 March 2004

Mardi 23 mars 2004

Speaker
Honourable Alvin Curling

Président
L'honorable Alvin Curling

Clerk
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Claude L. DesRosiers

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LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday 23 March 2004

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mardi 23 mars 2004

*The House met at 1330.
Prayers.*

MEMBERS' STATEMENTS

PROPERTY TAXATION

Mr Norm Miller (Parry Sound-Muskoka): The small and medium-sized business owners in my beautiful riding of Parry Sound-Muskoka are deeply concerned by the recent course of action the Liberal government has been taking. First came the increase in corporate taxation to medium-sized businesses. Second, as of last week, came the removal of the hard cap on property taxes for businesses in Toronto and 34 municipalities around the province. Both of these are not only two more broken Liberal promises, but they will have detrimental effects on small and medium-sized businesses everywhere in Ontario.

According to the Canadian Federation of Independent Business, small and medium-sized enterprises employ more than half of working Ontarians and create most of the net new jobs. These businesses are unquestionably key to the overall well-being of our economy. Why, then, are the Liberals breaking promises by increasing the tax burden on them? According to the CFIB, getting rid of the property tax rate cap increases the need for financing, acts as a barrier to business formation and growth and accelerates business failures in periods of economic downturn. This is not the message that small and medium-sized business owners, the employers of more than half of this great province's population, want to hear.

Businesses in my constituency are worried that this is part of a trend of backing away from promises and increasing the burden on small and medium-sized businesses all over the province. It is key that our businesses feel confident that the government is on their side, and right now I can tell you that is not the case.

ST JOSEPH'S HEALTH CENTRE

Mrs Liz Sandals (Guelph-Wellington): Last month I was thrilled to attend an open house at St Joseph's Health Centre in Guelph to celebrate the centre's accreditation by the Canadian Council on Health Services Accreditation. St Joseph's was granted a three-year accreditation, the highest standard that can be achieved under the

CCHSA criteria. The surveyors found that residents were well cared for and that residents and families were very pleased with the excellent care they received.

St Joseph's Health Centre offers a unique combination of services. As a hospital it provides complex continuing care and rehabilitation services for Guelph and Wellington county. One wing is a long-term-care residence. Outpatient services are available to people of all ages.

The centre also offers excellent community programs for adults with an acquired brain injury and for seniors living in the community. Many families rely on St Joseph's Alzheimer daycare program.

St Joseph's Health Centre is a new facility. It is a tribute to the hard work of their dedicated staff, volunteers and physicians that they have achieved the highest level of accreditation in such a short time. Congratulations to everyone at St Joseph's.

AIR QUALITY

Mr Garfield Dunlop (Simcoe North): Ladies and gentlemen of this Legislature, it's true the Liberals have floated yet another trial balloon. Why have they done this? Because the new McGuinty government wants you and all Ontarians to forget about the Sorbara scandal.

The new McGuinty government must have been up in the wee hours of the morning inflating this latest trial balloon with lots of hot air, because the first any of us heard of it was early this morning. It certainly wasn't in the Liberal election platform as one of McGuinty's dozens and dozens of promises. This time, the Liberals are talking about phasing out over four years the Drive Clean emissions testing program for all cars, vans and SUVs.

I want to see Minister Dombrowsky's exit strategy for this program. There are hundreds of garages that have put in about \$100,000 each for equipment and training to be certified as Drive Clean facilities. I want to know if and how they will be compensated for this significant investment.

Secondly, as part of the same trial balloon, the environment minister also announced that tougher standards would be applied to emissions testing for diesel trucks and buses. Guess what, Minister? You already announced this in a press release dated December 21, 2003.

As a member of the opposition, I must question the motive and timing behind the Drive Clean announcement. Why would a minister who seems so concerned about clean water not be concerned about clean air,

especially since 60% of smog is caused by emissions? Is this the same government that promised to eliminate coal-fired hydro generation by 2007? I think finance minister Greg Sorbara might have the answer to this very important question.

ROYAL ONTARIO MUSEUM

Mr Shafiq Qaadri (Etobicoke North): I rise in honour of a great Canadian institution, a centre of culture and showcase of the arts. I rise to celebrate the 90th anniversary of the Royal Ontario Museum, the ROM.

I should like to quote for a moment from the high eloquence of William Thorsell, the director and CEO of the ROM. He said: "The founders of the Royal Ontario Museum lived a century ago in a relatively small and isolated place called Toronto, Ontario, Canada. But they were men and women of the world. And so they insisted on bringing material evidence of that wider world into the heart of their society, to broaden its perspectives and to inspire the curiosity of their children and neighbours about the unfamiliar." With the Renaissance ROM program, this legacy continues.

On behalf of the people of Ontario, I would like to recognize the thousands of individuals who have volunteered their time and creative vision. In particular, I'd like to recognize the extraordinary contributions of two great Canadians: Mr Michael Lee Chin, whose donation of \$30 million will create a magnificent cultural landmark within the ROM itself, and as well, the long-standing, dedicated contributions of the Weston family, and in particular the Honourable Hilary Weston, the chair of this program and former Lieutenant Governor of Ontario, whose family recently donated \$20 million.

The ROM is the embodiment of the collective spirit of Ontarians, and we wish it and its patrons all success in the next 90 years.

SCHOOL SAFETY

Mr Rosario Marchese (Trinity-Spadina): Crumbling walls and ceilings, rotten window frames, lead in the water, leaking pipes, freezing classrooms and aging, even dangerous, electrical systems: These are the conditions of some of Ontario's public and Catholic schools. Don't take it from me. Take it from the Toronto Star reporter who visited many of our city's schools and found them in a deplorable state.

I've got a prop here that I won't be able to use, but it's here. There are some interesting pictures in there.

There is a \$6-billion backlog of major maintenance, repairs, upgrades and routine maintenance in our schools.

It was so wonderful that the Premier, Mr McGuinty, sent MPPs to visit schools, because I am sure they will all confirm the conclusions of the report in this Star article that I can't show. Mr Kennedy himself has toured some of these schools and knows the problem, and he estimated the cost to be around \$6 billion. I am sure that the money is rolling out, even as we speak.

Knowing that the Premier, the Minister of Education and all the Liberal MPPs who went out and visited the schools are aware of the crisis, the question I have is, when can we expect the money?

I have to agree with Mr Kennedy when he said in opposition, "Kids can't wait."

1340

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Mr Jim Brownell (Stormont-Dundas-Charlottenburgh): I rise today to speak briefly about hope, determination and the difference we can all make. On November 26, 2003, I rose in this House to pose a question to Minister Smitherman, the Minister of Health and Long-Term Care, regarding a rural hospital, the Winchester District Memorial Hospital, in my riding of Stormont-Dundas-Charlottenburgh.

On that day, I asked the minister to meet with community representatives and myself to discuss the previous government's disregard for the Winchester district hospital's critical care needs. The hospital has not been renovated in years, and the building is dated and inhibits efficiency. The layout and design of the building are at odds with today's standards, being modelled after traditional acute care service.

I am elated to announce in this House today that the minister did meet with myself and community representatives on March 16 and delivered real, positive change to the citizens of the community. On March 16, Minister Smitherman announced approval for a planning and design grant of up to \$4 million to support our community hospital's redevelopment planning. This is just the boost this community hospital needed in order to reach their goal for their aptly named Renewing the Vision campaign.

This community should be commended and modelled upon for their extreme effort in fundraising for the redevelopment campaign for the hospital. In a greater community of 2,500 people, the citizens of Winchester and area have been able to fundraise \$13.2 million toward an ultimate goal of \$15 million. I praise them and the community's effort. I certainly know that our ministry appreciates what they have done.

SMALL BUSINESS

Ms Laurie Scott (Haliburton-Victoria-Brock): I rise today to discuss an area of great concern to many constituents of my riding. Since the swearing-in of this government at the end of October last year, they have made a number of decisions that have adversely affected thousands of small businesses across Ontario. Soon after coming to power they removed the hydro rate cap, and that has caused large increases in the cost of hydro for small business, farmers and individuals alike. Many businesses will have to lay off workers or close their

doors this year because of this devastating change to their bottom line.

Promise number 32 on the great list of your campaign promises says that you will help businesses cut their electricity consumption by 5% before 2007. What they didn't realize is that you were going to achieve this goal by driving them out of business altogether.

This government has also broken promise number 99. They said repeatedly throughout the campaign that they would not raise small business taxes. The Premier also said in his television advertisements that he would not raise our taxes. By lifting the hard cap on business taxes in communities across Ontario, you are once again putting into jeopardy thousands and thousands of jobs. Small businesses across Ontario rely on the government to keep a stable tax environment without surprises. You have let down many families across Ontario with these decisions, and you are damaging the economic well-being of hundreds of communities all over the province.

HYDRO ONE

Mr Khalil Ramal (London-Fanshawe): I rise today to discuss something that I read in the paper this morning. The Globe and Mail reports that Michael Gourley was given a \$105,000 untendered contract from Hydro One. Worse, the only thing Mr Gourley produced for the money was one page of e-mail. Not only were the Tories giving away taxpayers' money to their friends, but they did not even require any work to be done before they cut the cheque.

The Globe this morning also tells us that Paul Rhodes was given over \$300,000 to tell Hydro bosses to stroke Mike Harris's ego.

Tom Long was given over a million dollars. What advice did he come up with? That Hydro One should underprice their stock on purpose to make the private sector happy at the expense of the people of Ontario.

Hydro also gave Leslie Noble a quarter of a million dollars. What did she produce? A memo telling Hydro to give the Tories social invitations; in other words, waste taxpayers' money.

But there is some good news. Under this government we are going to respect and honour taxpayers' money.

Mr Jim Wilson (Simcoe-Grey): On a point of order, Mr Speaker: With reference to that last statement, everyone should know that John Duffy, the most prominent Liberal in Ontario, is actually Leslie Noble's partner.

CONFLICT OF INTEREST

Mr Joseph N. Tascona (Barrie-Simcoe-Bradford): I rise today to express our ongoing disappointment with this government's continuous lack of commitment to transparency and accountability.

We all know that in November 2003, the chair of the Ontario Securities Commission, David Brown, sent a letter to this government's Minister of Finance, Greg

Sorbara, asking him to appoint Susan Wolburgh Jenah to serve as vice-chair of the OSC. By the way, Ms Jenah replaces Howard Wetston, who rendered judgment on former Liberal Premier Peterson's activities as a member of a board of directors. We also know that on February 18, 2004, Ms Jenah's appointment went through cabinet.

What we do not know is why this government continues to avoid public scrutiny of their appointments. The standing committee on government agencies' traditional mandate is to provide an opportunity to review intended appointments. As a result of the development and the conflict of interest that Minister Sorbara is in, the opposition's right to review the appointment of Susan Jenah should not have been denied by a Liberal-dominated committee tactic.

Actions like this send a message that the government is trying to avoid public scrutiny of their appointments and raise questions of what we are trying to hide.

Minister Sorbara put forward Ms Jenah to serve on the OSC while he knew that Royal Group Technologies was under investigation by the OSC.

When is this Liberal government going to live up to the ethical standards of transparency and accountability that the Ontario public expects and deserves?

INTRODUCTION OF BILLS

KEEP YOUR PROMISES ACT, 2004

LOI DE 2004 SUR L'OBLIGATION DE TENIR LES PROMESSES ÉLECTORALES

Mr Wilson moved first reading of the following bill:

Bill 41, An Act to amend the Election Finances Act and the Members' Integrity Act, 1994 with respect to the election platforms of registered political parties / *Projet de loi 41, Loi modifiant la Loi sur le financement des élections et la Loi de 1994 sur l'intégrité des députés à l'égard des programmes électoraux des partis politiques inscrits.*

The Speaker (Hon Alvin Curling): Is it the pleasure of the House that the motion carry? Carried.

Mr Jim Wilson (Simcoe-Grey): Just an explanation with respect to the bill. The bill requires the leaders of political parties to file their campaign promises with, first, the chief election officer. Then after the election, the leader of the governing party must file the promises made during the election writ period with the Integrity Commissioner. The commissioner will include in his annual report a report card on whether or not the government is keeping the promises they made during the election period.

USE OF PROPS IN THE HOUSE

Mr Robert W. Runciman (Leeds-Grenville): On a point of order, Mr Speaker: Yesterday you made a ruling with respect to a document that the member for Timmins-

James Bay held in his hand. I'm asking you respectfully, given the difficulty that might pose for all of us on both sides of the House—for example, when the Minister of Finance stands up to deliver his budget, he has a significant number of documents in front of him.

Mr Speaker, what I'm respectfully requesting from you is some clarification with respect to what you would deem as a prop when we raise questions or issues in this House. We're looking for direction, explicit direction if that's possible, Mr Speaker.

1350

Mr Peter Kormos (Niagara Centre): On a point of order, Mr Speaker—

The Speaker (Hon Alvin Curling): Let me deal with one point of order at a time.

Mr Kormos: I want to speak to that point of order.

The Speaker: Go ahead.

Interjections.

Mr Kormos: You didn't recognize me, Mr Speaker? Am I to take it off?

I appreciate the point of order made by the member. With respect, I'd ask you not to make a specific ruling in that regard. I would ask you to defer the matter. This is something, in my view, that House leaders should discuss and perhaps make a joint submission to the Chair before the Chair takes a position that's unattractive to everybody, not just in the current chamber but in subsequent chambers. So I would ask you to defer making any ruling in that regard. Let House leaders attempt to resolve the issue and offer their advice to you, not binding you, of course, but their mere advice.

Hon Dwight Duncan (Minister of Energy, Government House Leader): Mr Speaker, on the same point of order: I think the member for Welland-Thorold makes very good sense—and I love that tie. But I do think it's worthy of further discussion by all the House leaders, and I know Mr Runciman and others will have a point of view on that.

In the interim, we have relied historically on the judgment of the Speaker, and we continue to believe that's the right way to go, but perhaps it is time we give clearer instruction to the Speaker about the views of the House on those matters.

The Speaker: I heard you very clearly. I think that whenever the time comes for the budget to be read and those documents are being prepared and put forward, I would not regard them as props.

ORAL QUESTIONS

CONFLICT OF INTEREST

Mr Ernie Eves (Leader of the Opposition): Mr Premier, in April of last year, you said, "Nothing inspires me more than the opportunity to combat the cynicism that far too many people feel about Ontario politics."

For the past month you have refused to answer the question about whether Mr Sorbara offered his resignation or whether you asked for it. Then apparently, today, out of the blue at about 1:20 this afternoon, you decided that you would finally, after a month of refusing to answer this question, answer it for the benefit of a Global TV reporter. Can you explain to me, why the change of heart after a month?

Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs): As a general rule, I like to keep my conversations with my cabinet ministers and with members of my caucus confidential, and I know the leader of the official opposition can appreciate that. But it became very apparent that somehow some negative inferences were being drawn from a conversation which never took place. So, no, I did not ask for the minister's resignation, nor did he tender his resignation, because he did nothing wrong. He did nothing wrong, in my judgment, but if you don't believe me, I say to the leader of the official opposition that I recommend the opinion offered by the Integrity Commissioner.

Mr Eves: This is about your judgment. That's what this whole discussion is about.

On February 18 of this year, as we pointed out yesterday, cabinet approved an order in council appointing Ms Jenah as vice-chair of the Ontario Securities Commission. She's a very qualified individual indeed. There's no doubt about that. That isn't the point.

The point is that Ms Jenah was recommended by the Minister and Ministry of Finance to you and to your executive council for appointment and that this process goes through the normal course: The chair of the Ontario Securities Commission wrote to the Minister of Finance back in November recommending her as a candidate, and then, finally, in February it comes forth and the individual is appointed by the executive council.

Would you not consider it appropriate that the Minister of Finance, under these circumstances, knowing what he knew when this appointment came forward, would declare a conflict to the secretary of cabinet, if he chose not to declare it to you, and would have that recorded and step aside for the purposes of deciding that particular order in council?

Hon Mr McGuinty: I want to remind the leader of the official opposition that this individual came to us strongly recommended by the Ontario Securities Commission. Secondly, this was my appointment, not an appointment put forward by the Minister of Finance. Thirdly, the Integrity Commissioner addressed this issue when he specifically said, "I see no violation of the Members' Integrity Act, 1994.... I do not think that you were in a position of conflict as a result of not taking the remedial action you took on February 25, 2004, earlier." This ends the matter.

Mr Eves: With all due respect to the Premier, I have a copy of the Integrity Commissioner's letter here, and at no point in this five-page letter does the Integrity Commissioner even remotely refer to the appointment of Ms Jenah. The point here is, is there a possible potential for

conflict, and why would the Minister of Finance not do the right thing when there was at least the potential for a conflict somewhere down the road? Knowing that the board of a corporation on which he sat for some period of time was at least under review by the Ontario Securities Commission, knowing there was a possibility that Ms Jenah and others could be asked to sit in judgment of him and his fellow directors on that board, would not the appropriate thing to do, would not the appropriate standard be, to declare this potential conflict and step aside?

The Integrity Commissioner does not deal with that in his judgment; he was not asked to. All he is able to do, and what he did, is say that the minister to date has not contravened any section of the Members' Integrity Act.

This is about your standards. What are your standards?

Hon Mr McGuinty: I agree it's about my standards. I have made a judgment call on this, and I'm proud of the call I have made. The Minister of Finance is an individual of impeccable integrity. He has acted responsibly. He has done the right thing in the circumstances.

I want to quote from the Integrity Commissioner's letter once more. He says: "Conduct cannot be assessed in a vacuum. When your conduct is assessed in its appropriate context, given the narrow range of available alternatives, I do not think that you were in a position of conflict as a result of not taking the remedial action that you took on February 25, 2004, earlier." I agree with the Integrity Commissioner.

The Speaker (Hon Alvin Curling): New question.

Mr John R. Baird (Nepean-Carleton): I want to return to the Premier. Throughout this entire ethical scandal, throughout this entire ethical mess, you have refused repeated attempts from both the opposition and the media to answer questions directly. Yesterday I asked you directly if the Minister of Finance had made any declarations to you in your pre-cabinet integrity session that there were any problems in any company or organization that he had been involved with that had fuelled a criminal probe by the RCMP, that had fuelled an investigation by the Ontario Securities Commission and Revenue Canada. You refused to answer.

So I'm going to ask you again: Did Greg Sorbara make you aware of any potential problems or irregularities that occurred on his watch at Royal Group Technologies, something that you, as the Premier-designate, would have been entitled to know before you made him your Minister of Finance? The people of Ontario are entitled to know. Will you answer that question, Premier?

Hon Mr McGuinty: The Integrity Commissioner has spoken to this matter at some considerable length, and I want to review a few of the very simple and brief statements that he has made in his letter.

First of all, he says, "It would have been wrong for you to have taken it upon yourself to disclose, or to cause the disclosure of the OSC/Royal investigation." He goes on to say, "I see no violation of the Members' Integrity Act," and he concludes by saying, "I do not think that you were in a position of conflict as a result of not taking

the remedial action that you took on February 25, 2004, earlier." This ends the matter.

Mr Baird: Premier, if it was only so easy. Your refusal to answer questions on this scandal is beginning to speak volumes about the ethical standards of your administration. You see, the Toronto Star reported on February 28 that your man, Sorbara, was a whistleblower for the problems at Royal Group Technologies. If that's the truth, I want to know, and the people of Ontario are entitled to know, if Greg Sorbara made you aware of any of those problems at Royal Group Technologies before you named him as the chief custodian of investor confidence and the czar of securities regulation in Ontario. So I'm going to ask you directly once again, and will do so for the next month, Premier, if that's what it takes to get an ethical answer: Were you made aware of any problems at Royal Group Technologies before you named Mr Sorbara to cabinet, yes or no?

1400

Hon Mr McGuinty: Again, I want to commend to the members of the opposition the letter from the Integrity Commissioner, where he treats this very specifically. He says: "Put bluntly, it would have been manifestly wrong for you to involve yourself or your ministry in any aspect of the OSC's investigation of Royal, or in any OSC investigation. In particular it would have been wrong for you to have taken it upon yourself to disclose, or to cause the disclosure of the OSC/Royal investigation."

Mr Baird: Let's look at what opinion around the province is saying on this issue. "It's ... a no-brainer that Sorbara should have resigned"—the Ottawa Sun; "Finance Minister Should Step Aside"—the Kitchener-Waterloo Record; "In opposition, McGuinty would be the first one screaming for blood"—the North Bay Nugget; "Sorbara Must Quit Until Probe Over"—the Toronto Star. "That the Premier, who routinely demanded the heads of Tory ministers for far less, didn't order Sorbara to resign from cabinet ... at least until the probe ... is completed, suggests he isn't up to the job"—the Toronto Sun.

Premier, are you going to do the right thing: Are you going to demand this minister's resignation, or are you going to continue to engage in some sort of ethical limbo dance where you continue to lower the ethical bar? How low will your ethical bar go, Premier? Will you answer that?

Hon Mr McGuinty: It is becoming—it has become—painfully obvious that the members opposite have nothing more and nothing less to offer than innuendo. The Integrity Commissioner has ruled that Minister Sorbara has done nothing wrong. He says that "it would have been wrong for you to have taken it upon yourself to disclose." He goes on to say, "I see no violation of the Members' Integrity Act." He goes on further to say, "I do not think that you were in a position of conflict."

Let me be clear about something else: Given the millions of dollars in untendered contracts paid to this gang's top advisers, secret untendered contracts, they have nothing to offer by way of lessons when it comes to integrity.

AIR QUALITY

Mr Howard Hampton (Kenora-Rainy River): My question is for the Premier. Before the election, you wanted people to believe that you were in favour of clean air. You wanted people to believe that you are the green Premier. Now, after the election, we find that your Minister of the Environment is scrapping the Drive Clean program, the strategy which forces the most polluting vehicles to clean up and reduce their exhaust emissions. Premier, why are you now, after the election, saying it's OK to drive a vehicle that pollutes the environment?

Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs): I know the Minister of the Environment would like to speak to this.

Hon Leona Dombrowsky (Minister of the Environment): I'm very happy to have the opportunity to address the issue, and I'm very proud of this government's commitment to clean air in the province of Ontario. The Premier has made it clear that all programs in the Ministry of the Environment are under review.

I want to talk about this government's commitment to clean air. We are committed to closing coal-fired plants in Ontario. We are committed to cleaner gasoline. We are committed to public transit. Just next week, we will have the toughest emission standards for heavy-duty trucks in North America. So I believe this government's commitment to clean air is very clear to the people of Ontario.

Mr Hampton: I think we just heard that in fact Drive Clean is on the way out. As for your commitment to coal plants, let's be clear: For the last six months you fiddled while coal burned. That's what's happening on that front.

Now, Minister, here's the reality: In places like Hamilton and Toronto, Drive Clean has resulted in a 15% reduction in pollution from car exhaust. When that's happening, when it has already proven that it is reducing some of the worst air pollutants that come from car exhausts, why would you even be considering reviewing such a program? Why would you even be considering cutting such a program in Ontario, or is it just the case that it's now after the election and you can break a promise and drop the facade?

Hon Mrs Dombrowsky: After the election, this government was even more committed to ensuring that the people of Ontario have clean air to breathe. I think it's interesting, and it strikes me strange, that the leader of the third party can stand in this House after the comments he made last week that coal is very much a part of the NDP plan on energy, and suggest that we're turning away from clean air in the province of Ontario. They're in fact the people who have abandoned the notion that coal is killing people in Ontario. We're going to deal with that.

CHILD CARE

Mr Howard Hampton (Kenora-Rainy River): My question is to the Minister of Children and Youth Services. I remember that when you were in opposition, you

and the Premier used to give long-winded speeches about the value of child care, and you used to give speeches that you were going to commit new money to child care. We've been talking with municipal child care services in Toronto, Ottawa, Kenora, Sudbury, Stratford, Sioux Lookout, Fort Frances and Peterborough, and there hasn't been what they would call new money for child care, such that all of them are either considering shutting down some of their municipal child care facilities or cutting places. Can you explain how, before the election, child care was important and now, after the election, you seem to have the same policy as the Conservatives: flatline the budget and let them close. Can you tell us what's the difference now?

Hon Marie Bountrogianni (Minister of Children and Youth Services, Minister of Citizenship and Immigration): I'd like to reassure you that child care is very much a priority for this government. With respect to comparing us to the former government, let me tell you and remind you that for the first time in 10 years, we transferred federal money for child care to child care. We are presently reviewing all early childhood programs, including child care, and will be coming forward very soon with an announcement.

Mr Hampton: Just a couple of weeks ago we put forward a proposal before the finance committee that would see you put at least \$75 million of your own new money into child care. Your own members voted it down. You talk about federal money. You put about \$19 million of federal money into child care, money that doesn't cost you anything. What about the \$200 million a year that you get from the federal government for child care?

Minister, when you go out and talk to municipalities, they're very clear: They're not getting any more money under your government than they got under the Conservative government. What that means is that municipality after municipality is having to look at closing their municipal child care centres. They're having to look at telling children on the street, "No more space for you." Is this, again, another broken promise? It was important before the election—

1410

The Speaker (Hon Alvin Curling): Thank you.

Mr Hampton: —but now, it's not nearly so important? Why don't they have the money now? Why are municipalities being forced to look at closing down their child care—

The Speaker: Minister.

Hon Mrs Bountrogianni: I'd like to clarify that this money you're talking about from the federal government, this new multilateral framework, has not come to Ontario yet, but we have committed this money to child care. With respect to my colleague saying no to the \$75 million, we did not want to be pigeonholed on one number. We have not finished the review of what is necessary. It will take a few more months to clean up 10 years of not one penny of investment in child care from the former government.

CONFLICT OF INTEREST

Mr Frank Klees (Oak Ridges): My question is to my constituent, the Minister of Finance. Before I put my question, I want to caution the minister that there are children in the audience. Minister, you are very aware, of course, that the company for which you served as chair of the audit committee and as a director is under investigation by the Royal Canadian Mounted Police, the Ontario Securities Commission and Revenue Canada. Has the minister consulted or retained legal counsel with respect to the OSC's investigation? If so, why; and if not, why not?

Hon Greg Sorbara (Minister of Finance): I have not retained counsel. The reason why I have not retained counsel is because I am not under investigation, I am not involved in the matter and it would be foolish to retain counsel for not being involved in that matter in one single respect.

Mr Klees: The reason I ask the question is because I'm concerned about my friend opposite. Being a former director, particularly being the chair of the audit committee, he would know full well, as any member here would know, that with a serious number of investigations ongoing it won't be long before this investigation comes calling on the chair of the audit committee. So it would be prudent to retain advice, to retain someone who would give him some guidance. I would suggest, unless the minister can absolutely stand in his place today and guarantee that those investigations will not end up with a phone call to his office, that he is imminently under investigation. Isn't that as much of an embarrassment to the government as if he was?

Hon Mr Sorbara: The quality and tone of my friend's remarks is the same kind of slander, defamation and irrelevancy that they have used on this matter since day one. I want to tell my friend opposite that I am absolutely sure of my conduct whilst I was a member of the board of Royal Group Technologies. I want to tell him as well that I am absolutely sure that during that period I conducted myself with the very highest standards of fiduciary responsibility as a director. I want to tell my friend that I am absolutely certain that I am not the subject of any investigation. I want to tell my friend that I am absolutely sure that from day one I did what was required of me and what was correct in all of these matters. And I want to tell my friend that I am absolutely delighted that that has been confirmed by Mr Justice Coulter Osborne.

MENTAL HEALTH SERVICES

Mr Michael A. Brown (Algoma-Manitoulin): I have a question for the Minister of Health and Long-Term Care. Mental health care issues in my constituency have become a major issue. I have discussed this problem with many of my constituents who have dropped in to my office in Elliot Lake, or who have made phone calls or written letters. Can you assure my constituents in the northeastern Ontario area that they will have full access to mental health services?

Hon George Smitherman (Minister of Health and Long-Term Care): I would like to thank the member for Algoma-Manitoulin. This government is committed to the expansion of community-based services. This is at the heart of our plans for the transformation of our health care system. Regrettably, this is but one more area where when that party was in power they rejected the opportunity every single year to increase by even one penny the amount of money available at the community level for mental health services.

So the assurance that I can give the honourable member is that we're building on the recommendations of the mental health task force reports and we're working to ensure that mental health services are not just available, but more available than they are at present in communities all across the province.

Mr Brown: Minister, I have met with Mr David Pope, who's the chair of the East Algoma Mental Health Clinic—Diana Price is the director—and a representative, Carol Philbin Jollette, of the Northeast Mental Health Centre. They tell me that they are under significant pressure in the Elliot Lake area, not because of funding cutbacks but because of increased labour costs that have put the clinic in Elliot Lake in a severe position.

Minister, could you assure me that you can work with the community, work with the clinic, and ensure that my constituents get the mental health care in the community that they deserve?

Hon Mr Smitherman: I acknowledge that the Northeast Mental Health Centre has been working on plans for the coming year. As our government is presently working on plans for our budget, I hope to be in a position to give more confidence to that community in the short term.

I make the commitment that the transformation we are working on with respect to health care is to deliver more resources and better results at the community-based level. After years and years of no funding by that party on the other side, our challenge is made all the greater, but our determination will see us through. I'm pleased to have the opportunity to work with my honourable friend and other members from northeastern Ontario to ensure that the mental health services that those communities are in need of are there for them.

Mrs Elizabeth Witmer (Kitchener-Waterloo): On a point of order, Mr Speaker: Our government increased health care funding from \$17.6 billion to—

Interjections.

The Speaker (Hon Alvin Curling): That's not a point of order. New question.

APPOINTMENTS PROCESS

Mr Robert W. Runciman (Leeds-Grenville): My question is for the Premier. Given your refusal to answer some specific questions regarding the discussion surrounding an appointment of the vice-chair of the Ontario Securities Commission in cabinet, I would like to ask you today what the process is with your government with respect to Premier's appointments.

You're suggesting, I gather, that there's no consultation with the minister responsible for the particular agency, board or commission. If it's a new chair of the lottery corporation, if it's a new chair for the Ontario Civilian Commission on Police Services or if it's a new chair for the Alcohol and Gaming Commission, are you suggesting that there's no consultation, no advice sought from the minister responsible for that agency? Is that your process? You simply do this in isolation, without any consultation or advice asked for or provided?

1420

Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs): What the member opposite is interested in, of course, is the Integrity Commissioner's response, and I'm delighted to provide it to him once again. He says that he saw no violation of the Members' Integrity Act. He said, "I do not think"—we're making reference to the Minister of Finance—"that you were in a position of conflict as a result of not taking the remedial action you took on February 25, 2004, earlier."

Mr Runciman: The Premier is insulting the intelligence of each and every Ontarian who might be watching these proceedings. I asked him a specific question related to his appointment process, with respect to Premier's appointments, and the terms of consultation with ministers who were responsible for those agencies. He refused to respond to that question. He has been given direction by the backroom boys with respect to how to respond to these issues.

I served in cabinet under three different Premiers for nine years. I never saw a Premier's appointment go through cabinet without some kind of consultation, advice asked for and provided by the minister responsible. Once again I am asking the Premier a direct question with respect to this issue, the appointment of a vice-chair of the securities commission, any other Premier's appointment: Do you or do you not ask for advice and input from the minister responsible? Do you or do you not?

Hon Mr McGuinty: I understand that the member has a keen interest in something that has already been dealt with by the Integrity Commissioner, but I can tell you that there are some very real questions on the minds of Ontarians today that have to do with untendered secret contracts. It's passing strange that the member opposite has no particular interest in any transparency with respect to that.

A gentleman by the name of Paul Rhodes received contracts totalling over \$1 million. Tom Long received contracts, either directly or through his company, of over \$2 million. One Leslie Noble: total so far, over \$300,000. Michael Gourley: total so far, over \$4 million. Grand total so far: \$9,209,739.79 of taxpayer money to benefit the friends of this former government.

VIOLENCE AGAINST WOMEN

Mrs Maria Van Bommel (Lambton-Kent-Middlesex): My question is for the Minister of Community and Social Services. In the last year we have seen the lives of many

women taken at the hands of estranged husbands and significant others. The city of London is still mourning such a tragedy. All this reveals the need to do more about the issue of violence against women. The Premier responded, and he appointed his parliamentary assistant, Laurel Broten, to develop a package of reforms that will ultimately lead to a reduction in domestic violence and the protection of the victims. My question is: What is the status of Ms Broten's consultations, and when will she be presenting her report?

Hon Sandra Pupatello (Minister of Community and Social Services, minister responsible for women's issues): Thank you so much to the member opposite for the question in an area that is of great concern to all Liberals and, I think, all MPPs in this House. I think the member opposite will be happy to learn that I am chairing an interministerial task force made up of several cabinet ministers, because the issue of domestic violence, and how we address what government's role can be in the resolution of it, does have more to do with several ministries, not just one. We, as an interministerial task force, have already met. We have received a report by the Premier's PA which has outlined for us a series of recommendations based on a number of consultations that have been made in the first quarter of this year.

I hope that in very short order we're going to be in a position to make some announcements about some action, as we move forward between today and this coming fall, for a rollout of a plan to cover this entire term, where several of us, as ministers, will be taking this task seriously, to make some very concrete solutions for people who are very anxious and who, frankly, really need our help.

Mrs Van Bommel: Minister, currently there is a lockout of workers at the Yellow Brick House women's shelter in Aurora. As this is one of your agencies, can you tell me what the government's position is on this lockout?

Hon Ms Pupatello: As you know, the ministers wouldn't get involved in negotiations between management and their staff. We have kept a very keen eye on this particular situation at the Yellow Brick House, specifically because we have to be certain that the individuals involved, the women and their children, are safe. We check on that every day. We are guaranteed that the people who've been involved as clients of the facility have been safe through all this.

I'm very happy to tell you as well that tomorrow, both sides are going back to the bargaining table. I am wishing both sides well and I am also hoping for a very speedy resolution to their negotiations so that we'll have some very good news in the near future.

HIGHWAY 69

Ms Shelley Martel (Nickel Belt): I have a question for the Minister of Northern Development and Mines. The Liberal election platform said, "Highways are a critical part of the northern infrastructure. Good highways are vital. They are sometimes literally lifelines."

You promised that the four-laning of northern highways would be funded by the government through a northern Ontario highway strategy. You yourself specifically promised that Highway 69 would be four-laned from the same strategy. But your Premier recently told Sudbury media that the four-laning of Highway 69 may be funded by tolls. This would clearly break your election promise. Minister, will you guarantee today that Highway 69 will not be a toll road?

Hon Rick Bartolucci (Minister of Northern Development and Mines): There is absolutely no question that we have committed to a northern Ontario highway strategy, because we believe that it is extremely important that the highways in northern Ontario are not only safe but provide opportunities for economic development.

When I look back at what the previous two governments did with regard to highways, I see that in your election platform of 1990, the member from Nickel Belt might be reminded that she said that her party was going to four-lane highways. Not one bit of four-laning of highways in northern Ontario took place under that government.

I must tell the member from Nickel Belt that we have a commitment to a highway strategy in northern Ontario, and we will live up to that commitment for a northern Ontario highway system.

Ms Martel: The minister knows that the information he just provided to the House was completely inaccurate, but the question was about tolls—specifically, tolls on Highway 69—because your promise during the election was very clear. It was the government that was going to fund the four-laning of Highway 69, not through tolls but through government funding.

You know that there is no close alternative route between Sudbury and Toronto. You know that imposing tolls will put northern businesses and northern truckers who rely on this highway at an extreme disadvantage. You know that tolls are going to undermine our community's tourism strategy, and you know that tolls will force our residents to pay twice for an essential highway corridor between Sudbury and Toronto.

Minister, the four-laning of Highway 69 cannot be done on the backs of northerners. I ask again, will you confirm today that Highway 69 will not be a toll road?

Hon Mr Bartolucci: Let me reinforce the message that our government believes that a northern Ontario highway strategy is extremely important. But let me also reinforce the message that our Premier at no time indicated that Highway 69 would be a toll road. He suggested that the Minister of Transportation would be deciding on what roads would be tolled.

Let me tell you that my job as Minister of Northern Development and Mines is to ensure that the other ministers in cabinet realize the concerns of northerners when it comes to northern roads, when it comes to the upgrading of northern roads, when it comes to the four-laning of northern roads. We will not adopt the NDP

platform that said, "If the only case for four-laning Highway 69"—

The Speaker (Hon Alvin Curling): New question.

1430

CONFLICT OF INTEREST

Mr Jim Flaherty (Whitby-Ajax): My question is for the Premier. Yesterday you said the finance minister is not the subject of an investigation. We know that there are three investigations ongoing. We know from the press release of the company involved, Royal Group Technologies Ltd, that the investigation relates to \$32 million of goods and services over the course of the past five years. We know also that Mr Sorbara was a director and the chair of the audit committee of the company for parts of that time.

Premier, you know as a lawyer yourself that corporations do not act on their own; indeed, they act through their directors, and their directors stand in a fiduciary duty to shareholders and others in the corporation. Is it your intention to continue to hide behind the corporate veil, or will you now acknowledge that in his capacity as a director of Royal Group Technologies Ltd, Mr Sorbara is indeed a subject of these ongoing investigations?

Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs): I can appreciate that the member opposite has his own idiosyncratic perspective on this, but I rely on the Integrity Commissioner. One of the things that he said is as follows: "Removing yourself from OSC affairs would have resulted in frenzied speculation about the reason for your decision. This speculation would indirectly have led to the disclosure of OSC's Royal investigation and to undeserved speculation about other companies with which you were formerly associated."

I know that the members opposite have, for their very own personal reasons, an interest in continuing to ask about this, and we will continue to respond to those questions. But for our purposes, the matter has been settled in a final manner by the Integrity Commissioner.

Mr Flaherty: It would have been quicker for the Premier to simply say, "Yes, I'm going to hide with my minister behind the corporate veil."

But let's look at the substance of the difficulty here. The substance isn't what is referred to by the Integrity Commissioner. He's dealing with the last short period of time. The substance of the investigations is not the last short period of time; it's a period of five years and \$32 million. For most of that time, Mr Sorbara was a director of the company. The Integrity Commissioner cannot pass judgment on that. With respect, despite your comments yesterday that the minister acted responsibly and appropriately, you're in no position to pass judgment on that. That's the whole point.

The point is that while these investigations are ongoing, it would be inappropriate in Ontario for a Minister of Finance to present a budget which affects the capital markets and so on in the province. That's the point.

You're not in a position to judge. Mr Sorbara is not in a position to judge. Will you now ask for the resignation of Mr Sorbara until the investigations are over, or are you still not up to the job?

Hon Mr McGuinty: I say to the member opposite, no, I will not be asking for the minister's resignation. If he is privy to information in connection with any particular investigation that he would like to share with the members of this House, then we'd be delighted to receive that. But if he does not, then this amounts to nothing more and nothing less than innuendo. I suggest that we should focus on the people's business, like health care, education and the like.

GANG VIOLENCE

Mr Brad Duguid (Scarborough Centre): My question is to the Attorney General. Scarborough has always been my home. It's where I grew up; it's where I'm raising my own family. Our community has always been and remains a safe community. However, over the last number of months, gang activity has taken the lives of a number of our young people right across Toronto—actually, even across the greater Toronto area.

The people in my community are looking for answers and they're looking for leadership from all levels of government. My question to the Attorney General is, what is our government doing to combat gang violence?

Hon Michael Bryant (Attorney General, minister responsible for native affairs, minister responsible for democratic renewal): I and the Minister of Community Safety have announced a special anti-gang and anti-gun unit. The purpose of it is to try to tackle gang violence in a way that was never done before. We are assigning specialized, experienced crown prosecutors to the Toronto gun squad to work with the police from day one in the investigation. That is going to permit us to try to get those special wire taps, get those special warrants that are necessary to become more organized than the organized crime. We have received a very positive response from Chief Fantino on this. We are engaging in this extremely aggressive gangbuster approach to give people more confidence.

Interjections.

Hon Mr Bryant: People of your community, I say to the member, and across Toronto and Ontario should know that we're doing everything we can, we're doing it in different ways and we're going to make a real, concrete difference with this new approach.

Mr Duguid: Addressing the gang problem is essential if we're going to keep our communities safe. As the minister mentioned, gun-related crimes are tied to the problem. Last year, all but a few of the fatal shootings in Toronto involved gang activity. Minister, what is the government doing to ensure that gun-related crimes are prosecuted to the full extent of the law and that our justice system is not simply a revolving door?

Hon Mr Bryant: I thank the member, and I really do welcome this question, because I think it's important for

everybody to understand that crown prosecutors do not and will not plead down or dismiss or do anything other than pursue gun crimes as aggressively as possible. That is the policy of crown prosecutors, and that is the practice of crown prosecutors. I have said, as we review the crown policy manual, that if there is more we can do, we will do that. But let me be clear that we are trying to do things differently than the previous government. For example, we're going to be putting together an unprecedented sentencing package with expert evidence provided so that judges can understand the impact of gun violence and gang violence on the streets. This, we feel, may make a real, concrete difference in getting stiffer sentences. I know the previous government isn't happy about it, because they wish they did it, but the reality is that McGuinty is governing.

CONFLICT OF INTEREST

Mr John O'Toole (Durham): My question is to the Premier. There is a story rolling around about Royal Group Technologies and the involvement of Finance Minister Sorbara. It just seems to get more entangled each day, Premier.

We've established that your finance minister did not disclose his involvement. He was somewhat unclear about his involvement on the OSC appointment. Your finance minister was indeed, as has been mentioned, the chair of the audit committee, which would be charged with ensuring accountability of corporate audits and procedures. Now the Royal Group is connected in the Caribbean casino—over \$30 million in question. The shareholders are questioning that. Now, we hear, with a report from TVOntario, you're aware of the recent Ontario labour relations decision on one of Royal Group's submissions, of trying to organize Baron Metal. I'm looking at the transcript. This was a organizing drive by the United Steelworkers—

The Speaker (Hon Alvin Curling): Question.

Mr O'Toole: —and it was a contentious drive, where threats of death occurred.

Premier, do you acknowledge these transactions or transgressions, and do you respond that your finance minister is inappropriately involved and should step aside?

Hon Dalton McGuinty (Premier, Minister of Intergovernmental Affairs): If the member opposite is privy to certain kinds of information that he thinks would be of interest to any investigation, then I would strongly encourage that he provide that to the authorities. He did raise the issue again of the minister's refusal to disclose the information that he had, and I want to quote again from the Integrity Commissioner's letter. I'll have to keep doing this, because apparently they're still not getting it over there.

It says: "Put bluntly, it would have been manifestly wrong for you to involve yourself or your ministry in any aspect of the OSC's investigation of Royal, or in any OSC investigation. In particular it would have been

wrong for you to have taken it upon yourself to disclose, or to cause the disclosure of the OSC/Royal investigation.”

1440

Mr O'Toole: It's clear you're obfuscating the information that is available to all of us. The report you keep referring to certainly doesn't substantiate that there isn't an involvement of any sort.

Given the issues, not just around the casino, I think more importantly it's the integrity issue that's being raised here. The substantive part of the question is the integrity of your finance minister. I'm only speaking on behalf of my constituents and the people of Ontario.

Do you believe, given all the swirling around this issue—what is proven and not proven isn't the issue—it would be appropriate, in fact dignified, to step aside? I don't know if he is the proper person to present the budget to the people of Ontario. In fact, my question to you is, are you going to present to us the Integrity Commissioner's report or are you going to present the Royal Group budget report?

Hon Mr McGuinty: I know the Minister of Finance is interested in speaking to this.

Hon Greg Sorbara (Minister of Finance): I don't want to get involved in a lecture on integrity. I just want to say to my friend that as a member of the opposition he has the freedom, if you like, to make spurious allegations about individuals and corporate entities. As a minister of the crown, it would be entirely inappropriate for me to comment on any public company, or private company, for that matter. That would be a breach of integrity. No matter what they engage in over there, that will not happen on this side. We know what integrity is and what our responsibility is, and I reject that question categorically.

BIRTH CERTIFICATES

Mrs Carol Mitchell (Huron-Bruce): My question is for the Minister of Consumer and Business Services. At my constituency office we are being absolutely flooded with requests for birth certificates. I have one employee who is working full-time, initiating tracking and administering emergency requests for birth certificates. Currently, my office alone is dealing with over 200 requests. Could you tell me what steps you are taking to address this backlog?

Hon Jim Watson (Minister of Consumer and Business Services): I want to thank the honourable member from Huron-Bruce, and in particular her staff and also the staff of all MPPs, for the work they are doing as the office of the Registrar General faces some very difficult circumstances.

This is a situation that I and my government do not find acceptable. It's a situation we inherited from the previous government, where the office of the Registrar General was systematically underfunded for years. Certainly I am concerned about not simply pointing the finger of blame but taking concrete action.

Therefore, I was pleased to travel to Thunder Bay on behalf of the Premier and this government to announce a \$2.6-million investment in the office of the Registrar General, so that we can properly staff the office and ensure that the level of service is one that is acceptable. We have hired 87 full- and part-time staff, we've moved to two production shifts and we've decreased our waiting time on the 1-800 number by 37%.

I know it's a sensitive point with the opposition. I do want to assure the honourable members opposite that we're also working on death certificates and we'll get one over to the PC Party as soon as possible.

Mrs Mitchell: I commend the Minister of Consumer and Business Services for all the measures your ministry has taken to speed up to the process and tackle the backlog. It certainly is appreciated.

I also want to have some assurances that security is being taken into account. People in my riding want to know if they are being protected from identity theft, or worse. What steps will your office take to ensure that birth certificates are received in a timely manner and also to ensure high levels of security?

Hon Mr Watson: Security of a foundation document like the birth certificate is paramount, obviously. We want to ensure that when the application is submitted, the information on the actual application matches with the birth registry information both in Thunder Bay and in Toronto. We want to ensure that the integrity of the system is in place. I have great confidence in the staff. I do want to commend the staff who have been overworked in Thunder Bay and in Toronto dealing with this huge backlog that we find ourselves with, that we've inherited from the previous government. As I said, we're committed not only to security but to improving the level of service, something that I believe all members appreciate, as well as the citizens who are waiting for a birth certificate in Ontario.

Mr John R. Baird (Nepean-Carleton): My question is for the Premier. I'd like to know why you changed responsibility for the Ontario Securities Commission to the Chair of the Management Board?

The Speaker (Hon Alvin Curling): It's time for the third party to ask their question.

ONTARIO NORTHLAND TRANSPORTATION COMMISSION

Mr Gilles Bisson (Timmins-James Bay): Thank you very much, Mr Speaker. I'm glad to know that I can still count. My question is for Minister of Northern Development and Mines.

The Speaker (Hon Alvin Curling): Could I recognize you? Timmins-James Bay.

Mr Bisson: You did. You recognized me as a member from the third party. Thank you, Speaker.

My question is to the Minister of Northern Development and Mines. Prior to the provincial election, your leader in North Bay promised the community and workers at the Ontario Northland Transportation Com-

mission that should he form the government, not one job would be lost at the ONTC. Now, after the election, your government announces that the size of the workforce at the ONTC is going to be reduced from 600 to 400 jobs by way of early retirement, and hardly any of those jobs are going to be replaced with new workers.

My question is this: Why did your government break your promise to the community of North Bay and to the workers at the ONTC?

Hon Rick Bartolucci (Minister of Northern Development and Mines): I'm very, very proud that this was another promise kept by Dalton McGuinty and the Ontario Liberals. The Tories' plan to privatize the ONTC was a failure. We made a commitment to end that privatization plan, and we delivered on that promise. We are very proud of what we have been able to accomplish in this short time in office. What we've allowed to happen—because we believed in the people of North Bay, we believed in the people along the Highway 11 corridor, we believed that the ONTC should not have been privatized. People believed it and that's why they voted they way they voted, and we lived up to that commitment.

Mr Bisson: Minister, you have a funny way of keeping your commitments and your promises. Yes, the promise you made was that you would not privatize; fine. But you also promised, and I quote the Premier when he was touring through North Bay—boy, I need glasses these days—“We've got a declining population here in North Bay. You take away those 600 jobs or a percentage of them and the spinoff jobs that will be lost is just not the right thing to do. That's the kind of things that we as Liberals fight against.” Two hundred jobs are going to be lost in North Bay under your watch, Minister. My question, simply put, is this—and please answer: Why did you break your promise to the workers and to the community of North Bay?

Hon Mr Bartolucci: It's amazing how only the NDP can try to turn a good-news story into something bad. We lived up to the commitment to end the privatization plan with the ONTC, as planned by the Tories. We did that because we trusted the people of North Bay to come up with the solution. We appreciate the ideas that they came back to us with. And so, on March 4, I was very happy to announce a strategic alliance between ON Telcom and Telus. I was pleased to announce that there would be a voluntary—voluntary—retirement package offered to the employees at the ONTC. I was pleased to announce that we directed the ONTC board to ensure that there was a long-term strategy attached so that we'll never have the uncertainty that was present over the course of the last eight years along the Highway 11 corridor.

1450

CONFLICT OF INTEREST

Mr John R. Baird (Nepean-Carleton): My question is to the Premier. You have said repeatedly that, “To the best of my knowledge,” your finance minister “isn't under investigation.” How is it that you know that, sir?

Hon Dalton McGuinty (Premier, Minister of Inter-governmental Affairs): I'm not sure that I understand the member's question, but I'll try to be as clear as I can. No information of any kind has been brought to my attention which would indicate that the minister is the subject of an investigation.

Mr Baird: I want to follow up a question that I asked the Premier yesterday. The Royal Canadian Mounted Police, the investigations branch at the OSC and Revenue Canada aren't in the habit of issuing press releases when individuals or corporations become the subject of investigations. I say directly to the Premier a very specific question: Would you have any objection to contacting Mr Justice Coulter Osborne and asking him to make inquiries with the RCMP, with the OSC and with Revenue Canada as to whether or not your finance minister is, was or could be the subject of an investigation, or whether any of his actions could be? Would you have Justice Osborne make those inquiries, Premier?

Hon Mr McGuinty: First of all, the member is very much aware that he himself could make that kind of request of our Integrity Commissioner. From my perspective, what the member is really asking us to prove here is that one of us is not under investigation. I don't know for sure if any of us in this chamber might not be the subject of some kind of an investigation which has not been brought to our attention.

We think the responsible approach is the one that has been taken by the Minister of Finance. That is the judgment that I have made in this matter, but just as important, and perhaps more important, it is the judgment that has been rendered by the Integrity Commissioner himself.

TOURISM

Mr David Oraziotti (Sault Ste Marie): My question is to the Minister of Tourism and Recreation. The citizens of my riding recognize the tremendous importance of tourism to our local economy. Over the past several months we have seen our government invest in a number of tourism initiatives and advertising campaigns intended to lure tourists to our province, and they have been great investments.

Minister, what action have you taken to ensure that tourists and potential visitors to this province are informed about the exciting tourism opportunities in northern Ontario and consider northern Ontario as a tourist destination?

Hon James J. Bradley (Minister of Tourism and Recreation): I thank the member for the question. I want to tell him that I consider northern Ontario to be a wonderful place for people to visit.

My ministry has taken steps to establish a partnership with industry partners in northern Ontario, such as Destination North, the Northern Ontario Native Tourism Association and Ontario's North Tours. You would know that, as an organization which deals with cities and attractions in all of northern Ontario.

In total, almost \$3 million has been committed to marketing programs, partnerships and product development initiatives to date in the north. In addition, agreements have been finalized with each of the six northern Ontario tourism associations to receive \$100,000 in financial support for 2003-04. Furthermore, a meeting has been established for April 1, 2004, to discuss and negotiate agreements with each NOTAP for the 2004-05 year.

This ministry will continue to work with our northern stakeholders to build upon the many tourism experiences that already exist in northern Ontario so that the area remains a tourist destination for many years to come.

LEGISLATIVE PAGES

The Speaker (Hon Alvin Curling): I would ask all members to join me in welcoming this second group of legislative pages serving the 38th Parliament.

We have Devin Ballantyne from Elgin-Middlesex-London; Mason Brooks, London North Centre; Lucia Chaplin, Davenport; Tracy Chen, Toronto Centre-Rosedale; Valerie Christie, Lambton-Kent-Middlesex; Sarah Cipkar, Essex; Michael Da Silva, York South-Weston; Sara Dookhoo, Etobicoke North; Austine Ha, Willowdale; Lauren Haberer, Huron-Bruce; Mark Hammett, Brampton Centre; Jordan Kiss, Prince Edward-Hastings; Alyssa Moore, Leeds-Grenville; Michael Murray, Simcoe North; Victor Ngai, Scarborough-Rouge River—great place; Andrew Pawluch, Sudbury; Nikita Ramdahani, Whitby-Ajax—let me pronounce that better for Nikita Ramdahani; Brendon Smith, Kitchener Centre; Mary Vaccaro, Niagara Falls; and Sarah Wilkinson, Oak Ridges.

We all welcome them in the good old-fashioned way. Thank you for serving us.

PETITIONS

ONTARIO DRUG BENEFIT PROGRAM

Mr Cameron Jackson (Burlington): “To the Legislative Assembly of Ontario:

“Whereas the Liberal government was elected after promising in their election platform that they were committed to improving the Ontario drug benefit program for seniors but are now considering delisting drugs and imposing” more “user fees on seniors; and

“Whereas prescription drugs are not covered under the Canada Health Act unless dispensed in a hospital; and

“Whereas the federal Liberal government refuses to acknowledge this as a necessary health service despite the Romanow report’s strong support for a national drug program;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To immediately and unequivocally commit to end plans for the delisting of drugs for coverage under the Ontario drug benefit program;

“To immediately commit to ending plans to implement higher user fees for seniors and to improve the Ontario drug benefit plan so they can obtain necessary medications; and

“To instruct Premier Dalton McGuinty to demand more health care funding from Ottawa instead of demanding more” health care “funding from seniors.”

LANDFILL

Mr Garfield Dunlop (Simcoe North): “To the Legislative Assembly of Ontario:

“Whereas the county of Simcoe proposes to construct a landfill at site 41 in the township of Tiny; and

“Whereas the county of Simcoe has received, over a period of time, the necessary approvals from the Ministry of the Environment to design and construct a landfill at site 41; and

“Whereas, as part of the landfill planning process, peer reviews of site 41 identified over 200 recommendations for improvements to the design, most of which are related to potential groundwater contamination; and

“Whereas the Minister of the Environment has on numerous occasions stated her passion for clean and safe water and the need for water source protection; and

“Whereas the Minister of the Environment has indicated her intention to introduce legislation on water source protection, which is a final and key recommendation to be implemented under Justice Dennis O’Connor’s report on the Walkerton inquiry; and

“Whereas the Minister of the Environment has announced expert panels that will make recommendations to the minister on water source protection legislation; and

“Whereas the Ministry of the Environment will now be responsible for policing nutrient management; and

“Whereas the citizens of Ontario will be expecting a standing committee of the Legislature to hold province-wide public hearings on water source protection legislation;

“We, the undersigned, call upon the government of Ontario and the Ministry of the Environment to immediately place a moratorium on the development of site 41 until the water source protection legislation is implemented in Ontario. We believe the legislation will definitely affect the design of site 41 and the nearby water sources.”

I’ll sign my name to this.

ONTARIO DRUG BENEFIT PROGRAM

Mr John O’Toole (Durham): I would like to present a petition to the Legislative Assembly of Ontario.

“Whereas Ontario’s seniors have worked long and hard to build the outstanding quality of life achieved in our province; and

“Whereas seniors’ drug benefits enable older persons to live healthier lives and avoid more extensive care in hospitals and nursing homes; and

“Whereas, in addition to their taxes, many seniors already contribute toward their prescription drugs through deductibles and dispensing fees; and

“Whereas many seniors on fixed pensions already face higher costs through property taxes and electricity charges;

“Therefore we, the undersigned, respectfully petition the Legislative Assembly of Ontario as follows:

“That the Legislative Assembly of Ontario not eliminate or reduce the provincial drug benefits provided to seniors” in Ontario.

I’m pleased to sign and support this petition.

1500

TUITION FEES

Mr Tony Ruprecht (Davenport): I have a petition from the students of George Brown College. They’ve been sending in petitions almost every week. Hundreds of them have signed this petition. I will read it, because it is addressed to the Legislative Assembly of Ontario. It reads as follows:

“Freeze Tuition Fees

“Whereas average tuition fees in Ontario are the second-highest in Canada;”—imagine—“and

“Whereas average undergraduate tuition fees in Ontario have more than doubled in the past 10 years; and

“Whereas tuition fees for deregulated programs have, in certain cases, doubled and tripled; and

“Whereas Statistics Canada has documented a link between increasing tuition fees and diminishing access to post-secondary education; and

“Whereas four other provincial governments have taken a leadership role by freezing and reducing tuition fees;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to:

“Freeze tuition fees for all programs at their current levels; and

“Take steps to reduce the tuition fees of all graduate programs, post-diploma programs and professional programs for which tuition fees have been deregulated since 1998.”

Since I agree with this petition, I’m delighted to sign it.

ONTARIO DRUG BENEFIT PROGRAM

Mr Ernie Hardeman (Oxford): I have a petition to the Legislative Assembly of Ontario on behalf of my constituents:

“Whereas the Liberal government has said in their election platform that they were committed to improving the Ontario drug benefit program for seniors and are now considering delisting drugs and imposing user fees on seniors;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To halt the consideration of imposing an income test, delisting drugs for coverage under the Ontario drug benefit plan or putting in place user fees for seniors, and to maintain the present drug benefit plan for seniors to cover medication.”

I proudly sign this petition. I believe this is what the government should be doing.

Mr Tim Hudak (Erie-Lincoln): I’m pleased to join my colleagues in presenting a petition to protect seniors from higher drug costs, signed by constituents from the Black Creek Leisure Homes in the Fort Erie-Stevensville area. It reads as follows:

“To the Legislative Assembly of Ontario:

“Whereas during the election campaign the Dalton McGuinty Liberals said they would improve the Ontario drug benefit program but now are considering delisting drugs and imposing higher user fees; and

“Whereas the Liberal government has increased costs to seniors by taking away the seniors’ property tax rebate and increased the price of hydro;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“The Dalton McGuinty Liberals should keep their campaign promise to improve the Ontario drug benefit program and abandon their plan to delist drugs or increase seniors’ drug fees.”

Beneath my friends’ Mike Frenette and Tom and Judy Lowe, I affix my signature in support.

Mr Jim Wilson (Simcoe-Grey): I have a petition to the Legislative Assembly of Ontario:

“Whereas the McGuinty Liberals by no means campaigned on raising the rates associated with the Ontario drug benefit program; and

“Whereas the majority of seniors, many of which live on fixed incomes, cannot meet the expense of higher costs for essential medication; and

“Whereas seniors in Simcoe-Grey and across Ontario should never have to make a choice between eating and filling a prescription;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To cancel any plans to raise the costs for prescription drugs for our seniors and to embark on making vital medication more affordable for Ontarians.”

It’s signed by several hundred people in my riding. I agree with the petition, I thank the people who have signed it and I affix my name to it.

BIRTH CERTIFICATES

Mr Jeff Leal (Peterborough): “To the Legislative Assembly of Ontario:

“Whereas the previous government did not commit the necessary resources to provide birth certificates in an efficient manner;

“We, the undersigned, applaud this government for improving the process dramatically.”

It’s signed by six wonderful residents of Ontario.

WATERLOO-WELLINGTON TRANSPORTATION ACTION PLAN

Mr Ted Arnott (Waterloo-Wellington): I have a petition to the Legislative Assembly of Ontario, and it reads as follows:

“Whereas the residents of Waterloo-Wellington need and deserve excellent roads and highways for their safe travel; and

“Whereas good transportation links are vital to the strength of our local economy, supporting job creation through the efficient delivery of our products to the North American marketplace; and

“Whereas transit services are essential to managing the future growth of our urban communities and have a relatively minimal impact on our natural environment; and

“Whereas Waterloo-Wellington MPP Ted Arnott asked all municipalities in Waterloo-Wellington to provide him with their top transportation priorities for the next five years and beyond, all of them responded and their recommendations form the Waterloo-Wellington transportation action plan; and

“Whereas” the former Minister of Transportation “Frank Klees responded quickly to MPP Ted Arnott’s request for a meeting with the councillors and staff of Waterloo-Wellington’s municipalities, and listened to their recommendations; and

“Whereas the Waterloo-Wellington transportation action plan contains over 40 recommendations provided to MPP Ted Arnott by municipalities, and there is recurrent support for implementing the corridor study of Highway 7/8 between Kitchener and Stratford, a new four-lane Highway 7 from Kitchener to Guelph, assistance for Wellington county to rebuild Highway 24 from Guelph to Cambridge, a repaired and upgraded Highway 6 from Fergus to Mount Forest, Waterloo region’s light rail transit initiative, OSTAR funding for transportation-related projects and other projects;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“That the provincial government support Ted Arnott’s Waterloo-Wellington transportation action plan, and initiate the necessary studies and/or construction of the projects in it.”

It is signed by a significant number of my constituents.

PROPERTY TAXATION

Mr Tony Ruprecht (Davenport): I have a petition from the residents of Davenport, specifically Rusholme Road, Delaware Avenue and Dovercourt Road. It’s addressed to the Parliament of Ontario and reads as follows:

“We, the undersigned property owners and tenants, strongly oppose the current value assessment system in Ontario. The 2003 current value assessment system is too high and we will show strong resistance. There may be a tax revolt.

“We believe the municipal tax system should reflect the following principles: (1) Ability to pay should be a consideration; (2) property taxes should be related to services 100%; (3) homeowners should not be penalized for improving their properties; (4) dependence on the residential property tax to raise provincial and municipal revenues should be reduced; (5) the assessment system should be stable over a long period of time—10 years; (6) the assessment system should be objective, accurate, consistent, correct, equitable and easily understood—house sf class price; lot sf class price, garage sf class price should also be considered; and (7) owner authorization should be approved through this assessment procedure.”

I’m delighted to have presented this petition to you.

ELECTRICITY SUPPLY

Mr Norm Miller (Parry Sound-Muskoka): I have a petition from my constituents in Parry Sound-Muskoka to the Legislative Assembly of Ontario.

“Whereas the community of Yearley, Ontario, within the electoral district of Parry Sound-Muskoka experiences frequent and prolonged power outages; and

“Whereas the power outages have become a health and safety issue to the residents of the community and the students who visit the outdoor education centre;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“That the Minister of Energy instruct Hydro One to conduct an investigation of the distribution and feeder lines that serve Yearley, and take the necessary steps to ensure reliable energy to ongoing forestry maintenance and required line improvements.”

I agree with this petition, and I sign my name to it.

ONTARIO DRUG BENEFIT PROGRAM

Mr Jim Wilson (Simcoe-Grey): “To the Legislative Assembly of Ontario:

“Whereas the McGuinty Liberals by no means campaigned on raising the rates associated with the Ontario drug benefit program; and

“Whereas the majority of seniors, many of which live on a fixed income, cannot meet the expense of higher costs for essential medication; and

“Whereas seniors in Simcoe-Grey and across Ontario should never have to make the choice between eating and filling a prescription;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To cancel any plans to raise costs for prescription drugs for our seniors and to embark on making vital medication more affordable for Ontarians.”

I have affixed my signature to it.

LANDFILL

Mr Garfield Dunlop (Simcoe North): “To the Legislative Assembly of Ontario:

“Whereas the county of Simcoe proposes to construct a landfill at site 41 in the township of Tiny; and

“Whereas the county of Simcoe has received, over a period of time, the necessary approvals from the Ministry of the Environment to design and construct a landfill at site 41; and

“Whereas, as part of the landfill planning process, peer reviews of site 41 identified over 200 recommendations for improvements to the design, most of which are related to potential groundwater contamination; and

“Whereas the Minister of the Environment has on numerous occasions stated her passion for clean and safe water and the need for water source protection; and

“Whereas the Minister of the Environment has indicated her intention to introduce legislation on source water protection, which is a final and key recommendation to be implemented under Justice Dennis O’Connor’s report on the Walkerton inquiry; and

“Whereas the Minister of the Environment has announced expert panels that will make recommendations to the minister on water source protection legislation; and

“Whereas the Ministry of the Environment will now be responsible for policing nutrient management; and

“Whereas the citizens of Ontario will be expecting a standing committee of the Legislature to hold province-wide public hearings on water source protection legislation;

“We, the undersigned, call upon the government of Ontario and the Ministry of the Environment to immediately place a moratorium on the development of Site 41 until the water source protection legislation is implemented in Ontario. We believe the legislation will definitely affect the design of Site 41 and the nearby water sources.”

1510

ONTARIO DRUG BENEFIT PROGRAM

Mr Tim Hudak (Erie-Lincoln): I’m pleased to present a petition on behalf of seniors from Portal Village in Port Colborne concerning higher drug costs. It reads as follows:

“To the Legislative Assembly of Ontario:

“Whereas during the election campaign, the Dalton McGuinty Liberals said they would improve the Ontario drug benefit program, but now are considering delisting drugs and imposing higher user fees; and

“Whereas the Liberal government has increased costs to seniors by taking away the seniors’ property tax rebate, and increased the price of hydro;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“The Dalton McGuinty Liberals should keep their campaign promise to improve the Ontario drug benefit

program and abandon their plan to delist drugs or increase seniors’ drug fees.”

I’m pleased to affix my signature beneath those of Joan Metler, Dorothy Tucker and Mary Parsons, among others.

NOTICE OF DISSATISFACTION

The Speaker (Hon Alvin Curling): Pursuant to standing order 37(a), the member for Nepean-Carleton has given notice of his dissatisfaction with the answer to his question given by the Premier concerning whether the Minister of Finance offered his resignation. The matter will be discussed at 6 pm.

ORDERS OF THE DAY

COMMITMENT TO THE FUTURE
OF MEDICARE ACT, 2004LOI DE 2004 SUR L’ENGAGEMENT
D’ASSURER L’AVENIR
DE L’ASSURANCE-SANTÉ

Mr Smitherman moved second reading of the following bill:

Bill 8, An Act to establish the Ontario Health Quality Council, to enact new legislation concerning health service accessibility and repeal the Health Care Accessibility Act, to provide for accountability in the health service sector, and to amend the Health Insurance Act /
Projet de loi 8, Loi créant le Conseil ontarien de la qualité des services de santé, édictant une nouvelle loi relative à l’accessibilité aux services de santé et abrogeant la Loi sur l’accessibilité aux services de santé, prévoyant l’imputabilité du secteur des services de santé et modifiant la Loi sur l’assurance-santé.

Hon George Smitherman (Minister of Health and Long-Term Care): I’m privileged today to have the opportunity to share my time with the members from Nipissing, Don Valley West and Etobicoke North, and if I don’t speak fast enough, Ralph Goodale.

I’m honoured to rise in the House today to be the leadoff speaker on behalf of our government for the second reading of Bill 8, the Commitment to the Future of Medicare Act. This bill reflects the values of a new government, a new government that’s prepared to do its part to build on one of our nation’s great successes. I have said on many points and occasions that medicare is the best expression of Canadian values. It is the intention of this government to renew and transform medicare to make it sustainable for future generations.

I do very much want to acknowledge and personally thank my legislative colleagues on the standing committee on justice and social policy, those from all parties in the House, but I particularly would like to recognize the Chair, Kevin Flynn; the committee Vice-

Chair, Jim Brownell; and my parliamentary assistant, the member from North Bay.

No one has spoken as passionately and as persuasively on the future of medicare as Roy Romanow. His extraordinary report provides the playbook for transforming public health care. Mr Romanow laid out the challenge for all of us, and he laid it out this way: "Canada's journey to nationhood has been a gradual, evolutionary process, a triumph of compassion, collaboration and accommodation, and the result of many steps, both simple and bold.... That next step is to build on this proud legacy and transform medicare into a system that is more responsive, comprehensive and accountable to all Canadians."

That is what the future is, and that is what Bill 8, the Commitment to the Future of Medicare Act, is all about.

A review of Bill 8 and a read of the preamble is to see a core statement of our values, the values of medicare. It speaks to health care that is consumer-centred, it reflects a system that is accountable to the people who own it—each and every Ontarian. It calls for a system focused on outcomes and committed to quality. Bill 8 confirms the undeniable need for co-operation in health care between providers and government, individuals and communities, and it underscores the responsibility that we all have to build a strong, sustainable public health care system.

I want to talk today about our game plan for transforming medicare in the province of Ontario, and I want to talk about Bill 8, a key part of our transformation strategy.

The government that has been elected in Ontario, the McGuinty government, has brought a greater determination to the goal of transformation in our health care system. Some people say, in response to our plans, that it has been heard before. That is because it is an echo of the vision of Roy Romanow, but it is one that brings with it the determination of a new government in Ontario.

The stakes on this task are high and the cost of failure great; in fact, immeasurable. But we are confident that a better future of medicare lays within our grasp. It is within the leadership of the province of Ontario to demonstrate to the country that the future of medicare is indeed strong, that we can transform our medicare system to one that is of higher quality, that is patient-centred and delivers on principles of sustainability.

Our goal, to make it simple, is to say that we want to make Ontarians the healthiest Canadians. When we are successful at doing that, we will have contributed greatly to ensuring that the medicare system that we pass on to future generations is a sustainable medicare system.

The challenges are great. Those that we confront are great, because against many measures, the health of our population is not in the greatest shape. Historically, I have not been in the greatest shape either, so I try to stand as a role model and encourage Ontarians to take one extra step, to eliminate one extra cigarette, to lose a little weight, climb a few stairs and make that individual personal contribution that all of us must make if we are to restore our belief that medicare is the way to go, if we are to enhance the quality of the system that we have.

The challenges are great as well because we have an aging and growing population; demand caused by access to new technology; and we have some culture in our health care system, like running annual deficits in budgets of our hospitals.

There are forces chipping away at medicare. In fact, some of them are the head of new political parties in the House of Commons. Those people want to erode its principles. They want to narrow its reach, water down its protections and lower the quality of care that it delivers, all in the name of offering some alternative parallel system for those who have money.

It's time to leave behind the status quo, where we spend billions upon billions of dollars on health care but have no reliable means of measuring the outcomes gained from these precious dollars. We're all in this together, and together we owe it to the Ontario public to show them how good it can be when we all work together.

This is, to some great extent, about change versus the status quo. There are people—I see them and I hear them in our midst—who resist the change that is in Bill 8 because it's not the way we've always done it. But on October 2 of last year, the people of Ontario said to the people of this party and to Dalton McGuinty, who is now our Premier, that change is absolutely required.

Let me be blunt about this: At \$28 billion and growing, the public health care system is crowding out other government priorities like education and the environment. We know that we can't continue to do this. But to have a situation where we're crowding out other government priorities yet not delivering to the expectation level of Ontarians, even though we're spending 46% of program dollars, is I think a message that we must transform the medicare system in our province, transform it to sustainability, where sustainability is measured not only on our basis to be able to pay the bills, but measured on the quality of the care that we can provide.

I'm talking about the sustainability from the vantage point of the average Ontarian. Their question is: Will medicare be there for me when I need it? We have created a bill that enables us to take on these challenges head-on and restore the very best of health care, to answer, "Yes," to that question. Medicare in Dalton McGuinty's Ontario has a very, very bright future.

Applause.

The Deputy Speaker (Mr Bruce Crozier): Minister, just one moment. I remind guests in the galleries that we appreciate your attendance, but we would also appreciate it if you would not clap when the members do. Thank you.

Hon Gerard Kennedy (Minister of Education): It's hard not to.

1520

Hon Mr Smitherman: That was going to be my line.

Review after review, study after study, have only served to reinforce the notion that universal, single-payer, publicly funded health care continues to be the right way forward for Ontario and for Canada. But they also

concluded that, within that framework, major reform is required. Major reform we will bring, because this is a government of action, action on the most cherished public program of Canadians. Roy Romanow clearly concluded that we need to renovate our concept of medicare to adapt to today's realities.

The Commitment to the Future of Medicare Act represents an important signal to Ontarians—that the significant changes to come rest on a strong foundation of familiar values. While others of us might suggest that the only way forward is to abandon these principles and to throw up our hands and surrender, we will prove that health care reform can and must be consistent with these values. That is why Bill 8 builds on the principle of accountability. Romanow reaffirmed that health care is there for, and answerable to, its owners—12 million Ontarians—and that we all share a responsibility to protect it.

For those of us who have the honour of serving in health care, and the particular honour of serving Ontarians, of representing them, we are the province that must, to our nation, show the way forward for medicare. The reforms that we're undertaking here to transform our medicare system, to make it more patient-focused and more accountable, to deliver a higher-quality result—Ontario must lead the way, because Ontario has always led the way.

I had the opportunity on February 24 to outline for the people of the province of Ontario our government's transformation plan for health care. We faced the challenge, and we have the plan of making our health care system into one unified whole system driven by quality and centred on the consumer. I have taken to saying in the days since I was appointed minister that the more I look for a system, the less of a system I see. The fact of the matter is that, on a whole range of points, dollars have been sent from the government at Queen's Park to different and diverse pieces of our health care system, but they have not bought a system with those dollars because the strategic responsibility of the government of Ontario was not there. As a result, we have a fragmentation across electronic health records, as one example. We have created a mentality, a culture, in the health care system in our province that is silo after silo. I engage all of you, all members of this house and Ontarians, to be involved in the very necessary exercise of toppling those silos so that the patient, the consumer, can make their way in a more seamless fashion across our health care system.

At the heart of our transformation plan is a recognition that our hospitals have been asked to do more than they are best built to do. Our government's challenge and our government's priority will be to ask our hospitals to hold stable while we give them predictable funding—albeit at lower rates of growth than they've seen over the last five years when their budgets went up by 10%—so we can make those precious and desperately necessary investments in those complementary, community-based services, like providing a doctor in the neighbourhoods

where people need them; like making sure that community and mental health and addiction services that have not seen a penny of increase in their base budget since before Bob Rae's hair turned white, that they once again understand that we recognize, that the Dalton McGuinty government recognizes, their importance and the role that they play, the contribution that they make; that we make the necessary investments so that home care can provide, not only to keep our people independent and keep them in their homes as long as possible, but to support them in those very critical days following acute care stays.

This is the challenge that we face, but we will make those investments in those community-based services. Because of the work of my colleague from North Bay, and because of the commitment of this government, we will transform the long-term-care system in this province in a fashion that restores confidence that those 67,500 beds, each of them providing such a vital lifeline for an Ontarian—that we restore the sense of quality in those; that our most vulnerable citizens who are residing in long-term-care facilities will know that this government sees the critical importance of a properly functioning system of long-term care, one that gives us confidence. This is what we'll deliver upon.

First, we will bring that sustainability and renewed accountability to hospitals, because they are the anchor of our health care system. For our part, we acknowledge that for all of the talk that has come from previous governments about delivering sustainable and predictable funding to hospitals, it is not being delivered upon. We will not only do that, but we will tie that funding to results that matter to Ontarians: reduced wait times, better-quality care and human resources strategies that recognize that hospitals are bricks and mortar and that technology, while it matters, is not nearly as important to the health care delivery that comes from people. At the end of the day, health care is about people delivering services to people, and that's reflected in the fact that 80 cents on the dollar is spent on people, but our strategies around human resources have so far not properly reflected the incredible role that human beings are playing in making our medicare system so important to Canadians.

We ask hospitals to work with us and to work with each other, to connect with other parts of the system, like I mentioned earlier—home care, long-term care, family health care—and to take full advantage, to take greater advantage than we have so far, of the tremendous economies of scale to improve the way they manage their resources. On this point, I pause to say that those people who are threatened by the idea that hospitals that band together to buy bandages cheaper are somehow a threat to public health care are people whom I think are stuck in the status quo, and those people need to change. Because I'm not interested any longer in being part of a government that talks about a health care system but doesn't have a system that means that we can take advantage of the spending power of \$11 billion worth of hospitals.

Later on, I'll give you an example of how we can get a better bang for our buck, about some of the advantages that can flow from standardization. These are the benefits of a system; this is the medicare advantage. Yet for all of our huge spending power, we have failed time and time again to take advantage of those opportunities. But this government will not fail, because those precious dollars that can be saved from procurement policies that bring about, that take into consideration those economies of scale, that purchasing power, those dollars saved, those precious dollars saved will be driven back into the kind of health care that Ontarians need. A dollar saved on a bandage will be a dollar dedicated to reducing a wait time for cancer, for cardiac care, for hip and knee, for cataracts, and those dollars, those precious dollars, will be used to enhance those community supports that I just spoke about.

I want to recognize that government must change its behaviour toward hospitals as well. In the past, in the absence of stable, predictable funding, it has been more difficult for our hospitals to plan effectively, and sometimes that contributed to the deficit trap. Having clear rules for how hospitals are funded is an essential part of ensuring that they are given the resources to actually deliver the results expected of them. Hospitals have been working with government through the joint policy and planning committee on a new, more predictable method of funding hospitals that enables longer-term planning and links funding to quality results. This government will be the government that moves those discussions from the committee room or from the board room table, and puts them into practical application in hospitals across this province, because it is time to get on with it.

It is time to get on with delivering to Ontarians a sense that there is a government that wants to build a health care system that is integrated and of a higher quality. But accountability and predictability of funding must go hand in hand. Bill 8's accountability agreements clarify expectations in order to secure mutual benefits for both health providers and the Ontarians they serve. The accountability agreements are about a new mature relationship with our health care providers, a relationship that for the very first time ties funding to results, rewards good performance and has real consequences for poor performance. No part of the system can stand alone any longer. No one part can determine on its own what services it will provide, what outcomes it will achieve. The needs of the consumer, of the client, of the patient, should be the only determining factor.

1530

Let me take a moment to talk about how accountability agreements will work. The Ministry of Health and Long-Term Care, the insurer, will negotiate an accountability agreement with the boards of health care institutions to ensure that health care dollars are used to achieve quality outcomes for patients and the public. Outcomes will be patient-centred: wait times for a life-saving procedure, like cardiac care and cancer care. The agreements would reward those providers who deliver excellent

quality, and there would be real consequences for people who fail to meet their commitments.

It's funny how it seems that this is such a radical concept: the idea that, in exchange for a secure allotment of resources for which you've said you will deliver services, if you fail to do what you said you would do in a contractual obligation, there will be consequences for that. Some people have said that's radical. What I think is radical is that here in the province of Ontario, across the breadth of a \$28-billion system, the radical part is that this has not been done before, that we haven't tied expenditures to specific outcomes. We will, because we must.

There has been a fair bit of talk about what the former Minister of Health, the member from the Kitchener-Waterloo area, likes to refer to as my new sweeping powers. The expansion in ministerial powers in Bill 8 is an expansion of power so far below those that already exist, it's hard to understand what that member's getting at. Perhaps it's because she understands that the appointment of supervisors by her government was like a reflex action. Seven times out of nine since 1981, that government, the former minister from Waterloo and the former minister from Brampton, exercised the powers of appointing a supervisor.

Let's understand what that means. If you appoint a supervisor in an Ontario hospital today, it means that in one fell swoop you have eliminated the board and the CEO. They, in opposition to what we plan, have suggested that being able to seek accountability for performance is a radical concept. We need to move to a position where we drive the care down to the community.

I want to go back to a theme that I touched on earlier. Our hospitals have been put in an untenable position. They've been forced to pick up the pieces of the health care safety net that others weren't able to deliver effectively. They've been asked to do more than they were built to do or are best suited to do, but if we make those investments, as we fully intend to, in the complementary community pieces, we'll finally be getting to the point where we ask hospitals only to provide services that they're built to provide, because we know that hospitals are the most expensive places to deliver patient care. So we'll move on family health care, high-quality, accessible, around-the-clock, front-line care where people need care, as close to home as possible from an interdisciplinary team of health care providers. That's family health teams, and we're going to move on those.

Home care: We have real recognition that we need to do more on home care. As a result, in part measure, of the health accord of last year, we have some resources to do that, and we will. We're working on long-term-care facilities and on consumer-based mental health and addiction services, as I mentioned earlier.

Let me talk for a moment about integration. I talked a little bit before about silos. Other people talk about them as well as the predominant culture of our health care system, that if you only need to see a family practitioner and you have an established relationship, chances are

your level of support, your confidence level for the health care system is very high, but at the very moment you need to move from there to see a specialist, chances are that you butt up against the silo, another piece of the health care system. We need to topple the silos and make it easier for the patient to make the seamless transition along a continuum of care. We need to tear down those walls that stand between the patients and the care they need.

Information technology is an essential enabler, because it allows health care providers to speak in the same language and share information. It will revolutionize our ability to measure system performance. Bill 8, therefore, will foster integration.

One of the measures of quality for which providers and governments will be judged is how effectively we collaborate, how well we mobilize our collective resources for the common cause of quality, consumer-centred patient care. I've seen many examples of innovation and integration as I've travelled the province, and I want to speak briefly just about two of them.

On a gorgeous but crisp Friday afternoon on the northern reaches of Lake Superior, I went to visit the community of Terrace Bay. In Terrace Bay I heard about the Lake Nipigon regional health forum, an ad hoc network of five hospitals formed out of necessity 15 years ago, where hospitals have found, in the ability to work together, the capacity to offer much greater, expansive programs to the people of their very small community. They recognize that services, the cost of which could not be borne on one budget alone, could be borne by five hospitals working together. They innovate and share resources. They share physiotherapists and occupational therapists, as well as human resource management and administrative resources.

In the town of Windsor, from where my seatmate hails, two hospitals, which had a long history of working against one another, have in the last three years made extraordinary strides to work better together to integrate the care they provide and to share resources where it's practical, to save costs so those dollars can be driven into the provision of clinical services.

Last week I had the opportunity to meet with Jack Kitts, the CEO of the Ottawa Hospital, Ontario's largest hospital. Six different facilities have come together in a very challenging amalgamation. They got the orthopaedic surgeons together. At that point, they were using eight different devices for hips and knees. They narrowed the list to two. The result is that those enhanced volumes saved \$1.8 million in the purchase of artificial joints. That \$1.8 million bought 200 more surgeries for the Ottawa community.

Accountability matters because, as Roy Romanow says, it's a principle that was missing, and because the precious resources we have must be well spent. Shared accountability of government and providers to the Ontarians we serve is the message associated with accountability. It's very much a two-way street, and it's a two-way street because we must focus on continuous

improvement. I am tired of the idea too many people develop that all of sudden the expectation is that people will wake up one morning and say, as if by magic, "Health care is better." The challenge for all of us is to demonstrate to Ontarians that health care is in a state of continuous improvement. We cannot measure the state of health care, because at the moment we do not have a measuring stick, we do not have the tools. But in Bill 8 we have the tool: the Ontario Health Quality Council. It will report to Ontarians on an annual basis about the state of health care and about the state of their health.

Ontarians have never before had way of knowing how our health care system was performing. Ontarians are smart people and deserve to know the facts. They have a right to know what is happening with wait lists and about the state of our health care and about the state of our individual health. The Ontario Health Quality Council gives people this opportunity.

The council will provide Ontarians with meaningful information so they can measure our government's performance and hold us to account. The Ontario Health Quality Council exists to serve the broad and diverse interests of Ontarians by measuring across a broad array of indicators how our health care system is performing. We will, for once, finally have an annual, at-a-glimpse opportunity to measure how we're doing to mark the continuous improvement that we're involved in.

It will have strong representation brought by people from our communities, 12 of them, people of independence. I am, on this point, saddened that the former minister, the member from Waterloo, without even seeing names associated with this body, has already decided that those 12 individual Ontarians will not be capable of producing a report that is independent, balanced and provides Ontarians with the information they know. I believe that cynicism has no place if we are to be properly dedicated to the task at hand, because the task at hand is one where no failure is allowed, because the task at hand is our involvement with the most cherished program of Canadians.

Healthier Ontarians: Each of us has a role to play in this debate. I had the opportunity two weeks ago to speak to a grade 6 and 7 class in Markham. I said to those kids, "Start a revolution. Take back your health." I went in there and said that it was my 40th anniversary speech, having just celebrated my 40th birthday—which I have been getting quite a lot of mileage out of. I talked to those kids and said that I looked at some numbers from when I was their age and compared them to the numbers now: five times the rate of childhood obesity.

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I talked to those kids about personal responsibility. I said, "Society so far is not getting the job done for you." But we need all Ontarians to be more involved in the recognition that one of the greatest pressures that we have on our health care today is the pressure that is brought by the decisions that we made yesterday. So all of us have the opportunity today to begin to reinforce and develop better habits, and I take the motto of continuous

improvement upon myself as well. I encourage people to take a look for those opportunities inside your daily habits to make things just a little bit better.

Not everybody can quit smoking, but everybody can quit smoking some of what they smoke. Not everybody can get their weight under control, but most people can make a difference about it. Not everybody will become an athlete overnight, because not everybody has a former Canadian Olympian as their parliamentary assistant. But everyone can look for the opportunity to walk up one more set of stairs or to walk one extra block, because we must work together to tackle the high-cost, high-burden and preventable health issues: smoking and childhood obesity caused by inactivity and unhealthy eating habits.

I am so proud that our government is going to work on this with the kind of zeal that Ontarians have been waiting for, because we have a responsibility, an obligation, an opportunity, and we will live up to the challenge that the health and safety of our kids have for us to do. We will show that leadership. I am so pleased to have the opportunity to work with someone like Gerard Kennedy and my colleague Marie Bountrogianni as we seek in this province to create a healthier environment for our kids. Why? Not just because of course we wish that everyone would have the best health possible, but because 29% of \$28 billion—29% of \$28 billion—goes toward treating diabetes, cancer, cardiac care and other preventable diseases.

It's time for all of us to come together and take back our health. Each and every one of us can take real action to make Ontarians healthier. We want to fuel an excitement and a sense of personal mission about health. A healthy revolution is what is required in our province.

I'm proud of Bill 8, I'm proud of the McGuinty government and I'm proud to acknowledge that our government takes a different way of operating. That's what we bring to leadership in Ontario. I took responsibility when I brought the bill to committee. I took responsibility because the first draft didn't set the tone right, and in response, yesterday the former Premier was derisive because the bill had amendments. I say to the relics in that party: wouldn't it have been nice in their day if they had had the courage to take any bill to a legislative committee for the meaningful input of Ontarians and the meaningful debate among other parliamentarians.

We have worked hard to make sure that the tone matches the bill's purpose to inject new spirit and new life into medicare in Ontario.

Let me just tell you something of the key amendments approved by the standing committee on justice and social policy. The bill now clearly states that all health care decisions must be made in the public interest, something of great concern, especially to our friends at the Montfort hospital. We've made it explicit in the bill that trade unions, individual doctors and groups of doctors are not subject to accountability agreements. I witnessed through this debate the most curious of campaigns by CUPE, not satisfied with the fact that the bill, as originally written, didn't do anything about opening up contracts or forcing accountability agreements upon them.

In a meeting months and months ago, I said to Sid Ryan, "Listen, I'm happy to offer an amendment that will make it explicit on this point, just to satisfy you." For three or four months, Sid Ryan pretended that no such commitment had been made and revved and riled up the workers of CUPE all across this province in the most artificial campaign against the bill that I have ever seen, creating the illusion of threat where no threat existed. That has been the involvement of that organization on this bill.

This bill clearly defines the four providers that must enter into accountability agreements: hospitals, long-term-care facilities, community care access centres and independent health facilities. The bill states that accountability agreements will be negotiated between boards and the minister, that they're a shared contract. I'm also proud to say that the amended legislation clearly explains the steps available to health providers if we cannot reach an agreement together.

In contrast to the hammer used by the last government under the Public Hospitals Act of sending in supervisors to take over hospital boards and fire CEOs, Bill 8 takes a measured and fair approach to remedies designed to change behaviours. We ensured that bill 8 is consistent with Bill 31, the Health Information Protection Act, for the collection, use and disclosure of personal health information. I'm pleased to say to all members and to all Ontarians that our door continues to be open. We'll work, we'll listen to the debate and to the dialogue and look for opportunities consistent with our values to enhance the quality of that bill.

In the same spirit of openness, we've committed to 60 days of consultations with the public about regulations. I again want to thank Kevin Flynn and the rest of the committee for the great work they did. I want to repeat that we all have a responsibility not just to sustain medicare but to drive new life into it. I believe that we have that responsibility to Ontarians, and I am certainly encouraged by the work that Roy Romanow did that guides us in our transformation of medicare. We must pull together and move in the same direction. We in Ontario must show the way for the rest of the country, and in order to do so we must finally create a health care system in this province because Ontarians want results. They want progress and real, positive change in health care. They want a health care system that's public, universal and accessible, and they want a health care system that is accountable.

Just over four decades ago, courageous men and women created Canada's most cherished and defining social program. The torch has been passed on to us. All of us in this Legislature have a crucial responsibility to sustain and protect medicare. Ontario is leading the way in the transformation of health care in Canada. I challenge and encourage all of you to join with us as we reach out, take up that charge and demonstrate that medicare is not something about yesterday, it is not simply about today, but has a bright, long future for tomorrow in Ontario and in Canada. Thank you very much.

Ms Monique M. Smith (Nipissing): I am pleased to rise today in support of our government's Bill 8, our commitment to the future of medicare. Before I begin, I would like to acknowledge the contribution of our Minister of Health and Long-Term Care, the Honourable George Smitherman, who has guided and led this bill since its introduction with the aim of preserving and protecting the kinds of fundamental health care values that we know Ontarians hold dear. I would like to thank the minister for his challenge to those of us in the Legislature who could do a little work on our health care as well.

We have much to be proud about today. Since Bill 8 was introduced for first reading in the Legislature, I have had the privilege of leading the government through legislative committee hearings. We travelled across this great province, we listened and we learned. I would like to join with the minister in thanking the members of this Legislature who participated in these hearings across the province. I'd also like to take this opportunity to thank the staff who assisted us in these hearings across the province, both from the clerk's office and the Ministry of Health.

We heard from no fewer than 110 delegations and individuals from all parts of the province, all with different and varying perspectives to share. We visited Sudbury, Windsor, Ottawa, Niagara Falls and of course Toronto. Members of 27 hospital boards shared their concerns and views on the accountability provisions contained in this legislation, and as the minister has said, we have come a long way in addressing many of these concerns. We heard from the unions and union organizers—24, in fact—who were concerned about their collective agreements. We have made it clear that Bill 8 would not apply to trade unions and would not affect their collective agreements. We heard from 36 health care professional organizations, such as the Ontario Medical Association, the Ontario Chiropractic Association, physiotherapists and social workers, who shared some of their concerns and the concerns of their members.

Our ability to work together to create improvements to part II of the bill, especially where the OMA had some significant concerns, was constructive and produced positive results. Individuals—interested Ontarians and individual health professionals—along with other social and political organizations, made up the balance of our deponents. Some spoke of their personal experience and some of their deep concerns. Many offered suggestions for improvement—suggestions that were included in the amendments we brought forward a couple of weeks ago.

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As the minister did in his remarks, I want to thank these individual Ontarians and organizations for taking such an active role in our democratic process and for sharing their very important views with us during this public consultation process. This government appreciates such diversity of opinion. We appreciate their time, we appreciate their input and we were glad to have given them the opportunity to provide us with this input.

It is this diversity of opinion, as well as the ongoing dialogue between government and its stakeholders, that led to 63 amendments to Bill 8 being passed by the legislative committee a couple of weeks ago. These important amendments, which the minister referred to, clarified and strengthened the intent of the legislation, and Bill 8 is now stronger, is now a better piece of legislation and is legislation that we can all be proud of.

We, as Liberals, believe that public health care is the best kind of health care. The health of our people is our most precious resource. The Commitment to the Future of Medicare Act will provide enduring protection for publicly funded, universal medicare in this province. We've actively listened to our health care partners and to the many viewpoints presented in consultations. As a result, we have developed stronger legislation that remains true to its intent to preserve medicare in Ontario and to focus on patients' needs in Ontario.

Through this legislation our government is creating the Ontario Health Quality Council, an independent objective body reporting on the performance of the health care system to the public so that we can make sure that tax dollars are not being wasted.

As well, Bill 8 will entrench accountability as a central principle in Ontario's health care system. Accountability agreements will be negotiated between the government and the boards of health resource providers, being hospitals, long-term-care facilities, community care access centres and independent health facilities. This means that performance measures will be clearly spelled out. There will be clarity on what is required to meet the needs of patients and ensure the greater public good. New negotiated accountability agreements between health resource providers and the government will result in a common and improved understanding of the results government expects them to deliver to patients, such as hiring more full-time nurses and shorter wait times.

As we have stated on numerous occasions, Bill 8 does not apply to trade unions. It will not change the existing legal protection for collective agreements. Bill 8 is not intended to interfere with collective bargaining or undermine collective agreements.

The concept of the public interest, similar to the existing principles in the Public Hospitals Act, is included in the revised legislation to guide the government in entering into accountability agreements and enforcing accountability agreements.

Explicit provisions have been added through our amendments around due process to deal with any difficulties associated with negotiating an accountability agreement or to deal with any instances of non-compliance. While the minister may still issue a compliance directive or an order for non-compliance, that can only be done after following these comprehensive due process procedures. These directives are graduated and have been outlined in the legislation, instead of regulation.

We believe that Bill 8 is a strong bill that will provide enduring protection for publicly funded, universal health care in this province. We still have work to do on the

regulations, and we will commit to consult with the public on these regulations. We will have a 60-day consultation process for parts I and III of the bill.

As we move through the legislative process with this cornerstone piece of health care legislation, we will be continuing to dialogue with our health care partners. The minister is right when he says that Ontarians want results and that they want progress in health care.

My experience in seeing Bill 8 through its various stages has been a good one, an interesting one, an impressive one. I was particularly impressed by the commitment of our health care partners to improving this piece of legislation. The 110 presentations we received were well thought out, they were passionate, they were thoughtful, and due to our health care partners, we have an improved bill to present to this House for second reading.

I am proud of how far our government has come with this legislation in signalling our commitment to an improved, strengthened and more accountable health care system.

Ms Kathleen O. Wynne (Don Valley West): Thank you for the opportunity to address Bill 8 in the House today. I see Bill 8 as the beginning of substantial change and important planned change in the health care system. I was at a school in my riding—Gateway—two weeks ago, and one of the grade 5 students asked me what was annoying about my job. I said that, well, there really isn't anything annoying, because I really love my job. But what's upsetting is how slowly things change. I think that real, substantial change in the health care system that's going to fundamentally retool the system has been slow to come, and we've been talking about it for a very long time.

In fact, I can go back to no less than Tommy Douglas more than 20 years ago, who asked the question of how to reorganize a health care system that is lamentably out of date. He said that the goal of medicare must be to keep people well rather than just patching them up when they get sick. That means making hospitals available for active treatment cases, getting chronic patients out into nursing homes, carrying on home nursing programs that are much more effective. It means providing physical fitness through sports and other activities. All these programs should be designed to keep people well, because in the long run it's cheaper than the current practice of only treating them after they become sick. That could have been said, and was said, today by our Minister of Health and Long-Term Care.

So I think what we're talking about is really moving on some things that we have had on the back burner for a long time and fundamentally making change. That means complexity. That means a complex interaction with health care providers. But the promise of a health care system designed around promoting a healthier citizenry is a noble goal, and we have to go there. So I'm proud to speak on this bill, because I think with the implementation of Bill 8, we're getting started on that kind of change.

Without meaningful accountability, the ability to plan for expenditures and the necessary accountability in place to make sure those expenditures are followed through on, we can't make the changes we need to make. If we don't establish a role for government in making sure that hospitals, long-term-care facilities, community care access centres and independent health facilities meet objectives; if we don't ensure that there's a mechanism for regular, system-wide review; and if, in short, we don't put into place all of those things this bill lays out, then we cannot make the kind of change we want to make, the fundamental change that asserts the values of the Canada Health Act and adds accountability. That's why this bill is so important.

Each of us is familiar with the increase of the health budget, and we know that we have to deal with that. If the government doesn't control what it spends on health and the results it gets for spending, then it doesn't control the health care system at all. If it doesn't control the system, it can't reform the system. That's really what's at the core of this bill for me. I think it fits into our broader mandate of reforming our health system and retaining public control.

With that much at stake, it's not surprising that there were people who were jarred by some of the language of this bill. The parliamentary assistant, Monique Smith, has indicated some of the problems that people brought to us, and the fact that the committee—and I sat on that committee; I travelled with the committee—heard those delegations. We listened and made many of the changes they asked for. That's what consultation is about.

I think one of the issues that we're dealing with as a government is that the interaction between the public and the government has to be retooled. It's not just our services that have to be retooled, but that relationship has to be retooled. People in Ontario expect that they're going to have unilateral decisions imposed. They don't expect that we're going to talk to them, listen to them and act on their concerns.

So it was a great privilege for me to work with the minister, the parliamentary assistant and the rest of committee as we listened to people talk about this bill. I think that a lot of the concerns that were brought to us have been allayed. Both people who spoke before have spoken to that.

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I want to tell you a particular story about my own life, because I think it demonstrates the kinds of attitudes and assumptions that we're going to have to shift if we're going to make changes. I come from a family of family practitioners, two generations of family practitioners. In 1979, I moved to Holland. I left Canada to live in the Netherlands. When I arrived in Voorburg, outside The Hague, I was five months pregnant with my first child. One of my first missions upon arriving in Holland, after I took my Dutch lessons, was to find a doctor who would provide prenatal care and deliver my baby. I was directed to the health service in the community in which we lived and then to the doctor who had responsibility for our

neighbourhood. So the first culture shock was that I didn't get to choose my doctor. I had to go to the doctor who was responsible for our neighbourhood. Then the second culture shock was that that doctor didn't deliver babies, because in Holland midwives deliver babies. At that time, 25% of women had their babies at home. You could stay in the hospital if you wanted to, but why would you do that? You would stay in your home.

The point I'm trying to make is that in the three years I lived in the Netherlands I had two children, they had their fair share of colds and fevers, and apart from one surgical intervention on my second child, I only saw a family physician a couple of times. Health care was delivered in a cinder-block clinic down the street. There were nurse practitioners, there were therapists and there were midwives. Those were the people who delivered the primary care.

I know that Bill 8 is not technically about that specific reorganization, but it sets the groundwork for that kind of change. Unless we fundamentally make these changes to our large institutions and interact with them in a different way, we're not going to get to that other kind of fundamental change. That's really why I am supporting this bill. Because when I started out in Holland, I was an obnoxious 27-year-old who was set in her ways, and I believed there was only one way for my care to be undertaken. By the time I left, I was a complete convert and I came back here as a zealot and read the riot act to my family practitioner.

We can change, but it's going to take a very hard and complex conversation. Bill 8 is the beginning of that. It's an honest first step at retooling the health care system and getting at the core of helping people to be healthier and helping health care dollars go where they can prevent illness and we can, as a community, create that system the Minister of Health is talking about. I look forward to being part of a government that's going to implement that.

Mr Shafiq Qaadri (Etobicoke North): The Honourable Minister of Health, George Smitherman, his parliamentary assistants and my colleagues in this House, first of all, for a moment I'd like to add a perspective as a member not only of the Smitherman health care team and a member of the McGuinty government but also, in my civilian life, as a practising family physician, a family doctor. I would like to say that it is a great honour and privilege to be here in this time, in this place, in this Legislature, to be part of a bill of a government that's moving forward the law to enshrine medicare in Ontario. It is something that I feel a great deal of pride about, and I look forward to sharing this with my own children when they become of age to actually understand what we are doing here for the benefit of all Ontarians.

In particular, I feel that enshrining medicare into law is really a mark of our Canadian society—a just society, the phrase of Trudeau; a civil society, the phrase that we attempt to live up to—the ideal. As a multicultural Ontarian, for example, I can tell you firsthand that you do not have to go too far out of the confines of this province

and out of Canada to see health care systems of a very different nature, that pit groups against each other; that only cater to the upper levels, the upper strata of society; that are really not, as our minister has said, consumer-centred and based on need.

In particular, for example, my family hailing originally from Chicago, Illinois, I can tell you that the Americanized system that exists currently in the United States is not the direction that Ontario should go to, and with Bill 8 that directional change is enshrined into law. For example, I think it's very clear that the underlying philosophy of the previous regime, of the previous junta that spent eight years in a stealth privatization of every public sector area that you could care to name, whether it was hydro or health care or the highways and so on, is not the direction and the vision of this government. In particular, for example—

The Acting Speaker (Mr Ted Arnott): I would ask the member to withdraw that unparliamentary comment.

Mr Qaadri: I withdraw, sir.

The Americanization of Ontario that was before us under the previous regime is not the direction of the government of Ontario. In particular, we in Ontario believe that we actually are going to foster health care and not wealth care, that individuals, when they come to our doctors' offices or to other settings, will be asked only for their health card and not their credit cards. For example, if you are in Chicago, Illinois, and you happen to have an emergency—let's say you have right lower quadrant abdominal pain and it may be a potential flare-up of appendicitis—you'll be brought by an ambulance to a local hospital. But the first question is not, "How is your fever?" or "How is your pain?" or "How long have these symptoms developed?" The first question that you will be asked, sir, and the people of Ontario, is about your coverage, your insurance, essentially your wealth status, your pecking order on the socio-economic ladder. If you're on the wrong side of the tracks, as many individuals who are, say, in Cook county in Chicago are, you will be referred elsewhere irrespective of your need or the volume of blood loss or whatever consideration you might happen to make. That is not the vision we are holding here in Ontario and it is not the vision of the Liberal McGuinty government.

In particular, for example, it was under the Tory regime that a number of scans from the realm of radiology—MRIs and CT scans and others—were allowed to undergo a stealth privatization. We got to the point where there were even individuals paying extra, upwards of \$800, \$900, \$1,200, \$1,500, for immediate access to the scans they wanted.

I have with me, for example, an ad from one of the American companies that was setting up shop at that time that actually invites you to bring a friend and have two scans and have a discount offered of various rates of, say, \$100 to \$200. That will become outlawed entirely with Bill 8, our commitment to medicare. I think that is the great direction and the great vision that our minister and our government are showing.

In particular, one of the aspects of the American system has led, as you rightly know, Speaker—more people in the United States than the entire population of Canada do not have any form of health coverage whatsoever. As an example, if you have chest pain and you are undergoing cardiac care, cardiac testing, and it is later found that you will actually require quadruple or quintuple cardiac bypass surgery, a heart operation, that can cost anywhere upwards of \$30,000 to \$40,000 to \$50,000, especially when you mix in the after-care. This is a threat to the security of individuals. This is a threat, I may even say from an economic viability point of view, to the citizenry of huge groups and huge populations in the United States, and that is what we are attempting to outlaw fully with this commitment-to-medicare act.

There are a number of worthy elements of Bill 8. I, as a family doctor who of course very strongly believes in preventive care, especially salute our minister and his advisers and his deputies, and the ADMs in particular, who have helped to orchestrate and to lead to the worthy point of this bill: an attempt to fully utilize the health resources of Ontario, whether it is the Telehealth lines or the various hospitals or the long-term-care facilities or the community care access centres or the independent health facilities.

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I am particularly pleased to know that one of his parliamentary assistants, MPP Peter Fonseca, is in charge of prevention and promotion. I think that, going forward, we can, in particular, devote a great deal of energy, time and resources to better the health of Ontarians. The vision is starting off right here in Bill 8, our commitment-to-medicare act.

I had an opportunity to visit some of our family friends in the United States, actually, not in Chicago but elsewhere. As we were discussing our varying health care systems they brought to my attention that they have the equivalent of RMSPs. In the same way, for example, that we in Canada may have registered retirement savings plans or even now RESPs, registered education savings plans, they have medical savings plans because, without the appropriate level of coverage, without appropriate finances that are prespoken for, they live in fear.

I would like once again, Speaker, to let you know, and through you the people of Ontario, why I am so proud to be a member of this team of the McGuinty government and of the health care team led by the Honourable George Smitherman to fully outlaw the two-tier, pay-as-you-go, pay-to-the-front-of-the-line wealth care, because that is not in the direction that I see as the best and in the major interest of people of Ontario. I say that as the MPP for Etobicoke North, as a parliamentary assistant, as a legislator and as a family doctor.

The Acting Speaker: Questions and comments?

Mrs Elizabeth Witmer (Kitchener-Waterloo): I've enjoyed the opportunity to listen to the minister and parliamentary assistant and other members of government. I think it's important to acknowledge the fact that, I think, all people in this House support the key prin-

ciples of the Canada Health Act. I think everyone supports accountability and I think everyone agrees that there is a need to preserve the universal public health system that exists in the province of Ontario. I don't think anybody is opposed to any of those principles or any of those values. I think that's important to get on the record.

I don't think health is a partisan issue. In fact, I have to tell you, as I listen to the comments of Mr Smitherman and I listen to his vision for health care, I could go back to our first years in government when we had the Health Services Restructuring Commission.

Much of what this government is trying to do builds on the foundations of reform that we put in place. We, as you know, undertook the restructuring of our health care system. As a result, we put in place the family health networks, we introduced community care, we expanded the number of long-term-care beds in the community. We also focused on promotion and the prevention of disease and illness in the province. I can remember the Healthy Babies, Healthy Children program that I put in place, the preschool speech and language, the Alzheimer's strategy and the heart health program.

What we are doing is, we are moving forward. We are moving forward in a way that we can provide for the people in the province of Ontario the best health care system, but we need to do so in an efficient and an economical manner. We need to make sure that, no matter where you live in this province, you have access to health care. We also need to make sure that, no matter the size of your wallet, you have the same access to health care. So, you know what, folks? This isn't any different than where we've been going since 1995. We will continue to build on that foundation and move forward.

Ms Shelley Martel (Nickel Belt): I'm going to have a chance to make some more extensive comments later, but I want to respond to three things the minister said.

First of all, the minister would have you believe that nothing in the bill is less than what's currently in place—nothing more or nothing less. I want to remind the minister—contrary to what he said—that when a supervisor went to the Sudbury Regional Hospital less than 18 months ago, the board stayed in place and so did the CEO. They were not removed. Your bill, however, certainly allows for those provisions to happen. They are very extreme and they are very draconian.

For those of you who don't like to hear that or don't believe me, I'm just going to read into the record some of the comments of a former Liberal minister, Bernard Grandmaitre, who appeared before us in Ottawa with Montfort Hospital. I'd be interested to hear what he says now. "As a Liberal, I have seen better days. This law, Bill 8, is not the product of the Liberal Party that I know. In fact, it is in flagrant contradiction to some of the most basic principles that" have inspired my party. "This bill is a serious breach of confidence and of democratic principles. And like Mrs Lalonde, it is hard for me to believe that this is being done by a Liberal government."

I don't suspect that his position has changed, because the position with respect to the draconian powers of the

minister to impose an accountability agreement have not changed, nor have the provisions with respect to the minister being allowed to claw back compensation of the CEO been changed. Those fundamental provisions, which Montfort talked about, have not changed.

Secondly, the minister talked about citizen support for publicly funded health care services. Citizens do support that. My question is, why doesn't the Liberal government? Because you've got P3 hospitals that are not publicly financed, but privately, which means that money that should be going into patient care is going to go directly into the profits of the private sector consortium. That is a waste of health care dollars when we need those dollars the most.

The minister was correct when he said some forces are chipping away at medicare. They are. Some of those forces are in this Legislature, sitting across from me in this government. The longer you continue with P3 hospitals and do nothing about the private MRI clinics and do nothing about competitive bidding in home care, the longer—

The Acting Speaker: Thank you. I recognize the member for Ottawa-Orléans.

Mr Phil McNeely (Ottawa-Orléans): I was very pleased to be part of the committee for three days as it went around the province to Ottawa, Windsor and for a short time in Toronto.

I will speak to one element only of Bill 8, and that's the accountability agreement. Health care is using up 46 cents of every program dollar this province spends. From another perspective, health care costs about \$6,900 for every family of three in this province, and these costs are rising by about \$500 per year. That's not sustainable.

Health care expenditures in Ottawa, like other cities in Ontario, are about the same as a city spends for all municipal services the city of Ottawa delivers. We're talking about equal budgets. Yet look at the level of oversight for that budget: 22 elected members of council. In Ottawa, the oversight of the hospital was carried out by an appointed board and an administrator, then by a provincial supervisor.

I strongly support Minister Smitherman's bill, this government's Bill 8. It is time we have accountability agreements entrenched in the provision of health care in this province. It is also time that hospital deficits be a thing of the past. This is about controlling the costs of health care and delivering better health care. All health care providers have to be part of the solution, not part of the problem, and that includes this government.

I am impressed with the presentations the committee heard across the province. We have heard from people across Ontario. Health care delivery models exist across Ontario. Best practices exist across Ontario, second to none in the world. We can build on those best practices in the province through excellent management, strong accountability and evolving best practices.

Mr Garfield Dunlop (Simcoe North): I am pleased to make a few comments on Bill 8. My first comment today is that this is a lucky day for Ontarians. First of all,

the man who gutted health care in Canada, Paul Martin, is about to deliver his first budget as the Prime Minister. With all the promises he's made and the scandals he's going through right now, I am sure there is going to be all kinds of money returned to health care, to these Liberal governments. Remember, Mr McGuinty has joined the Premiers' health council and we're going to see all kinds of money flow back into the health care system as a result of that fine connection between the federal government and the provincial government, between Dalton McGuinty and the scandal-ridden Paul Martin.

Second of all, I want to hear very carefully the comments and some of the responses on the second reading of Bill 8. I am certainly hoping, with the number of concerns I have heard from doctors, from hospital boards, from executive directors of hospitals, CEOs, treasurers of hospitals, that we will see more public hearings on this particular piece of legislation. It's a good opportunity for the minister to stand here this afternoon and actually announce that he will have more committee hearings after the debate taking place here today.

I look forward to the comments of the former Minister of Health, a person who has done a tremendous amount of work toward the health care of our province, Elizabeth Witmer. She's about to make her comments.

I appreciate the opportunity to make these comments today.

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The Acting Speaker: I now recognize the Minister of Health—two minutes to respond.

Hon Mr Smitherman: Thank you very much, Mr Speaker, and I'm honoured to have that chance. I want to thank everybody who has participated in this debate so far, especially those who will have the opportunity to do so. I think it's a great debate. It's a great debate about the future of health care in our province. I want to say that it's a debate made more pleasant by the opportunity to have it in front of someone whom I consider a health care hero. That's Doris Grinspun from the Registered Nurses Association of Ontario.

I want to thank the members from Kitchener-Waterloo, from Nickel Belt, Ottawa-Orléans and Simcoe North for their involvement today.

I want to make two points very specifically to the member from Nickel Belt, maybe three. First, I think it's incumbent upon you, if you're going to read stuff into the record, to have the most current stuff available. I met face to face with the chair of the board, with the CEO and a variety of other board members at the Montfort and said in my remarks that we had made considerable progress with them.

Second, that party's history, when they were the government, was that they implemented independent health facilities, which are the private delivery of publicly funded service in this province. That is their record; that will be their record. They like to deny it's their record, but it was the case, and they certainly didn't re-entrench or purchase back services that were then being delivered

in the private domain. So a little clarity on the record would be helpful there.

I think it's also helpful to indicate that while not all supervisors are appointed in such a fashion that they eliminate both the CEO and the board, it certainly did happen, has happened, under the previous government, which makes the point, I think rather well, that I will finish on.

Ontario's hospitals are managed by the most highly paid public servants in the province of Ontario. They have enormous pressures, and they have a lot of obligation placed upon them. The scenario that we've outlined with respect to dealing with their compensation is such that if there is an accountability provision that they haven't lived up to, we'll seek that accountability through the board; and if the board is unable or unwilling to do it, this Minister of Health reserves the right, on behalf of Ontarians, to do that.

The Acting Speaker: Thank you very much. Further debate on Bill 8?

Mrs Witmer: I am pleased to have the opportunity to join in this debate, although I thought that in the minister's final remarks, he was either hoisting a red flag or throwing out a challenge to the hospitals. I think they've certainly tried to demonstrate their accountability and their responsibility, and I know they're looking forward to working with the minister in collaboration and hopefully it won't be in a negative fashion.

Bill 8, the Commitment to the Future of Medicare Act, was introduced by Minister Smitherman on November 22, 2003. This bill has five components, but I want to focus today primarily on part II, which deals with health services accessibility, and part III, which deals with the accountability of health care providers. Therein lies much of the problem with this bill, because the accountability only goes one way. There is not mutual accountability in this bill. It is not a two-way street for the government and the health care providers, despite what the minister may say.

I think it's important to note that there were, as I think we've already heard today, approximately 110 delegations which found that there were various concerns that they had with the bill. In fact, I would hasten to say they pointed out some very, very serious concerns with the bill. They did refer to this bill as draconian; they referred to it as badly flawed, hastily drafted; and they really came forward hoping that the government would be responsive to the concerns that they expressed.

Now, I think in all fairness I need to acknowledge that the government certainly has made some amendments to the bill, but I think it is most regrettable that the government, when we went through clause-by-clause, was not able, willing, to accept or consider any of the amendments that were put forward by the opposition. I think that if this government is what they claim to be—a government that is open, that is transparent, that wants to consult and wants to have meaningful debate—they would have at least seriously considered some of our amendments.

Based on the fact that this bill still does not go as far as it should in addressing the legitimate concerns of our stakeholders, this government and this minister should immediately commit to further hearings on this bill after second reading. I hope we will soon have that expression of goodwill.

We have heard that this government is all about meaningful debate. Well, I would just say to the government that to have meaningful debate, to have discussion, to have consultation, involves more than just listening; you actually have to move forward and you need to address the concerns you are hearing. In this respect, this government has not gone far enough.

I want to emphasize that there was no one who appeared before the committee who did not support the key principles of the Canada Health Act. Everyone supports those principles. Indeed, everyone supports the need for accountability. But again, it's not just accountability for the health care providers; it's mutual accountability between the government and the health care providers. Again, I want to emphasize that everybody wants to preserve a universal public health care system in the province of Ontario. So there was no dispute. The only dispute was that within the bill there were serious drafting errors, and we heard people say that those drafting errors, which in many cases have not been corrected, will undermine the government's commitment to medicare. As you know, the bill is entitled the Commitment to the Future of Medicare Act, and regrettably, there are many who feel that it is going to do exactly the opposite.

I think this bill probably could have avoided those drafting errors if the legislation had been put out to the public, if there had been some consultation before the introduction of the bill. Regrettably, it was introduced into the House and there was a complete lack of consultation. It is for that reason that I would encourage the government to have further hearings after second reading.

I would also say that I think the minister said this was the first government to do this. I think if you look back, we did something quite similar. We were always prepared to go out for consultation. If he takes a look at the mental health legislation that we put in place, I can tell you it was put together in such a way that it reflected the concerns and the ideas of all parties in this House; in fact, all people in the province of Ontario. I have to publicly thank Richard Patten from the Liberal Party, who was a big influence in the drafting of that bill. I guess it is interesting that in that case we did go out early and have consultation. I can also tell you that, unlike the Liberals, who refused to accept any of the opposition amendments, we were quite willing to incorporate some of the ideas that certainly came from the opposition party, and in particular Mr Patten. I think that's important.

So who is still concerned about the bill? Well, I think just about every one of the stakeholders we have heard from still has some reservations about the amended bill.

We heard from hospitals—many, many hospitals—we heard from doctors, we heard from nurses, we heard from social workers, we heard from unions and we heard from many, many others.

1630

I want to begin now by taking a look at the objectives of the bill. When the bill was introduced, the minister said in a press release that this bill would make universal public medicare the law in Ontario. We would slam the door shut on two-tier. Well, you know, ladies and gentlemen, the Canada Health Act already does that. It's interesting that I didn't hear the minister say today that it was going to shut the door on two-tier. He also said in the press release it was going to put an end to the creeping privatization of the system. I also didn't hear him talk a lot about that, and I guess that's because the P3 hospitals in place at the present time in Ottawa and Brampton will continue to move forward as originally planned. In fact, the government is even musing about having more P3 hospitals.

If that is indeed the case, I think if this government is really trying to eliminate two-tier, they need to recognize that there is a key issue that fuels two-tier, and it's not addressed at all in this bill. In fact, it's probably the one issue that generated the most interest and concern overall. What fuels the drive for two-tier care, if indeed that is the issue, is waiting lists. So if you're going to commit to the elimination of two-tier medicare and if you're going to commit to the protection and sustainability of public health care, as the minister has said today, it's going to require much more than the motherhood statements that have been made by this government in press releases. It's going to require an actual plan, an actual strategy to address the growing waiting lists, and I'll talk about those later.

Unfortunately, this bill does not address the issue of waiting lists. The public understands that and the public is concerned. In fact, the public identified some of the concerns about the bill, and I want to tell you what their initial reactions to the legislation were. I want to first quote the Haliburton Highlands Health Services, which stated, "To this end, we have reviewed Bill 8, the Commitment to the Future of Medicare Act, and believe that it is flawed. As written, portions of Bill 8 could significantly undermine the government's intent to protect medicare in Ontario."

What did the Ontario Medical Association say? They said in their presentation, "This bill has nothing to do with improving accessibility since it ignores the real problems in the system: chronic underfunding and a lack of resources."

Similarly, the Ontario Association of Social Workers stated that "as it stands, the bill may not further the implementation of the principles of the Canada Health Act nor provide" improved "democracy, transparency or"—a key word—"accountability."

St Michael's Hospital stated during their presentation: "We feel that Bill 8 goes far beyond what is required to meet accountability goals—particularly given overlaps

with existing legislation. Bill 8 can be seen as lack of trust in hospitals and hospital boards to live up to their responsibilities."

Finally, I have two more quotes, one from the Capital Health Alliance, which stated, "Given the way the bill is drafted, we believe that the bill will have the opposite effect and fundamentally undermine medicare in Ontario."

Finally, the Speak Out for Kids network believes that Bill 8 "will fundamentally undermine medicare in Ontario." Specifically, they have concerns with the sections addressing accountability and accessibility. Furthermore, they say, in regard to accessibility, that "the bill does not set wait times to ensure timely access to care."

So these, ladies and gentlemen, are the voices of the hard-working and committed professionals, parents and volunteers throughout the province of Ontario. These statements express some of the concerns we've heard about this legislation which, I continue to remind you, persist even after committee deliberations and the government amendments. That's why there is a need for additional committee hearings to address these concerns.

I want to begin now to look at other concerns that were expressed by delegations who came to the committee or who sent in their submissions.

I want to begin with the preamble. I indicated at the outset that, despite the fact that this government claims to be involved in meaningful discussions, they refused to entertain or incorporate any of the opposition amendments. There were three amendments we introduced that I believe need to be carefully considered by the government. I think those amendments would strengthen the preamble to provide for timely and quality care.

The first amendment that I want to speak to was where we wanted to add, "We believe that the government and health resource providers must work collectively to ensure that the health system provides quality and timely care to patients." I believe such an amendment in the preamble would have recognized the shared responsibility that the government and the health resource providers have to ensure accessibility, to ensure that all Ontarians, no matter where they live, no matter how old they are, receive quality and timely care. I believe both parties, government and the health care providers, must be committed to ensuring quality and timely care. However, the government refused to support that motion.

The second motion we introduced was: "Support negotiated accountability agreements between the government and health resource providers that enhance the accountability of both the government and health resource providers." This amendment to the preamble would recognize that accountability needs to be mutual, that it is a shared responsibility and extends to everyone within the health system, not just the health care providers; it also needs to be taken into consideration and be a shared responsibility of the government. Again, that motion was lost.

However, I think the most shocking loss of an amendment to the preamble was an amendment that had been

recommended by those in the field of mental health. Mental health is an area where I began a process of reform, and that process, the minister has indicated, will continue to move forward. I hope it will, because in many ways it is a neglected area. What I tried to add to the bill, which was voted down by the members on the committee from the government side, was to recognize that the promotion of health and the prevention of disease includes both mental and physical illness. You see, the preamble today speaks only to the promotion of health and the prevention of disease in regard to physical illness. The government refused to recognize the importance of addressing the promotion of health and the prevention of disease when it comes to mental illness. So when the minister stands up today and tells me and the public in the province of Ontario that they're going to move forward with mental health reform, I tend to be dubious. I tend to be doubtful.

I hope this government will reconsider that motion. I hope they will reconsider all these motions to the preamble that were put forward. That we need to recognize all of this is extremely important, and I don't know why they chose not to recognize that the promotion and prevention of mental illness is as important as the promotion and prevention of physical illness.

1640

Let's turn now to the health council—this is part I of the bill. In the speech from the throne, the government stated: "New legislation will be introduced to create a new health quality council. This independent council will report directly to Ontarians on how well their health care system is working—and how well their government is working to improve health care. Your new government understands it can only hold others to a higher standard if it subjects itself to the same standard."

Regrettably, the government has broken the promise they made in the speech from the throne. We do not have—this legislation does not create—a new, independent health council that will report directly to Ontarians on how well their health system is working. In fact, it's not even going to be in a position to tell the government how they can improve the health care system. So the government obviously doesn't want, as it claims in the throne speech—you know, it understands it can only hold others to a higher standard if it subjects itself to the same standard, because it's not subjecting itself to a review by the health quality council.

In fact, what this council is going to do, according to Bill 8, is draft a report and give it to the minister, and the minister in turn will table the report in the Legislature. We all know what happens to those reports, because we see them every day: nothing. This health council has no power. It doesn't have the power to hold the government accountable and responsible. It's not going to tell us how well our health system is doing. So again we have a broken promise.

I can tell you that most of the people who made representation to the committee said that this council, if it's to have any teeth, should be able to make recom-

mendations directly to the Legislature. That is the only way we can ensure we have in this province the highest standard of care and the greatest protection of patient safety. Well, I introduced an amendment to that effect, and it was defeated by the government. I guess they don't care about providing the highest standard of care and patient safety.

I want to turn now to part II, which deals with health services accessibility. The minister has mused from time to time and indicated in press releases and other statements that he wants to stop queue-jumping and privatization. If it is the intention to do that through Bill 8, then he and the government must address the issue of wait times. They need to reduce the wait times, and they need to improve access to health care.

I remind this government that we did focus on reducing wait times. I remind them that we did slash the waiting times for MRI and CT scans in Ontario. We nearly tripled the number of these machines, from 57 to about 151 in eight years. We built a province-wide computerized cardiac care network that has reduced the wait time for cardiac surgery in half since 1996. We made major investments to help reduce waiting times for Ontarians during emergencies. We invested about \$375 million into providing support and additional spaces for nurses in the province of Ontario, and we did that with the support of the nursing organizations.

I want to recognize the leadership of Doris Grinspun, who is here today, who is with the RNAO, because it is important that all of us work with the health resource providers. If we're going to do something about reducing the waiting times, if we're going to do something about improving access to health care, obviously we need to work with the people on the front lines. We need to make sure that we provide the best environment. We need to work in collaboration with them. Whether it's nurses, whether it's doctors, whether it's paramedics, we have an obligation to do that in order to provide the best health care for people in this province.

I guess the question remains, what is this government planning to do about wait times? They had an opportunity to address it in the bill, and they chose not to. I have already said that the Speak Out for Kids network is very concerned that this bill does not set wait times to ensure timely access to care. I want to tell you that we heard about it from all the many groups that came before the committee.

So even though the government made a campaign promise regarding shorter wait times when they said, "We will work with experts to set and meet maximum needs-based waiting times for care," and even though the Romanow report repeatedly emphasizes the need to implement better ways of managing wait times to improve access and ensure quality, we did not see any mention of how the government plans to reduce the wait times and improve access to services and programs in this bill.

I can tell you that this is of tremendous concern to people in the province of Ontario. It comes at a time when we know that waiting times are growing. They're

not just growing in the province of Ontario, they are growing throughout Canada. In fact, the Fraser Institute did a survey. They did their 13th annual waiting list survey and they found that the waiting times for surgical and other therapeutic treatments grew in 2003. Total waiting time between referral from a general practitioner and treatment, averaged across all 12 specialties in 10 provinces surveyed, rose from 16.5 weeks in 2001-02 to 17.7 weeks in 2003. This nationwide deterioration reflects waiting time increases in seven provinces in Canada, and you know, one of them is Ontario. I'm sad to say that the number of procedures waited for also rose in Ontario. That's why it is so important for this government to live up to their campaign promise and address the issue of wait times.

The Minister of Health and Long-Term Care indicated in the last session of the House, in response to a question on this bill on the day of introduction, that "Wait times are going to be dealt with by the Ontario Health Quality Council and dealt with by the actions of this government." However, the minister and this government didn't give the council the power to do so. How regrettable. Why would we not rely on the expertise of this council? Why would we not give them some real responsibility to deal with the issues that are of concern to people in the province of Ontario? The parliamentary assistant did acknowledge during clause-by-clause that the Ontario Health Quality Council could really only assist in monitoring wait times. So, again, they can't deal with or make recommendations.

1650

Well, if this council is just going to monitor wait times, Ontarians do not need another body that does that. We already have numerous bodies in Ontario, numerous bodies across Canada, that monitor wait times. The reality is, everybody knows they're too long. What we need now is a plan. We need a strategy to develop in order that we can improve access to service, in order that we can reduce wait times.

I'm sure that every member in this House receives letters, e-mails and faxes on a regular basis from Ontarians who tell us that they're waiting too long for diagnostic services and treatments. So why doesn't this government get on with the job of reducing the wait times in this province?

There was a survey conducted recently by the Canadian Medical Association and they indicated that waiting too long for treatment can make patients sicker and more anxious. The study by Ipsos-Reid found that two thirds of Canadians felt that they had waited too long for treatment in the previous 12 months. Half of those people felt that their condition or that of a family member had become worse because of this delay. Here we have an issue of concern to people throughout this province. The government had a chance in Bill 8 to address the issue of reducing the wait times and improving access, and unfortunately they didn't do so.

I want to turn now to part III, the accountability of health care providers. I think that probably this is the

most contentious issue within the bill and it's an issue that certainly needs to have further consultation. And when I say consultation, I don't just mean for the government to listen, I mean that the government has to not only listen, but they have to address the concerns of the delegations, whether they came and made a verbal presentation or whether there was a written presentation.

Let's just take a look at the impact of these accountability agreements. And maybe we want to take a look at what it's going to mean in particular for hospitals, because probably they are the one group of health care providers that are going to be the most severely impacted by the accountability agreements.

Again, I want to stress there wasn't one presenter who came before the committee who doesn't support accountability. Everyone recognized there has to be accountability within the health care system. What the presenters objected to was the manner in which Bill 8 approaches the objective of accountability and the fact that it deals only with the health care providers. There is no onus in this bill on the minister, the ministry or the government to be accountable. Why not? Let's take a look at the concerns.

There is a concern that the whole accountability section, the whole issue of accountability agreements, undermines local, voluntary, community governance of hospitals and shifts more control over hospitals to the health ministry. It will infringe on the rights of Ontarians to play a pivotal role in determining the health services they will receive in their communities. It also circumvents a board's responsibility to govern the affairs of its organization. As a result, it could well make it difficult for hospitals to recruit highly experienced, talented members to their boards. This bill could also sever the community connection with its hospital, and as a result, deprive the hospital of valuable community leadership.

If this is the consequence of Bill 8, if there is a hidden agenda behind this bill, public hospitals will become mere government agencies accountable to the minister rather than to their own communities through their boards. Is this the intent of Bill 8? Why has the government not listened to the voices of concern? Again, is this a step to the eventual elimination of hospital boards as we know them today? Is this a step in the elimination of local input into determining what health services need to be provided in that community?

Part III of the bill, which deals with accountability, overturns the existing principles upon which accountability in Ontario public hospitals is now ensured. Accountability is the cornerstone of this legislation, and yet the bill, as I have said from the outset, focuses exclusively on how to make the health providers accountable to the government, and it is totally silent as to the government's obligations with respect to its support for the provision of health care, or that it has achieved the best use of public resources.

The bill must make explicit the mutual accountability of the government and providers, and it needs to ensure the accountability of the government to the public for the

best use of public resources. The rules of the game must be clear to all the parties involved in an agreement. If hospitals are to be held accountable for delivering a certain level and quality of care, as they've all said they are quite prepared and want to do, then to what extent will the government assume responsibility for funding that level and that quality of care?

I can tell you, this bill makes no reference to funding that level and quality of care. The Canada Health Act does. That's what is missing from this bill. If we are to meet the health care needs of Ontarians through comprehensive, accessible and high-quality health care service, it is absolutely critical that there be mutual accountability of governments and hospitals. If hospitals are required to be accountable for services and programs, then they must know in a timely manner what level of government funding will be available to them.

Again, the problem with this bill is that the accountability agreements only go one way. They only apply to the hospitals or other health resource providers. In fact, they continue to force the hospitals to enter into performance agreements with the province if they can't negotiate an agreement in 60 days. There continues to be power for the minister to override local boards and, again, hospital funding is going to be subject to the signing of a performance agreement, but it still forces hospitals to sign performance agreements.

There is a collaborative approach underway, and this bill in some respects undermines that process. I don't know why the government, if they really are interested in meaningful discussion and collaboration, didn't continue the collaborative approach that was underway. That collaborative approach was the one that had been underway between the hospitals and the government through the JPPC. They were developing a multi-year funding framework for hospitals, and I don't know why they didn't continue to work through that vehicle. That's how we've always moved forward.

1700

This bill, despite what we hear, still contains provisions that can potentially place the employment of hospital CEOs under the control of the minister. We keep hearing the government say that they are an open government, that they believe in transparency and they believe in accountability. In fact, in the speech from the throne on November 20 they said:

"Your new government has made a commitment to bring an open, honest and transparent approach to government.

"It is keeping that commitment....

"It will open up government and its agencies, bring the voices of Ontarians to Queen's Park, and make the entire public sector more transparent and responsible to Ontarians, because transparency and accountability are the best safeguards of public services."

If this government believes what they have said there, why does this bill not contain mutual accountability? Even the minister told us that accountability is a two-way street, and that it is a shared responsibility. If that's the

case, this bill needs to extend not just to the health care providers but also to the government. Why is Bill 8 so unnecessarily one-sided? Why does it focus exclusively on how to make health care providers accountable to the government and yet is totally silent as to the government's obligations with respect to ensuring the provision of health care? Mr Speaker, we haven't heard the answer to those questions. Those who appeared before the committee are still searching for answers.

I go back to what I said before about the Health Quality Council. There was an opportunity there for enhanced accountability of the government by giving the council broader powers to hold the government accountable. However, the government has chosen not to do so.

On this issue of accountability, let's take a look as well at what happens with the powers that are being given to the minister by this bill. I have said that the bill doesn't hold the minister accountable for his actions, but it does bestow upon him overarching power. In fact, if you take a look at this bill, it's very much about taking control away from the health resource provider and shifting it to the government. To make that point, I want to share some of the comments we heard during the presentations.

I want to quote first from the Registered Practical Nurses Association of Ontario, who said, "Let me be clear: Our concern is not over the principle of accountability per se, but rather with the draconian and one-sided approach the bill has taken."

The Ontario Medical Association said, "Bill 8 plainly states that the minister would become all-powerful in dictating anything he wished about terms of service, payment, working conditions or anything else."

The Ontario Hospital Association stated, "The central problem with Bill 8 is that it gives Queen's Park the power to impose absolutely anything it likes on an individual hospital."

No matter what the government says, if we take a look at all the evidence that was presented during the public hearings, Bill 8 continues to shift power to the minister, the ministry and the government; it continues to extend far-reaching powers never given to a Minister of Health before. I guess it is for that reason that there are some who continue to wonder if the government does have an ulterior motive or a hidden agenda.

I want to now focus specifically on the issue of hospital governance, and again I want to quote a statement from the Ottawa Hospital. "If the bill becomes law as it is now drafted, public hospitals will, in effect, be converted from publicly funded, not-for-profit, charitable hospital corporations governed by voluntary boards to government agencies." I mentioned that before. The Liberal election platform promised better care in hospitals and communities, but I ask you, how can you provide better local community care if, as this bill can do, it could eliminate the voluntary hospital board in its role in the issue of governance as we know it today?

The presenters who came to us indicated that it is the boards in this province which are in the best position to

identify the services and programs needed for their communities. If this bill moves forward without further amendments, some of that community input is going to be totally lost. I know that when I was Minister of Health, many of the programs that came to my attention came to my attention because of volunteer boards of health which wanted to introduce more health care services in their community. I think of the Thunder Bay hospital. There was a need for expanded services. The hospital board came to see me. We eventually said yes to a new hospital in Thunder Bay. We had people come to us who wanted cardiac care, MRIs—there was a need in that community. We need to make sure the community voices continue to be heard.

At the present time, I can tell you that if this bill moves forward as it is, and if it continues to give those far-reaching powers to the minister to issue a broad range of compliance directives and orders against the board, it's going to continue to make it more difficult for hospitals to recruit and retain voluntary governance boards, if all they are going to be is simply advisory or government agencies.

I think the point was well made during the Ontario Hospital Association's presentation to the committee, and I quote, "As MPPs in this province, you are aware that the hospitals in your home communities and across your large ridings are governed by dedicated voluntary boards. The members of these boards are community leaders, business people and others with a civic orientation to community service. Many of you will know them as your neighbours and friends. These people are entrusted with the oversight, fiscal stewardship, mission and strategic direction of their hospital with a single purpose in mind, and that is to create healthier communities."

This bill will continue to allow the minister to unilaterally impose accountability agreements on these boards, it will give the minister the opportunity to issue a broad range of compliance directives and orders against the board, and it can still affect the employment of a CEO through an order. So you see, it is going to change the governance structure in our hospitals as we know it today.

That's interesting, because I want to share with you a comment that I heard last week and draw a parallel between what I heard and what Bill 8 can do. John Manley, during a press conference on OPG, was asked by a member of the media a question about political interference in respect to governance. Mr Manley's response was, and I have to paraphrase, that the board should choose the CEO, that this is an important element of accountability and the board should hold the CEO accountable. Think about it, members of the government: John Manley obviously would not agree with the intention of Bill 8.

In the same way that John Manley thinks the board should not only choose the CEO but hold him accountable, I think the same can be said of hospitals. It is their responsibility to hold the CEO accountable; it is not the responsibility of the Minister of Health. That expression

of concern about the power given to the minister was heard from about 33 hospitals that made submissions orally and 29 that presented written submissions. The question I ask today is, how many more hospitals is it going to take for this government to engage in a meaningful consultation and address some of the concerns that are out there? I just want to tell you that these are concerns that are sincere; they are legitimate. I think this government needs to continue to have consultations with the hospital sector in order to give some reassurance that the accountability is going to go both ways, that there is going to be mutual accountability, and that certainly the minister isn't going to be all-powerful at the end of the day.

What are some of the potential implications of the passage of Bill 8 without further amendments? One could be reduced accessibility to health care providers.

I want to quote from the OMA. "A recent landmark survey" that they released of 2,000 doctors in the province "has found that almost one of every six doctors in the province is seriously considering moving their practice outside Ontario. The survey conducted by The Strategic Counsel in December 2003 suggests that an inability to treat their patients in a timely manner, the chronic shortage of physicians and a declining quality of life are contributing factors as to why physicians are considering moving to other jurisdictions...."

"When asked about the state of the health care system in Ontario, the survey clearly shows that doctors are most concerned about the negative impact [of] physician shortages," with 97% concerned; "general underfunding of the health care system," at 95%; and "delays in treatment caused by waiting lists," at 90%, and the effect they are having on patient care. "In a similar survey completed in 2000," and that's why I think this is important, "only 75% of doctors felt that increasing the number of physicians in Ontario should be a priority." Today we have 97% who feel that we must increase the number of physicians.

1710

Regrettably, Bill 8 will further exacerbate this situation of too few physicians. We heard that from the OMA when they came before the committee. They said that Bill 8, if enacted, will do the opposite. Doctors who are considering leaving the province will leave, doctors who are considering retiring will retire, and the few doctors who are currently considering moving to Ontario won't come. Now, I will acknowledge that there have been some amendments that have been made; however, there are others that still need to be addressed.

We already recognize that we have a tremendous shortage of health human resources in Ontario. I don't know why the government isn't prepared to consider the impact that Bill 8 could have to make that shortage even more severe. According to the estimates we have today, we actually have 900,000 Ontarians without a doctor, and according to the Registered Nurses Association of Ontario, we are losing hundreds of nurses every year to other provinces and to the United States.

We need to make sure we do everything we can to attract health care providers. I was so disappointed to learn yesterday that this government had suspended the nurse recruitment program that our government set up. It was a program that would have offered free tuition for nurses to work in underserviced areas. Is this government not committed to making sure that people have access to nurses in Ontario? That is probably the one health provider that the patient identifies most closely with. They provide compassionate, outstanding care every day to people in this province, and now we see that the intention of getting nurses into underserviced communities by providing them with free tuition has been suspended; it's under review.

Why? I go back to what I said before: This bill doesn't improve access to services, it doesn't improve access to human resources, and it doesn't address the issue of wait times.

What are some of the key amendments that stakeholders are still asking the government to address? I will tell you in all fairness that we did not get a copy of this bill until today. The stakeholders in the province of Ontario don't have copies of the bill, so there's a lot of confusion about what amendments were made and what amendments were not made. But we've already heard from some of those who made representations—today—about the changes they would like to see. I just want to highlight some of those changes.

The OMA is looking at the issue of block fees. Bill 8 allows for the government to regulate block fees instead of the College of Physicians and Surgeons. Again, they believe it is the CPSO that should continue to regulate block fees. This is a shift of power from the college to the minister.

Again, Bill 8 would impose liability on individual physicians for the misuse of their billing numbers by a third party. We know that many fees, including hospital technical fees, are billed using physician billing numbers. The OMA believes that members should not be liable for any wrongful billing committed by a third party without the knowledge or consent of the physician. They'd like to see an amendment there. The general manager still has the authority to suspend or withhold payment and, again, they want to see some amendments there. They continue to indicate that if further amendments are not made, it can have a negative impact on accessibility to physicians in Ontario. I hope the government will give serious consideration to some of those outstanding concerns of the OMA.

The other health care provider that we've heard from—as I said, most people don't know what amendments were made to the bill; we only got a copy ourselves today—the Ontario Hospital Association, has serious concerns with the legislation. I know they have tried to work collaboratively with the government. I hope the government will continue to have meaningful consultations with the Ontario Hospital Association and address the concerns, because if the concerns can be

addressed, it's going to mean better health care quality and timely provision of care for the people of Ontario.

We have seen some progress made on the amendments, but the most serious aspects of this bill, according to the Ontario Hospital Association, have not been addressed. They would like to see further changes to safeguard the critical role of community governance of hospitals. They point out that, "The central problem with Bill 8 is that it gives the provincial government the power to impose anything it likes on any individual hospital, bypassing hospital boards, the people who know the most about the hospital and the services it provides in the community."

In light of the fact that the serious aspects of this bill have not been addressed by the government, the OHA would strongly recommend to the government—and they have written the minister and asked—"that the bill be returned to the standing committee for public hearings following second reading for further amendments." They want to continue to work with the government to make this bill better in its provision of quality and timely care for the citizens of Ontario.

In this letter to Mr Smitherman, they say, "Although a reference to negotiated accountability agreements has been included,"—this is in the new draft—"the legislation still permits these agreements to be imposed after a period of 60 days without referral to a third party dispute resolution mechanism. Throughout our discussions with you and your officials and in our suggested amendments to the bill, we have made it clear that the due process provisions are insufficient and that the bill must expressly provide for referral to dispute resolution, such as arbitration." In fact, I attempted to introduce amendments that would deal with the due process provisions and that there would be reference to a third party dispute resolution mechanism, however the government refused to accept any form of arbitration.

"Second," they say in the letter to the minister, "the bill gives the minister extensive powers to issue a broad range of compliance directives and orders against the board—again without first referring the matter to third party dispute resolution or at a minimum, obtaining approval from cabinet." Again, I attempted to make those amendments but they were turned down by the government members.

"Third, we cannot endorse provisions which give the government authority to issue orders directly against hospital leaders, thereby undermining the role of the board." They indicate they believe sections 26.1 and 27 should be deleted.

"Fourth, to ensure that communities continue to receive the services they need, the inclusion of 'accessibility' or 'timely access to care in the community' must be included within the definition of 'public interests.'" I would agree. The entire issue of accessibility and timely access to care in the community needs to be included within the definition of public interest. It's not there.

"Fifth, we are very concerned that section 9 has been amended extensively to allow for a broad range of

clinical payments by hospitals and other facilities to physicians, contrary to recommendations made by the OHA that these payments be made permissible only ‘in a narrow range of circumstances.’”

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In the hour that has been allocated, I have tried to point out some of the concerns that people in Ontario have with Bill 8. I think they have certainly demonstrated that there’s a lot of concern about the shift of power to the minister. I would say, having been a Minister of Health myself, it is unprecedented power, unlike anything we have ever seen before. In fact, my colleague in the NDP pointed out the difference to the minister between the powers here and the supervisory powers.

Also, the issue of eliminating the voluntary governance of our hospitals continues to be an issue of concern. The lack of accessibility to services and health services providers is an area of concern.

But I think the overriding concern is with the whole issue of accountability. The government has stated that this is the cornerstone of Bill 8. They are adding accountability as one of the principles of the health care system. Regrettably, although they are prepared to hold the health care providers in Ontario accountable, it is not mutual accountability. There is no accountability for the government to ensure that they have a plan and a strategy, that they provide the resources in order that the people in this province can have access to timely treatment and care, to the services and the programs they need. And it doesn’t address the fact that this is obviously what we all believe at the end of the day needs to happen. We need to make sure that no matter where you live in this province, whether it’s in Port Arthur—now Thunder Bay—Ottawa, Pembroke or Windsor, we all need to have equal access and we all need to make sure that we don’t have—

The Acting Speaker: Thank you very much. Questions and comments?

Ms Martel: I’d like to thank the member from Kitchener-Waterloo for her comments. She, along with myself, sat through most of the committee hearings on the bill so we’re aware of what people had to say when they came forward. I can tell you it was interesting for me: For a government that was using this bill as a signature piece—I think that is the best way to describe it—their signature piece took a lot of blows along the way. In hearing after hearing, in presentation after presentation, the people who came forward were critical of the government’s bill. They were critical because they strongly believe—and they are right—that the bill will give the minister the ability to use sweeping, draconian powers essentially to take over boards and to grab back the pay of CEOs, which the minister shouldn’t do because he is not the employer of those same CEOs.

There were many who came forward and pointed out the contradiction between the preamble, which in very glowing terms talks about medicare and particularly about stopping two-tier medicine, and then the contents of the bill which do nothing to support the preamble.

Contrast that with the direction of the government, which is a direction to continue down the road of private hospitals, private CAT scans, competitive bidding in home care, all of which allows money that should go into patient care to be diverted instead into the profits of those for-profit companies. So there was a huge disconnect between the preamble and what the government claims it wants to do and what’s actually happening.

Nothing in the bill, not one single detail, provision, amendment or clause, actually protects medicare or enhances medicare. Many people came to point that out. That is the case. That is the reason we can’t support the bill, because the bill does nothing to improve or support medicare.

Mr Jim Brownell (Stormont-Dundas-Charlottenburgh): I would like to thank the member for Kitchener-Waterloo and the former Minister of Health for her comments this afternoon.

I would like to make a comment with regard to the idea of going out before drafting the document for consultation. As Liberals, we’re very proud of the fact that we were able to draft legislation and we were not afraid to go out in public and to seek help from health care providers and seek advice from the citizens of the province.

I’d also like to say that there were no hidden agendas in anything that we presented in this bill or with our amendments. There were no hidden agendas with regard to our health quality council, nor hidden agendas with prohibition of two-tier medicine, nor hidden agendas with the entrenchment of accountability. We put the facts on paper. We brought it out to the public and we put to Ontarians what we believed.

I certainly know that the Minister of Health, when he addressed the consultation process in mid-February, acknowledged that the bill needed improvements. He said that we acknowledge the need for improvement in some areas of the bill to better achieve the intent of the legislation to strengthen medicare in the province. That is what we listened to as we went around the province. I was proud to be one of those individuals, to be the Vice-Chair and to have had the opportunity to chair the consultations one afternoon, to listen, to learn and to understand what had to be put into the amendments. That’s what we have brought forward. That’s what we have here in our second reading. That’s what we as Liberals are proud to present and what we consider to be progressive.

Mr Tim Hudak (Erie-Lincoln): I want to commend the member for Kitchener-Waterloo on her very well-presented, thoughtful critique of this bill, not only on the contents of the bill but the lack of resemblance between what is contained in the bill and campaign promises that were made by the then Leader of the Opposition, Dalton McGuinty.

I know our member from Kitchener-Waterloo spent an enormous amount of time on the committee, meeting with stakeholders who are concerned about this bill. It was remarkable that I didn’t find one person or group in favour of the bill. I wasn’t there the whole time, but I did

sit for a few days on the committee. Hospitals, doctors, union leaders and consumers were all opposed to this bill, and all on a similar theme that while the preamble sounded great, it turned out the emperor had no clothes. It resembled nothing like the dressing they had put up around this bill.

I'm surprised some of the members are speaking in favour. We shall see, but I am shocked at the degree of central control that the Minister of Health and his caucus colleagues are trying to usurp through this bill, to take away the tradition, the history of volunteer hospital boards; all taken back in the Ministry of Health. And that's just hospitals alone; there are other health care providers.

I'm not convinced that the way to get a hold of health care spending and getting better value for the dollar is to have everything run out of the deputy minister's office on down. Granted, the bureaucracy at health plays an important role, but having been there on the government side and seeing the behemoth that is the Ministry of Health, putting everything into their hands to try to get better accountability I think is misguided. I think that the work of the local volunteers in response to the community is the better way to go. We shall see if they are right. But I'm absolutely shocked at the power grab and the centralization of services that this bill brings forward.

Ms Smith: I'm happy to have the opportunity to respond to the member for Kitchener-Waterloo and some of the comments she made in her hour-long address to us today. I commend her for her stamina and I commend her for the work she did in the committee as well, as we travelled the province together.

The member for Kitchener-Waterloo bemoaned the fact there was a lack of agreement to her amendments that she put forward during the clause-by-clause review of this legislation. Unfortunately, the member merely put forward the amendments prepared by one stakeholder, and we had heard from about 110 stakeholders and groups in our travels across the province. We felt it was important that all of those stakeholders be represented and heard and that their views be taken into consideration in developing our amendments. We were happy to have a chance to review those amendments and to put forward our own.

We did, however, pass one amendment that was put forward by the member from Nickel Belt in addressing her concerns with respect to referencing consumers. I would just correct for the record the member for Kitchener-Waterloo that there was one amendment from the opposition.

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She also suggested that we were in some way eliminating hospital boards through this legislation. In no way does Bill 8 eliminate hospital boards. In fact, Bill 8, as an act to protect medicare, reflects our deep respect and appreciation of the volunteer members of hospital boards and our protection of publicly funded, publicly delivered health care across the province. The accountability agreements that we talk about in the bill

will be between these boards and the ministry, and they will be negotiated. In no way do they impact on the boards' ability govern their facilities.

The member for Kitchener-Waterloo also raised some concerns with respect to the work of the JPPC. I just wanted to confirm for her that that work continues. We hope the work the JPPC is doing with the ministry will form the basis of the accountability agreements in the future.

The Acting Speaker: The member for Kitchener-Waterloo has two minutes to reply.

Mrs Witmer: I'd like to thank the members from Nickel Belt, Stormont-Dundas-Charlottenburgh, Erie-Lincoln and Nipissing for their comments. I would like to correct the record in regard to a comment just made by the member from Nipissing. She said none of my amendments were accepted—those, by the way, were all of the amendments that were put forward by the opposition—because they represented only one stakeholder. Well, I would just like to set the record straight. They actually reflected the input and advice that we have received from the long-term-care community, the social worker community, the nurses, individuals who appeared before this committee representing many different professions, individuals and people who were not actively involved in the health care field, doctors and hospitals. So I think she was a little bit out of line to suggest they all came from one stakeholder.

Again, I would just ask this government to keep in mind that we all want the same thing in this House: We want a health system that is going to be responsive to the needs of the people in this province. We all believe in the principles of the Canada Health Act, and we all believe in the issue of accountability. Regrettably, this bill shifts tremendous, far-reaching power to the minister. It shifts it away from the other health care providers.

This bill also speaks about accountability, but it only imposes accountability on the health care providers. There is no accountability in this bill for the minister, the ministry or this government. This will not ensure the public that their health resources are going to be spent in the best way.

The Acting Speaker: Further debate on Bill 8?

Ms Martel: To begin, I too want to welcome Doris Grinspun to the Legislature this afternoon.

I want to set on the record that New Democrats are opposed to Bill 8. We are opposed because the bill gives sweeping draconian powers to the minister to take over the control of local hospital boards, boards at CCACs, boards of community health centres and also administrations at long-term-care facilities, and because it allows the minister as well to essentially take over control of the CEO, who is an employee, not of the Ministry of Health but of local boards.

We oppose this bill because it sets up a health quality council, which in fact will not be able to hold the minister accountable because none of the powers that are given to that council will allow them to be, despite the excellent work I presume they will do.

Thirdly, we oppose this bill because it does absolutely nothing to stop the further privatization of health care services in the province, it does nothing to reverse the privatization of health care services that were begun by the Conservatives and that the Liberals promised to reverse, and it does nothing as well to truly support principles of medicare. So let me deal with those three items.

Let me deal first with the very sweeping draconian powers that the minister has.

The minister would have you believe that the bill really does nothing more, nothing less than what's currently in place, and I have to tell you that every hospital board that came before us had a different vision. So it's quite interesting that the minister wanted to say that this is really nothing more, nothing less, nothing different from what's already in place. Every one of those volunteer boards that came before us said absolutely the contrary.

I want to just read some comments from one of the most compelling presentations that we heard. This was in Ottawa from the Montfort Hospital. These are some comments from Gisèle Lalonde, the chair:

"It is extremely difficult for Franco-Ontarians to fathom how a Liberal government could even propose to pass a law so draconian, so totalitarian, that it brings us back to the sad days of the ill-advised and unconstitutional proposed closure of our hospital by the Ontario Health Services Restructuring Commission.

"Bill 8 is nothing less than a blatant and dangerous attack on what Ontario's linguistic minority considers to be a sacred trust: the Franco-Ontarians' ability to make decisions that affect the development and the future of its own institutions, the Montfort Hospital."

Finally, "our volunteer members from the Montfort board of trustees will address more fully questions that concern them more directly in their depositions, but let me tell you that from the community's vantage point, we see this law as nothing more than a hostile takeover by the minister of an institution that Franco-Ontarians built."

Let me just reread a little bit of what Bernard Grandmaître had to say, because he is a former Liberal MPP, a former Liberal cabinet minister from the David Peterson era. He said: "As a Liberal, I have seen better days. This law, Bill 8, is not the product of the Liberal Party that I know. In fact, it is in flagrant contradiction with some of the most basic principles that inspire and have always inspired my party.... This bill is a serious breach of confidence and of democratic principles, and like Mrs Lalonde, it is hard for me to believe that this is being done by a Liberal government."

Or by Michelle de Courville Nicol, who's the past chair of the Montfort Hospital board of trustees: "We change governments; we change the flavour of the month. Now it's accountability. And it is imposed with a law so drastic, so totalitarian, that it rivals in scope the powers that were ceded to the restructuring commission by the previous regime, except this time it's the minister

who seeks to increase his own power over hospitals and over the communities they serve."

She is correct, because as draconian as the hospital service restructuring commission was, it was that commission that had the power. In this case, in this bill, the minister takes the power to deal with hospital boards, to deal with the pay of CEOs on to himself, and that is not acceptable.

I don't think, frankly, that the position of the Montfort Hospital has changed very much. I'll be interested for us to go out to public hearings and hear from them what they have to say, because the fact of the matter is, the provisions in the bill which they found most objectionable remain. They were not changed by the amendments that the government brought in on March 9. Let me give you some examples.

On page 25 of the revised bill, it says the following: "If the health resource provider and the minister do not enter into an accountability agreement within 60 days after the minister gave notice under subsection (1), the minister may direct the health resource provider to enter into an accountability agreement with the minister and with any other health resource provider on terms as the minister may determine, and the health resource provider shall enter into and shall comply with the accountability agreement."

You see, they "shall." The minister has tried to say again and again and again that there will be negotiated accountability agreements, and nothing can be further from the truth, if you look at the provisions in the amended bill.

Let me give you a second example. On page 27—this would be subsection 21.1(4). It reads as follows: "The minister shall consider any representations made under subsection (3) before making a decision to issue a compliance directive or an order under subsection 26(1)." There's nothing about negotiation. There's nothing about compromise. The only thing that this section permits is the minister to consider some representation, either oral or written, by the hospital before the minister makes the order, before the minister imposes the order or the compliance directive. There's no negotiated settlement there at all.

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If you look at subsection 22(2) on page 28 of the revised bill, it says, "The health resource provider shall comply with the compliance directive." There's nothing negotiated about that. The minister comes in, the minister unilaterally issues a compliance order or a compliance directive, and the health resource provider has no choice but to comply. That's completely contrary to the minister's rhetoric about how these accountability agreements will be negotiated.

A further example is subsection 26(2) on page 30 of the revised bill with respect to compliance, "The health resource provider shall comply with an order issued under subsection (1)." Again, the minister has the power under the bill to unilaterally make orders to the hospital board, to the board of the CCAC, to the board of the

CHC, to the administration at the long-term-care facility, and those resource providers have to comply. There is no kind of negotiation here if they disagree. They have to comply. That's the beginning and the end of the matter.

One final area has to do with the CEO, and this is in subsection 26.1(6), page 32 of the revised bill.

“(6) An order issued under subsection (5) may require the chief executive officer and health resource provider to comply with any directions set out in the order relating to any or all of the following:

“1. Holding back, reducing or varying the compensation package provided to or on behalf of a chief executive officer in any manner and for any period of time as provided for in the order and despite any provision in a contract to the contrary.

“2. Requiring a chief executive officer to pay any amount of his or her compensation package to the crown or any person....

“(7) A chief executive officer and a health service provider shall comply with the directions set out in the order.”

It's very clear why Montfort Hospital and every other hospital board came before the committee and said that this bill provides draconian powers. It's very clear why that is so, because it is so; that's exactly what the provisions say. And there was nothing in the amendments that came from the government on March 9 to temper that in any way, shape or form.

I said to the government on March 9, “Do yourself a favour. Establish an independent arbitration process. When there are disputes between yourself and the hospital board, when there are disputes between yourself and the board of the CCAC or a CHC or the administration of a long-term-care facility with respect to accountability agreements, allow for an independent third party to make the decision. At least that way, in the community it won't be seen as the minister using his or her power to shut that local board down.” I couldn't get the government to agree. I couldn't get the government to agree to have an independent third party deal with any disputes that arise out of accountability agreements. I don't understand why the government doesn't want to agree to this mechanism.

The Minister of Health shouldn't have these kinds of powers. The Health Services Restructuring Commission shouldn't have had those kinds of powers. Speaker, when the former government brought that through, your party and mine voted against that kind of arbitrary power in Bill 26. Now your government brings in the same kind of draconian, sweeping powers, but they are even more draconian and more sweeping because they allow the minister to do the dirty work, to do the job, instead of looking for an impartial third party who can deal with these matters in a legitimate way.

I said to the minister earlier, and I'll repeat it here, that when this bill goes through, if unamended, I'm sure there will be an early court case from a board that will come forward and say, “The minister cannot, because of contract law, become the employer and hence grab

compensation from our CEO.” The board is the employer, not the minister. Before too long, if this bill is passed unchanged, there will be a legal challenge by a board, and I'm telling you that board is going to win, because the minister doesn't have the right to act as the employer, doesn't have the right to grab compensation or reduce compensation of an employee of a hospital. But the government is going to find out the hard way, I suspect, through litigation.

Small wonder that the OHA wrote a letter to the members of the committee—I assume to the members of the committee; I got a copy—to Minister Smitherman on March 17, that said as follows: “While progress has been made, the amendments made on March 9 have not yet corrected what hospitals see as the most serious aspects of the bill. We believe further changes need to be made to sufficiently safeguard the critical role of community governance of hospitals. The central problem with Bill 8 is that it gives the provincial government the power to impose anything that it likes on any individual hospital, bypassing local boards—the people who know most about the hospital and the services it provides to the community.”

The government should not take these kinds of powers into their own hands through the minister. The government wants accountability agreements, and every group that came forward said they supported that. But if the government truly wants those negotiated, rather than imposed, then the government will set up a dispute resolution mechanism that will allow an independent third party—an arbitrator—to make the final decision, not the minister. Because in every community where you impose a compliance directive, in every community where you impose an order, you will be seen to be usurping the legitimate role of the volunteer board and its employee, the CEO. You don't want to be in that position.

The second reason we oppose the bill is because the bill does nothing to stop the privatization of health care. That is very clear as you read the bill. It does absolutely nothing to stop the creeping privatization of health care. It does nothing to protect or enhance medicare either.

Frankly, during the course of the hearings, I said on many occasions that the bill is nothing more than a public relations exercise. It's no surprise to me that this bill was introduced on the first anniversary of the release of the Romanow report. But what is regrettable is that nothing in the bill supports one of the fundamentals that Romanow reported on, which was that there was no evidence brought to him in his role as commissioner to support the idea that the private sector can deliver health care services more effectively, more efficiently or with better health care outcomes. Romanow made that clear. He gave the private sector every opportunity to come forward and demonstrate clearly how private sector health care services are more effective, more efficient or provide better health outcomes. The private sector could not do that.

You would think, then, that the government would use the opportunity to use the bill, especially on the first

anniversary of the release of the report, to slam the door shut in the face of further privatization of health care services, to slam the door shut on the privatization that was begun under the Conservatives. The government isn't doing anything of the sort.

The bill doesn't end the privatization of those services either. Let me give you some examples. The preamble says that "our system of publicly funded health services ... reflects fundamental Canadian values." They do. I believe most people in this province believe that health care services should be publicly funded. Why is it, then, that this Liberal government continues down the road of the P3 hospitals, which support private funding of hospital construction in the province, quite contrary to what Premier McGuinty promised before the election?

This is what the Premier said with respect to P3 hospitals before the election: "What I take issue with is the mechanism. We believe in public ownership and public financing (of health care). I will take these hospitals and bring them inside the public sector," Dalton McGuinty said to the Ottawa Citizen, Wednesday, May 28, 2003. Also in this same article: "Mr McGuinty believes that public-private sector partnerships in health care would ultimately cost the province more money than traditional arrangements. He says such arrangements would be discontinued and the hospitals returned to full public ownership."

You see, the key—and I raised this again and again during the course of the public hearings—is the public financing of new hospital construction in Brampton, Ottawa and the others that the ministry wants to do, versus the arrangement that the government has continued with, which is essentially the same arrangement as the previous government. All we've done is replace a Conservative lease with a Liberal mortgage, but the negative effects are still the same.

Number one, you have a complete reversal of what has been the traditional way to finance capital construction of hospitals in the province: through the public sector, through grants. Now we will have a mortgage instead of a lease—a mortgage—at those two hospitals, and the hospitals will have to pay that mortgage through their operating budget, which is the budget that should be used to provide front-line patient care, not pay for bricks and mortar. That's the first negative consequence.

1750

The second is that it is going to cost more. All the evidence from Great Britain and Australia makes that clear, because that's where P3s have been in place. It's going to cost the taxpayers more for two reasons. Number one, it will cost the private sector consortium in Brampton and Ottawa more money to borrow. The government gets the lowest interest rates, and right now interest rates are very low; it would be in the government's best interest to build now. So it's going to cost the private sector more, and we're going to pay for that through the mortgage. But the private sector isn't going to do this for free; they're not a charity case. They want to make a profit: 15% to 20%. Even at a 15% figure,

we're going to pay millions of dollars more for the private sector to build, through the mortgage arrangement, than we would if the government did it through the public sector.

The fundamental problem is that is money that should be going into patient care. That money, instead, is going to go into the pockets of the private sector consortium. I am opposed to that, because that is millions and millions of dollars that could be better spent, that should be spent, on providing essential health care services to patients in the hospital.

The government said they were going to get rid of P3 hospitals, and there has been no change. In the Brampton Guardian this week, it said the following: "Part of the delay is reportedly"—and this has to do with the hospital in Brampton—"attributable to the 'change' in the deal that the Liberals brokered to make the project seem less like a P3. However, when all is said and done, after months of working out those changes and, presumably, rewording of the agreement—surprise—it still looks like a P3, the same thing we had almost six months ago when the Conservatives were defeated and the Liberals took over." It is a P3, and the government is moving in absolutely the wrong direction.

The second area with respect to privatization: The government has done nothing, absolutely nothing, about the private MRI and CAT scan clinics despite what the government said in its election document. Here's what the government had to say in the health care document in the election platform:

"The Harris-Eves government opened private, two-tier MRI and CT clinics. These clinics will sell" a variety of "scans alongside public services, giving quicker access to those who can afford to buy their way to the front of the line.

"We will cancel the Harris-Eves private clinics and replace them with public services. The Romanow commission proved there is no evidence to support expanding private diagnostic services.

"Many communities have already raised money for a new MRI or CT for their local hospital, but have been denied operating funds by the Harris-Eves government. Instead of opening private clinics, we will work with these communities to expand access in the public system."

What happened to the government promise? Here we are six months after the government has been elected, and the private MRI-CT scan clinics are still operating in the system. It's true that there are people using those private MRIs who are getting quicker access and getting to the front of the line because they can afford to pay their way there. So what happened to the government promise to cancel these and put this technology into the public system? Gone, gone, gone. It was good enough to buy votes before the election, but now that the election is over, the government has done nothing about ending those clinics. That's contrary to the glowing words and the preamble that talk about protection of publicly funded services and ending two-tier health.

Look at some other examples with respect to why the preamble is a complete disconnect from the rest of the bill. The preamble as well, if I might, also says that we were going to recognize pharmacare for catastrophic drug costs and implement more home care in Ontario. What's interesting is that in the rest of the bill there is not one mention of pharmacare and in the rest of the bill there is not one mention of home care, not one. If this was a priority for the government, then I ask the government members, where are the provisions in the bill to establish pharmacare in the province of Ontario, if you believe it's at the heart of the Romanow report? Where are the provisions in the bill to end competitive bidding in home care? Because competitive bidding in home care has been completely destructive, has driven down wages and salaries of those who work in the sector and has ensured that clients who want continuity of care can't get it because every year or every second year there's a new contract and the contract changes hands.

In our community, the not-for-profit VON—an 80-year existence in our community—had the contract with the Sudbury-Manitoulin CCAC. They lost it last year. Do you know what the chair of the board said was the reason for that? Because the VON paid benefits. It was too expensive for the CCAC to pay benefits to the VON workers. That is happening in CCACs across this province, and what we are seeing is money that should be going into patient care now going into the pockets of the for-profit providers who got into the home care game because the former government allowed competitive bidding. If you want to shut off the tap of money going to the private sector instead of money going into services, then you end competitive bidding in home care. There is nothing about that in this bill.

The preamble also says that the government is going to “Continue to support the prohibition of two-tier medicine, extra billing and user fees in accordance with the Canada Health Act.” What's interesting is that at the same time as the preamble of Bill 8 says the government's going to stomp down on user fees, the Premier and the finance minister have been openly discussing, openly musing, about ending the universality of the drug benefit program.

In January, the Premier said the following: “One of the discussions that we are going to have with the people of Ontario are universal programs, some of the things we are now providing to people regardless of their income.” Well, I thought Bill 8 was all about protecting universality of the system, not about going out and having a discussion with Ontarians about how we can destroy what has been a universal program like the Ontario drug benefit program.

The same article says the following: “That would include programs not mandated under the Canada Health Act for which the province now pays. The drug benefit program is one, Mr. McGuinty said. Other such services include treatment at stand-alone physiotherapy clinics, devices such as hearing aids, work performed by community laboratories and substance abuse programs.”

What's really interesting is the difference between what Mr McGuinty has to say now after he's elected and what he had to say before the election, specifically about the drug benefit plan. This is what he said about user fees to seniors with respect to changes the Conservatives made when they implemented some changes to the ODB; he said the following on June 28, 2001: “Seniors cannot afford this continuing attack on their health care, and you may know that one half of our seniors today in Ontario average about \$16,000 in terms of their annual income.” How times change.

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Speaker, I see that you're getting up to stop me, so I will end the debate now and continue when we next deal with this bill. Thank you.

The Speaker (Hon Alvin Curling): Thank you very much. Pursuant to standing order 37, the question that this House do now adjourn is deemed to have been made.

ADJOURNMENT DEBATE

CONFLICT OF INTEREST

The Speaker (Hon Alvin Curling): The member for Nepean-Carleton has given notice of dissatisfaction with the answer to a question given by the Premier. The member has up to five minutes to debate the matter, and the parliamentary assistant may reply in the five minutes thereafter.

Mr John R. Baird (Nepean-Carleton): The Premier could also reply, I suppose, couldn't he?

The Speaker: That's correct.

Mr Baird: I have been tremendously concerned about the ethical standards of this Premier in terms of the direction that he gives to his ministers. There's only one person who can set the ethical standard for his or her government, and that's the guy at the top. Since this began, day after day after day, we've seen the Liberal Party engage in cover-ups. We've seen them refuse to allow appointments to be considered at committee. We are forced to come in here day after day after day and ask the same question over to get a response.

It took us more than three weeks to find out if the Minister of Finance had offered his resignation. Because we were living up to our responsibilities, we finally got an answer to that. At this rate, it could take years, but I want to tell you that the loyal opposition will be here in the House and we will ensure that we accept our fiduciary responsibilities to hold this government to account.

I'll tell you, Elinor Caplan resigned when called upon, when there was an investigation. Elinor Caplan resigned because she had the courage of her conviction to stand up and do the right thing. That hasn't happened in this regard.

I asked the Premier on Monday and on Tuesday: in the Liberal Party integrity sessions, did Mr Sorbara declare any potential problem with his role with respect to Royal

Group Technologies? When I did my cabinet pre-clearing, I had to declare that I got a speeding ticket once. That's the kind of information they wanted to know. They won't mention a single, solitary response on that question. Why? Did the Minister of Finance know about these problems and come forward to the Premier, or did he not? They won't answer the question. Maybe we should call Brian Mulroney to come and give some ethics advice to these Liberals, because they sure as heck need it.

Where was the Minister of Finance in all of this? He should have been bowing his head in shame. What was he doing in this chamber? Uttering profanities at representatives of the people of Ontario. Then he sat in his place and denied doing it. It took the Premier to intervene and say, "I heard you use the four-letter word and you'd better stand up and withdraw it." When he did he was cocky, and that's a disgrace, an absolute disgrace.

We've asked on numerous occasions, did he or did he not absent himself from discussions of the appointment of the vice-chair of the Ontario Securities Commission? It took three weeks, and we finally found out that he didn't show up in cabinet that day. What we want to know is, did he absent himself and his office from discussions? I say to the Minister of Labour that even Martha Stewart could have beaten the rap if she could have appointed the judge. We know that this woman could very well be the person who would hear the case, because the predecessor of this woman was the one who held the YBM case.

I say to members opposite that I've never been charged with slander; I've never been legally accused of lying. There's one person who was charged with slander and they had to make an out-of-court settlement; they had to make an out-of-court settlement and apologize for the outrageous things they had to say.

Hon David Caplan (Minister of Public Infrastructure Renewal): Say it outside.

Mr Baird: I've said it outside, I've said that the Premier's and the minister's conduct is unethical. I've said it 10 times outside and I'll repeat it outside because it is unethical. I've never been successfully sued for slander, unlike one individual we know.

The Premier has used on numerous occasions, "To the best of my knowledge, the minister isn't under investigation." We can't even trust this minister to, within 66 days, come forward and say that he is under investigation, so why should we believe them now?

I want to ask the Liberal members opposite why they bothered to take away the Ontario Securities Commission from the minister; he's done absolutely nothing wrong. But we know in fact that they had to do that, and it was wrong. The very man who's in charge of instilling investor confidence in the province of Ontario, the very man who's responsible for ensuring confidence in our capital market, has a cloud over his head. The Premier should bow his head in shame. He should admit that he's wrong and demand that the minister resign immediately.

Interjection.

The Speaker: Parliamentary assistant, you have five—

Mr Cameron Jackson (Burlington): On a point of order, Mr Speaker: I don't believe that the minister can refer to any member in this House as a slime ball, and I ask him to withdraw that right this minute.

The Speaker: The member has made the comment. Resolve it.

Interjections.

The Speaker: Order.

Ms Laurel C. Broten (Etobicoke-Lakeshore): I want to make this as simple as possible for the members opposite. The conclusion of the Integrity Commissioner is important, because it is that office that has the responsibility to ensure that all members in this House act in accordance with the Members' Integrity Act. It is in accordance with that act, in section 28, that a confidential opinion can be sought from the Integrity Commissioner. That is what the Minister of Finance did on March 2, 2004.

On March 8, 2004, I'll remind the friends on the other side, the Honourable Coulter Osborne reached a conclusion—he reached many conclusions. He provided a detailed opinion on this matter to the minister. In that opinion, the Integrity Commissioner clearly stated that Minister Sorbara took sufficient steps to ensure that he was not in a conflict. The Integrity Commissioner ruled that Minister Sorbara was not in conflict prior to transferring the OSC file to another minister. Further, the Integrity Commissioner's release concluded that Minister Sorbara acted with integrity and was never in a conflict of interest.

Just to make it even simpler for you, we'll go through that. Was the Minister of Finance in a conflict of interest? No. "I do not think that you were in a position of conflict as a result of not taking the remedial action you took on February 25."

Should the minister step aside to ensure a proper investigation? The answer from the Integrity Commissioner was no.

Did the Integrity Commissioner simply rely on Minister Sorbara's version of the events, or did he conduct his own investigations? You may not be interested in this, but he did conduct investigations and spoke to David Brown, QC; Charles Macfarlane; and Wendy Dey of the OSC.

Should the minister have revealed the fact that there was an investigation when Royal decided not to do so, as the opposition parties have suggested? In fact, the answer of the Integrity Commissioner was again no.

Did the minister violate the Members' Integrity Act? Again, the answer of the Integrity Commissioner was no.

Was the Minister of Finance ever personally under investigation? Again, the answer is no.

Did the Premier and the minister agree that should Minister Sorbara become subject to an investigation he would step aside from his ministerial responsibilities pending the outcome? The answer to that question, which has been provided many times, is yes.

With respect to the specific questions you raised again today, with respect to offering a resignation, the answers are all very clear. Did the Minister of Finance offer his resignation? No. Did he tender his resignation? No. Was he asked to tender his resignation or offer his resignation? No. Why wasn't he asked to do so? Because at all times he acted with integrity, was never under investigation and was never in a conflict of interest. That is the reason why the answers to those questions are so very simple.

I know you would prefer to come here at night and grandstand, because you don't want to talk about the real issues that face this province that your government left behind and that each and every day we are trying to clean up. I challenge you to come back and say the questions haven't been answered, because I don't think I could make it any more clear than that.

The Speaker: There being no further matter to debate, I deem the motion to adjourn to be carried. This House stands adjourned until 1:30 of the clock tomorrow.

The House adjourned at 1808.

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