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**Official Report
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(Hansard)**

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(Hansard)**

SP-14

**Standing Committee on
Social Policy**

The People's Health Care
Act, 2019

1st Session
42nd Parliament

Tuesday 9 April 2019

**Comité permanent de
la politique sociale**

Loi de 2019 sur les soins
de santé pour la population

1^{re} session
42^e législature

Mardi 9 avril 2019

Chair: Nina Tangri
Clerk: Eric Rennie

Présidente : Nina Tangri
Greffier : Eric Rennie

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
SOCIAL POLICY**

**COMITÉ PERMANENT DE
LA POLITIQUE SOCIALE**

Tuesday 9 April 2019

Mardi 9 avril 2019

The committee met at 0900 in room 151.

**THE PEOPLE'S HEALTH CARE
ACT, 2019**

**LOI DE 2019 SUR LES SOINS DE SANTÉ
POUR LA POPULATION**

Consideration of the following bill:

Bill 74, An Act concerning the provision of health care, continuing Ontario Health and making consequential and related amendments and repeals / Projet de loi 74, Loi concernant la prestation de soins de santé, la prorogation de Santé Ontario, l'ajout de modifications corrélatives et connexes et des abrogations.

The Chair (Mrs. Nina Tangri): Good morning. We are assembled for clause-by-clause consideration of Bill 74, An Act concerning the provision of health care, continuing Ontario Health and making consequential and related amendments and repeals.

Ralph Armstrong from legislative counsel is here to assist us with our work, should we have any questions for him.

When we adjourned yesterday evening, we were considering Mr. Fraser's amendment to section 48 of schedule 1 to the bill, which is on page 72 of your amendment package.

A recess having been requested pursuant to standing order 129(a) when we adjourned yesterday, I must now immediately put the question on Mr. Fraser's proposed amendment without any further comments or debate.

Prior to beginning, should any recorded votes be requested, please let me know.

Mr. John Fraser: Recorded vote.

The Chair (Mrs. Nina Tangri): Madame Gélinas?

M^{me} France Gélinas: Can I let you know now that I want a recorded vote on all of our motions as well as the notices?

The Chair (Mrs. Nina Tangri): That's fine; noted.

Motion 72: Mr. Fraser has moved section 48 of schedule 1 to the bill.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Bouma, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

Any further debate on section 48? Madame Gélinas?

M^{me} France Gélinas: Section 48 is the part of the bill that deals with regulations and—more specifically, “the Lieutenant Governor in Council may make regulations.” For reasons unknown, the government saw fit to withdraw from this section that the Lieutenant Governor in Council may make regulations regarding engagement mechanisms. To me, this is a grave error.

There hasn't been much community engagement at all regarding this bill. This bill will have a profound impact on our health care system. Every opportunity for engagement should be sought. Health care is one of the most important programs that the provincial government provides, which means that for many, many Ontarians, the most important relationship to their government is when they gain access to health care.

I think we should really look at what has been done with this bill. There has not been much engagement at all. We've asked for deputations to be extended. Last night, all of us were willing to sit till 8 o'clock. Last week, when we had deputations, at 6 o'clock we cut people off who never even got a chance to have a question and answer to them because we had to be finished. We limited it to 30 people, although 1,594 people asked to make deputations. We got over 19,413 pieces of paper, letters, sent to us from those who wanted us to look at their point of view, and we never had the time to do this.

Here we are in section 48 that looks at the regulations, and the one and only part that we have taken away in that section is the part that has to do with engagement mechanisms. I want the government side to think about this long and hard. If you want this to be successful, people have to be able to be heard, to see how it's going to be positive to them. To be told that it's going to be positive is very different than to be engaged in the process, to see the difference and to hope for an end goal that makes sense to your community. When there are limited—as it is—parts of this bill that allow us to focus on engagement mechanisms, then I don't see why we're taking them out.

The Chair (Mrs. Nina Tangri): Further debate? Ms. Armstrong?

Ms. Teresa J. Armstrong: Yes, I would like to make some comments on this particular section, Chair. This government seems to be limiting the consultation, limiting

the input, of this bill. Taking out the Lieutenant Governor's opportunity to make regulations again shows the limitations that this government is willing to impose on public consultation, on someone else's authority when it comes to expertise and experience.

When we're discussing creation of legislation, we are all here representing our constituents. I don't think it behooves anyone to limit the input that can make a bill so much better. As leaders in our community and representing the voices of people we have been elected to represent, it is our duty and obligation to keep an open mind. Even though we may have an opinion about something, we have to keep an open mind. That's truly someone who is representing everyone that voted for you. I know when I'm in my constituency office and someone comes in for help and says, "Well, I voted for you," I'm like, "But that doesn't matter, I am here to represent everyone, whether they voted for me or not."

When we have this kind of makeup and design of a bill and we don't open our minds to other people's opinions, then we're going down a very slippery slope by creating legislation that's not what we think it's going to be. Even though we may have been convinced otherwise, you have to be free-thinking and have an open mind. Even if in the end you come to the decision that the Lieutenant Governor shouldn't make regulations—the process that's been happening hasn't been that way. It hasn't been described that way, it hasn't been utilized that way.

I have to tell you, it's concerning to me. It's concerning to me in a working relationship, it's concerning to me in how we represent the people that put confidence in us. You can't shut out people who you think didn't vote for you or you think have a difference of opinion because you believe you're right. That is not a leadership quality that people expect. We've had many examples, such as in New Zealand, where the Prime Minister there opened her mind to what was happening in that horrific act.

I think the government side, whether they're on this committee or in the Legislature or in their constituency office, have to remember that they represent all the people in their constituency. For us not to take consideration when we're looking at a system of presenting at committee, when we have over 1,500 people asking for us to hear their voices and reducing it and chopping it down to 30 presentations, I have to tell you it's remarkably strange. It's remarkably strange to me that that's okay, that that's how leadership wants to operate. Then we have, as France mentioned, I think, 19,000 pieces of paper; that's a lot of voices that we are not opening our minds to, that we are shutting out, shutting off.

When we talk about officers of this Legislature, we have to give them some kind of respect for the professionalism that they bring to the table. A lot of us here—I was elected in 2011; I'm still learning every day. I certainly don't profess to shut out an expert's opinion.

Mrs. Robin Martin: Madam Chair, on a point of order.

Ms. Teresa J. Armstrong: I will wrap up, if that's what the member is asking me to do, but I don't think taking out the regulations—

The Chair (Mrs. Nina Tangri): We have a point of order. One moment.

Mrs. Robin Martin: I think we're not talking about the matter under discussion, pursuant to section 23 of the standing orders. We're also straying into false motives etc. unavowed motives that she's attributing to us. I think we should get on and focus on the matter at hand.

0910

The Chair (Mrs. Nina Tangri): Point taken. Please speak to the schedule at hand, and please wrap up.

Ms. Teresa J. Armstrong: There are no false motives. That's my belief of what I feel I am as a leader—okay? There are no false motives.

The Chair (Mrs. Nina Tangri): Mr. Fraser.

Mr. John Fraser: I wanted to throw in there that I think what Teresa is saying is that this bill is moving at lightning speed and the protections that should be in there for all of our communities aren't there. She's expressing that, and I don't think it's a violation of section 23. I think she's just taking her right, as any one of us would, as you would on this side of the table and the other side of the table. I think we have to respect that. It's an important point that she's making.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Mamakwa.

Mr. Sol Mamakwa: When we talk about regulations—section 48 talks about health service providers. Not just in committee, but also in the House, I always talk about provision of health services that goes—in my communities, Health Canada is the health care service provider. How are we going to deal with the jurisdictional ambiguity that exists within our communities? For example, the services that exist are physician services, Ornge for medevacs—I stipulated how many medevacs there are in the fly-in communities—and also MTO. MTO airports play a critical role. They're a service provider. I told you about some of the stories that have happened in our communities with respect to those services. Three years ago, there was a young man who lit himself on fire in a community, and Ornge couldn't land.

So when we talk about health service providers—when Health Canada, a health service provider, is trying to provide that service, how are you going to deal with that? How are you going to talk to the First Nations that are on-reserve? How are you going to talk to the mental health professionals who go into the communities?

For example, when we talk about engagement, how do we ensure that the Corporations Information Act—how are you going to deal with the federal side of those acts? These are all provincial, and that's one of the things that we have to consider. Meegwetch.

The Chair (Mrs. Nina Tangri): I'm going to call the question.

Shall schedule 1, section 48, as amended, carry?

Ayes

Bouma, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, section 48, carried.

Moving on to schedule 1, section 49: Further debate?

Mrs. Robin Martin: Can I ask that we bundle the next three as a block because we have no notices on any of them?

The Chair (Mrs. Nina Tangri): Are we all in agreeance to—

M^{me} France Gélinas: If we could do 49—then the other two; okay.

The Chair (Mrs. Nina Tangri): In agreeance? So we'll begin with schedule 1, section 49.

Further debate? Madame Gélinas.

M^{me} France Gélinas: I just wanted to put on the record that this part of the bill deals with an amendment to the act—we've mentioned many times that over 19,000 took the time to write to us. They had concerns about increasing the role of the private sector in the delivery of care. They had concerns that the bill will result in services requiring a fee or becoming unaffordable. They had concerns that it may lead to outsourcing, delisting of services or forced mergers. They had concerns about cuts to services. They requested that it include statements relating to the principles of the Canada Health Act. Those 19,000 people had a desire to see more citizen input into health care decisions, including at Ontario Health. They had concerns that regions will have less input into centralized decision-making processes. They had a desire to see an appeal process added to the legislation. They wanted to give support for public health care as a Canadian value. They had skepticism that changes will result in cost savings. They had a desire to see more investment in health care; for example, more medical professionals. They had a desire for more time for consultation and/or research on the bill, and a desire to see the bill withdrawn or significantly revised.

Many individuals also asked that Cancer Care Ontario and the Trillium Gift of Life not be rolled into Ontario Health. I wanted to read this on the record. We are in a part of the bill that allows us to look at the amendments to the act. We never had an opportunity to listen to all of those people who wrote in, and this is the summary that—is it Hansard that does the summary, or research?

The Clerk of the Committee (Mr. Eric Rennie): Research.

M^{me} France Gélinas: Okay. This is the summary that was done by the research officers of the legislative library and research services. It highlighted the points that were in the written submissions from individuals.

Throughout the debates on the different parts of this bill, not once did any member of the government speak; not once did any member of the government acknowledge that a lot of people had tried to be heard. The only mention of them was rather negative, but those are real people in Ontario who use our health care system and have worries.

They have taken the time to write to us with their worries, and this is the summary of the worries that individuals had brought forward. I wanted to make sure that they were on the record.

You still have about 10 amendments that you get to speak to, that you get to go through. I'm opening the door and putting out the olive branch that you give them a reason to be hopeful as we go through the parts of the bill that deal with amendments. Let them know that you value their input, that you value the fact that they are interested in our health care system.

I can tell you that I spent a lot of time going through them, and all of the people who wrote to us signed their names. They all give us their postal codes. We know where they come from. We know who they are. I recognize two of the names. The rest of the people I don't know, but I know that they come from every part of Ontario. Whether you look all the way down to Windsor to Hamilton to Niagara Falls to Cornwall to eastern Ontario, all the way up to—the furthest one I saw was from Weeneebayko, but many from the northeast, and Thunder Bay and Kenora.

From every part of the province, some people have taken the time to write, but for most of the 14 million people, this process went too fast and they never had a chance to be heard. But they will live with the consequences. I just wanted to put their words on the record.

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question.

Shall schedule 1, section 49, carry?

Ayes

Bouma, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Armstrong, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): Schedule 1, section 49, is carried.

Moving on to—and we will do them together—schedule 1, section 50, and schedule 1, section 51: Further debate? I'll call the question.

Shall schedule 1, section 50 and section 51, carry?

Ayes

Bouma, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

0920

The Chair (Mrs. Nina Tangri): Those opposed? Carried.

Moving to schedule 1 on the preamble: Mr. Fraser?

Mr. John Fraser: I just wanted a clarification: Do I have to seek unanimous consent to open this up, or is this just a matter of course?

The Chair (Mrs. Nina Tangri): Because it is in there, you do have to move the motion.

Mr. John Fraser: Okay, I'll move it. I understand. Thank you.

The Chair (Mrs. Nina Tangri): Go ahead, Mr. Fraser.

Mr. John Fraser: I move that the preamble to schedule 1 to the bill be amended by striking out the second-to-last paragraph and substituting the following:

“Acknowledge that the public health system should recognize the diversity within all of Ontario’s communities;

“Respect the requirements of the French Language Services Act and recognize the role of Ontario’s French-speaking community in the planning, design, delivery and evaluation of health services; and”

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser?

Mr. John Fraser: I think this is pretty straightforward. It’s what we’ve been debating in this bill. It belongs in the preamble. I think it’s important. It’s an important message to send to communities: that we respect them. I think it should be included in the preamble, and that’s why I’ve written it this way.

I know that we have another amendment being put forward, which I am looking at and trying to sort out which one I think is the best. But I’d welcome any debate from the other side, or on this side as well too—as to whether there’s an openness to open up the preamble and insert those things that we believe are important.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas?

M^{me} France Gélinas: I would like to ask legislative counsel Mr. Armstrong to clarify for us the difference in putting words in the preamble versus putting the same requirement into the bill.

The Chair (Mrs. Nina Tangri): Mr. Armstrong?

Mr. Ralph Armstrong: The preamble forms part of the bill, but it’s not what we call a “substantive provision.” In substantive provisions, you look directly to them and they give a direction. In the preamble, they would be used to interpret the bill, to understand what its purposes were, how one is to look at it and what the motivations were.

When you would refer to the preamble, it would probably be in cases of doubt, which does happen.

Once upon a time, preambles were very common; over the history of the law, they became less so. Even in the course of my career, I’ve noticed a tendency for them to make somewhat of a comeback because their utility as an interpretive tool has increased. But like any interpretive tool, they would only come up in a case of doubt—probably not so much when something seems plain on its face.

Am I addressing the question, ma’am?

M^{me} France Gélinas: Yes.

The Chair (Mrs. Nina Tangri): Madame Gélinas?

M^{me} France Gélinas: Just to follow up, the bill doesn’t talk about “recognize the diversity within all of Ontario’s communities,” but if we vote for this, the preamble would say, “Acknowledge that the public health system should

recognize the diversity within all of Ontario’s communities.” We have tried, at many opportunities, to put amendments to have diversity included in the bill, but they were all voted down. If diversity is not included in the bill, and it’s included in the preamble—am I thinking it right that if it doesn’t need to be clarified within the bill then the preamble is not that useful?

The Chair (Mrs. Nina Tangri): Mr. Armstrong?

Mr. Ralph Armstrong: I do believe that there is some provision that speaks to diversity, but if I can just leave it as a general question—

M^{me} France Gélinas: Sure.

Mr. Ralph Armstrong: Referring to the preamble is much the same as any tool of statutory interpretation. It comes up when you need to refer to the tool.

If I can abstract this a bit, with permission—because I find that sometimes more useful than getting into the contents of the bill which everyone’s engaged in. Suppose there was a bill about using firearms to commit crimes and it prohibited using guns, and somebody robbed a store with a shotgun. I don’t think anybody would ever look at the preamble, because, hey—shotgun. Suppose it was a pellet gun, and you go, “Well, is a pellet gun really a gun?” And suppose the preamble had said, “Recognizing the dangers presented by weapons, including toy weapons, air guns and similar,” then you’d go, “Uh huh.”

Am I making the least amount of sense? Sometimes people say I don’t.

M^{me} France Gélinas: Yes.

The Chair (Mrs. Nina Tangri): Mr. Fraser?

Mr. John Fraser: I’ll just wind this up. This is how I understand it. I think you’ve explained it fairly clearly. To me, it’s an interpretive tool that can be used, and that not having that tool there—that will not be something that’s available to people when they’re interpreting that legislation and the intent of that legislation if it’s needed, right? It may never be needed, but if it’s needed and it’s not there, then they will not have a tool to apply those principles.

Mr. Ralph Armstrong: If it’s not there, you can’t look at it.

Mr. John Fraser: Okay, thank you.

The Chair (Mrs. Nina Tangri): Further debate?

Mr. John Fraser: I know this is not in order, but I’m looking at both of these preambles here right now. I put this preamble forward. I look at the second piece in the preamble and I say to myself, “Which one do we think is better?”, which we will figure out, I guess, at the next vote.

So I’m a little torn here right now. Can I withdraw right now, or is it too late in the game?

The Chair (Mrs. Nina Tangri): You’ve already moved it.

Mr. John Fraser: I’ve already moved it. Okay.

The Chair (Mrs. Nina Tangri): But you can withdraw with unanimous consent of the committee.

M^{me} France Gélinas: So you would like to withdraw because you want us to deal with 74?

Mr. John Fraser: I think that 74 has a bit more in it and, as a tool, I think it will be a stronger tool. When I look at that in consideration I’d love to pass the amendment, but

I think 74 adds some more that's not included in my amendment. So I'd like to ask for unanimous consent to withdraw.

The Chair (Mrs. Nina Tangri): I'll pose the question. Do we all agree to withdraw?

Interjection: Agreed.

The Chair (Mrs. Nina Tangri): Thank you. So we'll move on to 74, the preamble to schedule 1 to the bill. Mrs. Martin.

Mrs. Robin Martin: I move that the preamble to schedule 1 to the bill be amended by striking out the second-to-last paragraph and substituting the following:

"Believe that the public health care system should be guided by a commitment to equity and to the promotion of equitable health outcomes;

"Acknowledge that the public health care system should recognize the diversity within all of Ontario's communities and respect the requirements of the French Language Services Act in the planning, design, delivery and evaluation of health care services for Ontario's French-speaking communities; and"

The Chair (Mrs. Nina Tangri): Further debate? Mrs. Martin.

Mrs. Robin Martin: We're recommending voting for this motion for the reasons we've just discussed. These changes make clear the government's commitment to health equity in our publicly funded system, and the amendment will reinforce our commitment to French-speaking Ontarians by specifying exactly how the French Language Services Act should be respected in the health care system. We have had a couple of motions where it's also been included, but this is another way of signalling that. We've heard from several stakeholders on this issue, and we believe health equity is important to the patient-centred system that we're developing.

The Chair (Mrs. Nina Tangri): Mr. Fraser?

Mr. John Fraser: I will be supporting this motion. I withdrew my motion because I think the commitment to equity and equitable health outcomes is important to have as an interpretive tool if ever needed. I do want to go on to say, though, that it is a preamble, and there were opportunities to do this in the bill that would have made the bill stronger. We should have taken those opportunities. We should also have taken the opportunities to protect communities, if I can say that right now.

0930

But despite all those things, and the shortcomings that are there, to not support this, I think, would not be the right thing to do. That's why I'm supporting it.

The Chair (Mrs. Nina Tangri): Thank you very much. Madame Gélinas.

M^{me} France Gélinas: Just a little comment: We have interpretation in here, and when people speak really, really fast, the good people who work for interpretation have a really tough time. I just thought I would put it out there. You use that information as you see fit.

You will remember that we wanted some change to the preamble. We wanted change that dealt with ensuring that Ontario's health system is managed, funded and delivered

to support patient care in a manner that aligns with the principles of the Canada Health Act.

We wanted to ensure that the minister, the agency, the integrated care delivery system, the health service providers and any other person or entity that has a role in managing funding and delivering health care do not profit from not-for-profit, for the health and well-being of Ontarians, and that they would carry out their responsibilities with the aim of ensuring that patient care is adequately funded and delivered.

We wanted to ensure that the minister, the agency and the Ontario government do not remove or reduce funding of health services from within a community.

We wanted to ensure that the minister, the agency and the Ontario government are transparent in their administration and the funding of Ontario's health system.

We wanted to ensure and recognize the important role that the people of Ontario play in the planning, design, delivery and evaluation of Ontario's health system.

We wanted to ensure that the minister, the agency and the Ontario government administer Ontario's health system in a manner that promotes transparency, compassion and equity; that promotes the delivery of public health care services by public and not-for-profit organizations; and that protects against the expansion of private, for-profit delivery of care.

We wanted to ensure that no person who is a patient of Ontario is required to pay to access their personal health records.

We wanted respect of the requirements of the French Language Services Act and recognition of the role of the Ontario French-speaking community in the planning, design, delivery and evaluation of health services.

We wanted to promote health standards that are based on the principle that health is the highest attainable state of physical, mental and social well-being, including the ability to adapt and self-manage in the face of social, physical and emotional challenges, and to ensure that the people of Ontario have a right to be involved meaningfully in decision-making with respect to Ontario's health system, and to be notified of any relevant decisions made by the Ontario government with respect to Ontario's health system.

We pushed really hard to have the minister comply with the principles of public administration, comprehensiveness, universality, portability and accessibility as provided in the Canada Health Act, and supported the prohibition of two-tier medicine, extra billing or user fees, to continue to be in accordance with the Canada Health Act.

We wanted to bring certainty that our health care insurance plan in Ontario would be administered and operated on a not-for-profit basis in a public authority appointed or designated by the government of Ontario, and that the public authority would be responsible to the Ontario government for that administration and operation.

We wanted the public authority to be subject to audit of its accounts and financial transactions by such authority as is charged by law with the audit of the accounts of Ontario.

We wanted our provincial health system—that the minister create a plan that is based on the principles of equity, compassion, and public, not-for-profit delivery of care that sets standards and benchmarks to meet the health care needs of Ontario’s population.

We wanted to make sure, if there was to be a transfer of all or part of a service to a person or entity, that the transfer of all or parts to an integrated care system—that the Public Sector Labour Relations Transition Act and the Labour Relations Act were respected.

Those are the types of changes that we would have liked to see in the bill and see in the preamble. None of those changes were accepted.

The preamble will be better with the changing of one part. Changing “Acknowledge that the public health system should recognize the diversity within all of Ontario’s communities and respect the requirements of the French Language Services Act in serving Ontario’s French-speaking community” to “Acknowledge that the public health care system should recognize the diversity within all of Ontario’s communities and respect the requirements of the French Language Services Act in the planning, design, delivery and evaluation of health care services for Ontario’s French-speaking communities”—it’s a bit better. But the preamble could have set the tone for way more, as counsel Mr. Armstrong explained to us this morning.

The Chair (Mrs. Nina Tangri): Further debate? I’ll call the question.

The preamble to schedule 1, page 74.

Ayes

Armstrong, Bouma, Fraser, Gélinas, Karahalios, Kusendova, Mamakwa, Martin, Sabawy, Dave Smith.

The Chair (Mrs. Nina Tangri): Carried.

Any further debate on the preamble to schedule 1? Ms. Armstrong.

Ms. Teresa J. Armstrong: It’s good to see that the government is taking some small initiative in the preamble to look at equity. However, there have been so many amendments around equity—that we could strengthen in the legislation. So although the intent is there, I think the public and—most people, with how they’ve seen some of the ways the patterns of behaviour have rolled out in legislation, are just looking for guarantees of equity in health care. I don’t think that’s a lot to ask when we’re talking about access to health care. I think it’s a fundamental right of everyone who needs health care that there is that equitable piece, so that they’re not left behind. So at least that is something that we’re getting. But it’s certainly not legislation where it’s a requirement that they have to make sure people have access to health care—when it comes to equity.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Mamakwa.

Mr. Sol Mamakwa: Again, in my riding there are a lot of First Nations communities, and because we’re on-

reserve, First Nations communities fall into this jurisdictional thing. There’s mention of Indigenous peoples within the preamble, when we talk about planning, when we talk about design, when we talk about delivery and evaluation of health services. That’s very minimal—just to say those words, even in the preamble. I think we have to move further than that, as a provincial government.

We are part of Ontario, and this is 2019, and just because we are brown, just because we are on-reserve, we should not be treated differently. We are human beings, as well. I say that because it talks about equity, as well, in the preamble. When we talk about equitable services, access to health services, that does not exist. For example, Health Quality Ontario: Within their mission, within their vision, they talk about equity for access to health services for all Ontarians. That is not true at all.

When we talk about the example of vision services, optometrists—the optometrist in my home community comes twice a year for a week. Those are our vision services. Dental services: four times a year. When you have a toothache, you have to fly out. A return ticket to Sioux Lookout is \$400 return, which is a 50-minute flight.

0940
When we talk about equality within Ontario, as First Nations people, as Indigenous peoples, that does not exist. All I’m saying is, this is not enough. We have to put more resources, more wording into the provision of health care services for Indigenous peoples. I just wanted to share those thoughts.

The Chair (Mrs. Nina Tangri): Further debate? I’ll call the question.

Shall the preamble to schedule 1, as amended, carry?

Ayes

Armstrong, Bouma, Gélinas, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

The Chair (Mrs. Nina Tangri): Those opposed? Carried.

The NDP has filed a notice to schedule 1 of the bill. Further debate? Madame Gélinas.

M^{me} France Gélinas: Schedule 1 of the bill is the biggest part of the bill. It is the part of the bill that creates the super-agency. It is the part of the bill that creates the integrated health teams. It is the part of the bill that gives the minister incredible powers, powers that a Minister of Health has never had before, to go against the wishes of a community, to go against the wishes of an agency, of people, of patients and their families.

First, this bill was time-allocated, so it stayed in the House the minimum amount of time that they had to put it through the House. We never had consultations before on those mega-changes to our health care system. The bill came, it was in the House for six hours and 20 minutes, and that was it. That was all; it was finished.

Then they time-allocated how we were going to deal with this in committee. Some 1,594 people asked to be heard; 30 of them were heard. The minister then said,

“Well, if you don’t have time to be heard, just send us your written requests.” We had over 9,613 written requests that came in, and by the conversations we’ve had, it’s becoming quite obvious that nobody on the government side took the time to read them.

I want to put on the record some of the people who have written submissions. We had l’Assemblée de la francophonie de l’Ontario, who had asked to present, was not able to be selected in the top 30, and sent a written submission. We had the ALS Society of Canada, who also wanted to be heard, never had the chance, and they sent a written submission. We had the Nishnawbe Aski Nation that wanted to be heard; they sent a written submission. We had the Association of Ontario Midwives, which had to send a written submission. We had the Arthritis Society send a written submission. Remember, in those 19,000 emails that you got? Those were in there. Bayshore HealthCare sent a written submission. So did Mike Bye. So did the Canadian Cancer Society, who was really worried—

Mrs. Robin Martin: Madam Chair, on a point of order.

The Chair (Mrs. Nina Tangri): Point of order.

Mrs. Robin Martin: Madam Chair, I think this is a breach of standing order 23(d)—unnecessarily reading things into the record. We’ve all received the written submissions. Contrary to what Madame Gélinas has imputed, we have looked at the written submissions and read them. I think this is unnecessary and also contrary to that standing order.

The Chair (Mrs. Nina Tangri): Yes, I think reading off all of the written submissions is unnecessary as everyone in the committee has received all of those written submissions, so if you can speak directly to schedule 1.

M^{me} France Gélinas: Sure. Those are people who wanted to be heard. When the Canadian Cancer Society wants to be heard on a bill that will do away with Cancer Care Ontario, I think this is worth putting on the record that this is how this bill goes through. I can tell you that in five years, six years or 10 years from now, people will look back as to, “How did we get to this?”, and there will be lessons to be learned. Unless we put on the record that the Canadian Federation of University Women Ontario Council sent us a written submission, nobody will know. If we don’t say that the College of Homeopaths of Ontario have put in a written submission, nobody would know.

The Chair (Mrs. Nina Tangri): I believe you’re continuing to just read off each and every organization or person that wrote in. Once again, I’d just like to remind you that everybody did receive—all members of this committee did receive—all of the submissions. It is up to the committee members to read through who has, and what has been, written. So I’d ask you to please not continue on that road and just speak to the actual schedule itself.

M^{me} France Gélinas: Okay. Can I say that the Kidney Foundation of Ontario and the Kidney Foundation of Canada wrote specifically to talk about the issue of taking Trillium Gift of Life and dissolving it into the super-agency? There are a lot of people—April is organ donation month. We had a beautiful ceremony yesterday to honour

organ donation and the donation that was made after the Humboldt tragedy. Those people are asking us to reconsider. Don’t roll Trillium Gift of Life into the super-agency. Trillium Gift of Life, with its focus on organ donations, with its focus on helping families make the hard decisions of giving, and the specialty that we have been able to build just here down the road at—sorry, I pointed in the wrong direction—UHN, at Toronto General, we have some of the best surgical and surgeon teams in all of Canada. People come to Ontario because of our expertise. This expertise came to be because we had the Trillium Gift of Life that is now going to be—

Mrs. Robin Martin: Madam Chair, on a point of order.

The Chair (Mrs. Nina Tangri): Point of order.

Mrs. Robin Martin: On a point of order, Madam Chair, we have heard all of these points from Madame Gélinas already in this discussion. Under standing order 23(c), I believe we are at the point of engaging in needless repetition on these points. Madame Gélinas has made these points many times, as have some of the other members of the opposition.

The Chair (Mrs. Nina Tangri): Madame Gélinas has permission to speak to schedule 1 as a whole and can continue to do so, but I will concur: Once again, please do not just read off each and every organization. Submissions were given to each member of the committee, and it was the responsibility of the committee members to read each of those submissions. I do ask you to—

M^{me} France Gélinas: Will do.

I can tell you that there’s a nursing station in Gogama in my riding. Their nurse practitioners had been there for years. They have lost their nurse practitioners. It will be 10 months this week, actually, that they haven’t had a nurse practitioner. They are worried as to what this new integrated care will mean to them. They know that there are 14 million people in Ontario. If we are to have about 50 integrated health teams, then that means about 280,000 people per team. For northern Ontario, that means all of us and then some. Those people wanted to be heard. They wanted to know what will happen.

0950

I can speak to Espanola. Espanola is a little community about an hour west of Sudbury. They have a fantastic integrated team model. Their hospital, their long-term care, their home and community services, their family health team and their community mental health are all under one roof with one team, so that if you happen to live in the long-term-care home and you get sick, you don’t need to go to the hospital; the physicians from the family health team that covers the ER actually go to see you in the long-term-care home. If you have been admitted into the hospital and you need follow-up in mental health, the community mental health services are all integrated. You will see the same providers, who will continue to see you in the community. This is exactly the type of integrated care that the Minister of Health has described so many times. This is something that exists already in northern Ontario, but it exists for 4,000 people, not for 280,000.

The people of Espanola and the small hospitals and Espanola Regional Hospital are all worried: What will

happen to their team? It works really good. You had all of those willing partners who came together, who transformed the different silos and made it work at the level, and it works really good. I've actually encouraged the Minister of Health to come and see. It works really good. But they are worried that, the way the bill is written, they're not going to be able to continue, that all of the little, small rural hospitals are going to be gobbled up against their will into those bigger integrated health systems. We have seen this movie before. Rural and northern Ontario—we are always the losers when decisions are made in big cities, in central areas.

We used to have the LHINs. Did I love the LHINs? Absolutely not, but they were giving us a voice for northeastern Ontario. Now that the LHINs are no longer there, it's going to be those 15 people from southern Ontario, except for one from North Bay, who are in charge of Ontario Health, which is based out of Toronto, who will be making decisions for the community of Gogama. I bet you that half of them don't know where Gogama is, and all of them have never been to Gogama. Yet Gogama needs help to find a nurse practitioner, because in the 10 months, they have had zero nurse practitioners available and one day of a physician available. That it; that's all.

For them, it means travelling hours in the car. We've had a brutally tough winter; there's no other way to describe it. It's still snowing back home right now. It makes my husband really unhappy, and many other people. Those people have had to travel through snowstorm after snowstorm because they are sick and because they need access to care, and none of this is available in their community.

They would have liked to be heard. They would have liked to make sure that, as we move forward with this massive transformation, you don't forget that a one-size-fits-all for integrated care, at about 280,000 people, makes no sense whatsoever for the people I represent and even less for the people MPP Mamakwa represents. But yet, they never had a chance to be heard, and yet we are moving ahead with a plan that will create the super-agency based out of Toronto, directed by people from southern Ontario. We are moving ahead with an integrated care system that will have an average of 280,000 people, which is more than all of the people in northeastern Ontario. Can you see that, if you were in their shoes, you would be worried? You would have liked to be heard. You would want changes to the bill, but all of the changes that we have tried to bring forward were voted down. You took zero of our amendments that were asking for things that—you are willing to stand up and speak in the House and say that it is publicly funded. You never say "publicly delivered," but you seem to imply that you want it to continue to be publicly delivered. Yet when we tried 12 different times to put "publicly delivered" into the bill, every single time you voted that down. When we tried to put reassurance for all of those little hospitals that do good work, that are economic engines of their communities, that provide health care to people who otherwise have to travel hundreds of kilometres on roads that are poorly maintained, where it

snows six months out of the year—none of this you accepted.

Those people are worried. The bill that we pass now is not just for Toronto and people who can drive to Toronto within an hour; it is for all 14 million of us. It will have a drastic impact. Give people a chance to be heard. The idea of integration is something that people support. I've given you examples from northern Ontario. But make sure that we have the flexibility to make it real for them. Give them the chance to share with you their thoughts of integration. They're not opposed to it. They just want to make sure that what works in northern Ontario, what works in rural Ontario, what works for small rural hospitals has an opportunity to continue, to flourish under this new direction of integrated care, of putting silos down, of making sure that we end hallway health care—all of the above. If you were to travel the bill, if you were to come and see what happens in Espanola, in Blind River, in Smooth Rock, in Matheson, in Iroquois Falls, you would see—

Mrs. Robin Martin: Madam Chair?

The Chair (Mrs. Nina Tangri): Point of order, Mrs. Martin.

Mrs. Robin Martin: Again, under section 23(b)(i), I would have to say that Madame Gélinas is directing her speech to all kinds of things except for the matter under discussion, which is schedule 1. We have given her all kinds of leeway. I think we've been sitting here for 20 minutes listening to her. It's fascinating to learn about Espanola etc., but I would like to ask you to call the question.

The Chair (Mrs. Nina Tangri): Madame Gélinas, we have had some repetitiveness in much of what you have said today. But if you would like, we'd like to hear from some other members prior to calling the vote, so I'd ask you to please wrap up.

M^{me} France Gélinas: So we are about to vote on section 1 of the bill. Section 1 of the bill talks about the super-agency, talks about the power of the minister, talks about the integration. This is the part of the bill that changes the laws to allow this to happen. A lot of people wanted to be heard, not because they are opposed; just because they want to make sure that going forward, they are part of this, that it makes sense for them.

I would encourage people to really consider coming out and listening to the people who have ideas for integration that align perfectly with what you are trying to do, but need some tweaking in the bill to make sure that they are allowed to continue to do the end goal of what the bill wants to do.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? Mr. Fraser.

Mr. John Fraser: I want to add that what the member was bringing up, what France was bringing up, is all very, very relevant—very relevant. You have to understand, from this side, we have to give expression to those people who are expressing concern, and there have been a number of them. I know on that side, you have a job to do as well, but we have time, and this bill is moving at warp speed—warp speed. Mike Harris took more time. He took more

time than the Liberal government did when we did restructuring. The reason you do that is, you've got to get it right.

This is half of what we do. This is the most important thing to families, especially when somebody's sick. Nothing else matters. If we mess this up, something happens farther down the line, and here's the problem with that: We don't see it. We don't see it from this vantage point. We can't see it. That's why we have to get it right.

What France had to say is very, very important. Inside schedule 1, we've failed to protect communities' stake in health care, 100%. It's not a criticism; it's fact.

We've put in no mechanism for appeal. We've not extended any time frames. It's not something I'm very proud of as a legislator.

Who owns the Peterborough hospice or the Peterborough Regional Health Centre? Who owns Stedman? Who owns the Grand River Hospital? Is it the Minister of Health? No. Is it the Ministry of Health? No. Is it the super-agency? No. It's the people who live in those communities; it's their care; it's their money. We've put nothing in this bill to protect them, and that's wrong.

Ten years down the road, when we're in our communities and things start to happen—and I've seen it happening because I've seen it happen 20 years ago, where they tried to close a hospital or close a really important service—and we don't have the tools to protect our communities, protect those people we live with, protect our families, what do we do?

What's the rush? Why are we in such a hurry? My gosh, it's half of what we do. It's about \$30 billion. If you were sitting on this side, you'd be saying exactly the same thing I am right now.

I'm not going to belabour it because I know we want to vote on this section, but let's not kid ourselves about schedule 1. We did nothing to protect our communities in there. We should have done it, and I can't support schedule 1 simply because that's not there. Thank you, Chair.

The Chair (Mrs. Nina Tangri): Further debate? Further debate?

We'll call the question. Shall schedule 1—

M^{me} France Gélinas: Can I ask for a recess, please.

The Chair (Mrs. Nina Tangri): How long would you like a recess?

M^{me} France Gélinas: A 20-minute recess.

The Chair (Mrs. Nina Tangri): Twenty minutes will take us into the adjournment recess for question period, coming back this afternoon.

Under section 129(a), we will recess until 2 p.m. this afternoon, when we will come back and immediately vote on schedule 1.

The committee recessed from 1003 to 1400.

The Chair (Mrs. Nina Tangri): Good afternoon. We are assembled for clause-by-clause consideration of Bill 74, An Act concerning the provision of health care, continuing Ontario Health and making consequential and related amendments and repeals.

When we recessed this morning, we were considering schedule 1 of the bill, as amended. A recess having been requested pursuant to standing order 129(a), this morning, I must now immediately put the question on schedule 1 to the bill, as amended, without any further comments or debate.

Shall schedule 1, as amended, carry?

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 1, as amended, carried.

Moving on to schedule 2: The government has moved section 1 of schedule 2 to the bill. Ms. Kusendova.

Ms. Natalia Kusendova: I move that section 1 of schedule 2 to the bill be struck out and the following substituted:

“1. The Ministry of Health and Long-Term Care Act is amended by adding the following section:

“Councils

“8.1(1) The minister shall establish the following councils:

“1. One or more Indigenous health councils to advise the minister about health and service delivery issues related to Indigenous peoples.

“2. A French-language health services advisory council to advise the minister about health and service delivery issues related to francophone communities.

“Members

“(2) The minister shall engage with Indigenous communities before appointing members of a council established under paragraph 1 of subsection (1).”

The Chair (Mrs. Nina Tangri): Before we move on, I just wanted to confirm that everybody is on page 75. I'm going to request that when you do move an amendment, if you can speak a little slower, all of you, just for Hansard and to make sure that it's very clear. Thank you.

Further debate? Ms. Kusendova.

Ms. Natalia Kusendova: I will be voting in favour of this motion because, in the public response to the tabling of Bill 74, Ontario Regional Chief Archibald raised concerns regarding the minister's council and First Nations engagement and participation. It is expected that other Indigenous partners would have similar concerns, and therefore replacing section 8.1 would remove the requirement that member organizations be prescribed and enable the minister to establish more than one Indigenous council.

The proposed amendment also establishes a requirement for the minister to engage with Indigenous communities in the selection of the council members.

The Chair (Mrs. Nina Tangri): Further debate?

Interjections.

The Chair (Mrs. Nina Tangri): Madame Gélinas?

M^{me} France Gélinas: We were too polite. I was letting him go first and he was letting me go first, but, apparently a woman is first. All good.

The changes that have been made to—it used to read, “A French-language health services advisory council to advise the minister about health and service delivery issues related to francophone communities”—did I miss something? Did it change?

Maybe I’ll ask our good Mr. Armstrong to help me out. I think I’m right. I’m on page 29 of the bill. I’m looking at an amendment that, to me—I don’t see what has changed.

Mr. Ralph Armstrong: The change is not in paragraph 2, about the French-language advisory council; the change is in paragraph 1, where, instead of it being “an Indigenous health council” it’s about “one or more Indigenous health councils.”

In subsection 2, which—instead of being an appointment power, it simply is a requirement that the minister engage with the Indigenous communities before appointing council members.

M^{me} France Gélinas: All right. So I understood this right; there is no change.

So that leads one to believe that the French-language health services advisory council to advise the minister will be selected by the minister—appointed by the minister for whoever she wants to listen to, as opposed to one or more Indigenous health councils. So the second part only applies to—she will “engage with Indigenous communities before” appointing members. That part won’t apply to the French community—before appointing members to the French council. Am I reading this right?

Mr. Ralph Armstrong: You are reading that correctly, ma’am.

M^{me} France Gélinas: I’m reading that correctly.

I will let my colleague talk to the Indigenous health council. But I think you build a whole lot more trust in your advisory council if you give the population you want to listen to a chance to select who they want to be their voice. Otherwise, it sounds, really, a lot like you invite your friends who will tell you what you want to hear.

Right now, it is not a surprise to anyone that there’s a little bit of discontent between the francophone community and the Ford government. When the fall economic statement came out and we saw that the French-language university was no more, and we saw that the French-language commissioner was no more, the French community rebelled soundly and held a massive forum throughout Ontario on December 1. I think it would help the government re-establish sound ties to the francophone community. If you give the francophone community the same goodwill that you seem to be putting toward the Indigenous community, where the minister shall engage with the Indigenous community before appointing members of the council—that this is not afforded to the French community I think is a mistake. It should be.

In the past, the Ministers of Health have had a French-language advisory council. I know for a fact that l’Assemblée de la francophonie de l’Ontario, l’AFO, got

to nominate who they wanted to be their voice—same thing with la FARFO, which is la Fédération des aînés et des retraités francophones de l’Ontario. I don’t know how to say that in English, but they represent francophone seniors in Ontario. They got to select who they wanted to be on that council. The list goes on—same thing with le RÉFO, la FARFO and many others.

Here again, it looks like you’re moving in the right direction for Indigenous people—a small step. I would have thought that the same step would have been just as useful for the francophone community.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Mamakwa.

Mr. Sol Mamakwa: Thank you very much, Madam Chair, and I also thank you for the amendments to schedule 2.

I just want to say that First Nations communities, Indigenous communities, do not just want to advise; they want to deliver their health care system. Examples could be the Weeneebayko Area Health Authority, the Nishnawbe Aski Nation and the Sioux Lookout First Nations Health Authority.

We have to understand as well that there are 133 First Nations in Ontario. We have to understand that Indigenous communities are not homogeneous, with many different needs, which is why some of the integrated delivery systems, such as the Ontario health teams, should be mandated to be led by our people, by Indigenous health organizations.

I know that, earlier, your government voted this amendment down. I think you heard from our First Nations presentations that they are ready. So the council should also advise the super-agency, Ontario Health, and the integrated health delivery systems on the needs of our people.

1410

Time and time again, I share what’s happening in our communities on the issues. I know they’re just stories for you, but it’s the norm for our communities, and it does not help if you do not do anything about it. It’s really a struggle when I come here and try to make an impact in these communities and when I hear that people are not listening.

I had an opportunity to visit Cat Lake twice, in January and February. I visited the homes. I talked to the parents. I talked to the children. I saw the skin conditions that they had on their faces—also, the mental health. I asked this government to respond. Do you know what I was told? “That’s a federal responsibility.” We cannot do that anymore.

All I’m saying is, this amendment is just not enough. The future is bleak for Indigenous peoples in this province.

I think in one of the presentations they talked about—I’m not sure if you’ve read the presentation from the Nishnawbe Aski Nation. I come from a Treaty 9 territory—that was signed in 1905, with adhesions in 1929 and 1930. Ontario was a signatory to those treaties, and this government keeps telling me, “That’s not our responsibility.” I think there was also a presentation with Nishnawbe

Aski Nation—that they said you have your treaty obligations.

Also, we spoke about engagement. Again, that note that says—I can advise you. I don't know if you would listen to me; so far, you haven't—and you want an Indigenous person on these advisory councils.

What I'm saying is, you have your own definition of consultation. I hear it when we talk in the House. So many phone calls, engagement—but we have our own processes, as First Nations people, on how we want to be engaged. That's really concerning. People want to discuss how they want to be consulted about their health issues, and it's on a government-to-government basis—and the government don't treat us that way.

It was already said, as well—about Nishnawbe Aski Nation's position—that a complete lack of deep consultation and accommodation on this bill represents a failure of the province to uphold its treaty rights, that legal duty to consult First Nations. As First Nations people, it creates a very grave concern about the current government's commitment to consulting First Nations. I hear when we talk; I hear when ministers speak. “Northern Ontario is open for business”—how is that going to happen as treaty partners if you don't talk to our people?

I'm a colonized person. The system that's here around the table, the House that's there—I can't even speak my own native-tongue language in the House.

It's not just the provincial government; but it's also the federal government. It leads to discriminatory practices and inequitable health outcomes. People die because of these practices.

Even further, the interpretation and also the implementation of these policies are often reflective of individual and systemic racism, but I've learned to accept it. It has become a norm for me. You would not understand it, but it's just something I expect.

The discrimination that happens in urban hospitals, reported by our community members, is consistent, ongoing. When I think about this, that's what I mean by it's just not enough. We need equitable access to these services. Reorganizing the status quo—sometimes when you just add resources to existing programs that are not working, it further perpetuates the crisis in our communities.

It's really difficult to try and make you understand, and I don't think it's working. You might be hearing me; I don't know if you're listening. I don't know if you believe me—I don't know that. But based on the votes that I've been getting from across, the system that's behind you there, it's not listening. I might get across to you as a human being, but the system that's there doesn't listen. It does not care.

The Chair (Mrs. Nina Tangri): I would like to caution the member to please stick to what we're discussing here.

Mr. Sol Mamakwa: So again, going back to engagement, all I'm saying is, you have to engage with our people. You have to engage at the community level.

In northern Ontario, in the northern communities, we have 30 water-boil advisories, that you cannot drink water.

If you do not have water, and if you want to have dialysis units, how do we do that in the communities? We have a high rate of diabetes in our communities. That's what I mean.

I have a community that has had 25 years of water-boil advisories. I went to a funeral two months ago for a 15-year-old young girl, and she never grew up with water. The province is nowhere to be seen. That's why I keep saying, “We are humans too.”

The systems that you have here—just to have a seat on the council, it's not enough. I am just trying to re-emphasize that. It's deeper than that.

I wanted to share those thoughts. Meegwetch.

1420

The Chair (Mrs. Nina Tangri): Mr. Fraser?

Mr. John Fraser: I actually have a question about what the difference between a health council to advise the minister and an advisory council to advise the minister is. What's the difference? Is there a distinction in there? I don't know why one is an advisory council and one is a health council. Can anybody explain that to me?

I didn't think so, but I wanted to ask the question anyway, if you want to take a shot.

Mr. Ralph Armstrong: That might be a matter for ministry staff, if I may suggest, here.

Mr. John Fraser: Anybody from the ministry want to step forward and help me understand that distinction?

The Chair (Mrs. Nina Tangri): Do we have someone from the ministry staff that's able to come forward to clarify?

Please introduce yourself.

Ms. Melissa Gibson: Melissa Gibson. I'm counsel with the Ministry of Health and Long-Term Care. There really is no distinction. It's taken from wording that was originally in LHSIA.

Mr. John Fraser: Okay. So for both the Indigenous council and—

Ms. Melissa Gibson: Yes.

Mr. John Fraser: So there's essentially no difference?

Ms. Melissa Gibson: No.

Mr. John Fraser: So it's just a drafting thing?

Ms. Melissa Gibson: Yes.

Mr. John Fraser: Okay.

The Chair (Mrs. Nina Tangri): Thank you.

Mr. John Fraser: Oh, I'm not done.

The Chair (Mrs. Nina Tangri): Continue, Mr. Fraser.

Mr. John Fraser: Thank you very much. Further to what Sol was saying about the engagement with Indigenous communities, I don't know how we go about this but I think that number one, in section 8.1(1), where it says, “1. An Indigenous health council to advise the minister about health and service delivery issues related to Indigenous peoples,” that would be much stronger in terms of the relationship that exists if you wanted to talk nation-to-nation, government-to-government, if in that sentence you added in “one or more Indigenous health councils to advise and engage with the minister about the health and service delivery issues related to Indigenous peoples.”

I don't know how to go about trying to make that change or whether we can do that, or whether I have to ask for unanimous consent, or whether we could—

Mr. Ralph Armstrong: That cannot be done at this point, under the order of the House.

The Chair (Mrs. Nina Tangri): We're proposing an amendment? Sorry, my apologies.

Mr. John Fraser: What I was proposing is that I think the language would be stronger and better if we added in the first sentence, "One or more Indigenous health councils to advise"—and the addition would be "and engage with the minister." It's a simple change. I think it's—

Mrs. Robin Martin: Point of order, Madam Chair.

The Chair (Mrs. Nina Tangri): Point of order, Mrs. Martin?

Mrs. Robin Martin: The deadline for filing amendments was last Thursday at 12 p.m. under the order of the House. Therefore, the motion to propose an amendment is invalid at this time.

The Chair (Mrs. Nina Tangri): Agreed. Amendments cannot be filed at this point.

Mr. John Fraser: Well, that's really unfortunate.

The Chair (Mrs. Nina Tangri): The opportunity was given prior to the deadline.

Mr. John Fraser: Oh, I'm just saying it's unfortunate because it's an opportunity here to make the bill stronger. I'm not arguing or criticizing or anything like that. I was asking that question. I think that what the member is expressing is a genuine effort to ensure that the communities that he represents are engaged in the planning of health in the way in which they would like to be engaged. The nature of that relationship is different because of the history, because of things like treaties. It's unfortunate that that is not reflected. That's why I made that suggestion.

I said earlier today, and I said it in a blanket sense, that we've failed to protect our communities in this bill in schedule 1. I'm not going to go back there because I don't want to be called out for discussing something that I'm not supposed to discuss right now, which might happen.

This is part of it. I'm going to say it again: This bill is going at warp speed. It's at warp speed. They'd like us to finish by 3 so we can debate it this afternoon. We don't need to do that.

Interjection.

Mr. John Fraser: No, we need to take the time to get it right. We just put schedule 1 through, and we didn't get it right. This is a big thing that's for a very long period of time that affects everybody in this province, and I think we need to take the time to get it right.

I don't have anything else to say about this amendment. Thank you, Chair.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

Mme France Gélinas: It will be very quick. To our very capable legal counsel, Mr. Armstrong: The amendment says:

"Members

"(2) The minister shall engage with Indigenous communities before appointing members of a council established under paragraph 1 of subsection (1)."

Does that mean that what is there now—"The minister shall appoint the members of each of the councils established under subsection (1) who shall be representatives of the organizations that are prescribed"—won't exist no more?

Mr. Ralph Armstrong: That is correct.

Mme France Gélinas: Okay. So how will the people on the French-language health services advisory council be appointed?

Mr. Ralph Armstrong: I think that we would say that by necessary implication, because the minister is establishing the councils, the minister will take responsibility for appointing them or setting up a mechanism by which they come into existence. It's just a change in the wording of the explicit requirement that the minister appoint, to leaving it to how it works out as the minister provides for it. But I would normally expect that it would be assumed that because the minister is establishing these committees and because the new subsection (2) explicitly mentions appointing members of the paragraph (1) council, it will be assumed that in the normal course of events the minister has the power to appoint the members of the francophone council.

Mme France Gélinas: As well, although they're not mentioned?

Mr. Ralph Armstrong: While not explicitly mentioned, by necessary implication.

The Chair (Mrs. Nina Tangri): Mrs. Armstrong?

Ms. Teresa J. Armstrong: I don't know if this classifies as a legal question, so I might want to ask Mr. Armstrong, possibly. Could someone challenge that, then, and say that implication is not actual direction, and therefore we can challenge the minister on whether or not she'd be able to appoint this francophone piece?

Mr. Ralph Armstrong: Well, when the question is "Can somebody challenge something?", someone can always challenge something. As to whether it's a worthwhile use of time, that's to be decided. All I can say is that if I were asked my opinion, I would say that this, by necessary implication, gives the minister power to appoint. That's as far—

Ms. Teresa J. Armstrong: Yes.

Mr. Ralph Armstrong: My wife is a Small Claims Court judge. She makes actual judgments, and sometimes she gets appealed against. The world is complicated.

Ms. Teresa J. Armstrong: Thank you. I just thought I'd ask if implication is something that could be open for—

The Chair (Mrs. Nina Tangri): Thank you. Madame Gélinas, you've actually had more than 15 minutes of your time. Madame Gélinas?

Mme France Gélinas: Again to counsel, just so that I understand: Because it says, "The minister shall engage with Indigenous communities before appointing members"—it says right there that she will be appointing members of a council. Does that mean that that overrides

what we did in schedule 1 that precludes those people to be called to committee for review of appointments? Or, because the minister is appointing those members, automatically, we get to call them in front of committee as they get appointed?

Mr. Ralph Armstrong: I will say that I honestly do not know how the appointment process works in that respect. If there's someone in the room who has more knowledge of it than me, I'm in their hands, but I cannot say.

M^{me} France Gélinas: One of the lawyers over there—

The Chair (Mrs. Nina Tangri): Is there anyone currently in the room who is able to answer that question? If they can come forward.

Once again, if you can please introduce yourself.

Ms. Tara Corless: Good afternoon. My name is Tara Corless, counsel from the Ministry of Health and Long-Term Care.

Madame Gélinas, are you inquiring about the jurisdiction of the standing committee on government appointments over minister appointments?

M^{me} France Gélinas: Yes, I am.

1430

Ms. Tara Corless: The answer to that is in the standing order establishing the standing committee on government appointments. I have not reviewed it recently, but I seem to recall that applies only to cabinet appointments. I'm going to ask one of my colleagues if they can confirm that.

Interjection.

Ms. Tara Corless: They're looking that up. We'll have the answer momentarily.

M^{me} France Gélinas: Thank you.

Mrs. Robin Martin: Madam Chair?

The Chair (Mrs. Nina Tangri): Mrs. Martin.

Mrs. Robin Martin: On a point of order: This is interesting, but I'm not sure it's really the matter that we're debating right now, which is our motion 75. It's tangential to that. We can wait for the answer, but I would like to call the question and vote on motion 75, because this is not related to that.

The Chair (Mrs. Nina Tangri): One moment, please.

Ms. Tara Corless: I can confirm agencies is in power to review and report to the House on appointments made by the Lieutenant Governor in Council for terms of more than one year.

M^{me} France Gélinas: If it's a single minister, it's not considered the Lieutenant Governor in Council. Therefore, it doesn't apply to people who can be called to committee. Am I understanding you right?

Ms. Tara Corless: That's correct. Appointments made by the minister under the authority that we're establishing here under the Ministry of Health and Long-Term Care Act would not be subject to review by the Standing Committee on Government Agencies.

M^{me} France Gélinas: Okay.

The Chair (Mrs. Nina Tangri): I'm going to call the question.

The government has moved section 1 of schedule 2 to the bill—it's page 75, for those of you who want to confirm.

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Fraser.

The Chair (Mrs. Nina Tangri): Carried.

Mr. Fraser has moved section 1 of schedule 2 to the bill—Mr. Fraser.

Mr. John Fraser: I move that section 1 of schedule 2 to the bill be amended by adding the following subsection to section 8.1 of the Ministry of Health and Long-Term Care Act:

“Time limit

“(3) The minister shall establish the councils described in subsection (1) and appoint their members before the day subsection 3(1) of the Connecting Care Act, 2019, comes into force.”

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I think that's pretty straightforward. The minister has to do the work of having those councils in place before it comes into force. I think that's a reasonable amendment and request. It's not overly complex. I hope the members opposite can see the value in that.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: Although I understand the good intention behind this, given that there have been no consultations with First Nations, given that First Nations have come here and shared with us how they would like to be consulted as much as—the time limit would apply to both as much as on one side. I want the French-language advisory committee to be in place so that the French-language entities have somebody to talk to and we don't have this gap where nothing is happening.

At the same time, I'm really respectful of the fact that if you have not started consultations with First Nations, if you have not even identified which leadership of First Nations you should start to have those discussions with, putting a two-month deadline on getting that—two months; I'm assuming that the bill will come into force on July 1. This is what the minister has been saying. We're now in April—I don't know. Maybe I'll ask Mr. Mamakwa to think if this is feasible or not.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I can understand the conundrum between ensuring that the work is done so that the bill doesn't come into force before we're actually ready—and that's actually the point, I think, that I've been trying to make since this morning: We're moving too fast. We're moving way too fast for something this important.

I take the member's point. Given what we have in front of us right now and the concerns that were expressed by

Mr. Mamakwa, I think—and this will be the second time I’ve done this here—I’m prepared to ask for a—

M^{me} France Gélinas: Let him—

Mr. John Fraser: Okay, go ahead.

The Chair (Mrs. Nina Tangri): Are you finished, Mr. Fraser?

Mr. John Fraser: Well, I’m prepared to let Madame Gélinas speak.

The Chair (Mrs. Nina Tangri): Madame Gélinas.

M^{me} France Gélinas: Mr. Armstrong, I hope you’re getting danger pay for assisting in this committee.

My question to you is, if we support what’s there, can I dream that this bill would not come into force until they have engaged with the First Nations and have put a committee into place? Can it be read and interpreted to be that way? Because then I’d love that.

Mr. Ralph Armstrong: If the question is that if this motion were to pass, saying the minister must “establish the councils as described in subsection (1) and appoint their members before the day subsection 3(1) of the Connecting Care Act, 2019, comes into force,” whether that would delay the commencement of subsection 3(1)—well, it does what it says. It puts a requirement on the minister to establish the councils. Whether that would lead to any necessary delay in the commencement of the other provision, who is to say?

There’s also the question as to whether, if it was not complied with, that would make any actual difference to the coming into force of the Connecting Care Act provision or whether it would just affect the validity of the councils. I guess that I’m saying, probably not as the world worked, although once again, everything is very difficult in the world of law. That’s why the courts exist.

M^{me} France Gélinas: Wow. Thank you.

The Chair (Mrs. Nina Tangri): Further debate? I’ll call the question.

M^{me} France Gélinas: Can I ask for a recess before voting, please?

The Chair (Mrs. Nina Tangri): How long would you like a recess for, Madame Gélinas?

M^{me} France Gélinas: Just the regular 20 minutes, please.

The Chair (Mrs. Nina Tangri): Okay, 20 minutes. We’ll recess up until 2:59.

The committee recessed from 1439 to 1459.

The Chair (Mrs. Nina Tangri): Good afternoon, everyone. We’ll return to call the question from Mr. Fraser: page 76, section 1 of schedule 2 to the bill—the amendment. All of those in favour of the amendment, please raise your hands—would you like a recorded vote, Mr. Fraser?

Mr. John Fraser: Sure.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

The Chair (Mrs. Nina Tangri): I declare the amendment defeated.

We’ll move on to call the question on schedule 2, section 1. Any further debate? I’ll call the question.

Shall schedule 2, section 1, as amended, carry?

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 2, section 1, carried.

Moving on to schedule 2, section 2. The government has moved notice. Any further debate? Madame Gélinas.

M^{me} France Gélinas: So, just to be sure that I understand, what we are taking out is “(0.b) prescribing organizations for the purposes of subsection 8.1(2);” Okay. So am I right? This comes right out of LHSIA, and this is the part of LHSIA that says things such as:

“French language health services advisory council

“1. The following organizations are prescribed for the purposes of appointing members to the French-language health services advisory council under subsection 14(3) of the act:

“1. Alliance des réseaux ontariens de santé en français.

“2. Assemblée de la francophonie de l’Ontario....

“3. Association française des municipalités de l’Ontario....

“4. Fédération des aînés et des retraités francophones de l’Ontario....

“5. Groupe francophone de l’Association des centres de santé de l’Ontario.

“6. Regroupement des intervenantes et intervenants francophones en santé et en services sociaux de l’Ontario....

“7. Union Provinciale des Minorités Raciales et Ethnoculturelles Francophones de l’Ontario....”

All of this stuff that is in LHSIA will now not apply anymore? Am I reading this right, Counsel?

The Chair (Mrs. Nina Tangri): Mr. Armstrong.

Mr. Ralph Armstrong: You’re reading it correctly, ma’am, because it follows on the change that was made previously to section 1, so that section 8.1, as it read originally in the bill, referred to councils being “representatives of the organizations that are prescribed.” The motion that was just passed, changing section 8.1, no longer referred to prescribed organizations, and so there’s no longer anything for this provision to do.

The Chair (Mrs. Nina Tangri): Madame Gélinas.

M^{me} France Gélinas: Okay, so that means that the French-language services entity and the French-language council are not going to be—who's going to be on this is not going to be in legislation, it's not going to be in regulation. Then how is it done?

Mr. Ralph Armstrong: It will be done within the minister's discretion.

M^{me} France Gélinas: At the ministry's discretion?

Mr. Ralph Armstrong: The minister. The minister is given the power to establish the health services advisory council, and the minister would engage with whatever organizations seemed appropriate in establishing that.

M^{me} France Gélinas: So am I right in thinking that, if we take out all of basically the section of LHSIA that this applies to, we would not necessarily know who is on the council. Right now, it prescribes how often they have to meet. It prescribes how long members are to sit on those committees. It prescribes who is accountable to where. Everything that is in LHSIA regarding the French-language advisory councils is gone.

Mr. Ralph Armstrong: That would be my understanding, yes. It's taking a different approach.

M^{me} France Gélinas: Okay. But the taking of the different approach—we don't know what that approach is, but we know that that approach is not in legislation and it's not going to be in regulation either.

Mr. Ralph Armstrong: I would call that an understanding of the implications of the previous provision given, moving how this would be set up in the Ministry of Health and Long-Term Care Act, taking a different legislative approach than the LHSIA approach.

The Chair (Mrs. Nina Tangri): Madame Gélinas.

M^{me} France Gélinas: Can I ask why is the government doing that?

The Chair (Mrs. Nina Tangri): Would anybody from the government side respond? Mrs. Martin.

Mrs. Robin Martin: I think the last motion we brought—because we thought the provisions were not necessary and would potentially create duplication with regard to existing provisions contained in LHSIA, 2006, until such time as those provisions are repealed by proclamation. So they're still in force. I think that's right. Am I saying the right thing? I think that's right.

Ms. Melissa Gibson: Yes.

Mrs. Robin Martin: Legislative counsel seems to agree.

The Chair (Mrs. Nina Tangri): Madame Gélinas.

M^{me} France Gélinas: All right. So I'm hoping somebody will tell me that I'm wrong, is where I stand at this point. In LHSIA, there was an entire section that talked about the French-language entity. I have printed the three pages of it. It goes into quite a bit of detail as to the purpose—the French-language health planning entity, who should be on it and how they are incorporated. They have to have “experience with or knowledge of the local health system and the health needs of the francophone community in the area, including the needs of diverse groups within the francophone community.” It goes on to

talk about how they have to do their community engagement, how they have to do planning and reporting and who is to nominate people to sit on those. It's a good idea to not have that anymore? How so?

The Chair (Mrs. Nina Tangri): Mrs. Martin.

Mrs. Robin Martin: This is the minister's council and not the language-planning entities. They're two different things. I hope that clarifies things.

M^{me} France Gélinas: Okay, so tell me exactly what it is in LHSIA that's being repealed, then, because what I'm looking at and what you're saying are a world apart.

The Chair (Mrs. Nina Tangri): Mrs. Martin.

Mrs. Robin Martin: I believe the legislative counsel advised that this provision that we are now voting on—which I hope is what we're talking about—is not effective to do anything anymore, given the last motion. So I would like to vote on it. I don't think we need to discuss it further.

Mr. John Fraser: Okay, so—

The Chair (Mrs. Nina Tangri): Mr. Fraser?

Mr. John Fraser: So just so I understand—the reason that we discuss it further is so that we have clarity when we're voting. The member's question is legitimate.

There is currently a French-language advisory council to the minister. When this—

Mrs. Robin Martin: This isn't about that.

Mr. John Fraser: There currently is right now. When this piece here is removed, what happens to that council? I just need to know what happens to that council that exists right now. Does it change that council? Does it remove that council from being the minister's advisory council when we vote against section 2? I just need an answer to that question.

The Chair (Mrs. Nina Tangri): Would someone like to respond? Mr. Armstrong.

Mr. Ralph Armstrong: No, because this is only about the provisions that would be added to the Ministry of Health and Long-Term Care Act and how the members to the committee would be established under that or appointed.

As I mentioned, this provision as it stands, if it was not voted down, would still have no effect because there is now nothing for it to apply to. Section 8.1 is previously amended and no longer refers to prescribed organizations.

The interaction with LHSIA, if any at this point, I'm not in a position to comment on.

Mr. John Fraser: Thank you.

The Chair (Mrs. Nina Tangri): Madame Gélinas.

M^{me} France Gélinas: We're in schedule 2.2. It says, “Section 12 of the act is amended by adding the following clause,” and then it says, “(0.b) prescribing organizations for the purposes of subsection 8.1(2);”

Section 12 of the act that is amended referred to LHSIA, no?

Mr. Ralph Armstrong: No. It's referring back to section 1 of this schedule, setting up councils that can be established under the Ministry of Health and Long-Term Care Act, 8.1: the one or more Indigenous health councils and the French-language health services advisory council.

Now, as it is in the printed bill, subsection 8.1(2) refers to how the members of the council must be representatives of organizations that are prescribed. The previous amendment set out a new 8.1(2) that makes no reference to prescribed organizations. It's the Indigenous communities that are to be engaged with, so the provision that would have been added by this to the Ministry of Long-Term Care Act no longer has anything to do. Therefore, that is why it would be voted down now. Even if it were passed, it would never be proclaimed, because it would have nothing to apply to.

1510

The Chair (Mrs. Nina Tangri): Madame G elinas.

M^{me} France G elinas: Okay, but the prescribing organizations, when we had them before, were to apply to the French-Language health services advisory council.

Mr. Ralph Armstrong: That is correct, but it referred to prescribed entities, and the section no longer refers to prescribed organizations. The section no longer refers to prescribed organizations, is what I'm saying. This change follows sequentially from the previous motion that was just passed—if the committee decides to vote the section down, which, of course, is the committee's decision.

The Chair (Mrs. Nina Tangri): Madame G elinas.

M^{me} France G elinas: So all of my worries about the French-Language health services advisory council—it used to be described as a prescribed organization; we've passed a motion that says that 8.1 has changed. So now, because they're not referred to as a prescribed organization, everything that came with this that gives you who will sit, how long they will sit, who they report to, who they're accountable to—simply because they're not a prescribed organization anymore, we lost all of that?

Mr. Ralph Armstrong: Well, ma'am, this is a whole different provision in a different act. LHSIA is being amended and repealed in schedule 3. I guess if the question is, "Are changes being made from the LHSIA system?" that's correct, but this provision, the LHSIA repeal, is not necessarily connected to this, as I believe was pointed out.

I think I've pretty much reached the limit of what I can explain. If you have further questions about LHSIA, there might be someone who can help. But in terms of why this particular notice—it's not a motion; it's a reminder to the government to vote down the provision. It's in consequence of the change that was made in section 1.

M^{me} France G elinas: All right. Can MPP Martin repeat to me what this is to do?

The Chair (Mrs. Nina Tangri): Mrs. Martin, would you like to respond?

Mrs. Robin Martin: No, I would not. I think I've said everything I can say about this. I'm not the legislative counsel or the counsel from the Ministry of Health on this issue. I think we've discussed it long enough, and I've made a couple of submissions.

The Chair (Mrs. Nina Tangri): Thank you. I'd like to call the question—Madame G elinas.

M^{me} France G elinas: Did Hansard go quick enough to be able to repeat to me what she had said? Hansard didn't either?

Interjections.

The Chair (Mrs. Nina Tangri): Mr. Fraser.

Mr. John Fraser: Chair, it's really important to remember we've got till 8 o'clock and maybe five or six amendments to go, so time is not a huge problem for us.

The Chair (Mrs. Nina Tangri): No, we have until 5:30, pursuant to orders of the House. Having said that—

The Clerk of the Committee (Mr. Eric Rennie): Until 5:30 for debate.

Mr. John Fraser: For debate, yes.

The Chair (Mrs. Nina Tangri): Yes, up to 5:30 for debate.

Mr. John Fraser: We've got lots of time.

The Chair (Mrs. Nina Tangri): There's time, but I believe there is no response coming from her, so—Mrs. Andrews? No, Ms. Armstrong.

Ms. Teresa J. Armstrong: That's okay. It's been a long day.

Chair, I understand what Madame G elinas is requesting. She just wants to repeat the reasoning for the explanation of this amendment. If the member is not agreeable to that, can we ask legislative counsel to confirm that explanation? Because with all the discussions with Mr. Armstrong, I think we lost the rationales we can piece together. That's where I think—

Mrs. Robin Martin: Madam Chair?

The Chair (Mrs. Nina Tangri): Mrs. Martin.

Mrs. Robin Martin: On a point of order: This is not an amendment. It is a notice. So, I don't have to explain it.

Ms. Teresa J. Armstrong: Okay, correction—excuse me, Chair.

The Chair (Mrs. Nina Tangri): There's a point of order on the floor. Go ahead.

Mrs. Robin Martin: I don't have to explain it. It is a notice that we intend to vote against this. That's all.

The Chair (Mrs. Nina Tangri): Mrs. Armstrong.

Ms. Teresa J. Armstrong: We can go back and forth. All we're asking is for some common courtesy and respect, and asking if they could please explain, or what she had mentioned the rationale was for this notice. That's all.

The Chair (Mrs. Nina Tangri): I believe she has already answered that question, that she is not going to respond again.

Ms. Teresa J. Armstrong: No worries. I respect that.

The Chair (Mrs. Nina Tangri): Is there any further debate?

Ms. Teresa J. Armstrong: Can we ask legislative counsel to give us that rationale?

The Chair (Mrs. Nina Tangri): The answer has already been given. Therefore, I think we should move forward.

Is there any further debate? We'll call the question.

Section 2 of schedule 2: all those in favour? Opposed?

Nays

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

The Chair (Mrs. Nina Tangri): I declare schedule 2, section 2, lost.

Schedule 2, section 3: Mr. Fraser.

Mr. John Fraser: Withdraw.

The Chair (Mrs. Nina Tangri): Amendment 77 has been withdrawn.

Is there any debate on section 3 of schedule 2? No further debate? Shall schedule 2, section 3, carry? Recorded vote.

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

The Chair (Mrs. Nina Tangri): Carried.

Any further debate on schedule 2, as noted?

M^{me} France Gélinas: We are in schedule 2. This is where the Ministry of Health and Long-Term Care establishes the French-language council. You will note that 31% of francophone Ontarians speak French to their family physician, but only 20% of them get to speak French outside of their family physician's office. In south-eastern Ontario, 76% of francophones want to speak French when they interact with the health care system. Where I'm from, in northeastern Ontario, it's 58%.

The idea of having those councils is to reduce the linguistic and cultural barriers that many Franco-Ontarians face when they interact with our health care system. What those barriers amount to is that the access to health promotion, the access to preventive services, the time it takes to do a consultation, the number of diagnostic tests ordered, the probability of diagnostic treatment and error—all of those increase.

Linguistic and cultural barriers also reduce the probability of compliance with treatment and user satisfaction in the care that they receive. I wanted to share that with you to show how important it is. With the changes that you have made to schedule 2, you have taken some reassurance that used to be in legislation, that used to be in regulation and that will now be at the discretion of the minister.

1520

This bill will be there for years to come. We don't know who the minister will be. What if it's a minister—and we've had some before—who is very against French-language services or very against services for the First Nations and Indigenous people? It could very well be that they don't fill up the number of the people on the council. The council meets once every two years. They become irrelevant. The idea of putting this information in the bill is to make sure that we are true to the intention. I'm not saying that the current Minister of Health has any bad intentions; far be it from me. But when you pass legislation, you pass it for good ministers, bad ministers and every minister in between. It will be there forever.

Given what has been done to schedule 2, given the lack of certainty that you bring to Indigenous people, to First Nations people, to francophones, I would have to say that we would have to vote against schedule 2. If you want to

send a good message to the francophone community, to the First Nations community and to the Indigenous community, you would do the same.

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question.

Shall schedule 2, as amended, carry?

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 2, as amended, carried.

Schedule 3, section 1: Is there any debate?

We'll move to the question. Shall schedule 3, section 1 carry? All of those in favour? Would we like a recorded vote?

M^{me} France Gélinas: No.

The Chair (Mrs. Nina Tangri): No. Those opposed? Carried.

Schedule 3, section 2—just for your clarification, it's page 78—subsection 2(1) of schedule 3 to the bill. Madame Gélinas.

M^{me} France Gélinas: I move that subsection 2(1) of schedule 3 to the bill be struck out and the following substituted:

“Broader Public Sector Accountability Act, 2010

“(1) The definition of ‘designated broader public sector organization’ in subsection 1(1) of the Broader Public Sector Accountability Act, 2010, is amended by adding the following clause:

“(a.1) every integrated care delivery system,

“(1.1) The definition of “local health integration network” in subsection 1(1) of the act is repealed.”

The Chair (Mrs. Nina Tangri): Further debate? Madam Gélinas.

M^{me} France Gélinas: Basically, what this amendment would do is include all of the integrated care delivery systems—I think we all agree that they will be called “Ontario health teams”—to be part of the broader public sector as defined in the Broader Public Sector Accountability Act, 2010.

Just to give you a little bit of what that means, the “broader public sector” refers to organizations that receive funding from the provincial government, but they are not part of the government itself. The examples that we know the best are hospitals, universities, colleges and school boards.

The broader public sector establishes requirements in the areas of compensation, expenses, prerequisites, business documents and procurement and is designed to improve accountability and transparency across the broader public sector.

In the Broader Public Sector Accountability Act, organizations are prohibited from paying for lobbyists with public funds. It also has a requirement for hospitals—that could be extended, if we want—to report on the use of consultants and make those reports on expense claims and information public.

By designating the integrated care delivery team and the Ontario health teams as part of the broader public sector, it means that the Broader Public Sector Executive Compensation Act is applied. This act limits the top salaries of the executives to twice the salary of the Premier. It also sets the rules on compensation that executives can receive. You see things like: Everybody who makes over \$100,000, their salary gets published etc.

I think it would be wise to treat this new player in the health care system the same way we treat every other entity in the health care system, where they are considered part of the broader public sector and they have to follow the rules of the broader public sector, in the view of improving accountability and transparency.

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question.

The NDP has moved that subsection 2(1) of schedule 3 to the bill be amended. All of those in favour of the amendment? Would you like a recorded vote?

M^{me} France Gélinas: Yes, please.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

Any further debate on schedule 3, section 2? No further debate. I'll call the question.

Shall schedule 3, section 2, carry?

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 3, section 2, carried.

Moving on to schedule 3, section 3.

Mrs. Robin Martin: Madam Chair?

The Chair (Mrs. Nina Tangri): Mrs. Martin?

Mrs. Robin Martin: Can I suggest that we vote for the next four that have no notices—that's sections 3, 4, 5 and 6 of schedule 3—in a block?

The Chair (Mrs. Nina Tangri): Do we have agreement?

M^{me} France Gélinas: Let me just check—yes.

The Chair (Mrs. Nina Tangri): Okay. So I'll call the question.

Shall schedule 3, section 3, section 4, section 5 and section 6, carry? All of those in favour? Recorded vote?

M^{me} France Gélinas: Yes, please.

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 3, section 3 through section 6, carried.

Moving on to schedule 3, section 7, page 79: The NDP has moved section 7 of schedule 3 to the bill.

M^{me} France Gélinas: I move that section 7 of schedule 3 to the bill be amended by adding the following subsection:

“(7.1) Subsection 13.1(2) of the act is amended by adding the following clause:

“(c.1) to determine whether a person or entity that receives funding under section 21 of the Connecting Care Act, 2019, has held any required public consultations;”

The Chair (Mrs. Nina Tangri): Further debate? Madam Gélinas.

M^{me} France Gélinas: Give me one second to find out where I am in the bill. We are at section 7 of schedule 3, so I'm on page 30. Am I at the right place?

The Chair (Mrs. Nina Tangri): Page 32.

M^{me} France Gélinas: Okay. I knew I was having a problem. Thank you.

We're at section 7.1, the Excellent Care for All Act, talking about the agency.

We want to expand the mandate of the Patient Ombudsman, who is now an employee of the agency, so they'd assess all persons and entities that receive funding from the agency to see if those persons or entities have held public consultations when developing health system planning.

In order to expand the mandate, this amendment seeks to amend the Excellent Care for All Act, 2010, to make sure that everything that has to do with public consultation has an opportunity to be reviewed so that people have a place that they can call, that they can ask, that they can complain to; so that if a person or entity is receiving funding to manage and deliver care, they are actually holding public consultations, so that we bring in some checks and balances, in a very small way, to make sure that, as our health care system changes and evolves, people have an opportunity to be heard.

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question.

The NDP have moved that section 7 of schedule 3 to the bill be amended. All of those in favour of the amendment—recorded vote?

M^{me} France Gélinas: Yes, please.

Ayes

Armstrong, Fraser, Gélinas, Mamakwa.

Nays

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

The Chair (Mrs. Nina Tangri): I declare the amendment lost.

Mrs. Robin Martin: Madam Chair?

The Chair (Mrs. Nina Tangri): Mrs. Martin.

Mrs. Robin Martin: I'd like to call for a recess, please, under section 129(a).

The Chair (Mrs. Nina Tangri): How long would you like?

Mrs. Robin Martin: Twenty minutes.

Interjection.

The Chair (Mrs. Nina Tangri): The recess should be requested when we pose a question. However, if everyone is in agreeance, we can recess. Are we in agreeance?

M^{me} France Gélinas: Sure.

Mr. John Fraser: Sure.

The Chair (Mrs. Nina Tangri): How long did you request, Mrs. Martin?

Mrs. Robin Martin: Twenty minutes.

The Chair (Mrs. Nina Tangri): Twenty minutes. The time is currently 3:32—so 3:52.

The committee recessed from 1532 to 1552.

The Chair (Mrs. Nina Tangri): Good afternoon. We'll reconvene. The NDP has a motion. We're on page 80, if anyone is looking to see that: subsection 7(14) of schedule 3 to the bill. Madame Gélinas.

M^{me} France Gélinas: I move that subsection 7(14) of schedule 3 to the bill be amended by striking out "personal information" in subsection 13.6(4) of the Excellent Care for All Act, 2010, and substituting "personal health information".

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

M^{me} France Gélinas: I think this comes from the Information and Privacy Commissioner. I see that the government has received the same memo we have received, because they've put the very same amendment forward also. So I think we all know what this is about.

The Chair (Mrs. Nina Tangri): Further debate? Mrs. Martin.

Mrs. Robin Martin: We'll be supporting the motion.

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question.

Ayes

Armstrong, Crawford, Fraser, Gélinas, Karahalios, Kusendova, Mamakwa, Martin, Sabawy, Dave Smith.

The Chair (Mrs. Nina Tangri): Carried.

The government has put forward amendment 81. Mr. Smith, Peterborough—Kawartha?

Mr. Dave Smith: I'd like to withdraw the amendment.

The Chair (Mrs. Nina Tangri): So 81 has been withdrawn.

We'll move forward. Any further debate to schedule 3, section 7, as amended? We'll call the question.

Shall schedule 3, section 7, as amended, carry?

Ayes

Armstrong, Crawford, Fraser, Gélinas, Karahalios, Kusendova, Mamakwa, Martin, Sabawy, Dave Smith.

The Chair (Mrs. Nina Tangri): Schedule 3, section 7, as amended, has carried.

Schedule 3, section 8: Mrs. Martin?

Mrs. Robin Martin: Madam Chair, can I ask again that we vote on schedule 3, sections 8, 9, 10, 11 and 12, as a block?

The Chair (Mrs. Nina Tangri): Are we all in agreement? Any further debate? We'll call the question.

Schedule 3, section 8, section 9, section 10, section 11 and section 12: All of those in favour of those sections, please raise your hands. Recorded vote?

M^{me} France Gélinas: Yes, please.

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 3, sections 8 through 12, carried.

Schedule 3, section 13: I see an NDP notice. Madame Gélinas.

M^{me} France Gélinas: Yes. I haven't got the right papers in front of me. Could you help me and tell me which page we're on?

The Chair (Mrs. Nina Tangri): Page 37.

M^{me} France Gélinas: On section 13—all right, the Lung Health Act. Thank you, Chair.

The Lung Health Act was a tripartite bill that Jeff Yurek, the Minister of Transportation, members of the Liberals and myself put forward. This is something that Mr. Yurek has pushed for, I would tell you, since he was elected.

Basically, the Lung Health Act put a lung health advisory council together. It was made up of 20 members:

a person with lung disease, an informal caregiver of a person with lung disease, a respirologist, a therapist, a nurse, other professional researchers and a not-for-profit organization interested in health. What they did is, they made recommendations for the promotion of lung health and the prevention of lung disease. They increased early detection of lung disease. They ensured fair and equitable access, dissemination of best practices, research and diagnostics. They put an annual report out and they were working—but it hasn't happened—on an Ontario Lung Health Action Plan.

This cost next to nothing. When they met, they got little sandwiches and a glass of pop. All of them were volunteers. They worked a long time together before we got the act to pass. It passed in December 2017. It received support from everybody in the House. I don't know why, lung disease being so common in Ontario, between COPD and asthma—this is something that cost nothing. I will pay for the sandwiches and the glass of pop when they meet. Allow them to continue to meet.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I concur with France. This is a private member's bill that's a three-party bill. I think the bill took about four or five years from its first iteration, and it came from the stakeholders themselves. It's not a very prescriptive bill; it's a bill that does enable a lung health plan, which I think the super-agency will want to do because we all decided here, as members of the assembly on behalf of the people that we represent, that this was an important act to pass. As a matter of fact, the person who put forward that act was a government minister. I think it was Ted McMeekin—

M^{me} France Gélinas: Yes.

Mr. John Fraser: —Ted McMeekin, a long-serving member of the Legislature.

I would suggest my colleagues vote against this. Vote against this. I think it's hard enough to pass a private member's bill, but to pass a private member's bill with three parties and then to throw it out the window a couple of years after it passed is not going to send the right message to those people who wanted us to bring it forward.

The Chair (Mrs. Nina Tangri): Further debate? Madame Gélinas.

1600

M^{me} France Gélinas: I will quote to you three sentences from Minister Yurek. It was his bill. He used his time at second reading of private member's bills to bring this bill forward. He said, "Having a council in order to help aid the minister in his decisions—with the size of the Ministry of Health—he needs"—it was a "he" at the time—"that help ... depending on who's sitting as the minister. Having this council of experts to guide strategy, awareness and education with regard to lung health is key, because as the member spoke earlier, the costs of lung health are exponentially growing.... The more we can do at this Legislature to improve upon awareness, education, strategy, medications, diagnosis and support of our health

care professionals to improve those with lung health problems, the better we'll be. This legislation takes a step in the right direction. It's going to open so many doors as we improve this strategy."

That comes from Jeff Yurek, who was using his second reading of a private member's bill.

The Chair (Mrs. Nina Tangri): Further debate? We'll call the question. Shall schedule 3, section 13, carry? A recorded vote, Madame Gélinas?

M^{me} France Gélinas: Yes, please.

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 3, section 13, carried.

Schedule 3, section 14: Mrs. Martin.

Mrs. Robin Martin: Can I ask that we vote on schedule 3, sections 14, 15 and 16, in a block?

The Chair (Mrs. Nina Tangri): Are we in agreement?

M^{me} France Gélinas: Give me one second—14, 15, 16? Yes.

The Chair (Mrs. Nina Tangri): Mr. Fraser, are you in agreement?

Mr. John Fraser: Yes, that's fine.

The Chair (Mrs. Nina Tangri): Any further debate?

M^{me} France Gélinas: Recorded vote.

The Chair (Mrs. Nina Tangri): Recorded vote. Shall schedule 3, section 14, section 15 and section 16, carry?

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 3, section 14 through section 16, carried.

Moving on to schedule 3, section 17: The NDP have an amendment to section 17 of schedule 3 to the bill. Madame Gélinas.

M^{me} France Gélinas: I move that section 17 of schedule 3 to the bill be amended by adding the following subsections:

"(2.1) The definition of 'health information custodian' in subsection 3(1) of the act is amended by adding the following paragraph:

"3. An integrated health delivery system."

"(2.2) The act is amended by adding the following section:

“No sale of information

“12.1(1) Despite anything else in this act or any other act, a health information custodian shall not sell to any person or entity, or otherwise profit from, personal health information in the custodian’s custody or control.

“Notice to commissioner

“(2) If a health information custodian learns that health information that was under its custody or control has been sold or that it has been profited from, the health information custodian shall notify the commissioner of the sale or profit.”

The Chair (Mrs. Nina Tangri): Thank you.

Committee members, the proposed amendment is out of order because it seeks to amend a section of a parent act that is not before the committee. As Bosc and Gagnon note on page 771 of the third edition of House of Commons Procedure and Practice, “an amendment is inadmissible if it proposes to amend a statute that is not before the committee or a section of the parent act, unless the latter is specifically amended by a clause of the bill.”

We’ll move to schedule 3, section 18.

Interjection.

The Chair (Mrs. Nina Tangri): I apologize. I’ll call the question. Any further debate on schedule 3, section 17?

Mrs. Robin Martin: Madam Chair? May I suggest that we vote en bloc for sections 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29 and 30 of schedule 3?

The Chair (Mrs. Nina Tangri): Are we in agreeance? Madame Gélinas.

M^{me} France Gélinas: Not for 17; yes, for the others.

The Chair (Mrs. Nina Tangri): So we’re not in agreeance for all of them?

Interjections.

The Chair (Mrs. Nina Tangri): Committee, I just want to confirm agreeance that we will vote on section 17 first, and then the rest collectively. Thank you.

Madame Gélinas?

M^{me} France Gélinas: I want everybody to realize that under section 17 we talk about virtual care. I am all for virtual care. I live in northern Ontario. We use it extensively to have access to specialists that we don’t have in the north, but you have to look at what the Information and Privacy Commissioner has told us about protecting information as we move into virtual care—that we have to make the Ontario health teams an information custodian, so that they fall under all of the rules that protect our information. The Information and Privacy Commissioner sent some pretty strong words regarding establishing certain privacy rights for people. All of this is in section 17.

If we vote for section 17, then, first of all, the Ontario health teams won’t afford us the same protection as other parts of the health care system when it comes to protecting our personal health information, plus there is a gaping hole in section 17 that allows people to profit from gathering health information on us.

I urge you to vote down this part of the bill. You can always fix it in any other bill, so that we can give people the reassurance that nobody will make money off our

personal health information, and that the new entities that are created will have to follow the law and will have to follow FIPPA and become custodians and protect our personal health information that they will come to collect for us. This is to ensure that people have confidence.

We already know that there are many cell phone companies that want to get into this market. There is a very high demand right now for people to gain access to the personal health information that is held in our hospitals in different parts of the health care system. What happens when you have companies with the logistical know-how and you have a very high demand from the clients? It means that they will charge us to have access to our electronic health records in hospitals and people will start to pay once you enter for-profit between us and our hospital records. Then, the chances that this gets sold, gets used, gets profited from—the door is wide open. This section of the bill needs to be voted down.

The Chair (Mrs. Nina Tangri): Thank you. Further debate?

I’ll call the question. Shall schedule 3, section 17, carry?

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): Schedule 3, section 17, carried.

Any further debate on schedule 3, sections 18 through 30? We’ll call the question.

Shall schedule 3, sections 18 through 30, carry?

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 3, sections 18 through 30, carried.

The NDP has filed notice on schedule 3. Further debate?

M^{me} France Gélinas: In schedule 3, this is where we repeal the Trillium Gift of Life. This is where we make many changes to virtual care that again open the door to people to profit from our personal health information.

1610

There are many sections to schedule 3 that need to be reworked and looked at. Right now, in schedule 1, we have put the legislative process in place to create the super-

agency and to create the integrated care. The way that this is worded, and if you add to this all of the acts that are repealed in schedule 3 of the bill, then the only ones left standing to be the leaders of those integrated health teams or Ontario health teams will be hospitals and big international for-profit chains—so Chartwell, Extendicare, Leisureworld and hospitals. Once you vote on schedule 3, they will be the only ones left standing that will be big enough to become leaders of our new Ontario health teams, which will look after 280,000 people.

Of the 19,413 written submissions that we received, 19,000 of them told us not to do this, not to level the playing field, as we are doing in schedule 3, where the only ones left standing are hospitals and big international private companies, which will become the leaders of our Ontario health teams. I encourage you to rethink this section of the bill. Vote it down, and let's relook at everything that's being repealed in that section.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? I call the question.

Shall schedule 3, as amended, carry?

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare schedule 3 carried, as amended.

We're going to move to section 1 of the bill. Is there any further debate on section 1? Madame Gélinas.

M^{me} France Gélinas: Sorry, I want to be sure that I know what we're doing. This is the part where we vote on—no? You tell me what it is that we're doing.

The Chair (Mrs. Nina Tangri): On page 1, you can see "Contents of this act," 1, 2 and 3.

M^{me} France Gélinas: Okay.

The Chair (Mrs. Nina Tangri): Any further debate? Madame Gélinas.

M^{me} France Gélinas: Here we are at the end of clause-by-clause for Bill 74. You all realize that some of the amendments that we have tried to bring forward were amendments that people and groups wanted to bring forward, and are amendments that would ensure that what you are trying to do to get rid of hallway health care, to have wraparound services, to make sure that you have a warm send-off from the hospital to mental health, to home care, to long-term care—that this happens. You have voted down all of those suggestions.

This is for you to decide. Once you vote for this bill, our health care system will change, will never be the same, will never have the protection that we used to have, will never have the number of not-for-profits that we used to have, will never have the number of Meals on Wheels that we used to have. It will open the door to the for-profits,

who are the only ones left standing, with our hospitals, able to take on those new, integrated Ontario health teams. It will be on you when we go back years from now and realize how much our health care system has changed for the worse.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: I'll be brief, because I've said this already this morning.

This bill has proceeded far too quickly. As I said this morning, even Mike Harris took more time. He took more time than we did when we did LHSIA. This is an important thing.

Interjection.

Mr. John Fraser: No, it's important. It's important that we get it right, and we haven't taken the time to get it right.

I don't think we've done enough to protect our franco-phone community and our First Nations in this bill.

We haven't done right by our communities. We've vested a tremendous amount of power into the minister and into the agency. We've failed to increase the minimum amount of time that communities could respond to a change that the minister or the agency, through the minister, might do, and then we did not provide for any appeal mechanism.

I can tell you what happens with centralized decision-making: They often get it wrong, or often enough that it really impacts the community. I've lived through that, and some people here have lived through that, as well.

We've taken away our community's stake in health care. We've diminished our voices here in the Legislature with regard to that in this bill.

So I want to put that out there. I don't think that's the intent that you see in this. I think you're saying, "No, he's wrong"; I'm not.

Ten or 15 years down the road, when something happens and they say to Stedman hospice, "You really should be part of this integrated health care group. You don't really need this extra governance that you have. So I'm ordering you to integrate with the hospital," and they must do it, what do you think your community is going to say? They're not going to be happy, because it's their care, it's their money, it's their hospice, it's their hospital. Whatever facility it is, it belongs to them.

We have not done enough to protect the communities that we represent and the people who live in them. That's not a good thing.

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question.

Shall section 1 carry?

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare section 1 carried.

Section 2, commencement: Any further debate? I'll call the question.

Shall section 2 carry?

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): I declare section 2 carried.

Section 3, short title: Any further debate? I'll call the question.

Shall section 3 carry?

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

The Chair (Mrs. Nina Tangri): Section 3 is carried. We'll move to the title. Is there any debate on the title? Shall the title of the bill carry?

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

The Chair (Mrs. Nina Tangri): The title of the bill is carried.

Shall Bill 74, as amended, carry? Any further debate? Madame Gélinas.

1620

M^{me} France Gélinas: One last chance to do the right thing. One super-agency in Toronto led by 15 people, 14 out of 15 who come from southern Ontario, one that comes from North Bay, is not good governance for our health care system, for tens of billions of dollars of health care system. Fifty integrated health teams for 14 million people? That won't work in northern Ontario. That won't work for First Nations communities. No appeal mechanism, no true engagement with the francophone community, no true engagement with the First Nations, nothing in the bill that brings us equity, fairness? It's not my favourite bill.

The Chair (Mrs. Nina Tangri): Thank you very much. Further debate? Mrs. Martin.

Mrs. Robin Martin: I just want to put on the record that we believe that this bill will help us to transform health care in Ontario for the better. Contrary to the doom and gloom from Madame Gélinas, there are many provi-

sions in here, which we have discussed today and yesterday and put in, and some amendments we have accepted. They deal with equity and diversity and Indigenous peoples and francophones. So I think the bill is improved from our hearings and we're ready to go forward and to try to bring patient-centred care to Ontario. We hope that it's very successful.

The Chair (Mrs. Nina Tangri): Thank you. Further debate? Mr. Fraser.

Mr. John Fraser: I don't think we call in question the intent; I just think that the tool that you're using is not going to yield the results that you want. We've all been saying the same thing for 30 years about patient-centred care, about increasing primary care. There is a fundamental flaw in this bill that will come home to roost at one point.

I don't doubt that you're trying to do the right thing. What I'm trying to convey to you—it's a bit late now—is that it will not yield the results that you think it will. It's going to cause problems in our communities, and I am as sure of that as I am sure I'm sitting in this room right now. That's what I've tried to convey to you.

It's not that I'm calling into question what you're trying to do. I don't believe you're trying to do something bad; I think you're trying to do something good. I just don't think it's going to work out the way you think it's going to work out.

The Chair (Mrs. Nina Tangri): Further debate? Ms. Kusendova.

Ms. Natalia Kusendova: I just wanted to state on the record that as a health care provider, a registered nurse, it's been a privilege to be a part of this committee, to be able to hear from our stakeholders on this very important bill. Since I was a nursing student, the first time I came to Queen's Park with the Registered Nurses' Association of Ontario on a student placement, I knew even back then that there were issues in our health care system. Patients were being treated in hallways and closets, waiting for hours on stretchers, mental health patients waiting to see their specialists. Even from that day, I knew that we needed to do something.

With all due respect to my colleague Mr. Fraser, your colleagues had 15 years to do something and to improve our health care system, and you haven't done it. Our government has listened. Our Minister of Health and Long-Term Care has listened to patients and families across Ontario. In her role as Patient Ombudsman and since she's become the minister, she's consulted many front-line workers, including nurses, doctors and people on the front lines, and this is why we brought Bill 74, The People's Health Care Act, forward.

We believe that by passing this bill, we are centring care around the patient. We are investing in primary care, in front-line care, and we are building a system that is not fragmented, but is more equitable and fair for patients and their families. This is why I am so proud of the work that we have done as this government.

Thank you to my colleagues across the aisle for being patient with us and for bringing your thoughtful amendments. We have listened. As you know, we have passed

some of them. This has been a great collaborative effort, and in the name of this government, we thank you.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Fraser.

Mr. John Fraser: Not that I'm trying to get the last word.

I don't doubt your intent. This bill is not going to fix hallway health care this year, next year, the year after that. Maybe it will start to impact the year after that—that is what's going to come on Thursday.

I'm proud of the work that I did, I'm proud of the work that we did in our government. And you'll find, as you go through with this, there will be always be things that you have to get to. There will always be things that have to be improved in the health care system—anything we have to do with people.

There are no easy fixes—no easy fixes. What I was trying to convey to you was just that there are some risks there that you have to keep an eye on.

The Chair (Mrs. Nina Tangri): Further debate? Mr. Sabawy.

Mr. Sheref Sabawy: I would like to say, as a closing statement, that I'm very proud to be part of the team that worked on this bill. We understand that there is always the risk, and there will always be something that may be missed and may be misestimated. I mean, compared to what our colleagues did in the last 15 years, we could now say—even yourself, you might see some stuff which you said, “We might change that,” and “We didn't have this issue.”

It's a learning curve and it's dynamic. Even the times change; like, maybe what was not very important 15 years ago became now very important. So it's a dynamic thing and we did our best. We spent the time; we did lots of effort from lots of people; we consulted with a lot of the

stakeholders, especially the medical staff and the patients who—everybody was complaining, so there was no one winner.

At least if we change something, we are hoping that this will give us a chance to give it a new approach and solve some of the issues which we are experiencing now. Something might come up; absolutely, maybe. We don't know. We can't guarantee that. But we did our best, and hopefully it will be good for all Ontarians.

The Chair (Mrs. Nina Tangri): Further debate? I'll call the question.

Shall Bill 74, as amended, carry?

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

Nays

Armstrong, Fraser, Gélinas, Mamakwa.

The Chair (Mrs. Nina Tangri): Bill 74, as amended, has carried.

Shall I report the bill, as amended, to the House?

Ayes

Crawford, Karahalios, Kusendova, Martin, Sabawy, Dave Smith.

The Chair (Mrs. Nina Tangri): Opposed? Carried. Thank you.

This committee stands adjourned.

The committee adjourned at 1628.

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Ms. Natalia Kusendova (Mississauga Centre / Mississauga-Centre PC)

Mr. Sol Mamakwa (Kiiwetinoong ND)

Mr. Dave Smith (Peterborough–Kawartha PC)

Also taking part / Autres participants et participantes

Ms. Tara Corless, counsel, Ministry of Health and Long-Term Care

Ms. Melissa Gibson, counsel, Ministry of Health and Long-Term Care

Clerk / Greffier

Mr. Eric Rennie

Staff / Personnel

Mr. Ralph Armstrong, legislative counsel