



No. 65A

N° 65A

ISSN 1180-2987

Legislative Assembly  
of Ontario  
Second Session, 38<sup>th</sup> Parliament

Assemblée législative  
de l'Ontario  
Deuxième session, 38<sup>e</sup> législature

# Official Report of Debates (Hansard)

# Journal des débats (Hansard)

Tuesday 25 April 2006

Mardi 25 avril 2006

Speaker  
Honourable Michael A. Brown

Président  
L'honorable Michael A. Brown

Clerk  
Claude L. DesRosiers

Greffier  
Claude L. DesRosiers

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Toronto ON M7A 1A2  
Telephone 416-325-7400; fax 416-325-7430  
Published by the Legislative Assembly of Ontario



Service du Journal des débats et d'interprétation  
Salle 500, aile ouest, Édifice du Parlement  
111, rue Wellesley ouest, Queen's Park  
Toronto ON M7A 1A2  
Téléphone, 416-325-7400; télécopieur, 416-325-7430  
Publié par l'Assemblée législative de l'Ontario

## LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday 25 April 2006

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mardi 25 avril 2006

*The House met at 1330.  
Prayers.*

### MEMBERS' STATEMENTS

#### NIAGARA WEEK

**Mr. Tim Hudak (Erie–Lincoln):** I'm pleased to rise in the House to call members' attention to a very exciting happening this week. Of course it's Niagara Week, chaired by the very able leadership of Chairman Peter Partington of Niagara region. Many mayors and business leaders are here today. I know they've met with members of the Liberal caucus, the Conservative caucus and other MPPs, as well as with ministers, to make a few very important points about the peninsula.

I think people often believe the Niagara Peninsula is simply wine country, Niagara Falls and the Shaw Festival.

**Mr. Dave Levac (Brant):** No.

**Mr. Hudak:** But as the member for Brantford knows full well, there are many other parts of Niagara in need of government support and attention to create jobs and help build prosperity in those communities. I commend Chairman Partington and his municipal task force in pushing these issues here at Queen's Park; for example, last year successfully pushing for an extension of Highway 406 south, to four-lane it, and I know they'll be continuing to advocate for that issue in their meetings with ministers and MPPs alike; similarly, the importance of moving forward with the mid-peninsula corridor, which would be a major artery for investment in tourism and safe travel in the peninsula. We hope those terms of reference will be submitted—already, as we know, well past due.

Also, I want to remind members that tonight the Niagara leaders are hosting a reception in rooms 228 and 230 from 4:30 to 7 p.m. with some great wine and food and greenhouse products. I encourage all members to attend for a very engaging evening.

#### JANE JACOBS

**Ms. Kathleen O. Wynne (Don Valley West):** I rise rather sadly today to acknowledge the death and celebrate the life of thinker, urbanist, ethicist, activist, writer, mother, wife and grandmother, Jane Jacobs.

Jane was American-born, but she loved this country. She loved Toronto and she gave us so much. She informed our vitality as a city and galvanized political movements that determined the destiny of this city. She's

well known for her opposition to the proposed Spadina Expressway, but was a stalwart as recently as 10 years ago in Toronto's fight against the creation of the megacity under the previous government.

Jane believed in neighbourhoods. The *Death and Life of Great American Cities*, written in 1961, is really required reading for people who want to understand how cities work, what makes them safe and what makes them breathe. She believed that cities had a pivotal role in economies.

Jane was born in 1916 in Scranton, Pennsylvania. She was neither academic nor ideologue. She was never an elected politician, but she influenced the people who formed this city. David Crombie, John Sewell—these are the people who have informed how this city has moved forward, and Jane was a reference point for them.

Much will be written about Jane Jacobs in the coming days, but I know that up until the last moment she was thinking about the next book she was going to write. She was lucid and she was taking part in the thinking in this city. She would have been 90 on May 4, and I can tell you as a Toronto member that she will be seriously missed as a reference point and an icon in this city to all of us.

#### AUTISM TREATMENT

**Ms. Lisa MacLeod (Nepean–Carleton):** Yesterday, parents from across Ontario descended on Parliament Hill, calling on the federal and provincial governments to include autism treatment as a publicly funded service. It is disappointing that neither the Premier, who made a promise to the families of autistic children that would have extended autism treatment beyond age six, nor the Minister of Health Promotion—who both, ironically, live in the nation's capital—was there. That's because families, advocates and autistic kids had to go to the federal government because this McGuinty government has broken yet another of its campaign promises. Unfortunately, this promise is to young, vulnerable children and their parents.

I rise today to ask this Liberal government: Why make a promise to a child with autism and then not make good on it?

#### IMMIGRATION POLICY

**Mr. Rosario Marchese (Trinity–Spadina):** I want to talk briefly about the undocumented workers in this province and in this country and say to those who are

watching that there were huge demonstrations here at Queen's Park this past Friday and on Saturday, where they met here at Queen's Park and then went to city hall.

They spoke about the immigration system federally and how incomprehensible it is and how discriminatory it is, inasmuch as we bring here to this country highly qualified people who can't get work. We bring in doctors and engineers who have to work as restaurant workers or who have to work in the service sector doing God knows what for \$7 or \$8 an hour. It's insane. They can't get jobs. Yet we have workers in all the trades in construction working, well paid, and they are about to be deported; many have been deported and continue to be deported every year.

We have to stop this insanity. We've got to change the immigration system. For the past 13 years nothing has been done, and we now have to lobby the current Conservative government to change the system to make it better. Some have said to the provincial minister, "You have a provincial nominee program; you're about to have power to do it. Do it quickly, so that 400 or 500 workers can stay and work, because we need them." So we plead with you, Minister—

**The Speaker (Hon. Michael A. Brown):** Thank you. Members' statements.

#### ROGER'S HOUSE

##### LA MAISON DE ROGER

**Mr. Jean-Marc Lalonde (Glengarry–Prescott–Russell):** Last Friday I joined Premier McGuinty and several of my Ottawa caucus colleagues—Ministers Watson and Meilleur and MPPs Patten and McNeely—at the official opening of Roger's House in Ottawa. Also at the opening were Mayor Bob Chiarelli, Eugene Melnyk, owner of the Ottawa Senators, and Max Keeping of CJOH, well known for his work on behalf of sick children in the area.

La Maison de Roger, un centre de soins pédiatriques palliatifs, est ainsi nommée pour rendre hommage à Roger Neilson, ancien entraîneur de la ligue nationale de hockey, décédé du cancer en 2003.

Roger Neilson coached eight NHL teams in his 25-year career. In April 2002, he became the ninth coach in NHL history to coach 1,000 games, a feat he achieved while coaching the Ottawa Senators.

La Maison de Roger servira les enfants et leur famille qui vivent avec des maladies sérieuses. Les premières familles vont arriver à la maison le 15 mai prochain.

I encourage all citizens and members of the Ottawa area to stop by the Roger's House public open house this Saturday, April 29. This is a tremendous facility which will serve many families and children in the years to come. A special thank you to the Ottawa Senators hockey club, the Ottawa Senators Foundation and the Children's Hospital of Eastern Ontario for their continued support of Roger's House.

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#### NATIVE LAND DISPUTE

**Mr. Toby Barrett (Haldimand–Norfolk–Brant):** Last night, my staff joined me at the large rally at the Caledonia fairgrounds. Premier, there is clearly an emergency in the Caledonia area, and people want to know why you continue to hide. As I walked through the crowd, I was asked, "Where is McGuinty? Why won't he come to Caledonia? Why is he indifferent to our turmoil? If McGuinty knew about this for a year, why did he do nothing to prevent it?"

All sides feel abandoned by this government. As I told many last night, the minister responsible for aboriginal affairs bounced this to Ottawa, saying it was their responsibility. April 12, he changed his tune, saying the province was on top of the situation. But native spokesperson Clyde Powless counters in the media that Ramsay "keeps sending his bum boys to us. This is the biggest reserve in Canada."

The Premier said he was seeking a peaceful solution, but the site was raided less than 18 hours later. McGuinty and his government were AWOL last night, letting down thousands of people who want to hear something. Double speaking, finger-pointing and Premier McGuinty's strategy of hiding under his desk won't fly in our area. People from all sides are saying, "Step up to the plate, tell us what's going on, and show some leadership."

#### NORTHERN MEDICAL SCHOOL

**Mr. Bill Mauro (Thunder Bay–Atikokan):** Recently, our government announced new major funding for our northern medical school. This funding matched the money that was raised by the successful Northern Ontario School of Medicine bursary fund. Originally marked at \$5 million and later matched again with an additional \$1.7 million, this government funding totals \$6.7 million.

Together with the bursary fund, this \$13.4 million is an excellent investment in our community and a solid way to train and retain doctors in northwestern Ontario. The school can focus on the unique and specific needs of rural and northern Ontario.

This important funding has been made possible through the Northern Ontario Heritage Fund Corp. and the Ontario trust for student support. It will help students from northern, rural and remote communities defray the costs associated with attending medical school and help them avoid significant debt at the end of their medical undergraduate training.

Keeping our youth in northern Ontario is important. We know that if young people in the north study in the north, there's a good chance they'll become doctors in the north. I'd like to commend the university administrators, volunteers and donors who worked so hard to build this bursary fund. Elizabeth Dougall, chair of the fundraising committee for the NOSM board of directors,

and the campaign co-chair in Thunder Bay, Greg Pilot, were instrumental in helping the private sector raise these funds. Without their strong sense of community activism, none of this would have been possible. We must also acknowledge that this bursary fund would not have been possible without the generosity of our northern citizens.

I am proud and encouraged by the investment in the north and believe it will result in the intellectual and professional development of some of our brightest young people.

#### MATTHEW DINNING

**Mrs. Carol Mitchell (Huron–Bruce):** It is with great sadness that I rise today to honour the life of Corporal Matthew Dinning. The town of Wingham, where Matthew grew up, is mourning this loss, but residents are extremely proud of the work that he did and will honour his memory with pride. He was a courageous person who put others' well-being first. We will not forget his sacrifice.

Public service is a tradition in the Dinning family. His father is a member of the Ontario Provincial Police and he, too, served outside of Canada, in Kosovo, as part of our effort to bring democracy to that country. This small community will gather together on the weekend to remember our fallen hero. Matthew Dinning will be fondly remembered.

I would also like to take this time to remember all of our fallen soldiers and to thank our soldiers who risk their lives every day to ensure that others can live a better life.

#### FETAL ALCOHOL SPECTRUM DISORDER

**Mr. Ernie Parsons (Prince Edward–Hastings):** I would like to tell you about a special young man named Tom Wilkinson. Tom was born with fetal alcohol spectrum disorder, a disorder caused by his birth mother consuming alcohol during pregnancy. Tom and his dog Shadow are walking across Ontario in order to increase awareness of FASD. He left Windsor on April 3 and plans to arrive in Ottawa on May 10. He will be stopping in 23 cities to speak with people about FASD supports in their area.

Fetal alcohol spectrum disorder is an umbrella term for all alcohol-related disorders and is 100% preventable. It is caused only by drinking alcohol during pregnancy and is the leading cause of mental retardation in Canada. It knows no socio-cultural boundaries and affects people regardless of income or education. More babies are born with FASD than with spina bifida and Down's syndrome combined.

Tom was diagnosed with FASD at the age of 13 and has experienced difficulties with physical, social, emotional and intellectual development. Tom may have a disability, but he's not disabled. He is determined to increase the awareness of fetal alcohol spectrum disorder

and to raise funds for the Fetal Alcohol Spectrum Treatment and Education Centre, FASTEC, in Belleville. Tom will be in Port Hope tonight, Brighton on Wednesday and Belleville on Thursday.

Folks, every contribution to Tom's walk counts. Just \$1 spent on printing an information brochure can literally save a life when a woman reads it and realizes the effect on her unborn child. I urge my colleagues and the people of Ontario to support Tom in this very worthy cause.

#### WEARING OF RIBBONS

**Hon. Mike Colle (Minister of Citizenship and Immigration):** On a point of order, Mr. Speaker: Today, as we observe Yom Hashoah, Holocaust Memorial Day, and we honour the memory of the victims and survivors, we have a moral obligation to recognize tragedies occurring in the world around us, especially in the Darfur region of Sudan. To bring attention to this, I am seeking unanimous consent for each member to wear a green ribbon provided by the national Darfur committee of the Canadian Jewish Congress as a symbol of our undertaking that the human catastrophe unfolding in Darfur must be brought to an end.

**The Speaker (Hon. Michael A. Brown):** Mr. Colle has asked for unanimous consent. Agreed? Agreed.

#### LEGISLATIVE PAGES

**The Speaker (Hon. Michael A. Brown):** I beg the indulgence of the House to allow the pages to assemble for their introduction.

From Chatham–Kent–Essex, we have Billy Barnier; from Toronto–Danforth, Kelsey Bishop; from Renfrew–Nipissing–Pembroke, Morgan Brodofsky; from Ottawa–Orléans, Caroline Chamberland; from Elgin–Middlesex–London, Patrick Connell; from Trinity–Spadina, Gemma Johnson; from Haliburton–Victoria–Brock, Kate Kourtsidis; from Lanark–Carleton, Elliott Leeflang; from Perth–Middlesex, Alicia Lenny; from Waterloo–Wellington, Connor Maitland; from Prince Edward–Hastings, Conor McGarvey; from Mississauga South, Kristy Mlakar; from Hamilton West, Haakim Nainar; from Don Valley West, Zachery Oman; from London West, Julian Paparella; from Brant, Alyna Poremba; from Scarborough–Rouge River, Monika Rawat; from Burlington, Gennaro Santoro; from Eglinton–Lawrence, Vanessa Sidwell; from Oak Ridges, Philippe Stanier; from Parry Sound–Muskoka, Megan Suttie; and from Scarborough Southwest, Isaac Watters.

Join me in welcoming all our new pages.

*Applause.*

#### VISITOR

**The Speaker (Hon. Michael A. Brown):** I would like to draw members' attention to a special guest in the Speaker's gallery, the deputy editor of Hansard in Ghana, Mr. Anthony Appiah-Yeboah. He is on a two-week

attachment with the Office of the Assembly in the Hansard Reporting and Interpretation Services branch. Join me in welcoming our guest.

*Applause.*

## INTRODUCTION OF BILLS

### LAKE SIMCOE PROTECTION ACT, 2006

#### LOI DE 2006

### SUR LA PROTECTION DU LAC SIMCOE

Mr. Dunlop moved first reading of the following bill:

Bill 106, An Act to establish a natural heritage system and watershed protection area for Lake Simcoe and the Nottawasaga River / Projet de loi 106, Loi établissant une zone de protection du bassin hydrographique et du patrimoine naturel pour le lac Simcoe et la rivière Nottawasaga.

**The Speaker (Hon. Michael A. Brown):** Is it the pleasure of the House that the motion carry? Carried.

The member may wish to make a brief statement.

**Mr. Garfield Dunlop (Simcoe North):** I'll be entitling this bill the Lake Simcoe Protection Act, 2006. The bill allows the Lieutenant Governor in Council, by regulation, to designate the Lake Simcoe and Nottawasaga River natural heritage system and watershed protection area that includes Lake Simcoe, the county of Simcoe and the other areas of land prescribed by regulation. The Lieutenant Governor in Council may also establish the Lake Simcoe and Nottawasaga River natural heritage system and watershed protection plan for all or part of the area.

## MOTIONS

### HOUSE SITTINGS

**Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader):** I move that, pursuant to standing order 9(c)(i), the House shall meet from 6:45 p.m. to 9:30 p.m. on Tuesday, April 25, 2006, for the purpose of considering government business.

**The Speaker (Hon. Michael A. Brown):** Mr. Bradley has moved government notice of motion number 113. Is it the pleasure of the House that the motion carry?

All in favour will say "aye."

All opposed will say "nay."

In my opinion, the ayes have it.

Call in the members. This will be a five-minute bell.

*The division bells rang from 1354 to 1359.*

**The Speaker:** Mr. Bradley has moved government notice of motion number 113. All those in favour will rise one at a time and be recognized by the Clerk.

### Ayes

Arthurs, Wayne	Gerretsen, John	Phillips, Gerry
Balkissoon, Bas	Gravelle, Michael	Pupatello, Sandra
Barrett, Toby	Hardeman, Ernie	Qaadri, Shafiq
Bentley, Christopher	Hoy, Pat	Racco, Mario G.
Berardinetti, Lorenzo	Hudak, Tim	Ramal, Khalil
Bountrogianni, Marie	Jeffrey, Linda	Ramsay, David
Bradley, James J.	Klees, Frank	Rinaldi, Lou
Brotten, Laurel C.	Kwinter, Monte	Runciman, Robert W.
Bryant, Michael	Lalonde, Jean-Marc	Ruprecht, Tony
Chudleigh, Ted	Levac, Dave	Sandals, Liz
Colle, Mike	MacLeod, Lisa	Scott, Laurie
Cordiano, Joseph	Marsales, Judy	Sergio, Mario
Craitor, Kim	Matthews, Deborah	Smith, Monique
Crozier, Bruce	Mauro, Bill	Smitherman, George
Delaney, Bob	McMeekin, Ted	Tascona, Joseph N.
Dhillon, Vic	Meilleur, Madeleine	Tory, John
Di Cocco, Caroline	Miller, Norm	Van Bommel, Maria
Dombrowsky, Leona	Mitchell, Carol	Watson, Jim
Duguid, Brad	O'Toole, John	Witmer, Elizabeth
Duncan, Dwight	Ouellette, Jerry J.	Wong, Tony C.
Dunlop, Garfield	Parsons, Ernie	Wynne, Kathleen O.
Elliott, Christine	Patten, Richard	Yakabuski, John
Flynn, Kevin Daniel	Peters, Steve	Zimmer, David
Fonseca, Peter	Peterson, Tim	

**The Speaker:** All those opposed will please rise one at a time and be recognized by the Clerk.

### Nays

Bisson, Gilles	Marchese, Rosario	Prue, Michael
Horwath, Andrea	Martel, Shelley	Tabuns, Peter
Kormos, Peter	Murdoch, Bill	

**The Clerk of the Assembly (Mr. Claude L. DesRosiers):** The ayes are 71; the nays are 8.

**The Speaker:** I declare the motion carried.

## DEFERRED VOTES

### EMERGENCY MANAGEMENT STATUTE

#### LAW AMENDMENT ACT, 2006

#### LOI DE 2006 MODIFIANT DES LOIS

#### EN CE QUI A TRAIT À LA GESTION

#### DES SITUATIONS D'URGENCE

Deferred vote on the motion for second reading of Bill 56, An Act to amend the Emergency Management Act, the Employment Standards Act, 2000 and the Workplace Safety and Insurance Act, 1997 / Projet de loi 56, Loi modifiant la Loi sur la gestion des situations d'urgence, la Loi de 2000 sur les normes d'emploi et la Loi de 1997 sur la sécurité professionnelle et l'assurance contre les accidents du travail.

**The Speaker (Hon. Michael A. Brown):** Call in the members. This will be a five-minute bell.

*The division bells rang from 1402 to 1407.*

**The Speaker:** Mr. Kwinter has moved second reading of Bill 56, An Act to amend the Emergency Management Act, the Employment Standards Act, 2000 and the Workplace Safety and Insurance Act, 1997.

All those in favour will please rise one at a time and be recognized by the Clerk.

**Ayes**

Arthurs, Wayne	Gerretsen, John	Phillips, Gerry
Balkissoon, Bas	Gravelle, Michael	Pupatello, Sandra
Bentley, Christopher	Hoy, Pat	Qaadri, Shafiq
Berardinetti, Lorenzo	Jeffrey, Linda	Racco, Mario G.
Bountrogianni, Marie	Kular, Kuldip	Ramal, Khalil
Bradley, James J.	Kwinter, Monte	Ramsay, David
Broten, Laurel C.	Lalonde, Jean-Marc	Rinaldi, Lou
Bryant, Michael	Leal, Jeff	Ruprecht, Tony
Colle, Mike	Levac, Dave	Sandals, Liz
Cordiano, Joseph	Marsales, Judy	Sergio, Mario
Craitor, Kim	Matthews, Deborah	Smith, Monique
Crozier, Bruce	Mauro, Bill	Smitherman, George
Delaney, Bob	McGuinty, Dalton	Sorbara, Gregory S.
Dhillon, Vic	McMeekin, Ted	Takhar, Harinder S.
Di Cocco, Caroline	Meilleur, Madeleine	Van Bommel, Maria
Dombrowsky, Leona	Mitchell, Carol	Watson, Jim
Duguid, Brad	Parsons, Ernie	Wong, Tony C.
Duncan, Dwight	Patten, Richard	Wynne, Kathleen O.
Flynn, Kevin Daniel	Peters, Steve	Zimmer, David
Fonseca, Peter	Peterson, Tim	

**The Speaker:** All those opposed will please rise one at a time and be recognized by the Clerk.

**Nays**

Arnott, Ted	Klees, Frank	Prue, Michael
Barrett, Toby	Kormos, Peter	Runciman, Robert W.
Bisson, Gilles	MacLeod, Lisa	Scott, Laurie
Chudleigh, Ted	Marchese, Rosario	Tabuns, Peter
Dunlop, Garfield	Martel, Shelley	Tascona, Joseph N.
Elliott, Christine	Miller, Norm	Tory, John
Hampton, Howard	Munro, Julia	Witmer, Elizabeth
Hardeman, Ernie	Murdoch, Bill	Yakabuski, John
Horwath, Andrea	O'Toole, John	
Hudak, Tim	Ouellette, Jerry J.	

**The Clerk of the Assembly (Mr. Claude L. DesRosiers):** The ayes are 59; the nays are 28.

**The Speaker:** I declare the motion carried.

Shall the bill be ordered for third reading?

**Hon. Monte Kwinter (Minister of Community Safety and Correctional Services):** I'd ask that the bill be referred to the standing committee on justice policy.

**The Speaker:** Agreed? Agreed.

**VISITORS**

**Hon. Steve Peters (Minister of Labour):** On a point of order, Mr. Speaker: I'd like to take this opportunity to welcome the father and grandparents of page Julian Paparella. His father, Nick Paparella, is sitting up above, and Gerhard and Christ Isle, from the riding of London West.

**Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader):** On a point of order, Mr. Speaker: I would like to introduce the delegation from the regional municipality of Niagara who are here today, led by Peter Partington, the chair. They're in the galleries on both sides. I'd like to ask members to join in welcoming them to Queen's Park.

**ORGAN DONATION**

**Hon. Christopher Bentley (Minister of Training, Colleges and Universities):** On a point of order, Mr.

Speaker: Is it a point of order if I draw the members' attention to the fact that there are two pamphlets relating to organ donations in each of the lobbies, and remind them that there is a reception for the gift of life association tomorrow in room 228 at 4:30 to 6? Is that a point of order, Speaker?

**The Speaker (Hon. Michael A. Brown):** It is not a point of order, but thank you.

**NIAGARA RECEPTION**

**Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader):** Mr. Speaker, I actually have two very quick points of order.

I want to remind members of the Legislature of the regional municipality of Niagara and Niagara reception, which is in rooms 228 and 230 from 4:30 to 7 today, with the finest wines and the best culinary opportunities there are.

**HOLOCAUST MEMORIAL DAY**

**Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader):** Mr. Speaker, the second point is that I believe we have unanimous consent for all parties to speak for up to five minutes to recognize Holocaust Memorial Day.

**The Speaker (Hon. Michael A. Brown):** Agreed? Agreed.

**Hon. Mike Colle (Minister of Citizenship and Immigration):** "Some 10,000 Jews from all over the world finished making their way from Auschwitz to Birkenau in this year's March of the Living. Ceremonies at Birkenau, led by Nobel laureate Shimon Peres...."

"At the end of the march, participants sang the Hatikva, Israel's national anthem.

"Before the march's start, hundreds of youths carrying Israeli flags spent the morning wandering among the wooden barracks and barbed wire of the sprawling Birkenau camp, and visited the museum housed at the smaller Auschwitz camp nearby.

"Among those taking part was Diana Katz, a 23-year-old history teacher from Jerusalem, whose grandmother, Lubia Tanenbaum, survived the camp after arriving as a 14-year-old from Hungary.

"I am here with my son to show the evil people in the world that we are here, that we are alive, that we want to live and we want future generations to live," Katz said as she pushed the baby carriage holding her three-month-old son, Joseph. "We will not forget, and we have won."

I rise today to recognize Yom Hashoah V'Hagvurah—Holocaust Memorial Day—a day designated for Holocaust remembrance in communities around the world. This is the eighth year the Ontario Legislature has observed Holocaust Memorial Day, and I'm proud to say that Ontario was the first jurisdiction in the world, outside of the state of Israel, to officially recognize it.

Today is of vital importance to the people of Ontario. On this day, we bear witness to the six million innocent

men, women and children of Jewish faith who were systematically slaughtered during the Holocaust, and the hundreds of thousands of survivors whose lives have been forever affected by this most repugnant chapter in the history of man.

With the passage of each year, the number of Holocaust survivors grows smaller. With their diminishing presence, it might be all too easy to forget the horrors they faced. We must never forget the atrocities perpetrated by the Nazi "beast." By keeping the memory of the innocent victims alive, we strengthen the hope that no community will ever again have to suffer such cruelty and devastation. On this day, and each day throughout the year, we must publicly proclaim, "Never again," to the killing of Jews or any other people regardless of race, ethnicity, creed, nationality or religion.

Remembering is a solemn duty and a safeguard for the future. Silence and indifference are unacceptable; vigilance and education are essential. The values of freedom, mutual respect, justice and tolerance must be appreciated, protected and embraced. In Ontario we treasure diversity and our dynamic multiculturalism. Yet our province is not immune from anti-Semitic activity, and the world continues to struggle with ongoing tragedies, especially in the Darfur region of Sudan.

Last year, the B'nai Brith League of Human Rights warned of the growing number of anti-Semitic incidents in our province. These incidents were met with clear condemnation from all sectors of society. As the Premier stated, "There is no room for hatred in Ontario—in our school hallways, our homes or our hearts." In Ontario, we are a proud collection of many ancestries, religions, histories, languages and cultures. We must always stand up for one another. We must continue to speak out and take action against tyranny, intolerance and oppression in our own communities and throughout the world.

Last evening, I was honoured, with Minister Monte Kwinter, to attend the Holocaust Community Commemoration at Earl Bales Park in North York, an event drawing 2,500 people, making it one of the largest Holocaust memorial gatherings outside of Israel. We were privileged to hear the story of Sara Ginaite-Rubinson, who, at 17 years of age, joined a resistance movement against the Nazi regime in the ghetto of Kaunas, a Lithuanian city then a part of the Soviet Union. "I completely rejected the way the Nazis had arranged my death," said Ms. Ginaite-Rubinson. "If my fate was to die, I would die on my own terms." Ms. Ginaite-Rubinson lost all but four family members; her husband, her sister and her husband, and a cousin survived.

Her resistance is heroic, and her loss, like many others, has been immeasurable. Yet out of her devastating experience, she challenges all of us to ensure that the horror of the Holocaust is never forgotten and that the tragic stories of innocent Jews continue to be heard.

Today we stand shoulder to shoulder with our Jewish brothers and sisters at home and abroad and totally reject those who would deny the Holocaust and promote hate and anti-Semitism. Today, as we recognize Yom

Hashoah V'Hagvurah, let us resolve to never let the innocent be forgotten.

**Mr. Ted Chudleigh (Halton):** I rise today to recognize April 25 as Yom Hashoah, Holocaust Memorial Day, in Ontario. As the member who sponsored the private member's bill establishing this day in Ontario, it is always my honour to be associated with Holocaust Memorial Day and the goal of rooting out hatred and promoting human rights, civic and moral responsibility, and individual and democratic freedoms.

We initiated this memorial day as an opportunity to pay tribute to those innocents who were the victims of genocide. We have also used commemorations to promote education, especially regarding the role played by ordinary citizens who, through their inaction, allow genocides to occur.

That Ontario commemorates this day—and we are the first jurisdiction outside of Israel to officially recognize this day—makes several important points. First, the victims of the Jewish Holocaust of the late 1930s and early 1940s are remembered. Secondly, we remember the victims of other genocides around the world. Thirdly, it is an opportunity to tie the past and the present to the future by expressing our deepest fears and concerns about ongoing events in Darfur and by condemning Iranian threats of genocide against Israel.

Images conjure strong emotions. Images in the minds of Ontarians on Holocaust Memorial Day are likely those of the well-documented systematic destruction of European Jews associated with the Second World War. However, the minds of some Ontarians will be filled with other horrific images from other places and other times.

This is as it should be. We need to use our knowledge of genocide to root out its causes before it can occur. By promoting our values as citizens in Ontario, we can help other people understand how individual citizens can be culpable of genocide if they refuse to speak out as it takes hold. It is important to remember that genocide is only possible when large numbers of people abrogate their responsibilities as citizens and do nothing to stop hatred and intolerance.

#### 1420

It is the European Holocaust which I believe was the most premeditated systematic genocide of modern times. Other events have been no less terrible to the victims; however, the sheer magnitude of the European Holocaust boggles the mind.

In 1933, the Nazis systemically stripped the rights and freedoms of their own citizens simply because they were Jewish. Eventually, Jews could not hold government jobs. They were barred from certain schools, they could not attend movies, they could not go to some resorts, and they were even restricted from walking in some areas of the city.

It wasn't until Kristallnacht, the Night of Broken Glass, November 9, 1938, that this stripping away of human rights flared into an undeclared war against the Jews. All the while, most of their fellow citizens failed to speak out, cowed by the fear and intimidation sown by



the Nazi fascists, whose power gained currency each time their actions went unopposed. The death of a just society is sowed one injustice at a time.

The Universal Declaration of Human Rights and the United Nations convention on prevention and punishment of genocide recognized the specific political, social, economic and cultural rights of all citizens. More and more, people around the world understand that the right to life exists above national sovereignty or religious belief. The lack of true democratic freedom paved the way for these atrocities to occur. This theme runs through all examples of state-sponsored genocide, including Stalin's Russia, Pol Pot's Cambodia and in Rwanda: When individuals do not have a direct stake in their own government, they often fail in their civic and moral obligations as well.

Since the Holocaust Memorial Day Act passed, I have had some truly remarkable experiences and met some exceptional people. I have received astounding letters describing major changes that people have made in their lives due to Holocaust Memorial Day. I have joined students in commemoration of these events, and with them I have learned some lessons about the Holocaust from survivors.

I ask all members of the Legislature to remember that shedding light on these darkest of human actions is a reflection of our willingness to create a society that will defend all of its parts. It is a lesson we must take care to never forget.

**Mr. Howard Hampton (Kenora–Rainy River):** Between 1939 and 1945, over six million Jewish men, women and children, in addition to millions of Polish, Russian and other nationals in eastern Europe, were systematically put to death because of their race, their religion, their nationality, their sexuality or, in some cases, because of their political beliefs. During those 12 years from 1933 to 1945, entire communities and villages, indeed entire generations of families, were exterminated in the most brutal and calculated fashion. The suffering cannot be described, and the loss to humanity and the damage to human dignity cannot be measured.

Today we need to remember that those acts were carried out in a supposedly civilized society. Indeed the western world learned a terrible lesson from those horrific events: that in a very civilized society, these kinds of acts can be and were perpetrated. From that, we learned that the term "civilization" and what it means can be very tenuous.

Today we need to remember that the early warning signs of the persecution of Jews existed in 1933, 1934, 1935, 1936, 1937 and 1938, but much of the world did nothing to oppose the persecutions. And while tens of thousands of Jewish families tried to leave Nazi Germany, many countries closed their doors. We need to remember that Canada closed its doors—we closed our doors—to thousands of Jewish families who were trying to leave Germany.

We must always be on guard so that this cannot happen again. We must always speak out against anti-

Semitism, hate and racism of any kind. The fact is, our world still remains a violent and oppressive place for too many peoples. Countries continue to put their own citizens to death and continue to use military violence against their own citizens. People still live in incredible poverty, without access to food and shelter, as a result of systemic genocide policies. We need to recognize that today, in our own times, we have allowed genocide to happen in Rwanda and Sudan, even as the warning signs were being sounded again.

Today, we remember those men and women who suffered and died during the worst period of modern history, and today we must remember our responsibilities to each other. Today is about recommitting ourselves to the task of making the world a better place for all of us, a safer place for all of us, no matter our race, no matter our religion, our gender, our age, our sexuality or our political beliefs. We must remember and we must recommit ourselves, because too often those terrible lessons have been repeated again and again.

**The Speaker:** I would ask all members and guests to rise with me and observe a moment of silence in commemoration of Yom Hashoah, Holocaust Memorial Day.

*The House observed a moment's silence.*

## VISITORS

**Mr. David Zimmer (Willowdale):** On a point of order, Mr. Speaker: May I take this moment to introduce Mr. Bernie Farber, the chief executive officer of the Canadian Jewish Congress; Mr. Norman Epstein, the CEO of Canadians Against Slavery and Torture in Sudan; and Mr. Yahira Mohammed of the Darfur Association of Canada.

## ORAL QUESTIONS

### NATIVE LAND DISPUTE

**Mr. John Tory (Leader of the Opposition):** My question is to the Premier. We all watched with concern last night as the situation in Caledonia reflected, I think in an all-too-visible way, some of the anger and frustration that exists among a number of different groups in and around that community.

I told the House yesterday, and I tell the Premier, that my own visit there indicated to me that there's a very real desire on the part of the people who live and work there to try to ensure that nothing comes along that will take away from the very peaceful coexistence that has existed for many years between the different peoples in that community. But of course we all know that that will require leadership. I wonder if the Premier might give us, first of all, a general update on the situation in Caledonia and, secondly, an update on his own personal involvement in trying to bring this matter to, as he put it last week, a peaceful resolution.

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** I'm pleased to receive the question and to report to the House that I had another briefing at noon today to give us some better sense of what in fact occurred last night. What occurred last night was, indeed, unfortunate. While I'm sure all members of the House can understand the impatience and frustration on the part of both sides, I think, in fairness, it's incumbent upon all of us to ensure that none of the parties on either side loses sight of the fact that if we are going to resolve this peacefully, both sides have to continue to bring to the table goodwill and patience—two of the most precious commodities in addressing this issue.

So my advice, certainly to the members of the community and to those who are protesting on either side, is that it is going to be important for us to be calm, to be cool, to remain collected, to respect the law and to remain patient.

I'll report more with respect to your supplementaries.

1430

**Mr. Tory:** Premier, yesterday I questioned the minister on this matter and I indicated that following a personal visit I had made there, as I mentioned—and it wasn't a matter of what I thought—I heard from people that more and better information coming to the people about what's going on was going to be helpful if we're going to keep tensions down and help get things resolved, but most importantly perhaps, to keep tensions down while things are getting resolved.

The minister responded because I had mentioned that we had been told of the efforts of the OPP going door to door, but of course the degree to which they can convey information about matters other than policing and security is very limited. Their role in going door to door to inform people has to be limited.

I say to the Premier, I believe that you and your minister have an obligation to show some personal leadership on this issue. I want to know specifically what you are prepared to do, as elected representatives and people in responsible, elected positions in the government, to inform people and have them get information directly from people in their government, on the ground. What steps are you prepared to take to show some leadership on this?

**Hon. Mr. McGuinty:** I can understand the Leader of the Opposition's desire for the government to rush into this, but that's not something we're prepared to do. We are working with all the parties involved—representatives of the First Nations community, the federal government and the community of Caledonia—in order to ensure that discussions continue. They started on one day of the weekend at 4 in the afternoon and continued until 4 in the morning. The First Nations representative asked for some time to retire to consider the results of that discussion. Those discussions, the minister tells me, will resume tomorrow, and we look forward to getting back to the table. I don't think there is a better venue for us to resolve this than at the table itself, where the parties are all being represented.

Again, it's going to take some time. I wish we could say that this is going to be resolved in the immediate future, but I have no reason to believe that's going to be the case. So I think it's very important that we all remain patient and supportive of the process we have put in place.

**Mr. Tory:** I appreciate the fact that the discussions are taking some time and that they're going on and so forth, but to some extent the Premier missed the point of the question. For example, by analogy, the chiefs of the confederacy, when they take a break from the table, take some of that time to go back to their community and inform the people they represent of what is going on. At the moment, there is nobody from your government who is doing the same thing with respect to other residents of the community, including people in the native community, frankly, who may wish to hear about what the government's perspective is on what's going on. It's information that's going to help to keep the tensions down, to keep people properly informed. There's no one there doing that.

Another thing I was told on my visit is that there were some real tensions in the schools yesterday, when they reopened, between students from the First Nations and other students. There apparently were physical and verbal confrontations in the hallways. May I ask what specific steps have been taken by your government and by you to help the school board, the schools and the teachers to make sure these kinds of tensions in the schools are kept down? What leadership is your government showing on this?

**Hon. Mr. McGuinty:** I think we should be mindful of the advice offered by the Ontario Provincial Police in a release it just put out. It reads as follows: "These are extraordinary times. This situation is complex and it requires the kind of understanding and co-operation that we have always shared as neighbours here in Caledonia and the Six Nations and it will require negotiation to achieve a lasting, peaceful resolution. I'm appealing to everyone, all the people of Caledonia and the Six Nations, to be patient while a lasting resolution is sought."

I'm not sure I could have put it any better myself. I understand there are some frustrations in the schools, in homes and in the business community on the Caledonia side, and on the First Nations side there are some long-standing frustrations there as well. But I think the best advice we can offer everyone is to remain cool, calm and patient as we pursue what I think is the best possible venue to achieve a long-term resolution, and that is through this process of discussion.

**The Speaker (Hon. Michael A. Brown):** New question?

**Mr. Tory:** I really don't disagree with a word that has been said by the Premier on this, but I think all I have—

**Mr. Greg Sorbara (Vaughan-King-Aurora):** Then get onto another topic.

**Mr. Tory:** I don't know why members opposite have to heckle on a matter like this. I'm simply trying to ask questions, and I'm trying to ask them in a respectful and professional manner to try and elicit some information.

I don't disagree with what you said about the need for patience, but I am also trying to point out that I have been there. I listened to people, and what they said was they don't know, they're not being adequately informed with respect to what is going on, what is taking place. I found the briefing offered by the government very helpful. There's no reason why some of that information—for example, historical, legal and other information—couldn't be shared with the people who live there and who are affected by this.

I'm asking you now, what specifically are you prepared to do to make sure somebody from the government takes some leadership, not abandoning patience, not abandoning negotiations, but merely to inform the people who live in those communities of what's going on on a more fulsome basis so they can understand?

**Hon. Mr. McGuinty:** To the minister responsible for aboriginal affairs.

**Hon. David Ramsay (Minister of Natural Resources, minister responsible for aboriginal affairs):** The question the leader makes today in the House was also made to us in our briefing to the community, the mayor and the council yesterday afternoon. We have come back with that question and are planning to set up some mechanisms so that people can find out what's going on because, as the member rightly says, there are gaps of time when there's consultation going on in the negotiations. We are looking at easily accessible 1-800 numbers where information will be posted, websites, and using the community radio stations to give information immediately to people, as well as the door-to-door process that the OPP initiated, which has worked very well.

I understand where the member's coming from. We are working on developing mechanisms very quickly so that information can get directly to people.

**Mr. Tory:** I want to thank the minister for answering exactly what I asked the Premier three times without success, and I appreciate it.

I would suggest to the minister and ask him if he would consider—in some appropriate way where it can be done peacefully and in an informative way and in the proper kind of environment—going there, or having someone else go there, whether it's the Premier or someone else, and sit with the residents and listen to them but, more importantly, inform them.

I do think the measures you mentioned, the 1-800 numbers and other things you're thinking about, are a step in the right direction. In that regard, there was mention made in the briefing yesterday of the fact there are some very specific groups affected by this, such as the developer, the tradespeople who are working on the houses, some of the businesses and so on. Could you outline for us what specific measures you have taken to sit down with those groups and work with them to try to understand the difficulties this is causing them and to better inform them as to what's going on? What specific things have been done there?

**Hon. Mr. Ramsay:** The Ministry of Finance has given us the name of a candidate that we have now em-

ployed to work with the developer and the contractors who have suffered losses with this incident. They are in discussion today to talk about that situation, to explore ways that maybe the Ontario government can help them through this, because we know and understand that they have put their life savings into this investment, that this subdivision investment is very important to the community and to the workers in the community, too, who are losing employment right now. So all that is being explored at this time as we go on with the large table negotiations.

**Mr. Tory:** Finally, again to the Premier, I think the thing that as much as anything else is contributing to the tension and the dislocation, frankly, for people who live there is the blockage of the roads. I was in a gas station in Caledonia where, for example, the owner is having trouble getting supply for his gas station because of the configuration of the roads there. Other people are finding it difficult to commute to and from work and so on. I think there's a different kind of symbolic and legal aspect to the road closure which makes it more of a flashpoint in the community and contributes to the tension.

Can you tell us specifically what you and your government are trying to do to prioritize the reopening of the roads, especially the bypass, perhaps even starting on an intermittent basis, to get the community working properly again and, I believe, to reduce the tensions? What leadership can we expect from you specifically on the question of the bypass and the roads, which I really think are making more of a contribution to tension in the community than anything else?

**1440**

**Hon. Mr. Ramsay:** This is being handled by the government on two levels. This weekend, returning the community to normalcy was one of the first incremental steps that the table of discussion engaged in, knowing that that is one of the first things that has to be repaired and proceeded with. But also, the OPP has been handling this because it's a security and safety issue for the community, and they have been having their own ongoing discussions with the First Nations on how to return the community to normalcy.

The member is right to say that this does become a flashpoint, because the everyday lives of the people of Caledonia have been disrupted. We are very sympathetic to that. We know we've got to return both communities to a sense of normalcy as we give ourselves some time to work out a long-term arrangement here.

**The Speaker:** New question. The leader of the third party.

**Mr. Howard Hampton (Kenora–Rainy River):** My question is for the Premier. Premier, last night we witnessed an ugly spectacle unfold at the standoff in Caledonia. The media describe an angry mob marching towards and hurling racial taunts at the Six Nation protesters. What's more remarkable about this is that your government has known about the potential for a standoff at Caledonia for over a year. Six Nation members have held numerous information pickets in many locations

over that time raising the issue. My question is this: Why did it come to angry mobs and racial taunts before your government really started to take action?

**Hon. Mr. McGuinty:** First of all, I'm not prepared to accept that those who may have behaved in a fashion described by the leader of the NDP are representative of the goodwill still to be found in the community of Caledonia. I'm not prepared to accept that. I think the leader of the NDP knows—certainly a representative of his party was given the opportunity to get a full briefing on this—that our government has been involved in the larger land claim issues for at least a couple of years now. We've been involved actively in discussions since this occurred, since this protest first became an actual occupation, and we will continue to have discussions on an ongoing basis with those involved.

I think it's important to keep in mind as well that the developer involved here actually obtained the consent of the elected leadership to the First Nations community affected by this and, in reliance on that, proceeded with his development. So I think that many of us thought that this had been addressed, and obviously that did not prove to be the case. Now we find ourselves where we find ourselves, and we are doing the best we can, and I say that it's not only our government but all the parties involved, to bring this to a peaceful resolution.

**Mr. Hampton:** Premier, I think what people have a hard time understanding is this: The warning signs were all there. The warning signs were getting louder and louder, yet your government decided to appoint a mediator only 11 days ago. And then, just after the appointment of a mediator, the OPP resort to use of force. That's one of the other questions that people have. Just after the OPP resorted to use of force, the public was told it was because of confidential new information that the OPP had. But yesterday, your Minister of Community Safety said that they resorted to use of force because of the court order as a result of the private legal action. What we do know is that the use of force by the OPP escalated the tension and escalated the conflict.

So I'm asking you, because people are having a hard time understanding this: You've given two reasons. Which one is the real reason for the use of force by the OPP in what has all the possibilities of becoming a very serious conflict?

**Hon. Mr. McGuinty:** When I met with Commissioner Gwen Boniface earlier today, during the course of the briefing, I took the opportunity to express to her my deepest appreciation for the patience and determination to resolve this peacefully. I think if the leader of the NDP is looking for any kind of philosophy that informs the OPP, it reveals itself in this press release put out earlier today, which expresses a strong determination to resolve this in a peaceful way. The police have a special obligation in our society to act when they feel that public safety demands it. They have acted because they felt that that was an issue. That's as far as I'm prepared to speak to that. We are not going to direct our police when it comes to operational matters. But again, I think we need

to ensure that the police know they have our support as they express restraint, and all of us should be determined to bring this to a successful conclusion through patience and goodwill.

**Mr. Hampton:** And I think you have a responsibility, Premier, to ask the tough questions. One of the questions that remains unanswered is: Why, really, did the OPP resort to use of force? The original rationale was that they had new confidential information. When I asked your Minister of Community Safety yesterday, he didn't refer to that at all. He said it was because of the court order, as a result of private litigation. Is that how these issues are going to be determined under the McGuinty government, simply private litigation, and then the police act as a result of the court order flowing from the private litigation?

It seems to me, Premier, you've got a responsibility to the people of Ontario to show some leadership here. You had a warning of over a year. Now we have further escalation as a result of the OPP use of force. Please tell us: Where is the direction from your government, where is the leadership from your government, on this important issue?

**Hon. Mr. McGuinty:** I think now we have it. Now we've come to the crux of the position taken by the NDP. They believe that the government of the day should be providing direction to the Ontario Provincial Police on operational issues. We see things differently. We think it's important to understand that we do not, in fact, live in a police state. We have a privilege here in this House of making laws, the judges have the opportunity to interpret those laws, and our police have the special responsibility to uphold those laws. This is not a police state; it is a democracy. The leader of the NDP should understand that the police have to exercise judgment. They have to exercise discretion from time to time when it comes to moving on these things. The fact of the matter is, yes, they were bound by a court order issued by an Ontario court. How long is the leader of the NDP suggesting that they not comply with that order? Maybe he's got another answer that he might be able to provide us with, but we have confidence that our police will do the right thing in the circumstances.

#### PROPERTY TAXATION

**Mr. Howard Hampton (Kenora–Rainy River):** I say to the Premier that people have a right to expect some public policy guidelines from your government and not have the police operate according to private litigation.

Premier, on Saturday, you told the Ottawa media that you are seized with the issue of unfair property taxes. I agree. You are seized—seized like a rusty engine, because in the third year of your government you have done nothing to address the issue of unfair and regressive property taxes.

Premier, what, specifically, does the McGuinty government intend to do to address the very clear issue of unfair and regressive property taxes?

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** Speaker, I know the Minister of Finance would like to speak to this.

**Hon. Dwight Duncan (Minister of Finance, Chair of the Management Board of Cabinet):** I think all of us in this House share a concern and the goal of maintaining a property tax system that's transparent and accountable to taxpayers and to municipalities. We have received the report of the Ombudsman, which had 22 recommendations. We have now acted on 17 of those—MPAC itself. Of those that were recommended directly to the province, we've acted on three of them. We have further indicated our desire to look at the balance of the two remaining initiatives.

1450

We are also cognizant of the challenges around property tax assessment in Ontario. What we want to do is to make sure that in moving forward, we get it right this time, that we don't make mistakes that will cost, for instance, one community versus another, one neighbourhood within a community versus another. We believe we're taking the prudent and responsible course in terms of addressing—

**The Speaker (Hon. Michael A. Brown):** Thank you. Supplementary?

**Mr. Hampton:** I agree that the Premier seems to be seized; he couldn't get out of his seat to answer the question.

Yesterday, Premier, I was in a community that you should know, the community of Ottawa, with the NDP's property tax task force. People in Ottawa are very clear about some of the issues they want addressed. For example, people there have read the Ombudsman's report and they know about the Ombudsman's recommendations. They want to know if you're going to implement those recommendations. People also know about the issue of downloading, how much in terms of the cost of services has been downloaded by the provincial government and the federal government onto municipal property taxpayers. They want to know, and I'm asking you now, are you going to act on those two things, the issue of downloading and the issue of the Ombudsman's recommendations?

**Hon. Mr. Duncan:** In response to the member, first of all, with respect specifically to the Ombudsman, 17 of the recommendations directed to MPAC are being done. There are five directed to the province; we've undertaken three. There are a couple more that we've said we're going to look at more carefully. We want to make sure, for instance, that we take into account the position of the Information and Privacy Commissioner.

With respect to the relationship between the province and the municipalities, we remind you that this government has begun to upload, for instance, land ambulance costs, which are moving to a true 50%. With respect to public health, we have begun there as well: this year, 65%; next year, 75%. I'll remind the member opposite that he voted against that in both cases.

The Premier has acknowledged and this government has acknowledged the challenge. We've acknowledged

there's a capacity issue. We're undoing the damage that's been done by previous governments, but we're doing it in a prudent and responsible fashion that will—

**The Speaker:** Thank you, Minister.

Final supplementary?

**Mr. Hampton:** Once again, I say to the Premier, these are people in your own city who want to know what is going to happen. So far, all they can clearly see is that your government is indeed seized up on these issues.

For example, you talk about land ambulance. Land ambulance means that in 2008, your government might cover half of the 2005 costs. We all know that the cost of land ambulance is escalating. When we talk about public health, we also know that, in fact, your contribution to many public health programs has been capped.

What municipalities want to know is, how much longer under the McGuinty government will their property taxes be used to cover costs that are really the responsibility of the McGuinty government? When are you going to keep your promise to upload the download, reverse the download? When are we going to see that, Premier?

**Hon. Mr. Duncan:** It's already begun. I'll remind the member about the gas tax, which you voted against. Let's talk about municipal records. Whatever happened to the social contract? Who bore the cost of the social contract? It was municipalities and working people.

In 1990, you promised to reform the property tax system. Did you do it? No, you didn't; you exacerbated it. Now the member opposite says he wants poorer neighbourhoods to subsidize wealthier neighbourhoods. That's hardly the Tommy Douglas model that I would have imagined that party would support. In terms of the context of the debate today on MPAC, what did your critic have to say in Ottawa as he was being booed out of the hall? He said, "We don't have a policy. The party is in the gestation of looking at some kind of official policy. We'll have a position by 2007."

We have a position today. It's a fair relationship between the province and municipalities. It's a fair property tax system that will serve the interests of all Ontarians—something we're getting right, sir. You never did. We're fixing a mess they created, and we're proud to do it in a prudent and responsible fashion.

#### OHIP OFFICE

**Ms. Laurie Scott (Haliburton–Victoria–Brock):** To the Minister of Health and Long-Term Care: Minister, in yet another example of Ontarians paying more and getting less, the people of my riding of Haliburton–Victoria–Brock are losing the OHIP outreach office in Lindsay, thanks to your decision to close this office.

The service is extremely valuable to the people of the city of Kawartha Lakes, which is a community of over 72,000. The office operates two days a month and provides much-needed access to OHIP cards for my constituents. Minister, why are you closing the outreach office for the OHIP in Lindsay?

**Hon. George Smitherman (Minister of Health and Long-Term Care):** Yet another example that comes from the opposition party that there is no evidence for that honourable member, none by nature of her question, of the significant investments that our government has made in her community, which raises the question of why it is that the members of her community—the question comes very clearly, I think: Why is it that the people of that riding are the beneficiaries of significant investment in the form of community health centres and family health teams to address their underlying challenges with respect to primary care, and the honourable member stands in her place, only to characterize health care in her community as deteriorating? I think this speaks to the underlying challenge of the opposition party: the fundamental degree of negativity that they bring to the work that they do.

The access to the OHIP card is important across the breadth of Ontario. We seek to make sure that these services are available in close proximity, and that continues for the people of these communities.

**Ms. Scott:** Minister, without a health card, the people of my riding can't access the health care that they need, and it's getting less. The people in Lindsay, Bobcaygeon, Coboconk, Fenelon Falls and all other communities in the city of Kawartha Lakes will now have to travel even farther to get their OHIP cards.

It's not just in my community. In the words of your spokesman John Letherby, these closures are happening "far and wide across Ontario." The outreach offices have been in operation for many years. They're a valuable and important service to the people in rural Ontario.

Your spokesperson said that many services are available online, but you can't renew your health card online; you can only change your address. How does this, in the words of another of your staffers, "balance the delivery needs of the public"? Minister, will you reconsider the decision to close the office in Lindsay?

**Hon. Mr. Smitherman:** I want to remind the honourable member that communities in her riding, including Beaverton and Minden, continue to offer these services. We sought to take a look at the province and to make sure that there is equitable distribution of access points for the OHIP card. We're seeking, at the same time, to expand coverage in other areas of the province where equitable opportunities were not present.

The circumstances are clear: We seek to try and make sure that access is equitable. This is a fundamental principle of the public health care system. That honourable member stands in her place and only ever talks about those things which are challenges, and never about the significant investments that governments have made to address the underlying circumstances and challenges in that community—challenges which got considerably worse under that party while in government and are improving as a result of the significant investments that we've been making in that honourable member's riding, particularly as it relates to primary health care.

Accordingly, I'm pleased at any time to come into that community and to talk about our government's record,

the investments that we've made, and the work that we're doing to enhance the quality of the public health care system for the residents of Victoria-Haliburton.

## GASOLINE PRICES

**Mr. Howard Hampton (Kenora-Rainy River):** My question is for the Premier. Premier, today the US justice department has announced an investigation into the possible manipulation of gasoline prices in the United States. My question is this: Is the McGuinty government still of the opinion that the only thing affecting gasoline prices in Ontario is international pressures?

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** I assume that the leader of the NDP is suggesting that the federal Competition Bureau might take a look at the issue of gas prices. Coincidentally, that's something that we asked them to do some time ago now. The former government chose not to pursue that, but it just may be that the new government might want to take a look at that.

But we're not without some power here to assist motorists, and one of the things we have done, in order to help them better cope with the cost of using a motor vehicle, is that I'm proud to say that for, I think, the ninth consecutive time last week, automobile insurance rates in the province of Ontario have come down. They're down by 13%, and that is something that affects the pocket-book of Ontario motorists. We're pleased that at least in that way we are helping.

1500

**Mr. Hampton:** Premier, no fewer than seven members of your government proposed measures to protect gasoline consumers, including your now-Minister of Tourism, your now-Minister of Northern Development and Mines and your now-Minister of Citizenship and Immigration. In fact, only six months ago, all of your backbenchers voted to establish a legislative committee whose mandate would be to figure out how to stop rip-offs at the gasoline pumps. It was six months ago that your backbenchers voted for that, yet it hasn't happened yet.

So my question is this, Premier: Will you convene what all of your backbenchers advocated and many of your cabinet ministers have advocated in terms of protecting consumers, or do you still believe the problem with gasoline prices in Ontario is all as a result of international pressures?

**Hon. Mr. McGuinty:** There's no shortage of goodwill and good ideas on this side of the House when it comes to standing up for the people of Ontario. What we will not do is something the NDP did when in government: increase gas taxes by 30%. It's good to know that the leader of the NDP is now going to begin to pressure the federal government, and in particular the Competition Bureau, to look at the issue of gas prices, but on this side of the House we will take some pride in getting automobile insurance rates down. We'll also, at the same time, be going ahead with our ethanol program, which

will act as a real hedge against energy prices as we mandate the use of 5% ethanol by 2007 and 10% by 2010.

#### WORKPLACE SAFETY

**Mr. Khalil Ramal (London–Fanshawe):** My question is for the Minister of Labour. April 28 is the National Day of Mourning for workers killed or injured on the job. I know you will be attending events in your riding to mark this occasion and spread the message of injury prevention.

I would like to mention someone from my riding who experienced a tragic loss to a workplace accident, but who found the strength to create a positive change. Shirley Hickman is a constituent of mine who in 2002 founded Threads of Life, a workplace tragedy family support association. In 1996, Shirley's life was forever changed by the news that her son Tim had been killed in a workplace accident. Since that time, Shirley has dedicated herself to making a difference in workplace health and safety, sharing her story in the hopes that heightened injury prevention awareness will help save lives. Her association helps families along their journey of healing by providing them with peer support assistance and referral while promoting public awareness and accountability for workplace health and safety.

Minister, please tell this House why groups like Threads of Life are so important in fighting the battle to end workplace injuries and fatalities.

**Hon. Steve Peters (Minister of Labour):** I want to thank the member from London–Fanshawe for acknowledging in particular April 28 as being the National Day of Mourning. I would encourage all members of this House to participate in ceremonies and memorial celebrations that will be taking place on April 28, and would encourage you to be there as well.

We need to use this as an opportunity to reflect on the past, but more importantly to dedicate ourselves to better prevention in this province. That's why groups like Threads of Life, which was founded by Shirley Hickman, play such an important role. Shirley Hickman went through that experience of bearing that unbearable loss of a son through workplace injury, but she somehow found the courage to dedicate herself to providing comfort for the suffering that others have experienced. She has gathered together an impressive group of individuals who have dealt with tragic loss within their families. The Ministry of Labour is working with Threads of Life to provide better information and support the families of those seriously injured at work.

The importance of injury prevention is a message we need to get out, to be conscious of the challenges that workers—

**The Speaker (Hon. Michael A. Brown):** Thank you. Supplementary?

**Mr. Ramal:** Organizations like Threads of Life deserve our support and encouragement. Shirley Hickman has built an organization that helps ease emotional pain

and provides hope to those who often feel hopeless. She has assembled a group of remarkable volunteers who courageously share their stories of deepest loss in the hope that others do not suffer the same fate as their loved ones.

Their efforts provide enormous comfort to those whose lives have been forever changed by workplace trauma, and their injury prevention advocacy helps protect future generations of Canadian workers. But I know there are other groups like hers, and other courageous advocates, some of whom are injured workers themselves, who speak out in the hope that other individuals, other families do not endure the same pain and suffering.

Minister, in what way is your ministry helping to raise awareness and spread the message of accident prevention?

**Hon. Steve Peters:** There are many advocacy groups out there that we do need to pay tribute to: the injured workers' legal clinic and Bright Lights Group; the Ontario Network of Injured Workers Groups; Women of Inspiration; and various local groups, such as the Kingston Injured Workers Support Network, Thunder Bay and District Injured Workers' Support Group, and Hamilton and District Injured Workers Group.

There are a couple of other groups that have played a very significant role as well. First, the Safe Communities Foundation, led by Paul Kells, which is bringing communities together to create a safer place to live; as well, Our Youth at Work, which is led by Mr. Rob Ellis. On Friday, the day of mourning, I'll celebrate events that will be taking place. I'm proud to participate in an event with Mr. Ellis that is going to broadcast a message to over 15,000 students in Toronto alone.

It is very important to send out that message of prevention. It's important to empower our young people to ask difficult, potentially life-saving questions. It's important for all workers, regardless of age or occupation, to understand their rights. Workplace safety is everyone's business: government, employers, workers, union leaders, community leaders and parents. No job is worth a life; no job is worth an injury.

#### GREENBELT

**Mrs. Christine Elliott (Whitby–Ajax):** My question is for the Minister of Municipal Affairs and Housing. A great deal of concern has been expressed by the residents of Whitby and Ajax, and by many Durham region politicians, about a 1.1-kilometre-wide strip of land located on the Whitby–Ajax border that has been protected under your greenbelt legislation.

One of the properties in this greenbelted strip of land is owned by the O'Conner family. They are currently operating a dairy farm on this property, but this is not a viable, long-term option for them because they're being surrounded by subdivisions.

Would you please explain to us what scientific evidence exists that could possibly justify severing this land

from its surroundings and placing it under greenbelt protection?

**Hon. John Gerretsen (Minister of Municipal Affairs and Housing):** Let me start by welcoming the member to the House and thanking her for the question she has asked. As she well knows, we take great pride in the fact that this government took it upon itself to make sure that 1.8 million acres of land around the Toronto area are protected for generations to come.

All the land that was protected within the greenbelt area was either environmentally sensitive or agricultural, together with some settlement communities that already existed within the greenbelt area. We used the best science available, both from the Ministry of Natural Resources and the lead program done by the ministry of agriculture and trade.

I do believe the specific parcel of land she is talking about is the parcel of land that the town of Ajax, through a council resolution, felt should be protected as well, as they felt it was good agricultural land. It was for that reason that that particular piece of land was placed in the greenbelt. We're proud of that record. We're very proud that in many generations to come, the people of Ontario will thank this government for saving these lands for future generations.

1510

**Mrs. Elliott:** Minister, the truth is that a lack of an appeals process in this legislation has generated significant concerns for many people in Whitby–Ajax, from residents to landowners to local politicians. Mayor Dave Ryan of Pickering has said that he and other Durham region councillors have legitimate concerns and deserve to be heard. You haven't wanted to listen to us on these issues, but why are you not addressing the issues of all the municipal leaders in Durham region—not just one in Ajax; all of them—based on environmental science and not on political science?

**Hon. Mr. Gerretsen:** I can assure the member that the entire greenbelt was put together based on environmental and agricultural science—the best science that was available within the ministries.

With respect to the specific mayor that she talks about, the mayor of Pickering, I've had many discussions with the mayor of Pickering, but we have some fundamental differences. We believed that it was absolutely important that the agricultural preserve within Pickering be preserved for generations to come, and that's why we made it part of the greenbelt and that's why we're preserving that piece of land for agricultural purposes. We have exactly the same belief with respect to the Seaton lands. We've developed a plan for that area, but we've also made sure that the sensitive environmental lands plus the good agricultural lands are going to be protected.

The greenbelt is something that many governments over the years have tried to do something about. This government, under the leadership of Premier McGuinty, took the bold steps necessary to ensure that 1.8 million acres of land are going to be available for future generations to come.

## FEDERAL TRANSFER PAYMENTS

**Mr. Michael Prue (Beaches–East York):** My question is to the Minister of Finance. There's word out of Ottawa today that, thanks to what the press dubbed the NDP budget, this year the provinces are going to get a \$3.3-billion cash windfall. Thanks to what I can only describe as the dogged work of Jack Layton, the past Liberal government cancelled the corporate tax cut and put that money into services for people, like post-secondary education, public transit, affordable housing and First Nations. Can you tell us what is Ontario's share of that money and, more importantly, on what specific programs and services will you be spending our share of those budget monies?

**Hon. Dwight Duncan (Minister of Finance, Chair of the Management Board of Cabinet):** The member is right. We received a letter on March 27, dated March 24, indicating that Ontario's share would be around approximately \$1 billion. It was interestingly placed in a trust for future use, as is quite a common practice; the Tories use one as well.

The member will also be aware, based on the media reports, that in fact there are five envelopes, including the envelopes that he mentioned. We are in the process of clarifying precisely what the federal government means by that money: whether it's new money or if in fact it is a reallocation of money that was part of the previous discussions between Prime Minister Martin and Premier McGuinty. We expect to have further clarification on that over time, and the money will be booked this year in the files that it is specifically allocated to.

**Mr. Prue:** Minister, that's in part good news. But given your track record of pocketing federal money instead of spending it on what it's intended for—and the absolute best example of that is the clawback—we want to make sure that this budget goes where it's supposed to go; that is, the four major things: post-secondary education, public transit, affordable housing and First Nations.

In your last budget, the one you presented in this House just a month or so ago, you took the \$150 million given for housing by the federal government and in fact only spent \$62 million of it, leaving \$88 million floating out there somewhere. You've told us how much money you're getting: \$1 billion. Can you give a guarantee that you will spend it on the programs that it has been earmarked for?

**Hon. Mr. Duncan:** Every penny we get from the federal government is spent where it's supposed to be spent and according to the priorities of this government. I'll remind you, sir, that you voted against it. You voted against spending the money on post-secondary education last year.

The envelopes that are in question are of a range, as was mentioned: public infrastructure, housing, aboriginal issues. There is some issue around one of the envelopes, about whether that money will apply in Ontario. Those issues will be resolved. And I'll look forward to your not



voting against those initiatives, as you've done in the 2004 budget, the 2005 budget and now the 2006 budget.

It was this Premier who negotiated the \$5 billion from Ottawa. He led the fight on the health care money that we got two years ago. This government stands up for Ontario. We hope you'll stand up for Ontario to ensure that in fact we get our fair share to invest in health care, education, infrastructure, aboriginal affairs and housing. We're proud of our record in that area—

**The Speaker (Hon. Michael A. Brown):** Thank you. New question.

#### NIAGARA REGION

**Mr. Kim Craitor (Niagara Falls):** My question is directed to the Minister of Economic Development and Trade. Minister, the Niagara area, with a population of over 410,000, is a thriving region. The region has many things to offer Ontarians and the world. Some of them include, of course, the falls, the casinos, our wine country and the most beautiful town in Canada, Niagara-on-the-Lake. Investments in the region are on the rise as well. Residents are optimistic about the region and our future. Minister, can you please provide us with an update on the new initiatives in the region?

**Hon. Joseph Cordiano (Minister of Economic Development and Trade):** Let me thank the member for his question and for being such a strong advocate for the Niagara region. He has worked very hard.

Let me just bring you up to date. There have been some new investments made. DMI recently announced that it's investing in Ontario to build wind towers. That will create 100 high-paying jobs in the Niagara region. I'd like to update you on the fact that GM is also investing additional dollars in St. Catharines—an additional \$170 million in St. Catharines by GM. Great Wolf Lodge: a \$130-million investment, which will create over 500 new jobs. That's a great news item for the region as well.

In addition to that, our budget announced \$9 million for roads and bridges, creating additional construction jobs throughout the province that will also benefit Niagara. There's a new hospital for the Niagara region. Construction will start in 2007-08, and that will create additional construction jobs. So good things are happening in Niagara.

**Mr. Craitor:** My supplementary question is also directed to the Minister of Economic Development and Trade. Minister, you mentioned Great Wolf Lodge. I briefly want to say that I was there at the opening, and one of the comments was that the \$130 million was invested in Niagara for two reasons: (1) It's the right place to invest it, and (2) it's because of the kind of government we have and the openness we have. So I'm pleased to share that with you.

Thank you for the update. Minister, as you know, the wine industry is a key part of economic development in the Niagara region. In 2004, the domestic wine industry contributed over half its retail value—over \$243 mil-

lion—to the province in tax revenues. Hundreds of new jobs were created, and more than 750,000 visitors discovered the vibrant wine regions of Ontario. Last year, unfortunately, the wine industry suffered greatly from the short crop due to severe weather conditions. Can you explain to the House what we are doing to help support our wine industry, Minister?

**Hon. Mr. Cordiano:** I'm happy to bring the member up to date. The recent budget provided \$3 million for VQA producers and an additional \$1 million to the wine council to support wine marketing efforts. In addition to that, we as a government have provided \$10 million to support the Wine Council of Ontario. This was in addition to monies provided in the budget for marketing and promoting Ontario wines.

The LCBO also works closely with the wine industry to promote Ontario wines. In fact, they have a monthly VQA superstars promotion in LCBO stores. There are plans for a dedicated VQA area in LCBO Vintages, as well as increasing sales of Ontario wines. The target is to increase them by 170% over the next five years. We also have a new, dedicated Ontario wine flagship LCBO store in St. Catharines to help promote Ontario wines, selling Ontario wines. So a lot is going on.

We'll monitor this and watch very carefully to see if more help shouldn't be offered in the future. We're there to support Ontario's wine industry.

1520

#### DISABILITY BENEFITS

**Mr. Cameron Jackson (Burlington):** My question is to the Minister of Community and Social Services. Minister, as the minister responsible for the Ontarians with Disabilities Act and the Ontario disability support program, I'd like to ask you if you feel that persons suffering from mental health problems should continue to be eligible for ODSP and that there should continue to be permanent disability recognized by your government through the ODSP and its programs.

**Hon. Madeleine Meilleur (Minister of Community and Social Services, minister responsible for franco-phone affairs):** Let me say that this government has invested more than any government before to improve the lives of people on ODSP. We are reviewing the policy, and we're looking to work with the community and the parents to see where the money in the budget would best help those in need in the community.

I can assure the member from Burlington that helping ODSP recipients is a priority for me, and we will soon be announcing where we are going to invest the money.

**Mr. Jackson:** A constituent of mine contacted me a couple of months ago because, prior to Christmas, she had made application for the special diet allowance through the Ontario disabilities support program. No sooner was she on the program than she received a letter from your government stating that her special diet allowance was being reviewed.

You just said that you wanted to consult with the disability community, and yet you didn't consult with the

disability community when you disenfranchised and made ineligible thousands of Ontarians on the Ontario disabilities support plan. In fact, this individual suffers from severe mental illness. She was eligible prior to Christmas for the program. She is no longer eligible because your predecessor, in her wisdom, determined that mental health should no longer be included as an itemized account for persons to apply. As a result, my constituent cannot apply for the special allowance and she's had her permanent designation removed.

Minister, how can you say in this House that you are consulting with the disabled community when you're very actively disenfranchising—

**The Speaker (Hon. Michael A. Brown):** The question's been asked. Minister?

**Hon. Mrs. Meilleur:** I have to tell you that the Ontario government has worked very hard to maintain the integrity of the special diet allowance. What we have done is, we have added to the list. Before, there were no real criteria as to who should receive this allowance for a special diet. We have corrected the mistake that has been made for quite some time.

We have asked the Ontario Medical Association to give us some diagnostics that will require a special diet. That's what we have done. We have this list, and every recipient has received a letter advising them that this special diet allowance will be reviewed. That's what we are doing. We are doing it in a professional way, not in the way that it was done before. I have to congratulate my predecessor for the work she has done in this—

**The Speaker:** Thank you.

#### HOSPITAL FUNDING

**Ms. Shelley Martel (Nickel Belt):** I have a question to the Minister of Health and Long-Term Care. The London Free Press reports today that hospitals in Stratford, St. Marys, Seaforth and Clinton have “dodged the provincial scalpel by negotiating an agreement” with your ministry which will see additional money put into their budgets. This money means that the four hospitals won't have to make cuts to patient care as a result of your Bill 8, which forces hospitals to balance their budgets. A dozen other Ontario hospitals still haven't balanced their budgets because they know this will mean cuts to programs and staff too. When can these other hospitals expect a similar deal, so that they won't have to make cuts that will affect patient care?

**Hon. George Smitherman (Minister of Health and Long-Term Care):** As we worked very diligently through the hospital balanced budget process, we sought, of course, to make sure that any alterations that occur are not impactful on patient care. With respect to the direct question the honourable member asked about the 12 hospitals that are not yet in balance, in most of those instances we have a peer reviewer on site who is assisting us in determining what level of funding might be appropriate. Accordingly, we're approaching these, as I've said so very often, on a case-by-case basis.

**Ms. Martel:** The question was, when can these other hospitals expect a similar deal? We know that a dozen other hospitals have not balanced their budgets because they know that will mean dramatic cuts to patient care, to programs and to staff, and all these things will negatively affect the hospital and negatively affect the communities. Peterborough Regional Health Centre faces a potential \$4.5-million deficit. St. Joseph's Health Care and London Health Sciences in London haven't been able to deal with their deficits either. These hospitals, these communities, need a deal too. When can these hospitals expect a similar deal, so that they don't have to make cuts to patient care?

**Hon. Mr. Smitherman:** The deal that the honourable member speaks about is not going to feel like the deal she offered to hospitals in Ontario when she closed 11,000 beds while having the privilege of governance. We are, as I said in my earlier answer, working through these on a case-by-case basis with each of those hospitals.

#### NATIVE LAND DISPUTE

**Mr. Dave Levac (Brant):** My question is for the—  
*Interjections.*

**The Speaker (Hon. Michael A. Brown):** The member for Niagara Centre will come to order.

*Interjections.*

**The Speaker:** I can wait. Order. The member for Brant would like to ask a question.

The member for Brant.

**Mr. Levac:** My question is for the Minister of Education. The leader of the official opposition has fairly asked a question about our students in the surrounding area from our school boards to their concerns regarding the Caledonia issue. As a principal and a guidance counsellor, I helped design some of the programs that are necessary to help our kids through circumstances that are beyond their control. I would like to ask you clearly what we are planning to do, what we are doing, what we can do to help our students during this particular crisis that is going on. I consider it a crisis regarding our students, because they're quite fearful. We want to know exactly what is going on to assure the parents that our students are being dealt with and that our school boards collectively have something in place to take care of our students.

**Hon. Sandra Pupatello (Minister of Education, minister responsible for women's issues):** I think it's important, especially for members of the opposition, to understand that the field offices of the Ministry of Education have been in constant contact, not just with the schools but with the boards in the area. They have been involved with the police to see that everything is safe; I think that's everyone's primary concern.

Secondly, counsellors—child and youth service workers—have been in the schools. The director from the board, as well, has been at the school nearest to all of this. I'll just read one paragraph that I think summarizes that the board, the schools and certainly our ministry are

very concerned and active and, in a very proactive fashion, doing what we can to assist the situation. This is just one paragraph of a letter that went home to parents through the children:

“During our time today, the staff and students had the opportunity to get together and discuss the situation that is going on. We stressed mutual respect and the ability to work through our problems in a productive manner. We also took some time to pray for a speedy and safe resolution to the problem.”

Thankfully, our board of education in the area is certainly concerned and acting in a very appropriate manner.

1530

## PETITIONS

### PASSPORT OFFICE

**Mr. Joseph N. Tascona (Barrie–Simcoe–Bradford):** I'm very pleased to present a petition to the Legislative Assembly of Ontario, which reads as follows:

“Whereas, at present, residents of Barrie and surrounding area must travel to Toronto to receive a passport; and

“Whereas the only service available to obtain information or make application for a passport in the city of Barrie is through the post office or through the local MP office; and

“Whereas a passport to travel is now becoming a way of life for Canadians and there is a great need for a full-service passport office in the city of Barrie; and

“Whereas, due to the growth in population and demand and necessity for a passport to travel, a full-time service passport office in the city of Barrie is essential; and

“Whereas, due to the current security enforcement in place, a full-service passport office in the city of Barrie is essential; and

“Whereas a full-service passport office would be beneficial not only to residents of Simcoe county but also Parry Sound–Muskoka region;

“We, the undersigned, petition the federal government to give consideration for a full-service passport office in the city of Barrie.”

I support it and affix my signature.

### SERVICES FOR THE DEVELOPMENTALLY DISABLED

**Mr. Peter Kormos (Niagara Centre):** “To the Legislative Assembly of Ontario:

“Whereas, without appropriate support, people who have an intellectual disability are often unable to participate effectively in community life and are deprived of the benefits of society enjoyed by other citizens; and

“Whereas quality supports are dependent on the ability to attract and retain qualified workers; and

“Whereas the salaries of workers who provide community-based supports and services are up to 25% less than salaries paid to those doing the same work in government-operated services and other sectors;

“We, the undersigned, petition the Legislative Assembly of Ontario to address, as a priority, funding to community agencies in the developmental services sector to address critical underfunding of staff salaries and ensure that people who have an intellectual disability continue to receive quality supports and services that they require in order to live meaningful lives within their community.”

With hundreds, if not thousands of, signatures from Niagara region, and my signature as well, page Julian is delivering this to the Clerk's table.

### IDENTITY THEFT

**Mr. Tony Ruprecht (Davenport):** I have a petition to the Parliament of Ontario, especially to the Minister of Government Services. It reads as follows:

“Whereas identity theft is the fastest-growing crime in North America;

“Whereas confidential and private information is being stolen on a regular basis, affecting literally thousands of people;

“Whereas the cost of this crime exceeds billions of dollars;

“Whereas countless hours are wasted to restore one's good credit rating;

“Therefore we, the undersigned, demand that Bill 38, which passed unanimously on November 30, 2005, be brought before committee and that the following issues be included for consideration and debate:

“(1) All consumer reports should be provided in a truncated (masked-out) form, protecting our vital private information, such as SIN and loan account numbers.

“(2) Should a consumer reporting agency discover that there has been an unlawful disclosure of consumer information, the agency should immediately inform the affected consumer.

“(3) The consumer reporting agency shall only report credit-inquiry records resulting from actual applications for credit or increase of credit, except in a report given to the consumer.

“(4) The consumer reporting agency shall investigate disputed information within 30 days and correct, supplement or automatically delete any information found unconfirmed, incomplete or inaccurate.”

Since I agree, I'm delighted to sign this petition.

### LANDFILL

**Mr. Norman W. Sterling (Lanark–Carleton):** “To the Legislative Assembly of Ontario:

“Whereas there is currently a proposal to more than double the size of the Carp landfill in west Ottawa; and

“Whereas this site has been in operation for some 30 years and had been expected to close in 2010; and

“Whereas the surrounding community has grown rapidly for the past 10 years and is continuing to grow; and

“Whereas other options to an expanded landfill have yet to be considered; and

“Whereas the municipal councillors representing this area—Eli El-Chantiry, Janet Stavinga and Peggy Feltmate—and the MPP, Norm Sterling—and Lisa MacLeod—“all oppose this expansion;

“We, the undersigned, support our local representatives and petition the Minister of the Environment not to approve the expansion of the Carp landfill and instead to find other waste management alternatives.”

I agree with that, and I’ve signed it.

#### COMMUNITY MEDIATION

**Mr. Bob Delaney (Mississauga West):** I have a petition to the Ontario Legislative Assembly that was given to me by Joe, Tammy and Maria Amaral of Treeview Drive in Toronto, and I want to thank them for that. It reads as follows:

“Whereas many types of civil disputes may be resolved through community mediation delivered by trained mediators, who are volunteers who work with the parties in the dispute; and

“Whereas Inter-Cultural Neighbourhood Social Services established the Peel Community Mediation Service in 1999 with support from the government of Ontario through the Trillium Foundation, the Rotary Club of Mississauga West and the United Way of Peel, and has proven the viability and success of community mediation; and

“Whereas the city of Mississauga and the town of Caledon have endorsed the Peel Community Mediation Service, and law enforcement bodies refer many cases to the Peel Community Mediation Service as an alternative to a court dispute; and

“Whereas court facilities and court time are both scarce and expensive, the cost of community mediation is very small and the extra expense incurred for lack of community mediation in Peel region would be much greater than the small annual cost of funding community mediation;

“Be it therefore resolved that the government of Ontario, through the Ministry of the Attorney General, support and fund the ongoing service delivery of the Peel Community Mediation Service through Inter-Cultural Neighbourhood Social Services.”

This is an excellent petition. I’m pleased to support it and to ask page Kristy to carry it for me.

#### LANDFILL

**Ms. Lisa MacLeod (Nepean–Carleton):** I’m pleased to add my voice to the member for Lanark–Carleton’s in petitioning the Legislative Assembly of Ontario for the residents of Nepean–Carleton.

“Whereas there is currently a proposal to more than double the size of the Carp landfill in west Ottawa; and

“Whereas this site has been in operation for some 30 years and had been expected to close in 2010; and

“Whereas the surrounding community has grown rapidly for the past 10 years and is continuing to grow; and

“Whereas other options to an expanded landfill have yet to be considered; and

“Whereas the municipal councillors representing this area—Eli El-Chantiry, Janet Stavinga and Peggy Feltmate—and the MPP Norm Sterling” and Lisa MacLeod, “all oppose this expansion;

“We, the undersigned, support our local representatives and petition the Legislative Assembly of Ontario to ensure the Minister of the Environment does not approve the expansion of the Carp landfill and instead to find other waste management alternatives.”

I, like many of my constituents, affix my signature to this petition.

#### AGGREGATE EXTRACTION

**Mr. Kevin Daniel Flynn (Oakville):** “Petition to Rescind Joint Board Decision (June 8, 2005) Approving the Applications of Dufferin Aggregates to Expand Its Mining Licence in the Niagara Escarpment World Biosphere Reserve.

“To the Legislature of Ontario:

“There are numerous reasons for rescinding the joint board decision, including the following:

“Whereas the decision contravenes the purpose of the Niagara Escarpment Planning and Development Act;

“Whereas the decision sets a precedent for quarry expansion licences on the Niagara Escarpment;

“Whereas this decision could lead to habitat destruction for species of concern;

“Whereas escarpment rural lands are equivalent to buffer designation under the United Nations’ framework for biosphere reserve...;

“Whereas to attempt to maintain the significant wetlands and the stream’s course, water will have to be pumped in perpetuity;

“Whereas this decision allows for pumping 50 feet/17 metres below the water table;

“Whereas the 50-foot dams to be constructed have a potential for failure;

“Whereas aggregate can be readily accessed close to market off the Niagara Escarpment in land that is not protected or at risk;

“We, the undersigned, petition the Legislature of Ontario as follows:

“We call on the government ... to:

“Issue an order by the Lieutenant Governor in Council ... rescinding the decision made by the joint board dated June 8, 2005, approving the applications of Dufferin Aggregates in regards to this matter; and

“Issue an order by the cabinet substituting for the decision of the board on this matter, a decision rejecting the applications of Dufferin.”

#### NATIVE LAND DISPUTE

**Mr. Toby Barrett (Haldimand–Norfolk–Brant):** I have a petition titled “We Demand Leadership in Land Dispute,” directed towards the Legislative Assembly of Ontario.

“Whereas the McGuinty government was notified of this land issue over a year ago; and

“Whereas the standoff has been ongoing since February 28, 2006; and

“Whereas there has been no leadership from senior levels of government;

“We, the undersigned, demand the McGuinty Liberals start showing some real, consistent and timely leadership in dealing with the current standoff in Caledonia.”

These names were gathered late last night, and I affix my signature to this.

#### LONG-TERM CARE

**Mr. Dave Levac (Brant):** I appreciate this opportunity. I’m sending this petition to the Legislative Assembly on behalf of my seatmate, David Caplan, the minister of infrastructure renewal.

“We, the undersigned, who are members of family councils, residents’ councils and/or supporters of long-term care in Ontario, petition the Legislative Assembly of Ontario to increase operating funding to long-term-care homes by \$306.6 million, which will allow the hiring of more staff to provide an additional 20 minutes of care per resident per day over the next two years (2006 and 2007).”

I sign this petition on behalf of my seatmate.

1540

#### PUBLIC EDUCATION

**Mr. Tony Ruprecht (Davenport):** I have a petition that’s addressed to the Legislative Assembly of Ontario. It reads as follows:

“Whereas the people of Ontario demand a quality public education system that will give our children the tools to compete with the world; and

“Whereas Premier McGuinty and the Liberal caucus are fighting for our future by implementing a positive plan to improve our public schools, including smaller class sizes;

“Whereas the Conservative” establishment “want to take millions from public education to literally pay people to withdraw their children from the public system and send them to elite private schools;

“We, the undersigned, petition the Legislative Assembly of Ontario to support Premier McGuinty in his commitment to giving our children a ladder to success through excellent public education and not spend

taxpayer dollars to benefit the few who can afford private school tuitions.”

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

#### NATIVE LAND DISPUTE

**Mr. Tim Hudak (Erie–Lincoln):** I’m pleased to read a petition like that of my colleague from Haldimand–Norfolk–Brant. It reads as follows: “We Demand Leadership in Land Dispute

“To the Legislative Assembly of Ontario:

“Whereas the McGuinty government was notified of this land issue over a year ago; and

“Whereas the standoff has been ongoing since February 28, 2006; and

“Whereas there has been no leadership from senior levels of government;

“We, the undersigned, demand the McGuinty Liberals start showing some real, consistent and timely leadership in dealing with the current standoff in Caledonia.”

In support, I affix my signature as well.

#### PROPERTY TAXATION

**Ms. Shelley Martel (Nickel Belt):** I have a petition addressed to the Legislative Assembly of Ontario. It reads as follows:

“Whereas it is recognized by all levels of government that reliance on property taxes by municipalities is inherently flawed as an instrument for funding the long-term needs of municipalities as they are based on assessable property values and not the ability to pay; and

“Whereas the present market value assessment system is not transparent in that the Municipal Property Assessment Corporation does not release details to the public as to how it applies the reassessment equation; and

“Whereas the present market value assessment system contributes to inflationary pressures by taxing unrealized capital gains;

“We, the undersigned, petition the Legislative Assembly of Ontario to institute a review of the current market value assessment system and, in the interim, immediately amend the Municipal Act to include a cap on residential property tax increases to be the lesser of 5% of the previous year’s assessment or the previous year’s increase in the annualized consumer price index.”

This petition was sent to me by Derek Derasp of Skead. It’s signed by a number of residents who live in Skead, which is in my riding. I agree with the petitioners, and I’ve affixed my signature to this.

#### LONG-TERM CARE

**Mr. Dave Levac (Brant):** I appreciate the opportunity to present another petition on behalf of the Honourable David Caplan, the minister of infrastructure renewal, from his good riding of Don Valley East. This is a petition to the Legislative Assembly of Ontario.

“Whereas long-term-care funding levels are too low to enable homes to provide the care and services our aging seniors and parents who are residents of long-term-care homes need, with the respect and dignity that they deserve; and

“Whereas, even with recent funding increases and a dedicated staff who do more than their best, there is still not enough time available to provide the care residents need. For example, 10 minutes, and sometimes less, is simply not enough time to assist a resident to get up, dressed, to the bathroom and then to the dining room for breakfast; and

“Whereas those unacceptable care and service levels are now at risk of declining;

“We, the undersigned, who are members of family councils, residents’ councils and/or supporters of long-term care in Ontario, petition the Legislative Assembly of Ontario to increase operating funding to long-term-care homes by \$306.6 million, which will allow the hiring of more staff to provide an additional 20 minutes of care per resident per day over the next two years (2006 and 2007).”

I sign my name to this petition and hand it over to page Alyna from Brant. I’m very proud of her. Thank you very much. I appreciate it.

## ORDERS OF THE DAY

### TRANSPARENT DRUG SYSTEM FOR PATIENTS ACT, 2006 LOI DE 2006 SUR UN RÉGIME DE MÉDICAMENTS TRANSPARENT POUR LES PATIENTS

Resuming the debate adjourned on April 20, 2006, on the motion for second reading of Bill 102, An Act to amend the Drug Interchangeability and Dispensing Fee Act and the Ontario Drug Benefit Act / Projet de loi 102, Loi modifiant la Loi sur l’interchangeabilité des médicaments et les honoraires de préparation et la Loi sur le régime de médicaments de l’Ontario.

**The Acting Speaker (Mr. Ted Arnott):** We’re resuming debate on Bill 102. When the House last dealt with this issue, the member for Erie–Lincoln had the floor. The member is present, and I would turn to the member for Erie–Lincoln and recognize him.

**Mr. Tim Hudak (Erie–Lincoln):** Thank you very much, Mr. Speaker. Do you mind reminding me where I was?

**Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader):** You were saying how good the bill was.

**Mr. Hudak:** I like that. My colleague from St. Catharines said I was saying how good the bill was. You probably had a chance to look at my comments. It’s good for Wal-Mart and Shoppers Drug Mart. I was pointing out

the irony of that because many members in the House here would probably find it interesting that the large drug chains will probably benefit significantly from this bill, at the expense of the small mom-and-pop pharmacy operations in the province.

This is the CIBC World Markets equity research company update that I’m quoting from, so it’s not just the MPP for Erie–Lincoln. I thought members would find it interesting that CIBC is making that point.

Let me give you some highlights again from their document. “As currently structured, the changes are generally negative for the pharmacy industry, but particularly troublesome for smaller, independent players.

“As the largest player in Ontario, Shoppers will be impacted. However ... Shoppers”—Wal-Mart etc.—“has options available to it that are not possible for the smaller, independent players.”

The Ontario government has proposed changes to the drug benefit plan that will impact retail operators. The government “has attempted to cobble together a program that does not materially harm pharmacists, while reducing government costs.... We are not sure that this bill accomplishes these goals in a judicious manner.”

They go on to say, “Independent pharmacists, who have no leverage” in the marketplace “will be at huge risk if this passes.”

Not to dwell on this too much, as there are other aspects I wanted to address, but CIBC World Markets concluded by saying that, as structured, this bill provides no incentives for pharmacists to help reduce health care costs by counselling, advising and/or promoting generics. “As structured, this bill not only contains no incentive ... it could also be a blow to drugstores, in particular the mom-and-pop operations.”

I thought I should bring this to the members’ attention because I do believe there is a great deal of sympathy among members for the mom-and-pop pharmacists that serve our communities, particularly the smaller communities. I do hope we’ll see some amendments in the bill to address this issue highlighted not only by the pharmacists but, as you can see here, in the CIBC report.

The second issue I wanted to make some comments on—many of you may have seen Minister Smitherman’s appearance on Focus Ontario this past weekend. It was a good discussion. On a couple of occasions, the minister used a word—that there would be a substitution for “same” drugs or “similar.” Sometimes “similar” was used and sometimes “same” was used. I think that getting to the bottom of what the language is that allows for interchangeability of drugs is going to be crucial to determining if Bill 102 will improve health care or potentially harm patients, depending on how that definition comes into play. That’s why I’m pleased that my colleague the member for Kitchener–Waterloo has pressed for public hearings on this, so we can better understand.

For example, the bill allows the drug czar—I think they call him the executive director, but effectively he’s the drug czar—to determine interchangeability on drugs that are similar, as opposed to the same. Mr. Speaker, I

think you well know that currently a patient who's on an expired brand product could be substituted a generic equivalent that has already been deemed bio-equivalent by Health Canada. The scientists at Health Canada would have studied this and made the determination that there's bio-equivalency and therefore substitution would be allowed. That has been the case in Ontario for some time because it has had the stamp of approval from Health Canada after extensive research.

The bill, as I read it today, gives caution that it may allow a pharmacist to give another product in a class that may be different to that which the physician prescribed if it's deemed interchangeable by the drug czar. This would not necessarily take into account, for example, the physician's intimate knowledge of his or patient. The physician may disagree with that substitution to a similar product that is a change from the current definition of "same."

**1550**

Another issue brought up on the show was—I know our constituents have inquired about this too: What happens if the doctor indicates on the scrip that no substitutions should be allowed? Would there still be substitutions taking place under this legislation, if passed as it is? Both those questions deserve considerable research and input at the committee level, hopefully to make sure that this bill will improve health care and the quality of service that patients receive under the Ontario drug benefit program.

As I said, as the finance critic, I think that at its heart, this bill is more about cutting costs than improving the quality of care. My colleagues opposite on the government side have said that people should not get their hopes up about new, breakthrough drugs coming on the formulary too quickly. Sometimes members opposite say, "This is going to happen"; other times they say, "Don't get your hopes up. This isn't going to happen any time soon." I think the reason they're raising that caution is because, at its heart, this bill is about cutting costs in the Ontario drug benefit program rather than improving the breadth of the drugs, particularly brand name drugs, that are available in the system.

I'll give you a couple of other examples that reinforce my premise that it's mostly about spending less in the drug benefit program; I think we should understand that when we're considering Bill 102. Obviously, the government does need to get its expenditures under control. The notion of increasing spending by 9.2% per year is simply unsustainable. The economy is growing at less than half that rate at a nominal level, so I understand that the government needs to get its spending under control. We certainly call for that. We need to make sure that when spending reductions or controls take place, they're done in the best interests of preserving the quality of government services and, here, the quality of the drug program.

Another thing I would call your attention to is the new generic pricing rule that would take place under this legislation, what's called the flat 50 rule. The flat 50 rule

would mean that generic prices are limited to a maximum of 50% of the brand price in all cases. That's a departure from the current 70% rule, where the initial brand on the list gets 70% of the price, and subsequent generics get 90% of that 70% etc., reduced down the way. So the 50% rule will be a reduction in spending, no doubt. The question will be, will that limit the number of generics that will become available in the system or not?

Earlier, I spoke on the CIBC report about limiting the amount that pharmacists receive in compensation. Similarly, long-term-care homes would now have access to government stock. The premise here would be a reduction of wastage of government stock. What we need is some clarification. Does this mean that the pharmacies at the long-term-care facilities may have access to the stock, or are they being forced to purchase through the government stock only, which we worry would limit the amount of drugs that are available to long-term-care facilities?

There are other areas that I'm concerned about. I am pleased, as I said, that this is going to committee. I look forward to further debate. But I do particularly hope that when it comes to mom-and-pop pharmacists and interchangeability, we'll see more response from the government.

**The Acting Speaker:** Questions and comments?

**Ms. Shelley Martel (Nickel Belt):** In response to the comments made by the member from Erie-Lincoln, let me focus on two points that he made. The first has to do with the impact of the bill on community pharmacies. I would assume that other members are receiving the same kind of faxes that I am from community pharmacies—I'm talking about mom-and-pop operations; I'm not talking about big chains—who have very carefully talked about the financial implications they've already been facing because, for example, the dispensing fee has been inadequate for such a long time and how the changes that the government is proposing will have an impact on them.

This is something that we do need to take a very serious look at in committee. I understand that a commitment has been made to have this go to committee, and I will be sitting on that and look forward to seeing how many communities and what that structure will be. But I do think it would be very unwise of all of us to just immediately dismiss the concerns that have been raised by community pharmacies. With the way they have been highlighted with respect to rebates and the way they have been categorized in that respect, there are significant financial issues for them that are not similar to issues faced by big chains in the province.

I, for one, coming from a small community that has only one pharmacy, do not want to see that pharmacy affected. Many people, especially seniors in my community, rely heavily on it. The next one is not for a number of miles away, and I don't want to see it impacted in a negative light, as I'm worried that many community pharmacies will be with respect to the legislation.

Secondly, with respect to the bill being really one designed to take money out of the system, the ministry's

fact sheet says that there will be projected savings of about \$289 million that will be savings for reinvestment. It would be a good idea for the ministry to actually put it in legislation that any savings would be reinvested in the drug benefit program in the province, and then we'll really see whether or not there are gains to be made and where that money goes.

**Mr. Khalil Ramal (London–Fanshawe):** I'm delighted to stand and speak in favour of and in support of the bill. I believe it's a very important step toward correcting this situation that has taken forever. I want to congratulate the Minister of Health for bringing innovative ideas to this place all the time, moving on important issues concerning the people of the great province of Ontario.

This issue today is very important. It concerns how much money we spend on drugs to support the people of Ontario, to support the sick people of Ontario: \$3.5 billion on a yearly basis. Our Minister of Health, our government and the taxpayers invest \$3.5 billion in this area on a yearly basis. That's a lot of money. If we are able to save some money and reinvest it back into the system, it's an important issue for people that will give us the ability to list more drugs and the ability to enhance the drugs we give to the people of this province.

I think it's a great initiative. I think it's a great bill. It gives us the ability to correct what was not corrected for a long time. If you knew the amount of the rebate that pharmacists and pharmacies receive from drug companies, you would be amazed. It comes to almost \$300 million on a yearly basis. I think the taxpayers in this province deserve to take it back. They deserve to get it to reinvest it in the system in order to help us to list more drugs, to give us more ability to do research and innovation.

I hope all members of this House will support this bill because it's a good step in the right direction to help sick people in this province, to help our health ministry and health department to be able to function and to serve the good people of Ontario.

**Mr. Joseph N. Tascona (Barrie–Simcoe–Bradford):** I'm very pleased to comment on this bill and certainly on the comments made by the member from Erie–Lincoln. I had the pleasure of listening to him last Thursday when I was in the Speaker's chair, like yourself, Mr. Speaker, and today for just a brief six minutes; not enough—

**Mr. Hudak:** Too short.

**Mr. Tascona:** Far too short, I would say. The member has raised a lot of very important points with respect to this particular bill. It's not all about the cost savings this government is trying to achieve, because that's what they're trying to achieve. No one is against achieving cost savings, but we also want to look at the other side of the balancing act in terms of proper care for patients. That's the problem here.

I echo the remarks of the member from Nickel Belt. This has got to go to public hearings in a big way. The comments of the member from Erie–Lincoln about Wal-Mart, prescription fees and how the small, mom-and-pop

pharmacy is going to be treated under this are very disturbing. That is something that has to be looked at in a very close way in terms of what the government is trying to achieve here because, if what they're trying to do here is to take away the service level and the information that is provided—everybody knows that the information that's provided at the local pharmacy in terms of health care is a fundamental part of our health care system in terms of people getting proper advice on health care—if that's going to be swept away by this bill, putting forth the big-box store type of approach to the distribution of drugs, I don't know whether that's what the public wants.

I think the government has to be clear and know what they're trying to achieve here, but if that's what they're going to do, that's not in the best interests of the public.

**1600**

**Mr. Tim Peterson (Mississauga South):** I'm pleased to answer a couple of questions of the opposition. If a doctor declares that a drug can't be substituted, then it cannot be substituted. The pharmacist will not be able to override him and impair any possibility of his treatment.

Let me also assure the House that in the extensive consultations that were undertaken in the preparation of this bill, they consulted heavily with all levels of the pharmacies. The role of the smaller pharmacies, the backbone of our rural communities, the backbone of our small communities, who often serve as alternative consultants to people's health care needs, will be appreciated and they will be rewarded because they will have increased dispensing fees and they will be given professional service fees for the consultations they undertake. This will help impact any negative effect of the reduction of these rebates or other fees in the dispensing of the drugs. We are very hopeful and positive that there will be very little negative impact, especially to the smaller drugstores.

There is, however, an elimination of the massive rebates. Those rebates, in effect, went through largely to the larger drugstores and were developed over the history of the last 20 years and are not in the best interests of the efficiency of the drug distribution system.

It's my pleasure today to correct this. I look forward to working with all members of the House in terms of giving them more information on the extensive consultations that were undertaken as part of this drug bill.

**The Acting Speaker:** That concludes the time for questions and comments. I return to the member for Erie–Lincoln, who has two minutes to reply.

**Mr. Hudak:** I appreciate the responses by my colleagues from Nickel Belt, London–Fanshawe, Barrie–Simcoe–Bradford and Mississauga South. I do appreciate the parliamentary assistant's response, because that was an important concern that we'd heard about with respect to the override of a physician's order for no substitutions. I thank the parliamentary assistant for responding to my question during the often-underestimated questions part of questions and comments.

Secondly, my colleagues from Nickel Belt and Barrie–Simcoe–Bradford brought up important points with



respect to the impact on small pharmacies. The parliamentary assistant offered some assurances, and I look forward to the public hearings to hear directly from the small business operators who are having a difficult enough time making ends meet in Dalton McGuinty's Ontario, let alone further restrictions placed upon them under Bill 102.

I had commented as well on Thursday, and I want to restate those comments, about the role of the so-called drug czar and what kind of individual the drug czar will be. The minister had spoken about the cloak of science and had objected to the cloak of science that had been around these decisions in the past, and some indication that the drug czar would not be a doctor or pharmacist I think was the implication. I do worry, though, that if this bill is about reducing costs in the drug benefit program, it may be an accountant instead who's chosen as the drug czar. Certainly we all understand the importance of getting bang for buck when it comes to tax dollars and reducing costs, but I don't think any of us would be very satisfied if it was strictly an accountant's approach. Nothing against accountants, but I don't think we would be happy if the drug czar making decisions on interchangeability did so from a purely quantitative basis on the numbers, as an accountant would. I'd be much more comfortable with somebody with a science background, and I hope we'll see that followed through.

**The Acting Speaker:** Further debate?

**Ms. Martel:** I want to thank the House for the unanimous consent that was provided last week to have the lead stood down. I will be doing the lead for the New Democratic Party today. I want to begin by saying that I welcome the opportunity to put on the public record the serious concerns that our party has with respect to Bill 102. I am pleased to note that there will be public hearings on this bill. I think it demands it. I look forward to also sitting on the committee as the bill is further reviewed and we go through that public hearing process and clause-by-clause.

I have a number of serious concerns that I want to put on the public record during the course of the afternoon, and I want to begin—this is not in any particular order of seriousness—with the new position entitled executive officer of drug programs which is being created in the bill.

I find it fascinating that the government is coming forward with the creation of a new position with respect to drug programs. The reality is, there already is a drug programs branch at the Ministry of Health. There already is a director of the drug programs branch at the Ministry of Health, a bureaucrat by the name of Susan Paetkau. I'm not sure why the government is not using this particular individual, who already is in charge of the drug programs branch, to be responsible for some of the changes that are being outlined in the bill. I remain very concerned that the government has clearly made a decision to move from a position that is a bureaucratic position where there is accountability back to the minister and then back to the electors in this province to a

situation where the government will create a different position, a somewhat new position, and that position will be filled by an order in council. I disagree with that approach because, as I said at the start, we already have a drug programs branch; we already have a director who is accountable. My concern is that the use of an order in council makes whoever becomes the new executive officer essentially accountable back to the government that appoints him or her. I don't think that does very much at all for accountability or for transparency.

I gather that during the course of debate on the bill there have been some references to OHIP and the director at OHIP, that this is a similar kind of position that is being established. I would point out to members who have been using that argument that in fact some of the powers and functions of the new executive director are far different from the powers that are exercised at OHIP.

For example, the director who deals with OHIP services does not have the unilateral authority or ability to delist OHIP services. That is a responsibility that remains in the hands of the cabinet, and that has to be done by regulation—if not indeed by legislation, usually by a change in regulation. The director of OHIP does not have the ability to add services to the OHIP schedule of benefits. Again, that is a requirement that comes through regulation, which is a function and responsibility of the cabinet of the day. Thirdly, the director at OHIP does not have the ability to unilaterally determine a fee schedule either for physicians or for their health care providers who depend on OHIP for their compensation. That is done, as we saw with the OMA, by government agreement through negotiations and through agreement by the parties, and it is ratified by cabinet. So indeed there is a very significant difference, in my opinion, with respect to the powers that this new executive officer is going to have and the powers that some in the government, as I understand, have related to the general manager or the director of OHIP.

Indeed, this new executive officer will have unilateral powers to enter into agreements with drug companies on pricing, and that will not have to be done by regulation. Those powers and others are significantly different from the power that is currently exercised at OHIP, and I think allowing an individual to have those kinds of powers is excessive and unnecessary. I see a very clear distinction between the two positions and, from my perspective, I have very serious concerns about both the increased power and the way that the executive officer will get the job; that is, by OIC.

**1610**

Let's deal first with some of the powers that this executive officer, who is not an elected official, who is not a bureaucrat, but who indeed will be in place by order in council, will have under this bill. I'm referring to section 8, the new section 1.1(2), "Functions and powers." It says that the new executive officer will be responsible:

"(a) to administer the Ontario public drug programs;

"(b) to keep, maintain and publish the formulary," which is a current ministerial power that is being delegated to the executive officer;

“(c) to make this act apply in respect of the supplying of drugs that are not listed drug products as provided for in section 16,” which is the section that deals with special access;

“(d) to designate products as listed drug products, listed substances and designated pharmaceutical products for the purposes of this act, and to remove or modify those designations”—again, a responsibility that is being delegated;

“(e) to designate products as interchangeable with other products under the Drug Interchangeability and Dispensing Fee Act, and to remove or modify those designations;

“(f) to negotiate agreements with manufacturers of drug products, agree with manufacturers as to the drug benefit price of listed drug products, negotiate drug benefit prices for listed substances with suppliers, and set drug benefit prices for designated pharmaceutical products,” which is a significant new responsibility indeed;

“(g) to require any information that may or must be provided to the executive officer under this act or the regulations or any other act or regulation to be in a format that is satisfactory to the executive officer;

“(h) to make payments under the Ontario public drug programs;

“(i) to establish clinical criteria under section 23; and

“(j) to pay operators of pharmacies for professional services, and to determine the amount of such payments subject to the prescribed conditions, if any.”

That, on page 7 of the bill, is the list of the powers of the executive officer, which is a new position that is being created under the bill. If I might, I will just focus on three of those that jumped out at me as significant in terms of the power that is being conferred or transferred or delegated to this individual; powers that I would argue are going to someone who is not an elected official but comes to the job through an OIC appointment.

The first one has to do with the power to make regulations designating products as interchangeable with others, which is a ministerial power in the current situation, and the power to remove designations of interchangeable products by way of regulation, which is a current power of the Lieutenant Governor in Council. These two powers are now transferred or delegated to the executive officer. I think the delegation of that to someone who is appointed by OIC weakens accountability to the public. When the minister or the Lieutenant Governor makes those changes and there are concerns about that and people want to raise concerns, those concerns go back directly to the government of the day—to the minister of the day and the cabinet of the day that made the changes in the first place—and they become accountable for those decisions. In this case, those powers are being delegated to someone who is not elected, who is appointed by order in council and who, frankly, in that respect, is at arm’s length from the public and at arm’s length in terms of accountability to the public.

The second power is a new power to include products that may be designated as interchangeable, not only

where they have the same active ingredients in the same dosage form, but also where they have similar active ingredients in a similar dosage form. It’s clear in the bill that this is a new power and that when the bill is proclaimed the minister will have this new power at first by regulation. However, that new power will be transferred or delegated to the executive officer at the time the bill goes into effect after royal assent. These powers are to be exercised at the discretion of the executive director, and interchangeability designation will no longer require a regulation; again, from my perspective, delegation of an authority that would be better held in the hands of the minister or cabinet because they are accountable to the public. We see that that will happen in the first instance, but after the bill has received royal assent—and I know the government wants many of these changes in place by October—that power will be transferred to the executive officer. We won’t even need a regulation in that circumstance to make those changes; the executive officer will have the unilateral authority to do that on his or her own. Again, from the perspective of accountability and transparency, these are matters better left with elected officials or at least ministry bureaucrats, and that is not the case in this particular case.

The third area I want to highlight also has to do with the power through regulations to designate listed drug products in the ODBA formulary and to remove products from the formulary. Currently it’s both the minister and cabinet through the Lieutenant Governor in Council that have these powers, through regulations, to have these designations. This power will be transferred or delegated to the executive officer.

Secondly, it’s going to be the executive officer, not cabinet, who will have the authority to set out or establish the specific or specified clinical criteria that must be met as a condition for payment in respect to specified drug products or classes of drug products. That’s a very significant power to have, and it will be not the cabinet but the executive officer that will have the full authority to set out the specified criteria.

Thirdly, and this one is the most important in this section, it will be the executive officer—not the minister, not cabinet, not even a ministry official—that will have the authority or power to determine the drug benefit price of a drug that’s listed in the formulary.

If you go to the explanatory notes in the bill, it says the following about this particular section: “The drug benefit price in respect of a listed drug product, previously set out in the regulations, may be determined by the executive officer, as agreed to by the executive officer and the manufacturer, and published in the formulary, in accordance with provisions of the ODBA. The drug benefit price for products that are not on the formulary, but for which the executive officer has made the ODBA”—the Ontario Drug Benefit Act—“apply through an exceptional access program, may also be determined by the executive officer, in accordance with the regulations. The executive officer may establish rules, criteria and procedures that a manufacturer must follow in submitting requests for changes to the drug benefit price.”

I say again that my concern in this section in particular is the power that is afforded to an individual with respect to the setting of drug prices. That is not a power similar to what we see with respect to OHIP; those still remain responsibilities of cabinet and the minister and would have to be dealt with by cabinet and the minister, usually through regulation. In this particular circumstance, I believe the executive officer has some very significant new powers. But because that appointment is through OIC, that individual is not accountable back to the public with respect to the decisions that are made, for example, about the rules, about the criteria and about the procedures that a manufacturer is going to have to follow in submitting requests for changes to the drug benefit price. I think those decisions should have to be made by elected officials so that elected officials can be held accountable for the same decisions that are made.

I remain very concerned, as I look at the bill and as I look at the extensive list of powers, responsibilities and jurisdiction, for example, that the executive officer is going to have as listed on page 7 of the bill. I remain very concerned about the level of power that is there, why it is going to someone who is going to be appointed by order in council, and where the accountability is for decisions that will be made by this individual as per the powers and functions that will be afforded to this individual.

I very firmly and strongly believe that many of the responsibilities that are outlined in this section should continue to be maintained and adhered to by, and provided by, elected officials either through the ministry or the Lieutenant Governor in Council, which would essentially be cabinet.

If I look at the section I just talked about, which is the setting of drug prices, I have a number of questions that were not answered in the bill about how this is going to take shape and form: What is the process that is going to be followed? What is the framework, for example, that the executive officer is going to use with respect to negotiations with drug manufacturers? What is the approach? What is the structure? The bill is silent with respect to any information about how all of this will proceed, even though it is quite a significant new and, from my perspective, extraordinary power that has been given to an individual.

I think we should have some of those details in the bill itself, in the legislation itself so we can be very clear about how this process is going to proceed. My question is, who will be giving instructions in this regard? Who will be giving direction in this regard? What is the bottom line for the executive officer? Who is setting that bottom line and who will be responsible for ensuring that the bottom line is met?

**1620**

When I look at the projected savings, for example—and I assume some of the responsibility of this new executive officer with respect to setting drug benefit prices will deal directly with the savings that the government proposes to achieve or hopes to achieve—one has to ask a second question in relation to the framework for

these negotiations: Are the savings that the government has put out on its website legitimate? Are they realistic? What information was this based on? I'm referring specifically to the fact sheet that has been produced by the Ministry of Health and Long Term Care. It's entitled "Ontario Drug Program Estimates 2005/06 vs. 2006/07." It has projections on what the ministry expects to spend: 2005-06, a 15% growth in the drug program. In 2005-06, what actually was spent was approximately a 10% growth. "Total drug spending before efficiency gains" was a little over \$3 billion.

Then the ministry talks about the "Savings from the proposed drug strategy," which I assume are the savings that are proposed, or that the ministry hopes to realize through Bill 102. The projections are: "Better management of drug distribution—\$53.5 million; Better management of formulary listings—\$62.5 million; Better value for government expenditures—\$106 million; Federal shared payer model—\$67 million" for "Total projected efficiency gains"—or savings is probably the better way to describe it—of about \$289 million, which the government says will be up for reinvestment.

I've got a couple of concerns with respect to the figures that I see in front of me. First of all, the federal shared payer model—it's very clear this government hasn't had any negotiations with the federal government about a federal drug benefit plan being the first payer with respect to federal government employees. It is true that that kind of agreement is in place in two other provinces in Canada, but my understanding is that there have been no discussions with the federal government to date about a similar agreement in Ontario. We don't know how long that will take to negotiate and we don't know what the potential savings that have been listed in the government's fact sheet are in fact based on. That number is a real moving target from the perspective of us being at a stage where negotiations haven't even commenced. I'm not even sure if discussions themselves have commenced with the federal government with respect to the federal government assuming this responsibility, as it does for two other provinces. So that's a moving target with respect to that \$67 million.

I would argue the other three figures that the government has put out are moving targets as well. Nowhere in the bill is there any indication about where these savings are coming from in terms of what estimates the government is using to make these kinds of projections. I've looked in the background papers and I don't think that I've seen concrete information in the background papers as well with respect to how the government arrived at these figures that they're using for projected savings. My concern is that the government sets out for public consumption an estimate of \$289 million which they believe will be saved through the proposals that are included in Bill 102, yet the government has failed, from my standpoint, to disclose the information that would support those estimates.

The second point that I want to make in this regard is that the minister said, and I suspect that other members

from the Liberal caucus who spoke to the bill last week have said as well, that the savings that are generated, whatever they may be, through this particular bill, if indeed there are savings generated, will be reinvested in Ontario's drug program. So I looked through the bill to find a particular clause which would say just that, which would commit the government in legislation, in Bill 102, to ensure that any and all savings that end up being generated, if they are, will be reinvested back into the drug program. I can tell you that nowhere in Bill 102 is there any provision, is there any section, is there any detail with respect to a firm government commitment that any savings generated are going to be reinvested in this program.

I say to the government, if you are serious about this statement, if you mean what you say, then I would certainly have expected to see a provision in Bill 102 which would have articulated that, which would have made it very clear, which would put into the legislation a guarantee that indeed savings will find their way back into the program and not into the consolidated revenue fund. So I expect that if the government means what it says, it will move an amendment during the clause-by-clause which will clearly state, clearly put in place in the legislation, a guarantee that any savings that are generated will, in fact, be reinvested back into the drug program. I would certainly move that amendment, and I will be moving a similar amendment, because I want to hold the government and the minister accountable to what the government has already said about savings. I want to be very clear that if there are savings to be found, they're going to go back to the drug program for new drugs and not into the consolidated revenue fund.

We just went through an experience with another government bill, Bill 36, where I moved a similar amendment with respect to savings to ensure that all of the savings that, for example, a LHIN board had in a year would not be deducted from the global amount of funding they received in the next year, that indeed they would receive the global amount of money and any savings they had achieved. Regrettably, the government members voted that amendment down. So I look forward to a government amendment on savings or, if the government doesn't choose to do so, what the government's response will be to an amendment that I would be intending to move which will make it clear that savings have to be reinvested to be sure they go back into the drug plan and not into the consolidated revenue fund.

I want to move on to my next concern, which has to do with the government's statement that it is going to have some consumer or patient representatives sitting on the new committee to evaluate drugs which is going to replace the DQTC, the Drug Quality—I forgot the proper name; that's all right—the DQTC. I've got two concerns with this. Number one, I looked through the legislation to see where it is in the bill that the government has a specific legislative provision to appoint patients to this new committee to evaluate drugs, and I didn't find that provision anywhere in the legislation. My concern is that

it's one thing for the government to say that there will be consumer or patient advocates who will be on a committee to look at how drugs are paid for and which drugs are paid for, and yet I see nothing in the legislation that will make that a guarantee. Again, I would have assumed that if the government was serious about having patient advocates or patients represented on the committee that is making decisions about drugs, then that would be clearly articulated in the legislation. It would be in the legislation and we wouldn't have to worry that there might be a backtracking from the government in that regard. But there is no provision, as it stands, in this bill for patient representatives to be included on the committee, and I look forward to the government bringing forward an amendment during the clause-by-clause that will clearly establish that in legislation. I would intend to do that as well, to ensure that there is some accountability and that the government is held to its promise it had made when the bill was introduced that consumers or patients are going to have much more power in the decision-making with respect to drugs. Let's put that in the legislation; let's be very clear that that's going to happen.

The second very significant concern I have has to do with cancer drugs in particular, because the government says that there will be consumer advocates on this committee to evaluate drugs, which was formerly the Drug Quality and Therapeutics Committee. The government says, "These patients will be involved in individual drug funding decisions." But I want to tell you that the review process, the approval process for cancer drugs in particular, includes a joint committee that is a committee of members from both the current DQTC and Cancer Care Ontario. I see nothing in the bill to talk about that particular committee and where the role of patients is in that particular committee.

#### 1630

Let me tell you what my concern is. This government made a change to the process of review and approval of cancer drugs in February 2005, and I want to just put on the record what that change was. The current review process for new cancer drugs is as follows: "In 2005, a joint review process between the Drug Quality and Therapeutics Committee and Cancer Care Ontario was established to review and advise the ministry's expert advisory committee, the DQTC, on the reimbursement of new cancer drugs and therapies, either through the Ontario drug benefit program or Cancer Care Ontario's new drug fund program. The DQTC review process includes an evaluation of the clinical value, safety and cost-effectiveness of drug products or indications. The DQTC then makes a final recommendation to the ministry. Only drugs or indications that have been reviewed and recommended through the joint DQTC-CCO process are considered for funding and addition to the new drug fund program."

So the current process for funding drugs has a committee process that is different from the one that Bill 102 refers to, and what's important about that is that many of the decisions that are made with respect to new cancer

drugs will not be made by the committee to evaluate drugs but will continue to be made by the committee that's still in place—that is, the joint DQTC-CCO committee. I don't see any provision in the legislation or in the remarks that have been made by the minister or in their background notes where there is any provision for consumer, client or patient representation.

Let me tell you why that is extremely important. It's extremely important because we know that there have been decisions made to not cover very important cancer drugs that oncologists and their patients have identified as being drugs of last resort for people in the province of Ontario. Velcade is one of them, and I just want to read into the record a letter I recently got from a patient who is extremely concerned that a decision has now been made in Ontario to not cover Velcade. It goes as follows, from Kathleen Olsen:

"I am one of those 50,000 myeloma patients that Dr. Keith Stewart wrote about in his letter to the Toronto Star (April 15). In 2004, I had the opportunity to participate in a clinical trial using Velcade for my relapsed multiple myeloma.

"I have written Mr. Smitherman on more than one occasion about the reality of being a cancer patient in Ontario and as yet have never received a reply, let alone an acknowledgement of my letters. My suspicion is that since multiple myeloma is still considered a terminal illness and Velcade is very expensive, the issue is money. It is interesting that Velcade was approved by Health Canada for treatment of relapsed and refractory myeloma and, as Dr. Stewart wrote, 'has been hailed as a breakthrough drug,' yet didn't seem to impress the Ontario ministry's Drug Quality and Therapeutics Committee, who supposedly use an 'evidence-based approach.' There has been lots of this 'evidence' published and presented by the medical community. Thankfully, Mr. Smitherman doesn't seem to mind if myeloma patients take their charge cards to the Provis clinic to receive their Velcade, but it does not absolve him of his responsibilities as the Minister of Health.

"The Ontario prescription drug reform sounds promising, especially if there is a process to obtain new drugs while they are formally being evaluated. But I find it ironic that myeloma patients cannot obtain an effective drug that has been evaluated unless they are willing to pay for it themselves, so I'm not hopeful.

"Living with cancer requires being involved in your care, asking questions, having faith in the medical community and a lot of hope. It shouldn't depend on your bank balance—we have enough to worry about."

Velcade is not the only drug that has been turned down. Most recently, Thalidomide was turned down as well. In a letter to the Ministry of Health, through a Freedom of Information request that I did earlier this year, we have discovered that in fact a number of drugs have been turned down through the joint CCO-DQTC process—a process that right now doesn't have any consumer or patient representation, and a committee that I don't see in this legislation is going to have any patient

representation. I think it's imperative that there be patient and consumer representation on this particular committee looking at cancer drugs, because so many of these patients are facing the end of the line with respect to treatments that have been used and require new drugs and are not able to get access to them. They need a voice—a clear voice, a concise voice; two voices, in my opinion—sitting at the joint DQTC-CCO review process to have their input with respect to the funding of new drugs, because by the time that committee makes its recommendation to the DQTC, those decisions are already made. There isn't a chance for input; the deal is already done. Having patient representatives only on the new committee to evaluate drugs, which is the former DQTC, is not going to cut it for cancer patients who need new intravenous cancer drugs.

Let me just give you some idea of the magnitude of the problem and why we need consumer representation and patient representation when it comes to recommendations with respect to new cancer drugs. We asked the director of the drug program branch, Susan Paetkau, the following questions: "How many drugs have been approved to be added to the ODB or funded through CCO's new drug funding program?" This was as of February 2005, so this is recent; just a little over a year. The response to that was:

"Eight products/indications have been recommended for funding through CCO's new drug funding program ... and have received ministry funding.

"Five products/indications have been recommended for funding through the Ontario drug benefit" program.

"One ODB product/indication was reviewed ... and it was recommended that the listing status remain unchanged," so it will "continue to be listed as a limited use benefit under the ODB program."

Our second question was, how many of these drugs/indications have received a positive response and are being funded to the new drug funding program? The following have received approval: Herceptin; Herceptin for various indications, which I won't mention; Herceptin for a third indication; Vinorelbine; Taxotere; and Taxol for three different indications for treatment of various cancers and cancer situations. Two generic products were also recommended and reviewed by the DQTC and are being paid.

Under ODB as well, we have a number of products that have received funding and been approved.

What was interesting was the response to question 3, which was, "How many ... products ... have not been approved and what are they?" Under this particular section, there have been 14 products or indications that have been reviewed by the joint DQTC-CCO committee and have not been recommended for funding under the new drug funding program. I won't go through the list of those, but there were 14 products under the new drug funding program and two under ODB that were not approved for funding for cancer treatment of various forms and various forms of cancer and various indications.

The reality was that more drugs were not approved for funding than were approved. Sixteen were not approved; 14 were. So a little over half of the drugs coming forward to the committee were not approved for funding. As a result, many patients, like patients who need Velcade, which was recently not approved, aren't able to access expensive cancer drugs for the treatments they require. Many of those are making very terrible decisions, very difficult financial decisions, about how to try to pay for that. Many just can't afford to pay for that and so are not receiving access to drugs that their oncologists believe would be life-saving or would prolong their lives.

The point of all this is that while the government talks about having patient access and patient input and patient participation in the drug process and the drug approval process, it is clear from my reading of the legislation that that refers only to the committee to evaluate drugs. I see no indication in the legislation of what the government is doing with respect to the process it only put in place in February with respect to approval for cancer drugs, which is a joint process between the DQTC and CCO. That is also a committee that absolutely requires patient or consumer input and representation and participation, particularly from those who are requiring new drug treatments for cancer.

Nothing like that is in the legislation, and I hope that if the government is serious about patient participation, it is going to do two things: first, very specifically put into the legislation the amendment, the requirement, that there will be patient representation and, secondly, that that representation will not only be on the committee to evaluate drugs, which is the new committee that is being established to replace the DQTC, but that there will be patient representation as well with respect to the approval and review process around cancer drugs, because that is a different process. It's not clear to me where it fits in Bill 102, but it is very clear to me that it is an important committee that makes very specific recommendations about cancer drugs where there appears to be no input from consumers at this time. Waiting for those decisions to reach the committee to evaluate drugs will essentially mean the end for cancer patients, because the decisions around which drugs to approve and which drugs not to approve will already have been made and their input will be meaningless at that level.

#### 1640

I want to raise concerns about section 16 of the bill, which is the section of the bill that has what I guess you could call special access. The government briefing note says: "We intend to improve access to new drugs by enabling listing drugs under certain conditions while awaiting further evidence. We intend to enable faster decisions and to have the reasons for them openly communicated. We will dramatically reduce paperwork for physicians and pharmacists."

This refers essentially to what we now know as the section 8 process, which allows physicians in the province to make an application to OHIP for special consideration for their patient for a drug, for example, that

may not be listed on the ODB, so that they can have access to that drug while a review is underway by the DQTC to see whether or not there will be approval and a listing on the drug formulary.

If I look at this particular section in the bill—I just want to read it into the record and then the concerns that I have about it. Page 18 of the bill, section 25, the new section 16 says the following with respect to:

"Unlisted drugs, special case

"(1) If a physician informs the executive officer that the proper treatment of a patient who is an eligible person requires the administration of a drug for which there is not a listed drug product, the executive officer may make this act apply in respect of the supplying of that drug as if it were a listed drug product by so notifying the physician....

"Listed drugs, special case

"(3) If a physician informs the executive officer that the proper treatment of a patient who is an eligible person requires the administration of a drug for which there are one or more listed drug products but for which the conditions for payment under section 23 are not satisfied, the executive officer may make this act apply in respect of the supplying of those listed drug products as if the conditions were satisfied."

That appears to be the only reference to special circumstances, to special access, that I can find in the legislation. I have significant concerns about that, because the government background papers and, indeed, in the debate that has gone on, very clearly made a promise to the public that we're going to have faster decisions, that these decisions are going to be openly communicated, and we're going to dramatically reduce paperwork for physicians etc.

But if you look in the section, the only section that appears to be relevant to the government's promise, there are a whole bunch of unanswered questions. For example, what are the certain conditions under which the executive officer may permit access by patients to listed or unlisted drugs? Those conditions should be outlined. We should have a sense of what it is that is going to make easier access for patients to receive some of these drugs. I'm particularly interested in whether or not those conditions are going to apply to cancer patients, for example, who need intravenous cancer drugs.

We know right now in the province that the section 8 process applies only to oral medication, so that a physician can apply to the ministry for an exemption for a special case, to get an oral drug that's not listed on the formulary. The government says there are going to be some changes with respect to intravenous drugs as well. It's not clear to me what those are, and I want it clearly outlined in the legislation that there is going to be special access consideration for intravenous cancer drugs too.

Members will recall that I had a number of cancer patients in the gallery in November and raised a very specific question to the minister about why we don't have in the province some mechanism for oncologists, for example, to apply to the Ministry of Health for access to

a cancer drug of last resort for a patient who has exhausted all other options. The minister dismissed that question, dismissed that option, dismissed that alternative that I put to him during the question that day. It is a very serious issue and I want to see very clearly, and I don't, in this legislation: Does the executive officer have the power to also deal with oncologists' requests, for example, to have a cancer patient get access to a particular cancer drug that has not been approved by the new committee to evaluate drugs? That has to happen.

We cannot continue to have an essentially discriminatory practice in the province where, if you need an oral medication and it's not on the formulary, you can apply for that through a section 8, but if you need intravenous cancer drugs normally administered through a hospital, there isn't a similar exemption application form that your oncologist can work through to try and get that drug covered. You have to hope that the hospital in question might have it in their global budget to provide you that treatment, and most don't, or then you have to have enough money in your pocket to go elsewhere and pay for that, and many people don't.

That inequity, that discrimination, has to end. It's not clear in section 16 that it is ending; it's not clear in section 16 that the executive officer is going to allow oncologists, for example, to make applications for cancer patients to have special access. That has to be done. It is imperative. So we need to look at that.

We need to know, does "doctor" also mean an oncologist making application? What are the certain conditions where access is going to be had by patients to both listed and unlisted drugs? How is it that the paperwork of doctors and physicians is going to be dramatically reduced? It looks like the executive officer is going to receive all these applications. I'm not sure how he or she is going to get through the onerous process of dealing with all of this. I know this application process is very onerous; I've heard it from patients and physicians alike. But there's nothing in the legislation that says how we're going to deal with that and how the new process is going to be any simpler. What are the guarantees the government is providing to patients that in fact this process is going to be much faster?

Those are things, frankly, that should appear in the bill, not in regulation, not left to another day, not left to other policy considerations. If you're making a promise, and the government very clearly has in the announcement it made with respect to this bill and in the background briefing notes, that the process is going to be much easier, much simpler, that people are going to have access, then clearly articulate that in the legislation. How is that going to work? Who's going to be eligible to apply? Does it mean that cancer patients who need access to intravenous cancer drugs are going to be able to apply for special access too and get their cancer drugs paid for, whether or not those have been approved by the government at that particular point in time when they need that?

On behalf of all those patients who were here that day and many more who have lobbied all of us, because they

have—patients needing Velcade, patients needing Avastin and patients needing other cancer drugs—we have got to respond. We haven't responded in this legislation, as far as I can see, to ensure that there is no more discrimination with respect to access by cancer patients to intravenous drugs.

Let me go through some of the other concerns I have with respect to the bill. With respect to the rapid review for breakthrough drugs, in the government's background document on page six it says:

"Rapid review for breakthrough drugs

"We intend to significantly speed up the review process for breakthrough drugs, by starting the review prior to the drug being marketed in Canada."

I looked in Bill 102 to see what that process is going to be: What is it that the government is considering? What is the process the government intends to use to significantly speed up the review process for breakthrough drugs? There isn't anything in the legislation that outlines what that process is going to be. So it's one thing to make a commitment, as you do in your background paper and in some of the speeches, that this is going to happen; it's quite another thing to have in the legislation even some of the details of what you have in mind.

Are you looking at the federal process, whereby if you get an approval, if you get your NOC, that's going to be good enough for the government of Ontario, and those drugs then are going to be immediately listed on the formulary? What is it the government has in mind with respect to these drugs and the rapid process? There's no doubt in my mind, because I've seen it with cancer drugs, that the current process has been very long, very delayed, very excessive, and to my mind, very unfair. If you've got some different ideas about what's going to be done, and it seems you do, because the government has referred to this and articulated it in the background paper, then let's see it in the legislation. Let's see clearly what the government has in mind to make sure that new drugs will be on the market much faster.

What other jurisdiction are you relating this to? Is it a federal process we're going to be using? What is it? If you don't want to put it in the legislation, then at least have the policy documents available for people so we can see what it is you have in mind. My concern is that the government is making a statement, when there probably has been very little done in this regard. If something has been done, then we should see it in the legislation.

**1650**

Secondly, I talked about the citizens' council—no, I haven't actually talked about it. The government says, "We will give the public an opportunity to guide public drug policy." That should be in the legislation. The formation of that council, its creation and implementation need to be right in the bill. It shouldn't be left to policy; it shouldn't be left to regulation. If you're intent on having citizen participation, then put that in the bill. Put in the bill the composition and how those people are going to be selected for the committee so that it's clear to everybody that you mean what you say.

In the same way, in the background papers the government talks about the pharmacy council: "We recognize the importance of more actively engaging pharmacy in public drug programs. The pharmacy council, jointly chaired by the ministry and a pharmacy representative, will give pharmacy a greater voice in guiding policy." I looked through the bill for the specific clause that establishes the pharmacy council and there isn't any provision, any clause or any amendment in the bill.

It is critical that pharmacists have a greater role and a greater say in Ontario's drug policy. They are primary care providers, in many communities giving advice to many clients. We should recognize that role and that contribution and we should look for ways and means that they can be involved in other ways as well. But there's not even a provision in this bill to create the pharmacy council, as promised by the government. If you mean what you say, then put it in the bill. Make it very clear to anybody who looks at it, pharmacists included, that you're going to go forward with the promise you have made. The best way to do that is to establish right in the bill what the council will be, how they will be represented, how many representatives from government and how many representatives from the pharmacy association. Put that in there so that it's clear and there can be no backtracking, and we will have some accountability with respect to this particular promise.

One of the things the government has said about a role for pharmacists was that they hoped pharmacists would become more involved, or become involved, in family health teams. I remember the government saying this very thing about eye doctors when they delisted eye exams. In response to a question at the time, the minister said, "We expect optometrists to be part of the family health team." I don't expect there's any family health team right now that has an optometrist as a partner; as well, I'd be very surprised if we ever see the day when pharmacists are partners in family health teams.

I say to the government, don't hold out the false hope to either pharmacists or the public that one of the new roles of pharmacists is going to be as members of family health teams. I doubt very much that that's going to happen. It certainly didn't happen in the case of optometrists even though well over a year ago the minister said in this House that that was his objective and that's what he wanted to see. I'll bet you there isn't one family health team that has an optometrist on it, and I don't expect that there's ever going to be a pharmacist on a family health team either.

We should look at increased roles, but let's at least be honest and up front with the public about what we mean by that. I don't think the government has any intention of having a set structure in place for the composition of family health teams that would include pharmacists. There's a framework for some of the composition of members, and the framework I saw didn't include pharmacists, but there certainly aren't any hard and fast rules about who's going to be on family health teams. I don't anticipate that we're ever going to see pharmacists on those.

I have some additional concerns that I want to raise. I want to go back to concerns that were raised by the member from Erie-Lincoln with respect to small pharmacies. I know that members of the government might want to dismiss the concerns that are being raised. I heard the parliamentary assistant say that there was a lot of consultation with all of the membership of the Ontario Pharmacists' Association with respect to this bill, and they were onside. Yet I am now starting to receive, and I assume you are too, faxes from small community-based, independent pharmacy owners. I'm not sure what kind of consultation you had with them, because there's certainly a difference between the pharmacists in those pharmacies and the pharmacy owners, but I certainly am starting to get letters from a number of small independents who say that this will be seriously jeopardize their ability to continue to operate.

The government may want to dismiss that, but I want to read into the record the concerns I have received, and I certainly hope that during the course of the public hearings we get representation from some of these small owners so we can clearly see during the course of the public hearings what in the bill is going to be of such detriment to them.

Let me read into the record some of the concerns I've received.

This is called "Fiscal Gap for Pharmacies

"The government of Ontario is getting a good value for the dollar. The ODB program pays only half the professional fee charged to other patients and does not currently provide an adequate market. This fiscal gap has been filled by pharmacies negotiating better prices with their suppliers through the free market. Bill 102 will take away this funding and lower our markup from 10% to 8%.

"The 46% fee increase only brings the fee paid by government to 18% below 1996 levels.

"Indexed for inflation ... the new fee"—that would be the dispensing fee—"should" really "be \$8.21.

"Based on actual costs of dispensing before profit the new fee should be closer to \$12.

"Pharmacy markup has actually been reduced from 10% to 2.4% (after wholesaler upcharge of 5.6%)."

Those are some of the initial statistics.

This is from Medi Place Pharmacy, which is on Bloor Street here in Etobicoke, faxed to the Honourable Mr. Smitherman, which I received a copy of.

"We are small pharmacy owners in this province. We are writing to ask you to seriously reconsider your proposed Bill 102.... We take exception to your suggestion that pharmacies and pharmacists are profit makers and are somehow cheating the government by receiving rebates from generic manufacturers. We take exception to your suggestion that you have considered the interests of pharmacies and the services we (particularly small community pharmacists) provide to our patients.

"Many of us went into the community pharmacy because we are convinced that the best health care is offered in such a setting. We are health professionals first



and foremost. We look after our patients on an individual basis. Unfortunately, the reality of pharmacy is that it is still a business. We are forced to look after our bottom line and ensure that our staff and ourselves are compensated fairly for the services we provide....

“Unfortunately, the health minister does not seem to understand the reality of survival for small pharmacists in Ontario.

“For years, pharmacies and particularly community pharmacies who are unable to compete with the larger players have been subsidizing Ontario’s health care system. We have done everything to stay in business, from waiving the \$2 co-payment fee to lowering our prices. Now, by taking away the rebate offered to us by generic manufacturers, the province is essentially telling us that community pharmacies are not important to them. We have been subsidizing Ontario’s drug system for years, but it is simply impossible to—overnight—have our operating profits and the value of our business cut by half or more. If this legislation passes, many of us will lose a significant portion of our income overnight....

“Finally, the minister’s suggestion that the rebates are somehow ‘back door’ is untrue. In any business practice, deals and discounts are legitimate. Particularly in the Ontario pharmacy environment, where it is difficult to meet the bottom line as it is, small pharmacy owners welcome any help they can get. In addition, we remind the minister and his ministry that it is not the government of Ontario that is the biggest customer of generic manufacturers—it is the” small “pharmacies. We are the ones that are forced to pay our invoices at the end of the day. We are the ones that assume the responsibility of bankruptcy and commitment to our employees if we can’t meet our bottom line. Perhaps the health minister and his ministry should understand the problems and challenges of small pharmacy owners before they make changes that purportedly take our ‘interests’ into account....

“(Bill 102) as it stands, will result with most independent pharmacies not being able to meet” their bottom lines, “forcing them to close. The final result will be a pharmacy industry being operated by large chains. What the government will then be faced with will be a pharmacy industry that is a monopoly. We ask that the minister reconsider his proposed Bill 102 and challenge him to devise a more fair plan for small pharmacy owners.”

I read that into the record because as I read through it, I thought there were some concerns that we do need to take into account. I hope that small pharmacy operators will come to the public hearings, because I have to think these are legitimate. I think there’s a big difference between small, community, family-based pharmacies and the big chains. I think we need to recognize that there’s a big financial difference, a big difference in their ability to operate, and we need to be taking that into account. The bill as proposed, at least as described by pharmacy owners, is going to make that impossible for them to do.

I also want to read into the record the concerns the OMA raised last week with respect to this bill. I’m just quoting from their bulletin:

“The OMA will monitor the government’s plans for changes in its rules for interchangeability. At present, the Ontario rules for generic substitution are very tight, and it appears that the government intends to loosen them.

“The OMA will be seeking to ensure that physicians can rely upon the fact that dispensing pharmacists will not substitute the medication they ordered for a product that is deemed ‘similar.’”

That went out as a bulletin to all OMA members on April 21, 2006.

#### 1700

There are a couple of other concerns I want to raise in the time that I have. I’m particularly concerned that there is no definition of “public interest” in the bill, even though the executive officer for drugs is going to need to use public interest in making determinations about designating drug products. If you go to section 19 of the bill, “Decisions about listing, delisting,” it says, “In deciding whether or not to designate a drug product as a listed drug product or to remove such a designation, the executive officer may consider anything he or she considers advisable in the public interest.” The same language appears in section 20 under “Delisting.” The problem is, there is no definition of “public interest” anywhere in the bill.

So what is the public interest, what are the criteria, what are the conditions that the executive officer deems to be in the public interest when he or she makes decisions about listing drugs or delisting drugs? I don’t understand why there wouldn’t even be a definition for “public interest” somewhere in this bill when the executive officer is going to be making significant decisions about listing and delisting, supposedly based on these criteria. That has to change.

I’m also very concerned about the enormous number of regulations or regulation-making powers that appear in the bill. Essentially, you have a framework with some details of some areas that the government wants to move in and the rest is left to regulation, and we are supposed to hope and trust and pray that the system is going to unfold as it should. From my perspective, with any legislation, this one included, as much of the detail of what you want to do should be in the legislation, not in the regulations.

I just want to give you some examples of all those areas of regulation that the government will deal with, without public scrutiny, without the public eye, details that, frankly, should be covered in the bill. They include, in regulations: (1) the definition of what is not a rebate; (2) the drug benefit price for the purpose of the section pertaining to rebates, as including the price submitted by the manufacturer under the regulations; (3) definitions for words and expressions in the Drug Interchangeability and Dispensing Fee Act; (4) designation of products as interchangeable with one or more other products between royal assent of the bill and October 1, 2006; (5) in subsection 5(4), it is the cabinet that has the power to make a regulation that can be applied retroactively so that its provisions may be effective from a date before the

date the regulation is filed; (6) the Lieutenant Governor in Council can make regulations to (a) clarify, modify, restrict functions and powers of the executive officer or (b) provide for additional functions and powers of the executive officer.

In regulations: the conditions pertaining to the acquisition cost of the listed drug product.

In regulations: the creation of alternative payment mechanisms for pharmacy operators for certain classes of eligible persons such as long-term-care facility operators.

In regulations: conditions on the acquisition cost of a listed drug product for an operator of a pharmacy or, in section 16, the drug benefit price for the supply of a drug which the executive officer has agreed to be supplied as a special case.

Subsection 27(1): defining any word or expression used in the Ontario Drug Benefit Act that has not been defined in the act will now be done by regulation. The definition of any word in the act will now be defined in regulation instead of in the definitions section of both this bill and the drug interchangeability act.

Under section 27(1), clause (o.a.1), defining “professional services for the purposes of clause 1.1(2)(j)”: governing payments that may be made for professional services and conditions to which the executive officer is subject in making payments for professional services.

Again, under regulation: conditions pertaining to acquisition cost of a drug product—the list goes on and on.

If you mean what you say, put the stuff in the bill. It would be much better that way. Far too much is left to chance with all the regulations that appear here.

**The Acting Speaker:** Questions and comments?

**Mr. Peterson:** I’m very pleased to reply to the member. She brings up some very interesting points that need clarification. There are too many points that she has brought up to respond to in two minutes, but over the course of the debate today and on Thursday, we will attempt to clarify. I do welcome her to send me the letters she has received from pharmacists, because certainly the intent in the consultations is not to impact upon pharmacists, whom we are putting as front-line health care workers in this bill. We are going to give them dispensing fees, we’re actually going to increase their fixed fee, and we’re hoping that this will all be neutral, if not positive. The alarmist nature of her comments, I think, is overstating the case.

I’m also fascinated by her approach to the executive officer, because the intent here is not to avoid accountability. I can just imagine the member standing up and saying, “Well, the CEO didn’t do something properly,” and letting us off the hook because he reports to the deputy minister and to the minister. I think the member would be very vociferous and very vocal in saying, “Why are you not making sure that the government has direct oversight?”

Frankly, we’re appointing this person who will be an expert in this, much more of an expert and much more familiar with the drug distribution system than the

cabinet. So there’s actually no desire here to avoid accountability, but actually to put accountability with experts who are used to managing the system, not with cabinet.

Thank you for your comments. I take it all under advisement, and I look forward to getting back to you with more of the information on the questions you have asked.

**Ms. Lisa MacLeod (Nepean–Carleton):** It’s my pleasure to address this Bill 102 today. There’s no question that the Conservative Party believes that Ontarians need to be sure that they can get the right health care at the right time. This bill, however, we believe introduces a significant degree of uncertainty with respect to the research and development sector of our economy, as well as small, independent pharmacies. This puts some 30,000 high-paying jobs at risk in Ontario.

As one of the pharmacists in my community, the Nepean Medical Pharmacy, run by Danny Souaid, tells me, he’s got concerns that this legislation can seriously harm retail pharmacies, especially independent pharmacies in Ontario. He tells me that he doesn’t believe the present government understands how important independent pharmacies are to the economy, especially to Ontario’s health. He spoke to the Ontario Pharmacists’ Association to let them know that pharmacy owners have not seen a reasonable dispensing fee increase in over a decade. He told me that there has been a decrease of the markup from 10% to 8% on his products, and he’s certainly hoping that we’re making it clear to the ministry, through this Legislature today, that many drugs can’t be purchased directly from the manufacturer. He told me today that Quebec only allows for a standard of 30-day supply on drugs. All studies have shown this would decrease wastage and misuse. If the government is seriously considering cost-saving measures, then my constituent believes that this should now be the standard in Ontario as well.

He has other concerns. He believes that Bill 102 can hurt pharmacies tremendously. He tells me that he will have to lay off employees at the end of the summer. Collectively, throughout the province, he believes many jobs will be lost and wages lowered to the point where the profession will no longer be attractive to anyone considering a career in pharmaceuticals. I would hope that these issues could be addressed through this Legislature by the other side.

**Mr. Gilles Bisson (Timmins–James Bay):** I want to thank my colleague the member from Nickel Belt for giving what was a very detailed analysis of the bill. I look forward to being able to participate in this debate, because she raised a number of issues that we really need to think about in this Legislature. I think one of the first ones is what this means at the end of the day for the patient, because we know that not all medicines or drugs act in the same way in different patients. For example, if a patient is in need of a particular medication for a certain type of disease, sometimes having the same drug for all of the patients, even though it might be generic or non-generic, may not work as well. One of the things that I

worry about is, because now you're going to have this drug czar, will this legislation put doctors in a position where they're going to be restricted somewhat beyond what they are now in being able to prescribe through the system medication that would be most suited to the person's condition? We know that has certainly been an issue that has been raised in the past and something that I know is a real problem at times. I would certainly not want to see the government go further down that road, and that's one of the issues she raised.

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The other one is—and it's a bit of a bother that I have, because it's a little bit of what they did with the LHINs, the local health integration networks. It's a little bit like trying to find a way to distance the government from bad news. If you say that the local health integration network—in this case, the drug czar—makes all the decisions about dispensing medicine, who can get what, what is on the formulary and all that stuff, if a bad decision is made, the Premier stands in the House and says, "Oh, it wasn't me. It was the drug czar." It's almost as if this government is trying to find ways to isolate itself, to buffer itself from what, at the end of the day, are unpopular decisions. I'd just say to my good friend the member from Nickel Belt that I wouldn't mind hearing her comments on that, because I think, at the end of the day, the government should be accountable.

Mr. Speaker, I'm going to get an opportunity to speak to this more fully, and I'll raise the other items that I want to raise when I get a chance to debate. I just thought I'd let you know.

**Mr. Ramal:** I'm glad to reply to the member from Nickel Belt. I was listening to her for almost an hour talking about many different issues, many different elements, and raising her concern about many sections of the bill. I give her full credit because I believe she read the bill in detail, but I hope she'll understand the intent of what the bill is to achieve: to protect the consumer, to protect the patient and make it accessible for many patients across the province of Ontario.

I want to just talk about when the member was talking about saving money. The money is going to be reinvested in listing more drugs and also in making the drugs accessible to many patients across the province of Ontario. So it cannot be stated in the bill right away, but the intent of the bill is to reinvest in listing more drugs and having them more accessible.

She talked about schedule 8. Schedule 8 is important. As you know, there are so many difficulties for patients across the province of Ontario to reach and use a schedule 8 at the present time. That's why the intent of the bill is to replace schedule 8 with a safety valve, to give a last resort to some patients to receive medication. I think that's very important.

You also talked about cancer patients in the province of Ontario. I was listening to you when you raised your concern about cancer patients. I think this bill will make it more accessible to cancer patients because they are most in need of drugs right away. They cannot wait for a longer time.

You talked about many different issues, basically; I cannot include them all in two minutes. But in the end, I strongly believe it's about time for the province of Ontario, for the Ministry of Health, to come up with a strategy to be followed, and hopefully other provinces will follow our standards.

**The Acting Speaker:** That concludes the time for questions and comments. I'll return to the member for Nickel Belt.

**Ms. Martel:** I want to thank all members for the comments that they made. Let me respond to some of them.

To the parliamentary assistant, the information I read into the record on the fiscal gap for pharmacies—I'd be happy to send a copy of both of these—was sent by the following four persons, and I apologize at the outset if I say their names wrong, and I'm sure I might: Mr. Falsal Khawaja from Hawthorne Pharmacy; Anil Janmohamed, Harbourfront Medicine Cabinet; Nayan Patel, Stouffville Pharmasave; and Zahid Somani, The Village Pharmacy. The longer letter that I read into the record, the longer fax, came to me from John Furtado of the Medi Place Pharmacy. I will be happy to get photocopies for the member so that he can see the concerns that I read into the record, but those are the individuals who have signed the letters that I read into the record.

Secondly, on the concern with the executive officer, I haven't heard the government tell me why it is that they already have a director of the drug program branch, and you are now replacing that current director of the drug program branch with a new executive officer of drug programs. What's wrong with the current individual? What's wrong with the current position? What is it that has made you decide that instead of having these responsibilities dealt with by a ministry bureaucrat, you now want to move away from that process and have someone who is put in there by order in council, who is not elected, who is not a ministry bureaucrat, whose accountability to the public gets further and further removed because their employment is dependent on an order in council from the government. I am waiting for an answer from the government as to why the current position of director of the drug program branch is not a good enough one for you to keep in place and implement some of the changes you have described, even the ones I might not agree with, which I've also outlined.

I also want to talk about the money to be reinstated in the drug program. If that's what you're going to do, put that right in the legislation so that it's clear that's where the money is going to go.

**The Acting Speaker:** Further debate on Bill 102?

**Mr. Kevin Daniel Flynn (Oakville):** It's a pleasure to join the debate today on Bill 102. It's always interesting to hear a variety of viewpoints by those in opposition and in the third party on any proposed legislation brought forward by members of the governing side.

I think it's important that at least somebody, and I'll be that person, outline what the recommendations really mean for the number of stakeholders involved in this

legislation. What I'd like to do is go through what some of the changes mean for those stakeholders and then return, perhaps toward the end of my comments, and talk specifically about what it will mean for pharmacy in Ontario, because a lot of comments have been made today and a lot of letters read into the record. I think it's important we look at this from all sides.

What the recommendations proposed in Bill 102 would mean for the average Ontarian is that certainly there would be no change in any co-pay, no change in deductibles, and no change in the eligibility criteria for the issuance of prescription drugs. The bill also proposes to include patients, involve the patients themselves in the priority-setting and decision-making process regarding the funding of drugs in the province. I think that's an important point to make. Citizens will also be involved in the social and ethical views that are discussed in the province around issues of drug policy, which is an issue we need to come to grips with in order to ensure that we have a sustainable health system in Ontario.

As a result of the changes that are being proposed in Bill 102, what we hope to accomplish, and what I certainly believe will be accomplished, is that we'll get faster drug funding decisions. I know that's important to communities in southern Ontario that I'm aware of, and there may be some in the north. Southern Ontario has a very dynamic and vital drug production industry—manufacturers, research and development—and it's important that they get their products to market as safely and as quickly as possible. What's foreseen in this is that faster drug funding decisions will be made. What that means is that the patients awaiting a decision on those drugs will be able to access those drugs in a more timely manner, which can't help but be advantageous to their health.

We've all dealt with what are called section 8s in the past. Section 8 is a cumbersome exercise currently in place by which a person can apply, under exceptional circumstances, for the right to use a certain drug that is not covered under normal terms of reference. In the proposed legislation, section 8 would be replaced with something that's called "exceptional access." It's a new method of drug approval. It's a faster process and it requires very minimal paperwork. More drugs would be funded through a conditional listing process proposed in the legislation. Through clear and concise communication as to the rationale and the decisions concerning funding drugs, Ontario citizens themselves can then be able to monitor the status of the drugs that are currently under review. It's a much more transparent process.

Pharmacists would be trained and compensated for providing patient counselling, and would integrate into the primary care models that are starting to become established throughout the province of Ontario.

What we're hoping to accomplish through the passage of this bill is that we will attain best practice prescribing guidelines. What that means is that it will ensure Ontarians will begin to get the right drugs for the right person at the right time, which is something that I think all parties in the House would aspire to.

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I don't think you can talk about a health care system these days in a modern society without talking about the economics behind it. What we're trying to do in this bill is to use the purchasing power that's contained in over \$3.5 billion worth of purchasing that's expended in the province of Ontario on an annual basis. We're attempting to use that in a businesslike fashion, like any business would, I think, in the province of Ontario. What our taxpayers expect us to do is to use their money wisely and with some level of private sector discipline in the expenditure of those funds. What we're striving to do is to achieve value for money for all Ontarians in all aspects of the drug system here in the province.

So what we believe this will do and what I believe it will do is provide clear roles. The responsibilities are clear in this legislation; the accountability is clear; the reporting requirements are clear for all providers throughout the drug system.

What could it mean for other stakeholders in the province? For employers, we already know—I come from the town of Oakville; it's my riding. We've got the Ford plant in my riding. One of the major reasons that auto manufacturers are locating in the province of Ontario as employers is our health care system. It's a competitive advantage over other jurisdictions that may be competing for the same type of assembly plants and head offices that we've managed to secure in the town of Oakville. So we know that a sustainable and functioning drug care system will help keep those drug costs manageable for employers in the province.

Pharmacy: For those who are involved in pharmaceuticals, for those who are involved as a profession in the prescribing of grubs—drugs; I'm not sure anybody wants to have grubs prescribed, but you never know—it better reflects the actual cost of dispensing and the distribution markup that's entailed. It protects pharmacy from price increases. It pays pharmacists for professional services that they're currently providing and may not be compensated for. It's going to eliminate the rebate system that pharmacists have to deal with now. It gives pharmacy a formal voice. And it implements what's called off-formulary interchangeability.

There are two levels of pharmaceutical manufacturers in the province of Ontario and in our country and North America. There are those that are the brand manufacturers and those that are the generic manufacturers. For the generic manufacturers, what the bill proposes to do is give the potential for actually increasing revenue due to interchangeability. It eliminates the rebates. It implements a flat 50 rule that will be neutral, but it will allow for price increases under very specific circumstances.

For the brand manufacturers, the executive officer position will facilitate much faster listing decisions after the expenditures have been made by employers in the province of Ontario involved in research and development in bringing a drug to market. What they're looking for is as short but as safe a time frame as possible. This will facilitate a much faster listing. Partnership agree-

ments are envisioned. Conditional listing significantly improves drug access for Ontarians, and of course that would improve the manufacturers' revenue. We've got a \$5-million innovation fund that's included for brand manufacturers. We've got a rapid review of what are considered to be breakthrough drugs, those drugs that could do an awful lot of good in a very short period of time if they're able to achieve that approval. As with the generic manufacturers, it also allows for price increases under very specific circumstances.

We're always trying to encourage more doctors either to stay in the province or to locate in the province, and one thing we can do is to make their job as easy as possible and let them spend as much time with patients as they can. This bill proposes far less paperwork. What that allows the doctors to do is to spend more time in their offices dealing directly with the patients, not with the bureaucracy and not with paperwork. It certainly does bring into play best-practice prescribing guidelines.

I think to date the government should be very proud of the process that it has employed to bring us to this point in the debate. It's been one of the most open processes that I've seen. Over 250 experts have been consulted; two jurisdictions have been visited—the United Kingdom and the United States; we've had over 105 meetings with over 350 people over a six-week period; we've received over 92 written submissions, almost 100 written submissions, and that adds up to easily over 1,000 pages; we've had consumer round tables, patient round tables and public opinion focus groups in five centres around the province of Ontario.

But specifically dealing with pharmacists, I think this government has demonstrated that we have a respect for the front-line workers in our health care system. We've managed to secure a long-term agreement with our doctors. With the hiring of new nurses, there's more respect for the nursing profession. We've entered into a different type of arrangement and agreement that involves a lot more respect than perhaps we've shown to that profession in the past. We know, if we talk to individuals, that pharmacists are some of the people who are most trusted and respected by people in Ontario who need to avail themselves of our health care system. What the research shows to date is that there are some very, very positive impacts of this legislation: positive impacts of increased revenue from a raised dispensing fee; a new fee code for professional services that pharmacists are providing; and a price correction as well.

In summary, I believe Bill 102 is innovative. It represents a most significant and overdue change to the drug system in Ontario, and I think all parties would agree that that change is needed, is long overdue. The bill will not only provide the right drugs for the right people at the right time, but it really recognizes, in my opinion, the valuable role and services that our well-trained front-line health care professionals deliver each and every day to millions of Ontarians.

In particular I'd like to speak to the impact of this bill on pharmacists in the province. For too long, pharmacists

have been stereotyped as simple dispensers of medication, people who just take a slip of paper and hand some medicine back. That's far from the reality of the day for pharmacists in Ontario. Pharmacists are the front-line defence for patients in Ontario each and every day. When you think about the level of interaction, the primary role they play, especially in smaller communities throughout the province of Ontario, it's really nothing short of amazing. We've heard that, on average, pharmacists interacting with approximately 150 patients each and every day. That's 1.6 million visits by Ontarians with their pharmacists on any given day in the province.

For the first time in this province, with Ontario leading the way across the country, pharmacists will be recognized for the services they deliver beyond dispensing and acknowledged as a key and a primary partner in delivering primary health care in the province. We've already met with many pharmacy stakeholders and have asked for their recommendations for which stakeholder groups should be on the pharmacy council.

I believe that the consultation on this bill has been thorough. I look forward to further debate on it. I believe the government is clearly on the right track. These changes are overdue. It's a responsible bill and it's necessary to keep our health care in a sustainable manner.

**The Acting Speaker:** Questions and comments?

**Mr. Norm Miller (Parry Sound–Muskoka):** It's my pleasure to add some comments on Bill 102 and the speech made by the member from Oakville this afternoon. I don't think any of us would argue that the cost of drugs to the province of Ontario is something that needs to be addressed. The amount spent on drugs is some \$3.4 billion, and I know it's been increasing at amounts like 15% a year. So it is a huge part of the cost of the health system.

However, I do certainly have some questions to do with the way the government is going about making these changes. In particular, as was noted by the member from Nepean–Carleton and the member from Nickel Belt, I'm very concerned about small pharmacies and the effect this bill would have on them. There are changes being made to the amount of money that would be paid for the dispensing of drugs, some very minor increases in costs, and the worry is that the small pharmacies in rural and northern Ontario will not be sustainable, will be put out of business, and we'll end up with just large chain stores dispensing drugs. That's certainly a real concern, and we've had some specific letters read into the record from pharmacies.

I also have concerns to do with other sections of the bill. Section 19 restricts the manufacturers to the sale prices listed on the formulary. This only applies to the Ontario Drug Benefit Act, so the manufacturers could end up recouping their lost revenues forced by this bill by increasing the cost of drugs sold for those not covered by the Ontario Drug Benefit Act.

There are many changes. We'll certainly want to see very substantial committee time for this bill.

1730

**Ms. Martel:** I listened with interest to the comments made by the member from Oakville. I just want to make this comment: There's a lot of government spin about how this is going to be so much better for patients, how there are going to be faster funding approvals for drugs, how the current section 8 process, which is so cumbersome, is going to be replaced by something that's so much faster, with less paperwork etc. Look, folks, I took the opportunity to read the legislation, and there's a big gap between the government's spin in the background documents and what is actually in the legislation with respect to how the government intends to achieve these things.

With respect to faster drug funding decisions, I can tell you that nowhere in the bill is there any mechanism listed, any framework, any idea anywhere, of how the government is going to do that. It does not appear in the bill. There is not a single provision to outline what that means, who's going to be responsible and what the process is for rapid approval of drugs, especially breakthrough drugs.

I think those matters should be in the legislation. If you have come out and said, "This is going to be done," you must have some idea of how you intend to do it. Then put it in the legislation so that the mechanism that is going to be used through the bill to achieve that outcome can be clear to the public.

Secondly, the government members talk about how cumbersome the section 8 process is—and it is; we all know that—and say that it's going to be replaced by a new process that has minimal paperwork, that will outline the rationale for negative decisions, that will be transparent. I've got to tell you, there's nothing in the bill that outlines what the process is that's going to replace the current section 8 application; nothing. Section 16 is very vague with respect to the executive director will have some responsibility, but it doesn't say how negative decisions are going to be communicated. It doesn't say who's going to be in charge in terms of all the applications coming in. It doesn't say anything about what's going to be so much better to replace this.

I don't want to buy a pig in a poke. I want you to put what those changes are going to be into the legislation.

**Mr. Peterson:** I wish to address the concept of what we're attempting to do here in terms of the total management of the health care package. We spend approximately \$33 billion a year on our health care system. The drug portion is about \$3 billion. Any savings here are very important.

The member from Nickel Belt mentioned the savings we anticipate in the system. We anticipate a better management of drug distribution. That is going to mainly be an elimination of rebates to the larger pharmacies. We don't anticipate that affecting the smaller pharmacies dramatically. Also, hopefully, by avoiding double dispensing fees, we can have some savings there.

There's better management of the formulary listings. Under our current drug laws in Canada, there's patent

protection for 20 years. The drug companies say it is really effectively 12 years because it takes them about eight years to bring drugs to the point where they can be sold, but it is a 20-year program; a net effect of eight years. After that, we can get into the generics, which can be very effective in cost savings. It's interesting to notice that the auto workers have said, in their drug benefit plan in the United States, "generics first."

As the largest purchaser of drugs in Canada, \$3 billion a year for our Ontario drug benefit program, we should be getting the benefit of this large-volume buy.

**Ms. MacLeod:** The minister claims that patients will not notice the changes to the system. Having said that, however, Danny Souaid, from the Nepean Medical Pharmacy in my constituency, has severe concerns about staying in business. I think patients will notice this. I think they'll notice throughout northern and rural Ontario—and the riding I represent is rural—that when the sole health care provider in their community, the pharmacist, isn't able to see them because the government drove the pharmacy out of business, it doesn't necessarily help the health care system.

This is not just in my riding of Nepean—Carleton. Danielle Edgar, a pharmacist with Lambton Pharmacy in Petrolia, according to the Sarnia Observer, basically says, "The average person getting a prescription filled isn't likely to notice much of a change." In the same article in the Sarnia Observer, there's also a dilemma that Darren Nesbit is talking about. He's from Sarnia, and he has been fighting the province to approve an expensive drug treatment for a rare genetic disorder. Darren is telling his newspaper that he feels more loyal to the drug company than to his own government. He thinks that's sad, because he's concerned that if there's a lower profit margin on these drugs, it will force companies and manufacturers to stop providing this life-saving treatment, and they're going to leave the province. Cut off his drug treatments and he could die, he's saying. This is not inflammatory language. This is exactly what this patient is saying.

I think these issues have to be addressed in this legislation. I encourage the honourable members on the opposite side to look at these concerns that Ontarians, patients, small independent pharmacists are offering by way of newspapers and by way of members on the opposite side of the chamber.

**The Acting Speaker:** That concludes the time for questions and comments. The member for Oakville has two minutes to respond.

**Mr. Flynn:** I thank the members from Parry Sound—Muskoka, Mississauga South, Nickel Belt and Nepean—Carleton for their contributions to the debate.

If the proposed bill is passed, this will be the first time in the province, and with Ontario leading the way in this regard, across the country, that pharmacists will finally be recognized for the service they deliver, beyond just dispensing, and acknowledged as a key partner in delivering primary care. I know it's perhaps the job of the members opposite to paint a gloom-and-doom scenario

for all the pharmacists, that the sky is falling perhaps, but I don't think it is. I don't think you need to portray the change as having a potentially negative financial impact on smaller communities or the pharmacies in those communities in the province.

I want to reiterate the statements that were made by the Minister of Health here in the Legislature just last Thursday. He said, "I recognize that there are issues about the sustainability, about the economics of pharmacy"—and, as such, we're going to work in partnership with the Ontario Pharmacists' Association—"to make sure that we have robust, vibrant pharmacy in this province." At the end of the day, "We have a particular obligation to ensure that the economics of pharmacy remain vital, so that the vital service they can provide will be very well cared for."

I don't think you get much clearer than that. The commitment is key to the success of the bill and changes that improve the role of pharmacists and care as a result of that for patients in Ontario. There's no hidden agenda that I can see. I don't see that this government is out to get anybody. We're simply trying to fix a problem that has lingered for many years and now must be fixed for the long term. As I see it, we're the only government in a very long time that has taken any real, positive action on this issue. So, I say, good for you.

All members should be supporting this bill.

**The Acting Speaker:** Further debate? I'm pleased to recognize the Deputy Leader of the Opposition, the member for Kitchener–Waterloo.

**Mrs. Elizabeth Witmer (Kitchener–Waterloo):** I'm certainly pleased to join the debate on Bill 102, which was introduced on April 13 of this year, entitled the Transparent Drug System for Patients Act, 2006. As members in this House know, this bill has three components. Part I deals with sweeping amendments to the Drug Interchangeability and Dispensing Fee Act, part II contemplates amendments to the Ontario Drug Benefit Act and, of course, part III deals with the commencement.

Let me begin by saying very clearly that our party has very serious concerns about this bill and the impact of this bill. We believe it will have very significant and, in many instances, negative implications for patients, for pharmacists, for pharmacy, for pharmaceutical companies and the economy as a whole. This bill is proposing a very fundamental, monumental and massive overhaul of the current drug benefit system, which obviously is vital to the millions of Ontarians it serves. As such, we were pleased to hear, in response to a question I asked the minister, that there would be, we hope, real consultation on this bill. There is a need for very broad consultation, because until now the consultation that has taken place has only been in the form of advice to the minister. No one has had the opportunity to actually respond to the recommendations that are contained within this bill. That is not consultation.

1740

We are also very concerned that Bill 102 appears to put cost containment at the centre of the drug benefit

system instead of focusing on improved access for patients and improved patient outcomes. We're also concerned that this very complex piece of legislation, with its vast amount of reform, leaves far too much to chance; in other words, regulation that will not see the light of day or have the opportunity for any public input. These are decisions that are made only by the government.

Also, although this government maintains that this is a very balanced reform package, I would say to you that in the last few days our office has been inundated with letters, with phone calls, with e-mails. In fact, as I've been sitting here in the House during the debate today, I continue to receive more letters, faxes and e-mails of concern from people in the province of Ontario. You see, they didn't have an opportunity to see the bill, to see the recommendations. They're now starting to analyze the content, and as a result, some of the initial optimism is turning to skepticism. As they become familiar, so does the level of concern.

We are also now receiving many, many questions from individuals and from groups about the impact of this legislation, which have been generated as a result of their analysis and their concern. There was a lot of spin, a lot of government rhetoric when the announcement was made; however, they now recognize that a lot of what was talked about is nowhere in this bill.

In my presentation, I am going to raise some of the questions and concerns we have heard to date. I will tell you that despite the government talk about transparency and accountability, there is certainly growing concern that the government agenda is anything but transparent. As a result, we are seeing requests for clarification and requests for explanations, because there has not, as I said before, been any consultation on the actual recommendations contained within the bill. No group or individual was ever consulted on the totality of the package as articulated in Bill 102. They were simply asked to give advice to the minister, which they did, and now they see the results of what has transpired in the minister's office.

I want to put on the record some general concerns about the bill, and then I'm going to go through the bill chronologically and highlight some of the concerns. I would say to you that the appointment of Helen Stevenson in June 2005 is one that people have always questioned—the fact that she was appointed. She is now leading the Drug System Secretariat. She was asked to conduct a review of Ontario's drug system. The whole process there has been cloaked in secrecy. We know there was already a very competent director of the drug program in place, but it appears that the government was in need of a political appointment. So again, from the beginning, there has been some concern about that particular appointment and the way the entire review has been conducted.

Let me say at the outset that our party recognizes the need for greater efficiencies in the system. Every year, the price of drugs is escalating, in the neighbourhood of 15%. We can't sustain that; we know that. We agree there is a need for reform. However, we're concerned that the reforms that have been presented to us in Bill

102, as we analyze the bill and as we receive the analysis from legal firms and others, are only going to result in Ontarians once more paying more for health care, as they already are in the form of the health tax, which now raises about \$2.5 billion and at the same time delisted physiotherapy, eye exams and chiropractic services. Not only are they going to be paying more, but we are concerned, as we look at the bill and hear from the stakeholders, that people actually are going to have less choice when it comes to drugs, less access, and that it's not going to improve outcomes. I just want to put that on the record.

Again, we hear from people that despite the government spin, despite the government rhetoric, they see this bill as being all about cost containment, as opposed to being, as the title of the bill suggests, a transparent drug system for patients. If the bill is really about cost containment, then the government should have been honest and should have said so.

The other concern we are hearing is that the government has really created some unrealistic expectations for patients with respect to faster and better access to innovative pharmaceutical therapies, compared to the resources allocated and the lack of transitory details in how this will be achieved. This is disappointing. I will tell you, huge expectations have been created that people are suddenly going to have speedy access to all of these new drugs, all of these breakthrough drugs that are going to be added to the formulary. However, nowhere in this legislation—nowhere have we heard any details as to how this is going to be achieved. So again, the skepticism in the public continues to grow.

I will tell you that there has been tremendous concern about the government giving unfettered and unprecedented power and authority to an OIC appointee, the new executive officer, to do what he or she wants. I would ask the government to provide to us in the opposition an example of any other person within the health bureaucracy who has unfettered and unprecedented power and authority and so much discretion to make decisions that are going to have a huge impact on people in the province of Ontario. I know the government likes to compare this position to the OHIP director, but I think anybody who is familiar with that position would know and acknowledge that there is absolutely no similarity between the OHIP director and this new executive director. So we're going to have an unaccountable, unelected, politically appointed executive officer who is going to have a \$3.5-billion drug system to control, with absolute power to do so.

I guess the question would be, how does this power, so unprecedented, so without discretion, serve the goal of accountability and transparency to the public? How is this going to foster confidence in the drug system on the part of Ontarians?

**1750**

The minister likes to say that people aren't going to see any change as a result of this bill. However, there are some questions that arise from that particular statement, and some of the questions are: Will the drug manufact-

urers be allowed to increase prices for people with private insurance plans or people with no insurance coverage in order to recoup the losses that are legislated by this bill? If that's the case, people are going to see changes. Will off-formulary interchangeability result in cloak-and-dagger prescription switches at the checkout counter? If so, people will notice the changes. What requirement is there that patients be notified that their prescriptions are being changed? Are patients who require higher-priced drugs going to be forced to pay out of pocket for the difference? What of the pharmacies that are going to see reductions in revenues, to the extent that they possibly could be driven out of business?

Despite what the minister has said, despite the spin, despite the rhetoric, I can tell you that some of the implications of this legislation are going to result in patients noticing some real, significant and detrimental changes to the system.

First of all, we have heard huge concerns from pharmacies, particularly pharmacies in northern and rural Ontario. They are so concerned about the reductions in revenues that are anticipated and that could well drive them out of business. These communities depend on this sole health care provider. This policy that you are putting in place has the potential to drive that individual and that pharmacy out of business. This may happen because of the changes to the dispensing fees to \$7. That's not going to accurately reflect the true cost of dispensing drugs, which we know is much closer to \$10. So the government must consider the devastating consequences of this policy, this Bill 102, the impact it's going to have in the revenue figures to the independent small operators in rural and northern Ontario.

This bill, I would suggest, and we have heard, also introduces a significant degree of uncertainty with respect to the research and development sector of our economy. Some of the changes have the potential to reduce high-paying jobs in this province. It puts those jobs at risk, because this bill does target drug manufacturers and takes a look at their ability to generate revenue. We are hearing that drug companies that are unlikely to see a return on their investments are unlikely to invest new money in the province of Ontario.

In fact, some of the changes that are being suggested by Bill 102 are fundamentally irreconcilable with the Premier's claim to be the research and innovation Premier. It was bad enough that his own research and innovation ministry suffered a 7% cut in the most recent provincial budget, but then we had something else happen. When the Premier was in Chicago at the BIO 2006 conference attempting to lure research dollars to Ontario, the Minister of Health back home was closing the door to that research and innovation with the introduction of this bill, which is anticipated to cost jobs.

This is happening at a time in the province of Ontario when businesses are already seeing the increased costs of doing business in Ontario as a result of increases to energy, the electricity costs and, of course, higher taxes, one of them being the health tax.



Most people have recently filed their income tax for 2005, and they are commenting to me, as they go back through the pages, that here's this health tax, a tax that this Premier promised he would never introduce. He told people he wasn't going to raise their taxes. Well, he did, and as a result it's causing hardship, and it's part of what's happening that's encouraging people to pull up stakes in Ontario. Certainly in the case of some of the drug manufacturers, they well could pull up stakes if there is no real opportunity for research and innovation in Ontario, and they could go to the province of Quebec, or they could move elsewhere. So I think that's important.

I think it's also important that the minister is misrepresenting the estimates. He is saying that there's going to be \$67 million of anticipated savings. However, that fully depends on negotiations with the federal government, negotiations that have not yet even begun. So I would encourage this government to be more honest when they're talking about estimates. I think it's important to also recognize that the changes being considered will not be felt just in Ontario but have the potential to impact all provinces and all people throughout Canada.

These are just a few of the concerns that we have heard, and I'm going to move on and talk about some of the issues as they appear in the bill in chronological order.

First of all, the whole issue of interchangeability: This bill expands the range of drug products that may be designated as interchangeable to include products with the same or similar active ingredients in the same or similar dosage form. I can tell you, those words—"same" changed to "similar"—are causing a lot of concern.

They're causing concern now to patients, because you see, in the past drugs had to have the same active ingredients in the same dosage form to be interchangeable. So now we have a lot of confusion. We have a lot of concern. People are asking, "What is the definition of 'similar'?"

We are now hearing—and this is what's interesting—from patients and patient groups who are contacting us. They are wondering if the ability of physicians and patients to determine which drug is appropriate for their case is going to be taken away. While changing to a similar dosage form may not pose consequences for the patient, unfortunately, interchanging ingredients, whether it's an active or inactive ingredient, can mean a different molecule altogether, and this is becoming a great concern for patients. So this bill now is starting to create some anxiety.

The industry is also wondering what the definition of "similar" will be. Will the Health Canada standard of "similar" be adopted? Will interchangeable drugs contain identical amounts of identical ingredients in a comparable dosage form? If the government would give answers to these questions, patients would receive some reassurance and guarantee that they don't have at this point in time. Instead, people are left to wonder, and they are concerned.

**The Acting Speaker:** Thank you very much. It being 6 o'clock on the dot, this House stands adjourned until 6:45 p.m.

*The House adjourned at 1759.*

*Evening meeting reported in volume B.*

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Scarborough Southwest / Scarborough-Sud-Ouest	Berardinetti, Lorenzo (L)		
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Scarborough–Rouge River	Balkissoon, Bas (L)		
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Simcoe–Grey	Wilson, Jim (PC)		
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Une liste alphabétique des noms des députés, comprenant toutes les responsabilités de chaque député, figure dans les premier et dernier numéros de chaque session et le premier lundi de chaque mois.

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