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Standing Committee on Social Policy

Comité permanent de la politique sociale

Your Health Act, 2023

Loi de 2023 concernant votre santé

1st Session
43rd Parliament

Tuesday 4 April 2023

1re session
43e législature

Mardi 4 avril 2023

Chair: Goldie Ghamari
Clerk: Lesley Flores

Présidente : Goldie Ghamari
Greffière : Lesley Flores

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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 4 April 2023

Mardi 4 avril 2023

The committee met at 0902 in committee room 2.

YOUR HEALTH ACT, 2023

LOI DE 2023 CONCERNANT VOTRE SANTÉ

Consideration of the following bill:

Bill 60, An Act to amend and enact various Acts with respect to the health system / Projet de loi 60, Loi visant à modifier et à édicter diverses lois en ce qui concerne le système de santé.

The Chair (Ms. Goldie Ghamari): Good morning, everyone. The Standing Committee on Social Policy will now come to order. We are meeting today for clause-by-clause consideration of Bill 60, An Act to amend and enact various Acts with respect to the health system.

We are joined today by staff from Hansard, and by Ralph Armstrong from the Office of Legislative Counsel to assist us with our work, should we have any questions.

The proposed amendments, which have been filed with the Clerk, have been distributed to the members electronically and in hard copy.

Before we begin clause-by-clause, I will allow members to make comments to the bill as a whole. Afterwards, debate on the bill will be limited to the specific item under consideration.

Committee members, pursuant to standing order 83, are there any brief comments or questions on the bill as a whole? MPP Gélinas.

Mme France Gélinas: Through the testimonies of the many people who came forward, they made it clear that a community-based surgical suite is possible and viable in Ontario within the existing laws. I encourage all of you, as was said by the head of UHN, to go see at Sunnybrook how they have a community-based program for hips and knees. It is fantastic. They are able to provide hip and knee surgery at 50% of the cost of doing them in-house. They are able to provide 30% more surgeries per day. This is done, right here, right now, in Ontario. This is a good step in the right direction.

I encourage you to go to London Health Sciences hospital also, who set up a community-based surgical suite across the street from their main building. They operate it under the hospital with hospital staff, with all of the oversight and accountability of a hospital. And the same thing: They are able to do provide surgery cheaper as well as faster because they only do one kind of surgery in that community-based surgical suite.

The bill opens the door to investor-based health care. We've heard from enough people to realize that there's a difference between a physician who owns his or her office and provides care. They are in touch with the patients. They hear them; they listen to them; they know their stories. That is really different from an investor who invests $2 million, $5 million, to buy and equip a surgical suite and then expect a return on their investment. Those people have no idea who comes through the door. They don't know their names; they never will; they'll never talk to them; they don't know their situation; and they don't know them. So, to say that what we have now, that a physician owns a practice is the same as an investor who builds a surgical suite—we've had deputations. They've made it clear that this is not the same. We have to realize that once you open the door to investor-based surgical suites, that door will be next to impossible to close.

Ask British Columbia right now who are trying to close those down. It is costing them millions and millions of dollars to buy those people off. Why? Because it's always the same. Once you have an investor-based, community-based surgical suite, they want to make money. How do you make money? First, you pick and choose who comes through your door, easy and fast. If you have a chronic condition, if you don't speak English, if, God forbid, you have a mental illness or an addiction, you're not welcome in there. They want you in and out of there really fast.

Second, they upsell. We've heard from many, many deputations who came and talked to us about the upselling that is taking place right here, right now, with people who provide cataract surgeries in the community. To let that go by is really detrimental to the health of all of us. You have to remember that we're all proud of medicare. We're all proud of care based on need, not on ability to pay. The bill that you have in front of you right now will change this.

We sit in a seat of power that allows us to protect medicare. I want each and every one of you to remember that once this is gone, once we have lost medicare, each and every one of you will bear the responsibility of this for the millions of Ontarians. The decisions we make here this morning, today, will have repercussions for the rest of our lives. You cannot open the door, and this is all this bill does, except for schedule 2. In schedule 1, the only reason schedule 1 is there is to allow investors to benefit off the backs of sick people.

Your idea of having surgical suites in the community is a good idea. It's an idea that we all support. It's an idea that is already shaping up in Ontario right now. Give hospitals more than three months' lead time to know how much money they have. Give hospitals a three-year time frame and say, "We guarantee you will have that much money," and many of them are ready to open up that kind of surgical suite where you will only do one kind of surgery. You will do it in the community. You will do it faster. You will do it cheaper. You will bring down the wait-lists, but you will do it with hospital staff who will still be there on evening shifts, night shifts, weekends, statutory holidays, who will still be there when you need people to be on call to look after because people get sick or get injured. We don't wish harm upon anybody, but it happens at any time of the day.

To give our hospitals the time frame and the money that they are requesting will set up those surgical suites that you want. They will help with the long wait times. Some of them don't even need to set up anything. They can use some of their unused ORs that taxpayers have already paid for, that donors have already donated towards. Give them the money to operate them and they're quite happy to say, "OR number 18 will only be for hip and knees, for outpatient surgeries," and they will be able to do more surgeries in a day and they will be able to do them cheaper because the OR won't need to go from orthopaedics to general surgeries to neurosurgery to ob-gyn to what they are doing now because they are hospitals. They look after everything.

0910

Many hospitals are ready to do this. Your end goal would be achieved. Your end goal is very valuable. It's the road you take to get there. It is a road that will mean the healthy and the wealthy will get faster access to care at the expense of people who are not as wealthy, who are not as healthy, but are just as deserving of accessing care based on need, not on ability to pay.

This is what we will be doing today. You will be deciding if, from now on, Ontario will be focusing on the healthy and the wealthy to give them care faster or focusing on each and every one of us who call Ontario home and who deserve care based on need, not on ability to pay.

I can feel the weight of the responsibility on my shoulders. I am here right now to try to stop this, to try and preserve medicare, to try to preserve our way of life where every life matters. It doesn't matter if you are not healthy and not wealthy; I still want you to have access to the best care possible. But the body of evidence from all over the world, whether we talk about Australia, the UK, Europe or our good friends to the south have shown it clearly. Once investors put their money into surgical suites, they will want a profit. They will want a return on their investment and that changes everything.

We cannot let this bill go through as written. It has a good aim. To decrease the wait-lists, to make sure that care is available is all good. The way to get there is not good. Take away the opportunity for investors to make money off the backs of sick people, and we are right there with you. But as long as you put a bill forward whose sole purpose is for investors to make money off the backs of sick people, I will go to midnight tonight to make sure that this does not go through. That's it for now, although I would have way more to say.

The Chair (Ms. Goldie Ghamari): Thank you very much.

MPP Gates?

Mr. Wayne Gates: Thank you very much, and hopefully this is a long day, quite frankly, because it's that important. Unfortunately, this committee wasn't long. You didn't give it a chance to go across the province.

My colleague is right. How long have you been doing this job, France, as our critic?

Mme France Gélinas: Long.

Mr. Wayne Gates: A long, long time. She worked in the health care industry. She knows what she's talking about. She knows her stuff, and she knows that what we're doing in this committee today—we can't go back. There's no going back when you do this. There's no going back once you pass this bill. I want to say to France, thank you for all the hard work you've done on the bill and for guiding us on our side. I wish you were on that side, that you could guide them, but I know that's not how it works.

We have to talk about what we learned over the last—what did we have; four days, three days?—to talk about a bill that's probably one of the most important bills that I think I've done since I got here, and who you talked to and who you didn't talk to. I know the Conservatives always talk about working for workers and how important it is to make sure that everybody is consulted, but what we found out during the committee meetings very clearly is that there wasn't a lot of consultation with the workers, the people who go to work every day: our nurses, hospital staff, the people who work within that sector, paramedics—no talking with paramedics, nobody. Quite frankly, I didn't see any of police officers who deal with mental health that goes on within our hospitals as well. I didn't see any of that.

You did not consult with Unifor. Unifor was here, presented, told you exactly what they thought of the bill. Do you know what was interesting about that, Chair? Not once did you ask a question to Unifor—not once. Then CUPE came and talked about what they've been going through, the mental health they've been going through in their workplaces because of Bill 124 and how people were leaving because of the crisis that this government has created under Bill 124—nothing.

Then you look at steel; you never consulted with the steelworkers. I don't understand why you didn't, but you didn't. Steelworkers has three long-term-care places that they represent down in Niagara. I know that the associate minister would probably know that. You didn't consult with them. And you know that in the places they represent, they had multiple deaths in long-term care.

I'll tell you a story about one, Oakwood, where just before Christmas two years ago—just before Christmas. As a matter of fact, I found out about on December 24,

Christmas Eve, when I got a phone call from the family that one of their parents had passed away. They had 100% staff with COVID. They had 100% of the resident in that particular workplace die of COVID—sorry, 100% that got COVID. We ended up with over 40 deaths over the Christmas period. Do you know what they had to do? They did call in the Red Cross, but they found out that the place was so bad, so understaffed, so much COVID, they couldn't provide the service that would be even helpful to that particular place. They ended up calling into Niagara Health, the hospital, to their president. Like I said, by the time it got under control, over 40 people had died. They died over Christmas. Christmas morning, when I was supposed to be opening presents with my wife and my daughter, I was on the phone. I spent all of Christmas Day talking to families who were crying on the phone.

You would think that your government would have at least consulted with Steelworkers. That wasn't the only workplace that had an outbreak. Millennium, which is right next door, which is owned by ConMed. I'm sure the associate minister knows they're owned by ConMed. We had more deaths. I talked to the firefighters. On one midnight shift, the firefighters went to Millennium. They took out three dead bodies in one night. They were constantly transferring them to the hospital, to the very nurses that were there that were working over the holidays. We had the same thing under ConMed happen in Fort Erie.

So when you say that you consulted, you didn't consult with the workers, the nurses, the firefighters that have gone through an incredible time for three years, but you bring forward a bill where you want to privatize our health care? That's what it's about. And I understand; Tommy Douglas would be rolling over in his grave today, looking down on us. He would be ashamed of everybody on that side, make no mistake about it. By the way, Tommy Douglas was voted the greatest Canadian ever because he brought in a publicly funded health care system across the country. We're the envy of the world because of our publicly funded health care system.

Let me just finish this; I got off a little bit. ONA wasn't consulted. They were here and weren't consulted. SEIU wasn't consulted. But the one that really shocked me—I was really surprised at that, because I know you guys work for workers: You didn't consult the Ontario Federation of Labour, which represents 1.2 million workers in the province of Ontario. Maybe you could explain to me why you didn't. You don't care about workers? You don't care what they went through for the last three years? It doesn't bother you guys that we were taking bodies out of long-term-care facilities—and they were dying in our hospitals too by the way; they weren't just dying in the homes. They were transferred to the hospital. These same nurses, these same doctors, the same cleaning staff, by the way, were watching people die.

Do you know where most of the people died? In privately owned long-term-care facilities—78%. I've been putting here, and I put it on record here when I was talking. I was saying that 5,400 have died in long-term care. I was clear that 78% of them died in long-term-care facilities that were privately owned.

0920

That number is now 5,500. I got the latest numbers. It's just over 5,500, but I don't have the exact number; I don't have it written down. But I know it's at least 5,500 people have died in long-term-care facilities. Because you know what? They're still dying in long-term-care facilities. They're still understaffed. They're absolutely still understaffed.

Bill 124: You know what the result was, so you have examples. My colleagues, you have examples. You can say, "Okay, why would we do this bill? Why would we move into privatization of our health care?" Go look at what you did in long-term care.

Because you know who brought in—maybe I could ask France because the other ones, I'm sure, won't answer me—privatization in long-term care?

Mme France Gélinas: Mike Harris.

Mr. Wayne Gates: It was Mike Harris and the Conservative government. Mike Harris was here for eight years as the Premier. Your party, which you never admit, was in opposition for 15 years. You could probably put on the back of the postage stamps what you did for 15 years. But at the end of the day, we have examples. We have examples where you say you should not go to privatization of health care right in long-term care.

I've said this for the last three years. This is not something my colleagues on the other side are hearing for the first time. I've talked to the associate minister. He has listened to me talk about what long-term care has done to our parents, our mums, our dads, our aunts, our uncles, our brothers and sisters. I've seen what it's like in these facilities.

That's just my riding, by the way. I didn't go to other ridings. I haven't been to Hamilton, where I know they had the same type of outbreaks. I know they had all kinds of problems in retirement homes as well. You have examples on why.

Then you have to ask yourself, "How did we get here? How did we get to the point that people were dying in these long-term-care facilities? How did we get here that we had a shortage of nurses in our hospitals? How did we get here that we have a shortage of nurses in retirement homes and long-term-care facilities, that we don't have enough PSWs for home care? How did that happen?"

I ask my colleagues on the other side: Do they know? I'm looking at you. You can help me out here. Bill 124—

The Chair (Ms. Goldie Ghamari): I'd like to remind the member to please make their comments through the Chair.

Mr. Wayne Gates: I'm trying to. I appreciate that; thank you.

The Chair (Ms. Goldie Ghamari): Thank you.

Mr. Wayne Gates: I'll make my comments through the Chair, and I'll look out from this side so I can take a look at them.

But at the end of the day, Bill 124 caused the crisis in health care. That's what got us here.

Interjections.

The Chair (Ms. Goldie Ghamari): I'd also like to remind members, if they want to have conversations, please keep it quiet or take it outside. If I can hear you, it's too loud. That goes for both sides.

Mr. Wayne Gates: Through the Chair, I don't think there's anything funny about this bill. I'm going to let you know—

The Chair (Ms. Goldie Ghamari): No one said there's anything funny—

Mr. Wayne Gates: They were laughing.

The Chair (Ms. Goldie Ghamari): But we have a long day ahead of us. I just want to make sure that we maintain decorum on both sides. So we'll just focus on our comments about the bill.

Mr. Wayne Gates: I am focusing on my comments, but I am not laughing about this bill.

The Chair (Ms. Goldie Ghamari): No one is.

Mr. Wayne Gates: I'm not sure that's accurate.

I don't want to get off long-term care until I say at least one more thing. We know about Bill 124. I think, Chair, we can all agree, Bill 124 created a crisis in our health care system around staffing, to a point that they started up agency companies that are now charging $150 an hour. That's what we're paying to agency companies for nurses in long-term-care facilities. You know what that drain does on our health care system, when you talk about, "We don't have enough money"?

I want to talk about the military. Because you know what? I don't want people to think the only one saying this is Wayne Gates. There is a report that the Canadian military, which we all respect—and by the way, my dad did serve in the military from 1939 to 1945 in World War II, so I have a great deal of respect for our military. They went into private long-term-care facilities that had incredible outbreaks. They found our moms, our dads, other seniors, brothers, sisters, aunts and uncles. Do you know what they found, Chair? They were dying of dehydration, the basic need for water. It's in the report. I didn't write the report, by the way. That's in the report.

They also had a report where some were found laying in their beds, dead for 24 hours—in the report from the military. That's the system that you want to go to? That's the system that you think is going to work for Ontarians, the privatization of our health care?

I know some people on that side don't like the examples I use, but I'm going to use an example, because a number of years ago, I was going to have a hernia operation. I could have went to Shouldice, but at that time, I was president of my local union, and I decided to go to the Niagara Falls hospital. But I looked into it.

At that time, it was day surgery. I went in at 11 o'clock in the morning, they prepped me, I was operated on at 1:30, and I was back in my kitchen at—5:30, I think I got home. I was in a lot of pain, by the way. Hernia operations are not something that you want to do, but I had to have it.

I looked into what it would have cost at Shouldice. I'm going back a number of years. Shouldice was four times the cost. Through the Chair, do you know why? Because you have a couple of consultations and you end up spending three days there. The cost there is four times as much. That money comes out of our health care system. That's not money that's going back into our health care system. It's more drain.

That's what happens when you privatize it. They set up corporations. They charge the system more to do, say, a knee surgery. It's $100; privately, it may be $400. That's $300 more that's not going into our publicly funded health care system. That's another way to take nurses and doctors away from our publicly funded system. This is so wrong.

I just want to make sure I got all the points that I put down. Maybe my colleague could even speak a little more on this, or my other colleague.

Something as important as changing the look of health care, maybe for our lifetimes, our kids' lifetimes, their kids and grandkids, by privatizing our health care system—I mentioned this too, Chair, but I'm not sure if you were here that day. I think you were off in the afternoon. I mentioned the fact of, why would we go down to a system like the United States of America? Do you know today—and I don't have the exact day; I may be out by a million here—the number one reason for bankruptcy in the United States of America is health care costs. Why would we want to go down to that system?

Chair, I'll tell you this story. I was at the Avondale store. We have Avondale stores down in my riding. One of my friends, who happens to own a relatively big farm down in Niagara-on-the-Lake, came up to me. I know him quite well. He said to me, "Gatesy, why don't you just let me pay? Why do I have to wait? I have the money. I can pay." His wasn't open-heart surgery. I think it was—he's a really good athlete; he had some problems with his knees. He said, "Why can't I just go pay?"

That's the problem with this system, because you'll have a two-tier system. My colleague talked about this. People who have money will go to the front of the line, and people who don't will go to the back of the line. At some point in time during this process—I know they say you won't have to pay with your credit card and that, but we all know you will at some point in time once this comes into effect. That's how people who have a lot of money feel.

I had a councillor in Niagara Falls say the same thing to me at Antica when we were sitting, having lunch together. He owns a couple of hotels in Niagara Falls. He said to me, "Why can't I jump the line?" These guys have enough money. You know where they're going. I know the doctor who's here today would probably know. They're going to the States because they can jump the line because they can pay. But somebody who's on ODSP, or somebody making minimum wage working in a grocery store, they're not going to be able to pay. They're not going to be able to get to the front of the line. But a CEO could, especially a CEO of a long-term-care facility, or a shareholder, or somebody that sits on their board. They'll be able to jump the line. Is that what you want?

0930

I have three daughters. I know a lot of you guys don't know that, but I have three daughters. They struggle every

day. One is a teacher; she's got three daughters. She works very hard. She's not going to be able to afford to jump the line. My other daughter works with special needs. They pay their mortgage. They're doing everything they can for their kids. They've skated for a while. Skating's very expensive, by the way. My oldest daughter was a figure skater. They're not going to be able to jump the line. But today, they can call the doctor, get an appointment, get service and not have to worry about it because everybody's treated equal. The minute you start the privatization, it's not equal. It won't be equal.

And we've got examples. The example is the States. You can look that up. I don't know if they've got computers up on the other side. Look it up; that's the number one reason for bankruptcy, because of the privatization of health care. Matter of fact, the last two presidents' elections were fought on the privatization and bringing in health care. We're going the other way. We're the envy of the world. I'm asking my colleagues, explain to me, if we're the envy of the world—how much time do I got left?

The Chair (Ms. Goldie Ghamari): One minute.

Mr. Wayne Gates: I'll finish up by saying that this should have went around the province. We should have went from community to community to community. This should not be fast-tracked, should not be rushed through committee, and you absolutely should have talked to the workers: the OFL, ONA, SEIU, USW, CUPE, Unifor. You can't say you're working for workers and bring in bills like Bill 124 that affect this bill coming in, saying that we've got a crisis. You created the crisis. This Conservative government created a crisis in health care knowing full well where they wanted to go. That's why the mandate letters would be great to see, because I'm sure this was the game plan all along: Create a crisis. We did it in education under Mike Harris. How many of you remember that?

Okay, I'm done. Thank you. I appreciate the time. Thanks for giving me 20 minutes. Thanks for listening. I appreciate it.

The Chair (Ms. Goldie Ghamari): Thank you. I wasn't here the other day because it was Persian new year, so that's why I was celebrating with my family. But I was paying attention and I did read the transcripts after.

Mr. Wayne Gates: I appreciate that. Thank you.

The Chair (Ms. Goldie Ghamari): Of course. Thank you.

MPP Gretzky?

Mrs. Lisa Gretzky: I'm going to take the time because it's important—I'm not sure the other side is actually listening, but it's important for it to be said. I'm going to reiterate what my colleague said. We had people come to this committee—and I absolutely agree that it is shameful that this was not travelled around the province. It is absolutely shameful that this government pushed this through using their majority as quickly as they possibly could to get it into committee and to get it passed into law—something this important, something of this magnitude, and it was pushed through with very little time for the public to even know what was going on, which I know was the plan. That was the plan. There's no doubt about that. That, in itself, is shameful.

You are talking about tens of millions of people whose lives are going to be directly impacted by your decision through Bill 60 privatize and profitize health care. And you couldn't even take the time to travel the province to get the word out about what was going on and to hear from the people in this province.

For the people that did know and were able to come for committee, what we heard from every single organization that represents the workers in the health care system: You didn't consult them. You didn't talk to the front-line workers—the workers who have been living a nightmare, frankly, for three years, made worse by Bill 124. There was no consultation with them, and yet they're the ones on the front lines providing health care. We had faith leaders come and present who pleaded with you not to push this bill through, saying how it divides, how it creates a two-tier health care system, like my colleague from Nickel Belt said, for the healthy and the wealthy, and those that don't have the money or have complex medical needs. They'll be excluded from these clinics.

We had Indigenous leaders and organizations sitting here saying, "Don't do this." Not only will it make it worse for the people in general in the province, but for our communities. Many of those communities are under boil-water advisories for 20 or 30 years, and this government has done nothing to address that. It's creating serious health concerns for First Nations in this province. The government says we're going to make it even more difficult for Indigenous people to be able to access health care in Ontario, because they don't have the means to buy their way to the front of the line.

We heard from community-service agencies who help support at-risk youth, racialized Ontarians, marginalized Ontarians like those people living in poverty or experiencing homelessness, or with mental illness or addiction struggles. They were very clear that this bill will ensure that they wait longer and longer and will create more barriers for those individuals to access health care that they need. Those that need health care the most, and the fastest in most cases, will now find it even harder to access care. This government dismisses that in this bill because those people don't really matter.

It is fiscally irresponsible. I know the Conservatives like to talk about economics and being fiscally responsible. It's actually fiscally irresponsible, this bill, because what this bill does—and I want this to be clear to anybody that is watching this or reads the transcript down the road—is it takes public dollars, taxpayer dollars, that go directly into the profits of these profitized private clinics. It goes right into the shareholders' pockets, and the government gives them more money, more funding, than they do our publicly funded, publicly delivered, not-for-profit health care system. They are purposely starving our public health care system to push their narrative that profitization and privatization is better. There have been numerous studies showing that that is not accurate.

Why would you put more money into shareholders' pockets than into a public system that's not-for-profit, that

provides care to every person in this province rather than a select few?

I want to talk about—because this came up during the hearings as well—Bill 124. We heard it from the workers. The government didn't want to talk to the workers when the workers were here. They didn't talk to them. When the marginalized groups were here, they didn't talk to them. When the Indigenous leaders were here, they didn't talk to them. But I'm going to talk about the staffing crisis.

Bill 124 is driving health care workers out of our publicly funded, publicly delivered, not-for-profit health care system. Come spend some time in Windsor and you'll see what happens. Those nurses, those health care professionals, take the five-minute drive across the border to go work at a hospital over there, over in Detroit, where they have better pay, better benefits, better hours. The hospitals over there are literally showing up and recruiting nurses right out of school. They're going to school in Windsor, and those hospitals are right there. As soon as those nurses graduate, they say, "Come work for us."

0940

We have two hospital systems in Windsor. Both of them have had postings for nurses, 150, 200 at a time. They can't fill those positions because of Bill 124, because those nurses can take a five-minute drive across the border and get better pay, better benefits, better hours and a heck of a lot more respect than what they're getting from this Conservative government.

What this bill is going to do is pull more of those nurses out of the public system and into the private clinics, where they're going to get paid better. They're going to be 9-to-5 jobs, no evenings, no weekends, no holidays. The public system can't compete with that. It can't compete with that. But the Conservative government knows that. That's their purpose, to completely chip away at the publicly funded, publicly delivered health care system to drive their narrative of privatization and profitization.

Yesterday, in question period, I asked a question. I've known this person for a while. We've had many discussions about the barriers that she has faced and the struggles she has had in her life. I'm going to share her story again, because it is relevant to this bill.

Yesterday, I shared a story about a woman who was sexually assaulted. She was a victim of human trafficking. She was sexually assaulted and beaten nearly to death. She was left in a parking lot to die. The answer from the minister yesterday to my question was, "Well, we're building supportive housing." She lived in her car for months because there was no housing for her to go to. She has been on a wait-list for four months and counting to get counselling, to get therapy. I'm going to reiterate: She was trafficked. She was sexually assaulted and beaten nearly to death, and has been waiting for four months for therapy with no end in sight.

She keeps calling, asking, "Where am I on the list? When am I going to get to see somebody?" Crying out for help, and they keep saying, "We don't know. We don't know. There's still a months-long list before you."

I ask the government members: Are you okay with that? Is that acceptable? I could not imagine. It certainly wouldn't be acceptable for anybody in my family, or anyone in my community or anyone I know. I can only imagine if it was me. But this government thinks it's okay.

She was told that if she could pay $30,000 a month, she could get in to a private, for-profit clinic immediately for therapy. I don't know if I need to draw the parallel to that story and Bill 60 for the government side, but I'm going to.

Here we have someone who is in desperate need of care, of support, who can't access it because the government will not properly fund the health care system or the mental health care system or the addictions system. She desperately needs help, but the government has set up a situation where if she could come up with $30,000 a month, she could move to the front of the line and be seen immediately, just like what they're doing in Bill 60.

I ask every member on that side of the House: How on earth is that acceptable to you? How on earth do you think that that is a direction we should be going? It's absolutely unconscionable that you sit in committee or you sit in the chamber and you defend Bill 60, the bill that is before us, knowing that it creates even more barriers for people to access care and all it does is pad the bank accounts of shareholders. Because these clinics are beholden to the shareholders by law, they have to produce money for the shareholders. It's not about providing care to people. It's about producing money for the shareholders.

You know, during committee, I had talked about my personal story and my colleague from Nickel Belt talks about how, under Bill 60, it will be the healthy and the wealthy that get to the front of the line, that will get to go to these clinics because they don't have complex medical needs. They can afford to get to the front of the line. We know there's upselling; it's already happening. People like the woman I just talked about, she can't afford to go to one of these places and then get upsold on services.

As my colleague from Niagara Falls talked about his family, I talked about my brother. My brother wouldn't have gotten into one of these clinics. In fact, my brother died of an overdose before he was able to access supports and services that he needs. Is that a record you're proud of? Because that's the road you're continuing down. These clinics wouldn't have taken him if he needed surgery. They wouldn't have touched him. He had some other complex medical needs and they would have turned him away and sent him back to the public system, where he'd have to wait even longer than people are waiting now because the staffing crisis will only get deeper as these private clinics poach health care workers from the public system.

My mom is elderly, diabetic and has some other medical concerns. She needs back surgery. She has fallen and broken her back twice; she can barely walk. These clinics wouldn't take her. They would send her back to the public system, where she would continue to wait, except it would take even longer because they don't have the staff and the resources.

Interjection.

Mrs. Lisa Gretzky: I don't know what MPP Martin is talking about over there, but I'm talking about something serious and she was just laughing.

My father-in-law has serious medical conditions—

Mrs. Robin Martin: Chair?

The Chair (Ms. Goldie Ghamari): Yes, MPP Martin?

Mrs. Robin Martin: On a point of order, I think the member opposite just imputed motive. I was having a chat with a colleague of mine for a second, and it's against the rules to impute motive against another member.

The Chair (Ms. Goldie Ghamari): Thank you. I'd like to remind the members to not impute motive and to make their comments through the Chair. Throughout these entire proceedings, members on both sides have had conversations and have had little chit-chats and have made comments and laughed, and that includes you, as well, so I would just ask members to be respectful and focus on what you're trying to convey. Everyone has had little conversations here and there, so let's just be respectful. It's going to be a long day. Let's just focus on our work and not make inappropriate comments or impute motive or whatever the case might be—and that goes for both sides.

Mrs. Lisa Gretzky: There's no imputing motive; I was just pointing out a fact.

The Chair (Ms. Goldie Ghamari): Well, if that's how you want it to be, then when you or your colleagues are making a comment or joking, I'm happy to point that out, as well, on the record. This could go both ways. I just want everything to be neutral and I want everything to just be—let's just focus on our work.

Mrs. Lisa Gretzky: We can certainly do that. I didn't realize that we would get into debates with the Chair.

As I was saying, my father-in-law has serious health conditions. He's an elderly man with serious, complex medical conditions. He wouldn't be seen in these clinics. They would tell him to go back into the public system and wait—again, a longer wait because we already have a staffing crisis and with Bill 124, it's not going away. It's only going to get worse with this bill.

People with developmental and intellectual disabilities coupled with complex medical needs? These clinics aren't going to take them. There's no way they're going to take them. Those people are going to wait on a wait-list for the publicly funded, publicly delivered, not-for-profit system and they're going to wait longer because, with Bill 124 and the increasing staffing crisis and these nurses and other health care professionals going to these private, for-profit clinics, we're going to have fewer staff in the hospital and these individuals are not going to get care.

I think of Shirley, in my community, who has two sons with cerebral palsy. One of them has nearly died. He spent a great deal of time in hospital over the last three years and has nearly died five times that I can remember off the top of my head; it might even be more. Her other son? Same situation. They've needed surgeries. Those clinics won't take them. They won't take them because of their developmental disability, and they won't take them because of their complex medical needs. So what this government is saying is, "You don't matter. You can wait." If her boys had to wait any longer than they already do for care, they would die. She has almost lost them a few times already waiting for them to be able to get surgeries they need.

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While others who are healthier and have the financial means get to go to these clinics that the government is paying more for, we have people like Shirley's sons, people like my father-in-law, like my mother, like my brother. Government members would have families with complex medical needs who wouldn't be able to access care in these clinics.

Later this morning and this afternoon, there are over 70 amendments that we are going to talk about for this bill. It speaks volumes when you talk about the number of amendments that were brought forward for this bill and how problematic this bill is. Those amendments that we're tabling, those aren't just things that we're saying are problematic and need to be changed. Those aren't things that we just dreamed up on our own. It's not just ideology. We heard from people at committee. There were people who put in written submissions. There were people in our communities—and I know the government side has heard from people in their communities—who have very, very serious concerns with the direction that this bill is taking us.

As my colleague from Nickel Belt said, with the number of amendments that came forward based on what we are hearing from actually talking to the front-line workers in health care, from actually listening to faith leaders who came here and in our own communities, from actually listening to Indigenous leaders and organizations—

The Chair (Ms. Goldie Ghamari): You have about 30 seconds left.

Mrs. Lisa Gretzky: Our amendments came from listening to the people of Ontario, something the government says they're doing, but we know that it's a select few they're talking to and listening to. It's not the people that I just listed. It's not the people that I just talked about, because if those were the people they were listening to, Bill 60 wouldn't be in existence, and they certainly wouldn't be defending it as it's written.

The Chair (Ms. Goldie Ghamari): Further comments? MPP Shamji.

Mr. Adil Shamji: Firstly, I just want to say good morning, everyone. I want to start by thanking all members of this committee for all the hard work that we've been doing over the last few weeks. The hours have been long. We've had a lot of public hearings to listen to. Truly, I wish that there had been more. But I do want to acknowledge that everyone has been working very hard here. So to the government members, to the opposition members, thank you very much for participating in this process.

To our Chair, thank you. I do also want to say Nowruz Pirooz for the celebration you were just engaged in. And to the clerks and our Hansard staff, thank you.

To Ralph, I want to say thank you, and I am sorry for putting you through so much as I drafted my amendments.

As we all know, we have concluded our public hearings for Bill 60. I just wanted to take a brief moment to summarize where we've got to at this point. What we've heard in the public hearings, in my mind, has highlighted the importance for us to engage in some very meaningful collaboration over the course of the day today, because there are many opportunities to improve this bill.

What we have observed is that, to some degree, the hearings have been rushed. We have heard from many people, both in written as well as oral statements, that we have not had ample time to seek feedback from outside of Toronto or from the communities that need help the most. Because of this, in my humble opinion, we have lacked meaningful input from northern, rural and Indigenous communities. In fact, the few Indigenous stakeholders that have been able to participate have highlighted for us the fact that they felt as though they had not been consulted, and that they fear that, as written, this bill could lead to an exacerbation of some of the inequities that are being experienced currently in the health care system.

We also heard from families who shared their worries about a repetition of what they feel they experienced in for-profit long-term-care homes during the pandemic and who have shared their concern, unfortunately, that some of the changes that needed to happen to give them confidence that those things will not be repeated have not yet happened.

Finally, I do want to highlight the fact that even important stakeholders from across the health care system, from our hospitals—reputable, experienced individuals like Andy Smith and Kevin Smith—have highlighted the fact that there is a significant risk of unintended consequences, for example, as it relates to the siphoning of health human resources and runaway profiteering. That has been echoed even by organizations such as the Ontario Association of Radiologists or the Ontario Association of Clinic Endoscopists. So if we have listened in earnest, and I genuinely believe that all of us have, then we know that this bill has a lot of work for us to do. I'm proud that we're going to have an opportunity to do that together today.

I do want to give this bill a genuine opportunity to pass, and in order for that to happen, I believe that our amendments have to improve the bill in four key areas. Here are these four areas.

We have to make it clear in the legislation—not in our conversations, but in the legislation—that patient interests must come first. I've introduced a number of amendments that I'll be proud to walk you through over the remainder of the day.

We must be clear that this bill, this legislation, will deliver value and accountability. And again, it can't come through our conversations in this room. It has to be written in the legislation, and I've provided examples of how we can do that.

We must protect hospital staffing. In order to feel comfortable and confident, in order for us to be able to vote for this bill, we need to see meaningful, concrete protections in the legislation, not left to regulation.

Finally, the legislation has to be clear about how it will fight profiteering, how it will credibly and concretely protect against upcharging and upselling. I have provided some concrete examples to help all of us in that journey today.

On two final notes, I would like to say that the legislation needs to speak to and address the unique needs of our northern, rural, remote and Indigenous communities across the province. These are the communities that have the poorest access to health care; that consistently have the lowest health care outcomes, particularly in relation to urban centres. As written, I have not seen that this legislation will work for or protect their interests. I think that it could. There are ways to make it do that. But I do not see the evidence as written in the legislation right now.

And then the final thing that I think we really will need to work on today is that schedule 2, which relates to redefining health care professions for the government's as-of-right provisions, needs significant work. I want to be clear: I support the idea and principle of national licensure and many of my colleagues do as well. But currently, schedule 2 as written is like signing a blank cheque. So I hope that as we go through the bill today, we can actually work towards instituting amendments and making improvements that will allow us to have that more clear, along with schedule 1. If we can do that in a true spirit of collaboration and working together with, ultimately, not our best interests in mind but the people and patients of Ontario's best interests in mind, then there may be a hope that this bill can be salvaged and could even be voted on in a favourable manner.

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With that, Chair, I thank everyone for their time and for our anticipated co-operation and collaboration today. I'd like to turn it back to you, Chair.

The Chair (Ms. Goldie Ghamari): Thank you very much.

Further questions or comments? MPP Jordan.

Mr. John Jordan: I want to thank MPP Shamji for speaking to the bill. Bill 60 is about integrating other health service providers into our system. It's speeding up how quickly people can get surgeries. An example that we have given many times is cataract surgeries—14,000 more. Those are covered by OHIP.

So let's talk about OHIP. Let's talk about Tommy Douglas. The members opposite like to talk about Tommy Douglas. Tommy Douglas was about everybody having access to care and not having to pay for care. In this bill, people will be using their OHIP card. The members opposite keep talking about privatization. The word "privatization" is not even in the bill. That's just an attempt to stall this bill.

As far as compassion, the members opposite don't have a monopoly on compassion. We have all had people in the health care system, particularly through COVID, who have suffered.

Staffing shortages exist across Canada. To try to blame a bill in Ontario for all of this—there's no argument to be made on that front.

Deaths in long-term care: The member from Niagara repeatedly blames this government, elected in 2018, for

the deaths in long-term care and takes no responsibility for the years previous to 2018. Why is that?

Wait-lists: This is what this is all about. Again, it's not about privatization; it's an expansion of medicare, and Tommy Douglas would applaud it. He also talked about the second stage of medicare. The second stage of medicare was where we're heading, so people have access to care upstream so that they don't end up in our acute-care hospitals—that they don't need our doctors as much.

Providing some relief to our health care system: A good example is our seniors' dental program. He would applaud that. We're moving upstream and we're engaging all health service providers. That's what this bill is about: speeding up care, addressing wait-lists.

"We're moving too fast; we want to consult more": We're going to continue to move fast. This is urgent, so hang on.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: Just to finish: I appreciate the comments about our previous leader, Tommy Douglas, who brought us medicare. I just want to put on the record that when we're talking about the second stage of medicare, what the second stage of medicare means is pharmacare, dental care and eye care. It does not mean investor-owned corporations building surgical suites. That has nothing to do with the second stage of medicare.

The Chair (Ms. Goldie Ghamari): If the member would like to make a comment, he can make it through the Chair. MPP Jordan.

Mr. John Jordan: I would just like to add that there's nothing in this bill that says we would only be accessing private health service providers or private clinics. There's nothing in the bill that excludes anybody. We're addressing all health service providers, and that is what Tommy Douglas said.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gretzky.

Mrs. Lisa Gretzky: Tommy Douglas was not about profitized health care where shareholders make money at the expense of people actually being able to get care. Tommy Douglas wasn't about people being able to get to the front of the line because they could buy their way to the front of the line. Tommy Douglas wasn't about people being able to get to the front of the line over someone else who had complex medical needs because of their socio-economic status. In fact, he was the exact opposite. He believed about equity of access.

When it comes to this bill and it not being about privatization or profitization, or it not specifically saying in it, it is written throughout this bill that that's what it is. It is very clear in the direction. It is very clear from what we heard from the presenters to the committee. The bill may not specifically say "profitized health care," but it doesn't say that's not what it's about. That is the concern on this side of the House. That is the concern of many of the presenters who came: the faith leaders, those who represent marginalized communities, kids at risk, people living in poverty, people struggling with mental illness or addiction. It was very clear from their presentations. It was very clear from the health care workers who came that this bill does not very clearly exclude profitization of health care; in fact, it opens the door for it. So if the government is stating that that's not what this bill is about, then amend it. Put that language right in the bill: that profits will not be put above patient care; that we are not going to see an explosion of these private, for-profit, shareholder-driven clinics. Put that language right in the bill. But that's not in the bill. There is nothing excluding that from happening. There is nothing that explicitly states that that will not happen.

We heard from many presenters who had serious concerns about the direction of this bill. It's not just us. There were people who came and presented here. There were people who put in written submissions. We heard it. I'm sure everybody around this table heard from people in their communities who have serious concerns about this bill opening the door for further privatization and profitization of health care. Again, if that's not what this bill is about, then I'm sure those of us on this side of the House would be more than happy to accept an amendment that very clearly states in this bill that that will not be allowed.

The Chair (Ms. Goldie Ghamari): MPP Gates.

Mr. Wayne Gates: I appreciate that, and I certainly would like the opportunity to respond my colleague across from me, because he was the one who raised this, so I think it's fair and reasonable for me to respond.

You asked what we've been doing over the last number of years. I've been here for a long time—and certainly longer than yourself, sir—and I have raised the problems that we had with long-term care. I raised the fact that it should be not-for-profit. I raised the fact that we should be investing in not-for-profit homes. I raised the fact that we should be going to—in my area, we have regional homes, so the region runs the homes, and do you know what? They're better staffed, they're paid better, the quality of care is better—all of those things that I talked about.

I've asked your party over and over again, and you didn't raise it, but you can't forget it was your party—not necessarily this group of elected reps—that brought in for-profit long-term care. It's been a mess ever since, and it was really highlighted under COVID.

So, to your point—and I think it's fair, Chair, through you, to answer that question. When you ask what we've done, we have tried to fix long-term care. But to sit here and say that Bill 124 hasn't caused a crisis in long-term care, in retirement homes, in home care, in our hospital system, with our correction officers, with our paramedics, with our health care, with our education—you already tried to put in the bill a "notwithstanding" clause that attacked workers, again, centred around Bill 124, that got all the unions together.

So to your point, what have I done while I've been here? I am very proud of the record, personally, but unfortunately, the one thing that I haven't been successful in is getting this government to not have for-profit long-term-care facilities, where we saw—we're over 5,500

now. I don't have the exact amount, but over 5,500 have died. And Bill 124 certainly caused a crisis in all the sectors, not just health care. I would love to see the mandate letters so that we could see if that was part of the plan going forward when this government took over.

I really appreciate the Chair giving me the opportunity to respond to my colleague.

The Chair (Ms. Goldie Ghamari): Members, as you will notice, Bill 60 is comprised of three sections in three schedules. Since the majority of the bill is set out in the schedules, I propose that we stand down sections 1, 2 and 3 of the bill, to postpone their consideration and start with schedule 1, section 1. Do members agree? Agreed.

We will now begin our clause-by-clause consideration of Bill 60.

MPP Gélinas.

Mme France Gélinas: I don't know when to ask, but whenever we start to vote, I would request a recorded vote for all votes.

The Chair (Ms. Goldie Ghamari): No problem. Recorded votes have been requested for all of the votes. Is that for all amendments, all sections, everything, or just for the amendments proposed by the official opposition?

Mme France Gélinas: For all the amendments proposed.

The Chair (Ms. Goldie Ghamari): So a recorded vote for all of the amendments only. Nothing that has not been amended?

Mme France Gélinas: Correct.

The Chair (Ms. Goldie Ghamari): Okay, great.

We'll turn now to schedule 1, section 1. We have NDP motion 0.1. Who would like to move it? MPP Gélinas.

Mme France Gélinas: I move that section 1 of schedule 1 to the bill be amended by striking out the definition of "integrated community health services centre" and substituting the following:

"'integrated community health services centre' means:

"(a) a community surgical and diagnostic centre in which one or more members of the public receive services

"(b) a community surgical and diagnostic centre that is prescribed, or

"(c) a publicly operated health care facility that is prescribed; ('centre de services de santé communautaire intégré')".

The Chair (Ms. Goldie Ghamari): Is there any debate? MPP Gélinas.

Mme France Gélinas: The idea is, really, if you look at the definition as it is in the bill right now, it talks about—and I will read it. If you read the bill, the definition right now of "integrated community health services centre" means "a health facility, including a community surgical and diagnostic centre"—we all agree—"in which one or more members of the public receive services"—we all agree. But then you go on to say, "for or in respect of which facility costs are charged or paid...."

We all know that this does not apply to our hospitals. So by keeping the definition of "integrated community health services centre" the way you have it written in the bill right now, that means that the great work that Sunnybrook has been doing, the great work that London hospital has been doing would no longer be able to apply to other hospitals because your definition limits it to "for or in respect of which facility costs are charged or paid" which do not apply to our hospitals.

If you are interested in making sure that, in areas like mine, where there will be no investor who will ever want to invest in Nickel Belt for an MRI or a CT scan, but my hospitals may very well be interested in doing such a thing, you have to change the definition that you have in the bill. You cannot limit it to "services for or in respect of which facility costs are charged or paid" because, by keeping that in the bill, you are excluding our hospitals and limiting it to what used to be IHF that are now integrated community health services centres. This has to be amended.

The rest of the definition, we agree. The part that we disagree with is that, if you keep "for or in respect of which facility costs are charged" you are excluding our hospitals. That means, in every rural and in every northern area of the province, we will never be able to do what they've done at Sunnybrook. We will never be able to do what they've done at London Health Sciences Centre. We will never be able to do integrated community health services centres. The definition has to be changed.

The Chair (Ms. Goldie Ghamari): Are members prepared to vote? It's a recorded vote.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Seeing the time, the committee now stands in recess until 3 p.m.

The committee recessed from 1014 to 1500.

The Chair (Ms. Goldie Ghamari): Good afternoon, everyone, and welcome back. The Standing Committee on Social Policy will now come to order. We are resuming clause-by-clause consideration of Bill 60, An Act to amend and enact various Acts with respect to the health system.

At this point, we are currently on schedule 1, section 1. NDP motion number 0.1 was voted on and it was lost. So now we are turning to schedule 1, section 1, as is. Shall schedule 1, section 1, carry? All those in favour, please raise your hands. All those opposed, please raise your hands. I declare schedule 1, section 1, carried.

Turning now to schedule 1, section 2. Is there any debate? Seeing none, are members prepared to vote? Shall schedule 1, section 2, carry? All those in favour, please raise their hands. All those opposed, please raise their hands. I declare the motion carried.

Turning now to—

Mme France Gélinas: Chair?

The Chair (Ms. Goldie Ghamari): Yes?

Mme France Gélinas: Can I change my mind and from now on we record those votes as well?

The Chair (Ms. Goldie Ghamari): You would like every single vote to be a recorded vote?

Mme France Gélinas: Please, Chair.

The Chair (Ms. Goldie Ghamari): Okay.

Turning now to section 2.1 of schedule 1, NDP motion 0.2. Who would like to move this? MPP Gélinas.

Mme France Gélinas: So we are in a part of the bill that talks about the interests affecting the control of—

The Chair (Ms. Goldie Ghamari): Sorry, MPP Gélinas. At this point, you have to—

Mme France Gélinas: I have to read it first.

The Chair (Ms. Goldie Ghamari): Yes. You have to move the motion first, please.

Mme France Gélinas: You'd figure I would know that. Sorry, Chair.

The Chair (Ms. Goldie Ghamari): It's okay.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"Conditions re application

"(2.1) This act is of no force or effect unless the Ministry of Health takes measures to ensure no new financial or administrative burdens are placed on individuals in need of care or their caregivers."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: This talks to the core of what the bill is about. It's to make sure that the government recognizes that if there are fees, it is a barrier to care. People finding out that they could be charged $250 to have their eye re-measured means that some people who need cataract surgery won't be going forward because they don't have the $250. So the idea behind this amendment is really to make it clear that no financial or administrative burden can be placed on people. It would be in the bill so that whoever comes forward and asks to become an integrated community health services centre would know that they are not allowed to do this. It would be in law.

The Chair (Ms. Goldie Ghamari): Further debate? Are members prepared to vote? Shall NDP section 2.1 of schedule 1 carry?

Mr. Wayne Gates: Recorded.

The Chair (Ms. Goldie Ghamari): Yes, everything is recorded, MPP Gates.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to schedule 1, section 3, we have independent motion number 1. Who would like to move this motion? MPP Shamji.

Mr. Adil Shamji: I think it's me by process of elimination.

I move that section 3(2) of schedule 1 to the bill be struck out and the following substituted:

"Director qualifications

"(2) A director must be chosen by a competitive process, and must be an individual employed in the ministry or by Ontario Health, or an entity such as a regulated health college that has a responsibility to act in the public interest and must have appropriate qualifications and experiences in the areas of,

"(a) The evaluation of clinical performance against professional standards;

"(b) quality improvement in a health care setting;

"(c) health professions regulation;

"(d) strategic policy, innovation, and organization; and

"(e) health care system leadership."

To justify my proposal for this amendment, I draw your attention to section 3, the part of the director, which I worry is lacking in detail. As written, it could lead to exceptional directors, but it also could lead to very uninspiring directors as well. So the spirit of my amendment is in ensuring that we set a process in place that ensures adequate standards, that ensures that we are looking for directors who will have a high level of experience and credibility on this, and also to make sure that the incentives for said director are aligned in the public interest, hence the recommendation that this individual be with the ministry, Ontario Health or a regulatory college that has extensive experience in addressing these things.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved—MPP Gélinas?

Mme France Gélinas: I like the direction that you are taking, that the individual must be employed by the ministry or Ontario Health, because if you are employed by the ministry, there is lots of transparency and accountability that you have to follow. There is lots of guidance and prudence that exists.

But the minute that you bring the director to an entity that has responsibility to act in the public interest, depending on who that entity is, we could lose all of this oversight and accountability. So can I suggest a friendly amendment, to be an individual employed by the ministry or Ontario Health, and then take out "or an entity such as a regulated health college that has a responsibility to act in the public interest"? I would take that out and then continue with the rest, because the rest is pretty solid.

Am I allowed to do a friendly amendment?

The Chair (Ms. Goldie Ghamari): You have to move the amendment.

Mme France Gélinas: I move that—

The Chair (Ms. Goldie Ghamari): Legislative counsel needs to draft it.

Mme France Gélinas: Ah. Take your time.

The Chair (Ms. Goldie Ghamari): Committee members, legislative counsel is preparing the amendment

to the motion right now, and they're just going to make copies. It should be ready in less than five minutes, so we're just going to take a quick five-minute recess.

The committee recessed from 1508 to 1510.

The Chair (Ms. Goldie Ghamari): All right, committee, we're going to be handing out copies of the motion shortly, but in the meantime, MPP Gélinas has moved an amendment to motion number 1.

MPP Gélinas, would you please read the motion?

Mme France Gélinas: Sure. I move that independent motion number 1 be amended by striking out "or an entity such as a regulated health college that has a responsibility to act in the public interest,"

The Chair (Ms. Goldie Ghamari): Is there any debate or are members prepared to vote? MPP Gélinas.

Mme France Gélinas: Everybody understands that we are in part 2 that talks about the director: "The minister shall appoint one or more persons as the director for integrated community health services centres." This person will have immense power to decide who gets what contract where, who can do how many provisions of cataract surgery, hip, knees, MRI etc., controlling access to care, where those will be, who will have access etc. So I think it would be important, given the immense power of this position, that this position is subject to the same transparency and accountability standards as everybody else within the Ministry of Health. I think this is a prudent thing to do, and this is what the independent member motion would do.

The Chair (Ms. Goldie Ghamari): Further debate? Seeing none, are members prepared to vote? Shall MPP Gélinas's amendment to motion number 1 carry?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 1, shall independent motion number 1 carry?

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 2, who would like to move this motion? MPP Gélinas.

Mme France Gélinas: I move that section 3 of schedule 1 to the bill be amended by adding the following subsections:

"Employed by Ministry of Health or Ontario Health

"(2.1) The director shall be an individual employed by the Ministry of Health or Ontario Health and is subject to the same transparency and accountability standards as employees of the Ministry of Health.

"No contracting out

"(2.2) The role and responsibilities of the director must not be contracted outside of the Ministry of Health or Ontario Health."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: We have seen this nightmare before. In Ontario, the retirement home industry is self-regulated. That is, whenever there is a complaint, it is a group within a retirement home who oversees the complaints. Those are vulnerable Ontarians who deserve the protection of their government.

The same thing could happen here. A very good person could be appointed by the minister for director, but they could also appoint an entity that is completely governed and managed by investors who have one reason to invest in an MRI clinic or surgical clinic: It's to make money.

I think it would be wise of us to really look at—let's make sure that there's transparency and accountability to that position so that down the road, when the Conservatives are no longer in power, the people who get chosen to fill that important position, first of all, are employed, so that they have transparency and accountability, and second, that this job cannot be contracted out. That's what the motion attempts to do.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved motion—yes, MPP Gates?

Mr. Wayne Gates: Yes, I just want to say a couple of words. I certainly agree with my colleague. We have had a number of issues around retirement homes where they are self-regulated and we had problems, so I think that's a very good example.

I don't understand why the government is moving into a—in this bill, where there is no accountability, there's no transparency, and the one thing that my colleague did say is that we have seen what has happened with long-term care when it has been taken over by investors who are there for profit—the only reason that they're there. So there should be no contracting out, for sure, and I fully support this NDP motion.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion number 2.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Quinn, Pierre, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare motion number 2 lost.

Turning now to NDP motion number 2.1: Who would like to move this motion? MPP Gélinas.

Mme France Gélinas: I move that section 3 of schedule 1 to the bill be amended by adding the following subsection:

"Requirements for appointment

"(2.3) An individual or other entity shall not be appointed as the director unless they have demonstrated experience in and a demonstrated commitment to applying a health equity and anti-racism lens."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: We all know that access to care is not the same for every Ontarian. If you look at the 2.2 million Ontarians that do not have a primary care provider, that do not have a family physician or a nurse practitioner, the majority of them are people of low income, people who are members of BIPOC—Black, Indigenous, people of colour. We're talking about LGBTQ2S+. Those are the people who make up the majority of the 2.2 million people in Ontario who don't have access.

So to put a requirement to demonstrate a commitment to applying a health equity and anti-racism lens in the leadership of who will be deciding could only help all Ontarians who presently face barriers to access to care. This is what this amendment is trying to do.

The Chair (Ms. Goldie Ghamari): MPP Shamji.

Mr. Adil Shamji: I just wanted to say that I've had the honour of serving in a clinical capacity some of our most marginalized populations in the province. These are people who are homeless, immigrants or refugees, Indigenous communities, people that have a disproportionately lower health status than the rest of us, who also have disproportionately increased difficulty in accessing our health care system and whose voices are systematically underrepresented in chambers exactly like this one.

And so, when I think about this bill, what it seeks to do and what it proposes to do—as I've said before, I think there are merits to the spirit of this bill—it is essential that we embed pathways to make sure that people that need this care the most can access it the most. I think this is an amendment that could potentially do that, and this is why I support it and encourage everybody to support it.

The Chair (Ms. Goldie Ghamari): Further debate? Are members prepared to vote? Shall NDP motion 2.1 carry?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Quinn, Pierre, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 2.2: MPP Gélinas, would you like to move it? Can I just assume that you're going to be moving—okay.

Mme France Gélinas: Good guess.

I move that section 3 of schedule 1 to the bill be amended by adding the following subsection:

"Legal and policy requirements

"(2.4) The director shall be subject to all the legal and policy requirements protecting the public from corruption and conflict of interest that apply to public servants."

1520

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: We all understand that the director will have immense power to direct how our health care system moves forward. Do we have long wait-lists? Yes, absolutely. Can community-based surgical suites help? Yes, absolutely. But if you have no transparency, if you have no accountability, if you have a bunch of rich investors who want to make money out of those community-based clinics, you have all of the ingredients for another Ornge.

For those of you that were not there, Ornge air ambulance was a little bit like this. They were shielded from all of the policy requirements protecting the public. We could not get the freedom of access of information out of them and it took the Auditor General to discover that Dr. Mazza had decided to pay himself a $1.2-million-a-year salary, yet his salary did not show up on the sunshine list. They decided to have kickbacks from the helicopter manufacturer, which means that we now have helicopters in Ontario for Ornge in which you cannot do CPR, but he was getting lots of money back from that particular manufacturer, and on and on. The report is public for everybody to see, was done by the public accounts committee, but what I'm telling you is that we have seen this nightmare before.

If you do not put legal policy requirements to protect the public, because of the amount of money that we are talking about, because of the pent-up demands from big investors who are just dreaming of coming into Ontario to put in the millions of dollars to bring the new MRIs and the new surgical suites because they intend to do a whole lot of money, I would say we need to make sure that we have the transparency necessary to ensure that every dollar of public money is used to the end that it was meant for. And this is what the legal and policy requirements are.

We're not putting anything on them that does not exist for the—I forget how many civil servants work for the Ministry of Health; 22,000, 25,000? Those are the same requirements. They are not very onerous, but they do bring transparency, they do bring accountability and they help make sure that the scandals that we've seen before, we learned from them and we don't repeat them. This is what this motion is all about.

The Chair (Ms. Goldie Ghamari): MPP Shamji.

Mr. Adil Shamji: I'll be very brief because we have a long afternoon and evening ahead of us, but in my mind, I don't see anything controversial at all in this proposed

amendment. In fact, I think it should be quite perfunctory. Furthermore, I would say that, as we heard, there is reason to believe that explicit protections should be in place in this legislation and so I fully support the spirit of this amendment.

The Chair (Ms. Goldie Ghamari): MPP Gates.

Mr. Wayne Gates: Yes, this reminds me a little bit of the—what we're trying to do is protect ourselves from what happened in long-term care. We had all kinds of terrible, terrible situations out in long-term care and the government decided to bring in a bill so they couldn't be sued, including the government couldn't be sued. That's what I see here and that's what the director is about.

But the nice thing about these things is—and we're here for a long time; we can sit here until midnight if we have to. We could have the Conservatives explain to us why they think having a director is the direction we should go. It's about power and we're giving far too much power to whoever becomes the director. It's about accountability. There's an opportunity here where there may be no accountability, there will be no transparency. My colleague had a very good example around Ornge air ambulance services and what we went through for a long, long time, including some of those air ambulances that crashed, and I agree 100%. I didn't know about the kickbacks, but that's not a surprise when you're dealing with billions of dollars. It just isn't. We need something that's put in place, it's legal and it protects the public. I said this during committee, and I'll say it again today and maybe repeat it a few times as we go through here: We're looking at billions and billions of dollars that investors want a part of. I used the example of the States. This is what's going to happen with this. And if you go to a director with no accountability, no transparency, it's really a licence to do whatever they want so that if something goes wrong, you can't say, "Well, it's the government that did it." They'll throw their hands up—they've done it before—"Oh, that's the director. The director made that call. It was the director. It wasn't us. We didn't do anything." Yet, you're putting it in the bill. So I obviously support my colleague's and our motion, and hopefully at some point in time, the Conservatives will support it.

The Chair (Ms. Goldie Ghamari): Are members prepared to vote? Shall NDP motion number 2.2 carry?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion number 2.3: MPP Gélinas.

Mme France Gélinas: I move that section 3 of schedule 1 to the bill be amended by adding the following subsection:

"Public notice

"(3.1) The minister shall provide public notice of any appointments under this section."

So we are on the part of the section of the bill that is dealing with the director. Basically, we know that the minister shall appoint one or more persons as the director for an integrated community health services centre, and if more than one director is appointed or more than one person, the appointment may specify the functions and duties of each person who is appointed. The idea is really if the minister is going to do this, make a public notice of that. On Friday night at 5 o'clock when nobody is looking anymore, put it on your website. I will be looking.

But the idea is really that the minister shall provide public notice of this so we don't find out months down the road that it is now an agency that's doing that work, that the director that we thought was doing the work has really been changed to somebody else. Make that public. That's all. This position will have a ton of power, a ton of responsibility. This is somebody that—we should know who that person is, and to make it in the bill that there will be public notice of it is just good transparency and good governance.

The Chair (Ms. Goldie Ghamari): MPP Gates.

Mr. Wayne Gates: Yes, my colleague has talked a lot on—when I took a look at all of what's here, this is probably the first one I thought for sure the government would support. It's easy to support asking for public knowledge which falls right in with what I've been talking about to all these, about accountability, transparency. And I agree with my colleague: Although I don't like when it happens, a lot of times, you get a message at 10 after 5 on a Friday night that comes from this government, and they've done something that they don't want anybody to know or anybody to report on. But when I took a look, this is very easy to report. All you have to say: "The minister shall provide public notice of any appointments under this section." I think it's pretty easy to support, and I'm sure my colleagues are going to.

The Chair (Ms. Goldie Ghamari): Are members prepared to vote? Shall NDP motion 2.3 carry?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion number 3: MPP Gélinas.

Mme France Gélinas: I move that section 3 of schedule 1 to the bill be amended by adding the following subsection:

"Registry of operating rooms

"(5) The director shall administer a public registry, that is updated in real time, of all operating rooms in the

province at hospitals and integrated community health services centres."

1530

The Chair (Ms. Goldie Ghamari): Thank you. Debate?

Mme France Gélinas: We have seen through the deputations that came, whether it was from the associations and in some of the comments that were sent in writing—from the association of family physicians, from the Alliance for Healthier Communities, from Indigenous primary care, from the Canadian Doctors for Medicare, the Canadian Federation of University Women—there is a huge number of deputations as well as written documents that have asked for this to be done.

It's something simple. Every hospital knows how many operating rooms they have, which ones they're able to put in use and which ones they are not able to put in use. It would help in the planning so that if—I don't wish a pandemic or anything like this upon us, but if for some reason we see that the wait-list for a particular surgery—back surgery or shoulder surgery—starts to go up, then we can tap into the infrastructure availability that already exists in Ontario. The public registry of this would be a good planning tool. It would also, I think, motivate some donations for our hospitals. If they can show that they have a very long wait-list for a particular surgery and they can show that they have the equipment available, it could motivate the community to help out.

The Chair (Ms. Goldie Ghamari): MPP Gates.

Mr. Wayne Gates: I can't agree more with my colleague beside me. But I want to talk about, to your point, what you talked about, France. We only have to look at what's going on in Ottawa today, where doctors have formed their own corporation. Think about this: They work right in the hospital during the week, Monday to Friday. On the weekend, they're forming their own corporation, and they're then hiring the same nurses that are working Monday to Friday in the hospital and performing surgeries on the weekend as a corporation. Now, once they do it as a corporation, the problem is, we can't get to how much they're charging; what that surgery costs; what are you paying the nurses, whether it's $50 an hour, $75 or $100. But what it's going to do is that it's going to take nurses out of the publicly funded, publicly delivered system, and that's a real concern.

So I'm asking for this to—this motion is, again, very supportable. It should be supported, and I just gave you an example of why it should be supported. Hopefully, you've taken the time to listen.

The Chair (Ms. Goldie Ghamari): MPP Gélinas.

Mme France Gélinas: Actually, it was a bit of a surprise to me, when we started to look at mainly the documentation that was sent to us in writing from people who could not do deputation, the number of operating rooms in Ontario that sit idle. I sort of always knew that most surgeries went on Monday to Friday, from 7 till 4. I don't know why it's 7 in the morning, by the way. When you live in northern Ontario and have to travel two hours to get to the hospital and you have to get there two hours before your surgery, they would much prefer it be 9 to 5, but that's a topic for another day. But to realize how much of our resources sit there idle was a bit of a shocker to me. So to make that a public registry, I think, would really help to push our health care system and hospital system to make better use of the very expensive infrastructure that we have right here in Ontario.

The Chair (Ms. Goldie Ghamari): MPP Gretzky.

Mrs. Lisa Gretzky: I'm just going to add to that. If you look at hospitals around the province, and most, if not all, post their wait times for the emergency departments. Many of the labs where people go to get blood work and other tests done have a website. Many of them have apps on your phone, where you can look to see how long the wait time is or what appointments are available. So if we're talking about trying to make the health care system easier for people to navigate, for people to be able to get health care faster, I think that it's a very important piece of that puzzle, this motion, to ensure that there is public accountability, that that information is out there about the operating rooms that are available in hospitals around the province.

My colleague had talked about the Ottawa Hospital and how the hospital is not able to, because of funding and staffing shortages, utilize that space all the time, so these doctors have formed this corporation, are talking to the nurses that also work in that hospital, and they're doing operations. Let that sink in. They're renting space in a hospital, when the reality is, if we didn't have Bill 124 hanging over health care workers' heads, we would have more health care workers and would be able to perform more procedures.

We know across the province that there are operating rooms on a regular basis that are sitting empty with the lights off. So if we're talking about accountability, if we're talking about transparency and if we're talking about maximizing and putting to best use the space that we already have within the publicly funded, publicly delivered, not-for-profit health care system, I think it makes a great deal of sense that there is a registry, and that it's public knowledge, of the operating rooms across the province and what they are or are not being utilized for, to help, frankly, better coordinate the opportunities for people to get surgeries in hospital.

The Chair (Ms. Goldie Ghamari): Are members prepared to vote?

Mrs. Robin Martin: Chair?

The Chair (Ms. Goldie Ghamari): Yes, MPP Martin?

Mrs. Robin Martin: I just wanted to say that the proposed act is a licensing, funding and quality assurance framework for community services, and a registry of hospital ORs is beyond the scope of the proposed act.

Nor do I think it would achieve anything like what the members opposite have suggested. Just a registry of ORs doesn't answer those kinds of questions. Hospital administrators are responsible for the day-to-day management of their hospitals, including utilization of operating rooms and allocation of operating room time to physicians and prioritization of procedures.

We have better ways of managing the availability of ORs, and we'll be doing so through the centralized wait-

list management, which is also something our government is moving forward on.

The Chair (Ms. Goldie Ghamari): MPP Gretzky?

Mrs. Lisa Gretzky: I just wanted to say to that that it's not in the bill, which is the whole point of the amendment, to ensure that it is in the bill.

The Chair (Ms. Goldie Ghamari): MPP Gélinas?

Mme France Gélinas: I can tell you that a long, long time ago, when hospitals started to show the rate of C-sections, we realized how much difference there was per physician, per hospital. It shook up the hospital system, and within a year, we had seen huge, huge changes in the way delivery services were delivered throughout our hospital system. I think that to bring in a public registry of how often operating rooms sit idle would have the same impact.

I can tell you that at what was called at the time Sudbury General Hospital, we had a C-section rate of close to 30%. Once the C-section rate was made public throughout the hospitals in Ontario, it dropped to 7% or 7.8%—I'd have to go back.

Just to show you the power of transparency, those were good physicians who wanted to provide good care to these women who were delivering babies. But when they saw their stats compared to their colleagues, things changed drastically.

I think we could have the same effect on the use of operating rooms if it was in a public registry made public.

The Chair (Ms. Goldie Ghamari): Further debate? Are members prepared to vote?

Shall NDP motion number 3 carry?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion 3.1. MPP Shamji.

Mr. Adil Shamji: Thank you very much, Chair—

Interjection.

The Chair (Ms. Goldie Ghamari): Oh, my apologies. Yes, the road map.

Shall schedule 1, section 3, carry?

Ayes

Barnes, Jordan, Martin, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 3, carried.

Turning now to schedule 1, section 3.1, with independent motion number 3.1. MPP Shamji.

Mr. Adil Shamji: I move that schedule 1 to the bill be amended by adding the following section in part II:

"Associate director, northern.

"3.1(1) The minister shall appoint an associate director to oversee the implementation and operation of integrated community health services centres serving the northern, rural and remote regions of Ontario.

1540

"Qualifications

"(2) The associate director appointed under subsection (1) must be chosen through a competitive process and must be an individual employed in the ministry or by Ontario Health, or an entity such as a regulated health college that has a responsibility to act in the public interest, and must have appropriate qualifications and experience in the areas of,

"(a) the evaluation of clinical performance against professional standards;

"(b) quality improvements in a health care setting;

"(c) health professions regulation;

"(d) strategic policy, innovation and organization;

"(e) health care system leadership; and

"(f) health care service delivery in northern rural or remote regions."

The Chair (Ms. Goldie Ghamari): Debate? MPP Shamji.

Mr. Adil Shamji: The reason I am proposing this is, as we all know, the challenges that we face in our health care system, which are immense, are disproportionately experienced by those of our communities that are in northern, rural and remote parts of Ontario. The proposal for integrated community health services centres not only may have little impact for these northern communities; there is actually, in my opinion, a significant concern that as procedures are moved out of some northern and rural hospitals into such facilities, it could actually result in an exodus of health care workers that follow those procedures.

I do genuinely believe that this bill has the risk of creating substantial harm in our northern, rural and remote communities. I don't believe that that is the intention of this bill, however, and so this is an amendment that is intended to fight for and serve our northern communities, to ensure that they have equitable, fair and safe access, and to ensure that there aren't any unintended consequences by moving surgeries and diagnostic services out of hospitals and into these facilities.

Finally, I just would like to highlight the fact that we had almost no representation from northern communities, nor have we had an opportunity to proactively seek out feedback by going to northern or rural communities. But I know from my own experience over seven years working in these kinds of communities and from the one stakeholder that we did hear from that this is a real, relevant concern that people have a right to be concerned about. This is a way to ameliorate that and allow for this bill to be supportable, at least on my part.

The Chair (Ms. Goldie Ghamari): Thank you. MPP Gélinas?

Mme France Gélinas: I have made the comment before and I will repeat that the way that the consultations were done, the time frame was so short, and with the difficulty of communications in northern Ontario, very few northern Ontarians were made aware that they could come and do a deputation within the time frame that was given to them. Henri Giroux, who came from North Bay via Zoom, from the Ontario Health Coalition for North Bay-Nipissing, was the one representative from northern Ontario who made the deadline.

What the people of northern Ontario wanted to say is very similar to what we just heard. There is a real danger. We have a shortage of staff in northern Ontario. I can tell you that the hospital in Hearst, some days and some weekends, has zero local staff. They are all agency staff coming from down south to staff this hospital—zero local staff. Why is that? And how is this bill going to make things worse? The minute that there are opportunities to work Monday to Friday, 9 to 5, in downtown Toronto, no weekends, no on-call, no statutory holidays, no night shifts, working with the healthy and the wealthy, because you will only take the cases that can be done the same day, that don't need hospitalization—what would you do? Would you like to drive 11 hours to make it to Hearst, so that you can work weekends, night shifts, statutory holidays? Or would you rather stay in Toronto, where you trained, and be able to work Monday to Friday with cases that come in in the morning and go home at night?

We are all human beings. The choices that these nurses will make will have a direct impact. Having an associate director for the north would at least bring a northern lens to the decisions that will be made. It is easy to say, "Oh, we have very high wait-lists in Toronto; therefore we need all of those American investors to build us more ORs that we won't have to pay for"—that's not true; we will still pay for them—"and they will invest and then we will bring the wait-lists down." But that comes at a cost.

If all you put is a Toronto lens on that, it looks wonderful. If you start to look and put more of a northern lens on this, then you realize, "Oh, are those the same nurses that used to do two-week shifts in and out of Hearst? Twelve days in and out of Manitoulin?" And then you realize that you will have a huge impact on access to care. But if you all you look at is how many people are on the wait-lists, how many investors are waiting to come and make money off the backs of Ontarians who are sick and need care, it looks like the perfect mix until you put a northern lens on it, and then not so much.

My only issue—although I find the amendment really good—is, again, "or an entity such as a regulated health college that has a responsibility to act in the public interest...." I would much rather keep it to the ministry and Ontario Health because of the transparency and accountability that comes with being an employee of the ministry or an employee of Ontario Health. So I would ask my good legislative counsel if, at all possible, to have a friendly amendment where we take that little part out, if the independent member is agreeable.

Interjection.

The Chair (Ms. Goldie Ghamari): Is that a yes?

Mr. Adil Shamji: Sure, yes.

The Chair (Ms. Goldie Ghamari): Okay. We'll take a five-minute recess.

The committee recessed from 1547 to 1550.

The Chair (Ms. Goldie Ghamari): Welcome back, everyone. The Standing Committee on Social Policy will now resume.

There's a motion that's going to be moved by MPP Gélinas.

Mme France Gélinas: I move that independent motion number 3.1 be amended by striking out "or an entity such as a regulated health college that has a responsibility to act in the public interest".

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved this motion, which is an amendment to MPP Shamji's motion. Is there any debate? MPP Gélinas.

Mme France Gélinas: The same arguments that I made the last time: that if you are an employee of the ministry or an employee of Ontario Health, it comes with accountability and transparency that the public gains, and this is lost once you go to an entity that is not an employee of the ministry or Ontario Health.

The Chair (Ms. Goldie Ghamari): MPP Martin.

Mrs. Robin Martin: I just wanted to put on the record that Ontario Health does system planning for the entire province, including rural, remote and northern riding ridings. That's why it's already considered under this bill.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: I don't deny that, but I do also think the fact that there has been such little northern representation and attention to northern challenges during this debate is emblematic of exactly the need for us to have an explicit role for this.

The Chair (Ms. Goldie Ghamari): Are members prepared to vote? MPP Gélinas has moved an amendment. All those in favour, please raise their hands.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Oosterhoff, Quinn, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion—yes, MPP Gates?

Mr. Wayne Gates: I want to talk real quickly on this. My colleague did a really good job talking about Monday to Friday and not working on weekends, and where are you going to work? Let's be honest: You're going to do that.

But the issue that my colleague just talked about, saying about the north, quite frankly, under Bill 60, you never allowed the north to come. You rushed this bill so quickly that they didn't have an opportunity to come from the

north to present. Quite frankly, it's disgusting that they didn't have the chance as you rushed this bill through. You're doing that now. But you don't have to, just so my colleagues know and the Liberals know and, I guess, the government knows. You don't have to go all the way north to find out where we've got problems in rural Ontario when it comes to health care and doctors.

Niagara-on-the-Lake: I had a meeting there last week. They're short doctors. You closed their hospital. They had one hospital. You closed it. That's in rural Ontario. So you don't have to go as far as the north; it's right here in Ontario—not in Toronto but right here in Ontario.

So I want to make sure I raise that on behalf of people who live in Niagara-on-the-Lake, who have one of the highest senior populations in the province. We closed their hospital, and they don't have enough doctors.

The Chair (Ms. Goldie Ghamari): MPP Martin.

Mrs. Robin Martin: I just wanted to put on the record that public hearings were available via Zoom for those who couldn't attend in person, and many witnesses chose to attend virtually.

Also, the hospital schedule, we learned in Sudbury, is from 7 to 4. We don't know what the schedule of the clinics will be when they open, and they could be whatever, just like the hospitals can be open at whatever times they decide to run their operating rooms.

The Chair (Ms. Goldie Ghamari): MPP Gates.

Mr. Wayne Gates: I'd like to respond to that. What we're saying this bill is causing has already started. I've already given you an example. Through the Chair, I already gave you an example of where they are taking nurses that work Monday to Friday in our publicly funded, publicly delivered health care system and working weekends for a new corporation set up by doctors, where we can't find out what they're being paid, what the nurses are being paid, because it's a private company. So to my colleague's thing, I thought I'd mention that it's already happening here.

And the last thing I'll say: Accountability and transparency don't count with this government.

The Chair (Ms. Goldie Ghamari): Further debate? Are members prepared to vote? MPP Shamji has moved independent motion 3.1.

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Oosterhoff, Pierre, Quinn, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 4: MPP Shamji.

Mr. Adil Shamji: I move that section 4 of schedule 1 to the bill be amended by adding the following subsections:

"Non-profits only

"(2) A licence may only be issued to a person who will operate the integrated community health services centre on a non-profit basis.

"Regulations

"(3) The Lieutenant Governor in Council may make regulations clarifying the meaning of 'non-profit' for the purposes of this section."

The Chair (Ms. Goldie Ghamari): Debate?

Mr. Adil Shamji: As we have heard repeatedly, both in previous debate in the House as well as by many of the individuals who have provided testimony in front of this committee, non-profit clinical care has consistently outperformed for-profit care in the province of Ontario, in jurisdictions across our country and around the world. This is not anecdotal evidence. This is not opinion or anything subjective. It is borne out in countless studies. I know that I personally have had conversations with members across, both on the record and to the side, to articulate many of the articles and to share so much of that evidence.

I also want to reiterate that important stakeholder organizations such as the Ontario Medical Association have made it clear that their position is that when medical services and surgeries are moved out of hospitals, they should occur on a not-for-profit basis. This is the argument that underlines this amendment, an amendment that I am confident will ensure superior clinical care to the status quo that is being introduced by this bill and will ensure that patient safety and, of paramount importance, that patient interest and patient care is the number one consideration when they seek out any sort of clinical care at an integrated community health services centre.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: We all know that we have hospital capacity. Many hospitals would be more than happy to have surgical suites in the community. They would have the staff rotate to this, then back into the hospital. The physicians would have privileges; would do surgery on an outpatient basis in the community, on an inpatient basis in the hospital and if something goes wrong—we don't wish that upon anybody—follow them in.

The minister and the Premier talk a whole lot about the Kensington Eye Institute. That's where they were when they made the announcement because it is a not-for-profit community-based agency. But we all know that of the 700 and counting independent health facilities, only 2% of them are not-for-profit. Every other one is a for-profit entity, and the body of evidence is clear that profit comes first, often at the expense of quality of care.

The Chair (Ms. Goldie Ghamari): MPP Martin.

Mrs. Robin Martin: I just want to say that Bill 60 applies to existing independent health facilities as well, many of which are for-profit. Over 900 have safely operated for over 30 years, and this amendment would take existing operators out of the system.

Also, there's nothing in this bill that determines whether the next clinic will be a for-profit, not-for-profit,

whatever. It's not determined in the bill. There's nothing preventing a requirement for a non-profit status to be included as a condition in a call for applications if that was what the government chose to do. I think that because this applies also to the independent health facilities which are for-profit, many of them, as the member points out, this is an appropriate amendment in this case.

The Chair (Ms. Goldie Ghamari): Are members prepared to vote? Yes, MPP Shamji.

Mr. Adil Shamji: I just wanted to very briefly respond to the member across. First of all, I recognize that there's nothing in this bill that says that integrated community health services centres will be for-profit. The point that we're trying to make here is that they should be explicitly not-for-profit. As I previously articulated, physician-operated independent health facilities are not investor-driven, for-profit corporations. They exist within the confines of medical professional corporations, heavily regulated by the College of Physicians and Surgeons of Ontario, in which the physicians, who are by law the only people who can be directors and presidents, have a fiduciary relationship to their physicians first, in which investors cannot go. There's no one in this room, for example—I'm incorporated; it is a medical professional corporation. I do not operate on a for-profit basis. No matter how great of a physician you think I am, you cannot invest in me. That is impossible.

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And so, I do think that there's a significant distinction to be drawn between what the member across has been articulating and the spirit of my amendment. I just want to put that on the record before we vote for this.

The Chair (Ms. Goldie Ghamari): Are members prepared to vote? Shall independent motion number 4 carry?

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Oosterhoff, Pierre, Quinn, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 1, section 4 carry?

Ayes

Barnes, Jordan, Martin, Oosterhoff, Pierre, Quinn, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare the motion carried.

Turning now to schedule 1, section 5, we have independent motion number 5. MPP Shamji.

Mr. Adil Shamji: I move that section 5 of schedule 1 to the bill be amended by adding the following subsection:

"Notice must be public

"(2.1) No prior notice of a call for applications may be given to potential applicants, except in the form of a notice that is available to the general public."

The Chair (Ms. Goldie Ghamari): Debate?

Mr. Adil Shamji: My hope is that this amendment is redundant. However, in the wake of some of the things that have been happening in the last few weeks, such as, for example, the outsourcing of private surgeries, I understand, at hospitals in Ottawa, it has raised the spectre that perhaps some organizations are being notified of these opportunities ahead of a general call for applications. I can't say for certain whether or not that is the case. However, I do think that it is critically important that everyone have an equal and fair opportunity to make applications. That is the spirit of this amendment, which I encourage everyone to support.

The Chair (Ms. Goldie Ghamari): MPP Gélinas.

Mme France Gélinas: I think the same as you said, I hope we will never need to use this, but it's better that it be in the bill than not be in the bill. There is a lot of speculation right now about who knew what about the greenbelt. I don't want similar speculation as to who knew what about the new community-based surgical suites that will be coming. So this is a good safeguard to have in the bill.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 5.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Oosterhoff, Pierre, Quinn, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion number 6: MPP Gélinas.

Mme France Gélinas: I move that section 5 of schedule 1 to the bill be amended by adding the following subsection:

"Applications made public

"(3.1) Applications submitted under subsection (3) shall be made available to the public."

The Chair (Ms. Goldie Ghamari): Debate?

Mme France Gélinas: We are in the part of the bill that talks about licence application. We are now in the part of the bill that talks about submissions of applications, and what we are saying is that, when applications go out, not only should it go out to interested investors, it should go out to the public—as simple as that.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gates.

Mr. Wayne Gates: Once again, this comes down to accountability and transparency, and that's what it's really about. A very easy motion to support. Hopefully the Conservative colleagues will support it.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved independent motion number 6.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Oosterhoff, Pierre, Quinn.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion number 7: MPP Gélinas.

Mme France Gélinas: I move that section 5 of schedule 1 to the bill be amended by adding the following subsection:

"Freedom of Information and Protection of Privacy Act

"(3.1) Applications submitted under subsection (3) are subject to disclosure under the Freedom of Information and Protection of Privacy Act."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: Basically, the freedom of access to information comes with a whole bunch of rules as to what can and cannot be made public. But, right now, the way that the bill is written, anything that has to do with the licence applications will never be made public.

What we're asking is that, certainly, there are parts that cannot be shared, and we would be respectful of the Freedom of Information and Protection of Privacy Act. But the licensing applications process would become covered by the Freedom of Information and Protection of Privacy Act so that people can file FOI requests, and the information that is within the law to be shared would then become available.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gates.

Mr. Wayne Gates: I just want to continue to talk about how my colleague is right on the money on this. It's about accountability and transparency. We still have at least 40 more motions here; hopefully, we're not seeing that the Conservative Party is against accountability and transparency through the entire day, right until we're done.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Martin.

Mrs. Robin Martin: The Freedom of Information and Protection of Privacy Act already applies and will apply to the bill.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gates.

Mr. Wayne Gates: That's why I said it's easy to support, so I'm sure they're going to support it, so thank you for that.

The Chair (Ms. Goldie Ghamari): MPP Gélinas.

Mme France Gélinas: I would like legislative counsel to confirm that the Freedom of Information and Protection of Privacy Act already applies. The lawyer that I worked with to draft those amendments made it clear that the way that this part III of the licensing and related matters, under the license applications, the Freedom of Information and Protection of Privacy Act would not apply. So if we could have a ruling from legislative counsel?

The Chair (Ms. Goldie Ghamari): We can't provide a ruling but an explanation.

Mme France Gélinas: An explanation. Sorry.

Mr. Ralph Armstrong: Yes. Once again, I can't provide a ruling. I would have thought that it would have applied, but after decades in this line of work, if a FIPPA matter comes up, I always say, "Well, you're going to have to talk to the FIPPA guy, because I have no idea what's going on." I'll be candid with the committee. I cannot say anything more than my opinion would have been the same as you advised that it would have applied as a normal matter, but it's so far out of my field of expertise that I feel awkward even talking about it.

The Chair (Ms. Goldie Ghamari): Does that answer your question?

Mme France Gélinas: It does.

I would say if we all agree that it should apply and that it does apply, there is no harm in putting it in the bill. If it already applies and it's in the bill, it just applies and we're all happy. Adding 10 words into Bill 60 is not going to make any damage, but it's going to make it clear that FIPPA applies.

The Chair (Ms. Goldie Ghamari): MPP Martin.

Mrs. Robin Martin: As a lawyer who has dealt with FIPPA in my legal career, I would not say that we can just write 10 words in and it'll be fine. FIPPA will apply in the way FIPPA applies. The whole of the act will apply, so I'm not going to rewrite it with 10 words.

The Chair (Ms. Goldie Ghamari): Further debate?

Mrs. Lisa Gretzky: I'm not a lawyer, but that member had just said that it applies to the bill. By adding the language in to make extra certain that it actually does apply, it really, according to their argument, doesn't change the intent of the bill. So I agree with my colleague from Nickel Belt and my colleague from Niagara Falls.

If the government believes that FIPPA applies under this legislation, then let's make it clear to everybody so it is not open to interpretation depending on who you are or what your intentions are. Put it in the bill and let's make it clearer to the public.

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Again, the government side says it's already covered in here. Let's make sure. It doesn't change anything. If the government is right and it's in the bill, it doesn't change anything by actually spelling that out in the bill.

The Chair (Ms. Goldie Ghamari): Are members prepared to vote? Shall NDP motion number 7 carry?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Oosterhoff, Pierre, Quinn, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 8. MPP Shamji.

Mr. Adil Shamji: I move that clause 5(4)(e) of schedule 1 to the bill be amended by adding the following subclause:

"(i.1) an analysis of the availability of staff in the local and regional area, and how new staff will be recruited,"

The Chair (Ms. Goldie Ghamari): Thank you. Would you like to—

Mr. Adil Shamji: Yes. Thank you very much.

I suspect that it would be the intention of this government to take this into consideration, but it isn't there, and it is a glaring omission. I do think—number one, I think there has been discussion about checking about local availability of staff in an area. Where there hasn't been discussion is just the scope of that area. I do think as we contemplate ensuring that we've got adequate staffing, it not just be in the immediate local area but more broadly in the regional area as well. This is attended to address that concern.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: The way the bill reads right now, it talks about the requirement content of licence applications, so here's what we will find in the application. In the application, it asks for:

"(e) a detailed staffing model for the proposed integrated community health services centre and evidence of the sustainability of this model, including,

"(i) staff classification with rates of compensation and ranges of compensation, as applicable."

But nothing in there talks about how you are going to affect staffing in other areas.

The amendment that the independent member has brought forward will put "an analysis of the availability of staff in the local and regional area, and how new staff will be recruited." We all know if a 9-to-5 or 7-to-4 job Monday to Friday is available, there is a good chance they will poach nurses and other staff from our hospitals. To mandate an analysis of availability of staff in the local and regional area is something worthwhile if we care about our publicly funded, publicly delivered hospitals.

The Chair (Ms. Goldie Ghamari): Further debate? Are members prepared to vote?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Oosterhoff, Pierre, Quinn, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion number 8.1. MPP Gélinas.

Mme France Gélinas: I move that subsection 5(4) of schedule 1 to the bill be amended by adding the following clause:

"(h.i) a declaration of any conflicts of interest, associated consultations, linkages and endorsements;"

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: Basically the amendment would make sure that if there are conflicts of interest, if there are associated consultations, if there are linkages and endorsements, those get declared so that they are taken into account when reviewing the submissions of the different applicants.

The Chair (Ms. Goldie Ghamari): Further debate? Seeing none, are members prepared to vote? Shall NDP motion number 8.1 carry?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Oosterhoff, Pierre, Quinn, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion number 8.2. MPP Gélinas.

Mme France Gélinas: I move that subsection 5(4) of schedule 1 to the bill be amended by adding the following clause:

"(h.ii) standards to prevent the upselling of services;"

The Chair (Ms. Goldie Ghamari): Debate?

Mme France Gélinas: This has been an issue that we have heard lots about. Many of the deputants who came forward gave us examples of having to pay to get a second measurement of an eye, going to get cataract surgery and being told you can wait for a year and a half at the hospital or you can come to my private clinic. If you pay—it went from $2,000 to $4,000 to close to $5,000, I think is the highest that has been shared with us—then you can be seen really quickly. We all know that the minute that the investors build those new surgical centres, those new MRIs, those new CAT scans, that there will be added fees. They will be upselling. Things that are not necessary, not available will become available. The titanium screws will be the things to have in your hip surgery, although we know thousands of people that have had hip replacements doing just fine with the screws that surgeons are using right now.

So to put it right in the bill that we need standards—so just to put everything into perspective, we are in the part of the bill, licensee applications, so what we are saying is that when a licensee or somebody or an investor is applying for a licence for an integrated community health services centre, then they would have to show us and meet

the standards to prevent upselling of services. So they will know right when they apply that the standards will need to be met, they will need to be met in their application and they will need to be met every day that they offer services to the people of Ontario.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gates.

Mr. Wayne Gates: Yes, the upselling I think is a really big issue, and I actually have tried to pitch a question for this week on this upselling issue for something that's happened in my own riding. I agree with the fact that there should be standards met.

But the upselling is where they make their money. I think even my good friend the doctor would attest to that. When I went to St. Mike's here in Toronto and I talked to my heart doctor, "What's going on with the hospital?" he was very clear that because of Bill 60, they're going to lose staff. Nurses are going to where they make more money. Doctors are going to go where they can make more money. I've already given you an example of what happened in Ottawa, so I don't have to repeat it.

Upselling is an interesting word for me. A lot of you don't know—some may know—as president of my local union, I used to bargain a lot of collective agreements. One of the bigger sectors that I did do was car dealerships. I used to do their collective agreement, and we actually put right in the collective agreement that if you go in for a brake job and you end up selling tire rotation or some of the other things that go with it, the mechanic would actually make more money. And they always say to me, "Well, why is it in the agreement?" That's how the company is going to make money. If you're a dealership, you make your money on the upselling. So they'll bring you in for an oil change for—I'm showing my age here—it might have been $29.95 or something, but I don't think you can get an oil change now for $29.95.

Mme France Gélinas: Double that.

Mr. Wayne Gates: Yes, it's a lot more now. But then you go in and they get you for either a tune up or a tire rotation or a wheel balance. That's called upselling. And that's what this will be. This is the same kind of principle because they want to make money and that's where you make your money. So that's why I'm certainly supporting our motion. But I thought I'd give you an example of how upselling really works, not just in health care but right across the province of Ontario.

The Chair (Ms. Goldie Ghamari): MPP Gretzky.

Mrs. Lisa Gretzky: Yes, I just want to add to that just to paint a picture, because it already happens. It's already a reality. Imagine an elderly person who is already targeted by scammers by phone—I mean, we've all heard about the grandparent scam that's going around where somebody calls and says, "Hey, Grandma. It's me. I need money, I'm in trouble" and somebody sends money. I have to give a shout-out to the elderly lady down my way who didn't fall for it and actually kept the scammer on the phone long enough—she gave out an address and she called the police and said, "All right, they're going to be at my house at this time. Come and get them." And they picked him up. But she's one of few who doesn't get taken in by this kind of thing.

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We have elderly people who—people come to the door, have them sign contracts and sell them things they don't need. And we know that it's happening in some of these clinics already, where they go in for cataract surgery. Again, elderly people who are vulnerable to this kind of scam, and they go in and they're told, "Do you know what you really need? What would be better for you is this lens," and it's going to cost this much more for their cataract surgery. And they go, "Okay, if the doctor said I need it, I guess I need it." And they somehow come up with money for that, when the reality is they didn't need that. The OHIP-covered lens would have been just fine. They would have been able to see wonderfully. And we hear this on a regular basis. This is happening.

I heard it from a hospital CEO—I won't say which one it was—where his mom went in and it happened to her and she paid an extra 400 bucks out of pocket because she thought that she had to have it. And she was by herself that day.

So I think it's really important that we work into legislation standards to prevent the upselling of services, because we have seniors and other very vulnerable people in this province who won't know their rights. We all trust—I would think, I would hope—that when you go to a medical professional, they have your best interest at heart and they want you to be the healthiest that you can be. I would certainly think that the vast majority of health care workers operate in that manner. But when you add a corporation—a shareholder-driven, profit-driven corporation—to the mix, it's the Wild West when it comes to upselling and taking advantage of people.

I think this is a very, very good amendment. I would think that the government would want to do everything they possibly could to protect seniors and other vulnerable people in the province from falling victim to upselling, to being sold something that they don't really need, nor can they frankly afford, because many will go take out loans. They will pull from what little retirement fund they have to pay for this.

And so, I would think that out of public interest and trying to look out for some of the most vulnerable people in this province, the government side would support the motion before us to ensure that there are standards in place to prevent the upselling or the taking advantage of Ontarians.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: Just very briefly: I do think that this is a really critical amendment. My only regret with this amendment—but I don't think that anyone can be blamed for this, just given the timeline for how this review of Bill 60 has gone. My only wish is that we had actually listed the standards that we would like to see—that we listed those standards. That is the one opportunity for improvement, and I articulate that because I do think it is so critically important to have this information in the legislation.

The Chair (Ms. Goldie Ghamari): MPP Gélinas.

Mme France Gélinas: I just want to read from the bill again. We are in the section of the bill that talks about the licence application. I'm reading (4)(i), which we're about to hopefully modify:

"(i) a description of any uninsured services that are being provided or will be provided at the proposed integrated community health services centre, including,

"(i) a description of any charges for the uninsured services, and

"(ii) a detailed description of the processes for providing information and obtaining patient consent in connection with any uninsured services...."

So we all know that it is in the bill that we expect those new centres to sell you uninsured services. We know that. It's written in the bill. I just read it to you from the bill.

You will remember when Adil Khalfan—I don't know how to pronounce his last name—the president and chief executive officer of Kensington Health was here, this is something that he addressed—he actually sent me a briefing note after, just to make absolutely sure—that we needed to have standards to prevent the upselling of services.

The bill tells you that you will have access to uninsured services, that there will be prices for those uninsured services. We know that those centres will sell you the $1,000 screw, will sell you the $4,000 lenses. It's already in the bill that they will be allowed to do that.

We need to listen to everybody that has talked to us about upselling and how it's done and put standards in place to prevent the upselling of services. I can direct you to the website of Kensington Health, which has, as my colleague just talked about, described those standards.

How do you make sure that you don't upsell? This has to be in the bill.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Martin.

Mrs. Robin Martin: The protections are put in place in the bill just to make sure that we're addressing concerns that people have expressed. However, my experience, and I'm sure the experience of many people, is that when you go to a hospital, you are also offered upgraded lenses, for example, for cataract surgery, a private room and other things that might not be covered by OHIP. It has nothing to do with the venue itself but the nature of the service.

That's why we've put in here that it should be as transparent as possible. There should be as much information given as possible to people to try to make sure people are fully informed. That is our objective.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: Upselling is a big, big problem. It provides barriers to care to a lot of Ontarians. It has to be addressed.

We know that there will be uninsured services. If you go to a hospital, there are people trained to gain your consent if you want a private or semi-private room. They will go through the whole thing. They will explain to you how much it is. They will explain to you how much time you will have to pay. They will even check for you if your insurance covers it. They make it absolutely clear.

If somebody gets charged and says, "Well, I didn't know that I had signed for that," 99% of the time, the hospital backtracks and says, "We're sorry; we thought you had understood. We saw your signature here." If the daughter comes and says, "My mom was not feeling good that day when she signed," the hospital doesn't charge.

None of that happens in the private, for-profit clinics. They want your money, and they will get your money. Standards to prevent the upselling of services have to be there. We have to acknowledge that upselling happens. It will happen. It's in the bill. Let's protect Ontarians.

The Chair (Ms. Goldie Ghamari): MPP Gates.

Mr. Wayne Gates: I'm really glad you brought up exactly the way it works in the hospital, because if you're an MPP and your constituency office gets a call on this—I can tell you, we've had lots of them over the years.

You go in and you're extremely sick and you're in the emergency. They'll come to you, and they'll say, "Hey, there isn't a ward"—because that's what your coverage is in some cases—"there isn't a semi-private, but we have a private room." They'll have somebody go and explain it to you, but you're laying in the bed. You think you're dying in some cases. They go to your partner: "I can get your partner a room right away, but it has got to be a private room." And they do sign it. They sign the authorization form.

I understand why they sign it. If it's your loved one there, and you want to get them into a room, you're going to sign it. That's the way it is. But if you call the hospital, and I've done it many, many times in Niagara—actually, I haven't called them personally, but my staff certainly has, working very closely with the hospital system in Niagara—you're right; I have never, ever had it where they said no. You explain what happened. You explain all the circumstances. They've always taken that fee off. Sometimes, it can be $1,000, it can be $8,000, $9,000, depending how long the stay was. You're absolutely right. If that same situation happens in a private, it's not happening. They're going to tell you, "That's the bill. It's $9,000, and we expect you to pay it." That's the reality. That's how for-profit works.

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But to the credit of the hospital system—it's obviously happened in your area; it's happened in my area. It's one thing to say thanks to them for doing that, because in a lot of cases, the person who was charged that $4,000 or $5,000 or $1,000 couldn't afford to pay the bill. They're already dealing with a very, very sick partner, and the hospital is always taking the bill away. It's a very good example, and it's happened in Niagara as well, I can tell you. I thank Niagara Health every time they do it.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: I just want to highlight that using the example of people currently having the choice of choosing a private, semi-private or standard room is not the same as

having to choose between different kinds of tests ahead of an eye surgery or something.

When it comes to things like cable television, a phone or a private-versus-semi-private room, we all know very clearly what the advantages and disadvantages are of making that decision. When it comes to clinical care, when it comes to medical care, there is an asymmetry of information between the patient and the care group, and that requires the care group and all of the people that form that, including all of the other staff members and everything, to be able to articulate those advantages and disadvantages, without being influenced by anything such as profits, corporate bottom lines or anything like that.

And so, what we have seen has been already myriad examples where corporate bottom lines have conflicted with the best interests of patients, and this is why it's so important to embed critical patient protections, especially when it comes to health care, especially when there is that asymmetry of information that has the potential to be exploited, especially when it is a corporation that has, as is legally required, its number one responsibility to shareholders first.

The Chair (Ms. Goldie Ghamari): Shall NDP motion 8.2 carry?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 8.3: MPP Gélinas.

Mme France Gélinas: I move that subsection 5(4) of schedule 1 to the bill be amended by adding the following clause:

"(h.iii) a detailed explanation of how the licensee will ensure a patient-centred approach to providing health care that will,

"(i) consider the needs of diverse, vulnerable and underserviced populations,

"(ii) ensure there is a specific focus on ensuring Indigenous communities have access to culturally safe care,

"(iii) ensure francophones can access services in French, and

"(iv) ensure all marginalized populations are provided with convenient, connected and coordinated health care services at no cost to patients;"

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: This is something that came from—you will remember that we had one presenter who presented in French and made sure that the French Language Services Act was going to apply to this bill. We also had the Indigenous Primary Health Care Council that came and presented and wanted to make sure that Indigenous communities would have access to culturally safe care. We had a number of presenters who also represented diverse, vulnerable and underserved populations.

This is an amendment that comes from their requests. They took the time to come to us to explain the impact of the bill on the populations that they represent, and wanted to make sure that we put that in.

Again, we are in the part of the bill where we're asking applicants to submit an application, so all we're asking to do is that when you submit your application, give us an explanation on how the licensee will ensure a patient-centred approach by providing health care that will serve the vulnerable, Indigenous communities, francophones and at no cost to patients. So I think we should listen to the people who have come to talk to us and make sure that they see their recommendations in the bill.

The Chair (Ms. Goldie Ghamari): Further debate? Are members prepared to vote? Shall NDP motion 8.3 carry?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning to NDP motion number 9: MPP Gélinas.

Mme France Gélinas: I move that subsection 5(4) of schedule 1 to the bill be amended by adding the following clause:

"(i.1) a description of a plan to ensure equity, diversity, inclusion and poverty reduction;"

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: Absolutely. We're now in the part of the bill where—the consideration of the application. It says, "The director shall consider all applications submitted in response to a call for applications." Then, what we would do is make sure that as they review those different applications, that they ensure that whatever applications win—because I'm guessing there are lots of investors out there who are interested in that in some areas of Ontario—that you look at how the plan that they have submitted talks about equity, talks about diversity, talks about inclusion and talks about poverty reduction, which are all calls for action that we have heard from the Association of Family Health Teams, Alliance for Healthier Communities, from Indigenous Primary Health Care Council, from the Nurse Practitioner-Led Clinic Association, from the MyHealth Centre and many, many more.

The Chair (Ms. Goldie Ghamari): Further debate? Are MPPs prepared to vote? Shall NDP motion number 9 carry?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning to independent motion number 10: MPP Shamji.

Mr. Adil Shamji: I move that section 5 of schedule 1 to the bill be amended by adding the following subsection:

"Health human resources

"(4.1) The application must include a health human resources plan that satisfactorily deals with how the operation of the proposed integrated community health services centre will be co-ordinated with local hospital and regional needs and that includes the applicant's commitment to comply with the following:

"1. The applicant shall ensure that they are not recruiting nurses or other staff away from existing positions in clinics or hospitals.

"2. The applicant shall not prohibit staff from leaving work at an integrated community health services centre to work in a local or regional hospital.

"3. The applicant shall disclose a list of the nurses and staff who are employees or contracted staff of the integrated community health services centre to the director, and upon request to regional healthcare partners."

The Chair (Ms. Goldie Ghamari): Debate? MPP Shamji.

Mr. Adil Shamji: One of the most commonly cited concerns—and I reiterate, commonly cited even by the hospital CEOs and executives who provided testimony in front of this committee—has been that this bill will result in the siphoning of staff out of public hospitals and the public health care system. The proposed amendment implements a number of concrete measures that are not onerous that will credibly enable protections so that we do not see that anticipated siphoning.

I've tried to be as constructive, concrete and pragmatic as possible. This will not introduce any form of undue burden. It presents a minimum requirement for what a health human resources plan looks like, and it emphasizes the fact that the plan must not just be local. Especially when it comes to our more northern and rural communities, we have to consider the regional context as well. This amendment does all of those things.

The Chair (Ms. Goldie Ghamari): Further debate? Are members prepared to vote—oh, MPP Gélinas.

1640

Mme France Gélinas: This is something that we heard and saw in writing also from the Ontario Hospital Association, where they really want, if there are going to be integrated community health service centres, to have some level of coordination with our local hospitals. This amendment would certainly go in the direction that the Ontario Hospital Association wants us to go.

The Chair (Ms. Goldie Ghamari): Are members prepared to vote?

Ayes

Gates, Gélinas, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to schedule 1, section 5. Shall schedule 1, section 5, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 5 carried.

Turning now to schedule 1, section 6, we have NDP motion number 11. MPP Gélinas?

Mme France Gélinas: I move that subsection 6(2) of schedule 1 to the bill be amended by adding the following clause:

"(d.1) whether all public operating room capacity is being used in the region specified in the call for applications;"

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: I think the amendment speaks for itself. We have many hospitals right now that have extra capacity within their operating rooms that would very much like to have the resources to be able to work at their long wait-lists for many procedures. They would like to be able to dedicate some operating rooms to do solely hips and knees, to do solely shoulders or back surgeries, but they need the resources to do that. To mandate that—we are now in the part of the bill that talks about the consideration of the applications. One consideration would be whether all public operating room capacity is being used in the region—as easy as that.

The Chair (Ms. Goldie Ghamari): MPP Gates?

Mr. Wayne Gates: Once again, I'm going to talk about—France, you talked a little bit about the many hospitals that aren't utilizing their operating rooms right across the province of Ontario. Some of that obviously is that the government has chosen not to fund it. It's a funding issue, there's no doubt about that, but it also, in my eyes, it's a crisis that was caused by the Conservative government when they deliberately brought in Bill 124

and capped our health care workers' total compensation packages. This is something, Chair, that I know a lot of people don't understand. Their entire compensation package is 1% and that includes wages and benefits. That is what our heroes got told. As inflation was running at about 6.5% to 7%, maybe 7.5%—it's going to go back up, we know, as we see gas prices continue to rise. So what I'm saying here is this is a crisis that was created by the government. They can fix that crisis by not fighting Bill 124 in the courts, wasting millions of dollars—actually, hundreds of millions of dollars—on Bill 124. They've lost a number of times; I don't know how many times they've lost.

Hip and knee could be being done in our hospitals today if they had the funding and if they had the staffing. Why don't they have the staffing? They feel not respected. They're burnt out. They're exhausted. Chair, I know you know this but I'm going to say it anyway: The nurses have given every ounce of energy to save us during COVID. And what did we do? We brought in Bill 124, which capped their wages at 1% and their benefit package. But equally importantly, and what a lot of people aren't talking about, Bill 124 violated their collective agreements—violated their collective agreements. They lost their shift preference by seniority—

Interjection.

Mr. Wayne Gates: That is on the bill.

The Chair (Ms. Goldie Ghamari): I'd just like to remind the member, though, that when we go through clause-by-clause, it relates specifically to the clause that we are referring to. This particular clause does not relate to Bill 124. I'd like to remind the member to limit the comments to the particular clause.

There was an opportunity at the beginning to speak to the bill in its entirety, and all members were given more than enough time to do that. Right now it's just focused on this particular section and not other legislation. There will be an opportunity at the end to speak again about it as well, but right now clause-by-clause is just this particular section.

Mr. Wayne Gates: I appreciate that, but I think what I am talking to is we need to have public operating rooms open, and that's a big issue in the province of Ontario. It's why we had a crisis in our wait times. That's why. I believe I am speaking to the bill, in fairness. That is the real issue here. For months—actually, almost two years now—we've had operating rooms sitting idle. They proved it. Do they have the staffing? Just look at what they did there in Ottawa.

I want to say, and I think it's in the bill—I'm pretty sure it is. I'm using this as ballpark numbers. We have 1,000 nurses today, right? If you start utilizing private, like we're doing in Ottawa where you get a corporation and it starts doing surgeries, you're utilizing that same 1,000 nurses. It's not like we've got a pool of nurses over here sitting on the bench saying, "Coach, put me in. I can do a good job." They're utilizing the same nurses. That's the problem and that's why our operating rooms aren't operating at capacity.

Bill 124, staffing issues, violating the collective agreements. What I was saying before you jumped in is even in their collective agreements—because they can't use their collective agreements, can't follow seniority, they don't have to go by that—they're not even covered by mental health issues. I know, and I know you know because you get the same calls I'm getting, I'm sure, that some nurses are sitting outside in the parking lot before they go into their shift because they're under so much stress and they're crying and breaking down, yet in their collective agreement where they had wording in there that could give them some assistance around mental health, because of Bill 124, you can't do that anymore.

I think it all falls into why this particular motion is so important.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: A quick thought: Bill 60 exists to solve a problem. The problem is our massive backlog of diagnostic services and surgeries. It follows, therefore, that if we are going to have these integrated health community services centres that they should be in the regions that don't have other options to address that backlog of services and surgeries. That is even more important because, as we have discussed here and as our public stakeholders have told us, there are real risks with this legislation and with this plan. It is absolutely critical that as the director considers where these centres will be located and where they will be licensed, that it is only in those communities and in those regions that require this as a solution. Knowing the available operating room capacity is an important part of making that decision.

The Chair (Ms. Goldie Ghamari): Are members prepared to vote?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 11.1: MPP Gélinas.

Mme France Gélinas: I move that clause 6(2)(e) of schedule 1 to the bill be struck out and the following substituted:

"(e) the potential impact on health system planning, including the availability of sustainable human resources across the health and long-term care systems;"

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: Right now as it reads, it says, "(e) the potential impact on health system planning, including the availability of sustainable health human resources"—so the part that we are doing is to make sure that we look at this across the health and the long-term-care sector,

because if we're talking about nurses who will be needed in those integrated community health service centres, they may not only come from our hospitals, they can also come from the long-term-care sector. I would include into this home care and long-term care. But when we said "health," health includes hospitals, primary care and home care, but specifically the long-term-care system, because they are having a tough time finding nurses right now.

1650

The impact on them should be taken into account when we are in the part of the bill that talks about the "Consideration of applications" and the consideration in assessing applications. When they assess applications, they should look at the impact on health in long-term care.

The Chair (Ms. Goldie Ghamari): MPP Gates.

Mr. Wayne Gates: I appreciate that. I will say that we need to take into consideration the safety in long-term care of the employees. Nobody that I can recall on the government side mentioned the fact that we did have members who worked in long-term-care facilities get COVID and pass away in these facilities.

I will say, when it comes to long-term care, a lot of the issue is staffing. I'll go back to it. It was about profit, not care, in these private homes. I've given a number of examples of that over the last few days. But it should always be about care, not profit. Unfortunately, we didn't see that in long-term care when it came to private homes. I'll say it again: 5,500 people had died. The military had to be called in.

But here's what's interesting. Chair, I really—I'm going through you, so—but I want to say this. Bill 124 is really interesting to me. The government brought in Bill 124. I think that's correct, right, to my critic? They brought it in because they said they couldn't pay our nurses in long-term-care facilities 1%—no, they wanted to pay them 1%; they couldn't pay them a fair wage.

But you know what has happened since that time, since Bill 124—which I'm going to say to the government they should not be fighting in court; they should show some respect to our nurses and other occupations. They brought in agency employees. They set up corporations, some with ties to the Conservative government. I raised the question, so I'm not talking out of school here. I raised this question in the House. The agency employees are charging long-term-care facilities $150 an hour to get a nurse; they're paying the nurse $70.

When you talk about this here, health human resources—because I'm sure somebody may say I'm not on the motion, but I am—it is a problem when you can have agency employees pay $150 an hour, set up, really, with some friends from some of the parties, and then pay a nurse $70,000. It stems from Bill 124.

I certainly support the motion, but I wanted to make sure that we understand that they're using agency employees when they can't pay nurses who have given every ounce of energy during COVID, including in long-term-care facilities.

The Chair (Ms. Goldie Ghamari): Are members prepared to vote with respect to NDP motion 11.1?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 11.2, MPP Gélinas.

Mme France Gélinas: I move that clause 6(2)(g) of schedule 1 to the bill be struck out and the following substituted:

"(g) the potential impact on the co-ordination of health services, based on consultations with health and long-term care system partners;"

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: The clause right now—we are in the "Considerations in assessing application." The director, when he or she reviews applications, the law will say that he or she has to look at "the potential impact on the co-ordination of health services, based on consultations with health system partners." The only thing that changes is "health and long-term care system partners." Because the two ministries are separated now—we have the Ministry of Health and the Ministry of Long-Term Care—the bill needs to spell out that it will also look at the impact on long-term-care system partners.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved motion 11.2.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning to NDP motion 11.3: MPP Gélinas.

Mme France Gélinas: I move that subsection 6(2) of schedule 1 to the bill be amended by adding the following clause:

"(h.i) Indigenous health equity, patient experience and the provision of culturally safe care, such that an Indigenous perspective informs the approval of licensees;"

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: We had a number of agencies representing Indigenous people come to do deputations. The one, the Indigenous Primary Health Care Council—two of them, anyway—asked for this language to be put into the bill just to make sure that the population they represent, which we all know faces many barriers to

access—unfortunately, the discrimination against Indigenous people is alive and well in our health care system. I'm not proud of it. I know that many health care providers are trying hard to put Indigenous health equity in the services that they provide. So what they're saying is, "Let's work upstream." Let's make sure, because in the part of the bill where we are telling the director what considerations he has to take into account when he assesses the applications—well, one of the considerations that he or she should take into account when assessing the applications for an integrated community health services centre is an Indigenous health equity lens.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 11.3.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion number 12: MPP Gélinas.

Mme France Gélinas: I move that section 6 of schedule 1 to the bill be amended by adding the following subsection:

"Same

"(2.1) In deciding whether to issue a licence, the director shall consult with major healthcare unions and providers."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: We know that unions were not consulted before Bill 60 came forward. Most health care providers were not consulted either. But they have all spoken up and make sure that when the decision is being made as to—there is a list of considerations that the director must look at when he or she assesses the applications and a list of system partners that he or she must connect with. One of them should be that he consults with major health care unions and providers. Of the health care unions that have come to see us—they represent close to a million people who work in health care. There are many, many people in Ontario who work in health care who are represented by different unions. I think they probably have some good ideas, and they should be consulted. Others are named in the bill; unions are not, but they should be.

The Chair (Ms. Goldie Ghamari): MPP Gates.

Mr. Wayne Gates: That's kind of where I was going to go with my—what do I have, 30 minutes? How long do I have on each one, 30 minutes?

The Chair (Ms. Goldie Ghamari): Sorry?

Mr. Wayne Gates: What's my time frame on—

The Chair (Ms. Goldie Ghamari): Twenty.

Mr. Wayne Gates: Oh, 20.

First of all, I want to be clear, because when we look at this, and you're adding about consulting unions, I'm not in favour of giving this kind of power to a director. I think that's the one thing that we have to be very clear about to the Conservative government. And then we have to be very clear on a government that talks about working for workers, but what we found out during our committee, not once but over and over again, is that they didn't actually consult with the unions that represent the workers. My colleague said it's about 1.8 million workers that they represent, and tens of thousands in health care.

1700

I want to say to SEIU, who I've already said have lost some of their members to COVID—CUPE, same thing. Steelworkers, ONA, Unifor, the OFL—the OFL themselves represent 1.2 million workers in the province of Ontario. So far today—I know we've been here for a few hours—they haven't said anything during this on this issue, but I'd like to know why you wouldn't consult the unions. If you're a party that's working for workers, why won't you consult unions, particularly when some of the union members gave up their lives in the province of Ontario? The transit workers union, ATU, also had some of their members pass away during COVID.

So I certainly support the bill, but "union" is not a bad word. "Health care union" are not bad words. They've done an incredible job over the last three years, under incredible stress, and their reward was Bill 124. That was their reward. That created a crisis in health care.

If you want to get out of the crisis, Chair, who do you think you should talk to? Should you talk to Wayne Gates to get out of the crisis, or should you go talk to the unions that represent 1.8 million workers in the province of Ontario? How do we get out of the crisis? How do we make sure that the safety of our loved ones who are coming to the hospital is taken care of? How do we make sure that long-term care doesn't have more people die in long-term care or retirement homes? Who should you talk to? I know the Chair can't say anything, but I know she's back there thinking, "Probably unions, because it makes sense to talk to the workers"—

The Chair (Ms. Goldie Ghamari): MPP Gates, it's probably not a good idea to impute motive, especially on the Chair.

Mr. Wayne Gates: I appreciate that, yes. You're right.

The Chair (Ms. Goldie Ghamari): Thank you.

Mr. Wayne Gates: My point is, why would anybody on that side who has been standing up under their labour minister—I can mention his name, Monte McNaughton—saying, "We're working for workers," yet may not support this particular part that my colleague brought forward on behalf of the NDP, and I'm sure will be supported by the Liberals.

I'll finish by saying: Support this motion. Support unions. Support our health care workers—who we all love, by the way. They do an incredible job every day trying to keep us alive, under incredible stress, including stress to their own well-being and their own health.

The Chair (Ms. Goldie Ghamari): MPP Gretzky?

Mrs. Lisa Gretzky: I absolutely think—we've been saying this in the NDP caucus from the beginning—that the workers need to be consulted. They need to be included. That's exactly what this amendment would do. As my colleague said, "union" is not a bad word. It's not a bad word.

We've heard the government talk about the union bosses or the unions as a bad thing, but the reality is, these workers are their unions. They're the unions, the workers themselves. And we had many of them come here and present. We had ONA. We had OPSEU. We had CUPE. We had Unifor. We had the OFL. They all came to speak to the committee, and every single one of them—all representing health care workers—said they weren't consulted when it came to Bill 60. The employer side was, but not the workers.

We hear this government say—you were hard-pressed to even get the government side to ask a question of the unions who came here that day, or the workers—over and over again, especially the Minister of Labour, that they're working for workers, but the reality is that Bill 124 doesn't work for workers. Bill 28 certainly wasn't working for workers. Not supporting paid sick days isn't working for workers. Not passing anti-scab legislation is not working for workers.

Today is Equal Pay Day, and the government side won't even support pay transparency, when we know that women in this province—those within the health sector, because it is largely women-led professions in the health sector—are often making less than their male counterparts. We heard a member on the government side talk about equal pay for equal value of work. Well, I'm not sure who gets to decide that, but this is how women got to where we are now, with the gender pay gap, that the work we do is valued less than what a man does.

I think it's really important, because this government has shown time and time again, about these 1.8 million workers represented by their unions—and again I will say, the unions are not an entity on their own; the unions are the workers. There are 1.8 million workers represented by these unions, and the government didn't consult them on Bill 60. So I think it's reasonable, when we're talking about health care and we're talking about being able to provide better-connected and faster services in health care—that requires these workers. So I think it's important that this amendment is before us, and I would certainly hope that the government would—they have a chance to somewhat redeem themselves when it comes to talking about workers by supporting this amendment.

Madam Chair, I want to point out, because we're talking about workers here and we're talking about health care unions and health care workers, that we hear a lot from the government side, especially the Minister of Labour, about having access to clean washrooms. Do you know that many of these health care workers don't have enough time during the day to go to the washroom? They don't get a break. They don't get a break to eat. I think it's really important that as this government is moving forward with Bill 60—because it is very clear that's where they're going. They have a majority; they're going to do whatever they want. They pushed it through so quickly.

I think it's really important to actually hear and include those health care workers, to ensure, as they are expanding the privatization and profitization of health care, that they're listening to those health care workers—again, in largely women-led professions—who are undervalued and underpaid even more so under Bill 124, to hear what the reality is on the ground for them.

Because as the government does this, as we've said many times now—and we hear it. We hear it from nurses. We've heard it from ONA. We've heard it from the RNAO. I've heard it from nurses directly in my community. They go to the States to work because they get better pay, more respect and better hours. We've heard them say time and time again that if they have to make the choice, and many are making the choice, about being able to feed their families and keep a roof over their head—I talked about a nurse not too long ago who, for 15 years, has been part-time. They won't give her full-time hours. Even though there's availability, they will not give her full-time hours, so she has to do other jobs in order to keep a roof over her head and feed her kids.

So I think it's really important, as this government is talking about siphoning more money out of the publicly delivered, publicly funded, not-for-profit system into these private, for-profit clinics, backed by shareholders, accountable to shareholders, that they're talking to the health care workers, the people who actually provide care, who aren't driven simply by profit, because the reality is that if you have to choose between working in a publicly funded, publicly delivered, not-for-profit health care system under the cloud of this government Bill 124, and you can't feed your family, you can't get therapy for your kids who have autism, and you have to decide between that and going to work for one of these private, for-profit clinics who are going to pay you better and give you better hours, where you can go home and be home with your kids at night, be home with your family at night, where you're not being asked to double- and triple-shift, where you can actually get a bathroom break when you need it, when you can eat during the day—that's absurd to me. We have health care workers who can't eat. Their job is to keep us healthy, and their advice is always that we need to eat and to eat healthy, but they're not getting an opportunity to eat.

My colleague is talking about nurses crying in the parking lot before going into work. That's why it is so important, when you're talking about a bill like this, that you actually include the workers and the unions that represent them, because they are their union. Listen to them. ONA was pretty clear when they came here, and so was the RNAO, that this was the wrong direction to be going.

1710

I would hope—as I've said, the government side has a chance to, ever so slightly, redeem themselves, when we talk about Bill 124 and Bill 28, paid sick days, anti-scab legislation, equal pay day and pay transparency. They have an opportunity to somewhat redeem themselves by

supporting the amendment that my colleague has introduced and ensure that those workers and the unions that represent them are consulted when it comes to further opening up the health care system to privatization and profitization.

The Chair (Ms. Goldie Ghamari): On NDP motion number 12, are members prepared to vote?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 12.1: MPP Gélinas.

Mme France Gélinas: I move that section 6 of schedule 1 to the bill be amended by adding the following subsection:

"Same

"(2.2) In deciding whether to issue a licence, the director shall consider patient perspectives and consult with key experts."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: Those are important decisions that will be made by the director. I think everything in health care should be patient-informed. To put in the bill that he or she has to consider patient perspective will maybe motivate to have a patient advisory committee, a family advisory committee; will bring the perspective not only of the rich investors who want to make money, but also the perspective of the people and their family who will be needing the care that will be provided. So to put it in the bill that they consider the patient perspective, this is the way you provide top-quality care. You make sure that patients have a voice. This is what this amendment would do.

The Chair (Ms. Goldie Ghamari): On NDP motion 12.1, are members prepared to vote?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 13: MPP Shamji.

Mr. Adil Shamji: I move that section 6 of schedule 1 to the bill be amended by adding the following subsection:

"Conflict of interest

"(3.1) When reviewing an application for a licence, the director shall declare all actual or perceived conflicts of interest, and shall not consider an application where such an actual or perceived conflict applies."

The Chair (Ms. Goldie Ghamari): MPP Shamji, for debate.

Mr. Adil Shamji: This should be a most uncontroversial amendment. It is anticipated and it's not unusual for there to be conflicts of interest that arise in the normal course of operation. This proposes an amendment that frankly is in line with most organizational management and leadership principles, which essentially is that the director recuse themselves from such a situation and allow someone else to adjudicate that licence. I think it's very fair. It's standard practice and probably, giving the government members the benefit of the doubt, just an oversight that it wasn't included in the legislation.

The Chair (Ms. Goldie Ghamari): MPP Gélinas?

Mme France Gélinas: I think it is an important amendment that should be considered. Conflicts of interest are real. We are talking a lot of money. We are talking a lot of power that whoever ends up in the position of director will have. They will basically decide who makes millions of dollars and who doesn't. The pressure on these people will be great. Having a clear, written-in-law conflict of interest guideline can only bring better decisions for the people of Ontario.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 13.

Ayes

Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 14: MPP Shamji.

Mr. Adil Shamji: I move that clause 6(4)(b) of schedule 1 to the bill be struck out and the following substituted:

"(b) may prefer one application over other applications, on the basis of objective differences related to the considerations set out in subsection (2)."

The Chair (Ms. Goldie Ghamari): Debate? MPP Shamji.

Mr. Adil Shamji: This amendment refers to the portion of the bill under which the director exercises his or her discretionary powers. Essentially what it does is it ensures that the discretionary powers are exercised strictly, with objective attention and with the preference for objective differences between applications on the basis of the criteria that have been set out already in subsection 2. Just as a brief reminder, some of those considerations are the

nature of the services to be provided in the proposed integrated community health services centres.

Essentially, all this is saying is reaffirming that the director will make decisions about who gets a licence on the basis of the criteria that have been set out before. As written in the legislation, it is ambiguous, and I'm just making it explicit. That's all.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent—oh, MPP Gélinas?

Mme France Gélinas: We're still in the part of the bill that describes the consideration in assessing applications. But as you go through everything that needs to be assessed when one application will be chosen over the other, then we have this part of the bill that's called "Discretion": "The issuance of a licence is discretionary, and the director ... may prefer any application over other applications."

So basically, we have put in law that it doesn't matter that we have given you all of those criteria that you have to assess so that you can judge that one application is superior to the other. You can forget all of this, and we give you the discretion to prefer any application over the other. If you want to give that level of discretion to the director, at least add "on the basis of objective differences." Otherwise, everything that we have there in the bill that says, "Here are the considerations for assessing applications," goes out the window, because we give the director the discretion to prefer any application over the other. It doesn't matter that it's not located where it should. It doesn't matter that it will be impossible for people who don't own a car to get to. It doesn't matter that it will benefit the same XYZ company that's already not doing well in another part. None of this will matter anymore. I would prefer that it does, but at least the amendment will give it a little bit of control if we ever have an out-of-control director.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 14.

Ayes

Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 14.1: MPP Gélinas.

Mme France Gélinas: I move that subsection 6(5) of schedule 1 to the bill be struck out and the following substituted—you know what? Lisa, can you read it? Because I'm about to go into a coughing fit. Is that okay, Chair?

The Chair (Ms. Goldie Ghamari): It's okay.

MPP Gretzky.

Mrs. Lisa Gretzky: Do you want me to start from the beginning?

The Chair (Ms. Goldie Ghamari): Yes, let's just start from the beginning.

Mrs. Lisa Gretzky: Okay.

I move that subsection 6(5) of schedule 1 to the bill be struck out and the following substituted:

"Location

"(5) The director shall not issue a licence for the operation of an integrated community health services centre that is located,

"(a) within the same building as, or in a building that is adjacent to, a private hospital within the meaning of the Private Hospitals Act;

"(b) within any community in which there is a public community hospital or a small rural hospital, or any community served by a public community hospital or a small rural hospital;

"(c) within a community in which there is or that is served by a public hospital with capacity to provide the services that would be provided by the integrated community health services centre, including operating rooms that are not utilized to their capacity or MRI and CT equipment that are not used to their capacity; or

"(d) within a community in which there are unfilled positions in the local public hospital for nurses, anaesthesiologists and health professionals."

1720

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: Right now, the bill basically sets limitations on licence issuance. All that it does is, basically, within the same—it says:

"The director shall not issue a licence for the operation of an integrated community health services centre that is located,

"(a) within the same building as, or in a building that is adjacent to, a private hospital within the meaning of the Private Hospitals Act; or

"(b) at any other prescribed place."

What we are saying is that we're all good for keeping (a); it's already in the bill. But rather than "(b) at any other prescribed place," rather than prescribing those in regulations, let's prescribe them in the bill. At least some of them should be prescribed in the bill. The list is there: next to a community hospital or a small rural hospital. If you're going to be next to a hospital, let the hospital run it. You don't need to give it to an investor. Same thing within a community. If you have an MRI and CT equipment that is not being used to full capacity, then we don't need that infrastructure; we just need to use what we have better.

Then, where there are unfilled positions—as I've said, many hospitals are struggling with recruitment. Some of them have hundreds of positions posted on their website as they're trying to recruit. All of this should be taken into account.

The Chair (Ms. Goldie Ghamari): MPP Gretzky has moved NDP motion 14.1.

Ayes

Gélinas, Gretzky.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 15. MPP Shamji.

Mr. Adil Shamji: I move that section 6 of schedule 1 to the bill be amended by adding the following subsections:

"Non-profits only

"(5.1) A licence may only be issued to a person who will operate the integrated community health services centre on a non-profit basis.

"Regulations

"(5.2) The Lieutenant Governor in Council may make regulations clarifying the meaning of 'non-profit' for the purposes of this section.

"Restriction

"(5.3) It is a condition of every licence that a licensee shall not make a charge for a procedure performed at an integrated community health services centre that is greater than the relevant charge for the same procedure at a public hospital."

The Chair (Ms. Goldie Ghamari): Debate? MPP Shamji.

Mr. Adil Shamji: I've already articulated the merits of assuring a non-profit model for the procedure of these community diagnostic and surgical services. Really, the key element for this amendment is the additional provision that fees not be paid in these community settings that are at a higher rate than those provided in public hospitals settings. This is particularly relevant and important because, as we know, and as is reasonable, in community settings, the diagnostic services and particularly the surgical procedures are of a lower acuity nature, and that is by necessity. They take place on, typically, younger, healthier patients, and operate with greater efficiency, all of which argue against the need to pay a higher fee for those services.

I just want to make sure—we're all here not just to advocate for a better health care system, which of course is of paramount importance, but to make sure that the taxpayers we all represent are seeing value for the dollars that they are sending to this government. As it stands, when I hear about things like cataract surgeries that will be paid out at a rate of $605 in community settings, which is at least $100 more than is paid in a public hospital, that to me is not value for our taxpayer dollars, and we need to guarantee that to our constituents.

The Chair (Ms. Goldie Ghamari): MPP Gélinas?

Mme France Gélinas: I'd like to add that we already know right now that independent health facilities often get to bill a facility fee. Just to put this in perspective, when a hospital purchases a new MRI, they will have to fundraise for millions of dollars. Those are millions of dollars that do not come from the taxpayer; they come from the hospital doing fundraising to be able to bring those new MRIs.

But when an independent health facility bills an MRI, they get to bill a facility fee. So not only do they get the same amount of money, they also get to bill for a facility fee, which means that at the end of the day, our taxes go to reimburse 100% of the fees of the investment into that infrastructure, and they often make a pile of money off this.

So not only does it make sense that an outpatient—if you talk about surgery—that will only see the healthy and wealthy, they will only see people who you know will come in and out: "The minute you have comorbidity, we will send you to the hospital. The minute the surgery becomes complicated or has a risk of adverse event, we send you to the hospital." But yet, the way the bill is written right now, they will be paid the same. Although they have the easy cases, they will be paid the same to do a full shift of easy cases or a full shift of difficult cases.

How do you attract people to do nothing but difficult cases when both get paid the same? We're all human beings. If you had a choice to work in a surgical suite where you only see people that you know will be in and out of there, versus in a hospital, where you know you will have all complicated surgeries? So let's make sure that the relevant charge for the same procedures are, at the minimum, no more than what we charge in the hospital.

The Acting Chair (Ms. Patrice Barnes): Further to the motion? MPP Gates.

Mr. Wayne Gates: We've got a new Chair there. I went out and we got a new Chair in the seat.

The only reason why I'm talking here is because my colleague brought up MRIs. In Niagara, we had wait times that were over 150 days when it's supposed to be 28. You're absolutely right. One of our machines, because it was a little older, was breaking down. So we're really working with one MRI. Tom Rankin, who owns Rankin Construction, headed up a fundraising group where they were able to buy another one, and we got the other one done.

There are two things that happened. We put a motion forward. I did it twice, by the way; we put two motions forward. One was under the Liberals, where the funding from the Liberals came, so we were able to run our MRIs. This is important and certainly part of this: We were able to run our MRI machines seven days a week, 24 hours a day. Guess what it did? It cleared up the backlog of wait times for MRIs.

The new government came in. The motion called for year-over-year funding. That stopped. We put another motion forward, and the government then did provide some more funding so we could run our MRIs around the clock, 24/7. A couple of things happened here that I really—because I think you're right on the money. We have to raise funds. That's what they do. Through the foundation, they raised funds to buy the machine. Mr. Rankin was able to raise—I think it was—$3 million; it was in that area. Then we were able to run them 24 hours a day, seven days a week, and get rid of the wait times. As

the wait times because of COVID increased again, we went for more funding, and we were able to get that.

But the point I really want to make is that it proves that if you invest—in this case, what they're talking is operating rooms for whether it's knees or hips. If you invest the money and you run the operating rooms around the clock, or certainly more than they have been running or sitting idle because of staffing issues, it can all work. The MRI situation we had in Niagara—again, working closely with Niagara Health and when it first happened, quite frankly, working closely with the Liberals to say we got a real crisis here. A lot of that was press related and stuff, and they ended up coming for it.

There's a good example that if you put money into a system, you fund it properly, you staff it properly—in this case, Bill 124 obviously is an issue—then we can get rid of the wait-lists, and we can get rid of it in a publicly funded, publicly delivered system, not where we have to privatize it.

Thank you very much for giving me a few minutes.

1730

The Acting Chair (Ms. Patrice Barnes): Any further debate?

Mrs. Robin Martin: I just wanted to say that of course everyone knows that hospitals get funding that is not just funding per procedure; they get funding to make the infrastructure for the hospitals. They get funding for nursing and other staff. The per-procedure funding that a hospital gets is in addition to those things, and the per-procedure funding that one of these clinics might get is pretty much all they're going to get, aside from a facility fee, if that's the way it is arranged. It's not a fair comparison. There's lots of money that goes to hospitals, as everybody knows.

The Acting Chair (Ms. Patrice Barnes): Further debate? MPP Gretzky.

Mrs. Lisa Gretzky: I just want to say to that point—I think you've made the point, frankly, of the people on this side of the committee and our caucus. The reality is that those clinics make their money by upselling people. Those clinics make their money—I mean, they're profit-driven. They're shareholder-driven. That's how they make their money. Hospitals can't do the same thing.

So I think that, really, you just made the point that we're trying to make on this side of the House: our publicly funded, publicly delivered, not-for-profit health care system, our hospital system, is grossly underfunded and under-resourced. They have a staffing crisis. And you're suggesting that we take more money out of that system to feed into the profits of private for-profits, who are solely driven—mandated, frankly—to provide profit for their shareholders.

To think that we have communities that have to fundraise for critical equipment is absurd to me. It's absolutely absurd to me when we're having a discussion about a bill that's going to funnel more of that money out of the community, out of the public health care system and into profit. It's going to hurt more communities, like northern communities.

I appreciate that basically the member opposite made our point on this side, which is that the hospital system that we have now is underfunded and under-resourced, and those private, for-profit clinics that they're talking about are going to upsell people. They're going to charge them for procedures. It's like the Wild West. That's how they're going to make their profit, and there's really nothing in this bill to stop that from happening.

We've asked for some amendments that would certainly strengthen the bill and try to alleviate some of the concerns that we have, and unfortunately so far the government side hasn't supported them. But again, I'm just saying, it was interesting to hear what I just heard, because it basically is exactly the argument we're making.

Fund the publicly funded, publicly delivered not-for-profit health care system. Fund it properly. Resource it properly. Get rid of Bill 124, so that the health care workers stay in the public health care system, so they're not being forced out in my area to go work in the States. And once all these clinics—these private, for-profit clinics, these shareholder-driven clinics—pop up, we're going to lose more of the health care workers in our public system to these clinics because the working conditions are better than what any hospital can provide at this point in time, based on the resources that the government gives them.

The Acting Chair (Ms. Patrice Barnes): Further debate? MPP Shamji.

Mr. Adil Shamji: Just in response to MPP Martin, I think she was referencing the QBP funding that hospitals receive to perform surgeries, and then, in the same breath, she also referred to the facility fees that these integrated community health services centres will be receiving. I'm not quite sure I understand exactly what the point was, given that they will get some of that additional funding, which would obviate the need for a higher per-procedure fee in the community centres. Perhaps the member would like to clarify, or we can leave it at a complete contradiction.

The Acting Chair (Ms. Patrice Barnes): Further debate? Seeing none, we'll vote on motion 15.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Acting Chair (Ms. Patrice Barnes): I declare the motion lost.

Number 16: Madame Gélinas.

Mme France Gélinas: I move that section 6 of schedule 1 to the bill be amended by adding the following subsection:

"Same

"(5.1) The director shall not issue a licence for the operation of an integrated community health services centre to an investor-owned corporation."

This is something that—many deputants have come forward to really show the risk of having an investor-owned corporation. Those are investors who exist all over the place. They are biting at the bit to come into Ontario, because there is a lot of money to be made in that kind of centre. It has been proven all over the world. When they opened up in Australia, a lot of millionaires became multi-millionaires really, really quickly. There's a lot of money to be made here.

Let's make sure that if what we want to do is to decrease the wait-list, what we want to do is to make sure that people gain access to the care they need when they need it, that we keep the investor-owned corporations out of that. There are a lot of other ways to have those integrated community health services centres built. They don't need to be investor-owned. They could be people with licences to practise medicine in Ontario. They could be built by our hospitals. They could be built by many that are not investor-owned corporations.

The Acting Speaker (Ms. Patrice Barnes): Further debate? MPP Gretzky.

Mrs. Lisa Gretzky: I just want to reiterate what my colleague from Nickel Belt just said. When they are investor-owned corporations, that's solely profit-driven. A shining example of what could go wrong—and a very unfortunate example, frankly, of what could go wrong—when you have profit-driven care is in long-term care. It's very clear. I believe it was, what, 78% of all the COVID-related deaths in long-term care during the pandemic were in for-profit homes.

Home care, private home care—there's big money in investor-owned home care. I hear it on a regular basis—I'm sure others do too—from people in my community, not just the people receiving care, from the workers in that sector as well, about the work conditions and the care conditions for people needing home care when that is solely profit-driven and investor-driven.

We see the same thing when we look at group homes for individuals with developmental and intellectual disabilities, for kids who have entered the care system through CAS, who are put into group homes where they're supposed to be in a better place than where they were removed from. But they're facing horrible living conditions, including abuse and human trafficking in many cases, and that's what happens when things are investor-driven and profit-driven.

I would ask anybody around the table here today: Do you make investments to lose money? Is that your goal? Your goal is to make wise investments to make money. There's nothing wrong with that; it's a smart move. So why do we think that when it comes to health care it's going to be any different for people who are investing money? They want a return, and they want a good return. Their goal is not quality of care; their goal is the quality and size of their bank account and the returns on their investment. I think that's something that we need to consider.

We don't have to look that far back to see what happened in long-term care. We also don't need to look too far back to remember that the government brought in legislation to protect those for-profit operators, where the largest majority of people died in care or from not receiving care.

1740

Not only did they protect those investor-owned corporations, they protected themselves with legislation as well so families and individuals couldn't sue. But I would hope, I would think, after 5,400 individuals died in long-term care during the worst of the COVID outbreak, and the vast majority of those were in investor-owned corporations, that that was a lesson people around this table, especially on the government side, would have learned, that that is not an appropriate model of care. That's not a system set up to care for people. That is a system to ensure that those who invest in it make great returns. And when we look at long-term care, that was at the expense of people's loved ones. Lives were lost because of that.

The Chair (Ms. Goldie Ghamari): MPP Gates?

Mr. Wayne Gates: Yes, real quick: Investor-owned corporations—we should have learned from long-term care. I've been trying to explain to the government, for probably a couple of years now, what happened when it became about profit, not care. It should always be about care, not profit. And when somebody says to me, "Well, long-term care," I've got to say it again, it was brought in by Mike Harris, under a Conservative government. And the same things that you guys are saying in here or the same things that you said during committee is exactly what was said when Mike Harris brought in long-term care: It would be better for our moms, our dads, our aunts, our uncles; they'll get better care. But you know what happened? They didn't get better care. We all know the number is 5,800. We know that 78% of them have died in for-profit, private care.

This should be very easy for you to support, although I have noticed, over the last three hours, you're really having trouble supporting any of the amendments. But investor-owned corporations—what I'm saying to you, you guys have an example. You guys can go take a look at long-term care. If I'm wrong in what I'm saying, you guys can say, "No, Gatesy, you're wrong on that." But all of the facts point to: It's not about care; it's about profit. And it should be about care, not profit. You brought in long-term care under the Harris government. You've seen what's happened to our families and to our friends and neighbours.

So I am saying it should be very easy for you guys to support this NDP motion by my colleague and us on investor-owned corporations.

The Chair (Ms. Goldie Ghamari): MPP Gélinas?

Mme France Gélinas: I would encourage everyone to read "Myth: 'Privatization' Can Help Everyone Access Health Care." It's from the Canadian Doctors for Medicare, their policy primer. Go on their website. It's right at the top. They basically make the difference between a physician-owned small business versus a private for-profit investor-owned corporation.

They go on to say that "When the health care system in Canada"—or Ontario—"is strained, we inevitably hear calls for the expansion of 'private' health care....

"—Private investor-owned delivery: using public funds to pay for care delivered in for-profit investor-owned facilities."

And then they go on to show you that privatization does not help everyone gain access. For the healthy and the wealthy, they will gain faster access. For everybody else, we will all pay the price.

It's not long, four or five pages. Go have a look. They give you links to everywhere else in the world where investor-owned corporations have been tried to deliver the same thing that we are trying now. Surgical suites, MRIs, CT scans, etc.: The result is the same. The body of evidence is there. It is accessible to all and it is in a very easy little four-pager that everybody should read. And that's why you should support this amendment.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion number 16.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion number 17: MPP Gélinas.

Mme France Gélinas: I move that section 6 of schedule 1 to the bill be amended by adding the following subsection:

"Same

"(5.2) The director shall not issue a licence for the operation of an integrated community health services centre that does not meet the following requirements:

"1. The integrated community health services centre will be majority owned by a regulated health professional.

"2. The integrated community health services centre will have a community board of directors composed of volunteer members, including community members from marginalized groups who are able to apply an equity, diversity and inclusion lens.

"3. The integrated community health services centre will be connected to a hospital and subject to the same standards of accreditation as a hospital."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: This is a recommendation that came from the association of family health teams, the Alliance for Healthier Communities, the Indigenous Primary Health Care Council, the Nurse Practitioner-Led Clinic Association, the association of radiologists as well as the Indigenous friendship centre and the Canadian Federation of University Women Ontario Council as well as many more. But those are the ones that I could identify when I read the Hansard.

It's basically to make sure that health care will be available and will have the oversight that comes from the community, the oversight that comes from the people of Ontario. Don't make the investors have the oversight of a clinic. Make it that it is owned by a regulated health professional so that you have doctors, nurses, dentists—we have 28 different regulated health professionals; all of them could own—that it has a community board of directors and that it is connected to a hospital so that we make sure that there is no poaching of health care workers from the hospitals to the clinics.

If they want to go work in a clinic, all good, but they will remain employees of the hospital and go back and forth so we continue to have the right amount of people on call, the right amount of people who work evenings, night shifts, weekends, statutory holidays.

The Acting Chair (Ms. Patrice Barnes): Further debate? MPP Shamji.

Mr. Adil Shamji: I'll just speak briefly to this. We heard the stakeholders call for this. I remember vividly the Ontario Association of Radiologists said, "Just make sure that these are majority-owned by physicians who have that fiduciary relationship, that highest legal obligation for patient interests first."

I have seen from personal experience in my own riding the immense contribution to quality of care that a community board has in ensuring superior quality of patient care. So I think it's an amazing principle.

Of course, it is important that these centres be attached to a hospital, which I don't see actually in the legislation.

And, of course, accreditation is very important—so important I have an amendment on that to come with more details.

The Acting Chair (Ms. Patrice Barnes): Further debate? MPP Gretzky.

Mrs. Lisa Gretzky: I just want to speak to the second point of this about the board of directors, how it "will have a community board of directors composed of volunteer members, including community members from marginalized groups who are able to apply an equity, diversity and inclusion lens." I think it's really important when we're talking about health care. We had many presenters, some Indigenous leaders, here. We had other community members who help provide supports and services to youth at risk and marginalized people, those living in poverty, those experiencing homelessness, those struggling with mental illness or addiction.

We heard how the current system can be very difficult. There are barriers to access. Racialized members of our province have barriers to access. We heard one of the Indigenous leaders speak specifically about her uncle and the discrimination that he faced, how he had diabetes and he went in to the hospital in distress, and they just assumed, because he was Indigenous, he was First Nation, that he was drunk instead of having a medical emergency and sent him out the door, and her uncle later died. I don't know how you can hear stories like that and not think that

those people need to be represented at the decision-making table, that they should have a say in breaking down those barriers.

1750

I have a very good friend who is a trans woman who speaks frequently about barriers to access to health care. We need more people from the 2SLGBTQ community. We need trans voices on these boards, we need Indigenous voices on these boards, we need racialized people on these boards because I can tell you, without a doubt, that I do not face the same barriers to care as those people do.

I think it is very reasonable, and long past due, frankly, and it's really unfortunate that it has to be written into an amendment and spelled out for people that the marginalized people in the province need to have a voice at the table, because it's not just my health care system, it's not just white women or white men, it's for everybody. It should be for everybody. But there are so many who face barriers.

Again, I think it's really rather unfortunate that it has to be in black and white, spelled out for people, that it has to be in legislation. The fact that it's not in the bill, in Bill 60—I commend my colleague for moving this motion before us to make sure that—or attempt to. The government hasn't supported any of the amendments so far. I don't suppose they're going to support this one either, which is rather unfortunate, but it should be. It should be in the bill that those voices are included. Let them know they've been heard, that what they said matters, that they will have access to health care without the barriers that many of them face.

The Acting Chair (Ms. Patrice Barnes): Further debate? Are members ready to vote?

NDP motion 17 on the floor.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Acting Chair (Ms. Patrice Barnes): I declare the motion lost.

NDP motion 18.

Mme France Gélinas: I move that section 6 of schedule 1 to the bill be amended by adding the following subsection:

"Same

"(5.3) The director shall not issue a licence for the operation of an integrated community health services centre that does not meet the following requirements:

1. The integrated community health services centre will have a staffing plan made in partnership with hospitals that allows only hospital staff and physicians to be scheduled and deployed for clinic shifts.

2. Only physicians with hospital privileges will be schedule and deployed to work in the integrated community health services centre.

3. Surgeons operating from the integrated community health services centre will also be scheduled as on-call at the associated hospital.

The Acting Chair (Ms. Patrice Barnes): Further debate? MPP Gélinas.

Mme France Gélinas: This comes from different hospitals that basically want to make sure that there is integration between the community health services centre and the hospital. The idea is this already works in Ontario. If you go to London health services right now, they have a—they don't call it a community health services centre, but they have a service centre that provides surgeries and basically all of the staff that work there are staff from London Health Sciences. Whether they're physicians or staff, they go work in the community clinic for a week and then they come to the hospital and they go back and forth. They make sure that every surgeon who does surgery in the community clinic also has privileges, also is on-call and also works in the hospital.

As much as you triage to have healthy patients who can have a day surgery, it does happen every now and again that the patient did not go as planned, needs to be admitted into the hospital and then they continue to be under the care of the same surgeon. If the surgeon does not have privileges at a hospital and does not work in the hospital where the patient is transferred, then it becomes really, really complicated to have a different surgeon look after someone who has gone sour in the community.

This is why this amendment is needed.

The Acting Chair (Ms. Patrice Barnes): Further debate—one second.

Interjection.

The Acting Chair (Ms. Patrice Barnes): Just to let the committee know, in NDP motion number 18, there is a typo in the amendment and so we will have to pull the amendment.

Mme France Gélinas: I can withdraw 18 and I will read 18.1, where the typo has been corrected.

The Acting Chair (Ms. Patrice Barnes): Okay. We will consider NDP motion 18 withdrawn.

We have NDP motion 18.1 on the floor. Madame Gélinas?

Mme France Gélinas: I move that section 6 of schedule 1 to the bill be amended by adding the following subsection:

"Same

"(5.3) The director shall not issue a licence for the operation of an integrated community health services centre that does not meet the following requirements:

"1. The integrated community health services centre will have a staffing plan made in partnership with hospitals that allows only hospital staff and physicians to be scheduled and deployed for clinic shifts.

"2. Only physicians with hospital privileges will be scheduled and deployed to work in the integrated community health services centre.

"3. Surgeons operating from the integrated community health services centre will also be scheduled as on-call at the associated hospital."

For people who have listened and not read it, it sounds really similar to version 18, but the typo has been corrected and the arguments that I had made before still stand.

The Acting Chair (Ms. Patrice Barnes): Further debate? Seeing none, are we ready to vote on NDP motion 18.1?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Acting Chair (Ms. Patrice Barnes): I declare the motion lost.

Moving on to—

Mr. Wayne Gates: Just a question?

The Acting Chair (Ms. Patrice Barnes): MPP Gates.

Mr. Wayne Gates: I was watching—Mr. Jordan, did he vote? Do you know?

Mr. John Jordan: Yes, I did.

Mr. Wayne Gates: You did? Okay. I didn't see your hand, I apologize. I just thought I'd ask. I'm keeping score here, so we're getting closer, because it was 7-4 for a long time. You guys then lost one, so it's 6-4. So maybe if a couple more lose, we might end up in a tie at some point in time today over the next number of hours. I'm not sure.

The Acting Chair (Ms. Patrice Barnes): So we have NDP motion 19 on the floor. MPP Gélinas.

Mme France Gélinas: I move that section of schedule 1 to the bill be amended by adding the following subsection:

"Same

"(5.4) The director shall not issue a licence for the operation of an integrated community health services centre that does not meet the following requirements:

"1. Registered practical nurses will not do the work of registered nurses.

"2. Personal support workers will not administer medication in long-term care."

This—

The Acting Chair (Ms. Patrice Barnes): Thank you, MPP Gélinas.

Seeing the time, this committee now stands in recess until 6:30 p.m.

The committee recessed from 1800 to 1833.

The Chair (Ms. Goldie Ghamari): Good evening, everyone, and welcome back. The Standing Committee on Social Policy will now come to order. We are resuming clause-by-clause consideration of Bill 60, An Act to amend and enact various Acts with respect to the health system.

MPP Rae.

Mr. Matthew Rae: I'll read the motion, and I have copies for the Clerk: I move that the committee meet for clause-by-clause consideration of Bill 60, An Act to amend and enact various Acts with respect to the health system, on Wednesday, April 5, 2023, from 12:30 a.m. until 3:30 a.m. and from 4 a.m. until 8 a.m.

The Chair (Ms. Goldie Ghamari): MPP Rae has moved a motion for the committee to continue clause-by-clause on Wednesday, April 5, from 12:30 a.m. until 3:30 a.m. and then from 4 a.m. until 8 a.m. Is there any debate? Seeing none, are members prepared to vote? All those in favour, please raise your hands. All those opposed, please raise your hands.

Oh, sorry, this should have been a recorded vote, because it was requested that all votes should be recorded. So, sorry, let's redo that. It was a recorded vote.

Mr. Wayne Gates: Excuse me.

The Chair (Ms. Goldie Ghamari): Yes?

Mr. Wayne Gates: Can you do me a favour? Because it kind of took me by surprise a bit. Is there any way you could read it over again? My hearing is not as good as it used to be. I'm a senior. I've been letting you guys know that, so—you went so quick. I didn't really hear. I thought you were just—like it was an April Fools' joke or something.

Mr. Matthew Rae: No problem, MPP Gates. Thank you.

Through you, Chair, I move that the committee meet for clause-by-clause consideration of Bill 60, An Act to amend and enact various Acts with respect to the health system, on Wednesday, April 5, 2023, from 12:30 a.m. until 3:30 a.m. and from 4 a.m. until 8 a.m.

The Chair (Ms. Goldie Ghamari): Thank you. Recorded vote.

Ayes

Barnes, Gates, Gélinas, Gretzky, Jordan, Martin, Pierre, Quinn, Rae, Shamji, Wai.

The Chair (Ms. Goldie Ghamari): It's unanimous, so the motion carries.

Mr. Wayne Gates: Can I say something on this? Am I allowed to say something? It's first time we agreed on anything all day.

The Chair (Ms. Goldie Ghamari): There you go.

We'll turn back now to NDP motion number 19. MPP Gélinas.

Mme France Gélinas: This is a request that came from the Ontario Nurses' Association, as well as RNAO, the Registered Nurses' Association of Ontario, who want to make sure that once care is provided in those private clinics, you don't ask registered practical nurses to do the job of RNs, and for long-term care, that a personal support worker does not start administering medication. That came from two nurses' associations.

The Chair (Ms. Goldie Ghamari): Further debate? Are members prepared to vote? MPP Gélinas has moved NDP motion number 19.

Ayes

Gates, Gélinas, Gretzky.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 20: MPP Shamji.

Mr. Adil Shamji: I move that section 6 of schedule 1 to the bill be amended by adding the following subsection:

"Only applied for services

"(6.1) A licence may only be issued for the types of services that were applied for, and any modification of those services must be approved through a separate licence or an amendment to a licence that assures all relevant criteria continue to be met."

The Chair (Ms. Goldie Ghamari): Debate? MPP Shamji.

Mr. Adil Shamji: The premise for this is simple: It just ensures that where there is any sort of change in the nature of the services being provided, there be an evaluation and an amendment to the licence or a reissue of the licence in order to ensure that the proposed services will continue to be within the spirit of this legislation. It is intended only to ensure that the protections that are made for in Bill 60 are maintained with any changes in the services provided.

The Chair (Ms. Goldie Ghamari): MPP Gélinas.

Mme France Gélinas: I think that would be something important if a facility has been assessed and it's found that they could offer hip surgery safely or knee surgery safely. If they decide that they would like to also provide hip surgery, then they should have said so in their original licence or go through the process of gaining a separate licence.

The Chair (Ms. Goldie Ghamari): Are members prepared to vote?

Ayes

Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning to independent motion number 21: MPP Shamji.

Mr. Adil Shamji: I move that section 6 of schedule 1 to the bill be amended by adding the following subsection:

"Fiduciary duty

"(7.1) Where a licensee is a corporation, its directors and officers owe a fiduciary duty to the patients of the integrated community health services centre that takes precedence over any other fiduciary duties they owe at law."

The Chair (Ms. Goldie Ghamari): Debate? MPP Shamji.

Mr. Adil Shamji: I think this is an incredibly important amendment and one that I think can actually bridge the divide between what the opposition members are asking for and the direction in which this government would like to take these integrated community health services centres. We have previously advocated that these services operate in a not-for-profit manner, and this government, through the votes that it has made on my amendments to ensure not-for-profit, has indicated that there is a willingness for for-profit integrated community health services centres. The big concern, based in evidence, is that for-profit centres may potentially lead to lower health outcomes. The examples of that have been articulated with, for example, the for-profit long-term-care homes.

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Fundamentally, one of the major reasons that lower health outcomes have been observed in the past has been because patient interests have been treated as secondary to shareholder or profit interests. In fact, in for-profit corporations, the fiduciary responsibility is to the shareholder. Just to articulate, a fiduciary responsibility is a responsibility that is borne by an individual that places the interests of someone else above their own. This amendment essentially says that the directors and officers of a corporation will place patient interests above anything else.

This is an obligation that I have as a physician. When my financial interest conflicts with patient interests, as I hope you would expect, I will always choose my patients. If this was your parent, you would want your parent's interests chosen before any for-profit or financial interests. This is a way to actually bridge the divide. If this government is going to proceed or entertain for-profit diagnostic or surgical centres, placing a fiduciary responsibility—which is not unprecedented; it is the very same responsibility that physicians have—upon the officers will do one thing and one thing only: It will make sure that patient interests are always number one. Isn't that what we all want?

The Chair (Ms. Goldie Ghamari): Are members prepared to vote? MPP Shamji has moved independent motion 21.

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning to NDP motion 21.1. MPP Gélinas.

Mme France Gélinas: I move that subsection 6(9) of schedule 1 to the bill be amended by striking out "unless a longer maximum term is provided for in the regulations" at the end.

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: Basically, the law as it reads in Bill 60 right now says that they will have licences for five years. After five years, those licences need to be reviewed. Hospitals have their accreditations every four years. Every health care agency has a review every five years. The only review that is in the bill is the renewing of their licence. They cannot go more than five years, so I'm taking out "unless a longer maximum term is provided."

I know that the investor wants to guarantee their money for 20 years so they can make billions of dollars on the millions they will invest. It is not good for patient care. It has to be reviewed, and right now, the only oversight that we have is the review of their licences. It has to happen every five years.

The Chair (Ms. Goldie Ghamari): Are members prepared to vote on motion 21.1?

Ayes

Gelinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning to independent motion 22. MPP Shamji.

Mr. Adil Shamji: I move that subsection 6(9) of schedule 1 to the bill be struck out and the following substituted:

"Term limits

"(9) A licence shall be issued or renewed for a term of not more than five years."

The—

The Chair (Ms. Goldie Ghamari): Debate?

Mr. Adil Shamji: Sorry. The justification for this is very similar to what we just heard for the previous amendment. The legislation calls for a term of five years. If there is going to be a deviation from that, I would like for there to be a discussion amongst all of us as opposed to having it be left to the regulations. To have it left to the regulations has the potential to be the most incredible bait and switch. The process of applying for a licence and then renewing that licence on a regular interval, one that is not an excessively long interval, is an important measure for patient safety and to ensure accountability and adherence with the protections, as limited as they are, in this bill.

The Chair (Ms. Goldie Ghamari): Thank you.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare independent motion number 22 lost.

Turning now to NDP motion 22.1: MPP Gélinas.

Mme France Gélinas: I move that section 6 of schedule 1 to the bill be amended by adding the following section:

"Public notice

"(10) The director shall provide public notice of the approval of an application no less than 30 days before the licence takes effect."

The Chair (Ms. Goldie Ghamari): Debate?

Mme France Gélinas: If a new health care service is to become available, people should know about it. Everybody should know about it. To ask for public notice means to make sure that everybody who is on the wait-list—so if we have new knee surgical centres where you can have knee and hip surgery done, everybody should know that there is a new hip and knee surgical centre that is opening. You do this by making sure that there is a public notice and not having it known through ways where some people will get to be at the front of the list, even before the place opens.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 22.1.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to schedule 1, section 6: Shall schedule 1, section 6 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 6 carried.

There are no amendments to sections 7 and 8 of schedule 1. I therefore propose that we bundle these sections. Is there agreement?

Mme France Gélinas: Yes.

The Chair (Ms. Goldie Ghamari): Thank you. Is there any debate on schedule 1, sections 7 and 8? No. Are members prepared to vote? Shall schedule 1, sections 7 and 8, inclusive, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, sections 7 and 8 carried.

Turning now to schedule 1, section 9, we have NDP motion 22.2. MPP Gélinas.

Mme France Gélinas: I move that subsection 9(1) of schedule 1 to the bill be amended by striking out "director" at the end and substituting "minister".

The Chair (Ms. Goldie Ghamari): Debate?

Mme France Gélinas: Basically, we've just gone through the two parts of the bill that just passed where the minister may direct refusal to issue licences. As we go into the renewal, relocation and transfer, etc.—schedule 9 talks about the renewal of a licence—we think that the renewal of a licence should be approved by the minister so that we have an opportunity to have the government as a whole look at—the director went through all of the process. It has been there for five years. Let the minister have a look at it in the view of his or her responsibility to the health care system as a whole.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved motion 22.2.

Ayes

Gates, Gélinas, Gretzky.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion 23: MPP Shamji.

Mr. Adil Shamji: I move that section 9 of schedule 1 to the bill be amended by adding the following subsection:

"Separate applications

"(2.1) A separate application for renewal is required for each licence held by the licensee."

This essentially—

The Chair (Ms. Goldie Ghamari): Thank you. Debate?

Mr. Adil Shamji: Sorry.

The Chair (Ms. Goldie Ghamari): It's okay.

Mr. Adil Shamji: This essentially ensures that where a licensee has more than one location, for example, and holds multiple licences, that each individual licence is considered on its own individual merits, for example, ensuring that the criteria for renewal are met in the individual locations and regions in which the integrated community health services centre is held.

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The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion 23.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 24: MPP Shamji.

Mr. Adil Shamji: I move that subsection 9(3) of schedule 1 to the bill be struck out and the following substituted:

"Compliance with requirements

"(3) The director has the authority to approve an application for the renewal of a licence, subject to the licensee's compliance with any requirements the director considers necessary or advisable, including continued adherence to the original requirements for being issued a licence."

The Chair (Ms. Goldie Ghamari): Debate? MPP Shamji.

Mr. Adil Shamji: This is an amendment, essentially, that I am proposing to make sure that there is objectively adherence with the terms of the original licence, as opposed to the director exercising their discretionary authority to renew a licence whether or not the original terms of the licence are being met.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 24.

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning to independent motion 25: MPP Shamji.

Mr. Adil Shamji: I move that section 9 of schedule 1 to the bill be amended by adding the following subsection:

"Timeliness

"(7) Each application for the renewal of a licence must be determined within six months of its submission."

The Chair (Ms. Goldie Ghamari): Debate? MPP Shamji.

Mr. Adil Shamji: The premise for this amendment is essentially that an integrated community health services centre is allowed to continue to operate while a renewal is being considered, until such time as a judgment is made.

The purpose of attaching a timeline to the renewal process is to ensure that these licences are evaluated in an expeditious manner and to ensure that there isn't a tacit renewal of a licence just because, for example, extraordinary backlogs prevent it from being evaluated in the first place.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion 25.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 1, section 9 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 9 carried.

Turning to schedule 1, section 10: There are no amendments. Shall schedule 1, section 10 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 10 carried.

Turning now to schedule 1, section 11, we have independent motion number 26: MPP Shamji.

Mr. Adil Shamji: I move that section 11 of schedule 1 to the bill be struck out and the following substituted:

"Non-transferable

"11. A licence is non-transferable."

The Chair (Ms. Goldie Ghamari): Debate? MPP Shamji.

Mr. Adil Shamji: Absolutely. Thank you very much for considering this amendment. Essentially, the purpose of this amendment is to ensure that the continuation of an integrated community health services centre, potentially under a different operator, takes place with the new operator being held to and evaluated against the same standards under which the licence was originally renewed. Again, it simply serves to function to ensure continued adherence with the criteria set out earlier in this legislation.

The Chair (Ms. Goldie Ghamari): MPP Gélinas?

Mme France Gélinas: This is important. Not all health providers are created equal, and certainly if we had a—look at the Kensington institute. If they were to be taken over by, let's say, Extendicare—I'm just making that up—we should know, so licence is non-transferable. If a licensee wants to cease operation, absolutely, but then the licence goes back for a full assessment.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 26.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 1, section 11 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 11 carried.

There are no amendments to sections 12 and 13 of schedule 1. I therefore propose that we bundle these sections. Is there agreement? Is there any debate? Are members prepared to vote? Shall schedule 1, sections 12 to 13, inclusive, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gélinas, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, sections 12 and 13 carried.

Turning now to schedule 1, section 14, we have independent motion number 27. MPP Shamji.

Mr. Adil Shamji: I move that subsections 14(1) and (2) of schedule 1 to the bill be struck out and the following substituted:

"Amendments to conditions of licence

"(1) The director may at any time amend the limitations and conditions of a licence, which may include adding or eliminating a service from the list of services in respect of which an integrated community health services centre is licensed, but may only add a service based on a clearly articulated and objectively demonstrated need consistent with subsection 6(1) and (2) that is explicitly recorded by the director.

"Application

"(2) A licensee may submit an application to the director to amend the limitations and conditions of their licence by adding a service to the list of services in respect of which the integrated community health services centre is licensed, and subsections 6(1) and (2) apply to such an application, with necessary modification."

The Chair (Ms. Goldie Ghamari): Debate? MPP Shamji.

Mr. Adil Shamji: Essentially, Chair, this amendment has to do with the fact that there may come at times in the future the need to amend a licence, to amend the terms or conditions of that licence, such as, for example, adding or eliminating some sort of diagnostic or surgical service. The purpose of this amendment is to ensure that any such changes, and in particular services that have been added, are ones that meet the original criteria of this legislation, specifically, services for which there is a shortage in the region, for which the addition of that service will not result in siphoning of health human resources etc. So really what this is, is just reiterating that any changes, and specifically any addition of services, are in compliance and adherence with the original intentions and so-called protections of this bill.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 27.

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare independent motion number 27 lost.

Shall schedule 1, section 14 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

I declare schedule 1, section 14 carried.

Turning now to schedule 1, section 15, we have independent motion number 28. MPP Shamji.

Mr. Adil Shamji: I move that section 15 of schedule 1 to the bill be amended by adding the following subsection:

"Publicly available

"(1.1) Every notice under subsection (1) must be made available to the public."

The Chair (Ms. Goldie Ghamari): MPP Shamji for debate.

Mr. Adil Shamji: Subsection 1 has to do with the situation in which a director makes a determination that a renewal should not be granted or in some way issues a revocation or a suspension of a licence. The public has a right to know that. This bill seeks to ensure that any such decisions are made publicly available. A perfect example in which this might be relevant is a patient or their family that previously received services at one of these integrated community health service centres. Perhaps they were not happy with the care that they required, or they feel as though something incorrect was done and they've let it pass, only to discover that this services centre has a pattern of underperformance and it would be a shame for them not to know.

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It would be a shame for them not to know retrospectively so that they can, in turn, take action against said services centre, but more importantly, if there is a suspension or there is some sort of fine against the community services centre—and, in particular, if it is allowed to continue—people have a right to know that there have potentially been problems in terms of quality at a service centre. It is no different than how one's behaviour might change if you went to a restaurant and instead of having one of those green posters that says it meets all of the public health safety standards—if it's got a yellow, you're going to be less likely to go there.

I think it's important that the public have an understanding of the quality of the centres that they're going to and that there be some accountability. Corporations, especially for-profit corporations, where they're more likely to have poorer quality care or less adherence with standards, deserve to be held accountable. This is a mechanism to do that that involves no additional cost.

The Chair (Ms. Goldie Ghamari): MPP Gélinas.

Mme France Gélinas: This is a part of the bill that deals with refusal or renewal. It deals with revoke or suspend. If there is something wrong going on with this particular health facility, people should know. It's as simple as that.

When something happens that public health goes in because of a reportable disease or whatever, this information is made public. The same information should be made public for these new health centres.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 28.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare independent motion number 28 lost.

Turning now to schedule 1, section 15: Shall it carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 15 carried.

There are no amendments to sections 16 to 18 of schedule 1. I therefore propose that we bundle these sections. Is there agreement? Is there any debate? Are members prepared to vote? Shall schedule 1, sections 16 to 18, inclusive, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, sections 16 to 18 carried.

Turning now to schedule 1, section 19, we have NDP motion 28.1. MPP Gélinas.

Mme France Gélinas: I move that subsection 19(3) of schedule 1 to the bill be struck out and the following substituted:

"Public scrutiny

"(3) Notwithstanding any other legislation or regulation, except the Personal Health Information Protection Act, any information that the director collects in relation to a licence application for a private clinic, the issuance of the licence to that private clinic, the renewal of a licence for a private clinic, inspection reports, fees, OHIP billings and public funding and performance and quality of care information, shall be available for public scrutiny upon request."

The Chair (Ms. Goldie Ghamari): MPP Gélinas, for debate.

Mme France Gélinas: Health care is based on trust. Most of health care takes place between the care provider and a patient who needs the care, and in order to have quality care, there needs to be trust. A big part of building trust is the sharing of information, so what we are putting in with the public scrutiny is really for people to have the information about what the inspection report looks like. We have them for hospitals, we have them for restaurants, we have them for every other—what does the performance look like? What does the assessment of renewal etc. look like?

This is how you build trust in the system, by making sure people have the information they want, they need, about making informed choices, and making sure that whoever is delivering care to them has met the assessment, the standard etc., to provide quality care. That's why this amendment is there.

The Chair (Ms. Goldie Ghamari): MPP Gretzky.

Mrs. Lisa Gretzky: I just want to reiterate what my colleague from Nickel Belt said: That when it comes to health care, accountability and transparency is key. I don't think anybody in this room would want to go see a health care provider or go to a facility that has a terrible track record with terrible outcomes. I don't think any of us would want that for ourselves or for our family members, so I think it's important to the public to be able to have access to that kind of information to be able to make those informed decisions so they can decide whether or not that is a particular health care provider or clinic that they want to get care from.

We're talking about medical decisions, life or death decisions. I think it's important there is that public transparency and that public accountability when people are making those kinds of decisions.

The Chair (Ms. Goldie Ghamari): MPP Gélinas.

Mme France Gélinas: I want for people to realize what we're changing. In the bill right now it reads, "Any information that the director collects in relation to an application submitted under this part shall be deemed, for the purposes of section 17 of the Freedom of Information and Protection of Privacy Act, to have been supplied in confidence to the director."

So you realize that their HR plan, their safety plan, their quality, their collaborations with the hospital—all of this is deemed to have been supplied in confidence, which means that nobody will ever see that. We have put in the bill the fact that if the director collects that information, nobody can see it. That's not how you build quality care, that's not how you build a health care system. A health care system learns from one another. If there's a best practice that is developed in one midwifery practice, they will share it with all the midwives. Same thing if a community health centre has a best practice to deal with diabetes, they will share it. With this, the way it is written in there, it doesn't matter if something really good has been collected by the director, it is deemed to have been collected in confidence and cannot be shared. This is wrong. It has to be changed.

The Chair (Ms. Goldie Ghamari): MPP Gretzky.

Mrs. Lisa Gretzky: I just want to clarify to that, too, in case there are questions from the other side or from people watching, it's right in the amendment that the exception to that rule is in PHIPA. Nobody's personal information, no patient's personal information, would be shared as a result of this amendment, only information that is of public relevance to the health and safety of the public when making informed decisions about seeking health care. I want to make sure that that is incredibly clear to everyone in this room and anyone who might still be watching at this hour. This is not saying that anybody's

personal health information or any personal identifying information would be shared. That is still protected under the Personal Health Information Protection Act.

The Chair (Ms. Goldie Ghamari): MPP Martin.

Mrs. Robin Martin: I just wanted to say that section 19(3) is about protecting commercial proprietary information of an applicant. It's only about the application. There is publicly available detailed information on independent health facilities, including their quality, assessment history, and that's going to continue for the integrated community service centres. So that's not what this is about. This is just about protecting proprietary information in the application process.

The Chair (Ms. Goldie Ghamari): MPP Gélinas.

Mme France Gélinas: Then they have to modify the bill so it says so, because it says, "Any information that the director collects in relation to an application submitted under this part shall be deemed, for the purposes of section 17 ... to have been supplied in confidence...." The director may ask for many things when he looks at the licensee requirements. We're looking at the requirements for an application, so the HR plan, the health quality, maybe IPAC—all of this could be asked for by the director. The minute the director asks for it, it becomes in confidence, and nobody can see it.

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The Chair (Ms. Goldie Ghamari): MPP Gates.

Mr. Wayne Gates: It is about trust, quite frankly, and I really appreciate my colleague clarifying exactly what it says in the language, so thanks for doing that. I appreciate it.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion number 28.1.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to motion 29: MPP Shamji.

Mr. Adil Shamji: I move that subsection 19(3) of schedule 1 to the bill be struck out.

The Chair (Ms. Goldie Ghamari): Sorry?

Mr. Adil Shamji: I move that subsection 19(3) of schedule 1 to the bill be struck out.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion 29. Debate? MPP Shamji.

Mr. Adil Shamji: This is essentially a continuation of what we heard for the last amendment, which is, notably, we all, and the public, have a right to transparency around the applications: what is being submitted, who is submitting applications—notably who is submitting applications—and who is being awarded licences following that. Within that spirit, my amendment strikes out that bill so that we have that accountability and transparency in the licence application process.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion 29.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 29.1: MPP Gélinas.

Mme France Gélinas: I move that section 19 of schedule 1 to the bill be amended by adding the following subsection:

"Freedom of Information and Protection of Privacy Act

"(4) License applicants are subject to information requests made under the Freedom of Information and Protection of Privacy Act."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: The other side is telling us the FIPPA would apply to the director. Now, what we want is to make sure that the licensee applicant would also be covered by FIPPA, which is the Freedom of Information and Protection of Privacy Act. For every other health care organization, hospitals, you can file freedom of access of information. They follow the law, they never share any patient information, but they answer your question. If we are going to bring in those new clinics, then they have to be covered under the Freedom of Information and Protection of Privacy Act.

The Chair (Ms. Goldie Ghamari): MPP Martin.

Mrs. Robin Martin: It is covered under the Freedom of Information and Protection of Privacy Act. We don't need the amendment.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved—sorry. Would you like a response?

Mme France Gélinas: I know that I asked legislative counsel before, but I will ask again: How can we know for a fact that something that does not exist in Ontario right now, that will only exist after this bill is passed, will be covered under the Freedom of Information and Protection of Privacy Act if we don't say so in the bill?

Mr. Ralph Armstrong: Well, I'll just repeat what I said before, that FIPPA is meant to be an act of general application and you would look to its general application provisions for this particular case. Having said that, I'll say, as I said before, if I personally want to know anything about FIPPA, I get on the phone to the FIPPA guy. So my advice to the committee is basically, this is what I think. Take it for what it's worth.

The Chair (Ms. Goldie Ghamari): MPP Gates.

Mr. Wayne Gates: Thank you for giving us some advice there. I appreciate it.

What I don't understand—we've seen it for the last three or four hours, whatever time we've been here—is, why the secrecy in this bill? Everything we talk about is accountability, transparency, and any time we bring what I would think are reasonable requests with amendments, you continue to vote it down. It doesn't make a lot of sense. So maybe somebody on that side could say why the secrecy in this bill. What are you hiding? And why—

The Chair (Ms. Goldie Ghamari): MPP Gates, let's not impute motive. Let's keep our comments to this and let's just not accuse anyone of anything. Thank you.

MPP Gélinas?

Mme France Gélinas: I will just add that the Canadian Federation of University Women of Ontario as well as—I don't know who those people are. The Canadian Federation of University Women of Ontario have checked with the FIPPA people, and they are the ones who asked for this amendment to be brought forward because, according to the information that we have, the new clinics will not be subject to the Freedom of Information and Protection of Privacy Act.

The Chair (Ms. Goldie Ghamari): MPP Gretzky.

Mrs. Lisa Gretzky: So I would just say the same thing that I said earlier, way back in some other amendments: The language isn't in the bill. If it's implied or we're supposed to trust that this is going to apply, why not put the language in the bill? Support the amendment and make sure that the language is actually in the bill so that it's not open to interpretation by anybody. It's there plain as day, in writing.

I just cannot understand why the government side would not support this amendment. If the intention of the bill is that this is to be covered in the bill and there is not language in the bill that makes it very clear, then just accept this amendment. Vote for the amendment; put it in the bill—no harm, no foul.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 29.1.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to schedule 1, section 19: Should it carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 19 carried.

Turning now to schedule 1, section 19.1, we have NDP motion 29.2. MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"Indigenous communities

"(19.1) Nothing in this act prevents the granting of a licence to an Indigenous primary health care organization that is not part of an Ontario health team or to any other health care organization located in an Indigenous community."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: Those requests came from the Indigenous friendship centre as well as the Indigenous Primary Health Care Council, who are worried about the fact that many of their members are not part of Ontario health teams and that there are always jurisdictional difficulties between the federal and the provincial when it comes to their traditional territories, so that they could also open up those new clinics.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 29.2.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to schedule 1, section 20, we have NDP motion number 30. MPP Gélinas.

Mme France Gélinas: I move that section 20 of schedule 1 to the bill be amended by adding the following subsection:

"Staffing ratio

"(2.1) Every licensee shall ensure they maintain a ratio of one registered nurse for every four patients."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: This came from the Ontario Nurses' Association, who wants to make sure that the ratio that applies to our hospitals will be applied to the new community clinics.

The Chair (Ms. Goldie Ghamari): MPP Gates.

Mr. Wayne Gates: The only thing I'm going to add to that—yes, it did come from the Ontario Nurses' Association. I don't know if it's a statement, or maybe a question: Did the Conservative government talk to anybody from the Ontario Nurses' Association around this amendment? Anybody? Do you guys have any—okay. All right. Thank you.

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The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion number 30.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 31: MPP Gélinas.

Mme France Gélinas: I move that section 20 of schedule 1 to the bill be amended by adding the following subsection:

"Infection rates

"(4) Every licensee shall publish monthly reports on infection rates, adverse events and complaints."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: Basically, those are the types of information that are available from other providers of surgical services, and this information should also be made available if you choose to have your surgery in a community-based surgical suite.

The Chair (Ms. Goldie Ghamari): MPP Gretzky?

Mrs. Lisa Gretzky: I just want to reiterate what my colleague just said. I think it's very important for people who will potentially be accessing care in these facilities to have that kind of information. I also think it's really important for government, frankly, to have that information, so that if there is a pattern of outcomes, whether that's increased infection rates, adverse events or lots of complaints, there should be, frankly, strong oversight to be able to address that.

As I had said previously on another amendment, we are talking about health care. It can be life or death, and I think it's very important that if there is a pattern of complaints or a pattern of infection rates, those are addressed in a timely manner. It could be something very simple, something that needs to be done. Maybe their IPAC, their infection prevention and control, needs to be looked at. It could be sterilization equipment that is not performing the way that it should. I think that's important.

I came out of the dental field. I was a dental assistant. The equipment was tested and checked regularly. We had to send in to ensure that everything was working the way that it should, that our infection prevention and control was up to the standards that it needed to be. I don't see why we wouldn't expect the same from these private, for-profit clinics, to have those checks and balances and to have that accountability to the public. As I said earlier, I don't think anybody in this room would personally want to seek care at one of these facilities or have someone that they care about get care in these facilities to find out that there is an outbreak of C. diff that is not being addressed, or some other infection.

It is not uncommon for equipment to break down. It is not uncommon for things to get where people think they have performed something or done something exactly the way it needs to be done, only to find out that there was an error. These checks and balances need to be in place, and I think it's really important that they're made public, so people can make informed decisions and hopefully the decision-makers, the government, would then follow up and ensure that those issues are being addressed before there is a really, really serious, potentially deadly outcome for patients getting care in these facilities.

The Chair (Ms. Goldie Ghamari): MPP Gates?

Mr. Wayne Gates: I'll just go quickly. I think we've got lots of examples on why this particular motion is so important. Again, I'll talk about long-term care. Because my colleague said "C. diff," it reminded me—I always like to have some stories around C. diff in Niagara, where we had our hospitals, because they contracted out, privatized out the cleaning services, which was done in-house by unionized workers. They privatized it, hired a company out of the United States to come in and do the cleaning of the Niagara hospitals, and what happened is they were given X number of minutes to do all the cleaning, which they couldn't do, and we ended up having an outbreak of C. diff—again, a perfect example of why you don't privatize or why you don't contract out workers.

But in this case, at that time, I was president of the local union. We actually had a town hall meeting on it, where we had the families come to talk about what they went through. Some people went in just to have a knee surgery, and they came out in a box. They died from C. diff. You can check this story. It happened in the Niagara Falls hospital, it happened in the St. Catharines hospital, the Welland hospital. What they found out is that it was the cleaning company that they hired out of the States. That's why it's so important to make sure everything is reported, so we don't jeopardize the health and safety of not only the patients but the workers as well.

The Chair (Ms. Goldie Ghamari): MPP Martin.

Mrs. Robin Martin: As I said before, detailed information is already available, including the quality assessment for IHF facilities, and will continue to be available for the integrated community surgical centres.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion number 31.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 1, schedule 20 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 20 carried.

Turning now to NDP motion 31.1: MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"Collaboration and integration

"20.1 Licensees shall ensure they engage in collaboration and integration with local and regional hospitals, community-governed primary care organizations, Indigenous health organizations and the Indigenous Primary Health Care Council to ensure alignment and adherence to major Ministry of Health outpatient priorities, including the integration, storage and sharing of diagnostic images and diagnostic reports."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: You will all know that the electronic medical records or electronic health records have not been working so good in Ontario. Health care facilities are the major users of fax. Remember those old machines we that we used to use? We still use them in health care, because the electronic health records don't talk to one another. So what this is all about is to make sure that whatever new private, for-profit facility starts to do surgery will have to choose an electronic health record that can integrate, store and share diagnostic imaging and diagnostic reports with the rest of the health care system, so that your primary care physician who happens to be in an Aboriginal health access centre or in a family health team or in a community health centre or nurse practitioner-led clinic or in a private clinic of its own will be able to share electronically the MRI or whatever other diagnostic imaging that you had done in one of those new clinics. So it's really to make sure right off the bat that they don't go off with the cheapest EMR that you can have out there that nobody can connect to.

The Chair (Ms. Goldie Ghamari): MPP Shamji.

Mr. Adil Shamji: One of the novel things that this legislation offers is the encouragement of integration. Reflecting on my own practice as an emergency doctor, I cannot describe the number of times I've had patients come into emerg because they had some sort of imaging that took place in the community, they were advised to come into the ER because of some sort of abnormal finding, and I can't look at their imaging. As a result, we repeat the test, adding time, wasting resources and costing twice as much money.

There is already a solution to this problem. There are already province-wide systems—there's one called ConnectingOntario—that any of these out-of-hospital facilities, and I'm talking even the existing IHFs, could access, but there isn't an incentive to access those necessarily, because oftentimes, it costs a couple of extra dollars to upload the images to some of these things. I believe ConnectingOntario is one of them.

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And so this amendment, and particularly that last sentence, actually has immense potential to save time, money and resources, and is entirely, completely within the spirit of this bill, which I understand is about integration. But without the statement there, there is no requirement for these community health services centres to upload their images to a central repository. So I strongly recommend, based on my own personal, extensive clinical experience, having lived this exact problem time and time and time again, that this is a very valuable amendment.

The Chair (Ms. Goldie Ghamari): Shall NDP motion 31.1 carry?

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 31.2: MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"Quality advisor

"20.2 (1) Every licensee shall ensure that there is a quality adviser for the integrated community health services centre.

"Requirements

"(2) The quality advisor,

"(a) must be a member of a regulated health college;

"(b) must be approved by the director; and

"(c) must not be a licensee or prospective licensee, except with the prior written approval of the director.

"Responsibilities

"(3) The quality advisor is responsible for,

"(a) advising the licensee on how to provide services in the integrated community health services centre while maintaining high safety and quality standards; and

"(b) promptly informing the director and any inspecting body where the quality adviser has reasonable grounds to believe that the licensee is not providing services while maintaining high safety and quality standards."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: Basically, if you follow health care, you will remember that we had an independent health facility that was giving nerve block injections. They did not follow proper IPAC procedures—infection protection and control procedures—and they infected a number of patients. It wasn't until after a family physician called the health unit to report an infection that has to be reported to

the health unit that the health unit put two and two together, went back and saw where those people had received their injection and shut the place down. But that took years.

During all those years, hundreds of Ontarians suffered, one to the point of death. Many now have paralysis and issues from the waist down. This is to make sure that we don't relive what we have now. The quality control in our independent health facilities—am I allowed to say "sucks"? I'm not sure.

Mrs. Lisa Gretzky: You just did.

The Chair (Ms. Goldie Ghamari): I'm not going to overrule it.

Mme France Gélinas: Okay. So the quality inspection and oversight that we have in our independent health facilities right now are really not up to par. We cannot continue with what we have now in those new surgical centres, which are much higher risk than the 900 independent health facilities we have now. This is why this amendment is there.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 31.2.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 1, section 21 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 21 carried.

Turning now to NDP motion 31.3: MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"Charges

"21.1 No person or entity shall charge a patient for an uninsured service and no person or entity shall attach an uninsured service to the provision of a medically necessary service in a private clinic licensed under this act."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: This is at the core of what we've heard all along where there is an imbalance of power between the person who provides the care and the person who needs help, who needs care. It is really easy to mislead a patient into thinking that what is being proposed is worth the money that they are asking for. The Auditor General's report on surgical suites showed us that there is a lot of upselling that happens. When somebody who is about to put a laser to your eye says, "I prefer to use this lens," you hear, "How much money does it cost?" You are not in a position to be able to argue, "No, this lens is better than that lens. Oh no, I'm told that the government-paid-for lens is just as good." The power imbalance makes that impossible to happen.

There has to be a provision in the bill so that no person or entity shall charge a patient for an uninsured service—and link them on to an insured service. It happens in Ontario right now. The Auditor General has made a report to show us that it happens in Ontario right now. It has to be in the bill. It cannot continue the way it is.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 31.3.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 32: MPP Shamji.

Mr. Adil Shamji: I move that section 22 of schedule 1 to the bill be amended by adding the following subsection:

"Posting

"(2) Every licensee shall make a summary of the complaints process available to patients, both by posting it in a prominent location in the integrated community health services centre and by posting it in a prescribed digital format."

The Chair (Ms. Goldie Ghamari): Debate? MPP Shamji.

Mr. Adil Shamji: As it stands right now, there is intended to be a complaints process, but there isn't any clarity around how that is communicated to the patients of one of these centres. It is of paramount importance not just that the process exists but that it be readily accessible and available to patients. If they are not aware that it exists, if it is not readily accessible to them, if it is overly onerous in order for them to access it, it is essentially not available to them and this amendment guarantees that it will be.

The Chair (Ms. Goldie Ghamari): MPP Gélinas.

Mme France Gélinas: The way the bill reads right now, under "Complaints process," it says, "Every licensee shall, in accordance with the requirements provided for in the regulations, establish and maintain a process for receiving and responding to patient complaints." That's it, that's all.

It could very well be that it will be in the third drawer of the filing cabinet at the back of the toilet or bathroom, and this is where the complaint process is going to be. We

have to be more forceful in saying that every health care agency has to have a patient complaint process for receiving patient complaints. In our hospital, it is very easy to find. In most long-term-care homes, you have it right when you come into the home. It's the same thing with community health centres, etc. The same thing must apply to the new for-profit clinics.

The Chair (Ms. Goldie Ghamari): MPP Gates?

Mr. Wayne Gates: Again, I'd like to talk about examples of what you're talking about. Maybe that will help our colleagues over there who might not understand. What we do in our office is we get a number of complaints; I'm sure France gets them in her office. In the hospital system, they have an HR department, but they also have a complaints department, which you can call any time. They will personally take our information. This is what they do. They personally take our information, tell them what problem the individual that came into our office had with the health care system.

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A lot of times, what we're getting a lot is—because our emergency wait times and our off-load times for paramedics sometimes can go on for six to eight hours. So we get a lot of complaints about how long they're in the emergency room and they're not being taken care of. And then when they get taken care of, they're overcharged because of what we talked about—the private rooms or those types of issues.

We can actually call the hospital; they get back to us. They then give us a commitment to call the patient. Sometimes it might not be the patient; it might be a spouse who, obviously, has a loved one that has had a bad experience within the hospital system.

What I'm saying is it works. In most cases, they fix the problem, or they at least explain why they did what they did in that particular case. That's what we need right here in the bill: the same type of system where it's easy, it's convenient.

As much as I go after the long-term-care facilities, I know that in the for-profit ones as well as the not-for-profit ones there is a complaint system. I'm sure the for-profit ones run out of paper a lot just because of what goes on there, but at the end of the day, they at least have a system. And that's what my colleague is talking about.

Quite frankly, this should be one that they actually agree upon, because I'm sure they don't want anybody not having a complaint system or a process that's fair and reasonable so you're held to account and it's transparent.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 32.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 32.1: MPP Gélinas.

Mme France Gélinas: I move that section 22 of schedule 1 to the bill be amended by adding the following subsection:

"Same

"(2) The complaints process referred to in subsection (1) shall be clear, inclusive, accountable and culturally safe."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: The sum of this came from the Indigenous Primary Health Care Council as well as the Indigenous friendship centre, where we have to make sure that we give guidance to the private for-profit clinics regarding their complaint process. Some of the parameters of the complaint process are as simple as being clear, inclusive, accountable and culturally safe for all.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 32.1.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion 32.2: MPP Shamji.

Mr. Adil Shamji: I move that section 22 of schedule 1 to the bill be amended by adding the following subsection:

"Indigenous issues

"(3) The complaints process must have a dedicated pathway for addressing issues of Indigenous cultural safety and racism."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: We know that the challenges faced by Indigenous communities and Indigenous people are distinct and unique relative to many other communities. Just one example, and forgive me for this being graphic, but in my own clinical practice, I have had patients who have refused to go for colonoscopies. And I'm talking Indigenous patients, because they have a history of being sodomized at a residential school. So how do we ensure that we have processes in place that protect Indigenous people? And if, for example, in a future iteration of this bill, I could totally see cystoscopies, which are a video camera inspection of the urethra, and part of that is oftentimes a digital rectal exam, which is sticking a finger up someone's rear end to check their prostate.

The Chair (Ms. Goldie Ghamari): Thank you for putting that in Hansard.

Mr. Adil Shamji: Well, I mean, I apologize for that. I'm not trying to be overly graphic, but when we're talking about people being sodomized, these are real issues that we have to contend with.

The Chair (Ms. Goldie Ghamari): No, we get that. You don't need to describe the process in that much detail. We understand the—I'm just saying we know what a colonoscopy is.

Mr. Adil Shamji: This is a cystoscopy, but understood.

The Chair (Ms. Goldie Ghamari): Sorry, a cystoscopy.

Mr. Adil Shamji: No problem.

But in any case, there are unique challenges and unique sensitivities that need to be addressed when it comes to Indigenous people, and this is a really important amendment to ensure that that cultural sensitivity is there at many stages of the process, including the complaints process.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: Both the Indigenous friendship centres and the Indigenous Primary Health Care Council have asked for this.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion 32.2.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 32.3: MPP Gélinas.

Mme France Gélinas: I move that section 22 of schedule 1 to the bill be amended by adding the following subsection:

"Reporting

"(3) Every licensee shall publicly report all complaints received on a monthly basis."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: This is something that is mandatory for many other health care providers. We don't see personal health information or anything like this, but we see the nature of the complaints, how many they have received, and it's posted and available to all.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 32.3.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 1, section 22 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 22 carried.

Turning now to schedule 1, section 23, we have NDP motion 32.4. MPP Gélinas?

Mme France Gélinas: I move that section 23 of schedule 1 to the bill be amended by adding the following subsection:

"Reporting

"(2.1) Every licensee shall publicly report all incidents on a monthly basis."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: First, I hope that there are no incidents to be reported, but if there were to be, they should be reported publicly. There is already in the bill a clause that says incidents have to be reported to the director. What we're asking is that the report not only be shared with the director, but if they're going to do a report anyway, that it be shared publicly.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 32.4.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 1, section 23 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 23 carried.

Turning now to NDP motion 33: MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"Administrative services

"23.1 Licensees shall not contract out administrative services."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: Most of the time, people will interact with administrative services of a health care facility. It is important to make sure that, when they do have interactions with the administrative services, those are not contracted out because of protection of privacy, because of everything that goes on in health care that comes with oversight, protection of patient charts etc.

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This is something that we see lots in the States, happening right now. We have seen this happening also in the UK. We want to make sure that we don't repeat the errors that others that have gone down the path of private for-profit clinics have seen. One thing to avoid is the contracting-out of their administrative services, which has led to major problems for patients in other jurisdictions.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 33.

Ayes

Gates, Gélinas, Gretzky.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 34: MPP Gélinas.

Mme France Gélinas: I withdraw.

The Chair (Ms. Goldie Ghamari): Withdraw? Okay.

Turning to NDP motion 34.1.

Mme France Gélinas: So motion 34 had a typo; in 34.1, the typo is corrected.

The Chair (Ms. Goldie Ghamari): Ah, I see.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"IT, data and reporting

"23.2 Every licensee shall have the same IT, data and reporting responsibilities as hospitals."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: You know that the electronic health record in Ontario is not what it should be. The last thing that we need are new health care providers that will come on with their own electronic health records. If the American companies that are knocking at our doors, because they just can't wait to come and make money off the backs of Ontarians, also want to use their own electronic health records, we can't let them do this because they do not connect with our electronic health records. So let's put the same IT, data and reporting responsibilities that we have with our hospitals—let's copy those for those new health care providers, so we don't end up with a whole bunch of EMRs from the States that do not connect with anybody.

The Chair (Ms. Goldie Ghamari): MPP Gates?

Mr. Wayne Gates: That's a very good point. Again, this is how I understand this particular motion: What we need to do if somebody is having a medical emergency—you want to make sure that if they're going to a hospital or they end up in a private clinic, they can get that information extremely quick. It's a matter of life and death, quite frankly. I think you've already seen that in a lot of hospitals already, where they're upgrading their IT so they can do it real quick, whether you go to Hamilton, Toronto or Niagara.

This is a very, very important bill, and quite frankly, I don't know why the government wouldn't support this. It's safety. It's safety of ourselves, quite frankly. It may affect one of us. Why do we need this secrecy? Again, I don't get it. You've got to get that information quickly. It's a matter of life and death. And so, this motion is very supportable.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion number 34.1.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion number 35: MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"Accreditation

"23.3 Every licensee shall publicly disclose the following information with respect to every integrated community health services centre it operates:

"1. The number of procedures performed at the integrated community health services centre.

"2. The sources of funding for the integrated community health services centre.

"3. Any adverse events occurring at the integrated community health services centre.

"4. Information regarding the transfer of patients to hospitals.

"5. Information with respect to equity, including the number of low-income people served by the integrated community health services centre and race-based data on patients."

The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: Those are requests that come from a number of presenters, as well as people who have submitted their comments in writing. They were included in the legislative research summary as well as the Hansard. The idea behind it is really for people to have access to basic information they would have access to elsewhere. We know that race-based data on patients has been collected in a number of community health centres for a

number of years. They help us identify barriers to access to racialized Ontarians. The information about transfer of patients to hospital is really to see is there a better way to identify who can have a surgery on an outpatient basis rather than in-hospital, and if a certain type of patient ends up having to be transferred to hospital.

Adverse events, again, is something that we learn a lot from. If there's one adverse event in the hospital, the hospital does a full-out investigation so that it never happens again. The same thing should happen in those new private, for-profit clinics.

Where there are sources of funding, it will be interesting to see how much funding comes from the government versus from upselling other non-covered services. I'm assuming that we will have a pretty strong idea of the number of procedures that have been financed in those clinics, but let's see how many they perform.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 35.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 36: MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"French language services

"23.4 Integrated community health services centres located in designated francophone areas shall provide services in French and are subject to the French Language Services Act."

The Chair (Ms. Goldie Ghamari): Committee members, this amendment is beyond the scope of the bill. If passed, the amendment would vicariously amend the French Language Services Act, which is an act that is not opened by Bill 60. It is not possible to do indirectly what cannot be done directly. I therefore rule the amendment out of order.

Turning now to NDP motion 36.1: MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"Remediation

"23.5 (1) Every licensee shall establish and maintain a remediation process.

"Reporting

"(2) Every licensee shall publicly report on its remediation process on a monthly basis."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: We will have new health care providers. Except for hospital outpatient clinics, we haven't done hip and knee surgeries in private clinics in Ontario ever. They've all been done in hospital or in clinics that belong to hospitals. So the idea is really to have, right off the bat, a remediation process. If something goes wrong, let's help them fix this as fast as possible. We have experience in London, at Sunnybrook and other areas of Ontario that have run those outpatient surgical suites with tremendous success. If something derails in one of those private clinics, let's see what the remediation process is. Let them report on it so they can get the help they need to provide quality care.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 36.1.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 1, section 24 carry? All of those in favour, please—

Interjection.

The Chair (Ms. Goldie Ghamari): Oh, sorry, we have one more. My apologies. NDP motion 36.2: MPP Gélinas.

Mme France Gélinas: I move that section 24 of schedule 1 to the bill be amended by adding the following subsection:

"Personal information

"(3) Before posting prescribed documents and information under this section, every licensee shall remove all personal information from the prescribed documents and information that it is required to post."

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The Chair (Ms. Goldie Ghamari): Debate? MPP Gélinas.

Mme France Gélinas: This recommendation came from the Information and Privacy Commissioner of Ontario, who wrote to the committee. In his written submission, he asked for this to be added to the bill.

The Chair (Ms. Goldie Ghamari): MPP Gates?

Mr. Wayne Gates: Just quick, I just wanted to say this is pretty common sense. Surely, the Conservatives can support this. It's pretty common sense. It's being asked by an organization that's well respected. I think this could be the one that you guys actually support. I'm looking forward to the vote.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 36.2.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 1, section 24 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 24 carried.

There are no amendments to sections 25 to 28 of schedule 1. I therefore propose that we bundle these sections. Is there agreement?

Mme France Gélinas: Yes.

The Chair (Ms. Goldie Ghamari): Is there any debate? Are members prepared to vote? Shall schedule 1, sections 25 to 28, inclusive, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, sections 25 to 28, carried.

Turning now to schedule 1, section 29: We have independent motion number 37.

Mr. Adil Shamji: I move that section 29 of schedule 1 to the bill be amended by adding the following subsection:

"Restriction

"(2.1) The minister may not make a payment with respect to a procedure performed at an integrated community health services centre that is greater than the relevant payment for the same procedure at a public hospital."

The Chair (Ms. Goldie Ghamari): Debate? MPP Shamji.

Mr. Adil Shamji: I've previously described why I don't think that it's appropriate for an out-of-hospital facility to earn more for a procedure than for the same procedure in a hospital. When I had previously discussed this, I had been within the context of a broader amendment that had a few other things in it. I will not repeat everything, just to reiterate that there is no reason that a low-acuity surgery on a young healthy individual during, frankly, business hours—where there are facility fees being paid to the integrated community health services centre, there is no reason for them to earn more than in a public hospital.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion 37.

Ayes

Gélinas, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion 38: MPP Shamji.

Mr. Adil Shamji: I move that section 29 of schedule 1 to the bill be amended by adding the following subsection:

"Not to patients

"(4.1) No person shall charge a facility cost or a portion of a facility cost to a patient."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: Essentially, the purpose of this amendment is to guarantee that patients do not bear the cost of medically necessary services or the ancillary services that are necessary in order to provide those medically insured services.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion 38.

Ayes

Gélinas, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion 39: MPP Shamji.

Mr. Adil Shamji: I move that clauses 29(5)(b) and (c) of schedule 1 to the bill be struck out and the following substituted:

"(b) obtain or accept a benefit, direct or indirect, for providing an insured person with a preference in obtaining access to an insured service at an integrated community health services centre;

"(c) permit an uninsured service to act as a barrier or prerequisite to an insured service; or

"(d) offer to do anything referred to in clause (a), (b) or (c)."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: Thanks for giving me an opportunity to highlight this. Essentially, this amendment is intended to ensure that uninsured services do not act as a barrier or a paywall to insured services. We've seen this happen in the case of virtual for-profit primary care where, despite the fact that virtual care is an insured service, extensively we are seeing for-profit operators of virtual care charge $60 to $70 per visit, ostensibly because, for example, the patient is being billed for text messaging, which is uninsured, which, according to the company, is necessary in order to access the video-based visit, which is insured.

So the purpose of this amendment is to ensure that never will an uninsured service act as a barrier for patients to access one of the services that is funded under OHIP.

The Chair (Ms. Goldie Ghamari): MPP Gélinas.

Mme France Gélinas: The example that he gave: In my riding, we had—they have the name of a bird. I forget the name of the company. You had to pay $200 a year or pay $10 every time because you could not phone to make a booking. You had to text to make a booking, and every text was 10 bucks. It is just ridiculous. This would certainly help.

The Chair (Ms. Goldie Ghamari): MPP Martin.

Mrs. Robin Martin: I just wanted to say that this is already provided for under section 29(6), just like the last proposed amendment was provided for under 29(8).

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion 39.

Ayes

Gélinas, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 40. MPP Shamji.

Mr. Adil Shamji: I move that section 29 of schedule 1 to the bill be amended by adding the following subsection:

"Disclosure

"(9) The minister shall make publicly available the details of all contracts of the ministry with integrated community health services centres, including rates of remuneration and capital funding."

The Chair (Ms. Goldie Ghamari): Debate? MPP Shamji.

Mr. Adil Shamji: Patients and the public have a right to know how much money is being spent on their health care system, and in particular, to know whether there is runaway profiteering. They demand value for the tax dollars that they pay. This amendment is intended to assure them of that.

The Chair (Ms. Goldie Ghamari): MPP Gélinas.

Mme France Gélinas: This information is made available for a hospital. We see how much pay-by-procedure costs at every hospital. Not every hospital gets the same amount. In the north, we get a little bit more. But all of this information is available to all. It should also be available for those private, for-profit clinics.

The Chair (Ms. Goldie Ghamari): MPP Martin?

Mrs. Robin Martin: I don't think a legislative amendment is required. Requests for access to the contracts will be subject to the provisions of the Freedom of Information and Protection of Privacy Act.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 40.

Ayes

Gélinas, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 1, section 29 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 29 carried.

There are no amendments to sections 30 to 41 of schedule 1. Therefore, I propose we bundle these sections. Is there agreement? Is there any debate? Are the members prepared to vote? Shall schedule 1, sections 30 to 41, inclusive, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, sections 30 to 41, inclusive, carried.

Turning now to schedule 1, section 42, we have NDP motion 40.1. MPP Gélinas.

Mme France Gélinas: I move that subsection 42(1) of schedule 1 to the bill be struck out and the following substituted:

"Inspectors

"(1) The minister or the director may appoint, in writing, one or more employees of the ministry as inspectors for the purpose of ensuring compliance with this act and the regulations."

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The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: Basically, we want the inspector to be an employee of the government so that we don't find ourselves like we have right now in retirement homes, where we have a retirement home industry that deals with very vulnerable Ontarians that is self-regulated. It is their inspector they send. It is their complaint mechanism. A very vulnerable section of our population has no protection. This is really to avoid the mistakes of other parts of our health care system, to make sure that they will be

employees of the ministry so that they can be held to account—that they do not respond to the for-profit companies; they respond to the ministry.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has been moved NDP motion 40.1.

Ayes

Gates, Gélinas, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 1, section 42 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 42 carried.

Turning now to schedule 1, schedule 43, we have NDP motion 40.2. MPP Gélinas.

Mme France Gélinas: I move that subsection 43(1) of schedule 1 to the bill be struck out.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 40.3. Is there any debate? MPP Gélinas.

Mme France Gélinas: It's 40.2.

The Chair (Ms. Goldie Ghamari): Sorry, 40.2—my apologies. You are correct.

Mme France Gélinas: It's all good.

Basically, the way it reads right now is, "The minister or the director may appoint, in writing, one or more persons, or the members of any class of persons, as inspectors...." "Members of any class of persons" means that the investors, the shareholders may be the ones doing inspections in the private, for-profit clinics. This is too wide of a definition as to who could be hired as inspector. If we are serious that we want inspectors to make sure that they're in compliance with the act, then the best way to do this was to vote for my previous motion. But given that they voted no, I'm giving it a second kick at the can so that they realize that you cannot leave it that broad, that industry will push you into making sure that the inspectors are somebody that they have within their control.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 40.2.

Ayes

Gates, Gélinas, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 40.3: MPP Gélinas.

Mme France Gélinas: I move that subsection 43(2) of schedule 1 to the bill be struck out.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: Again, we're talking about inspectors. Right now, it reads, "Every reviewer appointed under the Health Insurance Act is, by virtue of office, an inspector for the purposes of this act and shall be deemed to have been appointed for the purpose mentioned in subsection (1)." I would much prefer that we be a whole lot more specific as to who will be doing that type of work.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 40.3.

Ayes

Gates, Gélinas.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare NDP motion 40.3 lost.

Shall schedule 1, section 43 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 43 carried.

There are no amendments to sections 44 to 49 of schedule 1. I therefore propose that we bundle these sections. Is there agreement? Is there any debate? Are the members prepared to vote?

Shall schedule 1, sections 44 to 49, inclusive, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, sections 44 to 49, carried.

Turning now to schedule 1, section 49.1, we have independent motion 41. MPP Shamji.

Mr. Adil Shamji: I move that schedule 1 to the bill be amended by adding the following section:

"Public list

"49.1 The director shall maintain a public list of findings in relation to licensees who have been found to contravene this act or the regulations, or who have had suspensions or revocations of their licenses."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: This ensures transparency and accountability around licensees who have been found to contravene in any way any of the criteria or protections in this legislation.

The Chair (Ms. Goldie Ghamari): MPP Gélinas.

Mme France Gélinas: Basically, we're now dealing with a part of the bill that talks about compliance orders. Those are seriously lacking within one of those clinics that would require a compliance order. When there is a compliance order against other health care providers, it is always made publicly available. We ask that the same thing that happens—compliance orders do not happen very often. They happen when things went really, really bad. If we need a compliance order, the least we can do is let the public know that a compliance order was issued.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion 41.

Ayes

Gates, Gélinas, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion 42. MPP Shamji.

Mr. Adil Shamji: I move that schedule 1 to the bill be amended by adding the following section to part VI:

"Accreditation program

"49.2 Every licensee shall participate in an accreditation program provided for in the regulations that evaluates integrated community health services centres at regular intervals on a range of metrics, including, without being limited to, infection control, efficiency, safety, patient-centred care, population focus, work-life balance and accessibility."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: It really is important that there be high standards for these integrated community health services centres and, notably, for these standards to be of an equivalent nature to what we're seeing in our publicly funded hospitals and institutions. Within the spirit of really trying to add to the discussion and to be propositional, to really try and help to improve this bill, I submit this amendment with the view to really bringing these integrated community health services centres into alignment with what is happening in our public hospitals.

An accreditation program of this kind would be very similar in terms of the standards and quality control mechanisms that we are seeing already. So this is most worthy, if I may say so myself.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion 42.

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion 49—

Interjection.

The Chair (Ms. Goldie Ghamari): My apologies. We're on section 50.

Shall schedule 1, section 50 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 50 carried.

Turning now to independent motion 42.1. MPP Shamji.

Mr. Adil Shamji: I move that schedule 1 to the bill be amended by adding the following section:

"Duty to consult

"50.1 The director and the inspectors shall have a duty to consult Indigenous people in the planning, design, delivery and evaluation of health services in their communities."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

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Mr. Adil Shamji: If we, as a people and as a province, are serious about truth and reconciliation with Indigenous people, then this really should not be an amendment that requires any debate. Simply, all it says is that where there is planning and delivery of health care services, where there may be an integrated community health services centre in a region that could reasonably impact Indigenous people, they have a right to say how it should be designed, how it should be planned and how it should be executed.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion 42.1.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 42.2. MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"Out-of-province healthcare professionals

"50.1(1) Out-of-province healthcare professionals shall not commence working in Ontario until they show proof of liability insurance to the regulatory body associated with their profession.

"Same

"(2) Out-of-province healthcare professionals shall show proof that they are engaged in their respective college's registration processes no later than two weeks after the day they begin working.

"Same

"(3) The Ministry of Health is liable for out-of-province healthcare professionals in the case of an adverse event or issue."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: Basically, a health care professional in Ontario has to show proof of liability insurance to their college. If they come from another college, we have no idea if they have liability insurance, so they should have to show that they have liability insurance to the body that would be—if they were a nurse, the College of Nurses; if they were a physician, the College of Physicians and Surgeons etc. They have to show that they are engaged with their respective college within two weeks, so that they are starting the process to get registered under their colleges. Then, if something goes wrong, somebody has to be accountable so that people in Ontario have something to turn to. In this case, the Ministry of Health would be the one accountable for adverse events in the case of a health professional working in Ontario without being regulated by their college.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gates.

Mr. Wayne Gates: This is, again, another one that I think we should all agree upon. We don't want anybody coming to the province without having some form of proof of liability. It doesn't even really make sense, by the way.

I will say to this that, unfortunately, there are more leaving the province than are coming to our province. Last month, 140,000 left and only 80,000 came. A lot of that is because of Bill 124. I've been trying to get you guys to understand how it's hurting not only workers; it's hurting the province. It's hurting the province for people wanting to come here.

So I think it is an excellent amendment to this bill. I think we've put forth a very good case on why you should support it, and I am looking forward to you guys supporting this.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 42.2.

Ayes

Gates, Gélinas, Gretzky.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 42.3. MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"Out-of-province healthcare professionals

"50.1(1) Out-of-province healthcare professionals shall not commence working in Ontario until they show proof of liability insurance to the regulatory body associated with their profession.

"Same

"(2) Out-of-province healthcare professionals shall show proof that they are engaged in their respective college's registration processes no later than six weeks after the day they begin working.

"Same

"(3) The Ministry of Health is liable for out-of-province healthcare professionals in the case of an adverse event or issue."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: We had the association of registered health professionals come and do a deputation. They made it clear that it does not take that long to get a licence if you apply for one.

They also warned us that people who are in trouble with their college in their province of origin may very well want to come to Ontario, where they will be allowed to continue to work; all they have to do to get a licence is give permission for the college where they came from to share information to the college of Ontario. So, you're a member of the College of Nurses of Ontario. If you're a member of the college of nurses of Alberta, as soon as you get to Ontario, all you have to say is to give consent for the college of nurses of Alberta to share your information. Within two weeks, you are registered with the College of Nurses of Ontario. It's the same thing with the college of physicians and surgeons, the same thing with every other health care professional.

Where we run into delays is when they do not give consent to share information from their province of origin with Ontario, which leads to—why are they not giving consent to share that information? Little red flags should go up. This is what they came to tell us.

So I have put into this one a six-week delay. Within six weeks, you have to have connected with the college of your profession here in Ontario. If you have not done this,

then the red flags should go up for all of us that there is something going on with that health care professional, and maybe they should not be providing care in Ontario. All colleges have all said that if they get the okay from their province of origin—some say within 10 days; some say within two weeks—they will be accredited in Ontario.

We have to remember that the colleges exist for one reason: They exist to protect the public. We unfortunately need protection from a very small number of health professionals, but because, again, of the power imbalance, health professionals need to belong to their college. If there is a complaint, if there is something going wrong, the college will be there to protect the public.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved—sorry. MPP Martin?

Mrs. Robin Martin: I just wanted to say that I recall we heard testimony of just a few colleges taking only a few weeks. They were not the major colleges, like the nurses or the doctors, for example. However, if they can process applications quickly, all the better.

Out-of-province health care providers are liable to their local regulator until they're registered here in Ontario, in any event, and throughout the pandemic we have had health care providers from other jurisdictions come and provide services here without issue. So we're happy with the way the bill currently reads.

The Chair (Ms. Goldie Ghamari): MPP Gretzky?

Mrs. Lisa Gretzky: I would just say to the member opposite on that one that we've been lucky. We've been lucky. As my colleague from Nickel Belt pointed out, for the most part the health care workers are very good at what they do, but there are some where there are problems. So to say, "Well, you know, so far we've been lucky," frankly, is not good enough. It's not good enough for the people in this province when we're talking about health care, when we're talking about potentially life-or-death situations.

I don't see why anyone would be opposed to checks and balances to ensure that any health care provider from out-of-province, from out-of-Ontario, meets certain criteria within a certain period of time, rather than risking people's lives by saying, "So far we've been lucky. We don't need to worry about it."

I think this is definitely something that the government should be supporting. I would think that they would want those assurances for themselves and their family members, just like I want those assurances for myself and my family members that these people providing health care have—that there's some sort of recourse, some sort of checks and balances to ensure that they should be practising here in Ontario. I don't think it's an unreasonable request. I think, frankly, it should have been an automatic support of this amendment. I just don't understand why somebody wouldn't support it.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 42.3.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Committee members, it's 8:30. We're going to take a 15-minute recess for health break purposes and we will resume at 8:45. Thank you.

The committee recessed from 2031 to 2045.

The Chair (Ms. Goldie Ghamari): Good evening, everyone. We are now resuming our clause-by-clause on Bill 60. Thank you, everyone, for your patience.

We are now going to continue with NDP motion 42.4. MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"Ontario Health

"50.2 Ontario Health is responsible for creating, reinforcing and overseeing the linkages with health system partners referred to in clause 5(4)(g) in order to streamline processes between hospitals and integrated community health services centres."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: Well, this has been added to the bill to make sure that we include integrated community health services centres under the jurisdiction of Ontario Health.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 42.4.

Ayes

Gates, Gélinas, Gretzky.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 42.5: MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"Plan made public

"50.3 The Ministry of Health and the director must make publicly available the plan to support the retention of public health human resources in the healthcare workforce who work in public healthcare settings."

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved this motion. Further debate? MPP Gélinas.

Mme France Gélinas: This is something that we heard a lot about. We have many hospitals, community health centres, long-term care, home care and many health care providers right now that are facing a shortage of health human resources. One of the parts of the plan that must be submitted before a new clinic is given a licence is their human resources plan. So all that this amendment does is

to make sure that whatever human resources plan they have put forward, that it be made available publicly so that people who work in long-term care, in home care, in primary care, in hospices, in hospital have an opportunity to see the plan.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 42.5.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

There are no amendments to sections 51 to 56 of schedule 1. I therefore propose that we bundle these sections. Is there agreement? Is there any debate? Are members prepared to vote? Shall schedule 1, sections 51 to 56, inclusive, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, sections 51 to 56, inclusive, carried.

Turning now to schedule 1, section 57, we have NDP motion 42.6. MPP Gélinas.

Mme France Gélinas: I move that subsection 57(1) of schedule 1 to the bill be amended by striking out "inspecting body and every inspector appointed by an inspecting body" and substituting "person, including the minister, director, inspecting body and inspector appointed by an inspecting body."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: This section of the bill deals with confidentiality, and basically, right now, some of the confidentiality inspection only applies to inspecting bodies and inspectors. Now it would also apply to people within the ministry, the director and the inspecting body.

2050

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 42.6.

Ayes

Gates, Gélinas, Gretzky.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 42—

Interjection.

The Chair (Ms. Goldie Ghamari): Oh. Shall schedule 1, section 57 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 57 carried.

Turning now to NDP motion 42.7. MPP Gélinas.

Mme France Gélinas: I move that subsection 58(6) of schedule 1 to the bill be amended by striking out "an inspecting body or inspector appointed by an inspecting body shall not" in the portion before clause (a) and substituting "no person, including the minister, the director, an inspecting body, an inspector appointed by an inspecting body or a licensee, shall".

The Chair (Ms. Goldie Ghamari): MPP Gélinas, further debate?

Mme France Gélinas: This amendment came from the Information and Privacy Commissioner, who basically sought a limit to the collection, use and disclosure of information by including the following additional language. He is the one who wrote this amendment to make sure that we follow the directive of the Information and Privacy Commissioner. These changes to the bill are to make sure that whenever the inspector will have access to charts, will have access to personal information of the people and the patients that were seen in those clinics and that information is to be shared with the director and the ministry—the Information and Privacy Commissioner wants to make sure that this information remains private.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 42.7.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 1, section 58 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 59 carried.

Interjection.

The Chair (Ms. Goldie Ghamari): Oh, sorry. I declare schedule 1, section 58 carried.

Turning now to schedule 1, section 59. All those in favour, please raise their hands.

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 59 carried.

Turning now to independent motion number 43. MPP Shamji.

Mr. Adil Shamji: I move that schedule 1 to the bill be amended by adding the following section:

"Expert panel

"59.1 The minister shall establish an expert panel consisting of representatives of regulated health colleges, hospital and healthcare stakeholders, healthcare workers and patient representatives to facilitate ongoing feedback and improvement around the implementation of the Your Health Act, 2023."

The Chair (Ms. Goldie Ghamari): Debate? MPP Shamji.

Mr. Adil Shamji: This was one of the recommendations to come out of our public hearings, that there be an ongoing process in place to evaluate the execution of this bill and to ensure that there is ongoing input from multiple stakeholders to ensure ongoing, continuous quality improvement.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 43.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 44: MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"Annual review

"59.1 The Ministry of Health shall conduct a comprehensive annual evaluation of every integrated community health services centre and publish a detailed report of its findings on its website."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: The idea is, really, right now we have no accreditations for the integrated community health services centre, we have very little oversight, very little accountability, and mandating the Ministry of Health to conduct an annual evaluation will be one way to hold them to account so that, whatever they had put in their plan, they actually deliver on. If there is a number of complaints, adverse events, infections, whatever, the inspection would pick that up.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion number 44.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare NDP motion number 44 lost.

Turning now to NDP motion number 45: MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"Centralized waitlist

"59.2(1) The Ministry of Health shall establish a centralized waitlist for surgeries and procedures.

"Same

"(2) Integrated community health services centres shall accept patients from the centralized waitlist, regardless of any comorbidities as long as it is safe to do so.

"Same

"(3) The public shall have access to timely information regarding the centralized waitlist and be able to search the waitlist by surgeon, by facility, by region and province-wide."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: This is something the government has committed to doing, so putting it in the bill makes sure that we see not only talk but action. We would have a centralized wait-list for surgeries and procedures.

The second one is that the integrated community health services centres would have to take people from a central wait-list, as long as it is safe to do so. We fully understand that not everybody would be able to have a same-day surgery, especially for knee and hip surgeries; some people will have to be admitted. We completely accept that. But they should not be allowed to refuse people based

on gender, based on colour, based on if they have a mental health and addiction issue, based on something that has nothing to do with the safety of the procedure but just has to do with somebody who will need a little bit more care and hand-holding to go through it—somebody who doesn't speak English etc. So they would have to take from the central wait-list as long as it's safe to do so.

The last part is that the information about the centralized wait-list be available publicly by surgeon, facility. This has already been tried in Ontario already. The Auditor General reports on that and makes it clear that once people know the wait-list for different surgeons they often pick—it's too late in the night for me to remember the percentage, but a very high percentage of people will pick the surgeon with the shorter wait-list. You still have a choice to wait for the surgeon of your choice, but at least you know that different surgeons have different wait-lists, different hospitals have different wait-lists. You get to know a little bit more so that you can select where you want to have your surgery done and by whom.

The Chair (Ms. Goldie Ghamari): NDP Gélinas has moved NDP motion number 45.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion number 46: MPP Gélinas.

2100

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"Oversight

"59.3(1) The Ministry of Health shall establish provincial and regional bodies to provide oversight of integrated community health services centres.

"Reporting

"(2) The oversight bodies established under subsection (1) shall provide regular public reports."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: We all know that the 900-or-so independent health facilities right now have very little oversight and very little accountability. The idea behind this amendment is to bring oversight. The ministry would establish provincial and regional bodies to provide oversight so that it gets done. The oversight bodies would provide regular public reports. When you think about oversight, you can think about quality of care, the number of complaints. You can also look at how long the wait-lists are, if they're meeting the commitment to health human resources. Anything that has to do with oversight would be made public on a regular basis.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion number 46.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

There are no amendments to sections 60 to 61 of schedule 1. I therefore propose that we bundle these sections. Is there agreement? Is there any debate? Are the members prepared to vote? Shall schedule 1, sections 60 to 61, inclusive, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, sections 60 to 61, inclusive, carried.

Turning now to NDP motion 46.1: MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"Patient Ombudsman regulations

"61.1(1) The Ministry of Health shall, no more than 90 days after the day this section comes into force, conduct a review of regulations regarding the Patient Ombudsman appointed under the Excellent Care for All Act, 2010 to ensure that there is adequate capacity and capability to be accountable to Indigenous lived experiences.

"Same

"(2) In conducting the review referred to in subsection (1), the Ministry of Health shall consult with Indigenous-led organizations."

The Chair (Ms. Goldie Ghamari): Committee members, this amendment is beyond the scope of the bill. I therefore rule the amendment out of order.

Turning now to NDP motion 46.2: MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section—it's "Data collection and sharing." There is a typo.

The Chair (Ms. Goldie Ghamari): There's a typo? All right. Members, there's a typo here. It should be "Data" instead of "Date".

Interjection.

The Chair (Ms. Goldie Ghamari): Yes. It's only the header, so it's okay. Thank you.

Mme France Gélinas: Thank you.

"61.2 The Ministry of Health shall engage in enhanced data collection and timely, transparent data sharing to

support evidence-informed planning, measurement, evaluation and accountability.”

The Chair (Ms. Goldie Ghamari): Thank you.

Mme France Gélinas: We are in a part of the bill, again, that talks with the private clinics. We’re making sure that the ministry will be able to access the data and collect the data that is necessary to basically do their work for evidence-informed planning, measurement, evaluation and accountability. There is quite a bit of anxiousness out there, knowing who is waiting, not very patiently, to start building those private, for-profit clinics. They will come with their own medical records and electronic health records that are not compatible with what exists in Ontario. This is to make sure that the Ministry of Health is engaged in data collection and transparent data-sharing so that the Ministry of Health can gain access to the electronic health records used by the private clinics.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 46.2.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 46.3: MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

“Narcotics Safety and Awareness Act, 2010

“61.3 The Narcotics Safety and Awareness Act, 2010, or its regulations, will not be amended to designate registered nurses as persons who may dispense a monitored drug, collect personal health information, ensure that regulations regarding verification of identity are met and keep appropriate records of the dispensing of monitored drugs.”

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: This is something that came from the RNAO, the Registered Nurses’ Association of Ontario, as well as the Ontario Nurses’ Association, who are very worried about patient care and want to ensure that the bill contains this amendment.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved motion number 46.3.

Ayes

Gates, Gélinas, Gretzky.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to schedule 1, section 62: Shall schedule 1, section 62 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 62 carried.

Turning now to independent motion number 47: MPP Shamji.

Mr. Adil Shamji: I move that section 63 of schedule 1 to the bill be amended by adding the following subsection:

“Same

“(1.1) Every licensee is guilty of an offence who,

“(a) advertises that they provide superior service or products in relation to other licensees or healthcare institutions; or

“(b) publicly advertises uninsured products or services for the purpose of soliciting business.”

The Chair (Ms. Goldie Ghamari): Debate? MPP Shamji.

Mr. Adil Shamji: This amendment really is meant to underscore the fact that health care is not a business, and it is entirely in adherence with currently existing precedent. For example, dental practices in the province of Ontario cannot advertise that they are superior to other dental practices. We’ve seen this—it’s regulated by the RCDSO—and in similar ways, we want to make sure that these integrated community health services centres are not behaving as businesses, but primarily as health care institutions.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 47.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to schedule 1, section 63: Shall it carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 63 carried.

Shall schedule 1, section 64 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 64 carried.

Turning now to schedule 1, section 65, we have NDP motion number 47.1. MPP Gélinas.

2110

Mme France Gélinas: I move that section 65 of schedule 1 to the bill be amended by adding the following subsection:

"Limits re definitions

"(2.1) A regulation made under paragraph 2 of subsection (1) shall not define 'registered nurse', 'registered practical nurse' or 'registered nurse in the extended class' to include individuals who are not licensed."

The Chair (Ms. Goldie Ghamari): MPP Gélinas for further debate.

Mme France Gélinas: This also comes from the Ontario Nurses' Association as well as the registered nurses, RNAO. They are worried about the regulations on page 29. Basically the bill says, "Defining or clarifying the meaning of any word or expression used in this act that is not otherwise defined in this act...." They do use "nurses." The bill does use "registered practical nurses." I'm not sure if it uses "registered nurses in the extended class," but I'm guessing, if they added it, it probably did. Given that it has not been defined in the act, they are afraid that it's going to be defined to include people that are not licensed. So that's why the limit on definitions.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 47.1.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion 47.2: MPP Gélinas.

Mme France Gélinas: I move that section 65 of schedule 1 to the bill be amended by adding the following subsection:

"Consultations

"(2.2) A regulation shall not be made under subsection (1) unless there has been a clear and transparent process for consultation with Indigenous organizations, including the Indigenous Primary Health Care Council."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: We have a number of times tried to add in the bill a duty to consult. We have a number of times tried to put in the bill a lens for Indigenous people. They came to talk to us. I think we all agree that many Indigenous people face barriers to access, they face discrimination. We have a brand new health bill, where we have this opportunity to change the tone. We have this opportunity to show respect to Indigenous people. They came here; they asked us. The least we could do is name them in the bill, tell them that they will be consulted, tell them that they will have a voice, tell them that, as we move forward with new partners in health care, new ways of offering care to Ontarians, they will be there. None of this exists in the hospitals' act. None of this exists in most of the other health care acts. We have an opportunity to do things differently, to be more respectful, especially when they took the time to come here and ask us.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion 47.2.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

We'll now turn to independent motion number 48: MPP Shamji.

Mr. Adil Shamji: I move that section 65 of schedule 1 to the bill be amended by adding the following subsection:

"Assembly approval required

"(5) A regulation made under this act has no effect unless it has been approved by a resolution of the Legislative Assembly."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: To me, on my read of this legislation, it is shocking how much is left to the regulations. As we will see in schedule 2, which we're about to get to, entire definitions of entire classes of regulated health professionals are noted to be redefined with actually no detail provided whatsoever and everything being left to the regulations. This seems contrary to the spirit of the entire process that we're engaging in, which is for legislators from all sides of the chamber to come together, collaborate and work together to improve this bill and the laws that will follow from it.

As a result, because it is impossible to know what will come in the regulations, because the relevant draft regulations have not been posted and, I was notified, will not be posted prior to us completing the debate on Bill 60,

this amendment will call for any such regulations to be subject to a resolution of the Legislative Assembly so that we can have an opportunity to engage in meaningful debate and provide input in a collaborative spirit to ensure these regulations are as strong and great as possible.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved motion number 48. All those in favour, please raise their hands—

Interjection.

The Chair (Ms. Goldie Ghamari): Oh, MPP Gélinas?

Mme France Gélinas: This will change the way health care is delivered for all of us. Whether we get one of those private clinics in our community or not, it will affect us all. And so, so much of it is left to regulation—even things that are mentioned in the bill. Then, you come to page 29, part VIII, "Regulations," and it says, "The Lieutenant Governor in council may make regulations," and then we go through 31 different paragraphs that explain everything that can be made in regulation. It doesn't matter that it's in the bill; the bill also says that it could be made in regulation.

This is not good. This is not transparency. This is not leadership.

The Chair (Ms. Goldie Ghamari): Thank you. MPP Shamji has moved independent motion number 48.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 1, section 65 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 65 carried.

There are no amendments to sections 66 to 72 of schedule 1. I therefore propose that we bundle these sections. Is there agreement? Agreed. Is there any debate? Are the members prepared to vote? Shall schedule 1, sections 66 to 72, inclusive, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, sections 66 to 72, inclusive, carried.

Turning now to NDP motion 48.1: MPP Gélinas.

Mme France Gélinas: I move that schedule 1 to the bill be amended by adding the following section:

"72.1 Clause 18(1)(e) of the Independent Health Facilities Act is repealed and the following substituted:

"'(e) the director is of the opinion that there is reasonable ground for belief that the independent health facility is not being or will not be operated in accordance with the law and with honesty and integrity, including that the facility is or will be charging unfair fees to patients;'

"4. Subsection 20.1(2) of the act is amended by adding the following clause:

"'(b.1) the director is of the opinion that there is reasonable ground for belief that fees in respect of the eliminated services are being charged, or will be charged, in a manner that is unfair to patients;'"

The Chair (Ms. Goldie Ghamari): Committee members, the proposed amendment is out of order, as it is inconsistent with the previous decision made by the committee on this section of the bill.

2120

There are no amendments to sections 73 and 74 of schedule 1. I therefore propose that we bundle these sections. Is there agreement? Is there any debate? Are the members prepared to vote? Shall schedule 1, sections 73 to 74, inclusive, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, sections 73 and 74, carried.

Now, turning to NDP motion 48.2. MPP Gélinas.

Mme France Gélinas: I move that section 75 of schedule 1 to the bill be amended by adding the following subsection:

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

"'As of right employees

"'17.2 The health information custodian's obligations under section 17.1 apply to health care providers who commence working in Ontario as of right.'"

The Chair (Ms. Goldie Ghamari): Committee members, this amendment is beyond the scope of the bill. I therefore rule the amendment out of order.

Turning now to schedule 1, section 75: Shall it carry? All those in favour, please raise your hands.

Yes, MPP Gates?

Mr. Wayne Gates: Just a question: I think two of the last three that came from the NDP you said are out of order. Who—

The Chair (Ms. Goldie Ghamari): Yes, that's the ruling according to the Clerk, because they've done—

Mr. Wayne Gates: That was my question. Who made that ruling?

The Chair (Ms. Goldie Ghamari): It wasn't me. Well, I mean, it is me, but I get the information from the Clerk. If you like, I can ask—who can we ask for clarification on why it's out of order?

The Clerk pro tem (Ms. Valerie Quioc Lim): I can try to speak to it.

The Chair (Ms. Goldie Ghamari): Yes.

The Clerk pro tem (Ms. Valerie Quioc Lim): So specifically, we look at the scope, depending on what it's amending. This specific one—I mean, we can look at the act more, but it is beyond the scope. But previous ones, sometimes it's amending a section that's not open, or it's inconsistent, meaning a section of the bill has been passed that repealed an act and then the amendment was trying to amend that act that's already been repealed.

Mr. Wayne Gates: Okay, thank you.

The Chair (Ms. Goldie Ghamari): Does that clarify?

Mr. Wayne Gates: Yes. I was just trying to figure out how it worked.

The Chair (Ms. Goldie Ghamari): Yes. Thank you.

Mr. Wayne Gates: Now I know.

The Chair (Ms. Goldie Ghamari): Knowing is half the battle.

Members, shall schedule 1, section 75 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 75, carried.

Members, there are no amendments to sections 76 to 81 of schedule 1. I therefore propose that we bundle these sections. Is there agreement? Is there any debate? Are members prepared to vote? Shall schedule 1, sections 76 to 81, inclusive, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji

The Chair (Ms. Goldie Ghamari): I declare schedule 1, sections 76 to 81, carried.

Turning now to schedule 1, section 82, we have NDP motion number 48.3. MPP Gélinas.

Mme France Gélinas: I move that section 82 of schedule 1 to the bill be struck out and the following substituted:

"82(1) Section 3 of the Regulated Health Professions Act, 1991 is amended by striking out 'sensitivity and respect' and substituting 'sensitivity, fairness and respect'.

"(2) Clause 36(1)(d) of the act is amended by striking out 'the Independent Health Facilities Act' and substituting 'the Integrated Community Health Services Centres Act, 2023'.

"(3) Subsection 51(1) of schedule 2 to the act is amended by striking out 'or' at the end of clause (b.1) and adding the following clause:

"'(b.2) the member or another person has charged a patient an unfair fee as defined in the regulations for a service provided by the member; or'

"(4) Subsection 51(2) of schedule 2 to the act is amended by adding the following paragraph:

"'5.1.1 If the act of professional misconduct was the charging of a patient an unfair fee,

"'i. requiring the member to reimburse the patient for the amount paid by that patient for the unfair fee, and

"'ii. directing the registrar to suspend the member's certificate of registration for a period of three months.'

"(5) Section 84 of schedule 2 to the act is amended by adding the following subsection:

"'Measures for charging unfair fees to patients

"'(1.1) The patient relations program must include measures for preventing and dealing with the charging of unfair fees to patients.'

"(6) Subsection 95(1) of schedule 2 to the act is amended by adding the following clause:

"'(i.1) defining unfair fee for the purpose of clause 51(1)(b.2);'"

The Chair (Ms. Goldie Ghamari): 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."

Turning now to schedule 1, section 82: Shall it carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, section 82 carried.

Committee members, there are no amendments to sections 83 to 89 of schedule 1. I therefore propose that we

bundle these sections. Is there agreement? Is there any debate? Are the members prepared to vote? Shall schedule 1, sections 83 to 89, inclusive, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1, sections 83 to 89, carried.

Shall the preamble to schedule 1 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare the preamble to schedule 1 carried.

Shall schedule 1 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 1 carried.

Turning now to schedule 2, starting with independent motion number 49: MPP Shamji.

Mr. Adil Shamji: I move that section 1 of schedule 2 to the bill be amended by striking out the definition of "physician" in section 8 of the Commitment to the Future of Medicare Act, 2004 and substituting the following:

"'physician' means a legally qualified medical practitioner who is lawfully entitled to practise medicine in Ontario or another person prescribed by regulations approved by resolution of the Legislative Assembly; ('médecin')"

The Chair (Ms. Goldie Ghamari): Debate? MPP Shamji.

Mr. Adil Shamji: As it stands right now, the alternative definition of "physician" may be prescribed in the regulations. This is an entire category of a regulated health professional. I would never sign a blank cheque, I would never sign a blank prescription, and I can't in good conscience sign onto a bill that leaves out major details.

The one way to potentially salvage this, in the interest of trying to move forward in a constructive manner, is for the legislators in this room and in the chamber to have an opportunity to weigh in on whatever the future proposed definition is, hence my proposal that this be amended to one in which the regulations are approved by the Legislative Assembly.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved motion number 49.

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 2, section 1 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 2, section 1 carried.

Turning now to schedule 2, section 2, starting with NDP motion number 50: MPP Gélinas.

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Mme France Gélinas: I move that subsection 2(1) of schedule 2 to the bill be amended by striking out "or another person prescribed by the regulations" in the definition of "physician" in subsection 2(1) of the Fixing Long-Term Care Act, 2021 and substituting "or a member in good standing at another provincial regulatory college waiting for registration with the Ontario College of Physicians and Surgeons who has a job offer to work in a public health care facility in Ontario".

The Chair (Ms. Goldie Ghamari): Further debate?

Mme France Gélinas: This part of the bill, the government tells us, is to facilitate people from other provinces who hold the title of "physician" in another province to come and work in Ontario before they are registered with the College of Physicians and Surgeons of Ontario. We have heard clearly that there are risks associated with that. A person who is about to lose their licence in their province of origin could very well move to Ontario. They're in trouble anyway; they might as well move to Ontario, where you can practise without a licence in Ontario.

The idea is to really make it clear that not only do you have a job offer, but you are clearly waiting for registration with the college of physicians of Ontario. If you don't show that you have connected with the College of Physicians and Surgeons of Ontario, then you would not

be allowed to practice in Ontario. You have to make contact with your college.

The Chair (Ms. Goldie Ghamari): MPP Gretzky?

Mrs. Lisa Gretzky: I just really want everybody to think about what my colleague from Nickel Belt said. You could have somebody from another province who is on the verge of losing their licence to practise, who, as the bill stands now without this amendment, could come to Ontario and practise medicine. Think about the gravity of that. It's not like they take licences away just for the fun of it. There's a full investigation. There has to be a very serious reason for them to pull someone's licence to practise medicine.

I know they're on autopilot on the other side there, voting against every amendment, but think about this, because this could be you or one of your family members, someone you know or care about, who goes to the doctor, not realizing that that doctor has lost their licence to practise in another province and the very dangerous situation that that puts people in. That's pretty serious. A lot could go wrong.

As I said—I'm sure my colleague the doctor to the left of me could tell you—it's not like they take licences away very lightly. So to think that this bill, without this amendment passing, leaves the door open for someone to have their licence taken away in another province, but come here and we say, "Welcome, go ahead and practise," and the risk that puts people in—I would hope that if nothing else tonight, that the government side decides to finally support an amendment that's put forward, because this is scary. This is really scary, to think that somebody who has their licence to practise in another province—would be able to come set up shop here, see patients and do medical procedures, surgical procedures, on people. It's frightening, absolutely frightening.

The Chair (Ms. Goldie Ghamari): MPP Martin?

Mrs. Robin Martin: Just to be clear, nobody over here on this side of the room is asleep at the switch or not paying attention. We're paying attention. We're not on autopilot, I guess, as was indicated. We are paying attention, following along in the legislation and voting on the proposals for good reasons.

As we've said before, the people who are practising here from other jurisdictions need to be in good standing with their local college and have a job offer here, which also involves some searches into the person's acceptability for the job. So I don't think the scenario being painted is possible here under this bill.

And also, the proposed amendments are not suitable. They would not align with proposed amendments to the Medicine Act, 1991, and would not permit the Lieutenant Governor in Council to make regulations setting out conditions that are necessary to ensure that important thing: public safety.

The Chair (Ms. Goldie Ghamari): MPP Gretzky.

Mrs. Lisa Gretzky: I'll just point out that the member opposite from the government side said she doesn't think it's possible. She doesn't think it's possible for someone from another province who is going to lose their licence to practise could come here and begin practising. We need absolute certainty, which is what this bill is lacking. Even the government side has said they don't think it's possible. That's not good enough for the people of this province. We need certainty, which is all the more reason for them to support this amendment to ensure that it makes it into this bill, because all it takes is one "I don't think it's possible" for someone to get seriously injured or die.

The Chair (Ms. Goldie Ghamari): MPP Gélinas.

Mme France Gélinas: If we review the written submission that the College of Physicians and Surgeons of Ontario has submitted to us, if we review the Health Profession Regulators of Ontario, the deputation they did to this committee, you will see that both of them see this as a risk. They both clearly—one in person, the other in writing—told us that there is a risk, that you cannot allow people from other provinces to come and practise here without putting time frames and without putting clear definitions as to when they will connect with their college.

The colleges exist for one reason: to protect the public. They exist in other provinces for the same reason: to protect the public. A physician who has just lost his privileges in the hospital, which will need to be shared with their college and their respecting—there is a risk. People whose job it is to do that work have come to tell us that there is a risk. We need to address it, and this is how they suggested to us that we address it. They know what they're doing. This is what they do for a living. They're the Health Profession Regulators of Ontario. All 28 regulated colleges are part of this. The College of Physicians and Surgeons of Ontario: The name speaks for itself. They regulate every physician and surgeon in Ontario. They're telling us there's a risk. Let's address this.

The Chair (Ms. Goldie Ghamari): MPP Gates.

Mr. Wayne Gates: I was just sitting here listening to my two colleagues, and I can't say how right they are. There is a risk. We should establish that on your side of the House. You should admit there is a risk. Physicians are saying there is a risk.

I'm not a doctor, but we have one on our side here—not with our party but with another party; I think he's with the Liberals. He's a doctor. He can probably tell you there's a risk if we don't support this and vote in favour of it. And who is the risk to? Because I listen to you guys when you do talk, which hasn't been that often. You have said it's about patient safety. It's about safety in our communities. So if there is a risk—and the risk could be somebody could die; maybe they're doing something on your back or whatever and you might not ever walk again. I think the first thing we have to establish here, through the Chair—I'm trying to go through the Chair—is that there is a risk. And the minute that we say, "Yes, there is a risk," then this is what we should support.

If the doctors are telling us, the college of physicians is saying that there's a risk, there's a risk. For that other side to say there's not a risk is not accurate, and it's misleading, and it's wrong.

The Chair (Ms. Goldie Ghamari): MPP Gretzky.

Mrs. Lisa Gretzky: I just have a comparison to use to make the point here: Before becoming an MPP, I was a certified dental assistant. Therefore, I was trained in every procedure that the general dentists, the oral surgeons—I worked with orthodontists, I worked with pedodontists; I was trained to do many different procedures. You had to know, because you were assisting the doctor.

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So I have a question for the government side: Would you trust me to do a root canal on you? Would you trust me to extract your impacted wisdom teeth using a Stryker drill? Do you think that's safe?

The Chair (Ms. Goldie Ghamari): I'd just like to remind the member to make all their comments through the Chair.

Mrs. Lisa Gretzky: Fair enough, Chair. Thank you for the reminder.

The Chair (Ms. Goldie Ghamari): Thank you.

Mrs. Lisa Gretzky: That's the question I ask the government side, because I was trained to assist a doctor. I was trained on the procedures, I was trained on the risks of the procedures, how to mitigate those risks. I was trained on what would happen if sometimes, God forbid—and it did happen sometimes—there was a medical emergency. There are very real risks involved. We had patients who ended up with infections; one ended up with a brain abscess.

Could you imagine if someone who wasn't trained to deal with that or who at some point had been licensed to do that and found, in their own province, that they couldn't do that anymore for some egregious reason, that we would just open up the door and let them come practise here?

I think it's really important—and, to be fair, I couldn't go practise in other provinces without going through their regulatory system there. I couldn't just move from Ontario as a dental assistant and just go practise in BC without proving that I was credentialed and qualified to do it and without them doing checks to make sure that there wasn't an issue.

So I ask the government side: Do you think that that's the route you really should be going down? Do you think you should be opening that door? Do you think that you should be leaving the door open for physicians, health care professionals in other provinces who are at risk of losing their licence or have lost their licence to be able to come to Ontario and practise medicine? Because that's certainly not somebody I'd want treating me.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved motion number 50.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 51: MPP Shamji.

Mr. Adil Shamji: I move that subsection 2(1) of schedule 2 to the bill be amended by striking out "person prescribed by the regulations" at the end of the definition of "physician" in subsection 2(1) of the Fixing Long-Term Care Act, 2021 and substituting "person prescribed by regulations that have been approved by resolution of the Legislative Assembly".

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: I repeat my reservations about us voting on legislation that is entirely unclear as to its intended purpose and what certain important definitions will ultimately look like. And so, again, I think we all have, as legislators, a duty and responsibility to weigh in on the merit of that final definition, hence my recommendation that the final regulations be subject to approval of the Legislative Assembly.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved motion number 51.

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion number 52: MPP Gélinas.

Mme France Gélinas: I move that subsection 2(2) of schedule 2 to the bill be amended by striking out "or another person prescribed by the regulations" in the definition of "registered nurse" in subsection 2(1) of the Fixing Long-Term Care Act, 2021 and substituting "or a member in good standing at another provincial regulatory college waiting for registration with the College of Nurses of Ontario who has a job offer to work in a public health care facility in Ontario".

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: Similar to what we talked about for physicians: Nurses in Ontario need to belong to the College of Nurses of Ontario to have a right to practise nursing in Ontario. With the bill, we leave it to regulations to see who could call themselves a nurse. The private, for-profit provider would love to call just about anybody a nurse that is not a nurse. If you bring in somebody to assist you with a task that is delegated by physicians, and you call them a nurse although she has no nursing degree, no right to practise nursing but is practising under delegated act of a physician, then you erode the confidence that exists between people who need care, patients and nurses. Nurses don't want this. They want to make sure that if you call somebody a nurse, it's because they have the training,

the knowledge, the skills and they belong to the College of Nurses of Ontario. This is what this amendment tries to do.

The Chair (Ms. Goldie Ghamari): MPP Gélinas moved NDP motion number 52.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 53: MPP Shamji.

Mr. Adil Shamji: I move that subsection 2(2) of schedule 2 to the bill be amended by striking out “person prescribed by the regulations” at the end of the definition of “registered nurse” in subsection 2(1) of the Fixing Long-Term Care Act, 2021 and substituting “person prescribed by regulations that have been approved by resolution of the Legislative Assembly”.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: I return to my earlier statement about the importance of the ultimate definition in regulations being subject to approval by the Legislative Assembly.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 53.

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion number 54: MPP Gélinas.

Mme France Gélinas: I move that subsection 2(3) of schedule 2 to the bill be amended by striking out “or another person prescribed by the regulations” in the definition of “registered nurse in the extended class” in subsection 2(1) of the Fixing Long-Term Care Act, 2021 and substituting “or a member in good standing at another provincial regulatory college waiting for registration with the College of Nurses of Ontario who has a job offer to work in a public health care facility in Ontario”.

The Chair (Ms. Goldie Ghamari): MPP Gélinas.

Mme France Gélinas: This is for nurse practitioners. Same thing: Nurse practitioners want to make sure that if somebody called themselves a nurse practitioner, they have the training, the skills, the knowledge and the licence from their college to practise as a nurse practitioner. Right now, the way the bill is written, it will be left to regulations to say who can call themselves a nurse practitioner.

Whenever you study nurse practitioners, the public loves them. The public trusts them. A huge part of the public loving them and trusting them is that they provide good care. They have the training, the skills and they are registered with their college to provide that care. To dilute that down by regulations to allow anybody else but somebody who is trained, is a member of a college, to call themselves a nurse practitioner will erode the trust in quality of care that nurse practitioner can provide to the people of Ontario.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved—oh, MPP Gates?

Mr. Wayne Gates: This is something that’s really interesting, because we’ve done a little bit of this, quite frankly, in the skilled trades on scope of work, lowering the scope of work. There’s a big argument in there. Again, this really isn’t about patient safety at all. It’s not about quality of care. It’s about lowering the standards of who can take care of us, in regard to all the things that France has said around training, around skill, around knowledge. It’s lowering the scope of work in the health care profession. It’s a big mistake. It’s why you need to support this.

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Mrs. Robin Martin: Chair?

The Chair (Ms. Goldie Ghamari): MPP Martin.

Mrs. Robin Martin: Actually, that’s not what it’s about at all. What it’s about is making sure that we have the local regulatory college definition of a nurse or a nurse practitioner or whatever who is coming to practise here and allowing us the flexibility to respond nimbly to changes in those regulatory things. That’s what we said we’re doing with these provisions. That’s what we’re doing. It’s not what was implied or said.

The Chair (Ms. Goldie Ghamari): MPP Gélinas.

Mme France Gélinas: I’m hopeful that this is what is meant, but that’s not what is written. What is written is that the definition of “registered nurse” right now means “a member of the College of Nurses of Ontario who holds a certificate of registration as a registered nurse under the Nursing Act, 1991.” Now, it will also mean “or another person prescribed by the regulations.”

We already know what a nurse, what a physician, what a nurse in the extended class means. It has been defined. It is there. But now, the bill says, “or another person prescribed by the regulations.” This is very worrisome to physicians, to nurses, to nurse practitioners, to everybody else—and the list goes on—about who is a registered practical nurse. It’s very worrisome to them. It will erode the confidence that people have in them, which is directly linked to the quality of care they can provide.

The Chair (Ms. Goldie Ghamari): MPP Gates.

Mr. Wayne Gates: I appreciate the word “flexibility” because sometimes management used to use that word when I was at the bargaining table. I used to call them weasel words, but that was how I looked. When I saw

"flexibility" coming to the company, I knew there was a different reason why they were using that word.

The reality is, what the bill is saying is you are allowing to lower the quality of care going forward. There is no doubt about that. I trust the nurses and the nurse practitioners on exactly what they're reading into the bill. That is why this particular is here. Hopefully, you'll understand and support it.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved motion number 54.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 55. MPP Shamji.

Mr. Adil Shamji: I move that subsection 2(3) of schedule 2 to the bill be amended by striking out "person prescribed by the regulations" at the end of the definition of "registered nurse in the extended class" in subsection 2(1) of the Fixing Long-Term Care Act, 2021 and substituting "person prescribed by regulations that have been approved by resolution of the Legislative Assembly".

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: I refer back to my earlier comments about the need for the final definition and regulations to be approved by the Legislative Assembly in the interest of full transparency and accountability.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved motion number 55.

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion number 56. MPP Gélinas.

Mme France Gélinas: I move that subsection 2(4) of schedule 2 to the bill be amended by striking out "or another person prescribed by the regulations" in the definition of "registered practical nurse" in subsection 2(1) of the Fixing Long-Term Care Act, 2021 and substituting "or a member in good standing at another provincial regulatory college waiting for registration with the College of Nurses of Ontario who has a job offer to work in a public health care facility in Ontario".

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: The same arguments that have been made for physicians, for registered nurses, for nurse practitioners apply to registered practical nurses. We have a definition in Ontario. We should not leave it to regulations to allow people who are not members of the College of Nurses to call themselves a restricted title. "Registered practical nurse," like "physician," like "registered nurse," is a restricted title that only people who have the knowledge, the skills and the licence can call themselves. To leave it to regulations when we know full well that the private for-profit clinics don't want to pay what a registered nurse deserves, don't want to pay what a registered practical nurse deserves—they want to pay the cheapest labour they can find, train them, have them act under the licence of the physicians through delegations and call them nurses when they are not.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion number 56.

Ayes

Gates, Gélinas, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 57: MPP Shamji.

Mr. Adil Shamji: I move that subsection 2(4) of schedule 2 to the bill be amended by striking out "person prescribed by the regulations" at the end of the definition of "registered practical nurse" in subsection 2(1) of the Fixing Long-Term Care Act, 2021 and substituting "person prescribed by regulations that have been approved by resolution of the Legislative Assembly".

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: The final definition in regulations should be approved by the Legislative Assembly, and currently too much is left open for interpretation.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 57.

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to government motion number 58: MPP Martin.

Mrs. Robin Martin: I move that subsection 2(5) of schedule 2 to the bill be struck out and the following substituted:

"(5) Subsection 28(4) of the act is amended by,

"(a) striking out 'paragraph 1 or 2' in the portion before paragraph 1 and substituting 'paragraph 1, 2 or 3'; and

"(b) adding the following paragraph:

"'3. Any other person prescribed by the regulations.'"

The Chair (Ms. Goldie Ghamari): MPP Martin has moved this motion. Is there any debate?

Mrs. Robin Martin: Just to say that without this technical correction, subsection 28(4) would not clearly apply to the prescribed persons in paragraph 3. So that's why we're doing it.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gretzky.

Mrs. Lisa Gretzky: Sorry; it's getting late. I'm getting tired, and this is just absurd. So I just want to be clear. It changes the definition of "physician." I just want to be clear. This is giving somebody the power—the government the power, the director the power, somebody the power—to define what a physician is as opposed to someone who has actually gone through—am I understanding this, my colleagues? I just want to make sure I'm understanding. Someone who has not gone through medical school, is not licensed to practise as a physician, as a doctor, to my understanding, could now possibly do that.

Again, I go back to the same question I posed just few amendments ago. I was a registered dental assistant, a trained registered dental assistant, knew many of the dental procedures. My understanding is, if you were to apply that to my training, that means I would be able to practise as a dentist, as an oral surgeon, as a pedodontist. It is absolutely absurd to me that the government is watering down the classification of "physician." It is absolutely absurd to me. I ask, would you want to go to someone to seek treatment—surgery, specifically—who wasn't actually trained to perform those procedures, who is not actually qualified to perform those procedures?

2200

It is absolutely mind-boggling that the government would be moving in this direction. I would guess that there's nobody on the government side of the House who would want treatment, specifically surgery, from someone who wasn't specifically trained, qualified and regulated to do so. I cannot believe—this is negligent, frankly, and dangerous.

The Chair (Ms. Goldie Ghamari): MPP Martin has moved government motion number 58.

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare the motion carried.

Turning now to independent motion number 59: MPP Shamji.

Mr. Adil Shamji: I move that subsection 2(5) of schedule 2 to the bill be amended by striking out paragraph 3 of subsection 28(4) of the Fixing Long-Term Care Act, 2021 and substituting the following:

"3. Any other person prescribed by regulations that have been approved by resolution of the Legislative Assembly."

The Chair (Ms. Goldie Ghamari): Committee members, MPP Shamji has moved an amendment. The proposed amendment is out of order as it is inconsistent with the previous decision made by the committee on this section of the bill.

Turning now to independent motion number 60: MPP Shamji.

Mr. Adil Shamji: I move that subsection 2(6) of schedule 2 to the bill be amended by striking out paragraph 8.1 of subsection 193(2) of the Fixing Long-Term Care Act, 2023 and substituting the following:

"8.1 where approved by a resolution of the Legislative Assembly, prescribing persons who are 'physicians', 'registered nurses', 'registered nurses in the extended class' or 'registered practical nurses' for the purposes of this act or for the purposes of specified provisions of this act;"

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: I'm going to withdraw this amendment, if that's okay.

The Chair (Ms. Goldie Ghamari): All right. Motion number 60 has been withdrawn.

Turning now to NDP notice—do I have to read it?

Interjection.

The Chair (Ms. Goldie Ghamari): No? Okay, I see.

Members, shall schedule 2, section 2, as amended, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 2, section 2, as amended, carried.

Turning now to schedule 2, section 3, we have independent motion number 61. MPP Shamji.

Mr. Adil Shamji: I shall withdraw that one.

The Chair (Ms. Goldie Ghamari): Okay. Shall schedule 2, section 3 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 2, section 3 carried.

Turning now to schedule 2, section 4, we have independent motion number 62. MPP Shamji.

Mr. Adil Shamji: I move that section 4 of schedule 2 to the bill be struck out and the following substituted:

"Healing Arts Radiation Protection Act

"4. (1) Clause 6(1)(a) of the Healing Arts Radiation Protection Act is repealed and the following substituted:

"'(a) a legally qualified medical practitioner or another person prescribed by regulations that have been approved by resolution of the Legislative Assembly;'

"(2) Clause 6(1)(g) of the act is repealed and the following substituted:

"'(g) a member of the College of Nurses of Ontario who holds an extended certificate of registration under the Nursing Act, 1991 or another person prescribed by regulations that have been approved by resolution of the Legislative Assembly.'"

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved this motion. Further debate?

Mr. Adil Shamji: Again, the purpose of this amendment is just to ensure that the final definitions and regulations that govern these new definitions described in these clauses are approved by the Legislative Assembly, as opposed to just being left strictly to regulations.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 62.

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 113: MPP Gélinas.

Mme France Gélinas: I move that subsection 4(1) of schedule 2 to the bill be amended by striking out "or another person prescribed by regulations" in clause 6(1)(a) of the Healing Arts Radiation Protection Act and substituting "or a member in good standing at another provincial regulatory college waiting for registration with the College of Medical Radiation and Imaging Technologists of Ontario who has a job offer to work in a public health care facility in Ontario."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: For the same reason that we cannot change the definition of a restricted title by regulation—there is too much risk to the public. Health care professionals belong to a college to protect the public. If they don't belong to a college, who will protect the public?

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved—oh, MPP Martin.

Mrs. Robin Martin: Sorry to interrupt, Chair, but I think when you introduced this motion you said "113" as opposed to "63," so just to clear the record—

The Chair (Ms. Goldie Ghamari): Oh. You're absolutely right.

Mrs. Robin Martin: It's motion 63. The comments were the right comments.

The Chair (Ms. Goldie Ghamari): It's motion 63. You're absolutely right.

MPP Gélinas has moved motion number 63.

Ayes

Gélinas, Gretzky, Shamji.

Nays

Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion number 64: Who would like to move this motion? MPP Gélinas.

Mme France Gélinas: Actually, can you read it?

Mrs. Lisa Gretzky: Yes.

The Chair (Ms. Goldie Ghamari): MPP Gretzky?

Mrs. Lisa Gretzky: I move that subsection 4(2) of schedule 2 to the bill be amended by striking out "or another person prescribed by the regulations" in clause 6(1)(g) of the Healing Arts Radiation Protection Act.

The Chair (Ms. Goldie Ghamari): Debate?

Mme France Gélinas: Regulations should not be used to define who is a regulated health professional in Ontario.

The Chair (Ms. Goldie Ghamari): MPP Gretzky has moved NDP motion number 64.

Ayes

Gélinas, Gretzky, Shamji.

Nays

Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to schedule 2, section 4: Shall it carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 2, section 4 carried.

Turning now to schedule 2, section 5, we have independent motion number 65.

Mr. Adil Shamji: I move that section 5 of schedule 2 to the bill be amended by striking out the definition of "physician" in section 1 of the Health Insurance Act and substituting the following:

"'physician' means a legally qualified medical practitioner lawfully entitled to practise medicine in the place where medical services are rendered by the physician or another person prescribed by regulations that have been approved by a resolution of the Legislative Assembly; ('médecin')"

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: The purpose of this is to prevent redefining of a regulated health profession in the regulations without, at least, input from the Legislative Assembly.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 65.

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 2, section 5 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 2, section 5 carried.

2210

Committee members, there are no amendments to sections 6 and 7 of schedule 2. I therefore propose that we bundle these sections. Is there agreement? Is there any debate? Are members prepared to vote? Shall schedule 2, sections 6 to 7, inclusive, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 2, sections 6 to 7, inclusive, carried.

Turning now to schedule 2, section 8: We have NDP motion number 66. MPP Gélinas.

Mme France Gélinas: I move that subsection 8(1) of schedule 2 to the bill be amended by striking out "or another person designated by the regulations" in the definition of "dispenser" in section 2 of the Narcotics Safety and Awareness Act, 2010.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: Very few people have the right to prescribe narcotics. Very few people have the right to dispense narcotics. There's a really good reason for that. Those are drugs that can cause a lot of problems if they are not handled by knowledgeable health care providers, and to leave it to regulations to see who can dispense narcotics—we already know what that will mean. That will mean that PSWs in long-term care will be dispensing narcotics to residents of long-term care with all the risks that this will bring.

You have to vote this down. The people in long-term care have had enough hardship. They do not need to be put at higher risk and this is why this section is there.

The Chair (Ms. Goldie Ghamari): MPP Gretzky.

Mrs. Lisa Gretzky: I just want to say that we know that regulations can be changed at the stroke of a pen by any government. Not just this government, any future government, because you're not going to be government forever. Governments come and go. Regulations are easily changed by the government of the day, at the whim of the government of the day. I've said it here already; I'm going to say it again: As someone who lost a brother to addiction, it started with prescription medication and it escalated to there, until it was cocaine and it was heroin and it was crushing up and cooking and shooting morphine. And it killed him. It killed him.

So to leave something like this open to regulation, to the whim of any government of the day, is incredibly dangerous. We talk about the opioid crisis, we talk about the addiction crisis in this province—and there is one. You can't walk two blocks from Queen's Park without seeing it. And to think that, in this bill, it leaves it up to regulation that can be changed, again, at the stroke of a pen by any government at any time to potentially increase the risk—no, not potentially; it will increase the risk of people who are not qualified. Nor do they want to be responsible. Could you imagine being the person responsible for giving someone the wrong medication and them having an adverse reaction? If they were to die because you gave them the wrong pills? Because you don't understand how their medications interact with each other, you give them the wrong thing, and it could kill them.

Speaking from lived experience, having had someone live through this and die because of narcotics and addiction—I don't say it very often, especially to the government members of the House, but I am, I'm begging you, don't do this. Vote in favour of this amendment, because leaving this to regulation is incredibly dangerous.

I can tell you, as someone who did lose a brother not too long ago, it's the most horrific as a family member. That never leaves you. It never leaves you, trying to help someone struggling with addiction, losing someone because of them receiving medication that they shouldn't have or in a dose they shouldn't have, or because of addiction as a result. It's devastating, and it never leaves you—never leaves you.

I'm asking, don't leave this to regulation. Don't do it. Don't do it to the workers, because they will never, ever forgive themselves if somebody gets harmed because they give them something they're not qualified to be dispensing or they give them the wrong thing because they just don't know. This is way too important to leave up to regulation.

The Chair (Ms. Goldie Ghamari): MPP Shamji.

Mr. Adil Shamji: I do actually want to echo those comments. As someone who has prescribed, as an emergency doctor, a lot of narcotics, this is arguably one of the most potentially dangerous classes of medications, with significant risk for inappropriate prescribing, for diversion, requiring significant judgment not just for the prescribing but for the dispensation as well, taking into consideration, when it comes to dispensing, everything from what is the appropriate dose for the appropriate pain level to what is the recent pattern of usage to ensure that there hasn't been a waning of an individual's tolerance, the assessment of vital signs and doing so in a meaningful way and assessing a person's level of consciousness with a thoughtful neurologic examination. This is a very complicated task requiring significant training and education, and as written, this does not inspire any confidence that the dispensation, and then, in later clauses, the prescribing of narcotics can and will be done in a safe way.

We've already seen what has happened. In the medical profession, even by my own colleagues, going back decades, as we have learned more about narcotics—and we currently contend with a very significant opioid crisis, to a not insignificant degree because even highly educated physicians with many, many years of post-secondary education have taken a long time to understand how these medications are used. So I'm quite solemn in articulating my concerns about this particular part of schedule 2 in general, related both to dispensing as well as the prescribing of these drugs.

The Chair (Ms. Goldie Ghamari): MPP Gates.

Mr. Wayne Gates: I just want to go—of course, I think all three of my colleagues are right here. But I think we've already seen the trial balloon on what's going on in long-term care when they're asking PSWs to administer medication. As somebody who's on a couple of medications myself, I would hate to see what would happen if I missed my medication or if I was given the wrong one and what could happen. The next step would be, if you leave this out to regulation, I would think that the PSWs would be able to give narcotics. I think that's where they're going. That's why they did the trial balloon.

It's a mistake. You heard the doctor talk about the opioid crisis that's in all our communities, including yours. I don't think there's a community in Ontario that doesn't have an opioid crisis. I don't believe there's a community in the province of Ontario that doesn't have a mental health crisis as well. I think the last thing we want to be doing is having PSWs give out medication and, in this case, hard narcotics.

The Chair (Ms. Goldie Ghamari): MPP Gretzky.

2220

Mrs. Lisa Gretzky: I just want to reiterate what my colleague Dr. Shamji, MPP Shamji, had said. PSWs are not trained to spot subtle differences in someone. Physicians are. RNs are. Nurse practitioners are. They're trained to spot those very subtle differences if somebody is having a reaction before it turns into a really big issue, if someone is having a reaction to medication. PSWs are not.

You're talking about some pretty serious medication with some pretty serious consequences if the person dispensing it to them is someone who is not trained to look for those subtle differences: a change in colour, maybe some sweating. Who knows what it could be? The PSWs aren't trying to spot that.

Again, this really concerns me, the direction this bill is going. I really, really would hope that the government would support this amendment that would prevent regulation—again, I point that out: Any government of any day at any time with the stroke of a pen can change regulations. We need to ensure that that doesn't happen. This is a very serious and very dangerous route to go down.

The Chair (Ms. Goldie Ghamari): MPP Martin.

Mrs. Robin Martin: As I said with respect to those other regulations which the members opposite have expressed some concerns about, the only person who will be designated by the regulation to dispense drugs will be another physician from another part of Canada, who may not be defined currently in the legislation but would be eventually a member of a regulatory college here.

The Chair (Ms. Goldie Ghamari): MPP Shamji.

Mr. Adil Shamji: A friendly and well-intentioned question: Are these draft regulations available for us to look at anywhere? Because I've tried looking, and I haven't been able to find them. It would make it a lot easier for me to support your efforts here if I was able to look at them.

The Chair (Ms. Goldie Ghamari): MPP Martin.

Mrs. Robin Martin: Draft regulations will be posted for comment.

The Chair (Ms. Goldie Ghamari): Do we know when and where, or at least where?

Mrs. Robin Martin: I don't have that information.

The Chair (Ms. Goldie Ghamari): I'm sure that's something that we can follow up on with the Legislative Assembly to see where draft regulations would be posted for comment.

MPP Gélinas.

Mme France Gélinas: The draft regulations are easy to find. When will they be available? This is the $10,000 question. Regulations are—

The Chair (Ms. Goldie Ghamari): That would be up to the ministry to answer. None of the committee members here can answer on behalf of the minister.

Mme France Gélinas: No, but the MPP said that the regulations will say that only physicians—and I think she means "prescribe," not "dispense," because nurses are allowed to dispense. She says that only physicians from another province, another part of Canada will be defined as "dispenser."

The Chair (Ms. Goldie Ghamari): I believe the member said that physicians from another part of Canada would be designated under the regulations. She didn't use a specific word. That's going to be in Hansard. I think, just to clarify, she was responding to MPP Shamji's question on where he would be able to find those draft regulations for comment. That was the scope of that conversation, unless I'm missing something.

Mme France Gélinas: No, you got it. It's just that she's telling us that this will be in regulations, but none of us have access to the regulations. We haven't seen them. They're not posted.

The Chair (Ms. Goldie Ghamari): I believe, as the member was saying, once the draft regulations are up, they would be available for comment. I don't think regulations can exist for a bill that hasn't passed into law yet. It doesn't really work that way.

Mr. Wayne Gates: It's not what she said, but it's fine.

The Chair (Ms. Goldie Ghamari): But it's kind of common knowledge. You said that you were here for a very long time, and you said you had experience—

Mr. Wayne Gates: She said it. I didn't.

The Chair (Ms. Goldie Ghamari): —so I would assume that members know how the legislative process works. Thank you.

We will now turn to—oh, we're still on motion number 66. MPP Gretzky.

Mrs. Lisa Gretzky: Yes, we do know how things work. And we know that when things are left to regulation, especially regulations where the government side says, "We don't know when they're coming or when they're going to be posted or what they're going to say," we know that with regulation—I mean, we're being asked to just trust. The people of this province are being told, "Just trust us. We're going to eventually figure out who it is that can dispense narcotics."

Mrs. Robin Martin: We just said who it was.

Mrs. Lisa Gretzky: And MPP Martin is over there saying, "We just said who it was," but you just said that there is no definition of it yet, there is no regulation yet, those are to come; that we don't know what it says, and we don't know when.

So I think that's really important to be clear about. We're talking about who can dispense narcotics, and we're being asked to just trust that, at some point, there will be regulations the public may or may not see—because you post them; it's not like you really advertise it. What we're asking over here in our amendment is that for the people that can dispense narcotics, that definition is not left up to regulation—regulation that we don't even have yet. It hasn't been drafted yet. That's what's being asked, and we're saying that we don't want it left to regulation. We're saying regulation is too easy to change.

We're asking for you to support this amendment because narcotics are deadly. There are deadly consequences when it comes to narcotics and dispensing narcotics. There are deadly consequences if somebody who is not qualified realizes they have the wrong pill. People make mistakes. We're human; we all make mistakes. But that's why we have qualified professionals to try and catch those mistakes before they become deadly. We cannot leave that up to regulation. We cannot leave that up to the whim of whatever the government is—now, five years from now, 10 years from now, 15, 20 years from now. It can't be left up to regulation because it can have deadly consequences.

I will restate what I said earlier: Imagine that you are the person who is not trained to dispense the medication; not trained to catch it if it, by chance, is the wrong medication; not trained to catch if somebody is starting to have an adverse reaction to that medication; not trained to question if you see their other medications may interact with that particular medication and to say, "Wait a minute. We need to double-check that it's okay for them to have this." Imagine if you're that person who's not trained to do any of that and you dispense medication to somebody and it kills them. You would never get over that. If you did, that calls into question morality.

But this cannot be left up to regulation, and that's why it's so important to support the amendment before us.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved motion number 66.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 67: MPP Shamji.

Mr. Adil Shamji: I move that subsection 8(1) of schedule 2 to the bill be amended by striking out "person designated by the regulations" at the end of the definition of "dispenser" in section 2 of the Narcotics Safety and Awareness Act, 2010 and substituting "person designated by regulations that have been approved by resolution of the Legislative Assembly".

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: This gives us an opportunity to weigh in on what the future definition in regulation will be over who is dispensing powerful and potentially lethal class of medications.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 67.

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to NDP motion number 68: MPP Gélinas.

2230

Mme France Gélinas: I move that subsection 8(3) of schedule 2 to the bill be amended by striking out "or another person designed by the regulations" in the definition of "prescriber" in section 2 of the Narcotics Safety and Awareness Act, 2010.

The Chair (Ms. Goldie Ghamari): Further debate? MPP Gélinas.

Mme France Gélinas: We cannot leave to regulations who can prescribe narcotics. We all know about the potency of these drugs, the dependency that they can bring into people. There's a reason why only physicians, dentists and midwives are allowed to prescribe narcotics. It should stay that way and certainly not be left to regulations to decide who can prescribe narcotics.

The Chair (Ms. Goldie Ghamari): MPP Gretzky.

Mrs. Lisa Gretzky: I will reiterate that. Frankly, there are many dentists in this province who are able to prescribe narcotics but will not prescribe. I've worked for many who would not prescribe narcotics, because they understand the risk involved. Again, to think that it's left to regulation—the whim of any government at any time, any day, through regulation, with no debate, no accountability—to redefine who can prescribe narcotics—I'm going to state it again: I lost a brother from addiction. He died of an overdose which started with prescription pain meds and escalated from there.

To think that anybody under regulation—at any time, somebody could change it and say, "I, as a dental assistant, can prescribe narcotics to somebody." It's absolutely absurd that we would put people's lives—not we, because we've tabled an amendment to try and stop that from happening—but that any government would be okay putting people's lives at risk by leaving it to regulation to redefine who can prescribe narcotics.

It's just absurd to me. I don't know what to say. As someone who has lost someone to addiction, I cannot say how irresponsible it is to leave something like that up to regulation, for any government at any time of any political stripe, whatever the reason, to be able to change the definition of a prescriber through regulation.

The Chair (Ms. Goldie Ghamari): MPP Gélinas has moved NDP motion number 68.

Ayes

Gates, Gélinas, Gretzky, Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Turning now to independent motion number 69: MPP Shamji.

Mr. Adil Shamji: I move that subsection 8(3) of schedule 2 to the bill be amended by striking out "person designated by the regulations" at the end of the definition of "prescriber" in section 2 of the Narcotics Safety and Awareness Act, 2010 and substituting "person designated by regulations that have been approved by resolution of the Legislative Assembly".

The Chair (Ms. Goldie Ghamari): Further debate?

Mr. Adil Shamji: My justification for this is the same as when I made a similar clarifying note around the alternative definition for "dispenser," with the caveat in this circumstance that it is even more important on the part of the prescriber that someone is the most possibly qualified and can exercise the judgment necessary for this potentially lethal class of medications.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved motion number 69.

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 2, section 8 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 2, section 8, carried.

Committee members, there are no amendments to sections 9 and 10 of schedule 2. I therefore propose that we bundle these sections. Is there agreement? Is there any debate? Are there the members prepared to vote? Shall schedule 2, sections 9 and 10, inclusive, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 2, sections 9 and 10, carried.

Turning now to schedule 2, section 11, we have independent motion number 70.

Mr. Adil Shamji: I move that section 11 of schedule 2 to the bill be amended by striking out clause 3(e) of the Pharmacy Act, 1991 and substituting the following:

"(e) the evaluation of specific prescribed conditions for the purposes of providing medication therapies."

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: This amendment comes at the recommendation of the Ontario Medical Association, which I do agree with. The main change is the change in the semantic change between the use of the word "assessment" in the original version of this clause to the change of "evaluation" in my amendment. "Assessment" is a protected term that is essentially assigned only to physicians. The change to "evaluation" also mirrors the fact that most pharmacists that will be assessing the list of conditions that have been approved so far under this government won't really have a full history in physical examination, as is typically expected when a physician performs an assessment. So this is meant to bring into alignment the fact that what will be happening likely will not actually meet the definition of "assessment" as practised by physicians in the province of Ontario.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 70.

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare motion number 70 lost.

Shall schedule 2, section 11 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 2, section 11 carried.

Turning now to schedule 2, section 12, we have independent motion number 71. MPP Shamji.

Mr. Adil Shamji: I move that subsection 12(2) of schedule 2 to the bill be struck out and the following substituted:

"(2) Subsection 32(1) of the act is amended by adding the following clause:

"'(v.1) where approved by a resolution of the Legislative Assembly, prescribing persons for the purposes of the definition of a "physician" in section 1;'"

The Chair (Ms. Goldie Ghamari): Further debate? MPP Shamji.

Mr. Adil Shamji: This simply adds in the provision that the definition of "physician" must be approved by resolution of the Legislative Assembly, in keeping with the same justification I articulated earlier on in the evening.

The Chair (Ms. Goldie Ghamari): MPP Shamji has moved independent motion number 71.

Ayes

Shamji.

Nays

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

The Chair (Ms. Goldie Ghamari): I declare the motion lost.

Shall schedule 2, section 12 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 2, section 12 carried.

Committee members, there are no amendments to sections 13 and 14 of schedule 2. I therefore propose that we bundle these sections. Is there agreement? Is there any debate? Are the members prepared to vote? Shall schedule 2, sections 13 and 14, inclusive, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 2, sections 13 and 14, carried.

Shall schedule 2, as amended, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare schedule 2, as amended, carried.

Committee members, there are no amendments to sections 1 to 7 of schedule 3. I therefore propose that we bundle those sections. Is there agreement? Is there any debate? Are the members prepared to vote? Shall schedule 3, sections 1 to 7, inclusive, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky.

The Chair (Ms. Goldie Ghamari): I declare schedule 3, sections 1 to 7, carried.

Shall schedule 3 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky.

The Chair (Ms. Goldie Ghamari): I declare schedule 3 carried.

Shall section 1 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky.

The Chair (Ms. Goldie Ghamari): I declare section 1 carried.

Shall section 2 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky.

The Chair (Ms. Goldie Ghamari): I declare section 2 carried.

Shall section 3 carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky.

The Chair (Ms. Goldie Ghamari): I declare section 3 carried.

Committee members, shall the title of the bill carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): The title of the bill is carried.

Shall Bill 60, as amended, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): I declare Bill 60, as amended, carried.

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

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Ms. Goldie Ghamari): Committee members, this concludes clause-by-clause consideration of Bill 60 and our business for today. Thank you, everyone. The committee is now adjourned.

The committee adjourned at 2243.

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