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# Official Report of Debates (Hansard)

# Journal des débats (Hansard)

**Monday 25 May 2009**

**Lundi 25 mai 2009**

Speaker
Honourable Steve Peters

Président
L'honorable Steve Peters

Clerk
Deborah Deller

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Deborah Deller

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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 25 May 2009

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 25 mai 2009

*The House met at 1030.*

**The Speaker (Hon. Steve Peters):** Good morning. Please remain standing for the Lord's Prayer, followed by the Islamic prayer.

*Prayers.*

## INTRODUCTION OF VISITORS

**Mr. Robert Bailey:** It's a great pleasure for me to introduce two visitors in the west gallery: my son, Rodney Bailey, and his good friend David French, from Woodstock and Waterloo.

**Mr. Jim Brownell:** I would like to introduce two friends of mine: Grant Bridge, from Pickering, and his son-in-law, Ross Fair, from Toronto.

**Hon. John Wilkinson:** Good morning, Mr. Speaker. I'd like to introduce my good friend and constituent Jeff Brick, who is with the Upper Thames River Conservation Authority and who is visiting us today.

**Hon. John Gerretsen:** Today I would like to introduce two additional Ministers of the Environment who are joining us today. They're winners of contests that were held at the Green Living Show and at the Ontario Science Centre. They are: Meaghan Evon, a grade 5 student at Frère André elementary school in Barrie, who is here with her father, Russell Evon; and Daniel Wiseman, a grade 7 student at the Junior Academy school here in Toronto, who is here with his father, Greg Wiseman.

**Ms. Sylvia Jones:** It is my pleasure to introduce Hillary, Heather, Sarah and Michael Craggs. They were the successful bidders of a lunch and tour of Queen's Park. Welcome to Queen's Park.

**Mrs. Elizabeth Witmer:** I'm pleased to introduce, from the Coalition to Save Our Young Adults, Durhane Wong-Rieger from the Anemia Institute; Riyad Elbard from the Thalassemia Foundation of Canada; Sherman Moore from the Sickle Cell Association of Ontario, and Bessie Calabria.

**Hon. Monique M. Smith:** On a point of order, Mr. Speaker: On Thursday, May 14, I rose in the House in response to a question from the member from Wellington–Halton Hills, asking me about regional planning and tourism. I mistakenly said that we had done consultations in Sudbury and Fort Frances when in fact we have done consultations in Kenora, Thunder Bay, Sault Ste Marie, Timmins and North Bay, among other communities across the province.

**The Speaker (Hon. Steve Peters):** On behalf of the member from Haldimand–Norfolk and page Eileen Woolley, we'd like to welcome her mother, Josefina, and her father, Patrick, sitting in the members' gallery today. Welcome to Queen's Park.

On behalf of the member from Timmins–James Bay and page Kathleen Crump, we'd like to welcome her grandmother Linda Burke, sitting in the members' gallery today.

I also want to take this opportunity to welcome a guest of mine, who will be joining us in the Speaker's gallery, Andrew Gunn.

We have with us in the Speaker's gallery today a delegation from the state Legislature of Baden-Württemberg, Germany, led by the Honourable Professor Peter Frankenberg, Minister of Science, Research and the Arts. He is joined by Mrs. Innes Busch and Dr. Frithjof Staib. The delegation is accompanied by German and Canadian consular staff Mrs. Catrin Stibbe and Mr. Theo Schweiker.

Please join me in welcoming our guests to the Legislative Assembly of Ontario today.

## ORAL QUESTIONS

### MINISTER'S RESIGNATION

**Mr. Frank Klees:** My question is to the Premier, and it relates to the resignation of his Minister of Economic Development.

Surely there can't be a bigger blow to this Premier and his government than to have the minister responsible for Ontario's economic recovery abandon his post at a time of serious economic disaster in this province.

Can the Premier help us understand this: How is it that his senior minister responsible for economic development feels that he can do more good for the province of Ontario and economic development by taking a job with the city of Toronto than as head of economic development for the province of Ontario?

**Hon. Dalton McGuinty:** I appreciate the opportunity to speak to the issue, and I want to begin by simply, on behalf of all Ontarians, thanking Minister Bryant for 10 years of unrelenting commitment to public service in the province of Ontario.

I am sorry to lose Minister Bryant, but here's the upside: The most significant urban economic centre in the province of Ontario and indeed in the country, by far, is the city of Toronto. If Minister Bryant can help get the

city of Toronto, firing on all cylinders, that will not only benefit the people of Toronto, it will benefit the people of Ontario and indeed the people of Canada.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. Frank Klees:** There can be no clearer evidence that confusion reigns at the very top of this government and that the Premier has lost the confidence not only of this minister, but of the rest of his ministers and his caucus.

The senior minister charged with leading this province's economic recovery walks out, and he leaves at the start of a crucial week of negotiations, when billions of dollars of government loans are on the table with the auto sector. He leaves, saying, "I'm excited to begin new duties with Invest Toronto...."

There's much more to this than Mr. Bryant being excited about a job in Toronto.

Will the Premier admit that the real reason for his minister's resignation is that he has lost the confidence of this minister and that there are many other ministers who have also lost confidence in this Premier's leadership?

**Hon. Dalton McGuinty:** Again, I want to congratulate Minister Bryant for the work that he has done for Ontario families and the fight that he has fought on behalf of Ontario businesses.

When it comes to the auto issue in particular, I know that all members of this Legislature remain very committed to doing what we can and playing our part, as part of a triumvirate of Washington being actively involved in this, Ottawa—the federal government here—as well as Queen's Park, to see what we can do together to put the sector, but particularly GM at this point in time, on a solid footing.

I take the opportunity, as well, to congratulate CAW members who for the third time, if you can believe it, in the past year have negotiated a new agreement with their employer, GM. I think they've come to the table in a meaningful way, and now it's time for the government to see what we can do to put GM on a solid footing.

**1040**

**The Speaker (Hon. Steve Peters):** Final supplementary.

**Mr. Frank Klees:** Here is what we've heard and what the media is beginning to report: that the next minister to leave is the Minister of Energy and Infrastructure, and that many backbenchers have lost confidence in this Premier's leadership. What apparently has undermined the confidence of the entire Liberal caucus is the growing arrogance on the part of this Premier in not listening either to them or to constituents who are warning this government against the imposition of billions of dollars of new taxes under the HST.

Will the Premier acknowledge that he is facing stiff opposition for his proposed HST from his ministers, his caucus and in fact from all Ontarians, and will he agree today to back down on that untimely imposition of $2.5 billion of additional taxes on the people of Ontario?

**Hon. Dalton McGuinty:** My honourable colleague will know that many, if not all, in his caucus are in fact fully supportive of the direction we are pursuing in our budget. He understands it is important that we find a way to tackle this challenge.

I'm reminded of something that that great Canadian economist, John Kenneth Galbraith, adviser to at least half a dozen American presidents, once said. He said that leadership demands that we unequivocally confront the great anxiety of our age. The great anxiety of our age is economic in nature. Our budget is determined to confront that unequivocally in a way that may not be easy but in a way that is absolutely essential, and we are convinced that not only businesses but Ontario families believe that.

## TAXATION

**Mr. Frank Klees:** To the Premier: The great anxiety of our age is the lack of leadership on the part of this government during the worst economic recession in the history of this province. That is the anxiety.

I stood in this place months before the last budget and called on the Premier not to proceed with his musing about an HST. He chose not to listen. Now he is hearing not only from his caucus but his ministers and people from across the province about the harm that HST will do.

I'm asking the Premier one more time: In the face of all the evidence, of all the pain this tax will impose on Ontarians—individual families as well as businesses—will he agree to stop this nonsense in its track and withhold the implementation of the HST? Will he do that?

**Hon. Dalton McGuinty:** We will not shrink from leading. I know that my honourable colleague is afraid of this particular policy. I believe that in his heart of hearts he knows it is the right policy for Ontario.

It's time for us to do what is necessary to ensure that we level the playing field for Ontario businesses. One hundred and thirty other countries and four other provinces already give their businesses an advantage over ours. It's time for us to ensure that we support our businesses, and especially our struggling manufacturers, where we have lost so many jobs, to put them on a solid footing going forward and to ensure that they are more competitive and can create more jobs for us today and for our children tomorrow.

It demands that we do something today that is not necessarily easy, but my honourable colleague knows it is the right thing to do for Ontarians today and tomorrow.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. Frank Klees:** The Premier need not put any words in my mouth. It is not the right thing to do, and the evidence is mounting every day. And if he doesn't want to listen to us, what he should do is listen to his backbenchers and his ministers, who we understand have told him it is the wrong thing to do, at the wrong time. What he needs to do is listen to the people of Ontario.

I'm going to ask the Premier this one question: Does he know what the impact of the HST will be to common fees for people living in condominiums in this province? Will he answer that question? Does he know that?

**Hon. Dalton McGuinty:** My honourable colleagues sitting opposite have several times made reference to Roger Martin, a reputable authority when it comes to these things. This is what he had to say about our recent budget: "The recent Ontario budget represents an exceedingly important step forward with its bold tax measures that will benefit all Ontarians. Businesses, consumers and families should be delighted with the leadership this government has shown." He concluded by saying, "Many argue that governments can't be bold; can't do the right thing because it isn't politically saleable. This government, with this budget, shows that to be the view of defeatists. Congratulations."

We're moving forward. We know it's the right thing to do, and we're doing it in a way that protects Ontario families, 93% of whom are getting a permanent tax cut.

**The Speaker (Hon. Steve Peters):** Final supplementary.

**Mr. Frank Klees:** It is not the right thing to do, and the Premier can read as many articles as he likes. What I would ask him to do is to look into the faces of the people of Ontario and tell them that he does not care how someone on a fixed income, how seniors in this province, how the unemployed are going to cope with the 13% tax on products and services—thousands of them—that have never been taxed before.

The issue is this: It is the wrong time, in the history of this province, when we are experiencing the most difficult economic times, people are losing their jobs, and this Premier has the gall to stand up and say a tax increase is the right thing to do. He has lost touch with the people of Ontario. I'm asking him one more time: Will he at least familiarize himself with what the impact of his HST will be on average Ontarians in this province?

**Hon. Dalton McGuinty:** I think that with the passage of time, Ontarians have come to understand the values that inform our thinking and inspire our efforts. They know that during the course of the past five or six years now, we have devoted ourselves to improving the quality of education for all of our kids. We have devoted ourselves to improving the quality of health care for all of our families. We have made some remarkable progress in terms of protecting the quality of our natural environment, and we've worked hard as well to improve business opportunities to ensure that we have jobs for our kids in the province of Ontario. I think they have a good understanding of where we are coming from and the values that inform us.

So I welcome this debate. I believe it is just beginning. My friends opposite say that we should freeze, that we should do nothing, that we should wait for this recession to roll by, that everything will come back to the way it was. We don't believe that. We think the times call for leadership. It's not an easy thing to do. Ontarians know what we want to do for them, and we'll keep doing it.

## PENSION PLANS

**Ms. Andrea Horwath:** My question is to the Premier. After more than five years of McGuinty governance, Ontario's workplace-based pension system is in crisis. Last month, the McGuinty government introduced legislation that completely absolves the province of any legal obligation to backstop the pension benefits guarantee fund in this province. But on May 16, in Windsor, the finance minister announced that he will be introducing legislation to overhaul the broken pension benefits guarantee fund. Will this government introduce legislation in the fall that will ensure that every single pensioner gets every last penny that they are owed?

**Hon. Dalton McGuinty:** I appreciate the question and I'd like to think that in Ontario, all of us together, in this House and outside, are beginning to engage Canadians in an important national conversation. The fact of the matter is that we are on a collision course when it comes to an insecurity for seniors who, in their retirement years, have inadequate levels of income. Only one third of Ontarians have the benefit of a defined benefit pension fund, and there's more to be done in this regard. That's why on this very day the Minister of Finance, Minister Duncan, is meeting with his counterparts from across the country, and Minister Flaherty as well, to engage Canadians in a national conversation. I have personally asked Prime Minister Harper to host a national summit so that we can begin, together, to put in place the kinds of measures that will ensure that our seniors will enjoy a decent retirement income.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Ms. Andrea Horwath:** Not only is the existing pension system in crisis but there is also the ongoing crisis of those who have no pension coverage at all. I would agree with the Premier in that regard. Only one third of Ontario workers actually have a workplace pension plan. But in BC, Alberta and Saskatchewan they are already moving forward on provincial pension plans, and pensions will figure prominently, as the Premier has already indicated, in the finance ministers' meeting today.

New Democrats believe that now is the time for an Ontario pension plan. What does this government intend to do for the two thirds of Ontarians who do not have a pension plan?

**Hon. Dalton McGuinty:** The Minister of Finance has just recently indicated that, failing action on the part of the federal government, it's something we're prepared to consider undertaking on our own. I know that my colleagues in Alberta and BC, in particular, have mused about moving ahead, but I think there's a fairly strong consensus among the Premiers, although I have yet to raise this with all of them, that we need to move forward nationally. This is as important an issue as our national medicare system, as our national employment insurance system, making sure that all Canadians can enjoy a decent level of income benefit in their retirement years. We think it's the kind of thing—it might be that we can proceed here in Ontario, but that's not particularly of value to seniors living in Nova Scotia, or seniors living in Newfoundland or seniors living in Manitoba. We think it's important for us to move forward on a national basis, and that's our purpose at this point in time.

**1050**

**The Speaker (Hon. Steve Peters):** Final supplementary.

**Ms. Andrea Horwath:** The last time I checked, this is the Premier of Ontario, and it's Ontario workers whom we have to think about in terms of their pension plans. I take it from the answer that on this important day of the finance ministers' meeting, the government has absolutely no idea how to expand pension benefit coverage in this province.

New Democrats believe that every single worker in Ontario should be covered by a workplace pension plan. New Democrats believe there are very concrete things that can be done to expand coverage in Ontario. There is no time to wait.

When will this government support the creation of an Ontario pension plan so that all Ontarians can look forward to retiring with dignity and with quality of life?

**Hon. Dalton McGuinty:** We think that sometimes there are challenges that are so great that the best way to approach them is for all of us to tackle them together. I believe that's the nature of the challenge that is before us now when it comes to considering that about two thirds of Canadians in their retirement years will not enjoy a decent level of income. We think that's a national challenge that demands a national response, and that's why Minister Duncan is—at this very moment, I believe—engaging his counterparts from across the country in a new dialogue.

I understand my colleague's impatience. In the face of failure in Ottawa to move forward, obviously the ball will be thrown back to the provinces, for us to see what we might do. But I believe that at this point in time there in fact is a genuine interest on the part of the Prime Minister and the Minister of Finance for the government of Canada.

## NUCLEAR ENERGY

**Ms. Andrea Horwath:** My question is to the Premier. Last Thursday, the Minister of Community Safety and Correctional Services urged Sudbury city council to veto the storage of radioactive nuclear waste in its community. He said, "There is no dollar figure, no salary, and no number of jobs that would be worth risking the health of our children, our landscape and our future."

Does this Premier agree with his minister that radioactive waste from nuclear plants poses a serious threat to the health of future generations?

**Hon. Dalton McGuinty:** Of course there are real dangers associated with radioactive waste. Of course it's something with which we have to grapple as a society. But fortunately, there are some very strong rules and regulations in place, put there by the federal government. The upside to dealing with nuclear waste is that we know how to contain it and we know how to store it. We understand, if we are honest about it, that we are foisting this responsibility on our great-great-great-great-grandchildren. We understand that, but the good news is that we know how to contain it and we know how to store it—unlike carbon dioxide emissions coming from coal-fired generators, for example, where there is no technology in place, where there is no science in place that would have us embrace some kind of technology to store that. That's why we've chosen to proceed with more nuclear energy.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Ms. Andrea Horwath:** It's truly unfortunate that the Premier still won't come clean and admit that there is no safe way to isolate radioactive nuclear waste for hundreds of generations. Even the industry-run Nuclear Waste Management Organization admits that it is impossible to prove that underground storage is safe. For years, the McGuinty government has misled Ontarians about nuclear power—

**The Speaker (Hon. Steve Peters):** I ask the honourable member to withdraw the comment.

**Ms. Andrea Horwath:** I withdraw, Speaker.

For years, the McGuinty government has downplayed the risks to Ontarians about nuclear power, claiming it is safe, emissions-free and affordable. When will the Premier tell Ontarians the real truth about nuclear power: that it is expensive, it is dangerous and it is the wrong way to invest up to $50 billion of taxpayers' money?

**Hon. Dalton McGuinty:** The Minister of Energy and Infrastructure.

**Hon. George Smitherman:** I would encourage the honourable member to visit our facilities in the province of Ontario, where that nuclear waste which has been created through Ontario's nuclear power generation over the past several decades is well stored.

Everybody agrees that this is an issue that really does ask of all of us to ensure that we get it right and that we work within the available science to make those decisions, and that's why there's such an engaged discussion on this point.

But I would want to extend an opportunity to the leader of the third party to visit facilities where this product is contained at the moment, as I'm sure it would assist her awareness of the practices that are involved in this safe storage of product that has developed in the province of Ontario to date.

**The Speaker (Hon. Steve Peters):** Final supplementary.

**Ms. Andrea Horwath:** The government says it has a mandate to build nuclear power plants in this province, but building nuclear power plants was not part of their 2007 election platform. The government says that new nuclear plants are the only way to keep the lights on, but David Suzuki and others have shown that that is untrue.

Today, the Ontario Clean Air Alliance reports that Ontario can meet its electricity needs more cheaply by connecting to hydro power from Quebec and from Labrador, much more cheaply than by building new nuclear power plants. Why won't this Premier choose job-producing energy conservation and renewable energy projects instead of expensive and unsafe nuclear power?

**Hon. George Smitherman:** Firstly, the honourable member uses the tactic of that word that was in her

earlier question and wasn't appropriate. In the 2007 election, all—

**The Speaker (Hon. Steve Peters):** I just remind the honourable member that you can't say indirectly what you want to say directly.

**Hon. George Smitherman:** I apologize. I didn't have a script to work with.

On the matter at hand, this was clearly part of the context of the 2007 election. People in Ontario had the opportunity—in the best way that we know, through democratic means—to voice their views with respect to Ontario's future energy supply. But in this very House, recently, we passed the Green Energy Act. This will enable substantially more renewable energy to come to life and will add $900 million to the already allocated $1.2 billion for conservation initiatives.

We all agree that there are opportunities to take the lead of the member from Pembroke in reducing—

**The Speaker (Hon. Steve Peters):** Thank you.

## FIREFIGHTERS

**Mr. Ted Arnott:** My question is for the Minister of Labour. For more than two years, the government has led Ontario's volunteer firefighters to believe that they will be included under the presumptive legislation, just as full-time firefighters are. My Bill 169 would have done just that. Why, then, did the government force its members to vote against Bill 169?

**Hon. Peter Fonseca:** Our government recognizes the life-threatening, hazardous type of work that our firefighters do, and we have taken steps to ensure that firefighters and their families are given the dignity and respect that they deserve.

The consultations that have come about since 2007, as the member mentioned, when we brought forward presumptive legislation to work with firefighter stakeholders, are ongoing. We continue to meet with AMO; we continue to meet with the fire chiefs. Actually, two weeks ago, I had some good discussions with the fire chiefs of Ontario.

What I can say to the member and to any firefighter in Ontario: if, for whatever reason, they feel ill, they can take their concerns to the WSIB and those concerns will be taken very seriously and treated like other claims.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. Ted Arnott:** We've been hearing those excuses now for two years. What we need now is action.

I can't believe that some government members need to be reminded that the second reading vote of any bill is a vote on the principle of that bill. How can they say they're in favour in the principle when they vote against the principle?

This is an affront not only to volunteer firefighters, but also to rural and small-town Ontario, and we can't imagine how disappointing this must be to the family of the late Stittsville firefighter Alex MacDonald, who died of leukemia just over a year ago. Had he been a full-time firefighter, he would have been covered under Bill 221 and the accompanying regulations.

Will the minister commit to immediately extending the presumptive legislation to the volunteer fire service, or will he now admit that this is yet another McGuinty Liberal broken promise?

**Hon. Peter Fonseca:** What I can commit to the member is that we will continue to have consultations with our firefighter stakeholders. As early as a couple weeks ago, when I met with the fire chiefs of Ontario, I did say to that forum that this is a very active file in the Ministry of Labour.

We continue to work with the WSIB, we continue to work with AMO, to look at how the regulation that is in place was put in place two years ago when we brought forward presumptive legislation to address firefighters and to ensure that their work, their lives are treated with dignity and respect. That's what we will continue to do.

**1100**

## NUCLEAR WASTE

**M^me^ France Gélinas:** Ma question est pour le ministre de la Sécurité communautaire et des Services correctionnels. Last week, the minister stood up before his Sudbury constituents and urged them not to accept nuclear waste in their community because doing so would threaten the health of children and the environment. The minister's strong stand came as a bit of a surprise, but it is very welcome. It's a welcome change to hear the minister speak about the health risks of nuclear waste.

After hearing the Premier's answer to my leader's question, my question is simple: In Sudbury, the minister says no to nuclear waste, but what does he say at the cabinet table?

**Hon. Rick Bartolucci:** Let me answer the question by simply saying that, unlike the member from Nickel Belt, I will stand up for my constituency at all times. Unlike the member for Nickel Belt, who follows, I will ensure that the views of my constituents are always articulated, be it in my riding, at the caucus table, the cabinet table or in this House. I understand, unlike that member, that my job, first and foremost, is always to support and ensure that the views of my constituents are made loud and clear around any table.

**The Speaker (Hon. Steve Peters):** Supplementary?

**M^me^ France Gélinas:** We know that it is not safe for Sudbury to have nuclear waste. Governments around the world are finding that, despite offers of jobs and money, citizens are not willing to accept the health risks of storing radioactive nuclear waste in their community. I was happy to see that the member from Sudbury urged Sudbury council to pass a motion so that there would be no nuclear waste stored in Sudbury.

When is he going to ask his government to do the same and pass a motion that there will be no nuclear waste buried in Sudbury, and an engagement on behalf of his government to do just that?

**Hon. Rick Bartolucci:** I continue to reinforce the fact that, unlike the member from Nickel Belt, I will stand

and always ensure that the views of my constituents are made known. Unlike the member from Nickel Belt, I will ensure that I stand up and support the people I represent. And unlike the member from Nickel Belt, I will always ensure that at whatever table or in whatever—

*Interjections.*

**The Speaker (Hon. Steve Peters):** Minister?

**Hon. Rick Bartolucci:** Whatever the table, whatever the forum, I will always stand up for the people of my community, because my job is to ensure that I support and represent their views. I never make an apology for that, unlike the member from Nickel Belt.

## SCHOOL FACILITIES

**Mr. Mario Sergio:** My question is to the Minister of Energy and Infrastructure. Minister, last week was Energy Conservation Week, and I had the opportunity to join you at St. Basil-The-Great College School in my riding of York West. It was here that you announced an investment of $50 million for public school boards to reduce energy costs in schools. St Basil's principal, Carmine Settino, and his dedicated staff have spearheaded the student eco-club green campaign. It was inspiring to hear the students speak so passionately about their green school initiatives: their wind projects, solar panels and strategic landscaping. They are a shining example of how a school and its students can indeed lead by example.

Minister, how is this funding going to help schools? Is it something they have been asking for?

**Hon. George Smitherman:** I really did enjoy the chance to be in York West with the honourable member at St. Basil-The-Great, especially to meet the student council leadership and the leadership from the eco-club. They were very, very impressive indeed. That's a school where they've installed solar array and where they're very interested in doing more. That's why our $50-million program will support school boards to install more renewable energy technology in the form of small-scale wind, solar-related products and also geothermal.

Ontario's elementary and secondary schools have significant energy costs, at nearly half a billion dollars a year. So here we have an opportunity to reduce both the carbon footprint of our schools and also reduce their operating costs, which means that those important dollars can be more targeted at student needs. We also know that it's an opportunity for young folks to learn more about the opportunities through these technologies that are operating right in their schools.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. Mario Sergio:** I think this funding will certainly help schools add renewable energy technology, and I'm confident that many schools in my riding will want to participate.

I have heard from my local boards about the interest in finding ways to green our schools and reduce their operating costs at the same time. I was very interested to hear about the announcement that you and the Premier made a few weeks ago about funding for schools to make energy-efficient upgrades to their facilities. Can you, Minister, advise this House about how the school boards in my riding can get more information about the program and how it works?

**Hon. George Smitherman:** I do want to thank the hard-working member from York West for the question. I do want to be very clear, though: It was the Minister of Education and the Premier who were able to launch this incredibly important initiative that will see $550 million invested in the next two years in continuing to retrofit schools in the province of Ontario.

As I mentioned before, they have half a billion dollars a year in annual operating costs associated with energy, and we think that there are incredible opportunities here to make those kinds of investments. More than 1,000 publicly funded schools will be made more energy-efficient to enhance the places to learn and help boards save both energy and money, but this is also part of our stimulative focus from the government's budget. This will also lead to 5,500 person-years of employment, an important boost to local economies, while reducing electricity costs and our carbon footprint.

## HEALTH CARE FUNDING

**Mrs. Elizabeth Witmer:** My question is for the Minister of Health. Today the Coalition to Save Our Young Adults held a press conference calling on your government to deal with the critical lack of support for young adults with thalassemia and sickle cell disease. As you know, the program at Toronto General has been limited to 99 adults for 10 years, and there are now 150 young adults with complex disorders who must go to Sick Kids for transfusions, but they don't receive adult services.

Now, you promised in 2004 that you would provide quality care to these individuals. However, according to the coalition, "Nothing has changed. In the words of one physician, the situation has gone from 'crisis' to 'near catastrophe.'" Will you, today, immediately live up to your promise to provide the needed resources?

**Hon. David Caplan:** I want to thank the member for the question. I want to thank the advocates who are here today who are sickle cell and thalassemia advocates. I want all the members of this Legislature to know that I'm concerned for the health of all children and young adults with sickle cell disease and with thalassemia. We've asked the local health integration networks to work with hospitals to develop solutions to implement to treat this and many, many other disorders.

We're continuing to work to increase funding and resources to our hospital sector. For example, our 2009 budget commits to providing hospitals a $617-million funding increase this year over last. That's a 4.7% increase at a time when our economy, as we well know, is very challenged and shrinking. This new funding includes a 2.1% base funding increase to all Ontario hospitals. We've invested $2 million in 2008-09—

**The Speaker (Hon. Steve Peters):** Thank you. Supplementary?

**Mrs. Elizabeth Witmer:** I go back to the Minister of Health. Minister, your response shows your total lack of understanding for these young adults with thalassemia and sickle cell disease. Your government, in 2004, promised them care; it's now 2009. Don't tell us about increases to the hospital budget; these are real people. In fact, 15 of them have died in recent years of preventable causes because of the lack of human health resources.

I say to you today, Minister, will you, in 2009, live up to your 2004 promise and provide the needed human and financial resources to properly look after these young adults who have nowhere to go?

**Hon. David Caplan:** I think the member raises an important point in this House. It's also important to recognize that funding for hospitals where this treatment and where the care for these young adults and children is provided is in our health care system, and that funding is in fact increasing. For example, we've invested $2 million in 2008-09 to fund Ontario hospitals for selected drugs used in outpatient treatment of thalassemia through the special drug program. New products for treatment, for example, of thalassemia and sickle cell disease are funded through the Ontario drug benefit program, subject, of course, to the review process.

**1110**

I'm determined to provide quality care to all individuals in the province of Ontario. I think that the advocates who are here should understand that the member opposite and her party advocate a $3-billion cut to health care through the elimination of Ontario's health premium. The record on this side of the House is one where we are rebuilding health care after—

**The Speaker (Hon. Steve Peters):** Thank you.

## ARTS AND CULTURAL FUNDING

**Mr. Peter Tabuns:** I have a question for the Minister of Culture. In the 2008 budget, the McGuinty Liberals announced that they were making permanent the sales tax exemption on tickets to live theatre. In the 2009 budget, the McGuinty government indicated that the new harmonized sales tax would put an end to that exemption. So much for "permanent." How is slapping an 8% tax on live theatre going to help the thousands of Ontario actors, performers, musicians and crew?

**Hon. M. Aileen Carroll:** That initiative, along with all of the other initiatives in bringing in the tax incentives that were built into our budget, is exactly the right move that this government should have taken.

**Interjection:** What tax incentives?

**Hon. M. Aileen Carroll:** My apologies; "incentives" is not the right word.

We have brought in sales tax harmonization. We have done that because it is exactly the right thing to do. It is the right thing to stimulate the private sector. It is what the private sector asked of this government. It's part of a very courageous budget, one that I'm very proud to support. It's a budget that's aimed at restructuring an economy, and the creative industries are a very big part of that economy.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. Peter Tabuns:** I have to say, I haven't heard from any non-profit theatre groups that are enthused about this—none. Slapping an 8% tax on Ontarians who are going to plays will only further burden the arts community, which is struggling through the impact of the recession. Talk to people at Shaw; talk to people at Stratford. Stopping mounting job losses has to be a central concern for your government. What are you going to do, Minister, to alleviate the impact of this 8% burden on live performers in this province?

**Hon. M. Aileen Carroll:** We have taken bold action to bring this economy out of this recession, and in doing that, we have saved businesses throughout this economy $500 million just in the paperwork.

*Interjections.*

**Hon. M. Aileen Carroll:** If the honourable members would like to listen, I would like to assure them that, largely, I have heard nothing but kudos from the creative sector, from the people who are doing live theatre and from art galleries and museums. Why am I hearing those kudos? It is because the budget of our government, this time and last year, was hugely supportive of all that's being done in the creative sector. We have put millions of dollars into our cultural centres. We have, as a result, been thanked and told that, as a government, no government gets it better than the McGuinty government when it comes to—

**The Speaker (Hon. Steve Peters):** Thank you.

## SENIOR CITIZENS

**Mr. Phil McNeely:** My question is for the Minister of Health and Long-Term Care. Our seniors face some complex health care challenges. I know many of the constituents in Ottawa, particularly those in the senior community, want access to support services at home, where they are most comfortable. Providing these services benefits seniors. It also benefits our hospitals: By giving seniors care at home or in the community, these programs will help us reduce ER wait times. What is the government doing to ensure that there are more home and community supports for Ontario seniors?

**Hon. David Caplan:** I want to thank the member from Ottawa–Orléans for the question, because indeed we are committed to ensuring that Ontario seniors get the health support they need at home and in the community.

That's why last week our government announced a further investment of over $187 million in our aging at home program. The program encourages innovation at a local level by giving local health integration networks the flexibility to start some creative projects that are tailor made for seniors living in communities with specific needs. To date, more than 230 new projects have been approved. I know they will benefit communities right across the province by helping seniors stay at home, and by ensuring that our alternate-level-of-care, or ALC, patients can leave hospital sooner and recover where they're most comfortable. This leaves more beds for

emergency room patients waiting to be admitted to hospitals. This helps our government move forward with one of our most important priorities, reducing wait times—

**The Speaker (Hon. Steve Peters):** Thank you. Supplementary?

**Mr. Phil McNeely:** My constituents will be glad to hear that you're implementing a strategy to help seniors live independently at home or in their communities.

I know the Champlain Local Health Integration Network received over $17 million in funding for the aging-at-home initiative. The money will help increase the range and quantity of services available to seniors in my community and help relieve pressures in hospitals and long-term-care homes. But I want to know more about what this program will mean for individual constituents.

**Hon. David Caplan:** It's a good question, because last week I was in Ottawa with the member and we met a remarkable Ottawa woman named Geraldine, who has benefited tremendously from aging at home. Geraldine had been courageously battling breast cancer, and her husband, Gerald, had recently suffered a heart attack. When Geraldine found out she needed surgery, the couple worried that they would not be able to care for one another. But Geraldine got help from an innovative aging-at-home project called Aging in Place, which has been a great success in the Champlain Local Health Integration Network. Through this program, Geraldine was able to recover at home with the help of nurses and personal support workers. She didn't have to worry. She called it a godsend. Talking about this experience, Geraldine said, "The help is there. All you have to do is ask."

I'm proud to provide seniors like Geraldine with this support. We're giving them the care they need at home, where they want to be.

## CONSUMER PROTECTION

**Mr. Jerry J. Ouellette:** My question is for the Premier. Tomorrow, the insurance brokers are coming to Queen's Park. I've met, as all members have, with constituents, brokers and individuals from the Insurance Bureau of Canada. The concern is that postal codes and/or credit scoring are being used to deny people insurance and/or for determining insurance. For those who don't understand, it's determined by how much credit you owe on your credit cards or how many mortgages you have for credit scoring.

This is not allowed for auto insurance, but what's taking place is that individuals who are applying for household insurance are asked to provide their credit score to determine household insurance, and when they deny access to insurance company providers, they're being denied auto insurance. What are you going to do to ensure that you can protect Ontarians from credit scoring determining people's insurance rates?

**Hon. Dalton McGuinty:** I thank the honourable member for his question. One of the things I want to make clear is that credit information is not permitted for use in rating and underwriting auto insurance. FSCO, the Financial Services Commission of Ontario, sent a bulletin on February 10 of this year outlining acceptable practices for insurers who quote on auto insurance in Ontario.

My colleague also makes reference to another issue, and that is whether or not insurance companies in the province of Ontario are using credit scoring to grant household insurance. What FSCO is doing at the present is conducting a survey—as are their counterparts, I think, pretty well in all the other provinces and territories at the same time—so that we get a better understanding of what's happening in the marketplace, with a view to then considering what, if any, action would be necessary in that regard.

**The Speaker (Hon. Steve Peters):** Supplementary.

**Mr. Jerry J. Ouellette:** Right now, as you mentioned, there are 39 recommendations under consideration by FSCO's five-year review for auto insurance. There is a gap under current legislation that doesn't allow the superintendent responsible for insuring people in the province to ensure that the rules are followed. Recommendation number 7 says that FSCO needs stronger authority to prohibit "objectionable quoting practices," but it's being ignored.

Premier, what is it that you and your government are going to do to ensure that the policies in the province are not based on credit scoring?

**Hon. Dalton McGuinty:** I think we've made some real progress during the course of the past five years when it comes to insurance generally speaking, particularly in the area of auto, where rates have dropped over 7% since 2003, which has been a real boon to consumers.

Again, my honourable colleague raises a real issue about the use of credit scoring in the granting of insurance. I know that's something that FSCO and the Minister of Finance continue to consider. What I do undertake to my honourable colleague is to get back to him if there are any more specifics I can provide in this regard, given the absence of the Minister of Finance today.

**1120**

## STUDENT ACHIEVEMENT

**Mr. Rosario Marchese:** My question is to the Minister of Education. Minister, it has now been more than a month since you introduced your school information-finder website. This site facilitates the comparison of schools based on the income and education of the parents, along with the language spoken and the length of time the student has been in Canada.

You have a reputation for collaboration, yet at a recent partnership table meeting, all education stakeholders, including parents, deans of faculties of education, directors of education, trustees and teachers, stood united and stated their adamant opposition to this site directly to the Minister of Education.

When you set up this site, who exactly were you collaborating with?

**Hon. Kathleen O. Wynne:** There actually were many conversations with various education stakeholders. I had, in fact, talked to the partnership table—

**Mr. Howard Hampton:** Name one.

**Hon. Kathleen O. Wynne:** Well, everyone who sat at the partnership table knew that we were going to be using the data that we have been collecting, as part of our statistical neighbours exercise, to work with schools at risk. We were going to be using the data to allow parents and the community to have more information.

The other thing I did at the partnership table meeting that the member opposite notes is that I endeavoured, undertook, to set up a working table, a round table discussion, so that we can talk about exactly what other information we might need to put on the school information finder to flesh out those profiles of schools so that parents and community members can get the information they want. Those letters and those invitations to that round table will be going out shortly.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. Rosario Marchese:** The stakeholders knew you were going to do this, but they are adamantly opposed to it. It appears that you and the Premier are alone in this regard.

The list of stakeholders opposed to the demographic information on this site is truly impressive: People for Education, Elementary Teachers' Federation of Ontario, Ontario English Catholic Teachers' Association, Ontario Secondary School Teachers' Federation, Ontario Public School Boards' Association and the Ottawa district school board, just to name a few. You get the picture, right?

Minister, no one can figure it out. Why do you insist on leaving this kind of information on the website when everyone is opposed to it?

**Hon. Kathleen O. Wynne:** You know, it's interesting: All of those groups, with whom I converse regularly and who have been enormously supportive of our initiatives, are also very opposed to the kind of narrow information that the C.D. Howe Institute or the Fraser Institute put out when they rank schools.

Our initiative is intended to give people fuller information—every one of those people, including many conversations with People for Education. We are committed to continuing this conversation. As I said to the member opposite, I told the partnership table that we will have a round table, we will continue—

*Interjection.*

**The Speaker (Hon. Steve Peters):** Minister?

**Hon. Kathleen O. Wynne:** I am going to maintain our reputation as a collaborative government that understands that when there's a concern, when there's a disagreement among people who are working together, we need to have that conversation, because that's how we get to the right answer. Those notices, those letters will be going out, inviting that conversation from all of those stakeholders.

## FOOD SAFETY

**Mr. Pat Hoy:** My question is to the Minister of Agriculture, Food and Rural Affairs. I've always been concerned about food safety and making sure that Ontarians have the proper information to make an informed decision. We know that Ontarians demand high-quality food and that they want to buy local, not just because they want to support our Ontario farmers but because Ontarians grow the best food in the world—like those in Chatham, Kent, Essex and Leamington. They want increased sustainability as well as to lower their carbon footprint.

Being able to track where our food comes from is vitally important so that consumers can make informed choices on what food they buy when they are at the grocery store. My question to the minister is, what is your ministry doing in order to help consumers track where their food actually comes from?

**Hon. Leona Dombrowsky:** I'm very happy to have the opportunity to say that our government has been working very closely with producers, with food processors and with the federal government. We have listened, and I think that it has been very good news. Last week—actually it was May 11—in Guelph I was able to announce the launch of the food safety and traceability initiative. This is part of our Growing Forward agreement with the federal government, and together we have committed to support the traceability initiatives in this province. It is a four-year, $25.5-million joint investment to help Ontario producers and processors with traceability initiatives. The food safety and traceability initiative provides cost-share funding, up to $20,000 to individual facilities, to support the implementation of food—

**The Speaker (Hon. Steve Peters):** Thank you. Supplementary?

**Mr. Pat Hoy:** Currently, Ontario farmers face many challenges. We know there has been significant investment in Ontario farms to ensure that they continue to thrive and grow. For instance, I look at the action the government is taking on expanding the Foodland Ontario program as being very positive news for our food producers and food processors. Our government must partner with our agri-food sector not only to help promote local food products but also to invest in food safety initiatives, both on-farm and in the processing sector, to ensure that Ontario families enjoy safe food from farm to fork.

Mr. Speaker, through you to the minister: Could she tell us more about how this new program will help our Ontario farmers continue to succeed?

**Hon. Leona Dombrowsky:** Well, promoting Ontario's quality food and supporting food safety initiatives really do go hand in hand. We have listened to farmers, to processors, and this is what they told us they need. This will increase food producer and processor awareness of food safety risks and benefits implementing food safety practices, because the people of Ontario expect the safest and best-quality food. This program is designed to assist both producers and processors implement practices in their operations so that they can continue to present, not just to the people of Ontario but indeed to the world, that we have the very best food right here in Ontario. It's grown here and it's produced here.

## ADOPTION DISCLOSURE

**Ms. Sylvia Jones:** My question is for the Minister of Community and Social Services. Minister, the June 1 deadline for the adoption disclosure vetoes is one week away. Can the minister share with the House how many veto applications have been received asking that the personal information be blocked from the adoption registry and whether those veto submissions have been registered?

**Hon. Madeleine Meilleur:** I'm very pleased about what our government has done about the disclosure of information with regard to past adoptions prior to September 1, 2008. There is a lot of interest from those parents who gave up a child for adoption and for those who want to find their birth parents. We have received quite a bit of information about what the possibilities are if someone doesn't want to have their information disclosed. I have to say that we have quite a few, and in the supplementary I'll give you the right information.

**Ms. Sylvia Jones:** Hope breeds eternal, Minister. I've been approached by an individual who was adopted and whose biological father is serving a life sentence in an Ontario jail. They are very concerned that their personal details could be released to a criminal trying to make contact with them. Your government voted down a Progressive Conservative amendment that would have protected this individual from this exact scenario. This adoptee has been told by your ministry staff that there is a significant backlog in veto applications, and the ministry cannot even confirm receipt of their application.

Minister, will you assure the House today that all veto application files will be cross-referenced and the unprocessed disclosure vetoes processed before you release personal adoptions starting next week?

**1130**

**Hon. Madeleine Meilleur:** I'm just going by memory, but I'll give you the right information about how many veto requests we have received. I can assure you that all veto applications will be processed before any information is provided. I can assure you of that, because it's very important; it's in the legislation. We want to make sure that for those who don't want their identification to be released, it will not be released. There will be other information released, but nothing that will identify who the parents are and where the child is.

## ABORIGINAL PROGRAMS AND SERVICES

**Mr. Gilles Bisson:** My question is to the Minister of Community Safety. You'll know that on January 8, 2006, a tragic fire in Kashechewan took the lives of both James Goodwin and Ricardo Wesley as a result of them being detained in the jail there that caught fire. They subsequently died because police officers were not able to open up the jail cells. You'll know that the chief coroner came out with his report last week. There are some 90 recommendations about how to deal with this so that this tragedy doesn't happen again. My question to you is simply this: When do you plan on taking action to implement the coroner's inquest recommendations?

**Hon. Rick Bartolucci:** I want to thank the member for the question. I also want to reinforce the fact that there were also 46 recommendations from the Ipperwash inquiry. We're going to ensure, as a ministry, that we look at the recommendations from the Ipperwash inquiry. We're going to look at these recommendations very, very seriously. These recommendations—there were 86 recommendations, which dealt with a variety of issues—were made to Canada, to Ontario and to our First Nations partners. We will work closely. Ontario has done its part in the past, and we will continue to do our part in the present and in the future to improve those conditions.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. Gilles Bisson:** Well, absolutely not: You have not taken your responsibility, and as a result those two men died. So don't come into the House and tell me and the rest of this assembly that you have taken your responsibility. The minister sat with myself, with Chief Stan Beardy, with Chief Jonathan Solomon and with others on this issue on numerous occasions, and you have yet to take up your responsibility of funding your 48%.

So my question to you is: We now have recommendations, the very least of which is to put together a consultation committee that starts by June 30. Are you at least willing to do that, or does it take other deaths in this province for you to take action?

**Hon. Rick Bartolucci:** The member is dead wrong. Unlike the NDP government between 1990 and 1995, when they cut funding to First Nations policing, when they reduced First Nations police officers, we have doubled funding to the NA police service—doubled. We have added 40 new First Nations police officers as part of the federal funding. We take our role very, very seriously. We will continue the collaboration with our First Nations partners and with the federal government.

The member was also wrong when he said we didn't live up to our commitment of 48% funding—absolutely incorrect; he knows that to be a fact. Let me reinforce to the First Nations communities that Ontario will continue to be a willing partner in this partnership.

## RESEARCH AND INNOVATION IN MISSISSAUGA SOUTH

**Mr. Charles Sousa:** My question is to the Minister of Research and Innovation. As our economy continues to evolve, employment sectors such as alternative energy, environmental, information and communication technologies will continue to play an increasingly important role in Ontario. Many of my constituents from Mississauga South are currently training at institutions such as Fanhawe, Humber, Sheridan, George Brown and Centennial College. They are part of the Colleges Ontario Network for Industry Innovation. Their goal is to develop projects with small and medium-sized business while providing our students with real-world learning opportunities that

enhance their skills and marketability. What is the Ministry of Research and Innovation doing to ensure that this program can continue to prepare our people and businesses for the jobs of today and tomorrow?

**Hon. John Wilkinson:** I want to thank my friend from Mississauga South for the question. Three years ago our ministry came up with a new program, called Colleges Ontario Network for Industry Innovation—it's nicknamed CONII. That program has been so very, very successful that in our recent budget, and with great support from my friend the Minister of Small Business and Consumer Services, our ministry was successful in receiving an additional $10 million, so that we could take this very successful program and ramp it up.

Colleges are uniquely placed to be at that interface between businesses and academia, and so the businesses are able to go to colleges and ask them very specific questions about trying to fix a problem. The kids at the colleges fix that problem, and it's a win-win for everybody.

It's so very, very successful, and I'm so very, very proud that we're actually expanding that program right across Ontario.

**The Speaker (Hon. Steve Peters):** Supplementary?

**Mr. Charles Sousa:** In my riding of Mississauga South, there is a lot of important, exciting work being done to develop green technologies. We are fortunate to have the Ontario Centre for Environmental Technology Advancement, OCETA. It's a not-for-profit organization that helps accelerate the commercialization and market adoption of clean technologies and environmentally sustainable solutions through public engagement and by providing businesses with technical solutions. As well, we're home to the Hydrogen Village project. The goal of the project is to help create a green and sustainable future within the GTA.

What is the Ministry of Research and Innovation doing to support organizations like these as they work toward a greener and more innovative Ontario?

**Hon. John Wilkinson:** There are some great things going on in Mississauga South. I know that our ministry, over the years, has committed some $1.4 million to innovative projects in Mississauga South. This funding includes $118,000 to support Materials and Manufacturing Ontario, in support of their emerging materials network; some $213,000 for clinical trials at the Trillium Health Centre; $130,000 in support of the world-famous Hydrogen Village; finally, as well, we've invested some $1.2 million in the Ontario Centre for Environmental Technology Advancement, which recently provided my ministry with advice on tackling climate change through bio-based, environmental alternative energy and clean technologies.

I know that the good people in Clarkson and in Port Credit and in Lorne Park are very proud of the tremendous environmental track record of our member for Mississauga South, and I look—

**The Speaker (Hon. Steve Peters):** Thank you. The time for question period has ended.

## VISITOR

**The Speaker (Hon. Steve Peters):** I'd like to take this opportunity to welcome former member Bud Wildman, who represented Algoma in the 30th to the 36th Parliaments. Bud, welcome back to Queen's Park today.

## ANSWERS TO WRITTEN QUESTIONS

**Mr. Gilles Bisson:** On a point of order, Mr. Speaker: I issued an order paper question, 198, that has not yet been responded to, and I would like to get the government to respond, according to the standing orders, because they're over time.

**The Speaker (Hon. Steve Peters):** I thank the member for that point of order. This was an issue that was raised just prior to the recess. I would remind all members, and particularly their legislative assistants, to please review the order papers and ensure that those answers are given in a timely manner.

I trust that the minister responsible for the order paper issue that the member for Timmins–James Bay raised will ensure that that answer is quickly delivered.

## BIRTH OF MEMBER'S GRANDCHILD

**Mr. David Zimmer:** On a point of order, Mr. Speaker: I'd like to congratulate my colleague Kathleen Wynne on the birth of her first grandchild.

**The Speaker (Hon. Steve Peters):** Congratulations.

There being no deferred votes, this House stands recessed until 1 p.m. this afternoon.

*The House recessed from 1138 to 1300.*

## SIGN LANGUAGE INTERPRETERS

**Hon. Monique M. Smith:** I believe we have unanimous consent to put forward a motion without notice regarding sign language interpreters.

**The Speaker (Hon. Steve Peters):** Agreed? Agreed.

**Hon. Monique M. Smith:** I move today that sign language interpreters may be present in the east gallery to interpret the proceedings for guests in the gallery.

**The Speaker (Hon. Steve Peters):** Is it the pleasure of the House that the motion carry? Carried.

## WEARING OF RIBBONS

**Mr. Dave Levac:** I seek unanimous consent to wear the green ribbon for the anniversary of the green ribbon campaign for today. I believe we have consent. The ribbons will be in each of the galleries for distribution. So I'm seeking unanimous consent to wear it.

**The Speaker (Hon. Steve Peters):** Agreed? Agreed.

# INTRODUCTION OF VISITORS

**The Speaker (Hon. Steve Peters):** I want to take this opportunity to welcome a good friend: Hillary Dawson

from the Wine Council of Ontario. Hillary, welcome to the Legislature today.

## MEMBERS' STATEMENTS

### CARBON MONOXIDE DETECTORS

**Mr. Ernie Hardeman:** Last year, our community suffered a tragic loss when the Hawkins family succumbed to carbon monoxide poisoning. It was a tragic reminder of the need to have functioning carbon monoxide alarms on every level of your home.

On Friday, May 22, I was pleased to be part of a special event in Woodstock when First Alert Canada donated almost $2,500 worth of carbon monoxide detectors to Operation Sharing, an organization that helps Oxford's less fortunate.

Operation Sharing helps the people of Oxford through programs like food cards, lunches, providing a place to meet, and counselling. Through this donation, they will also be making sure that people have the security of a carbon monoxide alarm in their home.

I want to thank Jim Rotz, president of Jarden Branded Consumables, and First Alert Canada for their generosity and commitment to safety. Due to their donations, 75 Oxford families will have protection against carbon monoxide poisoning.

Last December, I introduced a private member's bill, the Hawkins Gignac Act, that would give all Ontario families that protection by requiring functioning carbon monoxide detectors in all homes. On April 2, that bill received unanimous support on second reading. I hope the government will take this opportunity to move it forward to committee hearings on third reading to ensure that we can prevent more tragedies. But, as always, I want to encourage everyone not to wait for the legislation before taking steps to protect yourself and your family. Please make sure that you have functioning carbon monoxide detectors in your home.

Thank you very much, Mr. Speaker, for allowing me to bring this message.

### CHILD FIND ONTARIO

**Mr. Dave Levac:** Today marks two very special milestones for Child Find Ontario. May is the 25th anniversary for Child Find Ontario and also the 18th annual Green Ribbon of Hope Campaign.

Ms. Sue Snider, the deputy mayor of Mulmar, vice-president of Child Find Ontario and first vice-president of Child Find Canada, joins me today in the east gallery in asking members of this House to assist Child Find in bringing messages of hope to families in our community.

The concept of the Green Ribbon of Hope was developed by students of Holy Cross Secondary School in St. Catharines, home of the honourable Minister of Transportation, Jim Bradley, as a result of the abduction and subsequent murder of a 15-year-old child, Kristen French, on April 16, 1992.

The green ribbon is a symbol of recognition for the many children who go missing every year. The colour green embodies the sign of hope for those children who have gone missing.

Last year, the RCMP National Missing Children Services reported that over 21,000 children went missing in Ontario alone.

With recent events in Woodstock, the education and prevention programs that Child Find Ontario provides are vital in helping families cope with the many obstacles that were not an issue 25 years ago. As the advent of new technology emerges, cyberbullying and online predators are presenting an even greater threat to our youth.

I regret to inform this House that teenage runaways still remain on the rise.

In honour of all searching parents, I ask that we take the leadership role in promoting the safe return of all missing children. I've provided each member with a green ribbon, and I ask us to remember National Missing Children's Day on this 25th of May.

### TOURISM

**Mr. Norm Miller:** I rise today to comment on a recent tourism proposal. The scheme comes out of Mr. Sorbara's report, Discovering Ontario. The province intends to create 11 regional destination marketing and management organizations, or DMMOs. The McGuinty government plans to allocate $40 million each year for the DMMOs and to increase taxes on accommodations by 3% to pay for it.

If this proposal is actually going to work, if this new tax and the spending that goes along with it is going to attract more visitors to Ontario, it needs to be properly executed. So far, the government has it wrong.

Michael Lawley, executive director of Muskoka Tourism, points out: "From our point of view that is just not going to work. The connection is not really relevant in our particular situation." That's because the ministry proposes to lump Muskoka in with the York–Simcoe and Grey-Bruce regions.

Muskoka has been in the tourism industry since the 1860s. The region boasts water-based features, cottage and outdoor experiences, arts and culture, heritage and the rugged granite shorelines of the Precambrian Shield. There is already a strong Parry Sound–Muskoka brand based on similar tourism features. It would make much more sense to create a DMMO that puts Parry Sound, Muskoka and Algonquin Park together.

The tourism ministry's suggestion begs the questions: What is this government thinking? Has anyone from the ministry actually gone out on the ground to look at the implications of their proposal? What is the possible rationale for lumping Muskoka with York region and the city of Vaughan?

## HEALTH CARE

**Mrs. Laura Albanese:** Effective and timely health care is a primary concern for all Ontarians, including my constituents of York South–Weston. I am pleased to rise today to speak about our government's latest initiative in the ongoing commitment to strengthening our health care system and improving access to care.

The proposed legislative changes will enhance patient safety and improve access to care by building on existing, highly successful team environments. The increased collaboration between professionals such as nurses, pharmacists, physiotherapists, dietitians, midwives and medical radiation technologists will ensure that all Ontarians receive a high level of care.

The ability of nurses to order X-rays, dietitians to prick skin to check a patient's blood readings, and pharmacists to extend or adapt prescriptions means not only that these professionals will more fully utilize their skills, but doctors will be able to spend more time with each patient. This will be widely welcomed by the residents of York South–Weston, who support better access to health care and having more choices in who provides it.

This is a positive step in improving access to care. Our government must remain dedicated to ensuring that our health care system is the best it can be.

## JOHN SCHOONDERBEEK

**Mr. John O'Toole:** I'm pleased to rise today to pay tribute to a constituent, John Schoonderbeek. John is among just nine individuals from across Canada who were recognized for a 2008 Clean World Award from Pitch-In Canada. This award is signed by Governor General Michaëlle Jean, who is the patron for Pitch-In Canada.

On Sunday, May 24, I was privileged to attend the presentation of this national honour at Brookside Cottage Bed and Breakfast, near Tyrone, Ontario, in my riding. Brookside Cottage is the home of John's sister, Corinne van de Grootevheen. Corinne, who is a nature lover and artisan herself, was also the initiator of this award for her brother, John.

For this special celebration, John was joined by his wife, Sharon, and daughters Lisa and Jill, amongst many other family members and members of the community at large.

For John Schoonderbeek, stewardship for his environment is an everyday priority. For the past 10 years, he has walked over seven kilometres each day, picking up garbage on the roadside and in ditches and woods around his community in Hampton and Mitchell's Corners.

John is a daily inspiration to young and old in his community. Congratulations to John Schoonderbeek for leading by example in our environment.

## BREAST CANCER

**Mr. Bill Mauro:** In 1999, a volunteer committee of nine ladies organized a bachelor auction to raise funds to help fight breast cancer in northwestern Ontario. Over the past 11 years, volunteer committees continued the work of these nine women, and the Bachelors for Hope Charity Auction became the premiere ladies'-night-out event in Thunder Bay. The auction supports the Northern Cancer Fund of the Thunder Bay Regional Health Sciences Foundation.

**1310**

It is because of the dedication, commitment and devotion of all the volunteer committee members, past and present, that the total amount raised by the auction reached $63,000 this year and over $500,000 since its inception.

This year's committee includes Keely Hartviksen, Deb Emery, Autumn Lindsay, Janice Harasyn, Becky Keighley, Heather Vita, Jessica Bryck, Michael Pedri, Bridgette Parker and Athena Kreiner, as well as dance coordinators Fay Steadwell and Lindsay Fron.

That first committee in 1999 included Sandy Neilly, Pamela Henderson, Kathy Ball, Kathy Mastrangelo, Mary Wrigley, Lori Lee, Jackie Collier, Shirley MacDonell and Vicky Bowen.

This year's auction featured 10 bachelors, a great deal of support from the business community and many male volunteers who acted as ushers. I was honoured to volunteer as well.

In 11 years, this auction has funded and supported initiatives to reduce breast cancer through education and awareness, to increase access to screening, to reduce wait times for care, and to improve breast cancer treatment. Supporters of the Bachelors for Hope Charity Auction truly make a difference.

## LABOUR MOBILITY

**Ms. Sophia Aggelonitis:** Ontarians continue to hear about the economic downturn on the radio, on television and in the newspapers.

On this side of the House, we have taken many steps to strengthen our economy by removing barriers to labour mobility.

Ontario's workers are among the most productive in the country.

The proposed legislative changes would support full labour mobility, allowing more professional workers from across Canada to work in Ontario. They would also allow businesses to draw from a larger talent pool, making them more competitive and better positioning them to weather the economic turmoil.

This legislation builds on our support for the interprovincial standards red seal program for skilled trades. Our support for this program ensures that it remains the Canadian standard of excellence for training and certification in the skilled trades.

We know that in order for Ontario to compete in the 21st century, we must all be at our best. Breaking down barriers to labour mobility ensures that Ontario remains an attractive place to do business.

## WORKPLACE FATALITIES

**M^me^ France Gélinas:** Last Thursday night in Sudbury, I had the opportunity to attend a very important meeting held by a group of concerned citizens who are asking the government for a workplace fatalities family bill of rights. The bill of rights would provide family members of victims of workplace fatalities and serious injuries access to information. Their asks are simple. They want the right to designate a representative to act on their behalf;

the right to be notified of meetings and hearings, and the opportunity to participate;

the right to recommend individuals to be interviewed, and access to the transcripts and written reports;

the right to be kept informed; and

the right to have access to the documents gathered and produced during the accident investigation.

They also told me that to give them access to information, we don't even need to change the laws; we just need modifications to the regulation.

They have started a postcard writing campaign to have access to information, the same information that is available to the other parties.

Minister Fonseca and Minister Bartolucci, it is within your power to make those regulatory changes and give those families access to information. How much more time, effort and energy do you want the good people of Sudbury to spend before you do the right thing and make those regulatory changes?

## FOOD AND BEVERAGE PROCESSING INDUSTRY

**Mr. Jim Brownell:** It is my pleasure to offer a very warm welcome today to representatives of the Alliance of Ontario Food Processors in the gallery. The alliance represents the interests of Ontario's food and beverage processing industry—manufacturers of products we enjoy every day.

The food and beverage processing industry is a major contributor to jobs and the economy of Ontario. In total, the industry generates $33 billion in shipments annually, directly employs over 110,000 people, and is the major customer of Ontario's farmers, transforming over 70% of what is produced at the farm level into safe, quality food for consumers.

This is the first Queen's Park Day being held by the Alliance of Ontario Food Processors, and we certainly welcome them. Representatives of food and beverage manufacturers will be meeting today with MPPs and government officials to talk about some of the major issues affecting the industry in Ontario. They will also be discussing the opportunities the industry can provide to support the government's key priorities of skilled jobs, health, environment and building the economy.

I encourage all of you to attend the alliance's reception today in the legislative dining room from 5 p.m. to 7 p.m. Alliance members have travelled from ridings across the province to let us know that they are important assets to communities throughout Ontario. This is a great opportunity for you to meet representatives from your area, learn more about this dynamic industry and sample some of the amazing food and beverage products that are made right here in Ontario. Welcome to you.

# STATEMENTS BY THE MINISTRY AND RESPONSES

## ACCESSIBILITY FOR THE DISABLED

## ACCESSIBILITÉ POUR LES PERSONNES HANDICAPÉES

**Hon. Madeleine Meilleur:** Let me welcome in the House Roxanne Whiting, who is the ASL interpreter. Welcome.

Today marks the beginning of National Access Awareness Week in Canada.

Dans tout le pays, les collectivités célèbrent l'importance de l'accessibilité pour les personnes handicapées. Des obstacles empêchent trop souvent des personnes handicapées de travailler, de suivre des études et d'avoir accès aux services dont elles ont besoin et qu'elles méritent.

Our government has a plan to remove these barriers. In fact, by January 1, 2010, the Ontario public service and all other public sector organizations will be required to follow our first accessibility standard and provide customer service in a way that is accessible to people of all abilities.

Accessible customer service is about learning how to communicate with someone who has a disability. It is about listening to their needs. Most importantly, it is about being willing to help. I encourage everyone to visit accesson.ca to learn how to do just that.

Lorsque les députés de cette Assemblée ont voté à l'unanimité l'adoption de la Loi sur l'accessibilité pour les personnes handicapées de l'Ontario il y a près de quatre ans, nous avons envoyé un message fort à la population de la province. Le moment est venu de s'assurer que l'ensemble de la population dispose de chances égales pour vivre, travailler et étudier en Ontario.

By 2025, our vision is an Ontario where people with disabilities can fully participate in everything our great province has to offer. In the coming year, more accessibility standards will be finalized to help make this vision a reality. What's more, these standards will help businesses attract a new customer base.

Plus tard cette semaine, je me rendrai au Musée royal de l'Ontario, qui a vraiment fait sien l'esprit de notre loi. Les visiteurs handicapés peuvent visiter facilement le musée et ses expositions. C'est un excellent exemple des progrès exceptionnels qui sont accomplis dans toute la province.

I encourage all members to take some time this week to think about one thing we can all do to break down barriers for people with disabilities. It can be as easy as asking how you can help.

Cette semaine, et pendant toute l'année, donnons vie au concept d'accessibilité.

**The Speaker (Hon. Steve Peters):** Responses?

**Ms. Sylvia Jones:** As the Progressive Conservative critic for community and social services, I'm pleased to be able to recognize this week as National Access Awareness Week. Each year, National Access Awareness Week encourages Canadians to think about and find ways to break down the barriers faced by individuals with disabilities. The barrier can be a building or space design that limits mobility, communication that limits understanding of information or a lack of technology that prevents information access, potential limiting policies and practices and attitudes that foster discrimination.

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Access means more than just removing barriers. It means changes in attitudes and support that allow all people with visible or invisible disabilities to be part of community life. People with learning, developmental and psychiatric disabilities or other invisible impairments should not be forgotten when we strive for equal access.

National Access Awareness Week promotes access for all people with disabilities, including people with mobility, sensory, non-visible and intellectual disabilities. It is very important that we raise awareness for accessibility standards not only during this week of recognition but every day.

While I am an advocate for increasing accessibility, Ontarians need to know that their government will be there to support them. With the Accessibility for Ontarians Act, the intent is for Ontarians to manoeuvre easily at home, work and public places. However, as you can imagine, the cost to implementing such a bill is enormous.

In February, I addressed the Minister of Finance in my capacity not only as Progressive Conservative critic for community and social services but also as the member for Dufferin–Caledon. This letter to Minister Duncan, written three months ago, has gone unanswered. I will use this opportunity to refresh the minister's memory of my letter and the importance of increasing accessibility standards within our communities.

Over the past number of months, I've heard from many municipal representatives and non-profit housing providers that the costs associated with implementing the proposed standards under the act are prohibitive. Municipalities share the goal of breaking down barriers for Ontarians with disabilities; however, they are concerned about how they will be able to make the retrofits or buy the specialized equipment as outlined in the proposed standards.

A KPMG costing study undertaken by the Accessibility Directorate of Ontario estimated that the information and communications standards as drafted would cost small municipalities an increase of 1% to 3% of their operating budget. Based on the same KPMG report, the Ontario Non-Profit Housing Association estimates the annual cost for their members will be between $10 million and $60 million per year.

Given these costs, the Association of Municipalities of Ontario is recommending that the Liberal government do further costing analysis that is reflective of the size and capacity of organizations to comply with the requirements of the proposed standards. In addition to this recommendation, I suggested that accessibility retrofits be included in the eligibility criteria that are developed for the infrastructure funding allocations in the provincial budget. This is a very important issue to municipalities, and the minister has not yet answered these concerns.

I fully support the intent to break down the barriers for Ontarians with disabilities but I also support action. Words do not mean anything unless they have action attached to them.

Although there will be many benefits, the cost of this act will be staggering. There will need to be new infrastructure, training, human resources and technology to encompass the scope of this legislation, most of which the municipalities quite simply cannot afford on their own. They need help and they need support.

These costs cannot simply be downloaded to our municipalities. We all want increased accessibility standards. I hope that this week of recognition will be a reminder to the McGuinty government to practise what they preach by not just speaking about accessibility standards but actually making Ontario a leader in accessibility for the disabled. Thank you.

**M^me^ France Gélinas:** The concept of National Access Awareness Week was originally developed by Rick Hansen after his Man in Motion world tour. I actually remember when Rick Hansen was in Sudbury; I attended his speech at the Sudbury arena, and let me tell you, there was not a dry eye in the entire arena. His idea was to bring together, in a spirit of partnership, voluntary organizations of persons with disabilities, business, labour and government to effect meaningful changes in the daily lives of people with disabilities.

The objective of this week is, first, to assess the accessibility of services and facilities, to set measurable goals, to make practical improvements and celebrate achievement. National Access Awareness Week is intended to raise public awareness of the barriers, to encourage communities to assess the level of accessibility in their jurisdiction and to plan for the removal of those barriers. Today is a time to look forward and ask, what can be done to ensure the full integration and dignity of persons with disabilities in Ontario?

Access, of course, means more than just removing barriers; it means changing attitudes and improving all kinds of supports to allow people with visible or invisible disabilities to be part of community life. Some 120,000 Ontarians live with developmental disabilities, and many of them also have physical disabilities. Many of these men and women benefit greatly from government-funded support programs, but many of them with disabilities continue to face barriers to employment, housing, income—to services in general.

Too many individuals with disabilities and their families are without the support that they need. According to the Provincial Network on Developmental Ser-

vices, over 13,000 people with a developmental disability are awaiting residential services, day support or other supports and services, and many families can wait up to five years or more for those services.

The government recently passed the Services for Persons with Developmental Disabilities Act, but it isn't clear if the act will help with accessibility, fairness and quality of service. It may create a system that is more flexible, but flexibility does not mean fairness, accessibility and quality of care for all Ontarians.

There is a need for a long-term funding framework to ensure that all Ontarians with developmental disabilities have continued access to the support and services they need. They presently tag this at $325 million more a year.

There needs to be improvement to the wages and working conditions for all workers in the developmental services sector so that we can recruit and retain qualified people to offer the best quality of care.

There is also a need to improve income support for people with disabilities. A single person on the Ontario disability support program receives just over $1,000 a month. That's about $12,000 a year. With this, they must cover all expenses, starting with shelter, food, clothing and transportation. Current ODSP rates fall way below the poverty line, which for a single person living in an urban area is set at $19,000. For people who become disabled and have to rely on ODSP, it is a sentence to a life in poverty—not exactly what I want this province to be known for.

Barriers to employment are also a problem, as this government continues to claw back employment earnings from people receiving ODSP. It is often so difficult for those people to get employment, and when they finally do get paid employment, their wages get clawed back by the government. What kind of support is that? It is utterly wrong to punish people with disabilities who finally succeed in finding employment.

This government has an aging-at-home strategy, but why limit it to seniors? People with disabilities also want to age at home, and would benefit from some of the initiatives that are being put forward.

Finally, Ontario March of Dimes indicates the need to expand the home and vehicle modification program to meet the rising demand. About one third of people applying to this program need modifications to their homes and vehicles in order to leave hospitals or chronic care facilities, but they are not able to access those programs.

Building an inclusive society that ensures dignity for all Ontarians should be a priority for all of us, not just this week but throughout the year.

## PETITIONS

### HOSPITAL FUNDING

**Mr. John O'Toole:** I'm pleased to present a huge amount of petitions here today. These are from the hospital in my riding, where there was outrage in the community. I'm just going to read a few of these thousands of petitions. They read as follows:

"Whereas the municipality of Clarington passed resolution C-049-09 in support of Lakeridge Health Bowmanville; and

"Whereas area doctors, hospital staff and citizens have raised concerns that Bowmanville's hospital could turn into little more than a site to stabilize and transfer patients for treatment outside the municipality; and

"Whereas Clarington is a growing community of over 80,000; and

"Whereas we support the continuation of the Lakeridge Bowmanville site through access to on-site services, including emergency room, internal medicine and general surgery;

"Therefore we, the undersigned, request that the Legislative Assembly of Ontario and the McGuinty government take the necessary actions to fund our hospitals equally and fairly. And furthermore, we request that the clinical services plan of the Central East LHIN address the need for the Bowmanville hospital to continue to offer a complete range of services appropriate for the growing community of Clarington."

I'm pleased to sign and support this on behalf of the thousands of constituents who want to be treated fairly.

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### HEALTH CARE

**M^me^ France Gélinas:** "Whereas on October 22, 2008, the Ontario government announced that because of an unexpected deficit it was deferring indefinitely its plan to hire 9,000 full-time nurses and also deferring the establishment of 50 family health teams that offer medical care in a single location;

"Whereas Ontario hospitals are already closing beds and reducing health care because of underfunding and shortage of nurses;

"Whereas this deferral will result in longer wait times by Ontario citizens requiring medical care; and

"Whereas billions of dollars are found by provincial and federal governments to bail out banks and corporations;

"Therefore we, the undersigned, respectfully petition the Ontario Legislature as follows:

"That the government of Ontario proceed without delay to implement its original plan to hire 9,000 full-time nurses and establish 50 family medical teams."

I fully support this petition and will affix my name to it and send it to the table with page Ajoy.

### AIR QUALITY

**Mr. Charles Sousa:** I have a petition that reads as follows:

"To the Legislative Assembly of Ontario:

"Whereas the Ministry of the Environment ... conducted 22 months of ambient air monitoring and

determined that the Clarkson, Mississauga, airshed study area was taxed for respirable particulate matter...; and....

"Whereas the study found that emissions of acrolein and acrylonitrile exceeded provincial limits; and....

"Whereas the MOE stated that it would focus on achieving reductions of the target pollutants from the 57 identified emitters that currently operate in the area; and

"Whereas the Ontario Power Authority is accepting proposals from companies for the operation of a gas-fired power plant in the Clarkson airshed study area that would see a new, very significant source of additional pollution into an airshed already determined as stressed by the MOE;

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

"That no contract be awarded by the Ontario Power Authority for the operation of any gas-fired power plant that would impact the Clarkson airshed study area."

I affix my signature and provide it to Joseph.

## TAXATION

**Ms. Sylvia Jones:** My petition is to the Legislative Assembly of Ontario.

"Whereas residents" of Ontario "do not want a provincial harmonized sales tax ... that will raise the cost of goods and services they use every day; and

"Whereas the 13% blended sales tax will cause everyone to pay more for gasoline for their cars, heat, telephone, cable and Internet services for their homes, and will be applied to house sales over $400,000; and

"Whereas the 13% blended sales tax will cause everyone to pay more for meals under $4, haircuts, funeral services, gym memberships, newspapers, and lawyer and accountant fees; and

"Whereas the" 13% "blended sales tax grab will affect everyone in the province: seniors, students, families and low-income Ontarians;

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

"That the McGuinty Liberal government not increase taxes for Ontario consumers."

I support this petition and am pleased to affix my name to it.

## CEMETERIES

**Mr. Jim Brownell:** I have a number of petitions here that read as follows:

"To the Legislative Assembly of Ontario:

"Whereas Ontario's cemeteries are an important part of our cultural heritage, and Ontario's inactive cemeteries are constantly at risk of closure and removal; and

"Ontario's cemeteries are an irreplaceable part of the province's cultural heritage;

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

"The government must pass Bill 149, the Inactive Cemeteries Protection Act, 2009, to prohibit the relocation of inactive cemeteries in the province of Ontario."

As I agree with this petition, I shall sign it and send it to the Clerk's table.

## TAXATION

**Mr. Norman W. Sterling:** I have a petition to the Legislative Assembly of Ontario.

"Whereas Ontario is in recession; and

"Whereas Ontario has lost 300,000 manufacturing jobs under Dalton McGuinty's watch; and

"Whereas the McGuinty Liberals promised not to raise taxes; and

"Whereas the McGuinty Liberals did not campaign on harmonizing the PST and GST; and

"Whereas the McGuinty government's plan to harmonize the PST and the GST will result in Ontario taxpayers paying 8% more for a multitude of products and services including gasoline, home heating fuel, Internet services, haircuts, gym memberships, legal services, construction and renovations, car repairs, plumbing and electrical services, landscaping services, leisure activities, hotel rooms, veterinary services for the family pet, and even funeral services; and

"Whereas Ontario taxpayers cannot afford this tax grab;

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

"That the government of Ontario abandon the harmonized sales tax plan announced in the 2009 budget; and

"That the government of Ontario abide by the Taxpayer Protection Act and consult with the taxpayers and voters through a referendum or by campaigning on a platform of raising taxes before introducing any tax increase."

I have signed that as I am in agreement.

## CEMETERIES

**Mrs. Carol Mitchell:** "Whereas Ontario's cemeteries are an important part of our cultural heritage, and Ontario's inactive cemeteries are constantly at risk of closure and removal; and

"Ontario's cemeteries are an irreplaceable part of the province's cultural heritage;

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

"The government must pass Bill 149, the Inactive Cemeteries Protection Act, 2009, to prohibit the relocation of inactive cemeteries in the province of Ontario."

This is from the West Lincoln Historical Society, and I affix my signature to this petition.

## TAXATION

**Ms. Lisa MacLeod:** This is on behalf of the residents of Nepean–Carleton and, I'm sure, of the entire province of Ontario.

The residents "do not want a provincial harmonized sales tax (HST) that will raise the cost of goods and services they use every day; and

"Whereas the 13% blended sales tax will cause everyone to pay more for gasoline for their cars, heat, telephone, cable and Internet services for their homes, and will be applied to house sales over $400,000; and

"Whereas the 13% blended sales tax will cause everyone to pay more for meals under $4, haircuts, funeral services, gym memberships, newspapers, and lawyer and accountant fees; and

"Whereas the blended sales tax grab will affect everyone in the province: seniors, students, families and low-income Ontarians;

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

"That the McGuinty Liberal government not increase taxes for Ontario consumers."

I affix my signature and fully support this petition.

## PROFESSIONAL HOCKEY FRANCHISE

**Mr. Mike Colle:** I have a petition for the Make It Seven people across Ontario.

"Support the move of the Phoenix Coyotes to southern Ontario.

"Whereas Jim Balsillie of Research in Motion has put in an offer to purchase the Phoenix Coyotes and move them to ... southern Ontario; and

"Whereas there are a number of outstanding communities" like Hamilton that would be a great home for the Coyotes;

"Whereas" another "NHL franchise in southern Ontario would" mean jobs and over half a billion dollars in GDP growth, in expansion and construction "television and media revenues and team merchandising; and

"Whereas the hockey fans in southern Ontario are known to be the most loyal" in Canada; and

"Whereas the existing NHL owners should recognize the incredible contribution made by the citizens of southern Ontario to the success of the NHL...;

"We, the undersigned, call upon the Legislative Assembly of Ontario to ... support bringing the Phoenix Coyotes franchise into a southern Ontario community, and call upon the NHL board of governors not to block the shifting of the franchise to a host community in southern Ontario."

I support the Make It Seven petition, and I affix my name to it.

## MUNICIPAL GOVERNMENT

**Mr. John O'Toole:** Mr. Speaker, with your indulgence, I'll read a petition as follows:

"Whereas the current state of Vaughan's elected body and senior staff's inability to perform their respective duties and their continuance to mismanage the financial affairs and business of the municipality is detrimental to the municipality, and we the people and taxpayers of the city of Vaughan have lost confidence in this council and their ability to perform the functions of office in good faith, accountably and in a transparent manner; and

"Whereas the city of Vaughan elected body and senior staff have broken the public trust and confidence through their inaction on known serious misuses of taxpayer funds, and even after acknowledgement of the misuses have failed to take action to recover the funds or cease the misuses;

"Whereas the financial audits for the 2006 municipal elections requested by the taxpayers of Vaughan conducted by Ken Froese of LECG identified nearly 200 Municipal Elections Act contraventions for three of the elected members.

"The audits identified contraventions of all three members, resulting in two of the members facing potential removal from office due to overspending.

"Additional election contraventions include over-contributions of funds, unreported expenses and improper use of elections funds which were used to pay for home repairs, clothes, car repairs and office equipment. The mayor and her spouse have been charged under the Election Act;

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"Whereas the audit conducted by Ernst and Young revealed that nearly $14,000 in taxpayer money was used by the CEO of the city, and authorized by the city manager without any itemized receipts or reasonable justification of the use of public funds. Further investigation has identified thousands more of taxpayer money being used to reimburse Vaughan council and senior staff without itemized receipts and business reasons for the expenditures;

"Whereas Vaughan council in January 2008 was made aware by Ernst and Young of approximately $13,000 in public funds paid to and authorized by a spouse of a city employee working for an elected official and in breach of proper policy, including exceeding a $3,000 limit. No action has been taken to recover the money;

"Whereas a local and regional councillor gave a $30,000 contract to an immediate family with no competitive bids. There are no policies governing elected officials that allow families, relatives and friends from benefiting financially;

"Whereas Vaughan council continues to mismanage taxpayer funds, where millions of dollars have been used to pay legal fees for lawsuits among members of the council themselves, and including a SLAPP suit launched against two of its residents;

"Whereas the residents of Vaughn were denied access to publicly available information and therefore forced to obtain documents revealing the misuse of public funds through freedom-of-information legislation and the information and privacy commission;

"Whereas section 9 of the Municipal Affairs Act gives responsibility of enforcement to the minister, who has the power to appoint an auditor or monitor and has the power to direct a provincial audit of the financial affairs of the

municipality on a petition in writing signed by not less than 50 ratepayers in a municipality;

"We, the taxpayers and ratepayers of the city of Vaughan, exercise our right and petition the minister to appoint an auditor to complete a forensic municipal audit of the city of Vaughan's financial affairs from 2003 to present and, additionally, should the outcome of the audit return a finding of significant issues, we seek the appointment of a supervisor to administer the affairs of the city of Vaughan in order to restore public confidence.

"Furthermore, we also request that any inappropriate spending of taxpayers' money be reimbursed and the individuals responsible be held accountable."

I'm pleased to report and submit this petition on behalf of the constituents in the riding of Vaughan.

**The Speaker (Hon. Steve Peters):** I will remind the member from Durham that petitions do need to be certified by the table in advance to presentation.

## CHILD CUSTODY

**Mr. Jim Brownell:** "To the Legislative Assembly of Ontario:

"We, the people of Ontario, deserve and have the right to request an amendment to the Children's Law Reform Act to emphasize the importance of children's relationships with their parents and grandparents;

"Whereas subsection 20(2.1) requires parents and others with custody of children to refrain from unreasonably placing obstacles to personal relations between the children and their grandparents; and

"Whereas subsection 24(2) contains a list of matters that a court must consider when determining the best interests of a child. The bill amends that subsection to include a specific reference to the importance of maintaining emotional ties between children and grandparents; and

"Whereas subsection 24(2.1) requires a court that is considering custody of or access to a child to give effect to the principle that a child should have as much contact with each parent and grandparent as is consistent with the best interests of the child; and

"Whereas subsection 24(2.2) requires a court that is considering custody of a child to take into consideration each applicant's willingness to facilitate as much contact between the child and each parent and grandparent as is consistent with the best interests of the child;

"We, the undersigned, hereby petition the Legislative Assembly of Ontario to amend the Children's Law Reform Act as above to emphasize the importance of children's relationships with their parents and grandparents."

As I agree with this petition, I shall sign it and send it to the Clerk's table.

## GREEN POWER GENERATION

**Mr. Bill Murdoch:** I have a petition to the Legislative Assembly:

"Whereas the residents of Bruce–Grey–Owen Sound believe that Bill 150, Green Energy and Green Economy Act, 2009, is a new Liberal tax grab;

"Whereas a London Economics report showed that the increase in hydro bills could be at least $1,200 per household per year plus 8% for the new HST;

"Whereas the Ministry of Energy and Infrastructure has not stated where or how all these supposed new green jobs are going to be created;

"Whereas no scientific studies have been done to prove or disprove the health effects of living near wind turbines;

"Whereas the Liberals have failed to fully think out Bill 150 and how it will affect municipalities;

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

"That the Liberal government should delay the implementation of Bill 150 and provide the citizens of Ontario with further research on the above-mentioned concerns."

I've signed this. Thank you.

**The Speaker (Hon. Steve Peters):** That ends the time for petitions. I would remind all members to ensure that their petitions for presentation are certified at the table. I'd also say to members on all sides of the House that if there is some concern over the length of petitions, that is not for me to referee. If this is an issue that you want addressed, I would suggest that you take it up with your respective House leaders, or better yet, send the matter to the Standing Committee on the Legislative Assembly and let them deal with it so that we have very clear rules and parameters dealing with petitions. I don't feel it is the role of the Speaker to be judging that.

# ORDERS OF THE DAY

## REGULATED HEALTH PROFESSIONS STATUTE LAW AMENDMENT ACT, 2009

## LOI DE 2009 MODIFIANT DES LOIS EN CE QUI CONCERNE LES PROFESSIONS DE LA SANTÉ RÉGLEMENTÉES

Mr. Balkissoon, on behalf of Mr. Caplan, moved second reading of the following bill:

Bill 179, An Act to amend various Acts related to regulated health professions and certain other Acts / Projet de loi 179, Loi modifiant diverses lois en ce qui concerne les professions de la santé réglementées et d'autres lois.

**The Speaker (Hon. Steve Peters):** Debate?

**Mr. Bas Balkissoon:** I'm pleased to address the House today for second reading of our proposed legislation, which, if passed, would support the government's HealthForceOntario health human resources strategy and improve access to health care in Ontario.

Our government is committed to ensuring that more Ontarians have regular access to quality family health care in their own communities. We are working to ensure that Ontario has the right number and mix of appropriately educated health care practitioners in the right place at the right time with the right skills. That is why we developed Ontario's health human resources strategy. This strategy supports team-based care and interprofessional collaboration.

Evidence shows that the benefits of this kind of approach are undeniable. They include improved patient outcomes, improved access to care, increased caregiver satisfaction and decreased turnover, and are a more effective use of our precious health care resources.

Our proposed legislation would increase access to care for Ontarians. It would allow for more efficient health care services, more providers working together in teams and an enhanced regulatory system that would increase patient safety. This would be accomplished by amending the Regulated Health Professions Act and other acts to enable certain regulated health professions to provide more services; amending the Regulated Health Professions Act and other acts to improve patient safety and strengthen health professionals' regulations; and amending the Drug and Pharmacies Regulation Act to enable remote dispensing of prescription drugs in Ontario. Amendments to the Regulated Health Professions Act would allow providers to perform specific health care actions called controlled acts, or other diagnostic tests.

Here is how the proposed legislation would change certain health professions.

For chiropody and podiatry, the amendments would add to the Chiropody Act the controlled act of administering, by inhalation, a substance designated in the regulations. This would be carried out in accordance with the requirements in regulation.

For dental hygiene, it would add to the Dental Hygiene Act the controlled act of prescribing, dispensing, compounding or selling a drug designated in the regulations. This would be carried out in accordance with requirements in regulation.

For dentistry, it would add the controlled act of compounding drugs and the controlled act of selling drugs, carried out in accordance with the requirements set out in regulations to the Dentistry Act.

It would add to the Dietetics Act the controlled act of taking blood samples by skin pricking for the purpose of monitoring capillary blood readings.

The Health Care Consent Act, 1996, would be amended to allow a dietitian to be an evaluator, determining an individual's capacity for the purpose of admission to a care facility defined under the act.

It would add to the Respiratory Therapy Act—

**The Speaker (Hon. Steve Peters):** The member from Durham on a point of order.

**Mr. John O'Toole:** Mr. Speaker, I would ask if a quorum is present.

**The Speaker (Hon. Steve Peters):** Deputy Clerk, is there a quorum present?

**The Deputy Clerk (Mr. Todd Decker):** A quorum is present, Speaker.

**The Speaker (Hon. Steve Peters):** Please continue.

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**Mr. Balkissoon:** It would add to the Respiratory Therapy Act the controlled act of administering a substance by inhalation as prescribed in the regulation.

Medical Radiation Technology Act amendments would allow a new scope-of-practice statement. Medical radiation technologists would also be able to administer substances by injection or inhalation. They would also be able to perform suction tracheotomy, administer contrast media, or put an instrument, hand or finger into body openings and perform procedures on tissues below the skin; for example, give a needle.

Midwives have had some current controlled acts revised so that they would be able to better care for their patients. Midwives would also have new controlled acts that they could perform, including telling patients their diagnosis, giving suppository drugs, placing a tube in the nose or mouth of a newborn, and taking blood samples from fathers and donors.

Nurse practitioners have had some of the controlled acts they are currently able to perform revised by removing limitations on them, including communicating a diagnosis, performing a procedure below the skin and putting an instrument, hand or finger in body openings. New controlled acts for nurse practitioners would include dispensing, selling or compounding a drug designated in regulation; setting or casting a fracture of a bone or dislocation of a joint; and applying forms of energy—for example, ultrasound.

Additionally, the Healing Arts Radiation Protection Act would be amended to remove limitations on ordering X-rays.

The Pharmacy Act would be amended to include a new scope of practice statement for pharmacists that would more accurately reflect what they will be able to do. The Pharmacy Act would also be revised to allow pharmacists to prescribe certain drugs to manage patient health and to prick or lance skin and give certain substances through injection and inhalation for patients' demonstration and education.

The Physiotherapy Act would include a new scope of practice statement that would clarify and describe more accurately how they practise and the services they may provide to patients.

Physiotherapists will be authorized new controlled acts, including telling patients the diagnosis, providing wound care during a person's physiotherapy treatment, assessing and rehabilitating pelvic musculature, and ordering certain forms of energy, for example, diagnostic ultrasound.

While we're making important changes to enable practitioners to provide more services, we at the same time ensure that the services would be provided safely.

This legislation would strengthen the system of health professionals regulation in the province, and would assure patients of safe and high-quality services, deliver-

ed by competent and accountable health care practitioners.

Regulatory colleges would have a duty to develop, in collaboration and consultation with other colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professionals.

Quality assurance programs would be strengthened by adding a mandatory component for continuing education and professional development related to interprofessional collaboration.

A new framework for reviewing the drug authorities of professions would ensure practitioners may access the latest drugs to ensure that patients receive the best possible care. It would also ensure that practitioners administer, prescribe, dispense, compound or sell drugs safely.

Amendments to the Regulated Health Professions Act would ensure that health colleges can also make regulations setting certain requirements regarding these activities for their members to further ensure patient safety.

This legislation, if passed, would allow these regulated health professionals to better utilize their hard-earned skills and training, it would reduce barriers to their practice, and it would help promote a health care system that is more efficient and more easily adaptable to new technologies and rising patient expectations.

In addition, the legislation would amend the Drug and Pharmacies Regulation Act to permit remote dispensing. This means that a pharmacist would be able to dispense drug products to patients without being physically present at the point of dispensing. In many cases, this would be accomplished through the use of innovative technology.

Drug dispensing systems are relatively new innovations within Ontario's drug distribution system. They're the way of the future, and we are convinced that they have great benefits for patients and pharmacists. Introducing the new technology into pharmacy operations may help to enhance patients' access to medications by making medications readily available where they're most often prescribed, provide convenience for remote communities and others, potentially reduce the cost of drug distribution, and free up pharmacists to provide the additional services that the other amendments may provide.

Our government wants to ensure that Ontarians have increased access to essential health care. That's why we're taking these steps to better utilize all of Ontario's health professionals. We're working to optimize the scope of these professionals by removing limitations on what they are currently authorized to do. Standards of practice would be maintained, and patient safety remains prominent.

The proposed legislation would increase collaboration and teamwork among all regulated professions and build on existing, highly successful team environments. Interprofessional care involves partnerships among health care providers focusing on providing care for the whole patient. Interprofessional care improves access to care for the patient, while at the same time it provides a more satisfying work environment for the provider. On many levels it's an ideal arrangement, ensuring that everyone benefits: patients as well as providers, not to mention the health care system overall. Interdisciplinary care at the patient level promotes mutual respect among team members, it improves communications and information sharing, it places the patient at the centre, it promotes stability for the team, and finally, it ensures responsibility and accountability for results.

Team-based care is transforming the province's health care system. Let me remind the members that interprofessional collaboration is already working in Ontario. For example, in our 150 family health teams, doctors, nurses, nurse practitioners, pharmacists and other health professionals all work together to meet the needs of the whole patient. These teams work so well because patients benefit from the breadth of expertise used in their care, while team members derive greater satisfaction and a better work-life balance. Other examples of collaborative teams are anaesthesia care teams and emergency department outreach teams.

Our government wants to make interprofessional care the provincial standard because it's the right approach in order to enhance care for the patient, boost professional satisfaction for the provider, and improve the efficiency of the health system as a whole.

These proposed amendments are another step along the road we embarked upon in 2003 to improve access to and the quality of the province's health care system, and we've come a long way along that road. The amendments we proposed are part of a strategy to build a health care plan we began to implement more than five years ago. Since our government took office in 2003, we've increased overall health care spending to an unprecedented $42.6 billion this year, representing a whopping 45% increase. Today, 43 cents of every public dollar we spend in Ontario is on health care. This investment has yielded great results.

There are more front-line medical workers in Ontario than ever before. For instance, since 2004 we've increased the number of first-year medical school spaces by 160, and just last week we announced an expansion of 100 new medical spaces that will mean more doctors for Ontario.

Over the past five years, our government has more than doubled the number of international medical graduate training and assessment positions. Today, more than 5,600 internationally trained doctors are practising in Ontario, providing quality front-line services to the people of this province. The College of Physicians and Surgeons of Ontario issued nearly 3,500 certificates of registration in 2008, the highest number ever issued in a single year. Our 150 family health teams have provided more primary care and are helping to restore confidence in the system. We've nearly doubled the number of community health centres.

**1400**

We are proud of what we've accomplished, but our work continues. To enhance access to family care, we're

spending $35 million over two years to create 22 more nurse practitioner-led clinics. We'll also create 50 more family health teams to add to the ones already in the system, providing primary care in a collaborative environment in communities across Ontario.

Our population is aging and growing. A large proportion of Ontarians are starting to place ever-increasing pressures on our health care system. Our people expect and deserve no less than a modern, accessible and sustainable health care system.

This new legislation will mean increased access to care for Ontarians. It will allow for more efficient health care services, more providers working together in teams and an enhanced regulatory system that will increase patient care. It will remove barriers that prevent health care professionals from delivering services that they have been trained to provide. This is a positive step, and we plan to review the HPRAC recommendations in the future, to determine how to enhance patient care and allow providers to fully practise their skills.

Our goal is to ensure that Ontario's health regulatory system is responsive to continuing changes to health care delivery and the clinical practice environment. For the greater good of our health care system, we need to make the best possible use of all the members of the health care team, and to modernize our drug distribution systems, to enhance access, convenience and patient satisfaction.

I urge all members of this Legislature to support this legislation.

**The Speaker (Hon. Steve Peters):** Questions and comments?

**Mr. Norman W. Sterling:** In general, I can agree with the thrust of the act. However, I think that as we expand the scope for various health professions to prescribe drugs, we should also put with that, in legislation or by regulation, some checks and balances with regard to doing that.

Recently our public accounts committee, in dealing with medication for seniors in our long-term-care homes, found—in fact, the committee was aghast at the fact that the average long-term-care residence in the province of Ontario is taking 12 prescriptions per patient, as outlined by the Auditor General last year, as well as having five new prescriptions each week. This amounts to a cost of $340 million for some 75,000 people in our province. As you expand the scope of health professions who can prescribe drugs, then you lay the ground for the possibility of even more drugs being prescribed to people when in fact sometimes their use would be questionable. So there's a cost factor, but more importantly, there's a factor with relation to having people take too many drugs for their illnesses.

I would like to see, with this bill, some checks and balances with regard to those who are prescribing. I would like to see computer records of what each prescriber is doing over a period of time, so that if someone is not using this new-found power with the proper diligence, then that person will be discovered and that practice will be stopped.

**The Acting Speaker (Mr. Lou Rinaldi):** Further questions or comments?

**Mr. Paul Miller:** There's no question that this bill before us is the result of many hours of hard work and many individuals involved. It is essential that our health care system have the ability to adapt in order to best serve the needs of our population.

There are a lot of things that could have been dealt with in this bill that weren't dealt with. One example would be dispensing fees. Many of my constituents complain that they'll go to a pharmacy and they'll be allotted 30 tablets and charged a dispensing fee, and then they'll have to go back in a month, when they could have been allotted three months' worth or four months' worth. They'll end up paying three or four times for dispensing fees, which can be very costly, and I've had many complaints about that. I don't see anything in there.

Also, the professionals who work in long-term care were left out of this bill. They could have done something more in reference to helping them with costs and mileage and better wages for some of these people who work in elderly homes.

Looking at the bill as a whole, it's a move in the right direction, but there will be other things that my colleague, in her hour speech, will bring up that are of grave concern to the NDP, and of course we feel that these probably would have best served the population by being dealt with a little bit better in future discussions concerning the bill. So we're hoping that they will remain open-minded and optimistic towards input from other sources.

**The Acting Speaker (Mr. Lou Rinaldi):** Further questions or comments?

**Mr. Mike Colle:** This bill really is about maximizing the potential of our health care professionals. We're blessed in this province with so many talented people who work in our health care system. I know we concentrate a great deal on our doctors, but we have an incredible pool of talent in this province who are more than willing and capable to offer exceptional health care services to Ontarians.

We talk about nurse practitioners who right now cannot cast a fracture; this bill will allow them to do that.

Physiotherapists cannot treat a wound right now; this bill will allow them to do it.

Our very talented midwives, who do incredible work in childbirth, cannot, for instance, give certain drugs. They can't even tell patients their diagnosis. This bill, if passed, will allow them to do that.

Dietitians do incredible work throughout society.

Medical radiation technologists will be able to use suction in a tracheotomy and put an instrument, hand or finger past certain body openings.

Chiropodists and podiatrists will be able to undertake further remedies.

Dental hygienists, who do great work in dental offices, will be able to perform more duties.

There are just so many examples of talented health care professionals who are very important partners in

health care delivery and have not been able to exercise the talents they've been professionally trained to. This is a very strong complementary piece of legislation that will embody new legislative authorities for these health professionals to be full partners in our health care system. It's about time this was done; it's long overdue.

**The Acting Speaker (Mr. Lou Rinaldi):** Further questions and comments? Having heard none, the member from Scarborough–Rouge River has two minutes to respond.

**Mr. Bas Balkissoon:** I want to thank the member from Carleton–Mississippi Mills, the member from Hamilton and my friend from Eglinton–Lawrence. Bill 179, as it's proposed, would improve access to health care for all Ontarians by allowing our health care providers to maximize their training that they've received to practise in their particular field. Our goal here is to improve the health care system so it is more efficient and adaptable to new and changing technologies that are happening around us on an everyday basis.

Enhancing patient safety, at the same time, is important to us, and I know that the member from Carleton–Mississippi Mills mentioned his concern that he wanted to make sure that that is taken into consideration. I can assure him that that is the duty of our colleges, and they will continue to do the good work they've done over the years and help us to make sure we have the best health care system in Ontario.

**1410**

This bill will also help, I would say, to increase team work among all the health care professionals: There would be more collaboration between team members in the future, again to the benefit of the patient and to the benefit of our health care system in the province.

This bill removes many barriers that have existed in the past. They might have been necessary in the past, but in today's changing world in the health care field, our bill is absolutely necessary to bring in modern-day practices. So I would have to say that the government is doing the right thing. We're looking forward to the support of the other two parties and, hopefully, responding in the best way to the needs of the communities that we serve.

**The Acting Speaker (Mr. Lou Rinaldi):** Further debate?

**Mrs. Elizabeth Witmer:** I'm very pleased to participate in the debate on behalf of the Progressive Conservative caucus regarding Bill 179, the Regulated Health Professions Statute Law Amendment Act, 2009.

I would begin by saying that this certainly is a step in the right direction. Over the past number of years, HPRAC continues to take a look at the scopes of practice of the different colleges and different professions and has made changes. I think on the whole that the changes that are before us today are worthy of some very serious consideration.

Obviously, there were some colleges and some professions that were disappointed that there wasn't an expansion of their scope of practice, so I look forward to the committee, when we'll have an opportunity to hear from the people who obviously are very supportive of the bill and others who will express some concern because there hasn't been enough expansion of their scope of practice and others who simply were not taken into consideration.

For us, when we look at this bill, what is uppermost in our minds is the need to protect patient safety. That will be a key consideration as we review the legislation and as we listen to those who make representation, who are going to come before us at a later time.

This is a very large bill; it's going to affect 26 existing acts. So we do need to make sure that we review it and we do the due diligence that is necessary. Some of the changes that are suggested here are going to increase efficiency. Of course, that's good.

So what is the bill going to do if it's passed? Just a few of the highlights:

(1) It's going to allow nurse practitioners, the pharmacists, the physiotherapists, the dietitians, the midwives and the medical radiation technologists to deliver more health services.

(2) It would change the rules for administering, prescribing, dispensing, selling and using drugs in the practices of chiropodists and podiatrists, dental hygienists, dentists, midwives, nurse practitioners, pharmacists, physiotherapists and respiratory therapists.

(3) It would remove restrictions on X-rays that can be ordered by nurse practitioners and enable physiotherapists to order X-rays for specific purposes.

(4) It would require the health colleges to work together to develop common standards of knowledge, skill and judgment in areas where their professions may provide the same or similar services.

(5) It would make team-based care a key component of health college quality assurance programs which ensure the ongoing competence of registered health professionals.

(6) It would require all regulated health professionals to have professional liability insurance.

Finally, it would create a process to ensure new drug prescribing powers are used in a safe manner.

I'd like to now take a look at the different professions that have been impacted and speak briefly about what is going to happen with the expansion of their scope of practice, and also some of the comments that we have heard in that regard.

First of all, let's take a look at the physiotherapists. Bill 179 would enable physiotherapists to order tests such as X-rays, and it would permit them to diagnose patient conditions that are within the scope of practice of the profession of physiotherapy. If passed, this legislation will expand the scope of practice of physiotherapists to conform more closely with their current competencies. Specifically, the changes would enable physiotherapists who have demonstrated the required education and competence—and that is key—to provide additional health care services such as ordering X-rays, to diagnose conditions that may be identified use a physiotherapy assessment, and to treat wounds and conditions, including urinary incontinence or pelvic pain.

Ontario's physiotherapists are pleased with this proposal. Jan Robinson, the registrar and CEO of the college, has commented that "the college shares the government's commitment to improve the ability of Ontarians to obtain the safe and effective health care they need and to also improve the efficiency of the health care system by allowing physiotherapists and other regulated health care professionals to practise to the full extent of their education and competence."

Let's take a look next at pharmacists, who also benefit in Bill 179, because there certainly is an impact here to their scope of practice. HPRAC's review of the scope of practice of pharmacy in Ontario concluded "that pharmacists can offer increased, safe and effective patient care to Ontarians and can contribute more to the management of chronic diseases and interprofessional care" than they do today.

If passed, this bill would allow the pharmacist to administer drugs by injection or inhalation for patient education and demonstration; prescribe drugs for smoking cessation; extend, adapt or adjust prescriptions; pierce or lance the skin for patient education and demonstration; and order lab tests for the purpose of medication monitoring and management.

Pharmacists would be included among all other regulated health professions in the definition of "health practitioner." They would also have a new scope-of-practice statement that includes the "promotion of health," which is definitely a good thing, because our focus should be on doing everything we possibly can to promote good health and prevent disease. And that will not only enhance the quality of life of individuals in this province, but hopefully it would also curb some of the expenses that we're seeing in our health budget.

Pharmacists would also have in their statement the "prevention and treatment of disease, disorders and dysfunctions through monitoring and management of medication therapy."

According to the Ontario Pharmacists' Association, "Enabling pharmacists to practise in an enhanced, collaborative role would improve patient care, reduce wait times, and increase the efficiency of Ontario's health care system." Specifically, the OPA suggests, "An expanded scope of practice would make it much easier for" pharmacists "to help monitor and manage chronic diseases such as diabetes and asthma"—both of which, of course, are on the increase, particularly diabetes—"and provide patients with the care they need, when they need it. And "it will help improve ... the burden on emergency departments," according to the OPA.

Let's take a look at nurse practitioners. Although nurse practitioners and the Registered Nurses' Association of Ontario are pleased to see the expansion of the scope of practice—and I would agree that the scope-of-practice expansion is in the public interest—there is certainly some concern that what we see here is not enough, according to the nurse practitioners, to increase timely access to health services, if there had been greater changes made.

**1420**

This legislation, if passed, would allow the NPs to carry out a variety of acts and treatment procedures previously not authorized to them, such that they could, in the future, set bone fractures. They could dispense certain drugs. They could order bone density tests, as well as MRIs.

But, as I said, the RNAO and the Nurse Practitioners' Association of Ontario say:

" ... the government will fail the public if they refuse to act in two key areas: broader prescribing authority to enable timely access to pharmaceutical treatment and authority to admit and discharge patients in hospitals.

"RNAO and NPAO argue the province also failed to recognize that NPs represent a critical resource when it comes to reducing wait times by improving access to enter and exit the hospital system."

Now, the government had been asked by these organizations to remove the legislative barriers, and they had asked that their scope of practice be expanded to allow the nurse practitioners to admit and discharge patients in hospitals, which the government refused to do.

Now, if you take a look at nurse practitioners, Ontario was the very first jurisdiction in Canada to regulate the role of the nurse practitioner, 11 years ago. I'm very proud and pleased to say that it was under the Progressive Conservative government that the regulation of nurse practitioners occurred. As I just said, we were the first jurisdiction. However, since that time, we have, and I quote the RNAO, "fallen significantly behind the rest of the country"—in other words, the other provinces—"in fully engaging the role to improve access to timely, safe and effective care." They go on to say, "If the Premier is serious about improving access to patient care and reducing wait times, then he must make all necessary amendments to the legislation."

So they have put out a press release, which I have here, and certainly there is a lot of disappointment. For example, the new changes that allow for open prescribing for nurse practitioners actually already exist in most jurisdictions in Canada and the United States. Unfortunately, we are still behind and the government, according to RNAO and NPAO, really has not recognized that NPs are a very critical resource and that an expanded scope of practice could help reduce wait times by improving access to enter and exit the hospital system. Despite the fact that they have existed here and been regulated for 11 years, we have fallen behind.

I look forward to the presentation that's going to be made by RNAO and the nurse practitioners, because I believe that the talents, the skills and the education of nurse practitioners can be better utilized, as they are in other parts of Canada and, of course, in the United States.

Now, let's turn to dental hygienists. This bill proposes amendments to the Dental Hygiene Act to authorize hygienists to perform the controlled act of prescribing, dispensing, compounding or selling a drug. But it's important to remember that only those drugs that are designated in regulations developed by the College of

Dental Hygienists of Ontario and approved by the Lieutenant Governor in Council are the ones that they can prescribe, dispense, compound or sell.

So these changes are as a result of the college's submission to HPRAC asking for an expansion of their scope of practice in order to allow designated hygienists—again, that's a key word, "designated"—to dispense certain self-treatment therapies and to compound and dispense fluoride rinses and gels in concentrations higher than OTC products.

The college also asked for an extension of the dental hygiene scope of practice to allow qualified dental hygienists to administer local anaesthetic by injection or inhalation, in line with current practice in western provinces. However, HPRAC again did not support that college recommendation. We've been told that the college does intend to continue to advocate for the inclusion of the local anaesthetic within a dental hygienist's scope of practice through an amendment during committee proceedings.

Let's turn to midwifery. HPRAC, to its credit, did recognize that there is a growing crisis in this province when it comes to maternity care. They do recognize and see midwives as playing an important role in providing primary maternity care for low-risk women and their newborns.

There are over 130,000 women who give birth every year in Ontario, and this number is going to increase to 157,000 per year by 2024. Regrettably, the number of primary care providers has not kept pace with these increases. What we need to do is embrace midwifery. We need to make midwives a full part of the health system.

They were first made full-time, of course, in 1994. In our government, between 1995 and 2003, progress was made in enabling them to become more and more involved in the delivery of infants for low-risk women. In recent years we've seen the number of graduates increase from 60 to 90, because there is a huge demand.

But there are still barriers, and certainly those barriers need to be addressed. As such, HPRAC also indicated that midwives require the ability to prescribe a number of medications to carry out their primary maternity care role and to enable them to participate fully in inter-professional teams.

I want to address the issue that has arisen as a result of this bill—it doesn't, by the way, touch physicians' scope of practice, but the Ontario Medical Association does have some opinions about the legislation. Dr. Suzanne Strasberg, president of the Ontario Medical Association, indicates that Ontario's doctors will review this legislation because, again, their priority is to ensure that patient safety is protected and that patients are receiving the best care from the most appropriate health care professionals.

Dr. Strasberg also says, "The level of care that a doctor can provide should not be substituted for expediency. According to a report released by the Institute for Clinical Evaluative Sciences, not having a family doctor leads to more emergency room visits and hospital admissions for those who have chronic diseases in Ontario. That's why Ontario's doctors firmly believe that it should continue to be the goal of the government to help every Ontarian that does not have a family physician [to] find one."

Now, I would support the opinion that has been put forward by the Ontario Medical Association. We still have close to a million people who do not have a family doctor. Despite the noises made by the government, and their attempt to downplay, we still have a critical shortage of doctors in the province. We're short about 2,000 doctors; we have about 2,600 who are going to be retiring in future years. We do need to make sure that people have access to the family doctor—just to keep that in mind.

The OMA goes on to say that the government has publicly expressed a desire to "support the public delivery of health care … by better utilizing health professionals, reducing barriers" and facilitating inter-professional collaboration. I think that is a good thing. We need to better utilize health professionals. This legislation allows us to do so. It does allow for some reduction of barriers.

**1430**

Of course, we have been advocating for interprofessional collaboration ever since we set up the family health teams, beginning back in 1997-98. Despite the fact that the government tries to take credit for the family health teams, it was our government that first established those. I can remember the first pilot projects that we set up—five to seven—around the province of Ontario, where we encouraged the doctors to start to work in collaboration with other professionals. We're pleased to see that this government did move forward with that approach. I think at the end of the day it helps to provide better access to care in the province of Ontario.

So we need to move forward, we need to maximize the scope of practice of various providers, and we need to ensure that there continues to be collaboration and efficiency within the system.

However, in giving some of the new powers to some of the professionals, we need to make sure that we're not duplicating efforts.

Unfortunately, this government has lagged terribly when it comes to the establishment of a province-wide electronic health record system. A 2008 report published by the Ontario Hospital Association indicates that Ontario needs an eHealth system. The report states, "Improved availability, integration and communication of health care information will result in improved care for those with chronic diseases, greater efficiency in interactions with patients, improved patient safety, improved patient participation in their own health care, and many other positive outcomes."

During the campaign of 2007, Premier McGuinty indicated that there was going to be an electronic health record for every Ontarian, but not until 2015. So this province lags behind, despite the fact that they've spent millions of dollars and despite the fact that a lot of money

has gone to supporting consultants. We haven't seen a lot of progress since 2003-04. At the same time, other jurisdictions such as Alberta are leading the way in successfully implementing a province-wide EHR system. In Alberta, there are more than 24,000 physicians, pharmacists and other health care providers who are registered. I'm pleased to say that according to Canada Health Infoway, by 2010 PEI, Quebec, Alberta, BC and the Northwest Territories will have an eHealth system. However, here the McGuinty government says that despite the fact they're going to spend $2 billion more in the next three years, we're not going to have an eHealth system. That just brings us to 2012, and they're saying we won't have it until 2015. I think we can all see that a lot of money is being spent without a lot in the way of results.

If we're going to have effective collaborative care, we need to ensure that we have an electronic health record. Otherwise, all these people who now have these new powers to prescribe drugs—we're not going to know whether somebody else has already prescribed a drug. With the duplication now of the number of people who are going to be able to order an X-ray, we won't know whether or not the patient has received more than one. Without the supportive structure of an electronic health record system, there is a little bit of concern that some of this expanded scope of practice could result in duplication. Of course, duplication is costly for the health system, and certainly it's not a good thing for the patient either.

So they can talk about this bill and doing lots of good things, which it does, but this government needs to make a greater effort to speed up the introduction of an effective electronic health record.

I want to go back again to collaborative care. I think this bill is good because it does enhance access to services for Ontarians. I just want to remind the government, because I saw a few people on the other side make a few comments, that it was our government, the Progressive Conservative government, that established multidisciplinary family health networks in collaboration with the Ontario Medical Association in 1998. These teams were part of our overall plan to improve access to care and to provide a continuum of care that began with health promotion and disease prevention. In fact, we established one of the largest heart health programs in the province of Ontario. We also, by 2001, had established 12 family health networks in Ontario. They were rebranded "family health teams" by this government in 2003.

I think it's important to note that despite the fact that this government has promised to establish 150 family health teams across Ontario, they sometimes take actions, without any warning, which indicate that they don't have a vision or a plan for the future. On April 17, without any warning whatsoever, the McGuinty government imposed what was considered by people throughout the province of Ontario, including people at the medical schools, an ill-timed hiring freeze that prevented doctors from joining family health teams. This ban was of great concern to doctors, physician recruiters and medical school staff because the ban, so unexpectedly introduced on April 17, without any warning, occurred at a time when hundreds of medical graduates were trying to make a decision as to where they were going to practise. So on May 11, I urged the Minister of Health to lift the freeze in order to enable the almost one million Ontarians without a doctor to at least have some access to the primary health care providers. As a result, later that week the minister did lift the freeze.

My request now to the minister and the McGuinty government is—I'm glad the freeze has been lifted, I'm glad that people in the province are going to have access to these family doctors who are graduating and want to join the family health teams, but you also now have to fully staff these family health teams. It's great to have made a promise to establish 150 family health teams. It's great to talk about collaboration. However, according to your own statistics, as of December 31, 2008, only 32 of the 150 family health teams had hired their full complement of staff, such as nurses, nurse practitioners, doctors and dietitians.

I think a lot of people will find this quite shocking, considering that the McGuinty government has now had six years to get these teams fully staffed. I urge the government to develop a timeline to finally develop a plan in order that you can fully staff these 150 family health teams that you talk about as quickly as possible.

I want to talk about two other components to this bill. I've just reviewed a few of the 10 health professions which will have their scope of practice expanded as a result of this bill, but I also now want to speak very briefly about how this bill will change the dispensing of drugs in Ontario.

The ministry is proposing legislative policy changes that would support different models of drug dispensing which would include, first, telepharmacy, mail-order pharmacy that would enable citizens to get their prescriptions delivered when and how they want them; secondly, they are suggesting remote dispensing machine development by an Ontario-based company. I understand that several Ontario hospitals are investigating the use of these drug dispensing systems and that Sunnybrook Health Sciences Centre has two machines in use for outpatients and one for in-patients. As well, dispensing machines are in operation in physicians' offices, clinics, emergency rooms and other health facilities in the United States.

**1440**

Additionally, through this bill the ministry is proposing changes to the current reimbursement structure under the Ontario public drug programs for innovative models of dispensing. On this point, I would say the government has, as often is the case, given very little in the way of information and detail about how it intends to change the reimbursement model. I would urge the ministry to provide further clarification on this issue as quickly as possible.

One other policy change being proposed would be to amend the Regulated Health Professions Act by adding the following, and it relates to what is called a college supervisor. The bill says:

"The Lieutenant Governor in Council may appoint a person as a college supervisor on the recommendation of the minister, where the minister considers it appropriate or necessary to do so....

"The minister shall give a council at least 14 days' notice before recommending to the Lieutenant Governor in Council that a college supervisor be appointed....

"Unless the appointment provides otherwise, a college supervisor has the exclusive right to exercise all the powers of a council and every person employed, retained or appointed for the purposes of the administration of"—blah, blah, blah.

"A college supervisor has the same rights as a council and the registrar in respect of the documents, records and information of the college....

"A college supervisor shall report to the minister as required by the minister....

"The minister may issue one or more directions to a college supervisor regarding any matter within the jurisdiction of the supervisor...."

I will tell you, no one quite knows why this legislative proposal is in here. It has come totally out of the blue. I wonder what type of consultation the Minister of Health had with any of Ontario's regulatory colleges. It certainly was not mentioned during the briefing that the ministry officials had with me on May 11. I hope it's not like the LHINs, where they have unfettered power and are creating, in some areas, tremendous hardship for people in communities where they're proposing to close their emergency rooms and where they have forced them to eliminate outpatient services, which people now have to pay for.

It will be interesting to finally hear the government say why this college supervisor is necessary. Is this Big Brother one more time, and will it again create another level of bureaucracy, as has been created by the LHINs? Is this going to take power away from the elected council and the appointed registrar? Anyway, as this proposal is reviewed, I hope that the minister is going to put a little meat on the bones and provide us with some specific criteria for triggering the appointment of a college supervisor, because I think right now there's just a little bit of confusion, perhaps apprehension and even suspicion as to why this would be necessary.

That wraps up my remarks. As I say, on the whole, the changes that are being recommended are very positive ones. It will allow this government to move forward on a path that we began in order that there be more collaboration between health professionals in the province of Ontario. I look forward to the committee hearings. I think that there will be others who will step forward and make some changes for amendments, and we will certainly look at those amendments. At the end of the day, after we've listened to those who come forward, we would be prepared to make whatever changes are necessary. I hope that the government will be amenable as well.

So I thank you today. We look forward to further debate, and we also look forward to the committee hearings. As I say, I think that's where we're going to get some excellent feedback, which I hope the government will consider before passage of the bill into law.

**The Acting Speaker (Mr. Lou Rinaldi):** Questions and comments?

**M^me^ France Gélinas:** I was most interested in the presentation made by the member from Kitchener–Waterloo. She did a good analysis of the content of the bill as well as what is not in the bill, as in the missing pieces that she was able to refer to. It was interesting to see her approach as to the link that exists between an electronic health record and interdisciplinary care. Certainly her analysis was true again that, for interdisciplinary care to be successful, we need to have an electronic health record that is responsive to the teams that work together. This government has, so far, failed miserably to deliver it. The example that she gives from Alberta is certainly something that Ontario could learn from.

It was also interesting for her to talk about the rebranding of the family health network. Between the FHG, the FHN, the family health group, family health network, family health team, we now have enough alphabet to make an entire soup, yet we continue to have basically a group of physicians with very few others. There are a few nurses in there, there are a few nurse practitioners, but to say that they are interdisciplinary care—they're a long way from this and certainly have a long way to go before we have a fully integrated interdisciplinary care team.

I was also interested to see her worries about the assigning of college supervisors. This part needs to be expanded a little bit more so that people know what is supposed to be in the bill and how it will work. I, too, look forward to the committee hearings.

**The Acting Speaker (Mr. Lou Rinaldi):** Further questions and comments?

**Mr. Bas Balkissoon:** I just want to provide a few comments on the comments made by the member from Kitchener–Waterloo. It is, I guess, heart-warming to say that the member has provided every possible opportunity of expressing the contents of the bill in terms of what it's providing to the public. Let me say that she has raised the comment in terms of the bill in that it provides more access, it will increase efficiency, it's looking towards improving patient safety, and this particular bill is very extensive in that it touches 26 different acts in the Ministry of Health. This bill, I would say, is one of the government's initiatives to bring the health care system into the 21st century by allowing our health care professionals, who are well trained, to use their expertise and training to their fullest potential in serving patients and all Ontarians.

Some of the issues she has raised with regard to some organizations representing, I think, the nurse practitioners, dental hygienists: Those are concerns that we hear on

the government side. I can assure her that in terms of patient safety, which is primary to this government, the government is listening, and at some point in time this is going to be brought forward. It is continuously going to be looked at, and when the government is convinced that patient safety is at the centre of those requests, legislation will be brought forward at that particular time.

This is the government trying to move our health care system forward. It's the right thing to do and we're doing it today, and I'm happy to hear that the member and her party will be looking at the bill and possibly supporting the general intent.

**The Acting Speaker (Mr. Lou Rinaldi):** Further questions and comments?

**Mr. John O'Toole:** I'm pleased as well to listen to the remarks made by the member from Kitchener–Waterloo, a very formidable Minister of Health. I'm looking forward to her time.

The comments she made certainly draw to attention the importance of this bill. First, from the outset she made the point that, in a general sense, we're supportive, but many of the details are missing.

**1450**

All forms of government, basically—starting under, I believe, Frances Lankin, when they did the first study of health care reform, which was really called primary care reform. That primary care reform set about looking at capacity within the acute care system and the necessity to look at ALC—or high level of care—patients and moving them into more appropriate settings. To that extent—I think Ms. Witmer was the Minister of Health at the time—we introduced both the electronic health records systems she referred to as well as the expanded scope of practice for nurse practitioners. In fact, we introduced the family health teams.

I always found it quite interesting, in my time as the parliamentary assistant in that ministry, that I attended, along with Dr. Ruth Wilson, who was the dean of medicine at Queen's—the first team that was formed was quite interesting. The first doctor to join up was Dr. Neil McLeod, Lyn McLeod's husband. Take all the politics out of it, he saw the advantage of collaborative health care that Ms. Witmer referred to. I think the devil here is in the details. You look at all of these various colleges and all of these professions that have to work collaboratively, and sharing the resources under the OHIP funding pot is going to be quite interesting, to see just how far we can move, whether we're going to move to a roster system or whatever else. But any time you tinker with health care, beware that Maude Barlow might be looking on.

**The Acting Speaker (Mr. Lou Rinaldi):** The member for Hamilton East–Stoney Creek.

**Mr. Paul Miller:** I'd just like to make a point. Mrs. Witmer brought forth a lot of important facts. It seems that there has been a general reluctance by the government to touch the Public Hospitals Act. This is much to the detriment of good decision-making, because some of the things that were brought forward—I had the privilege a week or two ago of touring a hospital in Hamilton, and at the end of the tour I sat down with some nurse practitioners and had a discussion. They have some concerns. It appears that some of the nurse practitioners in the cities and the larger municipalities will be limited in some of the functions that they can perform. Their fellow nurse practitioners in the smaller communities will be able to do more things within their regimens. I think that could be counterproductive, because if some of those nurse practitioners decide to leave the larger centres and go to a smaller area, they may have to take some further training or retraining to be able to do the same as the nurse practitioners in the smaller communities. So they had some concerns about that.

Also, I guess I'll have the ability to have first-hand exposure to this. My youngest daughter has just about finished her nursing RN and wants to go on to nurse practitioner in the next couple of years, so I'll be able to get some first-hand information about her challenges in the field she's chosen. So I'll be looking forward to further debate on this.

**The Acting Speaker (Mr. Lou Rinaldi):** Now the member for Kitchener has two minutes to respond.

**Mrs. Elizabeth Witmer:** I want to thank those people who responded: first of all the member from Hamilton East–Stoney Creek; the member from Nickel Belt, who of course is the NDP critic—I certainly did appreciate her comments, as she does a great job in her role; of course my colleague from Durham, who again is a strong advocate for health care for the people in the Oshawa-Whitby area; and the parliamentary assistant, the member from Scarborough–Rouge River. I was pleased to hear him say that he understands that there are some health professionals who have concerns about the fact that their expansion of the scope of practice hasn't gone far enough and that they would be looking at the feedback that they would get.

But I think at the end of the day, moving forward, we want to make sure that there is continued collaboration among health professionals. We want to make sure that any expansion of the scope of practice takes patient safety first and foremost into consideration. Also, of course, any increased efficiencies that we can find within the health system are a good thing.

I heard the member today talk about all the money that they were spending on health care. I think we need to always keep in mind that it's not the amount of money; it's how well we're spending that money. We need to make sure that we are addressing the needs of people in the province of Ontario. Despite the fact that the government introduced the health tax, many people will say to you that they're not seeing an improvement in care. So at the end of the day, let's make sure that this bill improves health care for all Ontarians.

**The Acting Speaker (Mr. Lou Rinaldi):** Further debate?

**M$^{me}$ France Gélinas:** I'm pleased to rise before the House this afternoon to add my voice to the debate on Bill 179, the Regulated Health Professions Statute Law Amendment Act. I want to start by saying that we need to

find better titles for our bills because this is a mouthful that doesn't say a whole lot. I would be happy to rename it if my assistance would be welcome.

There is no question that the bill before us, no matter its cumbersome name, is the result of many, many hours and months of hard work. It is essential that our health care system has the ability to adapt in order to best serve the needs of its population: the people of Ontario. It is essential that Ontario is able to take advantage of the full scope of practice that our health professionals can offer. This is what this bill is all about: allowing professionals to practise to their full scope of practice.

It is a shame that it has taken so long for the wide breadth of expertise and skill of so many non-physician health professionals to be acknowledged and hopefully enshrined in legislation. It is for this reason that the New Democrats certainly welcome this legislation. We are happy to be engaging in this discussion today. There are, of course, some concerns that we have regarding this bill, and I'll get into them more specifically in a little while.

However, the issue of greatest concern to us is not what is included in the bill but rather what has been left out of the bill, to be filled in at a later time. The fact that so many of the details have been left to regulation is a serious problem for us. You have to take the leap of faith that the regulation will actually do what you think it will do, but we don't have an opportunity to see it. We don't have an opportunity to put it in legislation. Many stakeholder groups have expressed this, and it is a feeling that New Democrats share. It is awfully hard to offer concrete input or even good or bad criticism when you're not exactly sure what the content of the final document is going to look like.

Before getting into the meat of this discussion, it has to be acknowledged that this is a step forward for Ontarians. It is the product, as I said, of much work. The first person who needs to be acknowledged is Barbara Sullivan and, I would say, everybody else who works with and for HPRAC. Those people have been working for a long, long time gathering the viewpoints of different health professionals, people affected, and putting those into a report. That's the reason we're here today: because of the good folks at HPRAC and Mrs. Sullivan working together to bring in a report that was the basis for this bill.

I also want to take a moment to acknowledge all the regulatory colleges and associations which have put a lot of time and energy into submitting their ideas and reacting to the recommendations of HPRAC that are now before us in this bill. I have to mention that a lot of colleges and associations are disappointed that not all of their recommendations have been included; some of them are barely mentioned or are not mentioned at all in the bill that's in front of us. It is for that dedication of these health professionals to both their various specialties and the general health and well-being of Ontarians that I would like to acknowledge their effort and work.

**1500**

There is no question that the bill in front of us has merit. We have been hoping for movement on many of those issues that Bill 179 addresses for a very long time, for as long as I can remember being in health care, which for me means the last 25 years. Ontario is very lucky to have a wide variety of health professionals. When these professionals are able to work together to their full scope of practice, the result is better care for Ontarians, and the result is also healthier Ontarians.

It is no surprise to anyone that our health care system is in need of reform. The fact of the matter is that still too many Ontarians are living without the proper care that they need. There are, depending on who you ask, between 750,000 to a million Ontarians who do not have access to primary care at all. They don't have a family physician; they don't have a nurse practitioner; they're not attached to a family health team, a community health centre, an aboriginal health access centre. They have nothing. Our health care facilities are often stretched to the limit. Many of our hospitals in Ontario are running regularly at 100% capacity, and sometimes over 100% capacity. That means that every bed in the hospital is full, all of the stretchers are full, and you start hallway nursing.

Communities continue to be without access at many levels of care. Ontario's promise of interprofessional care provided through family health teams has been by and large a disappointment. The fact of the matter is that family health teams are not representative of the entirety of health professionals. They continue to be a primary health care model that sees physicians dominate, and other complementary forms of care, such as nurses and nurse practitioners, continue to be grossly underrepresented. To give you an example, for 1,000 physicians, you can find one pharmacist; I would not call this a team. There is yet to be a single physiotherapist hired by a family health team. Family health teams are basically physicians working together, which is a step in the right direction, with a few nurses, a few nurse practitioners, sometimes a dietitian and sometimes a social worker. But that's about where it ends—not exactly the type of interdisciplinary care that Ontario needs.

Ontarians are still in need of community-governed, interdisciplinary primary health care teams that would include physicians, nurse practitioners, nurses, dietitians, social workers, health promoters, community development workers, early childhood educators—and the list goes on and on. Those are the types of teams that can make a difference on the health of a population. By having health promoters and community development workers, they work on health promotion, on primary prevention. All of the chronic diseases share a lot of things in common that can be acted upon at the community level.

If you look at the big four, if you look at healthy weight, healthy eating habits, stopping smoking and exercising regularly, you would have a dramatic impact on chronic disease management, on cancer, on the health of the population. Yet I see very little in our family health teams that is directly targeted at helping people achieve those four changes.

Aside from the failures of the government to implement real comprehensive care, this province is increasingly facing the reality of privatization of health services and the encroachment of the private sector. We all know that it is in Ontario where you find the highest level of private, for-profit long-term-care homes: Over 50% of the long-term-care homes in Ontario are private, for-profit. We are also the province that has the most problems with quality of care in our long-term care. I think there's a link there. It is this growing privatization that is threatening our existing services and reinforcing health inequities among different populations and communities. Where I come from in the north, we all know that the health of aboriginal people and the health of francophones always scores way lower than the health of the average Ontarian. Yet we don't see anything in here to address those inequities.

Those are but a few of the issues that the province is facing with our health care system, and it is in this context that I think we need to understand this bill. It is this context that highlights the pressing need for greater collaboration and co-operation between all health professionals in ensuring that they are able to practise to their full scope. Although a bill like this will not be able to solve all our health care system problems, it is a vitally important step to give professionals the right to practise to their full scope.

In my discussions with many of the regulatory colleges and associations impacted by this bill, there was a theme to our conversations. These colleges and associations are telling us that while the bill is a good first step, it does not go far enough. Much more still needs to be done. There was also a concern across the board about the impact of so much being left to regulation that will be done somewhere, somehow, down the road, don't know when, not exactly sure by whom—a lot of questions left unanswered—and the fact that the systems that are going to be responsible for decisions like new drug approval have gone undefined. No one knows what these will look like, how fast they will work and how responsive to patient care they are going to be. Nobody knows.

I would like to take some of the professions and show you in more detail how the bill will impact, as well as some of the shortcomings of the bill. First, let's talk about the nursing profession. I would say this bill does not go far enough when it comes to nurse practitioners. Nurse practitioners are increasingly being relied on to deliver primary care in this province. This is a good thing, but this must be reflected in their scope of practice.

I am very proud to live in Sudbury, where we had the very first nurse-practitioner-led clinic. The clinic, when it first started, had the mandate to take on patients who had been unattached; that is, patients who did not have a family physician, often for many, many years. They kept statistics, and the patients they see have often not had access to primary care for over five years. A lot of complications can develop. As well, there are often severely sick people with a number of chronic diseases that need to be managed who are being picked up by the nurse practitioners.

Those women—they're mainly women in Sudbury—are doing wonderful work. But in order to provide wonderful care, they need to be able to work to their full scope of practice. It is good that nurses will be able to set or cast a fracture or dislocation of a joint. If they have the proper training, it is certainly something that could be useful. It is good that there will be less limitation on the lab tests and X-rays that are so essential to the work these highly trained health professionals do every single day.

The Registered Nurses' Association of Ontario and the Nurse Practitioners' Association of Ontario have pointed to two blatant problems with the bill: the failure to permit open prescription of medication for nurse practitioners and the failure to permit the authority to admit and discharge patients from hospitals.

If I can take the first one, open prescribing of medication for nurse practitioners: The system that is proposed in Bill 171 is to allow nurse practitioners to prescribe off a list of allowed medications. We already have this. Nurse practitioners are presently limited to a list of drugs that they have to prescribe from. To add a drug to this list is a very long, tedious process. So although new drugs may be better at treating and providing good patient care, it can be months and years before the nurse practitioners are allowed to prescribe them, because they're only allowed to prescribe from a definite list. What this means is that only the drugs on this list will continue to be allowed to be prescribed.

**1510**

Nursing groups like the Registered Nurses' Association of Ontario have spoken out against this system. This is the system we have in place right now. This is a system that has been in place for close to 10 years. We have a lot of experience with it, and it doesn't serve the people of Ontario that well.

"RNAO rejects, in the strongest possible terms, the needs for any lists, especially those of an inclusionary nature as was suggested by HPRAC. We firmly believe that these limitations would inhibit" nurse practitioners' "ability to practise within their full scope, and would significantly restrict patient access to timely, progressive drug therapy."

One of the strongest arguments against this model of prescribing is the reality of the speed by which new medications come on to the market. Without broader prescribing abilities, nurse practitioners are not able to prescribe from a list of the latest and often best medicines available because they have not yet been approved, not yet been added to the list. As a province, we are increasingly relying on the care and expertise of nurse practitioners, and this needs to be reflected in their ability to prescribe.

The second issue that nurses are very concerned about is the ability of nurses to admit and discharge patients from hospital. Groups like RNAO were calling on the government to make the necessary changes to the Public Hospitals Act that would have allowed nurses to admit and discharge from hospitals. It seems that there has been a general reluctance to touch the Public Hospitals Act,

much to the detriment of good decision-making and the possibility of improved patient care. Without this added ability, nurse practitioners are lacking a definitively important step in their practice. It is a shame that the government has not moved on this recommendation.

In Sudbury, most of the family physicians do not have admitting privileges, which means that if one of their clients is admitted into the hospital, he is seen by what is called a hospitalist; that is, a doctor who solely works in the hospital. That means that those people don't get to talk to their primary health care provider, to their physician. They don't get the follow-up, the knowledge. They are simply on their own with the hospitalist.

Giving nurse practitioners the right to admit and discharge would help a lot of people. Given that our hospitals are regularly running at capacity, it would only make sense to look for opportunities to assist these facilities and allow nurse practitioners with the proper skill sets—they have to be competent—to make these decisions. I have no doubt that only competent nurse practitioners would go on to make such decisions.

New Democrats would like to see these gaps closed, and we look forward to committee hearings, where nursing representatives will, without a doubt, make their concerns known with recommendations as to how to change things to make the bill better.

Now let's look at dietitians. There have been some important changes to the scope of practice for dietitians in Bill 179. One of the things that Bill 179 has allowed is for the act of skin pricking to check for blood sugar levels. It may seem shocking that dietitians, the health professionals who work so closely with the hundreds of thousands of diabetic patients, were not allowed to carry out this procedure before this bill. The College of Dietitians of Ontario and Dietitians of Canada recommended this change in their submission to HPRAC. We are very pleased to see this change in the bill. It would help the dietitians, as part of an interdisciplinary primary health care team, to better look at and manage the chronic condition that is diabetes, which afflicts so many Ontarians, especially in the First Nations community.

However, there are some even more fundamentally important issues that the dietitians discuss in their submission, and these issues seem to have been left at the door—we cannot find them anywhere. Again, the government has refused to move when it comes to the Public Hospitals Act, where a lot of dietitians practice. Although dietitians are the experts when it comes to nutrition and the nutritional needs of patients, they will continue to lack the ability to directly order nutrition treatment for individuals in hospitals where they are often needed the most.

The College of Dietitians of Ontario and Dietitians of Canada had this to say about the issue: "The absence of support for registered dietitians to order diagnostics and treatment procedures under the public hospitals Act is most concerning. As stated in our submission, and supported by the public consultation, the inability of RDs to directly order nutrition treatments seriously impedes appropriate patient care in public hospitals. It is the most significant barrier to timely and effective patient care and to effective use of the expertise of RDs. The requirement for a physician's signature on a nutrition care plan does not contribute to inter-professional care. It is an outdated authority mechanism that wastes resources that would be better utilized on meaningful inter-professional dialogue and reviews of complex patient care issues." They go on to say, "Given the evidence of how RDs are increasingly relied on to apply their unique expertise in assessment and nutrition treatment planning, this is an omission that warrants serious consideration to address the inconsistencies between professions."

The College of Dietitians of Ontario and Dietitians of Canada acknowledge that in some specialized circumstances, such as the neonatal unit and complex gastrointestinal diseases, the specialist would remain a physician. However, for the majority of patients, the failure to grant registered dietitians authority simply means a delay in appropriate nutritional provision and will not result in better patient care.

Furthermore, registered dietitians need access to diagnostic services. The submission to the college of dietitians states, in a response to this issue: "Ongoing nutritional care involves monitoring the patient's response to treatment.... The authority to order lab tests to monitor response to treatment is very important to supporting appropriate nutrition care, but without the ability to then order changes to the nutrition treatment, the RD cannot act on the information provided by the laboratory reports."

Here again, New Democrats hope this oversight can be re-examined at the committee stage and this gap closed, so that we, as the public of Ontario, have the opportunity to truly benefit from the scope of practice of our registered dietitians in Ontario.

Let's look at the change of practice in the profession of physiotherapy, a profession that is near and dear to my heart. While Ontario's physiotherapists were pleased with the changes this bill will bring to their profession, they still have a number of important concerns. There are what one could call technical issues or issues of details that require clarification by the ministry to correct any abnormality and to address the potential for future misconstruction and any unintended consequences. It is important, therefore, that the standing committee take time to study the bill in detail and to hear from all direct stakeholders during the hearings.

**1520**

There are two main issues with some of the wording—I would call it technical wording—of the bill. With respect to the new authorized act of "administering a substance by inhalation," the way the amendment is written, a physiotherapist's performance of the authorized act requires an order from a physician or from a member of another profession that may perform the controlled act. This is sort of weird, because we don't need legislation to do this. This already happens in all forms of health care settings in Ontario.

The bill says, in paragraph 7, "Administering a substance by inhalation":

"Additional requirement for certain procedures

"(3) A member shall not perform a procedure under paragraph 7..."—which is "Administering a substance by inhalation"—"unless the member has been ordered to perform the procedure by a member of the College of Physicians and Surgeons of Ontario, or a member of any other college who is authorized to perform the procedure."

This language leads me to believe that it appears to assign the order to the member—that is, the physiotherapist—and not the procedure or substance, as in the case for other professions with this act, such as nursing and respiratory therapists, and as recommended by HPRAC. The order was to be attached to the substance, according to the HPRAC report, not to the physiotherapist. So we are not sure how the language as it appears presently in Bill 179 represents any change from what is currently the status for this act for the profession of physiotherapy, where the physiotherapist, as we speak right now, without this act coming into effect, can act by delegation, and has already been doing so for many years.

In the recommendation from HPRAC, the wording associated the order with the substance, and once the substance had been prescribed through an order, then a physiotherapist could administer and adjust the dosage. This was reiterated in the Critical Links report. This would better represent the entry-level competency to administer substances by inhalation—most of the time, it was oxygen—held by all physiotherapists, as noted by HPRAC.

As I say, this part of the bill seems to be technical, but at the end of the day, if physiotherapists still need an order to be able to administer and change the dosage of oxygen therapy, then we're no further ahead, because we're already there.

Under the new act of treating a wound below the dermis, the listing of the intervention could be problematic, since some of this could be considered public domain, such as cleansing and dressing. But for reasons unknown, it presently appears in regulation, on page 27 of the bill. It goes on:

"4. Treating a wound below the dermis using any of the following procedures:

"i. cleansing,

"ii. soaking,

"iii. irrigating,

"iv. probing,

"v. debriding,

"vi. packing,

"vii. dressing."

Well, cleansing and dressing is something considered to be in the public domain. Why has it been put in a bill, and put in the bill only when physiotherapists are dealing with wounds, not when other professions are dealing with wounds? That's kind of problematic. We're not really sure why this is in there.

Other professions who have this act have the activities that are included in it described in regulation by their college, and that would eliminate any concern that, unintentionally, we are putting into legislation language that is public domain and best described in regulation, not in the actual bill itself. So, although most of the time we want more details in the bill and less in regulation, in this particular instance it's the other way around. Things that should be in regulation are now in the bill, for reasons unknown.

For the changes, we would like clarity on intention regarding the duty of colleges "to provide for a professional liability insurance scheme," and would like to ensure that this does not mean that they would deliver that program.

At this time, in many of the colleges—not only the physiotherapists'—the college sets out what must be included in liability and what liability a member should have. The delivery of the program is by others outside of the college—most of the time it's your employer, an association, or sometimes a private insurer—which ensures that there is no conflict of interest between the college and its regulation in this area.

A number of colleges highlighted their concern about the mandatory provision of liability possibly having to be provided by the colleges themselves. New Democrats think that if the college is to set out what must be included in liability and what liability a member should have, then the college should not be the one providing this liability insurance. Colleges were very concerned that this forms a conflict of interest, and they want this issue addressed.

Coming back to physiotherapists: Physiotherapists noted two changes from the HPRAC review for physiotherapists that are not in Bill 179. The first is regulation changes to the Laboratory and Specimen Collection Centre Licensing Act to authorize physiotherapists to order certain lab tests. The second issue is one of concern for the profession as it represents a barrier within the system for the use of professionals to their full scope of practice within the hospital system, including outpatients and triage/screening clinics. This change would allow physiotherapists to initiate or order treatments and diagnostic tests. These changes would require an amendment to the Public Hospitals Act, as was recommended by HPRAC in their review of the scope of practice for physiotherapists. We hope that the government is willing to amend the Public Hospitals Act in order for these necessary changes to happen.

When I took the briefing from Dr. Joshua Tepper about this bill, that was a question that I asked directly. Even in his slide, we could see that the Public Hospitals Act needed to be changed in order for professionals to practise to their full scope of practice within hospitals, which are locations where a lot of care is being provided to people in Ontario.

So, profession after profession all say the same thing: How come the Public Hospitals Act is not being modified to allow them to practise to this new scope of practice

that will be available to them if and when Bill 179 is passed? But it's now all for nothing if none of this you can do once you work in a hospital.

Now let's look at midwifery. I'm always pleased to note that it was a New Democratic government that recognized, regulated and funded midwifery practices for the first time in Ontario. In general, midwives are happy with the changes to their scope of practice. Midwifery is still what you would consider a relatively new regulated profession, but even in the short time span that Ontarians have had access to the services of fully funded midwives, it is clear that they occupy a unique and central place in health care services in this province. The long waiting lists of women and families who want to have their babies delivered by midwives is certainly a testimony to their success.

The main concern that midwives continue to have regarding the changes proposed in Bill 179 is regarding the prescription of drugs. The ability of midwives to practise to their full scope of practice requires access to drugs as simple as antibiotics. While midwives were happy that there has been a recognition that the current system of drug approval for non-physician providers is extremely slow and cumbersome, they remain concerned that the system will not be adequately improved. It would seem that the new drug approval will be done through a panel of experts. However, the composition of this panel, the timeline under which it will be operating, and the principles governing their work remain unknown. Here again, we are asking midwives to support this bill while taking a leap of faith that things will suddenly become clear in regulations. Why not make them clear in legislation?

This is an issue that was a central concern of midwives. However, it was shared by many other colleges and professions. New Democrats hope to hear the government address some of these issues during the second reading debate.

I'd like to say a few words about remote prescribing, which is also included in this bill. I must say that New Democrats have serious concerns with the government's plan for remote dispensing machines in Ontario. I am concerned about the motivation and underlying goals of this aspect of the bill. While the minister is fond of talking about these machines as tools to increase access to pharmaceuticals in remote communities, I have yet to see anything in the proposed legislation that would ensure or even promote improved access in underserviced communities. I have been told that the decision of a machine location would be left as a business location. How can this government be leaving such an important issue to a question of corporate profit and gain?

**1530**

Furthermore, these machines will only be equipped to dispense a certain number of medications. How will this government ensure that the medication in this machine represents a spectrum that health professionals prescribe from? Furthermore, how will the government ensure that the possible profits that could be reaped by giving pharmaceutical companies exclusive access to these machines will not be allowed to take precedence over the health care needs of the people of Ontario?

This is a concerning path that we are heading down. It is a path that has the opportunity for important gain, but it is one that requires close monitoring and control. I am very concerned that the government seems to be signalling that this decision will be left to the province's private sector.

I must say that I had the opportunity to have a long conversation with Don Waugh. He is the CEO, co-founder and chairman of the board of PharmaTrust, the business that is bringing those dispensing kiosks to market. Of course, I'd like to support an Ontario-based new industry, especially in this time of economic uncertainty—recession, I would even call it. But as I shared with Don, I have some serious issues.

I haven't lived very long in Toronto, but I've lived here long enough to know that if you walk in any direction for five minutes, you will come across a pharmacy. How is adding a dispensing kiosk in downtown Toronto increasing access? When I talk about people who have problems with access to pharmacy services, I talk about the people of Nickel Belt. Ninety per cent of the land mass covered by Nickel Belt doesn't have access to a pharmacy. Pharmacy services are something that we struggle for. Those people have access problems. I'm sorry, but downtown Toronto does not have an access problem to drugs. It's a five-minute walk. Try it; I guarantee that you will find a pharmacy, lots of them open until 11 o'clock at night and some of them open 24/7. To me, this is great access.

The other point that troubles me is that many a smaller community tries really hard to bring a pharmacist and a pharmacy to their community, and some of them are successful. Most of the time they are small, independent pharmacies because the level of population will never allow this pharmacy to be economically viable under the big pharma brand. But the people who choose to settle there make a big difference in the health of the population. There is nothing like seeing your pharmacist at Johnny's soccer game to make you realize, "Hmm, maybe I have to go renew this prescription, maybe I should take it till the end and maybe I should be more compliant with my drug therapy." I don't think that seeing a dispensing machine on the side of a rink or a soccer field is about to happen. This human connection in small rural communities is a big part of increasing access, and a dispensing kiosk is not about to make it.

As I was saying, there are some problems with access to drugs in my riding. I was the executive director of the community health centre; we sponsored the nursing station in Gogama. There is no pharmacy in Gogama, and there probably will never be one, because the population is too small. What we have now is that we fax the prescriptions up to Timmins, the Timmins pharmacy packages them, puts them on the bus and they go to Le Vagabond, which is the one and only restaurant in Gogama. The nurse goes to the restaurant, picks them up

and dispenses them to the people whose prescriptions have come. Those are people who have access problems, and I can't see how a kiosk is going to help those people—first of all, because of the limited amount of drugs.

Unfortunately, there are a lot of people in remote northern communities who have narcotics prescriptions much too high for my liking, but that is still the way life is in small, remote communities in northern Ontario, where access to primary care and pharmacy care is very hard to come by. So when I hear that those kiosks are going to increase access, allow me to be skeptical. They certainly are a danger to small communities that might be successful in recruiting a pharmacist to come to their community, open up a little pharmacy and be there for the people of that community. Once you have a kiosk there, you will never be able to recruit a pharmacist and all of the benefits that come with that.

Should the needs of Ontarians in remote and rural communities take precedence over all else? I'm guessing not. What is the government's plan for ensuring that this legislative change will actually have an outcome of better care for all Ontarians, including people from northern, remote and small communities? All of these questions are left unanswered. I hope greater light is shed on this issue, and that the interests of Ontarians take precedence over the interest of profits.

There are a few general issues I would like to conclude on. I also am very concerned about the numerous issues that are going to be left to regulation. This is something we are seeing more and more with every big bill this government brings forward. We saw this with the Toxics Reduction Act, and we are at it again here.

This is a very disturbing trend for a number of reasons. First, it discourages an open and articulate dialogue on the issue. It is very hard to make concrete suggestions when you are commenting on a regulation that has not yet been defined. It allows the government to be applauded for taking some steps forward, while actually ensuring they have an escape hatch to accomplish or change absolutely nothing if they decide to down the road. There are many, many questions in this bill and there are some very concerning gaps with the way it stands right now.

New Democrats look forward to this bill going to committee, where the appropriate colleges, associations, advocacy groups and patients' groups will have a chance to comment on the content of this bill and any oversights they have identified. We hope this government is willing to re-evaluate its decision to place the patient and health care needs of Ontario at the highest priority and will make the changes that are necessary.

**The Acting Speaker (Mr. Lou Rinaldi):** The member from Scarborough–Rouge River.

**Mr. Bas Balkissoon:** I welcome the remarks of the member from Nickel Belt. It's nice to hear the comments she provided on the bill. They were extensive and well researched. Obviously, her experience in the health care field shows quite predominantly in her presentation. It was also nice to hear the member say it is a step in the right direction that the government is bringing forward this piece of legislation which allows health care professionals to practise the full scope of training and experience they have to offer Ontarians.

The bill itself seeks to strengthen health care professionals' regulatory system in order to enhance patient safety. That is the centre of the bill and the main focus that the government has looked at in bringing forward this legislation.

**1540**

We know many of the organizations would like us to do more. We are listening. We've heard them. But at this point in time the changes we're making are because the government feels satisfied that patient safety is at the centre of everything and we can make the changes that are coming forward. All other changes will be under constant review, and at some point in time, when the government feels that the colleges have been able to do the things that we need to make sure that patient safety is at the centre of any particular change, we'd be most happy to address those changes.

I would say to you that this particular bill is a shift in our health care system to encourage the team-based approach that the member spoke about. That's one of the key elements of this particular bill. The whole bill itself is to improve access to patients and Ontarians.

**The Acting Speaker (Mr. Lou Rinaldi):** Further questions and comments?

**Ms. Sylvia Jones:** I'm pleased to comment on the well-researched, prepared speech on Bill 179 by the member from Nickel Belt. I don't think there's any question that the members of the House and our party would support a piece of legislation that is going to allow nurse practitioners and other practitioners in the health care field to expand their scope of service. However, I would hate to think that Bill 179 becomes an excuse and opportunity for the government to stop moving forward on recruiting and keeping family health doctors in our system. The reality is that in order to access specialists in Ontario, you need the ability to go to your family physician first and get that referral. While Bill 179 has some valid opportunities and benefits, it does not preclude the government's responsibility to continue to encourage family physicians to practise in Ontario.

I don't want to see us lose focus when we talk about Bill 179 and forget about the communities like Shelburne, Grand Valley, Orangeville and Bolton that on a daily basis are calling my office and asking where they should go because they do not have a family physician for their health care needs. We must keep our eye on the ball and focused on that goal, because ultimately that is how Ontario will be kept stronger and Ontarians will benefit from the changes that are coming forward with Bill 179.

**The Acting Speaker (Mr. Lou Rinaldi):** Further questions and comments?

**Mr. Paul Miller:** I would like to lend my compliments to my colleague from Nickel Belt. She has extensive knowledge in the medical field with her 25

years' experience involved with hospitals, and I value her opinion. She has brought forth, as the member said, many good points.

But there are a couple of areas of this bill that have been totally ignored, some of our professionals—and that would be, in my opinion, chiropractic. It's mentioned in just one line in the bill. Chiropractors play a big role. They are preventive disease specialists. They play a major role in my community. I think when this government deregulated chiropractic and physiotherapy, it was the biggest mistake we made in Ontario. These professions are very important to the well-being of individuals, not only in preventive but recovery stages. They have been limited, to say the least, in their ability to take part in some of these health teams that have been formed by the LHINs. So I would like to see chiropractic and physiotherapy back on the list of coverage by OHIP for the benefit of our populace.

To limit the nurse practitioners to certain drugs—I don't know what a nurse practitioner is going to do in the Northwest Territories when she has the ability to get the drug or give it to a patient and she's limited on what she can do, and she has to contact physicians in the south or somebody far away to get permission to do it when that person could be in rough shape and requiring it right away. I think there are a lot of things that have to be adjusted, so I'll be looking forward to debate in committee.

**The Acting Speaker (Mr. Lou Rinaldi):** Further questions and comments?

**Hon. Leona Dombrowsky:** I would like to say that I very much appreciate the opportunity to comment on the remarks that were made by the member from Nickel Belt. I do respect her in her profession and I think that she brings some important points to the conversation.

I would also like to speak to the fact that when we talk about improving access to primary care services, we in this Legislature all know how important that is for all of us, and especially for our constituents. I was particularly heartened last week when our government announced that we were again increasing medical school spaces. That is good news for people across Ontario—the first government to do that in many, many years.

The purpose of this legislation is to expand access to health services for people across Ontario. It also recognizes the particular training and abilities of people who have made commitments to health care professions across the province. We are recognizing and respecting that they have training that enables them and gives them the qualifications to make determinations and decisions to assist patients when they need assistance, beyond a doctor's assistance. If they're a nurse practitioner or a dental hygienist, or the many other professions that are identified here—midwives, dietitians and physiotherapists, health professions in their own right, whose abilities, in my view, are recognized.

The member recognized the work of Barbara Sullivan and the HPRAC people, and I certainly concur with that. I do look forward to what is going to be debated at committee on this.

**The Acting Speaker (Mr. Lou Rinaldi):** The member from Nickel Belt has up to two minutes to respond.

**M^me^ France Gélinas:** I will respond in order, starting with the member from Scarborough–Rouge River. Yes, I have said that the bill is a step in the right direction, and I believe in my words: It is a step in the right direction. The bill has the possibility to increase the scope of practice, which will increase access for the people of Ontario, and that will be a good thing for the professionals, who get to work within their scope of practice, and the people of Ontario, who benefit from their care.

I also agree with the member from Dufferin–Caledon: The expansion of the scope of practice is what's at the core of this bill and is something that needs to be supported, but not to the detriment of continuing to recruit and retain physicians for the people of Ontario. Her party has mentioned many times that close to a million people in Ontario do not have access to primary care, and those people need and deserve access just like everybody else. So certainly, as we move forward with this bill, it doesn't mean that everything else in primary care stops or takes a backseat.

To the member from Hamilton East–Stoney Creek: Certainly the members of the chiropractic association and the college were very disappointed that they did not see their scope of practice change in this bill. They have written a letter to the Minister of Health. I actually got a copy of the response to Dr. Brosseau today in my mail, and I see that they will be considered at a time yet undefined for expanding their scope of practice. But they were sorely disappointed. It was the same thing with the naturopathic doctors, who did not see their scope of practice change.

I would like to thank the Minister of Agriculture, Food and Rural Affairs for her remarks. Yes, it is a question of improving access, and this bill will do that.

**The Acting Speaker (Mr. Lou Rinaldi):** Further debate?

**Mr. Lorenzo Berardinetti:** It's a pleasure to have an opportunity to speak for a few minutes on this bill. I see the bill that we are debating today as a natural evolution of our health care system, and an important part in that evolution, because it involves a lot of creativity. We could have taken the old approach and just continued spending money on things that already exist or we could start changing some of those things and be innovative with it. I think that's what we're doing in this act, in general. People have spoken about specifics, and I'll say a few words about them in my limited time here, but the overall theme that I get here is the creativity and expertise being used so that people who are trained to do certain things are able to do them and are not frustrated by legislation or regulation.

**1550**

The first thing I wanted to say briefly is that we spend a lot of money on health care in Ontario. In general, our health care funding has grown by 45% since 2003, and that equals $13.2 billion. The 2009 budget invests $42.6

billion in health care. That's almost $2 billion in growth from last year.

Hospitals: The funding for hospitals in Ontario has increased from $10.9 billion in 2003-04 to $15.4 billion in 2009-10. That's a 37% increase. This year alone, $617 million is being spent for hospitals. This includes a 2.1% increase in the overall base funding formula to meet the service requirements of hospitals.

Nurses: We've hired over 10,000 more nurses since we came into office. The 2009 budget reaffirms our commitment to nurses, and we're hiring 900 more this year. The 2009 budget reaffirms our $2-billion, three-year commitment to implement eHealth initiatives, including the creation of eHealth records by 2015. I know that earlier, a member from the opposition spoke, saying, "Why don't we spend money on the eHealth program?" and we are; we are investing in that, and with a significant amount of money, but it's going to take time to get that in place.

The 2009 budget renews our commitment for the following: $223 million for aging at home, and that's part of a $1.1-billion package for aging at home in general; $40 million is being spent for high-growth hospitals. Also, we're investing $35 million over the next two years to create 22 nurse-practitioner-led clinics in addition to the three already announced, and there will be 50 more family health teams planned over the next two years.

The pie is only so large, and the part of it that's going to health care is getting larger and larger. This government also has to be involved in and responsible for things like education, the environment, agriculture and so many other ministries here that require funding, money and transportation—the list goes on and on and on—but health care seems to be eating up a lot of that money. We just can't throw more money at it; the solution is to become creative about it. This act is very, very creative in what it does because it's simple; it's simple, and it says, "Do you know what? If you're a nurse practitioner and you're trained in how to set a cast or fix up someone who has a broken arm, a fracture or a dislocation, then do that work. If you are able to do a diagnostic ultrasound, then do that kind of work." If a pharmacist knows what type of drug is best used, then they're allowed to do that kind of work, because they're taught that at pharmacy school. If they need to prick or lance the skin to educate a patient, they can do that.

Physiotherapists, as was mentioned earlier by my colleague from the NDP, are now allowed to tell patients their diagnoses; they can treat a wound; they can insert an instrument, hand or finger into certain body openings for assessment or rehabilitation of pelvic musculature; and order certain forms of diagnostic ultrasounds.

Midwives: More powers are given to them. They're now allowed to give suppository drugs; they can place a tube in the nose or mouth of a newborn; and they can take blood samples from fathers and donors. I've had friends who have utilized midwife service and had a birth at home. They've had nothing but good words to say about it.

Dietitians are allowed to prick skin to check a patient's blood reading. Medical radiation technologists—and this is one of my favourites, because when you go for an X-ray, the person giving the X-ray often says, "I can only do this or that," or "Stand here," and "Stand there." They're very limited in what they can do; again, everything is forced back up to the doctor. But now the medical radiation technologists, on the order of a physician, are able to perform procedures below the skin, like giving a needle; they can suction a tracheotomy; they can put contrast media into certain body openings and artificial openings in the body. They can put an instrument, hand or finger past certain body openings and artificial openings in the body.

It goes on with chiropodists and podiatrists, who can give patientss certain substances by inhalation; dental hygienists can prescribe, mix, sell or dispense certain drugs; dentists can sell or mix drugs; nurse practitioners and midwives can also give a patient a substance or dispense, mix and sell certain drugs; pharmacists, as I said, can prescribe certain drugs; physiotherapists can give certain substances by inhalation; and respiratory therapists can give a patient, independently, certain substances by inhalation.

So we're letting these people who are trained in these professions do what they were trained to do, which frees up the doctors. I don't know how other members feel, but sometimes when you go to a doctor's office and you are in the waiting room, you see people there with documents. The documents sometimes are passport documents or other kinds of forms, and all they want is the doctor to sign them. I've spoken to my own family doctor and he does get a little bit irritated by the fact that it takes him away from practising medicine instead. Oftentimes he spends a lot of time, because he's in an area where there's a large new immigrant population and that service needs to be dealt with, and people naturally go to the doctor. But here we're able to give work to others in the medical profession and free up the doctor to do what the doctor does best: Let her or him take care of a sick patient and focus solely on that.

I had my own personal experience a few years ago where I had a bleeding nose and it just wouldn't stop bleeding. It wasn't caused by a punch or anything; it was just bleeding. It just started on its own. I went to the emergency out in Scarborough General Hospital, a fine hospital, but it wasn't an emergency so I had to wait and wait. Finally, when I spoke to the doctor, I asked him why it took so long. I just wanted to know. I said, "I know it's not your fault. What's the problem?" And I remember very well what the doctor said to me: "You know what? I don't need more doctors here right now. I don't. The problem is, I wish that my support staff could have the power to do more, that I could focus on being a doctor. I need to be able to pass on instructions to my nurses, to my technicians and to others who support me so that they can do the work that I'm doing right now. I'm running around ordering X-rays. I'm out ordering all sorts of other things and I'm having to set casts and

things of that nature." Now, with nurses being able to do so and with technicians and others being able to order the X-rays, and some of the other people that I mentioned earlier being able to do what they can do, the doctors are freed up and they can focus solely on doing their job.

That's a significant expenditure, because we know that it's expensive to have doctors, it's expensive to have and run an emergency clinic and it's expensive to run health care in general. Costs keep going up, drugs cost more, and the machinery that is being used is more sophisticated and costs more as well. By the way, in the past few years we've added significantly to the number of MRIs that we have in this province, and knee replacements, hip replacements and all sorts of other services, especially those towards seniors—I've had many come to my own office and say how they were pleased that the service they needed and received was dealt with in an appropriate, very quick fashion.

So why do we need this legislation, beyond what I've said? The key component of this plan is to ensure that the right number and mix of appropriately educated professionals are available now and in the future to meet the needs of Ontarians, identifying and removing legislative and regulatory barriers that limit the ability of regulated health professionals to practise in their full scope of practice. So once these barriers that I spoke about earlier are removed, it allows individuals to carry out the job they need to do.

**1600**

The legislation will promote better and fuller use of our health human resources. Improved partnerships and teamwork are expected to help health care professionals manage increasing workloads, decrease duplication and lower wait times. So it's a win-win situation: It's a win situation for the patient and a win situation for the medical provider, whether they be a doctor or one of the other individuals listed here.

Just as a quick side note with regard to the chiropractors and physiotherapists, I have the greatest of respect for them. I know that we did make certain changes with respect to chiropractors and physiotherapists, but we also made significant improvements in recognizing Chinese medicine, acupuncturists, even massage therapists. There are naturopaths out there as well. Some people go to naturopaths to get their services. We have recognized a lot of this and are bringing it into the mainstream, because people utilize some of these services. They work. I even know of hockey players who get acupuncture if their back or their neck stiffens up, and they say that it works.

As our minister mentioned earlier, the number of medical school spaces is increasing; we're actually allowing space for more doctors. So we're not decreasing the number of doctors; we're actually increasing the number of doctors who will be available in this province. There should be no misunderstanding about that. Some people think that we want to have fewer doctors, and that's not the case. We've opened up more spaces in the schools that teach medicine here in Ontario.

As I said earlier, health care is our largest expenditure. It's an expense that's almost out of control, that's difficult to keep a handle on and that continues to grow and grow. The government is faced with the option of either just throwing money at the existing system or changing it. What we've done here, and what I really like here, is we've decided to take the approach of changing that system in a way where we amend several acts. Bill 179, right here, says it's an act "to amend various Acts related to regulated health professions and certain other Acts." So it looks at a number of acts where the medical profession is involved, and it gives certain powers to those who didn't have those powers before.

In closing, I just want to say a few more words. In a sense, we're going back to the way things were done a long, long time ago, when one thinks about it. Pharmacists were called apothecaries. I remember that from English in school. Shakespeare liked to use that word. When we had to read Shakespeare at school, I'd always end up getting lost at that point, because I didn't know what the heck an apothecary was. An apothecary was more than just a pharmacist. That person could provide all sorts of additional services, including dispensing medicine and even, in some cases, doing surgery. We're not going all the way to allowing surgery. It has now grown to become "pharmacist"; in Shakespeare's day, it was called "apothecary."

We have pharmacists nowadays, and they were limited until this point, until this legislation came forward, in doing what they do. We're allowing them to do more, just like the apothecaries had a lot to do. So in a way it's kind of evolved that we've gone that way.

In the old days, who ran a lot of the hospitals? If you look around here in Toronto and in other parts of Ontario, a lot of them were run by nuns or by church groups and other religious institutions. They not only administered them, but they were in the rooms and they were assisting in whatever way they could. We can think of all sorts of them.

In my own riding of Scarborough Southwest, Providence Healthcare was formed by the Sisters of St. Joseph, and now it has become a major medical institution that provides all sorts of services for seniors. It's one of the larger institutions in Toronto, if not Ontario. The same with Scarborough General Hospital just outside my riding: That also was formed by a group of nuns. We've come a long way from there, but we're going back to the basics, which is what they did. Maybe they were creative. They used their creativity and figured out ways to make things work. They learned what medicines worked, which ones didn't, and they applied systems that worked for that time period back then, in the 1950s and before then.

We're into a very high-technological period right now, and as we move into that high-technological period where a drug can cost so much or a machine can cost so much or a doctor can cost so much, it's really important that we have in place all the right checks and balances. I think this bill does it, and I'm extremely proud to support it here today.

**The Acting Speaker (Mr. Lou Rinaldi):** Questions and comments?

**Mr. Norm Miller:** I'm pleased to have the opportunity to offer some comments on the speech made by the member from Scarborough Southwest on Bill 179, An Act to amend various Acts related to regulated health professions and certain other Acts. This bill is really about scope of practice and expanding the scope of practice for certain regulated health professionals like midwives, pharmacists and nurse practitioners.

I might point out that in the case of nurse practitioners, the riding of Parry Sound–Muskoka is very well served and in fact is a good model for much of rural and northern Ontario, where we have six nursing stations that have a nurse practitioner looking at providing the primary health care for the people. There's one in Rosseau, there's one in Whitestone, there's one in Britt-Byng Inlet, Pointe au Baril, Moose Deer Point First Nation and also up in the Port Loring-Argyle region. I suspect the riding of Parry Sound–Muskoka probably has more nursing stations than any other riding in the province. I can tell you, having been to events at those nursing stations, that the people who are served by them are very happy indeed.

This bill is about expanding the scope of practice. It is very specific. I'm of course not a medical expert, but I would think providing services close to home by those able to do them in a safe way is a smart way to be moving: a little bit less of the gatekeeper mentality for the doctors but allowing some of the other health practitioners to do their job. No doubt with the shortage of doctors we have in the province of Ontario and the need for health care, this should certainly provide more health services for people in a way that's successful.

**The Acting Speaker (Mr. Lou Rinaldi):** Questions and comments?

**M^me^ France Gélinas:** It is my pleasure to give a few comments to the member from Scarborough Southwest. Certainly it is clear that the overarching goal of the bill is to increase the scope of practice to a list of regulated health professionals in Ontario. I think everybody recognizes this. It is also clear that, if and when passed, this bill will increase access to primary care to the people of Ontario, because those people are going to be able to practise to their full scope.

He talked about certain health professionals in particular. If we look at pharmacists, pharmacists won't have the right to prescribe, but they will be allowed to renew prescriptions. As the member said, pharmacists spend a lot of time learning about drugs, and they are certainly the most knowledgeable health care providers when it comes to drugs, drug interactions and all of the theory and knowledge that has to go with this. Now people in Ontario will be able to have better access to all of that knowledge regarding drugs by the different pharmacists.

He gave the example of physiotherapists who will be allowed to order some MRIs and order a few tests within their scope of practice. As always, like I said before, the devil will be in the details as to how it will be rolled out into regulation to actually make it possible for the people of Ontario to benefit from what this bill is trying to do. It's a step in the right direction with still lots of unknowns.

**1610**

**The Acting Speaker (Mr. Lou Rinaldi):** Further questions and comments?

**Mr. Mario Sergio:** I'd like to add my comments to the debate today, and especially on the comments by the member from Scarborough Southwest.

I have to say I'm very pleased when I hear the comments from both sides of the House that this is something good and it's something that has to come. It's not only the beginning of something good, but I think, in the words of the member from Scarborough Southwest, it's an innovative way, if you will, of dealing with all the pressure that we are getting today, especially on this most important issue of the total health aspects that we are dealing with. Perhaps there is no other more important issue than health care and education, which our government has been stressing since coming to power in 2003.

There is no debate that we have to have trained, qualified people to meet the ever-increasing needs and demands of our people today. We have an increasing population and increasing needs, and of course the government is in a position where we have to address situations like this not only from the professionals—the doctors, the nurses, those providing services in the various agencies and clinics. I don't have to tell you that we have just dealt with and we are still dealing with—and while this bill will proceed to receive public hearings—the aging-at-home strategy, which is a big part of the health care system.

Again, the government is being very innovative, and it's the proper time to come up with a solution like this when we see the ever-increasing needs, especially of those people who need care at home. I think it's a wonderful way of doing that. The aging-at-home strategy is a very timely one, and I'm going to support the bill when the time comes.

**The Acting Speaker (Mr. Lou Rinaldi):** Further questions and comments?

**Mr. John O'Toole:** The member from Scarborough Southwest made a number of decent points, and it's good to see the Legislature today being somewhat in agreement, certainly with the intention of the legislation. All of the speakers so far have said they would be supportive, but the devil is in the detail is basically what they've said.

Change is always important, provided that there's an end result that's clearly explained in the public's mind. If it's better patient service and safer patient service, I think we're all unanimous in support. What I'm suspicious of—and with your indulgence Mr. Speaker, I'll be speaking next, so I will draw out a few things where there could be some concerns raised.

I've listened carefully today to the parliamentary assistant as well as our critic, Elizabeth Witmer, as well

as the critic from Nickel Belt for the NDP. All of their comments were quite direct and specific and did add value to the discussion. I've talked to a few people since this bill was introduced in May, just a short time ago, but we would know that there was a broad discussion stretching from late 2008 on the regulated health professions consultation group. Any of these changes, I'm sure, will be met with a bit of territorial disagreement on who gets the money.

At the end of the day, if we keep patient services and patient safety in mind, delivering health care in a somewhat different manner is important, and we would be in agreement with that, but again, we'll have to make sure that there are public hearings and that the consultations are listened to and indeed there are amendments brought forward by all parties in the House in trying to get this right.

**The Acting Speaker (Mr. Lou Rinaldi):** The member from Scarborough Southwest has two minutes to reply.

**Mr. Lorenzo Berardinetti:** I just want to thank the members from Parry Sound–Muskoka, Nickel Belt, York West and Durham for their comments.

Again, we all know this is going to committee. When it does go to committee after our debate here, there probably will be quite a bit of discussion on some of the details. The member from Nickel Belt has used the term "the devil is in the details." We do hope that we get this right. I know that the government is committed to doing this as best as possible. We've seen it work already in a lot of the health care initiatives that we've undertaken so far. I know that from talking to a lot of seniors in my area. One came in the other day who had cataract surgery done and was really happy that it was done in a quick and efficient fashion, not having to wait very long to get it done. We're doing a lot of these kinds of things, and hopefully this act will allow more of this to happen.

I think everyone has spoken to the fact that this bill is about access to health care. One of the things about getting early access to health care is that it allows for prevention of any kind of illness. The sooner you can get to someone—sometimes it's hard to get to a doctor when someone's not feeling well, but if they can get to a pharmacist or physiotherapist, then their problem can be diagnosed earlier. That is a big part of saving the costs of going in to see a doctor and getting tests ordered and X-rays ordered and all sorts of other blood tests perhaps ordered, which take a lot of time and a lot of money. That's a key part, I think, and a key theme that seems to be running through a lot of this. We even have set up, in this government, the Ministry of Health Promotion to promote health and positive ways of staying healthy. I know that the minister has worked hard on that.

I'm pleased to support this bill and I look forward to its debate in committee.

**The Acting Speaker (Mr. Lou Rinaldi):** Further debate?

**Mr. John O'Toole:** I certainly want to start by saying that Bill 179 is an omnibus bill. It's a bill that is long on objectives but short on detail. In fact, it amends 25 different acts. I'll touch only on a couple of them in the very limited time that I've been allowed to speak. That's the problem here. We're going to change the world here, and I want to—I always like to start by putting things in a bit of a historical perspective. The reason the history is important is, if you don't learn from history, you're doomed to repeat it.

We all know that the health care system in Ontario is the most important and probably the most expensive publicly funded component of the budget of Ontario. The budget for this coming year is about $108 billion, and of that the health care portion would be around 46%; that's my understanding. I think it's important to show here that there has been a lot of money allocated to health care. Let's just have a look. I'm looking at the budget here. This isn't a prop, Mr. Speaker; this is my annotated version of the budget. I'm looking at page 96, for those listening today.

Where does some of this money come from? Do you know the Canada Health Act? It's important to look at that. In the Canada Health Act, the presumption was that there would be the five principles—accessible, affordable, all of these things. But the key thing was, the presumption was that it would be funded in proportion basically from the federal government—at one time, at 50%; 50% of the dollars would be federal and 50% under that agreement would be provincial. It turns out that that agreement has been breached, basically since 1993, when the NDP and the federal government at the time under, I guess, Paul Martin yanked out tons of money.

Let's get the history straight here. The same as they modified the EI, employment insurance—they hacked the insurance entitlements out. Now Ignatieff is kind of forcing them back—but I want to stay on track here. It's important to do that. New money this year from the federal government: In the federal budget, it shows up on page 93 as transfer payments. It's fairly important; let's look at it. Government of Ontario—to the province of Ontario, Canada health transfers: They were about $7 billion. Now they're $9.7 billion; almost $10 billion coming from the feds.

Here's an interesting line. Canada social transfers. This is the CHST. These all, really, come into the health venue. It's $4 billion. Actually, there's new money. There's money here called wait time reduction strategy, about $400 million. There's a huge component of this money that comes from the federal government.

Let's be honest about it. Most of the new money here that they're committing is federal money. They're taking credit. They're starting to sound like David Miller announcing he's going to buy $1.5 billion worth of transit vehicles, but the money is all federal money. They've got to be straightforward here. We want to get there, and we want to give the people who are paying for it the credit they deserve.

**1620**

Now, putting the thing in perspective, health care in Ontario—I've often listened to Maude Barlow speak; I

always find it entertaining—there's no one in Ontario who wants to destroy the health care system, but we should know that about 50% of health care today is private. Oh, that's the dangerous word. When I say "private," all oral health is private today. If you don't have a plan, you're paying out of your wallet. Chiropractic—I'm just going to go through them. Anything from the shoulders up basically is private. Hearing problems: Basically, you pay. Your hearing aids, you pay for all that stuff. You pay for hearing tests. They're not covered. Oral health, counselling, mental health—most of that is private.

Drugs: The cost of drugs is very large and expanding at about 15% a year. If you don't have a drug plan at work, you're paying with your wallet. It's not covered. There is a plan called the Trillium drug plan and other kinds of plans that are income-contingent. If you have a low income you can apply through the Trillium drug plan and get funding. You may have to pay the first $500 or $5,000, but—so you've got drugs.

Let's put it in perspective. Let's get all of the cards on table. This is the government, the McGuinty government, that promised not to raise taxes. The first thing they did after the 2003 election was called the health tax. They tried to call it a health premium or something. They took $3 billion more under the guise of health care out of taxpayers' pockets—$3 billion they committed to health care, they said, and you should ask yourself, is health care any better in Ontario? Is it easier in an emergency room to get to a doctor? Do you have a family doctor? Are drugs any more affordable? There's $3 billion you're paying, and the system is no better than it was prior to that.

So I've outlined for you a couple of things. First of all, they've raised the tax on health care by $3 billion. They've got about $5 billion in brand new money from the federal government, and half of health care is private anyway. You're paying out of your wallet.

The next thing they did, basically—I'm getting into the content of the bill a bit more—is the government at the same time, in around 2004, delisted physiotherapy, which was, once upon a time, covered in hospitals and out of hospitals, to a certain level. They delisted chiropractic services. So they increased the taxes and they reduced services.

**Mr. Ted Chudleigh:** Eye exams.

**Mr. John O'Toole:** Yes, and a third one is optometry, as my colleague is telling me. Optometrists in my riding—for instance I was talking to Darryl Workman, a very young, well-educated, professional doctor of optometry, who was telling me that he was very concerned that we had passed a bill—Elizabeth Witmer I believe was the minister at the time—which allowed a change in scope of practice under the college of optometrists which allowed a function called the TPAs. The TPAs—I have a little note on here; I had to look it up—were the therapeutic procedure, and that procedure would allow optometrists—

*Interruption.*

**Mr. John O'Toole:** Just press the button—it would allow them to administer certain drugs to the eyes, and they're topical. Now, they're still unable to do that. I think what's important is the—

**Mr. Mike Colle:** Throw him out.

**Mr. John O'Toole:** Just a moment here. It's actually my colleague's. Pay attention to what I'm saying and you'll improve the bill.

The TPAs themselves are still not enforced. Many people don't have access to optometrists as they once did.

In this bill, I can tell you right now that I have suspicions. Under those three groups that we talked about that they delisted, they're trying to make up with them again under physiotherapy, chiropractic and optometry. If you look under this bill, they're amending 25 different acts. Let's look through what they've done here. This is the important content part. It's fine to look at these bills. They're all written in legalese, and unless members read them, they're really getting hoodwinked. So right here under—just a minute: health care, Health Insurance Act, massage, medical act, Nursing Act, midwifery—optometry. The bill amends the Optometry Act. The act "is amended to expand the scope of regulations which the college council is authorized to make, subject to the approval of the Lieutenant Governor in Council." So they're still working on that TPA allocation, is what they're really doing. That's the scope of practice.

Most of the detail of this bill, when you get into the content of Bill 179, deals with the scope of practice within the professions, and there are 25 different acts. I could list them all here. Scope of practice becomes very contentious. In a nutshell, what it does—and we've had a few speakers today, especially the member from Nickel Belt, who is very proficient on this file, as is Ms. Witmer, who is very proficient on it as well. She knows what this is about. This is very controversial. Don't ever kid yourself. Chiropractors have a lot of training. Pharmacists have a lot of training. I think that in many cases they're underutilized in the overall delivery of health care.

To stick to the nurses' role, which has been mentioned by almost every speaker here today, the nurse practitioners' scope of practice was first changed by our government under Elizabeth Witmer. We first started the collaborative health model, and it was called the family health team. They're called family health networks today, and I think the member from Nickel Belt used these—there were enough alphabets to make an alphabet soup, you said in your remarks. Those are the same objectives, as all three parties have the same objectives, of working towards collaborative health. The problem is, who gets the money? In other words, if you don't give a billing code to the nurse practitioner, if you want the nurse practitioner to work in a subordinate role to the doctor, you're going to have a problem here, Houston, because it's all power and control, and it comes down to the money; it really does. If they get part of the OHIP piece, the $8 billion or $9 billion in the OHIP fund—it must flow

through the doctors' group. What has happened with the nurse practitioner today—and I have a sister who's a very experienced nurse; in fact she studied, I think, at the University of Western Ontario, and then she studied in England. She's a qualified midwife. She came back to Canada after she got married, and they said, "You can't practise midwifery here." There's a problem with delivering and liability and insurance and the rest of it.

I would only say that scope of practice would be such things at being able to prescribe medications. I have in my riding a very, very excellent nurse practitioner; a couple of them, actually. I wanted to say that Gail Beatty is the person I'm referring to right now. I think she perhaps works for the OMA. She works in one of the consulting groups with the Ontario Medical Association or the ONA, one or the other. For instance, they were allowed to prescribe from a certain list of medications—the nurse practitioner extended class. They were also allowed to refer you directly to a specialist without going to another GP, and they were allowed to write from a certain list of prescribed medications. So that's a pretty powerful tool, and it's bumping closely into the family practitioner. A family practitioner basically can't perform surgery.

As I'm saying, I'm not trying to be in any way controversial here, but you can see that as soon as you get into the professions—we have lawyers in our caucus, and there are lawyers in other caucuses. When you start talking about paralegals taking over some of the work, especially when there are forms involved like wills and real estate documents—the lawyer signs it, of course, and all the detail has been taken care of, but some paralegals can do some of this stuff. Most of it's online. Under the definition of a professional, a self-regulatory profession, they are self-disciplining. In fact, if there are breaches made, they discipline themselves, hopefully. This is where I say that this all sounds good and we're in favour of it, but the implementation will be something to watch. It will be a work of art, I'm sure.

I also think it's important to think back to some of the comments made by Ms. Witmer; I listened very closely. She mentioned three points which I think were very important—the electronic health record. Ontario is last in Canada in terms of jurisdictions that are moving forward with electronic health records. Smart Systems for Health is what it was initially called. It's got another name now. Smart Systems was criticized by the auditor for maybe inappropriate spending of money.

**1630**

I think what's important there is that there are huge efficiencies, elimination of duplication of testing, prescription of medications etc., that the electronic health records—for instance, if someone is doctor shopping or perhaps wanting OxyContin or some other prescribed medication and going to several doctors and getting extra drugs, these things could be tracked with an electronic system.

Above and beyond being able to share patient records between health care providers—this is very important—rather than having two MRIs, or a second opinion, or a second consult with a specialist, or even, for instance, being out of the province, I think there needs to be a greater role of having an electronic health record and a data system in support of health at a national level. If other provinces are doing it, why are we spending one more cent if it's already working in other jurisdictions? That means the doctor, the hospital, the pharmacist and all the health care providers. If I'm sick because of the swine flu or something in Newfoundland or BC, I should be able to see that record, my tests and all of the data online. That's where we should be aiming, instead of having double the cost.

The other part that I think is important is the collaborative model. I'm in full support of the collaborative model and expanding it, as well. In fact, if you look at the collaborative model, it does involve many of these health care providers from the 25 different professions that were outlined. The doctor should be the manager, of course, working in co-operation with the nurse practitioner, the pharmacist, or maybe a therapist. It could be a physiotherapist or a psychologist as well. There could be emotional issues involved in health care as well. I think that collaborative model is the right direction.

I want to, again, as has been said by almost all speakers, thank the consultation group who actually provided the information and did the work: Barbara Sullivan et al from HPRAC.

In the few remaining moments that I've been allowed to speak, I want to mention one thing that really troubles me, and that is in the letter sent to Barbara Sullivan, which I'm looking at here, from David Caplan, dated February 19, 2009. He's thanking her for submitting the latest HPRAC report, called Critical Links: Transforming and Supporting Patient Care in such a timely fashion, which precipitated this Bill 179. After the consultations that Barbara Sullivan led, he's thanking her for the work she has done. In the middle paragraph it says, "I look forward to hearing the comments of stakeholders over the coming weeks as they write to us. I also understand that HPRAC will be completing their deliberations over the issues in the eye care sector"—very important.

In the few seconds I have left, I want to put on the record the important issue here of the transferability of professions in health care;the one that I think of is the optician. Opticians can now train in Alberta and in six months they can get their degree. In Ontario, it's four years at Seneca or two years full-time. It's also taught in other colleges. It's about a two-year term, basically. So we're going to allow somebody with six months' training to come to Ontario with the same licence through the same college. I'll wait and see if that happens. That's under a program called AIT, Agreement on Internal Trade, which is an issue of limiting red tape, I guess. We need to make sure that patient safety is first.

The other one is under a program called MRA, mutual recognition arrangements. These mutual recognition arrangements are mutual across Canada: health care, the Canada Health Act, uniform service, patient services and

reasonable expectations of what kind of care you're going to get by each of these groups. I don't want to lower the standards, but I also want the standards to make sure that our students aren't being penalized under the pressure of large providers like Walmart wanting to have an eye clinic or a pharmacist who's not really a pharmacist but a pharmaceutical technician; lesser-trained people—so they can pay them lesser amounts—providing the service. Patient safety is first and paramount, and it has been said by all speakers.

I think we need to move into consultations—and they'll be lengthy consultations—and with a commitment from the minister that they're actually going to listen. With most of the bills that I have sat on in this session, there's a lot of harmony and people of goodwill trying to work together, but I have yet to see an amendment accepted, and that's disturbing. They don't have a corner on all the good ideas.

I'd certainly say that with Mr. Caplan, the minister—his mother was a pretty good minister. In fact, she implemented the independent health facilities; the labs and that were implemented by Elinor Caplan when she was the Minister of Health, under David Peterson. So we can all learn from history, and the one thing I'm forecasting here is—look to the past, the current promises by the current government in health care. We have the health tax, we have delisted service, we're spending almost 30% or 40% more, and is the system any better? They've got the Central East LHIN, the local health integrated networks, another level of bureaucracy. You can't get to the minister when you have a complaint.

In my case, I introduced a petition today with over 20,000 names, and the petition was with respect to my hospital in my community, and I don't see one single improvement, for all the glory that he says when he's responding to questions in the House. The system is no better; in fact, it's probably worse. So I'll hold my breath to make sure that Bill 179 actually does what it promises.

**The Acting Speaker (Mr. Lou Rinaldi):** Questions and comments?

**M^me^ France Gélinas:** Well, I listened intently to the speech given by my colleague from the Conservative Party. It was an interesting view of Bill 179. To look at it through a monetary lens certainly sheds some new light on that bill that hadn't been put forward so far. It certainly is true that of all the program spending, health care represents 43%. For every tax dollar that is being spent on programs, 43 cents goes to health care. This is huge, as he mentioned.

His questioning as to the health premium, I would say "the hated health premium," the lie that beat all lies as to the promise to never raise taxes and here we are with a health premium—has failed to be able to show a direct link between the new health premium. It did not lead to improved care, did not lead to decreased wait times, did not lead to better access for the one million Ontarians who still don't have access to a primary caregiver. So it was interesting to look at it in this light. Certainly the share from the federal government seems to have increased to the tune that they will now be representing $10 billion of the $42-billion health care budget, which is certainly not half, not even a quarter, but it is a significant amount of money coming from the federal government toward health care.

I want to add, while we're on an economic path, that although we are expanding the scope of practice of many health practitioners, midwives, physiotherapists, nurse practitioners, dietitians, pharmacists etc., this will not mean an increase in pay. We will have an increase in responsibility, no increase in pay.

**The Acting Speaker (Mr. Lou Rinaldi):** Questions and comments?

**Mr. Bas Balkissoon:** I just want to add to comments by the member from Durham and clarify something, because it was mentioned by many of the previous speakers: this comparison between family health networks and family health teams. Family health networks existed when the Conservative government was in power, and I'll tell you what a family health network is: A family health network is a group physicians who work as a network, along with a nurse-staffed after-hours telephone advisory service, to provide primary care for their patients 24 hours a day, seven days a week.

**1640**

The networks emphasize illness prevention and comprehensive care for patients. Let me tell you what this government's proposal for a family health team is. Family health teams are groups of health care professionals, such as physicians, nurse practitioners, nurses, social workers and dietitians, who work together to provide primary care for a group of patients. They provide a wide range of services, including health promotion, treatment services, chronic disease management, and prevention, rehabilitation and palliative care. They are available nights and weekends to provide health advice and care, so that their patients do not have to go to a busy hospital emergency department for non-emergency care. They also help their patients navigate their way through other parts of the health care system to receive the best possible care. As you can see, this government's proposal and strategy on the health care system is more complex and extensive compared to what was there before.

I also want to comment on some of the previous speakers. They all mentioned eHealth. As a former technology person—you cannot buy that off the shelf, plug it in and it will work. It's very complex. It takes a long time to plan and build that type of infrastructure. Our government has embarked on doing that. It will be built as we planned, and our delivery date is on target.

**The Acting Speaker (Mr. Lou Rinaldi):** Further questions and comments?

**Mr. Mike Colle:** My colleague from Durham was painting a pretty bleak picture of a wonderful part of this province: Durham region, where you've got some beautiful communities like Bowmanville and Courtice. People are very proud of living there, and they're a very important part of Ontario. They're the economic and agricultural heartland of Ontario.

On health care: I heard someone mention what the federal government pays for health care. The member from Durham will remember this: When we first came into the House or just before, I think they were just paying about 15% of health care—in that range—whereas now I think the federal government only contributes about 10% of health care costs in the province of Ontario. That's a dramatic change. So the tax revenue that Ontario pays comes from Ontario. That's who support the health system in Ontario: the people, the taxpayers, the corporations in Ontario—the vast majority.

The federal Minister of Health is basically missing in action, and Tony Clement will tell you what he did as Minister of Health in Ontario compared to what he does nationally. The Ministry of Health in Ontario is a hands-on ministry. They take care of the operational, budgetary and day-to-day implementation of health care. The federal Minister of Health is now almost a low- to middle-ranking minister. The provincial ministers are the ones who undertake major health care initiatives. The provinces are where the rubber meets the road, and Ontario is obviously the largest province, where we spend over 43% of our budget on health care. That's an amazing increase, because we're being asked to do more and more all the time.

**The Acting Speaker (Mr. Lou Rinaldi):** The member from Durham has up to two minutes to respond.

**Mr. John O'Toole:** I want to thank the member from Nickel Belt. In fact, I spend most of my time there. She concentrated on—the provocative word there was the lie—the Liberal lie with respect to the health tax. I'm not advocating that that's the right word, but that's the term she used and she got away with it.

The member for Scarborough–Rouge River is new here, and I forgive him; he knows not what he does, I guess. The family health networks: As I said, the very first one who signed up in Ontario was Neil McLeod, Lyn McLeod's husband, a doctor in Thunder Bay. It was a clinical practice that had in it a pharmacist, a nutritionist and other people, but they were kind of a rostered practice.

What you're telling me, and I don't know if I can get you to respond, is that these family health teams—everybody is going to get a billing code. Like, the dietitian is going to have a billing? Not likely. They're going to be working for the doctor. The doctor will allocate services. The money from the OHIP fund is not increasing. The doctors are going to become case managers, just like the US model.

I worked with Dr. Ruth Wilson, the dean of medicine from Queen's, for two and a half years, and went around the province on this collaborative family health model. You just called it a different name and threw in a few different—

*Interjection.*

**Mr. John O'Toole:** No, forget it. You don't even know what you're talking about.

Anyway, the third part is—the member from Eglinton–Lawrence, today I presented a petition; if you want to know how good a state the system is in, of the 150 hospitals, probably 75 are in deficits. What you've got is the local integrated health networks as a fence around the minister, and there's not enough money in health care. The case here is, it's not being managed. You've got a government, and all it wants is more money, and you're providing less service. The same thing in every single thing: There's more money and less service.

**The Acting Speaker (Mr. Lou Rinaldi):** Further debate?

**Mr. Dave Levac:** I appreciate the opportunity to engage in the conversation about Bill 179. First, let me start by saying to the member from Scarborough–Rouge River that, I deeply appreciate your leadership, as the parliamentary assistant, driving this bill forward and being able to be on top of the file. I appreciate very much the work that you're doing on behalf of the Ontario citizens with this bill. We thank you for that.

There are occasions in which each of the parliamentary assistants, as our system goes—and as the opposition would know because both of them have formed governments before, the parliamentary assistants do a tremendous amount of work behind the scenes, meet with many, many people, listen to the concerns that are out there and bring us some of the information so that the minister can work with those stakeholders to create a better scene for us in order for us to do that consultation and try to craft a bill.

Let me give you an example of what bills do. The reality is, and I don't think anyone can argue this—they can if they want to—it's somewhat difficult for to us understand why anyone would say there's anything that's a perfect bill. The evolution of health care started way back when, with barbers. If we want to go backwards, it's barbers—they cut the hair but then, at the same time, they bled people. That was their health care system from way back when. The evolution that has taken place in medicine around the world, not just in Ontario—but one of the biggest leaders in health care, in Ontario, has evolved, and it continues to evolve. So this type of legislation is not the be-all and end-all to the practice of what we're going to see.

In Bill 179, what we're exposed to is the health care providers in the system going through the top of their scope of practice. The "top of their scope of practice" is a term that basically says that they have been trained to do certain things but we've compartmentalized them and said, "No, you can only do this much." What this bill is basically doing is expanding inside of their scope of practice their capacity to provide those learned processes; somebody's not going to walk in and get granted a scope of practice that they've never done before. They are going to be taking the expertise that they've learned in school and learned through practice, and this is going to be a broader section. What does that really do? Well, what it does is it allows us to work as a full team and loosens the pressure that is existing on some of those who are actually providing that service now. It allows

them to go back to their scope of practice and perform even more tasks inside of their scope.

So when you combine all of those professions that we're mentioning in this bill, what we're basically doing is not talking about the professional; we're talking about the patient receiving that scope of practice faster and in a more efficient way so that the person next up the line can do their job even better. That's the description of what we're trying to accomplish in the bill.

Let's go over what those practitioners are. In the nurse practitioner realm, they're going to apply specific forms of energy, emergency and diagnostic ultrasounds, which they weren't doing now but they're trained to do. To set a cast for a fracture or dislocated joint—they're trained to do that but right now they're not doing it. That's what the legislation does. It allows them to fulfill the full scope of their practice. Pharmacists: to prick or lance skin, to educate the patient. Right now, because of the scope of practice, they're not allowed to do that; now they can.

Physiotherapists: They tell patients their diagnosis, treat the wounds, insert an instrument, hand or finger into certain body openings for the assessment or rehabilitation of pelvic musculature—sounds rather like internal medicine here, but inside of their practice, they're trained to do that, but now they're not allowed to—order certain forms of energy, the diagnostic ultrasounds. That's another thing they've been trained do, but inside of their scope of practice, they've yet to be able to do that. This bill will open that door for them to perform.

**1650**

Midwives—that has been spoken of in the House already—tell their patients their diagnosis, they give suppository drugs, they place the tubes in the mouth or the nose of a newborn and take blood samples from fathers and donors. Again, it's inside of their scope of practice during their training, but they're not allowed to use it. If and when the bill passes, even with amendments, we're going to see that scope of practice broaden to allow the full scope of all of our professionals to be used: dietitians, medical technologists, chiropodists and podiatrists, dental hygienists, midwives, dentists, nurse practitioners, pharmacists. Inside of the bill, the scope of practice is where we're focused so that the patient can get that service quicker and more effectively.

It will increase care across the province of Ontario. It would allow more efficient health care service, more providers working together in teams—and I want to spend a moment on working in teams. There has been a little bit of thoughtful history of the evolution of where this larger body of health professionals practices. We've gone back with, as I think the member for—Fort Frances is it?

**Interjection:** Nickel Belt.

**Mr. Dave Levac:** Nickel Belt, sorry. The member from Nickel Belt explained to us that it was the alphabet of different terminologies for all of the different providers of the eight FHTs, the family health teams. They have been known by about five or six different nicknames. Well, all of that taking place meant that everyone was on the right path to try to get a bigger scope of practice for the patient and provide us with an opportunity to open that practice up, so that if you're taking a look at a family health team, you're going to have in there several of the positions that have been talked about in Bill 179, plus a family physician. Inside of that, the family physician may be doing something in their scope that the nurse practitioner could be doing in order to relieve some of the pressure that he or she is experiencing as a physician, and then they can take on more patients by doing exactly that.

So if you pass that around, you end up with a larger scope of practice—patients seeing that professional for their health care in a quicker, more effective and efficient way. That's the premise behind what's being talked about in Bill 179. I have not heard, thankfully, anyone say that that's the wrong direction we're going in, because that's the evolution of health care as we know it, and we continue to move.

One of the things I take issue with, though, is the implication that absolutely nothing else outside of this bill is being done to take care of some of the other concerns that are being raised. I think it's a little disingenuous to say that we're going to focus only on one bill providing health care. That's not factual. What's really the fact is there have been other layers of provisions going on while this has been designed so that, when we roll it out, it fits into the system. So that's the other thing that I think we have to be careful of: for the people to believe that only Bill 179 is being dealt with and nothing else is happening in health care. Nothing could be further from the truth.

I'm saying to you that, quite frankly, the community health centres that were announced—and some of them are up and running. The one in my riding is a few days away from a grand opening ribbon cutting. What they're doing there is providing people—there's a housing project at the very next door. Can you imagine placing the community health centres beside a community that needs affordable housing so that people who don't have family physicians have an opportunity to do a stop-in at a community health centre? That is an amazing opportunity, again providing a larger scope of practice inside that community health centre.

So now we have family health teams, community health centres, hospitals that are doing what they're doing, and we're moving some of those services out of the hospitals. By the way, I think—correct me if I'm wrong—the Conservatives had the health restructuring commission that said, "Fix the outside of the health care system, which is outside of the hospitals. Fix that first so that when you push the people out of the hospitals, they land somewhere and get taken care of properly." If I'm not mistaken, the advice they got from their own committee was, "Do that," and they went the opposite way. They didn't touch the outside, and they started pushing people outside of the hospitals to somewhere where they didn't land, and they ended up right back in the hospital again. They didn't take the advice of their own panel of

experts. Having said that, I think what we're talking about here is trying to work together with all of the health care sectors to see if we've got that right.

It has also been mentioned on the other side—I think it was the member from Hamilton East–Stoney Creek who talked about the chiropractic issue. I, too, am concerned about what's going on with chiropractic because, quite frankly, many, many people rely on chiropractic services. I have talked to chiropractors, and they have assured me that, yes, they have sent a letter to the minister about the HPRAC decisions in Bill 179. They have also been engaged with the concern by the minister that we're going to enter into a dialogue about what our next steps for chiropractors are and what our next steps are regarding the rest of the health providers that haven't been mentioned in Bill 179.

I think it's disingenuous to assume this is absolutely the end of it; it's not. It's not the end of it. It's one more step in the evolution of how we're going to provide health care. What is next? A continuation, figuring out what the next best moves are that we can make to help the patient get the service they need for the best time in the most efficient and cost-effective way. Look, I think that if all governments of all stripes were to sit back and say, "We can figure this out"—but let's all be honest about this by simply saying it cannot be done all in one bill.

Having said that, I'm going to come back to what I said at the very beginning about parliamentary assistants. My philosophy as a parliamentary assistant was to try to work with the opposition during presentation and committee work to find out if there were amendments available to us that we could use that would make the bill better, because the focus shouldn't be on whether we take an amendment from the opposition or not; it should be based on what the amendment is saying and doing for the bill. Is it making it better? I can only speak from my experience with the three bills that I've helped shepherd. We've been able to find some of the those amendments that are offered by the opposition, plant them in the bill and make it a better bill for service to our community. The citizens deserve us to be as open as possible to try to make that happen.

Now, let me add an addendum to that one. Does it mean that the NDP and the Tories will always get their amendments? No. They're not the government of the day. We're the government of the day. But does it mean that we're always going to say no? No.

Having said that, what I would suggest respectfully is that during this debate, we're hearing some of the push-back and the feedback from the opposition to provide us with some of the information that's necessary to hear what's going on at the grassroots level. I, for one, would never say that the opposition is not connected. As a matter of fact, let's just put it on the table: The opposition get access to that information because the stakeholders feel that that's the direction they want to go. They meet with them to say, "Look, we're meeting with the government. We're also going to meet with you to tell you what our needs are, and we're going to push that through you" to us. That's the process that we're going through right now as we speak. Each of the opposition members who has stood up has been able to say—rightfully so—"I've spoken to the association of so-and-so, and I've been speaking to President So-and-so, and they've been telling me that there are some problems with the bill."

Those are the individual examples that we take back in and ask, "Have we not had those conversations?" It is fair game to say, "If we have not had those conversations with those individuals, do we want to have them?" If we have had that consultation, maybe it doesn't fit with what Bill 179 is specifically talking about. It's process to be done, and if it gets done, the amendments can happen. If the amendments don't happen, it's because it doesn't fit in with what our vision is of Bill 179.

Now, that's a little bit of a history lesson of how this process works. But sure as shooting, somebody is going to stand up and say, "Hey, do you know what? He doesn't know what he's talking about. You're not writing a perfect bill. You're wrong. We're right." I think people are out there saying, "Get over it." Let's get to work to see if we can make the best bill we possibly can to provide for the citizens. If it means that we change the profession a little bit or we use the scope of practice that has been made available for us by the colleges that regulate those professions, I say go for it.

Some people are saying, "You haven't gone far enough." It's an evolution. It's fluid. It will continue. There isn't a single bill that has been written in this place that has not had an amendment to bill so-and-so. Those types of things take place all the time. As a matter of fact, when private members' bills come out, an awful lot of people come in with an amendment to the health act or an amendment to the labour act because they are changes that are coming back through the fluid part of what I say governance is all about.

Now, when that completes itself, when that comes to an end, the idea on the committee work is to bring those people in, to the committee work, and sit down and say, "Now, here's the scope of where we want to go. Help us make this and craft it the best we can." At the end of that, we bring it back in here for third reading and final debate, which allows us one more time to provide those arguments, to say whether or not we've written the best possible bill we can. If we can't do that, it simply means that—I will guarantee this. No matter how long anybody sits in this place—and I know the two deans who are in here and have been here the longest, Mr. Bradley and Mr. Sterling, could tell you stories about where a bill started from and where it ended up, and how many times they've been changed over the years. We've found bills that haven't been touched for 90 years in this place. The one bill that I had coverage of, the bill hadn't been touched for 90 years—small little tweaks here and there. The evolution of that piece of legislation needed to take place. I think there was a part of that bill where you had to tie your horse up to the front of the building. I think there's a realism that we have to start talking about here.

**1700**

Now, the discussions we are having? We're headed in the right direction; that's what we've heard. Nobody said anything different. There are some people who have stood up and said, "Do you know what? You didn't go far enough on this area of practice." That's a debate. That's something that needs to be pointed out and that's something that I know the parliamentary assistant is looking forward to and is responding to, even in the two-minuters. He's trying to make sure that people are aware that we're taking those things seriously and listening to you.

The last part to this little discussion I'm having about the particular bill that we're looking at is to make sure that once we have the CHCs and the FHTs structurally ready to go, the citizens of each of those communities, where they exist, are getting the best and the fastest possible service that they can get. It doesn't mean that they're always going to have to see a doctor. That is the wonderful beauty of the thought process that went behind this creation. You don't have to see a doctor, but you need to see a health care provider who may be able to give you advice and, probably and most likely, prevent you from getting worse than you already are. As you present yourself, as you go into a CHC and, indeed, an FHT, you end up learning how to be preventive. So if we want to get together and talk about what we really should be doing in a holistic way—which is part of what Bill 179 does: talk about wellness to keep us out of the hospital in the first place. But then, when we get there, we get the best service that we can and go back into the community and get the rest of the service as follow-up. That's the synopsis I wanted to talk about, and in Bill 179 I can support it 100%.

I look forward to seeing the amendments. I look forward to hearing the debates from the committee, once we go to committee and hear the presentations from the professionals themselves. I also continue to look forward to the opposition providing us with sound, rational reasons why they want to change the bill instead of simply saying, "Well, we did it better than you. You don't know what you're talking about." You know, just listen for it; you're going to hear it: "You guys are awful, you guys are evil, you guys don't know what you're talking about." I've heard that so many times, I think the people out there are getting sick and tired of it, because what they're really saying is, "Do you know what? Get your heads out of the sand, get to work in making this a better province and better health care system for all of us to have a better chance not only us ourselves, but for our kids."

**The Acting Speaker (Mr. Lou Rinaldi):** Questions and comments?

**Mr. Norm Miller:** I'm pleased to have a couple of minutes to add some comments to the speech from the member from Brant. I hate to disappoint him, though. I won't be criticizing things too much. I know he was hoping I was going to criticize, but I would simply say that in principle, the opposition supports this bill. I think it makes sense to expand the scope of practice where it's done with the support of the professions and where it's done in a safe way, obviously. But it provides more opportunity for our citizens to get health care as close to home as possible.

Certainly, I've given the example of my riding of Parry Sound–Muskoka, where we are fortunate to have six different nursing stations, mainly located in rural areas. I can tell you they've been providing great service, primary health care, for those mainly rural, remote communities. I can tell you from having talked to the people who make use of them, they're greatly supportive and find them extremely beneficial. I would say in the case of the model, this would be a good model for other parts of rural and northern Ontario. In the case of Parry Sound–Muskoka, there's a lot of community support: Often, there are cases where the municipalities have purchased buildings to hold the nursing station and provide it support, and it has worked very well.

In terms of Bill 179, certainly it is a bill that needs to go to committee so those various professions that are affected will have an opportunity to make constructive comments on the bill. Hopefully, then, there will be amendments as necessary to improve the bill so that we get the best possible legislation from it.

**The Acting Speaker (Mr. Lou Rinaldi):** Further questions and comments?

**Mr. Paul Miller:** I'd like to make a few comments on the previous speaker's, I guess, bit of a rant. The bottom line was that he mentioned the opposition, calling them "not capable" and saying that they screwed it up. Well, if my memory serves me correctly, it was that government that delisted chiropractic and physiotherapy, and that's why we're in the mess we're in now. I had two chiropractors in my office on Friday complaining about Bill 179. He talks about preventive medicine and he talks about recovery medicine. Even most doctors agree that chiropractic is not the old scenario, where they used to think they were witch doctors. These guys are very, very effective. I personally go to a chiropractor, and he has helped me a lot. So that was interesting. And the history about working with the opposition and having the opposition not criticize them all the time and work with them? Well, that's funny. I've been in several committees on several bills, and I think at last count I had supported 24 Liberal bills, and I don't recall one of ours being supported. I've sat on several committees, and not one of our amendments was accepted by all five Liberal members on four different committees. So I don't know where he gets his facts from. That's interesting, how they work together with us. I don't think so.

I'll be willing to support and work in committee and hopefully—my Bill 6 was a wonderful bill. In fact, there's some talk of it coming back. I don't know. That was a year and a half ago. It had to go through a lot of things to get back to where it is now.

So it's amazing how I've sat and been very frustrated, because when I do go to committee, everything falls on

deaf ears. All of a sudden, they're going to work with us. Well, I'm looking forward to it.

**The Acting Speaker (Mr. Lou Rinaldi):** Further questions and comments?

**Mr. Mike Colle:** The member from Brant knows what it's like to feel the pain of his own constituents and the people who were bludgeoned by the health care cuts a number of years ago. I think that's why at some point he expressed a little frustration. He was here during the reign of terror. He was here during the reign of Duncan Sinclair. I know the new members of the New Democrat Party don't remember Duncan Sinclair and the reign of terror. He was a hand-picked veterinary doctor—nothing against veterinary doctors—put in charge of reshaping the health care system of the largest province, Ontario. He and his henchman, Marc Rochon, decided in the dark of night, behind closed doors, which hospitals were going to close. The member from Vanier remembers. One of the hospitals on the hit list was Montfort. Twenty-eight hospitals, in the dead of night, were closed shut—no committee hearing, no debate, no questioning. Mr. Sinclair, the appointed guardian of the public health care system, came in and decided what the new health care system of Ontario would look like.

I remember in my own riding they closed Northwestern hospital. It was a new hospital with 32 acres that was closed in the middle of the night—no warning, no discussion. Then they said they were going to build a new hospital up the road, at Humber Memorial. This hospital was on eight acres. They were going to tear down all these houses to build this new, wonderful hospital. They never did that. Humber Memorial still sits there on this little site. Northwestern is still closed in my riding.

Duncan Sinclair and the reign of terror: 28 hospitals, emergency rooms, all across this province were closed, with not one word of debate in this House. Mr. Sinclair is the person you should remember.

**The Acting Speaker (Mr. Lou Rinaldi):** Further questions or comments? If there are none, then the member for Brant has up to two minutes to respond.

**Mr. Dave Levac:** Let me start by saying thank you to the members from Parry Sound–Muskoka, Hamilton East–Stoney Creek and Eglinton–Lawrence.

Starting with the member from Parry Sound–Muskoka, I hope you didn't take personal offence, but it doesn't always come from every single member. It comes from some members who, for some reason, believe that the attack mode is the only way to get things done around here.

To the member from Hamilton East–Stoney Creek, two things: Number one, you're not on one of my committees that I rode the bill through, so it's unfortunate you had that experience. It also depends on the amendment you offer. If you want to talk about private members' bills, those are two different animals, so I hope you know the distinction between the two.

The member from Eglinton–Lawrence—I appreciate the fact that he felt my pain. They closed one of the hospitals in my riding, and 35,000 people signed a petition saying that they should keep it open and that as a matter of fact they would be willing to negotiate working together with both hospitals to see where they could go, but he said, "No way." So I have to tell you, yes, you did feel my pain, and my riding was very hurt by that.

But I would say that it's time for us to move on, and when we say "moving on," I'm getting to the point where I'm saying that if we are capable of moving in the direction we have with the economic stimulus that we're doing, we can do the same thing in health care. We've got the federal government, the municipal governments and the provincial governments all working together because we've recognized a problem and we're trying to work our way out of it. Are there glitches along the way? Yes. Let's identify them, try to fix them and move forward. But in the meantime, let's not stop and do nothing. I could quote people from the opposition on comments they've made in the media that say that this is the right direction. That's exactly what we're talking about.

My compliments go to the people behind the scenes who have been working very hard to try to make our system the best place that it can be. Quite frankly, no matter how many warts you think we've got, we're still the best health care system in the bloody world.

**The Acting Speaker (Mr. Lou Rinaldi):** Further debate? I hear none.

Mr. Balkissoon has moved second reading of Bill 179. Is it the pleasure of the House that the motion carry? Carried.

*Second reading agreed to.*

**The Acting Speaker (Mr. Lou Rinaldi):** Shall the bill be ordered for third reading?

**Mr. Bas Balkissoon:** I would ask that the bill be referred to the Standing Committee on Social Policy.

**The Acting Speaker (Mr. Lou Rinaldi):** So ordered.

Orders of the day.

**Hon. Monique M. Smith:** I move adjournment of the House.

**The Acting Speaker (Mr. Lou Rinaldi):** Is it the pleasure of the House that the motion carry? Carried.

This House is adjourned until 9 o'clock tomorrow morning.

*The House adjourned at 1713.*

**LEGISLATIVE ASSEMBLY OF ONTARIO**
**ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO**

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Speaker / Président: Hon. / L'hon. Steve Peters
Clerk / Greffière: Deborah Deller
Clerks-at-the-Table / Greffiers parlementaires: Todd Decker, Lisa Freedman, Tonia Grannum
Sergeant-at-Arms / Sergent d'armes: Dennis Clark

| Member and Party / Député(e) et parti | Constituency / Circonscription | Other responsibilities / Autres responsabilités |
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| Albanese, Laura (LIB) | York South–Weston / York-Sud–Weston | |
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| Barrett, Toby (PC) | Haldimand–Norfolk | |
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| Berardinetti, Lorenzo (LIB) | Scarborough Southwest / Scarborough-Sud-Ouest | |
| **Best, Hon. / L'hon. Margarett R. (LIB)** | Scarborough–Guildwood | Minister of Health Promotion / Ministre de la Promotion de la santé |
| Bisson, Gilles (NDP) | Timmins–James Bay / Timmins–Baie James | |
| **Bradley, Hon. / L'hon. James J. (LIB)** | St. Catharines | Minister of Transportation / Ministre des Transports |
| Broten, Laurel C. (LIB) | Etobicoke–Lakeshore | |
| Brown, Michael A. (LIB) | Algoma–Manitoulin | |
| Brownell, Jim (LIB) | Stormont–Dundas–South Glengarry | |
| Bryant, Michael (LIB) | St. Paul's | |
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| **Chan, Hon. / L'hon. Michael (LIB)** | Markham–Unionville | Minister of Citizenship and Immigration / Ministre des Affaires civiques et de l'Immigration |
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| Colle, Mike (LIB) | Eglinton–Lawrence | |
| Craitor, Kim (LIB) | Niagara Falls | |
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| Delaney, Bob (LIB) | Mississauga–Streetsville | |
| Dhillon, Vic (LIB) | Brampton West / Brampton-Ouest | |
| Dickson, Joe (LIB) | Ajax–Pickering | |
| **DiNovo, Cheri (NDP)** | Parkdale–High Park | Third Deputy Chair of the Committee of the Whole House / Troisième vice-présidente du Comité plénier de l'Assemblée législative |
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| Dunlop, Garfield (PC) | Simcoe North / Simcoe-Nord | |

| Member and Party / Député(e) et parti | Constituency / Circonscription | Other responsibilities / Autres responsabilités |
|---|---|---|
| Elliott, Christine (PC) | Whitby–Oshawa | |
| Flynn, Kevin Daniel (LIB) | Oakville | |
| **Fonseca, Hon. / L'hon. Peter (LIB)** | Mississauga East–Cooksville / Mississauga-Est–Cooksville | Minister of Labour / Ministre du Travail |
| Gélinas, France (NDP) | Nickel Belt | |
| **Gerretsen, Hon. / L'hon. John (LIB)** | Kingston and the Islands / Kingston et les Îles | Minister of the Environment / Ministre de l'Environnement |
| **Gravelle, Hon. / L'hon. Michael (LIB)** | Thunder Bay–Superior North / Thunder Bay–Superior-Nord | Minister of Northern Development and Mines / Ministre du Développement du Nord et des Mines |
| Hampton, Howard (NDP) | Kenora–Rainy River | |
| Hardeman, Ernie (PC) | Oxford | Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle |
| Hillier, Randy (PC) | Lanark–Frontenac–Lennox and Addington | |
| Horwath, Andrea (NDP) | Hamilton Centre / Hamilton-Centre | Leader, Recognized Party / Chef de parti reconnu<br>Leader, New Democratic Party of Ontario / Chef du Nouveau parti démocratique de l'Ontario |
| Hoy, Pat (LIB) | Chatham–Kent–Essex | |
| Hudak, Tim (PC) | Niagara West–Glanbrook / Niagara-Ouest–Glanbrook | |
| Jaczek, Helena (LIB) | Oak Ridges–Markham | |
| Jeffrey, Linda (LIB) | Brampton–Springdale | |
| Johnson, Rick (LIB) | Haliburton–Kawartha Lakes–Brock | |
| Jones, Sylvia (PC) | Dufferin–Caledon | |
| Klees, Frank (PC) | Newmarket–Aurora | |
| Kormos, Peter (NDP) | Welland | Third Party House Leader / Leader parlementaire de parti reconnu |
| Kular, Kuldip (LIB) | Bramalea–Gore–Malton | |
| Kwinter, Monte (LIB) | York Centre / York-Centre | |
| Lalonde, Jean-Marc (LIB) | Glengarry–Prescott–Russell | |
| Leal, Jeff (LIB) | Peterborough | |
| Levac, Dave (LIB) | Brant | |
| MacLeod, Lisa (PC) | Nepean–Carleton | |
| Mangat, Amrit (LIB) | Mississauga–Brampton South / Mississauga–Brampton-Sud | |
| Marchese, Rosario (NDP) | Trinity–Spadina | |
| Martiniuk, Gerry (PC) | Cambridge | |
| **Matthews, Hon. / L'hon. Deborah (LIB)** | London North Centre / London-Centre-Nord | Minister of Children and Youth Services / Ministre des Services à l'enfance et à la jeunesse<br>Minister Responsible for Women's Issues / Ministre déléguée à la Condition féminine |
| Mauro, Bill (LIB) | Thunder Bay–Atikokan | |
| **McGuinty, Hon. / L'hon. Dalton (LIB)** | Ottawa South / Ottawa-Sud | Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales<br>Premier / Premier ministre<br>Leader, Liberal Party of Ontario / Chef du Parti libéral de l'Ontario |
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| McNeely, Phil (LIB) | Ottawa–Orléans | |
| **Meilleur, Hon. / L'hon. Madeleine (LIB)** | Ottawa–Vanier | Minister of Community and Social Services / Ministre des Services sociaux et communautaires<br>Minister Responsible for Francophone Affairs / Ministre déléguée aux Affaires francophones |
| Miller, Norm (PC) | Parry Sound–Muskoka | |
| Miller, Paul (NDP) | Hamilton East–Stoney Creek / Hamilton-Est–Stoney Creek | |
| **Milloy, Hon. / L'hon. John (LIB)** | Kitchener Centre / Kitchener-Centre | Minister of Training, Colleges and Universities / Ministre de la Formation et des Collèges et Universités |
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| Moridi, Reza (LIB) | Richmond Hill | |
| Munro, Julia (PC) | York–Simcoe | |
| Murdoch, Bill (PC) | Bruce–Grey–Owen Sound | |
| Naqvi, Yasir (LIB) | Ottawa Centre / Ottawa-Centre | |
| O'Toole, John (PC) | Durham | |

| Member and Party / Député(e) et parti | Constituency / Circonscription | Other responsibilities / Autres responsabilités |
|---|---|---|
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| Ouellette, Jerry J. (PC) | Oshawa | |
| Pendergast, Leeanna (LIB) | Kitchener–Conestoga | |
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| Qaadri, Shafiq (LIB) | Etobicoke North / Etobicoke-Nord | |
| Ramal, Khalil (LIB) | London–Fanshawe | |
| Ramsay, David (LIB) | Timiskaming–Cochrane | |
| Rinaldi, Lou (LIB) | Northumberland–Quinte West | |
| Runciman, Robert W. (PC) | Leeds–Grenville | Leader, Official Opposition / Chef de l'opposition officielle |
| Ruprecht, Tony (LIB) | Davenport | |
| Sandals, Liz (LIB) | Guelph | |
| Savoline, Joyce (PC) | Burlington | |
| Sergio, Mario (LIB) | York West / York-Ouest | |
| Shurman, Peter (PC) | Thornhill | |
| **Smith, Hon. / L'hon. Monique M. (LIB)** | Nipissing | Minister of Tourism / Ministre du Tourisme<br>Government House Leader / Leader parlementaire du gouvernement |
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| Sorbara, Greg (LIB) | Vaughan | |
| Sousa, Charles (LIB) | Mississauga South / Mississauga-Sud | |
| Sterling, Norman W. (PC) | Carleton–Mississippi Mills | |
| Tabuns, Peter (NDP) | Toronto–Danforth | Deputy Third Party House Leader / Leader parlementaire adjoint de parti reconnu |
| **Takhar, Hon. / L'hon. Harinder S. (LIB)** | Mississauga–Erindale | Minister of Small Business and Consumer Services / Ministre des Petites Entreprises et des Services aux consommateurs |
| Van Bommel, Maria (LIB) | Lambton–Kent–Middlesex | |
| **Watson, Hon. / L'hon. Jim (LIB)** | Ottawa West–Nepean / Ottawa-Ouest–Nepean | Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement |
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| Yakabuski, John (PC) | Renfrew–Nipissing–Pembroke | |
| Zimmer, David (LIB) | Willowdale | |

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Gilles Bisson, Bob Delaney
Garfield Dunlop, Kevin Daniel Flynn
Tim Hudak, Amrit Mangat
Phil McNeely, Yasir Naqvi
John O'Toole
Committee Clerk / Greffière: Sylwia Przezdziecki

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Wayne Arthurs, Toby Barrett
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Vice-Chair / Vice-président: Jim Brownell
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Linda Jeffrey, Kuldip Kular
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Liz Sandals
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Vice-Chair / Vice-président: Jeff Leal
Lorenzo Berardinetti, Christine Elliott
Peter Kormos, Jeff Leal
Dave Levac, Reza Moridi
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Kevin Daniel Flynn, Sylvia Jones
Norm Miller, Mario Sergio
Peter Tabuns
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Vice-Chair / Vice-président: Jerry J. Ouellette
Laura Albanese, France Gélinas
Ernie Hardeman, Phil McNeely
Jerry J. Ouellette, Liz Sandals
Norman W. Sterling, Maria Van Bommel
David Zimmer
Committee Clerk / Greffier: Katch Koch

**Standing Committee on Regulations and Private Bills / Comité permanent des règlements et des projets de loi d'intérêt privé**

Chair / Président: Michael Prue
Vice-Chair / Vice-président: Paul Miller
Bas Balkissoon, Mike Colle
Rick Johnson, Gerry Martiniuk
Paul Miller, Bill Murdoch
Michael Prue, Tony Ruprecht
Mario Sergio
Committee Clerk / Greffière: Sylwia Przezdziecki

**Standing Committee on Social Policy / Comité permanent de la politique sociale**

Chair / Président: Shafiq Qaadri
Vice-Chair / Vice-président: Vic Dhillon
Laurel C. Broten, Kim Craitor
Vic Dhillon, Cheri DiNovo
Helena Jaczek, Shafiq Qaadri
Khalil Ramal, Peter Shurman
Elizabeth Witmer
Committee Clerk / Greffier: Katch Koch

**Select Committee on Elections / Comité spécial des élections**

Chair / Président: Greg Sorbara
Howard Hampton, Greg Sorbara
Norman W. Sterling, David Zimmer
Committee Clerk / Greffier: Trevor Day

**Select Committee on Mental Health and Addictions / Comité spécial de la santé mentale et des dépendances**

Chair / Président: Kevin Daniel Flynn
Vice-Chair / Vice-présidente: Christine Elliott
Bas Balkissoon, Christine Elliott
Kevin Daniel Flynn, France Gélinas
Helena Jaczek, Sylvia Jones
Jeff Leal, Liz Sandals
Maria Van Bommel
Committee Clerk / Greffière: Susan Sourial

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