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Monday 26 March 2007

Lundi 26 mars 2007

Speaker
Honourable Michael A. Brown

Clerk
Deborah Deller

Président
L'honorable Michael A. Brown

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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 26 March 2007

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 26 mars 2007

The House met at 1845.

ORDERS OF THE DAY

HEALTH SYSTEM IMPROVEMENTS ACT, 2007

LOI DE 2007 SUR L'AMÉLIORATION DU SYSTÈME DE SANTÉ

Resuming the debate adjourned on March 21, 2007, on the motion for second reading of Bill 171, An Act to improve health systems by amending or repealing various enactments and enacting certain Acts / Projet de loi 171, Loi visant à améliorer les systèmes de santé en modifiant ou en abrogeant divers textes de loi et en édictant certaines lois.

The Acting Speaker (Mr. Michael Prue): On the last occasion of this debate the government member had the floor, but I do not see him here. Further debate?

Mrs. Elizabeth Witmer (Kitchener–Waterloo): I am pleased to join the debate on Bill 171. It's a huge bill. It's the Health System Improvements Act. It was introduced by the Minister of Health and Long-Term Care just before Christmas, on December 12, 2006. It is an omnibus bill. It is a bill that actually seeks to amend 42 separate acts. I think we've heard it said that this particular bill, which seeks to amend 42 different acts, has the potential to involve the largest number of stakeholders ever on any bill. If you take a look at all of the different health colleges, I think you can see there are a lot of people that could possibly be impacted by this bill.

Many of the initiatives contained in this bill are issues that have been talked about for some time. They are now coming forward, and some people would say that they're long overdue. However, they are moving forward at this time.

I want to take a look at the bill. I am going to go through some of the schedules of the bill. I would tell you, though, right off the bat, this is not a bill that really is, I guess, one that the public is going to speak to or probably have a lot of interest in, although the bill does impact them because of the impact it has on the different health professional groups in the province of Ontario. It's quite a technical bill. As I review the bill, I think you'll see that it is a bill that is quite technical. Certainly, if there are concerns that are expressed about parts of the bill, you will see that usually the concerns are coming from the different colleges that are going to be impacted by the legislation. It is not a bill where the public is stepping up to the plate because the public probably doesn't quite understand at this point in time the impact the bill might or might not have upon them.

I would like to begin with schedule A. This is one that doesn't deal with the colleges, but it would facilitate—and I say that because, remember, this is an omnibus bill. It's a bill that deals with a lot of different issues under the health umbrella. It's not necessarily just restricted to the HPRAC recommendations for the colleges. However, that does take up the bulk of the bill. Schedule A would facilitate the implementation of a new integrated air and land ambulance system to manage the transfer of patients between health care facilities.

Dr. Chris Mazza, the CEO of Ornge, describes the benefit of integrating land and air ambulance critical transfers under his organization. He says, in a very positive way, it "would result in a more coordinated, faster and safer transport service. Patients would receive better and safer care while in transit because they would be accompanied by critical care paramedics who have the training and skills necessary to care for critically ill patients." So again, that particular change is being well received.

1850

I would just remind those who are watching that while we were in government, we did take a look at this whole issue of ambulance services, trying to reduce the wait times for Ontarians during emergencies. We actually made a major investment of over $224 million for ambulance services. In fact, from 1999 to 2003, our party increased funding for air ambulance services from $46.8 million to $72.7 million. I know that our party certainly can take some pride in what we have done in helping to create a world-renowned air and land ambulance service. I would say to you from my own personal experience as a former Minister of Health and Long-Term Care that this particular service is staffed by dedicated, highly trained professionals and I have full confidence that this recommendation, which I support, this newly rebranded ambulance service, will continue to deliver the high-calibre care to our sickest patients in the province of Ontario. That's a very positive move and I think we have to acknowledge and recognize that, and we have to recognize that the people who work with the air and land ambulance are dedicated professionals who have a tremendous amount of professional expertise, compassion and do provide outstanding care for the residents in this province.

Taking a look at schedule B, it would actually enhance the services that optometrists, dental hygienists and pharmacy technicians, interns, provide. We talk a lot at the present time about expanding the scope of service for health professionals. This schedule B is here because of recommendations that have been published by the Health Professions Regulatory Advisory Council, more commonly referred to as HPRAC, over the years. If you're not in health, you don't know what HPRAC is, but it's a very important body for the health colleges.

For the benefit of the people here in the House tonight and watching, I want to read a few opinions and comments from the stakeholders that are affected by schedule B. Miss Penny White, the president of the Ontario Dental Hygienists' Association, said, "It has taken a long time to get our issue on the government's agenda, and we are pleased that the government is fulfilling this commitment to act on HPRAC's recommendations to increase access to dental hygiene services." I would just hasten to add that a similar recommendation had been made by one of our members, Jim Flaherty. He had a private member's bill on this issue. Finally, this issue is moving forward.

Now, the optometrists: Dr. Derek MacDonald, the president of the Ontario Association of Optometrists, is saying here that they're pleased with the commitment that the government has shown to improve access to primary eye health care services.

If you take a look at schedule B, it is going to allow for an expansion in the scope of practice of health professionals and it's putting the interests of Ontarians first; it's going to allow the public to have more choice. These are recommendations that are coming from HPRAC; they are the ones who are making these recommendations to enhance these health services. They are intended to help reduce some of the pressure on the health system, which we all know today is overburdened and, many would say, underfunded. For example, we know that today in the province of Ontario, if you take a look at the number of family doctors, there are over one million people who do not have a family doctor. That was why our government introduced primary care reform, we set up the primary health teams, the family health networks. They have become today the family health teams. But it allows for a multi-disciplinary approach to improving access to health services. So, we have schedule A, we have schedule B and, again, they are of benefit to people in the province of Ontario.

I'd like to look now at schedule D. It proposes the transfer of legislative responsibility of five categories of non-residential and seasonal residential drinking water systems from the Ministry of the Environment to the Ministry of Health and Long-Term Care. Unfortunately, as in many pieces of legislation that are introduced by the McGuinty government, we don't have much information regarding this particular proposal. There's not much detail at all, so it would be premature to take a look at what all of the implications might be. However, I would say to you that I have questions, and I know that the Ontario Public Health Association also has questions, regarding schedule D, which, as I've just said, is the transfer of the legislative responsibility of five categories of non-residential and seasonal residential drinking water systems from the Ministry of the Environment to the Ministry of Health and Long-Term Care.

Some of the concerns that I have that are shared by the Ontario Public Health Association are: We'd all like to know if there's going to be adequate funding, if there's going to be laboratory and technical support, and if there are going to be clear regulation standards related to the construction and operation of small water systems. Is the Ministry of Health, who will now have the responsibility, going to be providing that funding, that support and those standards?

I think all of us in this House, particularly those who served during the time of the Walkerton issue, know that safe drinking water is an issue that always needs to be first and foremost on our minds. This particular schedule, this particular initiative, schedule D—what we need to know from the government—and I see the Minister of Health here this evening—we look forward to receiving further details on some of the issues that I've outlined just a moment ago to ensure that, indeed, we're going to have the adequate funding, we're going to have the laboratory and technical support and we're going to have clear regulation standards related to the construction and operation of the small water systems. Again, that's what the Ontario Public Health Association wants to know as well. We have to make sure—I think we've all learned from Walkerton—that we need to get this right the first time. We just have to make sure that the appropriate level of financial support is going to be there.

I'd like to turn to schedule G. Schedule G deals with an issue that actually has been of concern and interest not just only to the public but certainly all the doctors in the province of Ontario. It is in regard to the recommendations from Justice Peter Cory. In April 2005, former Supreme Court Justice Peter Cory called for sweeping changes to the existing Ontario medical audit system.

When he introduced those changes in April 2005, the Minister of Health said that he would respond to Justice Cory's report by the summer of 2006. Regrettably, the McGuinty government was not able to achieve that timeline. We have not seen any action for more than 18 months. We do have to make sure that we put in place a system that, obviously, is going to be fair to the health professionals but also respond to the needs of the public. This was motivated, if we remember, by a situation in 2003. The judge did agree with the criticisms of the system, saying that the system, which resulted in about 100 audits a year out of 22,000 physicians, had "a debilitating and, in some cases, devastating impact on doctors."

1900

Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care): Now we have more.

Mrs. Witmer: The minister has just said to me that we have more physicians today than that number, but I would hasten to remind the minister that Ontario is no

longer the jurisdiction of choice for physicians. The OMA recently came out with some numbers indicating that for the first time in recent history, this province lost doctors to other provinces in Canada; in fact, we lost 14. I would also remind the Liberal government that the number of underserviced areas in the province today is larger than the number we had, and I would also remind the members of the government that there are over one million people without a family doctor today.

Getting back to Judge Cory's recommendations:

"Physician groups are telling us that Judge Cory's recommendations would not only make the system fairer, but would protect the $6 billion spent on doctors' fees from fraud or abuse.

"Physicians have heard that delays in implementing the report are due to civil servants" who, according to them, have tried "to water down the recommendations," and this, so Douglas Mark of the Ontario Coalition of Family Physicians says, is so that "'the same kangaroo courts will occur.'"

But he says that doctors are not going to "stand for that....

"'There will be a huge outrage. This has been the biggest thing to unify doctors in the last 20 or 30 years.... The whole thing was completely draconian. It really was a witch hunt.'"

Tom Blackwell, in the National Post on October 23, 2006, says, "Official Warns of MD Fraud: Doctors Support Bill. Ontario Auditing System Overhaul Could Make Fraud Harder to Fight." So you can see that people have different opinions.

My job as the critic for the official opposition is to make sure that all of the viewpoints that are being expressed by stakeholders in the province of Ontario to the greatest degree possible are put on the public record. I think, at the end of the day, the government needs to know what the concerns are that are being expressed. The reason you introduce any bill for debate is that hopefully you will listen to what the opposition has to say, you hope that they will listen to what the stakeholders are saying, and you hope at the end of the day that the bill is going to be in the best interests not only of the stakeholders but, obviously, the public who are going to be impacted. That's why we're elected. That's why we live in a democracy. That's why we don't live in a dictatorship.

I would only say to you that the Ontario Medical Association did request that the Liberal government move quickly to implement the recommendations set out in Justice Cory's report. Unfortunately, the Minister of Health has not followed through, and we haven't seen the movement that might have been asked for.

I want to go back and speak briefly, because there's another group that actually has some input on schedule G, and this is a group called the Ontario Trial Lawyers Association. So you can see that there are people outside of the health stakeholders who have an interest. I just want to tell you what they said:

"The schedule G amendments to the medical audit process in the Health Insurance Act are grossly inadequate. These amendments, drafted by ministry staff at OHIP, are not faithful to the recommendations of Justice Peter Cory. Ministry staff were responsible for the unfair processes of the previous audit system. They should not have been allowed to draft the legislation. Most notably, they have not included a provision in the amendments stipulating that OHIP bears the burden of proving its cases in any audit hearing and requiring that OHIP and others involved in the administration of the audit system comply with principles of fairness and civility.

They go on to say that, "There are many other recommendations of Justice Cory which have not been incorporated. While the old audit system (which involved the medical review committee of the College of Physicians and Surgeons of Ontario) has been abolished, other audit committees (chiropractors, etc.) continue, despite the fact that the Attorney General has acknowledged that the process is legally flawed."

This group, the Ontario Trial Lawyers Association, say that the proposed amendments are confusing and lack the clarity which was the hallmark of the report of Justice Cory. They say that this portion of the bill should be scrapped and the preparation of proper legislation should be delegated to others who have read and accept the report of Justice Cory. So you can see there are those who are for, there are those who are against, and there are those who are neutral regarding schedule G.

Schedule K of this legislation proposes the creation of an arm's-length public health agency. The new agency is to be named the Ontario Agency for Health Protection and Promotion. The legislation suggests this agency would attempt to enhance the protection and promotion of the health of Ontarians through providing scientific and technical advice and support to those working to protect the health of Ontarians. As well, this agency would carry out and support activities such as public health, research, surveillance, epidemiology, planning and evaluation.

We have heard many experts over the past few years who have said to us there is a need for such an agency. In fact, it was our government that commissioned the review which first recommended establishing such an agency. I would have to say that although our party agrees that there is a need for an agency of health protection and promotion, again, we have a piece of legislation—as is so common when the McGuinty Liberals introduce legislation, there's just no detail. There is no plan for implementation.

Not only has the Minister of Health failed to indicate the cost associated with such an agency, but stakeholders, such as the former Supreme Court Justice Archie Campbell, have indicated that an arm's-length agency—and I quote—"fails to take into account the major SARS problem of divided authority and accountability."

If we go to the SARS commission's final report, called Spring of Fear, on pages 1161 to 1162, Supreme Court Justice Campbell points out that an important lesson from

SARS is that the last thing Ontario needs in planning for the next outbreak—and we all know it's going to happen; the question that remains is when. The last thing Ontario needs in planning for the next outbreak and to deal with it when it happens is another major independent player on the block.

The SARS commission actually recommended a much different arrangement in its first interim report. They warned very strongly against creating another autonomous body, when I think the SARS experience has demonstrated to all of us the dangers of such uncoordinated entities.

1910

So I would ask the government, I would ask the Premier, to explain to us, which they haven't done thus far, why the government is going to be establishing an arm's-length agency when the commission under Justice Archie Campbell has said that we should not establish another autonomous body, simply because of what happened under SARS, when we had this lack of coordination between different entities. Considering the importance that such an agency would have in protecting the public from another SARS-like outbreak, I think we need to make sure that this particular recommendation, which stands in conflict with the recommendations coming from the SARS commission—we need to make sure why the government has selected this route and not followed through on the recommendations from Justice Campbell.

I think the other thing we need to clearly understand is not only why they have selected this autonomous entity, but also what this independent body is going to cost the taxpayers in the province of Ontario. Again, this government is very, very fond of making announcements, but we don't ever see a plan of implementation, we don't see timelines, we don't see a financial commitment.

A good case in point is the hospital in Cambridge. I'll tell you, this government has played with the people in the city of Cambridge. The city of Cambridge is ready to go. They have an old hospital. They need to see expansion. They have a growing community. This government took them off the list, first of all, and said, "You're not going to get any money for capital renewal and expansion." Then they said, "Oh, yes, we're going to allow you to move forward, but you'll have to use your own money first." Guess what? Here we are now, at the end of the mandate of the Liberal government, and this government has still refused to make a firm commitment. I just want you to know that the people not just in Cambridge but in all of the region of Waterloo are very concerned about what they perceive to be the games that are being played by the government. This hospital was ready to go. Since that time, this government has made other announcements about other funding to other hospitals, yet this hospital is still waiting. It is a growing community and it has an old hospital.

This government needs to recognize that when you're moving forward, you've got to let the public know how much things are going to cost and you have to provide a firm timeline as to when you're going to see the completion of any project.

So that's the arm's-length Ontario Agency for Health Protection and Promotion.

Let's move now to schedules K and F. This also refers to health protection and promotion, and it clarifies the powers of the Ontario chief medical officer of health.

We were very blessed in this province to have had Sheela Basrur as our chief medical officer of health. She did an outstanding job. I just want to take this opportunity. I know that she continues to fight her battle with cancer. I know I speak for everybody in this House when I say that we appreciate the leadership that she provided, we appreciate her dedication and commitment to health promotion and disease prevention, and I know that each one of us continues to pray and wish her a speedy recovery.

Let's now take a look at Ontario medical officers of health. This legislation doesn't address the very critical shortage of medical officers of health that we have in the province today. In fact, one third of the public health units are without a full-time medical officer of health; in other words, 12 of 36 public health units in this province. So my question to the Minister of Health is, why are those positions not being filled?

If I take a look at the schedules that we have here in front of us, schedules K and F, unfortunately these schedules emphasize Ontario's deficit of health human resources. I think in some respects, when you take a look at the fact that one third of the units are without a full-time medical officer of health, we see a lack of commitment to better public health. And it is important that we move forward to fill those positions; it's important that we move forward to make sure that we have a full-time chief medical officer of health. I know that Dr. George Pasut is doing a great job and has done exemplary work, but obviously it is important that we do find a permanent replacement for Sheela.

I just want to point out that the SARS commission did recommend that the chief medical officer of health have a much more active role in the agency for health promotion and protection. That's why I hope that the Minister of Health will explain why this legislation seems to be taking a completely opposite approach to the recommendation of Justice Campbell, considering the importance and the benefit of coordinated and unified leadership if another SARS-like outbreak occurred. I guess I wonder why this legislation prevents the chief medical officer of health from having a voting seat on the board of an agency for health protection and promotion, as well as only giving the chief medical officer of health a very autonomous role within this agency.

Schedule L of this legislation would make a number of changes to the Drug and Pharmacies Regulation Act. Some of these changes would include permitting a pharmacist to dispense a drug following a prescription "authorized by a prescriber licensed to practise in a province or territory of Canada other than Ontario if, in

the professional judgment of the pharmacist, the patient requires the drug."

Allowing the college to more quickly revoke or suspend a pharmacy's certificate of accreditation is also part of this schedule, if there are concerns about a pharmacy's operation and where public safety may be at issue, and provides that "only an intern, a registered pharmacy student or a pharmacy technician, all acting under the supervision of a pharmacist ... are entitled to compound, dispense, or sell any drug in a pharmacy."

Further, regarding schedule L, I just want to read an e-mail that was sent to me from the Ontario College of Pharmacists on March 8 of this year. The e-mail concerns the proposed changes to the Drug and Pharmacies Regulation Act. It says:

"The OCP very much supports Bill 171 and considers the passage of this bill will provide regulatory health colleges with the ability to more effectively and efficiently regulate our professions in the public interest.

"Schedule L is an amended Drug and Pharmacies Regulation Act and is of particular importance to this college because it is the legislation that gives us the authority to regulate the place of pharmacy practice and the sale of drugs within the place. We are pleased that the amendments that our college has approved and put forward ... are included in the bill."

They say that this will be good news for patients in northern and eastern Ontario who obtain their medical services and prescriptions from physicians in Manitoba and Quebec and currently cannot have these prescriptions filled in Ontario. So they are certainly supportive of that initiative.

They're also supportive of the amendments that will permit the college to take quick action to close down a pharmacy where there is compelling evidence that continued operation of that pharmacy could put the public at risk. If we hearken back to a situation in Hamilton in 2005 when a counterfeit product was being dispensed from a pharmacy, the college did close the pharmacy in five business days, but they had to go to the provincial courts to obtain the right to do so under current legislation. They are quite happy, then, with the changes that are being proposed.

1920

Although it's good news that patients in northern and eastern Ontario are going to be able to have their prescriptions filled in Manitoba and Quebec, I guess it is a little bit worrisome that we can't provide those services to people in our own province. And I guess in this respect the government has failed to provide Ontarians living in remote communities with the necessary and adequate access to health human resources. It is really a prime example of the fact that many Ontarians today are still forced to obtain their medical services and procedures outside of the province of Ontario.

I want to move now to schedule N of Bill 171. Schedule N of the legislation promotes the use of automated external heart defibrillators. Our party actually did invest in this program; we spent about $9 million. We actually trained and equipped over 4,500 paramedics in Ontario and we obviously support this component of the legislation, schedule N, because it's going to make sure that AEDs are easier for public use.

I think we all know too that in the past there have been people who have passed away, tragically, and that if we had had the defibrillators in the schools or in the arenas, we probably could have saved some lives. I think it's important that the government move ahead in this regard, and we certainly support their commitment to do so.

I want to now move to schedules O, P and Q. These are important, because what these schedules do is add four more regulated health professions under the Regulated Health Professions Act. Although there are going to be four more regulated health professions, there are only going to be three new colleges.

Schedule O is called the Kinesiology Act, and it will regulate the new profession of kinesiology. They will have a College of Kinesiology of Ontario to be created.

Schedule P, the Naturopathy and Homeopathy Act, 2006, is going to regulate the new professions of naturopathy and homeopathy, and create a college which combines both of those professions. It's also going to permit naturopaths to use the title of "doctor," but they may only do so if the phrase "doctor of naturopathy" immediately follows his or her name.

Schedule Q, the Psychotherapy Act, 2006, will regulate the new profession of psychotherapy and create the College of Psychotherapists of Ontario.

This is quite significant, it's important, and it will allow for better protection of the public. It will create new colleges, and certainly I think for all of these four regulated health professional groups, this is very, very good news. It's something they have been asking for.

Unfortunately, there is some concern about the fact that the creation of these four colleges is buried within this huge omnibus bill. I think there is some reason for concern in that regard. If you take a look at Bill 50, which we discussed last year, which regulated traditional Chinese medicine, it took us over a year to address that one, single profession. Now this House, the public and the health professionals are being asked to address the establishment of three new regulatory colleges and the introduction of four more regulated health professions. I hope we will have an opportunity to debate this and that everybody will have ample opportunity to voice any concerns they might have.

I just want to deal with schedule P. I received a letter from the Homeopathic Medical Council of Canada regarding the Health System Improvements Act, schedule P, the Naturopathy and Homeopathy Act. They say this:

"We the president and board of directors of the Homeopathic Medical Council of Canada ... believe that Bill 171, if passed in the present format, will not be responsive to the needs of the Ontario public, and it will be the greatest disservice to the future of homeopathy, in this province and in Canada.

"We respectfully approach you to amend this Bill 171 for the following reasons:

"(1) The bill is biased in favour of naturopathy. It allows the naturopaths several controlled acts and denies the same to homeopaths;

"(2) It is recommended in the HPRAC report to the Minister of Health and Long-Term Care that homeopaths and naturopaths be co-located in the same place, after proposing preferential treatment to naturopaths. This is the greatest disservice to homeopathy;

"(3) The HPRAC chair, Ms. Barbara Sullivan, employed a retired pharmacist, Mr. Jim Dunsdon, with no knowledge of homeopathy, the beneficiaries of this being a couple of business people and the naturopathic college."

They go on to indicate that they have some concerns about the report that was provided by Mr. Dunsdon and the fact that he told them there were only 200 homeopaths in the province. They say there are closer to 1,000.

I think you can see that not everybody agrees with the direction of this bill. They don't think this bill is going to serve the profession, nor will it be responsive to the needs of the public.

So what are they asking for? They want modification of schedule P, and they are suggesting the following amendments:

"The formation of a separate council of homeopathy responsible for making regulations under the new act;

"Establishing an educational and research facility of homeopathy in Ontario, funded by the South Asian community and the professional members of the various homeopathic associations...; and

"Inclusion of homeopathy experts and educated professionals from accredited schools of homeopathy to act in consultations related to homeopathy."

That letter is from Ranvir Sharda, the president of the Homeopathic Medical Council of Canada. That's their impression of schedule P, and I think it's important to get that on the record.

Having said that, I do know that the Ontario College of Homeopathic Medicine, in speaking to this particular issue, supports the fact that homeopathy is going to be regulated. They talk about the proposal for the joint college with the naturopaths. They do believe it's obviously crucial that homeopathy remain a distinct profession and have a clear scope of practice separate from naturopaths. They point out that there may be people who have concerns about the joint college, and they indicate that they did, originally, but they do recognize that at this point in time a joint college would be beneficial to their profession. I think it's important we get that on the record.

1930

They also say that it's going to be crucial to ensure equal representation of homeopaths and naturopaths on the council of the college, and they indicate that they have insisted to the government that that is important and that this would be clearly stated in Bill 171. They do take some credit for their efforts in bringing this initiative forward. Certainly, I congratulate all of the health professionals in this province who have worked so hard to ensure that there are going to be new regulated colleges and professions. I think that's very important. This is another letter that needs to be taken into consideration.

There is one issue in Bill 171 that has been of more concern to people in the province of Ontario than any other issue. In fact, I would suggest that almost every one of the 103 MPPs in this Legislature probably received at least one letter, and that letter would have been from a social worker. Schedule Q, which adds four more regulated health professions under the Regulated Health Professions Act, excluded social workers from the regulation of psychotherapy. I got e-mails; I got faxes; I got phone calls; I was stopped on the street. Because in Kitchener–Waterloo we do have a school of social work. We have a lot of students. I had the opportunity to spend some time with them. We have, of course, the faculty, the professors. We have a lot of agencies who employ social workers. I heard a lot about the government mistake in excluding social workers from the regulation of psychotherapy.

This concern was based on the fact as well that we know that we face some very serious mental illness challenges in this province. I think people were quite shocked and quite surprised that the Liberal government did not initially adopt the recommendation of HPRAC in this regard, and that was to include the social workers in the regulation of psychotherapy. This was a glaring, glaring omission. As I say, it has to do with the fact that there's challenge when it comes to mental illness and providing treatment and services. If we keep in mind—and I don't think most people fully appreciate it, but about one in five Ontarians will suffer from mental illness at some point in their life. So if you take a look at this House, you see that there are people, according to that statistic, who are going to suffer from mental illness.

I think we also have to recognize that when someone suffers from mental illness, it's like any other illness, but it affects not only your health, but your job and your family. So if we do not include social workers, then we could seriously impact the access that people have to mental health services. So I think it's important that we deal with this issue. I had written to the minister. I had met with numerous delegations here in Toronto and in my office in Waterloo. I had said to the minister and to the government that we were definitely going to be putting forth amendments to address this concern that social workers were excluded from the proposed regulation of psychotherapy.

I just want to read some of the letters in this House from people who were concerned. For example, I heard that there were 4,406 social workers who were listed in the College of Social Work and Social Service Workers as working in mental health and addictions, and 53% of these people practised psychotherapy. Obviously, if they weren't going to be able to do so, a lot of agencies—publicly funded agencies, organizations, privately funded services—were going to be impacted. Counselling would be impacted. Obviously, this exclusion was unjustifiable. It was at odds with the recognition of social work as a

key provider of psychotherapy by HPRAC in its report. So the only solution that the Ontario Association of Social Workers found acceptable was an amendment that would grant qualified social workers full recognition for their skills as psychotherapists and the granting of authority to the Ontario College of Social Workers and Social Service Workers to set standards and regulate this intervention with its social work members. They wanted us to include social workers as the fifth profession qualified to provide psychotherapy services in Ontario. Certainly, I had agreed that I would move forward and do exactly that.

Here's a letter from Maureen Lewis, who again points out how unfair it was of the government to exclude social workers from the regulation of psychotherapy and the impact it would have on people in the province of Ontario. It would undermine both mental health reform and primary health reform, which are stated priorities of the provincial government. Again, she asks for an amendment.

I have a letter here from Shazia Fatima, who writes me that she's a student of social work and, again, she's concerned about the negative implications of the bill and the fact that social workers were excluded from the provision of psychotherapy. She is beseeching me to seek amendments in line with the HPRAC recommendations. That, again, is somebody who speaks for, I can tell you, hundreds of other people.

There's a letter here from Melissa Pyne. Again, she talks about the fact that it's absolutely essential that social workers are able to provide psychotherapy, and the importance of that.

Southern Ontario Counselling Centre: Again, they are concerned and they recognize that it is absolutely essential, that if it doesn't happen, the public won't have access to psychotherapy as they do today. It's going to impact hospitals, community-based health and mental health centres, family health teams, family service agencies, and social work services in schools.

Those are just a few of the e-mails, the faxes, and the phone calls that I received. I understand that with all of the mail and the phone calls and communications that have been flooding into the office of the Minister of Health, including letters, certainly, that I have sent and my colleagues have sent indicating that this glaring omission needs to be addressed, the Minister of Health has finally recognized that an error was made and has indicated an intention to present a legislative amendment that will "recognize the profession and ensure that those social workers who provide psychotherapy services associated with the new controlled act will continue to be able to provide these very important services." I would commit to the social workers today that we're going to hold the government accountable to that promise. We also hope there will be public hearings, and we will be putting forth our own amendments to address this concern.

On schedule Q, another issue—this also relates to social workers—is the issue concerning a social worker's inability to use the title "doctor" while in private practice. Again, my office has received many letters and phone calls regarding concerns that the McGuinty government has ignored the recommendations of HPRAC concerning the recommendation that allows social workers the benefit of retaining their doctoral title while providing care in private practice.

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For the benefit of the people here watching and in the Legislature, I want to read one letter of many which my office has received concerning the restriction of the use of the title "doctor." This letter is from Pam Baldwin:

"Dear Ms. Witmer,

"I am currently a practising social worker in the regional municipality of Waterloo and reside in Waterloo.

"I am writing to express my concern with ... Bill 171...." Then she talks about stripping "all social workers from the regulated right to practise 'psychotherapy,'" and also the act's removing from "Ph.D. social workers the right to use the title "doctor," despite having earned a Ph.D. in clinical social work."

She says, "The Ministry of Health and Long-Term Care ... has not followed the recommendations made by the Health Professions Regulatory Advisory Council ... in the highly credible Regulation of Health Professions Ontario: New Directions report," which does recognize "social workers as one of the key professions qualified to provide psychotherapy."

She goes on to say that only members of the new college are going to be able to use the term "psychotherapist" or "registered mental health therapist." She goes on to talk about what some of the points are that others have made. Then she goes on to say that:

"Ontario is the only English-speaking jurisdiction in the world that places restrictions on the use of the title 'doctor' by health care providers....

"The public interest is not served by maintaining the restriction.

"The monopoly on the use of the title 'doctor' is discriminatory.

"I am sincerely asking you to seek amendments in line with the HPRAC recommendations."

I'm not quite sure why the minister didn't follow through. I think Barbara Sullivan and her committee did an outstanding job, but it seems that there was some cherry-picking in places. This is a really important issue, this issue of the "doctor" title, because I think it has encouraged social workers—sometimes, if they don't have the title, they would leave our jurisdiction. I think that if we lose any health professional in this province, it is a huge loss to us.

I want to read from a working paper that I have received from a committee of senior social workers regarding their views on the use of the title "doctor." I'm speaking now on behalf of this group of very senior social workers who have university-granted doctorates. They are calling on you, Mr. Smitherman, Minister of Health, and the government "to modify section 33 of the

Regulated Health Professions Act, which places restrictions on social workers' use of the title 'doctor' when providing or offering to provide health care to individuals in Ontario."

This amendment has been recommended by the New Directions report, suggesting in section 34.4 that no person can "use the title 'doctor'" unless "indicating the discipline in which the person holds the doctorate."

The Quebec legislation is a model to act by, and they recommend that the profession be delineated after the name along with the doctoral degree indication. For example, if we had a doctor—and there is one I know, Dr. Nancy Riedel Bowers—"RSW Ph.D." would indicate "Registered Social Worker and Doctor of Philosophy."

If we take a look at the Quebec legislation, take a look at some of the history behind this recommendation regarding the "doctor" title, it should be noted that the restriction that we have is an anomaly specific to Ontario. No other jurisdiction in Canada, the United States, the United Kingdom, Australia or New Zealand have such restrictions. The anomaly violates the centuries-old universally respected right of universities to grant degrees with all the "attendant rights, privileges, and obligations." Because the restriction is specific to Ontario, it is prejudicial and violates the very letter of the Canadian Charter of Rights and Freedoms. By imposing the restriction on the use of the title, the entire profession is devalued, a profession whose practice for over a century has been integral to the provision of health services in Ontario. This restriction is not in the best interests of the people of Ontario, nor is it in their best interests to allow a monopolistic climate for the provision of health care services.

I just want to let you know, according to these people—I'm quoting them—how this could impede their practice. Where a social worker with a doctoral degree teaches at a university, they can use their title "doctor." When they move to private practice, the title is restricted. Again, I'll use the example of Nancy Riedel Bowers. They take their title on and off every day in their careers. I think it's important that we deal with that particular issue and that the government makes some changes. We are the only geographical location in the world that restricts the use of the "doctor" title. Certainly, people aren't going to come to this province if they're going to be restricted in this way. I think we want to encourage people to come to the province of Ontario. So I urge the government to follow the recommendations of HPRAC.

I see that I'm running out of time. As you can see, this is a huge bill. There are so many points that I haven't been able to bring to the attention of the House. Suffice it to say it's an omnibus bill. It's a huge bill. It probably impacts more people in the province than any other bill that's been introduced. Obviously, we need to make sure that we get it right. I hope the government will be responsive to our amendments and the concerns that have been expressed by people in the province.

The Acting Speaker: Questions and comments?

Ms. Cheri DiNovo (Parkdale–High Park): It's my privilege to speak about Bill 171. As you can see, it is a big bill. It covers a huge amount of territory. We have some concerns, and I'm looking forward to raising those concerns, the voices of constituents and stakeholders. There are some positive moves as well. I think in particular of schedule N of the 17 schedules that this omnibus bill covers. Schedule N is called the Chase McEachern Act. I'd like to hold up the name of Chase McEachern, a little 12-year-old boy who passed away and who did some courageous work around the use of defibrillators in public places. Of course, we in the New Democratic Party support that and support many of the various schedules here.

There are omissions, though. There are amendments that are needed. Certainly, this is a bill that needs to go to committee. It needs to go to hearings. We don't want to see it delayed, because of sections like schedule N and Chase McEachern and others. I too have heard, like many members here, from social workers, but I've also heard from pastoral care workers and others. I've heard from homeopaths and naturopaths, the many, myriad stakeholders who are concerned with this bill and whom this bill concerns. So it would be doing all of these various stakeholders a gross injustice not to look at them, their roles, and not to look at this bill with some detail. I look forward to doing that in the time allotted today for a bill that covers everything from water to immunization to colleges to air ambulances. Again, the Liberals used to complain when the Tories brought in such an omnibus bill. I gather what is good for the goose is not so good for the gander here.

I look forward to this and to discuss some of the schedules within the time allotted. I thank you for this opportunity.

Mr. Peter Fonseca (Mississauga East): I just want to clear up a few things for the member for Kitchener–Waterloo, as she was addressing this bill over her time. First, in regard to the proposed transfer of responsibility for small drinking water systems from the Ministry of the Environment to the Ministry of Health and Long-Term Care: After some great consultation by the Ministry of the Environment with drinking water experts, stakeholder groups, system owners, operators—and this would include many of the water systems. I'll give you some examples: large municipal non-residential, such as municipally owned airports, industrial parks, large sports and recreational facilities; also things like private cottages that have communal drinking water systems. But after this entire consultation, the provincial government is taking on 100% of the costs for start-up costs under this legislation.

Also, when it comes to our Ontario Agency for Health Protection and Promotion, the agency has initial base funding of $29.5 million.

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The member for Kitchener–Waterloo was also discussing this agency in terms of its model, its set-up and how it should be. Well, the recommendations that

came to the agency under the implementation task force under the Campbell report explicitly refer to the BC and Quebec model agencies, which are both arm's-length from the government, as this agency will be. This agency will be based on best practices. It will be working with the Centers for Disease Control in Atlanta in the United States and will do a great deal in keeping all Ontarians healthier.

Mr. Bill Murdoch (Bruce–Grey–Owen Sound): The first thing I'd like to do is congratulate and thank the critic for our party for the wonderful talk that she gave on this bill, because it's an omnibus bill, the Health System Improvements Act. It's strange that it would come into this House near the end of the reign of a government that has put us in last place in economic situations and things like that. It's strange they'd bring in all this omnibus stuff when actually they don't know what they're talking about half the time, and they want to bring in something like this and expect us to support it without even going to committee. I'm sure this will be going to committee, but I wonder when the committee will take place, because, as you know, we don't even know how long they're going to last, especially when they've come to the end of their reign of terror, you might say, across the province.

As I say, this is an omnibus bill, so there are things in there you can support. There are things in there that aren't very good for the people of Ontario. Unfortunately, that's what they do when they bring in an omnibus bill: They put some things that they know people can't support in there, and they know it's wrong. Now, they may listen to some amendments; hopefully they will.

And it's really a shame to hear that only a third of our health units have medical officers. What happened on this watch? What happened to this ministry over there? They have a minister who likes to come into this House and huff and puff and blow, but maybe he's not doing anything in there; I don't know. It seems strange that we wouldn't have medical health officers in Ontario. And he picks out four more professionals they are going to regulate. Well, that's fine, but throw them all in one bill and let's hope that everybody supports it.

As I say, it's unfortunate that a government that's had this reign across Ontario and has pretty nearly ruined Ontario in their four years has to come up with a bill like this near the end of their mandate.

Mr. Dave Levac (Brant): I'd just like to take an opportunity to thank the member from Kitchener and her dedication to health care in terms of her being a former minister and also, in an opposition way, trying to present some options to the minister and what she's heard in her riding. I think that's an appropriate thing to do, to show where some of the concerns are in the bill.

The other thing I'd like to mention very quickly is that the opposition has really jumped on the social worker issue, and yet it's already been somewhat resolved. The minister has already indicated in a letter to them that it's going to be rectified. There was an option to do this in regulation, which he thought was going to be adequate. The response has been that it's going to be taken care of in an amendment during committee work and it's going to be taken care of.

Instead, what do they try to do? They keep harping on the issue to score a couple of political points for those who want to hear the complaints and pound the desks and the chests about how social workers weren't listened to, weren't dealt with. And yet all of a sudden they won't acknowledge—and if they do, it's a very tepid, mild acknowledgement—that the minister got it right.

Quite frankly, I'd like to thank the minister for showing that initiative, for showing the capacity to listen. Even before the committee work starts, he's already responding. It's a matter of whether or not he's getting that recognition. Unfortunately, the way this system works, it's not going to come from the opposition, so I'll take a moment to say to that Minister of Health, thank you so much for responding so quickly to the concerns.

Indeed, I got the letters too from the social workers, and I've been quick to respond. I'm not sure if the opposition's been doing it, but I've been quick to respond that the minister has sent the letter out and has already made the suggestion that the amendment's going to take place. But would the opposition be putting that in their letters or their e-mails back immediately? In some cases, I'm looking directly at the person I know, and I know she would be doing that. Unfortunately, the way this system works, I don't think it's happening from all of the members on that side.

The Acting Speaker: The member for Kitchener–Waterloo.

Mrs. Witmer: I'd like to thank those who participated. The member for Parkdale–High Park pointed out that it was the government that used to object to the omnibus bills that we introduced and now we seem to be getting the same thing. There's a lot of information to be assessed and discussed in a very short period of time as we near the end of our four-year term.

I'd like to thank the member for Mississauga East for his comments. I would just remind him that I think people are looking for ongoing funding and they're looking for implementation plans and just a little bit more detail. The concerns that I expressed actually were concerns that I'd heard from stakeholders. None of these concerns are ones that I have created myself. I'm trying to reflect what I hear.

I want to thank the member for Bruce–Grey–Owen Sound. Again, he's pointed out that one third of the medical officer of health positions are vacant today and that's certainly of concern, particularly if we hearken back to SARS and the fact that there really is nobody to assume leadership within those communities.

I'd like to thank the member for Brant. I would say to him, I actually found out about the fact that there may be a change to the issue of psychotherapy as it related to social workers from the social workers themselves, who wanted to just give me a heads-up that the minister might be making a change. Lo and behold, he did, and that's fine. So now my letters do reflect that. But having said

that, I would also commit to all the people who had concerns and who flocked to my office that we're going to make sure that the minister lives up to that commitment and that the social workers are included.

The Acting Speaker: Further debate?

Mr. Rosario Marchese (Trinity–Spadina): It's a pleasure to speak to some aspects of this bill, not all of the aspects. Shelley Martel, our friend and colleague from Nickel Belt, already did that on March 20.

So those of you who are able to watch this parliamentary channel—and I know those of you who have Rogers are going to have a difficult time accessing this parliamentary debate because now, unless you've got digital services coming into your home, you won't be able to get Rogers cable. If you do, you've got to pay, and if you're getting it, you've got to go to channel 105. So my sense is that we have a diminished crowd of people watching this parliamentary channel, which is a shame, because a whole lot of people love to watch the Minister of Health. I don't know, George. They're going to miss you.

I wrote my letter to Rogers cable complaining. I hope you did too, and I hope a lot of you have written your letters to Rogers cable complaining, because if we all do the same, Rogers may have to change its policies around providing the service that people used to get for free. We were normally on channel 72 and now we're going to be bumped up to 105, and you've got to pay about eight bucks. So I urge all of you to urge your Liberal and Conservative members to write those letters to Rogers posthaste.

I want to say this is an omnibus bill. Member for Brant, you would know that in opposition so many of you, including, I suspect, the Minister of Health, would have attacked the Conservative government, and we attacked the Conservative government, for introducing omnibus bills. I am sure, Minister of Health, you are on the record. I don't have to check.

This is what I want to say. I'm not going to complain about omnibus bills because we've all done this complaint thing. All I want and expect from you is that when you get to opposition again, please don't complain or attack the new government as it relates to omnibus bills. Please. Is that an agreement we have? And just remember, because the Tories used to do this on a regular basis and we attacked them, and I suspect we New Democrats did the same when we were in government as well. So I'm not going to attack you for that, Minister of Health. But there are 17 different schedules and there are 42 different acts to deal with.

2000

I recall having debated the Traditional Chinese Medicine Act, a stand-alone act for which we had many hearings. It was one act around traditional Chinese medicine and acupuncture. That took some time. We had a whole lot of people wanting to make deputations. We had a good debate in this Legislature on one regulated profession. Now we're dealing with a whole lot more regulated professions, which, of course, is a good thing. The member from Nickel Belt pointed out that New Democrats introduced 21 regulated health care professions in the 1990s, and so we support additional measures to regulate others, as we are doing here today with naturopathy, homeopathy, kinesiology, physiotherapy and so on. So we are not fighting the need to regulate other professions.

As I say, those willing or wanting to see a much more in-depth discussion of a lot of these schedules should refer to the Hansard and comments made by our critic, Shelley Martel, on March 20.

I have to tell you, I get very nervous when acronyms are used on a regular basis in this Legislature. An acronym, such as HPRAC, which never gets spelled out, really bothers me. I'm sure it bothers those of you who are watching tonight. What is HPRAC? Nobody spells it out. I even have to look it up. Most people in this House don't have a clue what HPRAC is. I had to write it down to be able to remember. It's the Health Professions Regulatory Advisory Council. People use these acronyms on a regular basis; everybody does it. You've got to spell out these acronyms. The minister has to help us, the critics have to help us, other members speaking have to help us so that we are not having to guess about what these acronyms are. Everyone does it on a regular basis, as if we are Ministers of Health or health critics, for God's sake, and most of us are neither critics of health and/or Ministers of Health. So I urge people to be very, very cautious about the use of acronyms.

I want to start by talking about a section of the bill, schedule M, which talks about the college website. This section talks about the following: The proposed amendment requires the college to have a website, and upon request, the college shall provide the prescribed information in paper or electronic form. We all know there is no regulation yet that prescribes what is to be posted, and depending on what the regulations say, this information, of course, may affect the college's policy on the release of physician information in batch form etc.

There's a little bit of a problem, because I'm not quite sure what it is that we want to prescribe on that website. It would be useful if the minister and/or the parliamentary assistant or others who comment on this would help us as to what information they believe should be on that website, what they think ought to be on that website, or what might be prescribed. I suspect the Minister of Health or the parliamentary assistant might have some inkling of that; I'm not sure. But it would be nice to be able to get a sense of what it is that will be on that website.

We know that hospitals are not covered by the freedom of information legislation, which would force them to disclose mistakes and surgical complication rates. Unlike the university and college system, hospitals are not covered by freedom of information legislation. The College of Physicians and Surgeons, the doctors' self-regulating body, does not disclose how many complaints have been filed against a doctor. This is a problem. We know that there are 27,000 people who die

each year in Canada from in-hospital problems, but the Canadian Institute for Health Information does not release detailed information to the public about what it is that people die of. It would be useful to know.

In other jurisdictions, some of these things are listed on their websites. In Manitoba, patients can look up any malpractice judgments, criminal convictions or disciplinary actions against a physician on the province's college of physicians and surgeons website. Is this what the government thinks should be on the website? It would be good if the government member spoke to that particular issue. If in Manitoba we're able to look up malpractice judgments, criminal convictions or disciplinary actions against a physician on a website, surely we can do the same in Ontario. I think people have a right to that information.

The Toronto Star just revealed a story just a week ago in a series which documented, in one case, more than a dozen women who have claimed that they suffered physical and emotional harm under one Toronto doctor's care, yet there is no way that patients can learn anything about the doctor in advance of that surgery. People have a right to know. They should be able to know. Specifically, Ontario hospitals should come under provincial freedom of information legislation, and hospitals should be required to post on their websites clear and understandable information about the services they provide, and the college of physicians and surgeons should post all malpractice judgments and criminal convictions.

We are hoping that this is an opportunity, given that it's an omnibus bill, to be able to deal with this particular issue. I am hoping that we will be able to do that, and I'm sure that when we send this to hearings, we will get more people talking about this particular issue. As the Minister of Health was able to say, "Look, we overlooked something around social workers." Social workers practise psychotherapy, and in this particular bill they would have been excluded from doing so. So he recognized—under pressure, perhaps; I'm not sure. Because I know Shelley Martel, our critic, sent letters to him and she advised him and his ministry staff of this particular problem. And I'm sure he got his own letters. But he was able to obviously, from that information, realize that changes needed to be made, and he announced in the speech that he made in the House a couple of days ago that "If it is the will of the Legislature to proceed to the committee stage of the legislative process of Bill 171, we intend to present legislative amendments that will recognize the profession and ensure that those social workers who provide psychotherapy services associated with the new controlled act will continue to be able to provide these very important services."

We are in agreement, in opposition, to take these discussions and this particular bill into committee. We want to be able to tour with this bill around the province so the minister will, through his parliamentary assistant, have the opportunity to say, "Look, social workers will be dealt with either in this bill or by an amendment to another bill." And in the same way that he did that, perhaps he might want to comment on the website vis-à-vis the comments I made earlier.

The other matter of importance, at least to me, in terms of the attention that it got from me, is schedule K, which establishes the Ontario Agency for Health Protection and Promotion. As the critic for the Conservative Party mentioned and indeed our own critic mentioned, this schedule establishes a new agency as a crown agency "to provide scientific and technical advice and support those working to ... promote the health of Ontarians." An additional set of responsibilities includes, "to carry out and support activities such as public health research, surveillance, epidemiology"—which basically means the study of incidence and distribution and control of disease—"planning and evaluation."

I support this new agency, because it serves an important purpose. It remains to be seen how much money is going to be put into this agency, true, but that can be debated later on. But in terms of the purpose of this agency, I am in support of it.

There is a problem. In the final report of the Agency Implementation Task Force, which was released last March 26, the task force recommended that the new Ontario Agency for Health Promotion and Protection be established with an arm's-length relationship from the government. The minister, in his speech a couple of days ago, mentioned pretty much the same and is quite pleased to report that it will be independent.

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In the same speech, the minister lauds Mr. Justice Archie Campbell for his work in advising the minister around many, many particular issues. But Justice Archie Campbell has a different opinion around the independence of this particular agency, and I want to quote some of the comments that were made by Justice Campbell because they are clearly in contradiction, or at least in glaring opposition, to what the minister has proposed, including what the agency implementation task force has proposed.

Justice Archie Campbell says:

"Although there is much wisdom in the proposal for an Ontario Agency for Health Protection and Promotion, the recommended structure fails to take into account the major SARS problem of divided authority and accountability....

"The SARS response was also hamstrung by an unwieldy emergency leadership structure with no one clearly in charge. A de facto arrangement, whereby the chief medical officer of health of the day shared authority with the commission of public safety and security, resulted in a lack of clarity as to their respective roles, which contributed to hindering the SARS response.

"An important lesson from SARS is that the last thing Ontario needs in planning for the next outbreak and to deal with it when it happens is another major independent player on the block.

"First, the structure of the new agency or centre, which will combine advisory and operational functions, must reflect the appropriate balance between indepen-

dence and accountability, whether it is established as a crown corporation or some other form of agency insulated from direct ministerial control. The commission in fact recommended a much different arrangement in its first interim report and warned against another silo"—another autonomous body—"when SARS demonstrated the dangers of such uncoordinated entities.

"Second, it should be an adjunct to the work of the chief medical officer of health and the local medical officers of health, not a competing body. SARS showed that there are already enough autonomous players on the block who can get in each other's way if not properly coordinated. There is always a danger in introducing a semiautonomous body into a system like public health that is accountable to the public through the government. The risk is that such a body can take on a life of its own and an ivory tower agenda of its own that does not necessarily serve the public interest it was designed to support. The implementation task force took a completely opposite approach, recommending against giving the chief medical officer of health a seat as a voting member of the board and recommending a very autonomous role for the agency."

I'm quoting from Justice Campbell, who said a number of things that are in direct contradiction to what the minister is proposing here, and I think we need to take this seriously. I am normally very, very supportive of certain agents of the crown being independent of government. An example of that is the Ombudsman. Another example is the child advocate. I spoke to this bill last week and attacked one measure which I believe, if I recall, was subsection 13(2), which spoke about the child advocate having to report to the minister before issuing his or her final report. That, to me, meant that the child advocate would not have the independence that he or she deserved. I support independence in that instance because I believe the child advocate should not in any way be influenced by the minister or the government, including the Ombudsman. But in this particular instance, where Justice Campbell talks about the problem of having an autonomous agency which might create a silo, an autonomous board accountable to itself and separate from other agencies, that such an agency could work against itself or against our interest, the public's interest, and including possibly the interests of the minister. So in this particular instance I am a bit cautious and wary about creating an independent agency that Justice Campbell said would be a mistake. If we value his judgment, as the minister has indicated—and I indeed value his judgement on this matter—we have to take that seriously. I am hoping that the minister has not closed himself completely to this particular issue and that based on what we get at the hearings, which might include Justice Campbell, I don't know, but based on what we get from the hearings from other people—

Hon. Mr. Smitherman: We'll be listening.

Mr. Marchese: George, you and he are going to chat. You'll be listening. That's good. We want the Minister of Health to be listening, and if indeed he's listening, that's all we can hope for, right?

So those are the two points that I wanted to raise that are of major importance to me. I was going to talk about another one briefly, but I won't have too much time, which includes, on page 32—well, I won't have time to be able to talk about another issue, so I'm going to say that we are looking forward to hearings on this particular bill. We're looking for people to be able to comment on some of these schedules. We know there will be a lot of support, but we know as well that there will be a lot of questions that will be raised, such as the ones I have touched on. We are optimistic that the minister is listening.

The Acting Speaker: Questions and comments?

Mr. Fonseca: It was great to hear the comments for the member for Trinity–Spadina and his support for many pieces of this legislation. He knows it will be a great piece of legislation once it goes through to third reading.

Strengthening, shaping and supporting our health services: This is what it's all about; building capacity, making sure we're providing more access and, yes, as member for Trinity–Spadina asked for, much, much more transparency.

The amendments proposed in this bill would reinforce and enhance our health system in a number of ways: promoting greater accountability with a new medical billing review process and review board, better protecting patients with increased transparency and effectiveness in how health professional colleges operate. I'll give you one example right here, and I know the member for Trinity–Spadina spoke to this. Right now, due to confidentiality provisions, colleges are not permitted to inform the public that an investigation of a member is in progress. This is problematic if the member's conduct has received extensive media attention or has resulted in a criminal conviction. But Bill 171, if passed, would allow colleges to inform the public that an investigation regarding a member is or is not in progress where there is public interest to do so—just one of the ways that this legislation will help our health care system. We'll be promoting more public health, which we should do; increasing patient access to services and creating new health professional colleges like naturopaths, homeopaths; shaping and supporting ministry programs and services; looking again at what we're doing in terms of transparency, communication with complaints. Many times, complaints used to come in and go into a black hole. Today, the colleges would be obliged to communicate back with those making those complaints.

Mr. Garfield Dunlop (Simcoe North): I'm pleased to respond to the member from Trinity–Spadina's comments tonight. I don't know how long the committee debate is going to go on on second reading, but I think basically the number one issue with this piece of legislation has been addressed. Anyhow, I've been receiving all kinds of copies of the letter Minister Smitherman set sent out to Rachel Birnbaum and Dan Andreae that has

basically clarified the fact that social workers will be included. I know that from day one that was the issue that my constituents dealt with.

Now, I understand we are going to committee; there will be amendments made at that point. There may or may not be other amendments that people who come forward may want to make to the bill, and I think we should listen carefully to them, but I can tell you that I have received probably 30 or 40 letters and e-mails on the inclusion of social workers under this bill, and that seems to be the issue most people would be concerned about at this point.

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As the member from Trinity–Spadina said, there may be other areas we want to zero in on at committee hearings, but as long as we can count on the fact that social workers will be included—and we got a letter from the minister that I'm sure he must know has been circulated across the province to pretty nearly every social worker organization—I think that should address the basic concerns. After that, we can continue on and look at some of the other possible amendments that can be made. Other than that, I haven't got a lot to add to the member for Trinity–Spadina's comments. I do know that as long as we can address the inclusion of social workers, we should keep most of our constituents happy. I think the rest of the bill has been ongoing for some time. I think it's a piece of legislation that we should probably all look at supporting in the end.

The Acting Speaker: I recognize the member for Parkdale–High Park.

I wonder if the member for Renfrew–Nipissing–Pembroke, who has been carrying on a conversation well in excess of an hour, if he must continue to do so, would at least be a little quieter because I think all of us have heard all parts of your conversation here tonight.

The member for Parkdale–High Park.

Ms. DiNovo: I particularly thank my colleague from Trinity–Spadina. He's always engaging, he's always articulate and he always points out that which needs to be pointed out, and so I think I'll just use the balance of my two minutes really to address some of the concerns raised by some of the other members.

The member from Brant and the member from Simcoe North both raised this problem, which I don't think is not a problem in the Westminster model of oppositional government, and that is that we not only oppose but we challenge and hopefully we flesh out government-inspired legislation to make it better. That's the intent of this House, and that's the intent I intend to speak to around Bill 171.

Yes, I did receive the Minister of Health's letter, and yes, I did send that letter out to the social workers who raised their concerns. That's not the issue here. I think the issue is, rather, to look at the details of this legislation and to get some of those devils out; and also, hopefully, to point some direction to the hearings that happen, and that happen quickly rather than slowly, because of the positive aspects of Bill 171, and I pointed to one of those.

I'm going to raise the sheroes and the heroes involved in this bill, Chase McEachern being one, Dr. Hsu being another, people who have passed from our midst and yet have left us an amazing legacy.

Chase McEachern, again, was a 12-year-old who worked before his death on getting defibrillators into public spaces. We want to see that happen; we want to see it now, not a month from now, or two months from now or next fall.

I had a wonderful visit from the Heart and Stroke Foundation that absolutely encouraged all of us here to look at making that happen sooner rather than later, and to funding it fully so that we truly can see these life-saving devices put into community centres, put into public pools and schools, so that we might use them and might save lives.

Mr. Pat Hoy (Chatham–Kent Essex): I'm pleased to rise and speak to this bill for a few moments. I want to say that social workers came to my office as well and had a concern about the approach our government was taking, particularly when it comes to physiotherapy services. I explained what the government's approach was as it was then, and they seemed to have some difficulty with that, and I don't think they really understood, as many people do not, the regulatory regime that we have here and how many things can be dealt with properly and effectively through regulation. But the minister has given an indication to approach this in a different way and rectify the problem to satisfy those social workers who have very deep concern. I appreciate the minister's flexibility in this and giving his undertaking to rectify the problem, if indeed there was one to begin with.

This bill, if passed, is a very significant piece of legislation and brings about much-needed change. It will provide the people of this province with greater access to more health professionals. And of course, I'm sure we all hear that in our communities, that people are looking for more access. It will improve on the coordination of critical care ambulance transfers, which is something that I've also heard about in my community. It will streamline and increase the transparency and complaints procedures that are applied to all health professionals and regulatory colleges. So any time you can bring about more transparency, and provide for a complaints mechanism, I think that serves the public well. People are often concerned that they don't have the access, they don't have the means, they don't have a way to rectify a problem. This bill would also establish an Ontario Agency for Health Protection and Promotion, and we have the first Minister of Health Promotion ever in Ontario, Minister Watson.

The Acting Speaker: The member for Trinity–Spadina.

Mr. Marchese: I want to thank all of my friends for having responded and would remind the other folks of a couple of things that I said. I was talking about the college website. The proposed amendment requires "the college to have a website and upon request, the college shall provide the prescribed information in paper or electronic form." I wasn't entirely clear about what this

website would do. It says that "the college shall provide prescribed information in paper, based on some request." This isn't entirely clear to me at all, and that's why I talked about the issue of greater transparency.

Two Liberal members have already talked about transparency, and they say it as if we're getting a lot of that in this bill. I mentioned something they didn't speak to; the member from Mississauga East didn't mention anything in this regard or the member from Chatham–Kent–Essex. In Manitoba, patients can look up any malpractice judgments, criminal convictions, or disciplinary actions against a physician on the province's College of Physicians and Surgeons website. If you want transparency, then you should speak to this, because that's what your bill is not doing. From my reading, it isn't doing that, and I hope that when you speak again about transparency, you'll touch on that.

The other issue I spoke about is the Ontario Agency for Health Protection and Promotion, and Justice Campbell said, "Look, don't make it autonomous. It's a problem. You're go going to create another independent player fighting other people. You'll create another silo. It's a problem." He also said that "the chief medical officer of health have a hands-on role at the agency, including a seat on the board." Unfortunately, the agency implementation task force took a completely opposite approach, recommending against giving the chief medical officer of health a seat as a voting member of the board and recommending a very autonomous role for the agency. These two issues need to be addressed, including other issues that my colleague from Nickel Belt raised.

The Acting Speaker: Further debate?

Mr. Levac: I appreciate the opportunity to offer some comments on Bill 171. I want to try a little bit different approach, and that is just to preface my comments by indicating to the people who are watching that tonight is a very good example of how everyone is responding to the bill: offering constructive criticism, what their constituents are telling them, listening carefully to the opposition, notes being taken by the minister and the minister quietly responding to others to provide some information. That's the type of thing I think the public wants us to do.

The other comment I want to make as a preamble is to talk about health care in a fluid manner. I look back since my time here and even before that, because I did some reading about how we have taken certain bills and included the evolution of health care. It's rather interesting to see how it has come about. The discussions we're having tonight have been taking place for several years, of the new ways in which medicine is being applied. I want us to remember that we're talking about a fluid way in which our health care system is organizing itself. And successive governments have made attempts—whether they've been agreed upon by the opposition or not—but looking at how that has happened, we've discovered that with new innovation, equipment, materials, IT—that's the technology piece—there have been actions by governments of all stripes to integrate that into the health care system, adding to the costs of how we provide our health care.

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Successive governments have also done the second thing, which is to try to rein in the cost of providing those additions that we've been adding to the health care system. Successive governments have also done the removal of some of the services that have been provided by previous governments, and this government as well. So the fluid part of what we're talking about tonight is the several years that have gone on to talk about what Bill 171 is leading us to.

That brings me to my final preamble into the bulk of the bill, and that is defining it as an omnibus bill. When I look at it, in terms of the translation, removing the translation—this omnibus bill that's being gently and kindly labelled by the opposition, with French translation, is 140 pages. So it's 70 pages of English in this bill. I've seen omnibus bills since 1999 of over 250 pages, over hundreds of pages of bills. Quite frankly, some of the omnibus bills that we've had to look through have included several ministries. Let me call this one a mini-omnibus bill. At least this one stays within the realm of health care, on the blanket or under the umbrella of health care. So am I excusing its being defined as an omnibus bill? No, I'm not. I'm not going to excuse it, because it does go into several bills in the health care system that are looking at being changed.

What does it talk about? It's talking about the improvement of coordination of the critical ambulance care transfers. Somebody in the opposition was talking a little bit about the initiation, of their government looking at land ambulance and emergency response teams. Quite frankly, they were absolutely correct to indicate that. That's part of that fluid point I was making, that we are moving forward to see if there are better ways to provide the service, if there are more effective and efficient ways to provide the service. In this bill, we've identified one, and that is the emergency response ambulance service that's being looked at. It's a little different and a little more unique than what was proposed by the previous government, but it's an extension of what they started. So that's a good thing, too.

Defibrillators—the very same process. They've been around for a long time. There has been training with defibrillators initiated by EMS, the emergency response system, the ambulance attendants and the paramedics, then moving into firefighters, who actually, in most cases, are first on scene. They're moving into defibs. Now what we've learned is that—actually, if we go outside those doors, there's a defibrillator right there, so we've got it in this public gallery. We've got it in ice arenas now.

I was lucky enough to go to my riding, and they did a big thing after that young man lost his life: Chase McEachern. His dad was there. I had a really nice chance to talk to his dad, and we talked to the NHL hockey player, Yuri—I can't remember his last name, but Yuri almost lost his life—New York Rangers. At the bench

they actually had to revive him with a defib. He was there to talk about his experience, and a very moving moment was when he started to talk about what his experience was. The first thing that came to his mind was, "I'm not going to see my dad see me do well." That was really moving. I thought that told us more about him than it did about the defib. But he was there to defend it.

So to my colleague and friend Bruce Crozier, who introduced a private member's bill—and I know there's been a host of other private members' bills—I offer my thanks and congratulations for moving the sticks a little further and a little higher. I think that's what we're talking about, trying to take these pieces of legislation and move them forward.

I thank the opposition today for its kind and obvious—and I will accept it as a challenge because challenges are good. How they're provided and how they're delivered is the question.

I taught various levels and whenever I taught I talked about the newspaper, I talked about commercials, I talked about TV, and I always asked my students and their parents to view with critical eyes: "Listen to what you're hearing, see what you're seeing, and make sure that you hear what they're saying. Are they saying something constructive or are they saying something just to get attention?" So peel away.

The only thing I'm going to ask—this is a blood sport in this place, and it's out there to try to mark people up so that they can get elected to be here—I'm going to ask you, whenever we do it on this side or on that side, be the critical eye and hear what they're saying. Are they being partisan for the sake of being partisan because it's going to be an opportunity to give you a little scar and a markup and make you look bad in public, or are they offering you constructive criticism? That's the piece I was talking about when I was addressing the crowd before. What I am asking us to do in this place, as a continual reminder, is offer the constructive criticism, offer the challenges and indicate where it's coming from and why you're offering it. That, to me, is good legislation, good legislative debate and a good opportunity for us to put it all on the table.

If we don't do the amendment, it might be because there might be a different reason we're not accepting it. If it's partisan and it might be because it's the opposition offering it, then I don't think that's very smart either. What I think we should be doing is dissecting this bill and making it better.

I have already mentioned in my two-minuter that, yes, we actually have talked to people about the social workers and we made the correction. Even before the amendment came, we realized that that's not going to fly—put it in. Congratulations. We've done it. Thank you to those who have, in your letters in response, indicated to your constituents who want to know what's happening. For those who have done it, thank you for letting them know that it's being dealt with it. You can take credit that you sent in letters and e-mails and put some pressure on. That's what's going to happen, and that's what should be happening, because you are the representative of that constituency. We do it here on this side; we ask our own government to assist in those ways. Those are good things to do.

The next piece we want to talk about is greater accountability in response to the Cory report. It's been indicated that there are some things that have happened. We haven't had a review of the MRC—the medical review committee—since 1972. That's when it came in. In 1972, the former Conservative government brought in the MRC to watch how OHIP money was being spent by our doctors in the medical profession.

We pointed out in opposition—I look at my friend from the other side; my good friend from Niagara. Peter Kormos and I spent an awful lot of time at various points dealing with the very sad case that took place. I won't mention it, other than to relive some pain, but the bottom line was that it was attributed to by some of the MRC. We on that side asked for a review, and we're now getting it.

The fact is that MRC is being restructured to try to be sensitive to some of the problems it had. That's fluid. That's another example of how things can be moved forward, how we can raise the bar, how we can move the sticks a little further out. That's a good way to do these things. I think we need to have committees. We need to have as much committee time as possible. We need to continue to bring these bills to committee, because we, in this place, don't have all the answers. There are more answers out there from the professions and from the grassroots. People who just experience the system are going to want to talk about this, and rightfully so. It's the largest investment we make in the entire government. Why shouldn't we spend a lot of time on Bill 171? Why shouldn't we spend some time? Why shouldn't we? It's about health care. It's about the provisions. As I have thought in the past and recommend now, we should always have a critical eye on this piece.

Better protecting and modernizing our regulated health professions, the new complaints and reports committee, increasing investigative time frames and improving communications: I've got a big list of things that the bill is attempting to do. If I were to go through them all, I wouldn't have enough time, but what I'm going to suggest is that by the time we're finished our debate on Bill 171 and sent it to committee, an awful lot of the points that are being made about what's right with this bill are going to be spoken of, and what's wrong with the bill is going to be spoken of.

I'm going to recommend that we can get an awful lot of work done in a very short period of time in committee, but we need to give it as much time as it needs to make it the best bill we possibly can. I think that's what our purpose should be: to make the best possible legislation we can as we move our fluid health care system forward.

There wasn't an MRI when I was young. I'm not telling you how old I am, but there wasn't an MRI when I was young. They were working on it, they were trying to figure out how to make one, but we didn't have one.

I want to end on a good note with the Minister of Health and thank him for the support he's given to my community in approving an MRI in the Brantford General Hospital. He approved an FHT, a family health team, in the riding of Brant—we're going to have that up and running soon—and a CHC, a community health centre, soon to be up and running in my community. The LHIN process that has been created, the local integrated health network, is another way in which we can decentralize a lot of the money and power of Queen's Park down to a point where at least more community participation is expected and analyzed.

Those are the types of things that I think Bill 171, in concert with the other items that we're talking about generically about what health care is all about, is going to bring us a better health care system in the long run.

I appreciate the opportunity to speak. I also ask for continued remarks and concerns that the opposition have about how the bill can be improved and what you've heard from your constituencies and offer us those amendments. I think we were told by the official opposition that they will be providing us with some amendments, and I absolutely heard from the critic that the NDP are going to offer some amendments as well. We look forward to that, and I look forward to having this spoken about in committee.

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The Acting Speaker: Questions and comments?

Mr. Norman W. Sterling (Lanark–Carleton): With regard to this bill, I'd say first of all that it's too bad it wasn't put out immediately after first reading on December 12, when it was introduced in this Legislature, and that perhaps we would have had hearings on this during the winter break. It's the kind of bill which, as the member has described, is omnibus in nature and therefore covers a number of different areas, and there are a whole lot of people in Ontario who would like to have a say about it. It's really hard for politicians in the Legislature to get a grasp of what all those interests may or may not be. Yes, we get letters and we get advice from our critics etc., but we don't hear it first-hand. My view is that this is going through the wrong process with regard to how we could proceed.

The other part about putting a bill out after first reading is that it doesn't engender the same kind of hostility to a constructive amendment during the process. The problem we have when a bill is introduced at second reading and then we go to committee is that the government is somewhat entrenched in its opinion with regard to making this or that amendment. I feel that this kind of bill would have been much better put out after first reading.

Secondly, I'd like to talk briefly about the fact that this government, getting close to an election, is really bringing in four new groups with a regard to becoming regulated health care professions. It's really late in the day, and one has to be a little bit suspicious that perhaps this is a sop prior to the provincial election.

Lastly, this bill is to promote greater accountability amongst our physicians in Ontario. I thought we were trying to attract physicians to Ontario, attract physicians to work longer and to be more friendly to our system. Why not deal with the concerns we have recognized in the public accounts committee with regard to some of the patient problems around the misuse of our health care system? Why not lay off the doctors for a little while? We need them.

Mr. Marchese: I appreciate the comments made by the member from Brant; however, I do want to raise another issue that I didn't get a chance to speak to. I'm not sure he would necessarily have the answer to it, but if he does it would be helpful.

Schedule F: There are a number of amendments in this particular section. Subsections 29(1) and (2) are amended to allow reporting by medical officers of health to health facilities with respect to communicable diseases that are acquired at facilities and to allow for the issuance of orders against either institutions or public hospitals in order to deal with these communicable diseases.

What is useful to remember—the member from Nickel Belt raised this, and I want to raise it again—is that this reporting mechanism that the Globe and Mail referred to a while ago, mistakenly, because the Globe and Mail said, "Starting in January 2008, the Canadian Council on Health Services Accreditation will compel … all acute-care hospitals—in addition to those nursing homes and other institutions seeking a stamp of approval—to provide the rates of MRSA"—an acronym that I don't know what it stands for; one of these bugs that I'm sure is a long, difficult bug—or "C. difficile," which sounds beautiful. I don't know how others pronounce "difficile," but it certainly makes sense to me. It's a "difficult" bug; that's for sure.

The member from Nickel Belt said it's important to know that this reporting mechanism to the Canadian Council on Health Services Accreditation is voluntary. There's nothing mandatory about it. I just want to remind the member from Brant that in Manitoba and Quebec, the provincial bodies, hospitals, etc., are compelled to report that to public health agencies. I'm wondering whether the member from Brant thinks that's a good thing and whether they might look at that by way of amendments.

Mr. John Wilkinson (Perth–Middlesex): I'm glad to enter into the debate with my good friend the member from Brant. I preface my remarks just to say that I disagree with the member from Lanark–Carleton, who characterized this bill as somewhat of a sop to some new regulated professions. I would disagree. I know that many of the people in those professions have come to us, and I think this is a natural evolution of our health care system.

I think about the conversation I had with my new good friend the member from Markham, our new Minister of Revenue. He talked about how very important the Traditional Chinese Medicine Act was for the community, because it provided a recognition.

I want to talk about two other parts of this part of the act that deal with naturopaths and homeopaths. I think we wanted to ensure that naturopaths continued to be able to

practise to the same scope as they currently do under the Drugless Practitioners Act. The Health Professions Regulatory Advisory Council recommended that naturopaths and homeopaths should have a joint college; that on their own there weren't enough members to really justify two colleges. We have a very good precedent in the province of Ontario, and that deals with the College of Audiologists and Speech-Language Pathologists. They're not two separate colleges. They come together and they jointly regulate their professions, and I think that's a good model.

I commend the minister for doing the same thing for naturopaths and homeopaths: bringing them together under one college. I know that they have been coming to Queen's Park for many, many years now, longer than I've been here, saying that they felt that their professions needed to be recognized in this way. So we're proud of that. They're part of the team that is the vision behind our Minister of Health, of family health teams and community health centres, all inspired by the work of Roy Romanow, about how we need to make sure that people are using the full value of the scope of their profession by working in unity with others. That's a far cry from what it was many years ago.

Mr. Jerry J. Ouellette (Oshawa): I appreciate the opportunity to speak on Bill 171. There were a number of issues brought forward by a number of members.

I know the member from Chatham–Kent Essex mentioned the complaints process taking place there. I think that when you're dealing with a complaints process, you want to make sure that it's understood and it's streamlined so the outcome is understood before getting into the process, and having it be clear and defined and having an eventual outcome that people can work toward is very important as well.

Also, the member from Perth–Middlesex mentioned the natural progression in the addition of the new disciplines, I guess we'll call them. I think the concern there is that when any one of these new disciplines comes forward and is listed and regulated, an expectation of remuneration also eventually comes forward. I see the minister shaking his head, because he hears those same things that we hear on a regular basis about this very issue: that eventually, yes, they're going to want to be compensated, as we are starting to set the guidelines.

There are some good points and bad points when dealing with some of these new disciplines. I think that in today's society, we want it all right now and we want it over the counter, and a lot of self-analysis takes place, along with the medication that goes along with that, but the individuals don't have the experience and the knowledge. I wonder what's going to happen with the regulations regarding those over-the-counter medications that people take, all the natural herbal medications that people take because they have a cold or they don't have something else, and how it's going to all play out, because it's going to take quite a while to ensure that the natural progression of these things all work for the best benefit of our society.

I know that we want to move forward on a lot of issues. I want to briefly discuss the defibrillators as well. I coach kids' hockey, and I'm there at the rink all the time, and the opportunity to have these in the facilities is greatly needed. The only thing that needs to go along with it is the training to make sure that all the individuals—because they see that sign there, they know where it is, but the first person who's going to jump up to deal with it if there's not a health care professional in the area will be somebody like myself: a coach, a manager or a trainer.

I appreciate the opportunity to speak.

The Acting Speaker: The member for Brant.

Mr. Levac: I appreciate the opportunity to do the wrap-up. Thank you to the members from Lanark–Carleton, Trinity–Spadina, Perth–Middlesex, and Oshawa.

Let me jump right into the member from Oshawa's issue. What also came about as a result of the announcement was that several private sectors came forward and paid for the training on top of the purchase of the defibrillators, so every single one of our arenas in Brantford is now going to have trained staff on-site on a regular basis. Quite frankly, I think he's right that we have to take a look at that aspect of it, but I think we can form the partnerships, and I hope he understands that's what I'm asking for. It doesn't always have to be the government. It can be the private sector jumping in and making that approach.

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Thank you to the member for Perth–Middlesex for using the words "natural progression" and "fluid comments," because what we're talking about is the natural, fluid progression as we move forward with our health care system. That's the point I was making. We are naturally going to be looking at all the different opportunities and areas that we now have and, quite frankly, the new ways in which some of us can take care of our bodies and ourselves for ourselves, applying to what culturally I understand. This is a multicultural province; let's be real. That is, we now need to open our minds to a 2,000-year-old piece of medicine that's been around and we know has been effective and useful, and we're going to find the same thing with natural herbs and spices and everything else that's out there. I do agree with the member from Oshawa: It has to be done safely, and I think they are also saying the same thing.

The member from Trinity–Spadina, very quickly: How we address the issue he brought up is the natural, fluid process that I talked about in my preamble, about how we move forward with our bills, how we correct bills, how we move them forward, how we review them every 10 or so years or even sooner than that and find out where the other flaws are, not just in the short time that we sometimes are given in terms of reviewing these bills.

Finally, the member from Lanark–Carleton: We won't be doing those things any more than the opposition will be doing them, leading up to an election. There's no electioneering going on around here, that's for darn sure.

The Acting Speaker: Before I call further debate, for those who may be interested, the election in Quebec is really something else. The ADQ is ahead.

Further debate?

Mrs. Julia Munro (York North): It's my pleasure to be able to join in the debate on Bill 171 this evening. I found it interesting that a couple of the members referred to this as an omnibus bill and there was some question as to whether that was really the definition, so we came up with the middle of the road, making it a mini one. However, I think that the issue is more the question of the complexity of the bill, the fact that it deals with 42 separate acts. I think it's probably in that context that people recognize the enormity of the bill, regardless of the number of pages it requires. Having 42 separate acts means, then, that people are going to be looking at the merit of part of the bill and perhaps see that in a more favourable light than another part. So then you have the complexity of supporting it, but obviously not being happy about a particular aspect of it.

The other thing, of course, I think that speakers have recognized is the timing of the bill, having it as late in the term as this spring. We certainly want to see that there are public hearings. While the bill has obviously had a number of studies behind it—the HPRAC New Directions document, the Spring of Fear and the Cory report all have provided, in a variety of ways, opportunities for this bill to come forward—nevertheless, I would argue that it certainly requires and deserves some public scrutiny through the process of public hearings.

I want to comment briefly in the time that I have available on a couple of the areas of the bill that I think just deserve a little bit of particular attention. On schedule A, with the air ambulance critical care transfers, I thought it was interesting that it was in the bill, because certainly in the auditor's report from 2006 there was a study done of the land and air ambulance and the complexities that are encountered in providing the best service at a reasonable cost and, frankly, to provide the most efficient service for the people of Ontario wherever they live, so obviously this is represented in schedule A.

In schedule F, certainly it's a concern that we continue to have a shortage—in fact, a dire shortage—of medical officers of health. I think that this will continue to hamper efforts in the direction of developing public health guidelines. It seems to me that in the era in which we live, issues like SARS, issues like C. difficile, issues around global influences on people's health will only continue to be more and more complex and increase in that complexity, so certainly, I think, a warning to the government that it's very important to maintain that level of staffing.

In schedule K, there's some reference made to the creation of the Ontario Health Protection and Promotion Agency. I think it's important to draw attention to the fact that the recommended structure, according to the commission, fails to take into account the major SARS problem of divided authority and accountability. An important lesson from SARS is that the last thing Ontario needs, in planning for the next outbreak and to deal with it when it happens, is another major independent player on the block. SARS demonstrated the dangers of such uncoordinated activities. I think the point here is that you do need one person in charge and you do need to provide that person with the authority to be able to operate in a provincially global perspective. I think this is something the government needs to consider.

The other area that I'd like to speak about, as a number of speakers have talked about, is schedule N with regard to the defillibrators. I think that including in the proposed legislation some protection for individuals from liability is essential. We live in a very litigious world, and certainly somebody is going to stand there and think twice if they feel they are at some risk.

In schedule P, the kind of new direction in looking at regulation for naturopaths and homeopaths I think is an important step forward. I would agree with those who feel that in the public mind there should be perhaps a clearer distinction, since these are quite different practices. But it seems to me that through the provisions of this legislation there seems to be general agreement about the appropriateness of having a college which would serve both. However, I would just caution that people need to understand that they certainly aren't the same kind of practitioner and shouldn't be confused just because they share that. So that will become part of the responsibility, obviously, of the naturopaths and the homeopaths, making that distinction for the general public, and at the same time raising awareness of the particular opportunities that those two areas provide for a kind of medicine that many people appreciate and I think will come to understand as of greater and greater value.

I want to take the remaining moment to speak to the issue of the psychotherapists, because in fairness to our constituents who were naturally extremely upset when the bill was first presented, we owe them the recognition that their efforts were not unnoticed and were not unheeded. Certainly, I think they should take comfort from the fact that by contacting us and by making clear their position, they provided all of us with an opportunity to be able to respond. And as we know, the Minister of Health has indicated that there will be adjustments made to include the social workers.

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I want to call attention to, in my riding, Heather McKechnie, who runs a counselling service and was certainly one of those many people, as social workers, who were extremely upset. She outlined, I think in a very positive way, the kind of contribution that she and other social workers make. She says in her letter to me, "The exclusion of social workers from the Psychotherapy Act represents an unjustifiable downgrading of the profession's role in the provision of clinical services which require a high degree of knowledge and skill." I think, particularly in a world where mental health services are extremely valuable and necessary and in short supply, that it's very, very important that the message that people like Heather McKechnie gave has not gone unheeded.

We look forward to the amendments that the minister has offered. I think it speaks, quite frankly, to the value of having these kinds of opportunities to bring forward the concerns of our constituents. So I would congratulate Ms. McKechnie on her decision. Obviously, she and many others made it clear to the government that change, amendment, was necessary.

Ms. DiNovo: I don't think the House really got the sense of humour exhibited by our member from York North when she called this a minibus bill and not an omnibus bill. So just for the record, in case people missed that bon mot, it was a good one.

Just to answer the member from Brant, as he raised some concerns, I think this is exactly the problem with the minibus bill, that this section that so many members have spoken about, which deals with the potential liability of those who use these portable defibrillators—and of course we need them. It's interesting that one is just outside this chamber, because I wonder how many of us know how to use it. Again, the devil is in the details. We need funding and implementation and training to be able to use these implements.

But also, here is a section of this bill that needs to be enacted sooner rather than later. No one here has a problem with it, except perhaps wanting to see it implemented quickly and well. It needs to go forward, whereas other sections of this bill do need amendments, do need to engage others, do need to have hearings associated with them. So we're going to slow down something that could be potentially life-saving because of other issues that are dealt with in other schedules of this bill. That is the problem here, and I think that's what we've been raising, again, not because it's 140 pages but because it covers 17 different schedules and 42 different acts. We'd like to see those acts that save people's lives quickly enacted and those that need some fine tuning given their due process. That's the trouble with lumping all of this together, and that's what we're up against and our frustration when we're dealing with it.

Having said that, certainly the Cory report provides some of the basis for some of the schedules in this, just to say that everyone, even doctors, is innocent until proven guilty. I'll go into that a little bit more in my time.

Mr. Wilkinson: I just wanted to re-enter the debate. My friend from Oshawa was talking about defibrillators. I just want to recount to the House that I was at the 75th anniversary of the St. John Ambulance branch in Stratford, Ontario, my hometown. It was a wonderful event. They had a demonstration of the latest in technology in defibrillators.

Of course, people remember that if you have a heart attack, what happens is that your heart, which is a muscle which beats regularly when we're healthy, goes into a period of having these very small, rapid contractions, and that will lead to death. What happens is that the heart needs to be shocked back into a normal rhythm.

Our bill is all about making sure that if there is a defibrillator, a person in good faith, as a good Samaritan, can come and help save that person's life. But I, like anybody else, would fear using this electrical piece of equipment in that situation. We saw a demonstration in Stratford, put on by St. John Ambulance, of the latest type of high-tech defibrillators. It's interesting: When you open it, it begins to speak to you. It actually tells you and gives you instructions on exactly what to do, and on it, it has pictures of a person's chest. There are two pads, and on the pad itself it shows you exactly where to put the pad on the person and explains that to you. If you don't make sufficient contact, it's a very smart machine. It actually tells you that you have it in the wrong place, that you need to reapply it. Then the machine itself diagnoses whether or not the electrical shock is required, so it will not give a shock to a person if they do not require it. Because of the technology, the computer chips that are in it, it does that. It tells you exactly what to do.

So I think it is that ability for us to use the latest in technology so that people can use this even if they haven't got training, because we're using the latest in technology to save lives.

Mr. Norm Miller (Parry Sound–Muskoka): I'd like to add some comments to the speech by the member from York North on Bill 171, the health systems bill. I have been using the time this evening to read some of the local newspapers from my riding, and I note that all the letters to the editor seem to be on health issues. One is very much related to this topic. It's from the past CEO of Algonquin Health Services in Huntsville, writing about our current challenge in the riding. The article is titled "Muskoka Algonquin Healthcare Needs Support of the Province." I just want to highlight a few of the comments from the past CEO. I'll just quote her: "Letters printed in your recent editions indicate concern over the possibility of losing essential health care programs, namely laboratory services."

I'll go further down in the article: "The province has been expecting the impossible from board members and administrators for many years. They are expected to ensure that all required services are in place despite the fact that budget allotments do not keep pace with wage, service, equipment and technology cost inflation."

Going further down the article: "MAHC is one of the few organizations in the province with a common governance and administrative structure encompassing home care, nursing home and hospital services. Muskoka is a pioneer with respect to health service integration....

"Maintaining the full spectrum of laboratory services is a fundamental requirement as part of an integrated system. Unfortunately, local initiative is being sacrificed to serve a provincial and regional plan with little local flexibility.

"The province is not allowing the required time for MAHC to realize the economic benefits of its reorganization...."

Muskoka Algonquin Healthcare "should be supported in all attempts to maintain an integrated health care system, including a full spectrum of laboratory and home care services. The system in Muskoka could be a model for the rest of the province."

That's written by Vaughn Adamson, who's the past CEO of Algonquin health care. I hope the government and the minister are listening. I'd be happy to send the full article over to the minister, which provides some very good insight into the situation in Muskoka.

Mr. Ouellette: On the bill, I started just briefly speaking about the defibrillators, and I wanted to go on a little bit about that. In the time since I last spoke, I've already initiated a defibrillator course for all the coaching staff and training staff in Oshawa. That's the power of technology, that we can do those sorts of things as members. It's not just about what you can do and what you can bring to the Legislature; it's how you can enact it in your own communities that makes that difference. The ability to do that in our ridings is important, to have that training get out there.

The government whip was over and explained that some of the new technologies out there actually speak to you while you're going through this process, and how important that is. I think those are some of the key things. We have all this legislation, and our ability as members is to get it out in the ridings to make a difference.

Also, the vastness of the bill: Hopefully, the committee process will give enough time for each of the disciplines and those presenters who want to come forward. I know there's going to be a large response, I expect from some groups, anyway. We're getting close to an election, and quite possibly they may be reluctant to come forward. However, whether it's the dental hygienists or the homeopaths or all the other groups who are mentioned in there, it's the ability to come forward and say a couple of things: the changes they need and how it's going to impact them, and, quite frankly, as a natural progression—and I think we'll stick with that kind of mind frame for a little bit—takes place, how it will evolve in their specific discipline and what the expectations are in the future.

Obviously, the costs in health care are growing. I don't know if any government will ever be able to fill those demands that are out there, but certainly an expectation of how we can move forward in using all these disciplines because, quite frankly, there's a lot of infighting between all these groups and organizations and disciplines throughout the province, and the ability to move forward and how it's going to be in the best interests of the province at committee would be a great way to do it.

I'll end early. Thank you, Mr. Speaker.

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The Acting Speaker: The member for York North.

Mrs. Munro: Thank you to the speakers, the members from Parkdale–High Park, Perth–Middlesex, Parry Sound–Muskoka and Oshawa.

I think there was a plot to require that I say more accurately this time "defibrillators," because I stumbled over it the last time. I have listened to all of you then make references to them and I've been sitting here thinking, "Okay, can I do it this time?"

Anyway, I think that discussion that was shared amongst you is probably a demonstration of the point I made at the very beginning of my speech, which is the fact that while the bill is complex, it reflects the nature of health care in the sense that it must move on and that there has to be a recognition of new methods, new issues, new organizations, and in this particular case, the conversation around new mechanisms. I think the fact that we're able then to hear about the way in which in our own ridings we are able to move forward on defibrillators is simply a demonstration of the fact that the face of health care is changing, as well as the technology.

The Acting Speaker: Further debate?

Ms. DiNovo: Thank you, Mr. Speaker. I just want to reiterate, because I know the member from Brant was out of the room, that the only concern we had about what the member from York North called, amusingly, the minibus bill is that we would love to see sections like this section, schedule N, move forward very quickly and to put these defibrillators into every community centre, school and college that we can get them into. I'm delighted that they speak to us and tell us how to use them, because certainly that will help with the implementation of such devices. So we'd like to see that move very quickly forward, and I think, again, we have pretty well universal agreement on that.

The problem is that that is part of a larger bill, and some of the other sections of this larger bill do need hearings, do need to hear from stakeholders, do need committee time, do need some amendments, as has been extensively discussed tonight. I feel somewhat saddened that we have to slow down that one schedule, schedule N, to help accommodate the other schedules. So that's the only concern there.

I wanted to pick up where I left off, in part with the Cory report, because you've heard it alluded to but I don't think we've heard from it—this is from the Toronto Star, an article back in 2005—and just again to highlight one of the heroes we've talked about, Chase McEachern, who really inspired that schedule N, this young boy who was 12 years old.

This is a doctor, Anthony Hsu of Welland, and I quote from a colleague of ours, Mr. Kormos from Niagara Centre, who said, "The sacrifice of Dr. Hsu, the courage and strength of his widow, Irene Hsu, are to be credited for what we have now that is an acknowledgement by Justice Cory the (committee) had a debilitating effect on physicians and their ability to practise medicine." This was the auditing process. "I'm hopeful now the government will adopt those recommendations," the Cory recommendations, "in collaboration with doctors."

Among 118 recommendations that Justice Cory suggested was this in a sense overriding one: "Introducing rules of natural justice—as apply to all Canadian courts—to the audit process. Hearings should be impartial, doctors should be represented by counsel and the onus should be on the ministry to prove impropriety, rather than on the doctor to prove otherwise"—in other words that doctors, just like everyone else, are innocent until proven guilty.

This part of Bill 171, of course, attempts to address that, and I think we should applaud that part of it.

I want to talk about schedule Q. We have spoken briefly about that. We have spoken about the fact that we heard from a number of stakeholders, primarily among them social workers, and an amendment seems to be in the offing. Of course, it's not in the bill yet, so again, in the offing. That's wonderful. We would like to see the actual amendment in front of our faces. We'd like to hear that amendment.

we understand that with these regulatory colleges, not everything can be made an amendment. I mean they're regulatory colleges for a reason, that they are actually going to introduce and develop regulations around their own professions.

Having said that, I'd just like to flag some concerns that we've heard from stakeholders and that I've certainly heard from constituents. One of them is very typical, I think. It was from a wonderful psychotherapist who runs her own institute, the Life Space Institute. She trains psychotherapists, and she has a doctorate herself, as well as an M.A. and a B.Sc. But she raises this issue—it's in a sense a grandmother clause—of those who have been practising psychotherapy for decades. We came across this with the Traditional Chinese Medicine Act as well. People who have been out there and have had decades of clinical experience and who might, for example, lack that Ph.D., or even that M.A. at times, but have had the concomitant experience certainly should be acknowledged. We would hate to see them be regulated out of existence, partly because there simply aren't enough doctorates in psychology and psychiatry to go around. You've heard the statistic this evening that one in five people in Ontario suffers from mental illness or has suffered from mental illness at some point in their lives—certainly I think the number of those who seek counsel is probably higher—and we in the New Democratic Party would like to be able to make sure that everyone in Ontario actually has someone to go to.

Another group that also contacted me because of my background in pastoral care were those who provide pastoral care. These are the nuns, the priests, the ministers, many of whom have advanced degrees in pastoral care counselling, which is, again, another division of care and counsel that is given to Ontarians, whom we would hate to see regulated out of existence. So another flag should go out for them.

Of course, we've heard over and over again about social workers, but I think, for the people at home, sometimes they don't realize exactly how well trained our social workers are. I'll read into the record a letter I received from another constituent and stakeholder, Anthony Wilson. He says he's a 57-year-old master of social work from Wilfrid Laurier in the private practice of psychotherapy and has been a full-time clinical social work psychotherapist for 20 years—a clinician in inpatient and outpatient psychiatry departments at two Toronto general hospitals; has done advanced psychotherapy training, countless supervision hours, conferences and workshops over the years; began a small private practice in 1977, again, experience in individual, group and couple psychotherapy. This is what our social workers are doing. Now, they're doing it in every institution we can imagine, and certainly we would hate to see their activity curtailed or circumvented or regulated out of existence in any way.

Then I wanted to spend the few minutes remaining for those who perhaps aren't covered by this bill. These are flags for perhaps future consideration, schedule B amendments concerning health professions. I note here that this government has failed to use this bill to respond to legislative and regulatory changes that nurses have been asking for, such as the addition of new controlled acts to the Nursing Act, 1991. By the way, in terms of controlled acts, we have also heard from our homeopathic institutes about controlled acts. This act does not speak to them, although they are in support of Bill 171. I would hope that when the college is set up, this is a chance for further discussion or perhaps an amendment in hearings that would allow homeopaths to maybe practise some of those controlled acts.

At any rate, to get back to the nurses: For example, prescribing a drug or setting or casting a fracture of a bone or dislocation of a joint is what our nurses are asking to be able to do; expansion of existing controlled acts—ordering and the application of energy, diagnostic testing, for example. So again a flag, just that we in the New Democratic Party want Ontarians to have the best possible care. We do have these practitioners out there and we want to allow them to practise to the full extent of their ability: nurses, homeopaths, social workers and those with years and years of clinical experience who perhaps might not be up to date in their academic experience.

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I mentioned the Ontario Homeopathic Association, or should have, and also the Ontario College of Homeopathic Medicine. I understand that they are currently, even today, meeting with the Minister of Health, so I'm hoping that comes to fruition and that their needs are heard.

Finally, two others: I received a letter from registered dietitians who are concerned about their salaries, and also from nurses in some of our community health care centres who are not paid the same as nurses elsewhere. There seems to be some disparity in pay nurse to nurse, and certainly there's a disparity in pay between nurse practitioners and dietitians, to the point that it is very difficult to even find or hire or place dietitians. So I raise those flags for consideration. I hope those groups as well are included in the hearings, are able to make perhaps some amendments; if not, certainly to be heard when it comes time for these regulatory bodies to set up and to begin discussing what regulations and who will be covered by the regulations.

Just to wrap up, again, we'd love to see certain sections of this bill go forward quickly, post-haste. The Heart and Stroke Foundation would love to see, for

example, a Chase McEachern schedule enacted ASAP. On the other hand, we would love to see some hearings and due process and amendments and perhaps flags for regulations brought before the committee so that everybody has their due say about other sections of this huge Bill 171. We hope in that way to make this a stronger and better piece of legislation.

I look forward to hearing what other members of the House have to say.

The Acting Speaker: Questions and comments?

Mr. Fonseca: I'm glad that the member for Parkdale–High Park brought up the Cory report and the 118 recommendations that he brought forward in terms of improving the billing review process for our doctors. This piece of legislation is about strengthening Ontario's health care system, promoting greater access, accountability, better protection for patients, promoting public health.

Why are we doing this? We're doing this to make the Ontario health care system second to none. We're doing it because we are in a global, competitive world that is trying to attract health human resources. We want to make sure that optometrists, doctors, social workers, homeopaths, traditional Chinese medicine practitioners, doctors, naturopaths, kinesiologists, public health workers—I could go on and on—can look to Ontario and say, "You know what? That's where I want to go. That's where I want to practise. That is the best place in the world for me to be."

What the changes mean to Ontarians are increased infectious disease management, control and emergency preparedness, something that we know we desperately need after experiencing SARS, through reforms of our public Health Protection and Promotion Act; more effective health service provision through a centrally operated air and land ambulance system, which we talked about today; Chase McEachern and defibrillators, providing civil liability protection so that users of portable heart defibrillator machines and owners who make defibrillators available on their premises—making sure we get rid of those barriers, making sure that they are available in our arenas, in this Legislature, in shopping malls, wherever people may be, because we know they can have a huge impact on saving somebody's life.

Mr. Sterling: It sounds good, from the former speaker and the speakers in general, but the big problem here is that the focus is in the wrong place. As we found in the public accounts committee, the problem with the health care system is more related to the misuse of the red and white health card. There are a lot of people who are not residents of this province who are getting medical health care in this province. The auditor showed that there were health cards being used up and down our borders in the same day in communities that were miles and miles apart.

So what does the Ministry of Health do instead of concentrating on the misuse of our health care system by people who are not entitled to use our system? What did they do when asked in the legislative committee, "Are you concerned about this, Ministry of Health? What have you done about the misuse of the health card?" They said, "Nothing." Nobody's been charged. Even though there are five million of these cards out there, there's no concern by the Liberal government over there.

What are they concerned about? They're concerned about a physician making a mistake on their billing, so what they're going to do now under this bill is make it even tougher on our physicians to practise. They're going to make them go through more paperwork. They're going to have more "accountability" on our physicians and our health care workers. I thought we wanted to make this a more friendly place for physicians to practise.

So what does this government do? It concentrates on the wrong group in terms of improving our health care system. Instead of concentrating on the abuse at the patient level by non-residents using our health care system, they're concentrating on the physicians and the health care providers and making it tougher for them to practise in our province—wrong-headed.

Mr. Levac: Up to this point, we were doing pretty well without trying to blame this particular government for all the ills. But it had to happen, so let me defend it, let me respond to the member from Lanark–Carleton.

The MRC problem was pointed out to your previous government sitting over here, when all of these other problems were being pointed out about how the doctors were being said to be guilty before they were proven innocent. That's the government legacy that we had with the MRC here from 1972. He's also talking about OHIP card fraud. Unfortunately, it was pointed out to the government by the opposition when they were in government, so they've got a handle on opposition: "Blame them. It's their fault. They don't take responsibility for anything."

Let me speak specifically to the member's 10-minute speech. In her 10-minute speech, she talked about exactly what I said we were doing at this particular moment, which is to talk about offering the solutions and offering, I think you called them flags, how one might proceed with the rest of the bill. Those are accepted. Those are notes. Those are things that I think we need to bring forward in committee and explain why those changes are necessary and why that particular group would be affected, if it's not just the individual patient themselves or the group that's providing those services—what tweaks, what changes could be made to make it a better bill. That's what I like to hear. I like to hear that stuff.

But what we're hearing now is the member from Lanark–Carleton, who previously said, in his other two-minuter, "Oh, there's no politics being played here." Of course there is, and unfortunately we're missing the point about how to improve it.

It's a fluid system. There need to be continuous changes, continuous improvements. Is one government going to catch it all and save the day? Not unless you're looking at it through the eyes of the member from Lanark–Carleton, who thinks that their government and

their party is the only one that ever had answers, and they're always right. Unfortunately, this time he's wrong.

Mr. Miller: Certainly, the member from Parkdale–High Park had some interesting comments to make on Bill 171. The member from Mississauga East talked about strengthening health care. I want to once again refer to the articles in many of the papers in Parry Sound–Muskoka about the challenges facing Muskoka and Parry Sound, Burks Falls, Huntsville and the Bracebridge area, particularly the article written by Vaughn Adamson, who is the past CEO of Algonquin health care. She also notes the challenges being faced with the regionalization of health care as proposed by this government, the new local health integration networks. I'll quote:

"The industry is also faced with the challenge of regionalization of health services. The province has defined our region. It includes all of Simcoe county and Muskoka but excludes East Parry Sound, an area long connected to north Muskoka through common services, facilities and practitioners. Muskoka and East Parry Sound is a logical cluster within the designated region and should be recognized as such. Within the cluster, health service integration should be encouraged, but it's not. The province's inflexible model of regionalization has now created a context within which continued integration of services at the local level is virtually impossible, although many would argue that it is the preferred approach."

She is pointing out, correctly, that East Parry Sound is not part of the LHIN that has traditionally been serviced by Algonquin Health Services prior to Muskoka Algonquin health services, and this doesn't make a lot of sense. She also points out that we have a model for rural Ontario. She's talking about the Muskoka side of the riding but it's also true on the Parry Sound side where we have the long-term-care, home care, nursing stations and ambulance all under one governance model covering quite a large region. I hope the government doesn't mess up that arrangement, which is quite integrated.

The Acting Speaker: The member for Parkdale–High Park has two minutes in which to respond.

Ms. DiNovo: Just to summarize, first of all, I want to acknowledge the incredible amount of work done by Ms. Martel from Nickel Belt. It's certainly work that my colleague from Trinity–Spadina, Rosario Marchese, and I have drawn on tonight.

Just to reiterate what I was saying, we would love to see the Chase McEachern Act go quickly ahead. I know the Heart and Stroke Foundation is really waiting patiently for the money to be able to enact what they want to do with defibrillators, and we would love to see that happen.

At the same time, we would love to see some real hearings happen and we'd like to see in writing the amendment that we've all been talking about that I know has been promised about social workers. Also, we'd like to see something about grandmothering clauses for those who have had lots of years of social work.

Raised concerns are in schedules F and G. Some of the concerns there in terms of transparency and accountability I hope are taken to heart.

I want to thank also the members from Parry Sound–Muskoka, Mississauga East, Lanark–Carleton and Brant.

Finally, an overriding concern, as this bill moves forward through committee and is finally enacted, is that the finances are there to make sure that it is implemented well and that the implementation procedures are also there, because that also would be a devil in the details if that doesn't happen.

Again, it's been a pleasure to speak and to carry forward the voices of sheroes and heroes, as I've said before, of those whose names and stories are really part and parcel of the experience that's part of this bill. It speaks to health care providers across Ontario. It speaks also, we hope, to an Ontario where health care is more easily accessible and where all the consumers of health care are protected.

The Acting Speaker: The time now being after 9:30 of the clock, this House stands adjourned until tomorrow at 1:30.

The House adjourned at 2132.

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Prince Edward–Hastings	Parsons, Ernie (L)
Renfrew–Nipissing–Pembroke	Yakabuski, John (PC)
Sarnia–Lambton	**Di Cocco, Hon. / L'hon. Caroline** (L) Minister of Culture / ministre de la Culture
Sault Ste. Marie	Orazietti, David (L)
Scarborough Centre / Scarborough-Centre	Duguid, Brad (L)
Scarborough East / Scarborough-Est	**Chambers, Hon. / L'hon. Mary Anne V.** (L) Minister of Children and Youth Services / ministre des Services à l'enfance et à la jeunesse
Scarborough Southwest / Scarborough-Sud-Ouest	Berardinetti, Lorenzo (L)
Scarborough–Agincourt	**Phillips, Hon. / L'hon. Gerry** (L) Minister of Government Services / ministre des Services gouvernementaux
Scarborough–Rouge River	Balkissoon, Bas (L)
Simcoe North / Simcoe-Nord	Dunlop, Garfield (PC)
Simcoe–Grey	Wilson, Jim (PC)
St. Catharines	**Bradley, Hon. / L'hon. James J.** (L) Minister of Tourism, minister responsible for seniors, government House leader / ministre du Tourisme, ministre délégué aux Affaires des personnes âgées, leader parlementaire du gouvernement
St. Paul's	**Bryant, Hon. / L'hon. Michael** (L) Attorney General / procureur général
Stoney Creek	Mossop, Jennifer F. (L)
Stormont–Dundas–Charlottenburgh	Brownell, Jim (L)
Sudbury	**Bartolucci, Hon. / L'hon. Rick** (L) Minister of Northern Development and Mines / ministre du Développement du Nord et des Mines
Thornhill	Racco, Mario G. (L)
Thunder Bay–Atikokan	Mauro, Bill (L)
Thunder Bay–Superior North / Thunder Bay–Superior-Nord	Gravelle, Michael (L)
Timiskaming–Cochrane	**Ramsay, Hon. / L'hon. David** (L) Minister of Natural Resources, minister responsible for Aboriginal Affairs / ministre des Richesses naturelles, ministre délégué aux Affaires autochtones
Timmins–James Bay / Timmins-Baie James	Bisson, Gilles (ND)
Toronto Centre–Rosedale / Toronto-Centre–Rosedale	**Smitherman, Hon. / L'hon. George** (L) Deputy Premier, Minister of Health and Long-Term Care / vice-premier ministre, ministre de la Santé et des Soins de longue durée
Toronto–Danforth	Tabuns, Peter (ND)
Trinity–Spadina	Marchese, Rosario (ND)
Vaughan–King–Aurora	**Sorbara, Hon. / L'hon. Greg** (L) Minister of Finance, Chair of the Management Board of Cabinet / ministre des Finances, président du Conseil de gestion du gouvernement
Waterloo–Wellington	**Arnott, Ted** (PC) First Deputy Chair of the Committee of the Whole House / Premier Vice-Président du Comité plénier de l'Assemblée législative
Whitby–Ajax	Elliott, Christine (PC)
Willowdale	Zimmer, David (L)
Windsor West / Windsor-Ouest	**Pupatello, Hon. / L'hon. Sandra** (L) Minister of Economic Development and Trade, minister responsible for women's issues / ministre du Développement économique et du Commerce, ministre déléguée à la Condition féminine
Windsor–St. Clair	**Duncan, Hon. / L'hon. Dwight** (L) Minister of Energy / ministre de l'Énergie
York Centre / York-Centre	**Kwinter, Hon. / L'hon. Monte** (L) Minister of Community Safety and Correctional Services / ministre de la Sécurité communautaire et des Services correctionnels
York North / York-Nord	Munro, Julia (PC)
York South–Weston / York-Sud–Weston	Ferreira, Paul (ND)
York West / York-Ouest	Sergio, Mario (L)

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

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

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