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Standing Committee on Social Policy

Comité permanent de la politique sociale

Convenient Care at Home Act, 2023

Loi de 2023 sur la prestation commode de soins à domicile

1st Session
43rd Parliament

Tuesday 21 November 2023

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43e législature

Mardi 21 novembre 2023

Chair: Brian Riddell
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Président : Brian Riddell
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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 21 November 2023

Mardi 21 novembre 2023

The committee met at 0900 in committee room 2.

CONVENIENT CARE AT HOME ACT, 2023

LOI DE 2023 SUR LA PRESTATION COMMODE DE SOINS À DOMICILE

Consideration of the following bill:

Bill 135, An Act to amend the Connecting Care Act, 2019 with respect to home and community care services and health governance and to make related amendments to other Acts / Projet de loi 135, Loi modifiant la Loi de 2019 pour des soins interconnectés en ce qui concerne les services de soins à domicile et en milieu communautaire et la gouvernance de la santé et apportant des modifications connexes à d'autres lois.

The Chair (Mr. Brian Riddell): Good morning, everyone. I call this meeting of the Standing Committee on Social Policy to order. We are here for public hearings on Bill 135, An Act to amend the Connecting Care Act, 2019 with respect to home and community care services and health governance and to make related amendments to other Acts.

As a reminder, clause-by-clause consideration of the bill will begin at 3 p.m. this afternoon. The Clerk of the Committee has distributed today's meeting documents with you via SharePoint.

To ensure that everyone who speaks is heard and understood, it's important that all participants speak slowly and clearly. Please wait until I recognize you before starting to speak. As always, all comments should go through the Chair. Are there any questions before we begin?

STATEMENT BY THE MINISTER AND RESPONSES

The Chair (Mr. Brian Riddell): I will now call on the Honourable Sylvia Jones, Minister of Health. Minister, you have 20 minutes to make an opening statement, followed by 40 minutes of questions from the members of the committee. The questions will be divided into two rounds of seven and a half minutes for the government members, two rounds of seven and a half minutes for the official opposition members and two rounds of five minutes for the independent members of the committee. I will provide reminders of the time remaining during the presentations and the questions.

Please state your name for Hansard before you start. You can start when you're ready, Minister.

Hon. Sylvia Jones: Thank you, and good morning, everyone. I'm here to talk about the Convenient Care at Home Act, 2023, and how our government is making it easier and more convenient to connect patients to home care.

Home care addresses the needs of people of all ages, including children and youth, seniors and people with physical disabilities or chronic diseases. With an aging population, home and community care will continue to be an increasingly vital part of our health care system.

I want to thank Deputy Minister Zahn, my parliamentary assistants and the entire Ministry of Health team for their work bringing this act to fruition, as well as for helping to strengthen our publicly funded health care system for today and future generations.

Our government has been making record investments in health care, increasing the health care budget by over $16 billion since 2018, and we will continue to build up Ontario's health care infrastructure, expand access to primary care and grow our health care workforce for years to come.

To my fellow MPPs: I know that when we are home in our communities, we all hear from constituents about the challenges faced within the home and community care system. We have heard loud and clear that Ontarians want better and faster access to home and community care services, and that's exactly why we are here today.

As announced last month, we are taking the next step to better connect and coordinate people's care through Ontario health teams. If passed, the Convenient Care at Home Act will make Ontario health teams responsible for connecting people to home care services beginning in 2025.

To date, we have approved 57 Ontario health teams across Ontario, which are already making a difference in our local communities. Over time, this move forward will help people experience easier transitions from one health care provider to another, with one patient record and one care plan that is shared between providers.

As previously announced, we are investing over $128 million to provide each Ontario health team with $2.2 million to better coordinate people's care. Everyone in this room likely has an Ontario health team supporting their community, so you will know first-hand how these teams are better connecting health care providers to make care more convenient for their patients.

In my travels across Ontario, from Windsor to Kingston to Thunder Bay, I've heard from Ontarians that as we continue to build a stronger health care system, they want a system that puts people at the centre, that enables their loved ones to connect to the care they need when they need it, closer to home and in their community. That's why the Convenient Care at Home Act is so important. It's about bringing care closer to people and meeting them where they are, tailoring the delivery of care in a way that recognizes the different needs of Ontario communities, because whether you're in downtown Toronto, suburban Ottawa, a northern Ontario town or a remote Indigenous community, families deserve to have access to care that's embedded in their community and offers a seamless experience delivered by local health care providers they know and trust.

With so many different providers making up our health care system, including primary care, hospitals, home and community care, and long-term-care partners, it's more important than ever that we ensure health care is convenient and connected. We envision and are working towards a health care system that ensures that when patients go to their family doctor or the hospital or require home care, they are not having to repeat their health history and care journey at every turn, and this legislation is an important step forward in this work.

As announced last month, this legislation, if passed, will establish a new single organization called Ontario Health atHome, which will take on the responsibility for coordinating all home and community care services across the province through Ontario health teams. These changes will make it easier for people to connect to the care they need, and that's ultimately why we are so excited about the Convenient Care at Home Act: because we want that senior in Belleville to be able to stay in their home as long as they want. We want the family in Timmins to know there is a plan in place for their loved ones when they are discharged from the hospital.

Instead of navigating a complex system and waiting to hear from someone through Ontario Health atHome, Ontario health teams will be a one-stop shop that provides people with easy-to-understand home care plans that let them know the care they are going to receive and when. I'm very proud of the work that Ontario health teams have been able to accomplish in the short time since they were launched in 2019, especially coming out of a pandemic.

Across the province, Ontario health teams are transforming the way people in Ontario access care and play a critical role in building a more convenient and better-connected health care system. Ontario health teams are breaking down barriers to connect people to care within their community, ensuring people can move between health care providers more easily, with one patient record and one plan that follows them wherever they go. Ontario health teams bring together health care providers from across health and community sectors—including primary care, hospitals, home and community care, and mental health and addictions services—as one collaborative team to better coordinate care and share resources.

As part of our Your Health plan, introduced earlier this year, our government has been expanding Ontario health teams to deliver better care to communities across Ontario. I was proud to be in Sudbury this summer to announce three new Ontario health teams in the north, bringing us closer to our goal of full provincial coverage, ensuring that every person in Ontario has access to an Ontario health team. We have a plan, and it is working. That's why we are building even further on this work.

With the Convenient Care at Home Act, Ontario health teams can continue to ensure people get the right care in the right place and seamlessly move between care providers during their care journey. Through this legislation, Ontario Health atHome coordinators would be assigned to work within Ontario health teams and other front-line care settings, as well as with care providers like nurses and doctors, and directly with patients while in the hospital or in other care settings, to facilitate seamless transitions for people, from hospital to primary care, to access home and community care services.

There's no question that Ontario Health atHome will make it easier for people to find and navigate home and community care services, giving them the tools they need to know the care options available to them to stay in the comfort of their own home safely.

To move forward, 12 Ontario health teams have been chosen to accelerate their work, to deliver home care in their local communities starting in 2025.With support from the Ministry of Health, these teams will start by focusing on seamlessly transitioning people experiencing chronic diseases through their primary care, hospital and home and community care needs. This initial group of 12 Ontario health teams will also begin to work on innovative solutions to provide people with access to the tools they need to navigate local health care services 24/7, including online information and referral services. Over time, these local navigation services and Health811 will be connected, providing a seamless navigation experience for users.

0910

Ontario health teams play a critical role in our Digital First for Health Strategy, because a well-integrated health care system needs strong digital capabilities on the front line of care. The Ministry of Health continues to work with Ontario health teams to support the adoption of digital health solutions, including improving virtual patient visits and online appointment booking, while ensuring digital tools are brought forward in a way that meets the local needs of patients, families and providers.

Ontario health teams are giving front-line providers increased access to resources and information to meet the needs of their patients, and empowering patients and families to make the choices that are right for them when they access health care. We have already allocated $124 million to support Ontario health teams and health service providers so that they can offer digital and virtual care options, enabling more Ontarians to connect to health care from the comfort of their own home. Because it is about having access to the care you need, when and where you need it.

To address the challenges we hear from patients, families and caregivers, we are taking bold and innovative action to build a health care system that puts people at its heart and prioritizes the needs of patients and families, while more effectively supporting our health care workers. The Convenient Care at Home Act will improve the lives of patients, families and caregivers, and create a more streamlined system, ensuring health care workers can focus on what matters most: their patients.

And we have continued to put patients and providers at the forefront, since we announced our first cohort of 24 Ontario health teams starting in December 2019. In less than four years, we are now at 57 teams. The chair of our patient and family advisory council, Betty-Lou Kristy, has played a critical role in supporting Ontario health teams. And that's what really makes Ontario health teams such a successful model: the people at the centre of them.

As our government continues to modernize home and community care, we will always maintain the core principle of patient-centred care. For home care, that means continuity of care. It is essential to avoid disruption for patients and families. Our government has listened closely to and worked with service provider organizations, home and community care staff, other system partners and, of course, patients and families, and we will continue to engage these groups throughout the modernization process.

As we transition to Ontario health teams, patients and caregivers will continue to access home and community care services in the same way and through the same contacts they know and trust, ensuring they remain at the centre of care. And to address gaps in home care, the Ministry of Health works closely with key partners to expand access to service. For example, our government provides up to $14.8 million in funding to First Nations communities to deliver home care services, including nursing, personal support and therapy, as well as an additional $4.2-million investment to urban Indigenous groups to deliver home care to Indigenous people in urban areas throughout Ontario.

And I have to mention our historic investment of more than $1 billion to expand access to home care services, benefiting nearly 700,000 families who rely on home care by expanding services and recruiting and training more home care workers. Because no matter where Ontarians live, they deserve access to world-class care and services in their home and in their community.

We know that access to quality home care reduces unnecessary calls to paramedics, avoidable emergency department visits and readmissions to hospitals, shorter hospital stays, as well as unnecessary long-term-care admissions. The Convenient Care at Home Act is another milestone in ensuring the right care is delivered in the right place, and in supporting Ontario health teams to provide integrated care to patients, families and caregivers.

So far, Ontario health teams have focused their initial efforts on improving the experiences and outcomes for their identified target patient population, whether that be advancing digital health and virtual care or enhancing the quality of home and community care for seniors. Ontario health teams are expanding the services they provide, continuing to build towards fully integrated care for their population. At maturity, Ontario health teams will be held clinically and fiscally accountable for providing a full and coordinated continuum of care.

We know more needs to be done to improve home care services province-wide, especially in rural and remote communities, and we continue to stabilize the province's home and community care workforce. In 2022, our government announced the permanent PSW compensation enhancement. I'm always proud to highlight the Ontario Learn and Stay Grant, which provides free tuition and covers other direct educational costs for nursing students who are willing to work in areas of highest need for a term of service upon graduation. We're also breaking down barriers for internationally educated nurses to ensure they can begin working sooner. And through our as-of-right rules, we're making it faster and easier for nurses from other provinces and territories to begin working as soon as they arrive in Ontario.

Home care is a vital connector within our health care system that keeps people healthy and at home, where they want to be. That's why our investments and the Convenient Care at Home Act are so important. No one wants to spend time in a hospital or move to long-term care unless they need to. They want to remain in the place they know, surrounded by neighbours, friends and the people they love. Through this legislation, that's exactly what will happen.

Ontario health teams are already well on their way to transforming how Ontarians access care in their communities. There are already examples of health and community partners coming together to support better connected and more convenient care. From London to Durham to Algoma, Ontario health teams are providing access to services and improving health outcomes. Ontario health teams are already enhancing home and community care as well as primary care services so patients and families get the care they need in their home and community. Innovative and successful models will be replicated across Ontario, ensuring real improvements to care and experience for patients and families.

Our government has taken decisive action to strengthen our health care system for today and future generations. The Convenient Care at Home Act is an important step forward in connecting Ontarians to the patient-centred care they expect and deserve; in breaking down longstanding barriers between the many different parts of our health care system, ensuring people can navigate local services; in advancing innovative care solutions across hospitals, primary care, and home and community care; and in improving the overall experiences and outcomes for patients, families and caregivers.

As Ontario health teams continue to take on a greater role in providing home and community care, home care will become a core part of the integrated services they oversee in our communities. At maturity, the changes proposed in the Convenient Care at Home Act will build a

better and more connected home and community care delivery model that enhances coordination and access no matter where you live, because the only thing better than having care close to home is having care in your home. Thank you, Chair.

The Chair (Mr. Brian Riddell): Thank you.

We will now begin the two rounds, starting with the government for seven and a half minutes, official opposition for seven and a half minutes and independent members for five minutes.

We'll go to the government first, and I recognize MPP Pierre.

Ms. Natalie Pierre: Good morning. Thank you, Minister, for your remarks.

In my community, the Burlington Ontario Health Team has been working together as a coordinated team to provide care for patients in my community since the end of 2019. We've heard a lot about OHTs and their new roles in delivery of home care, and I was hoping that you could explain the benefits for my constituents of the expanded role for Ontario health teams.

Hon. Sylvia Jones: Yes, I'm happy to. I actually had the opportunity to sit down with the Burlington OHT. It really means that all of the health care providers that already exist in a community come together and decide collectively what the community priorities are. In some cases, that may be mental health; that may be diabetes. As groups together, they are forming decisions and making decisions on what is the highest priority that they have for their client-patient population.

0920

I have to say that as I meet with these OHTs, they're very excited about the opportunity to be able to have those connections and those ongoing conversations that say, "I have a patient in need of mental health services. I know now exactly who I can connect them with in our community and I have a relationship with them." The OHTs play a really important model for that. Some communities, to their credit, were doing it organically, but what we saw is that by formulating and regulating Ontario health teams, we basically empowered these organizations to work together and, frankly, I think that was a little bit different than what we had seen in the past.

The ability to share best practices, to share knowledge, to talk about where the areas of highest needs are—it was a really important piece of why we want to put in place the Ontario health teams.

The Chair (Mr. Brian Riddell): I recognize MPP Barnes.

Ms. Patrice Barnes: Good morning, Minister. In my community, we had some discussions around home care providers that were not able to spend the funds that were allocated to them, and so they had to return them. Could you explain the benefits of the new system through Ontario Health atHome and how it would make this something that doesn't necessarily happen as often?

Hon. Sylvia Jones: Imagine it as removing a step. By putting Ontario Health atHome in place, as we have communities or areas of the province that, for any number of reasons, do not end up spending their allotment, it can be moved to a community or area that needs that service immediately. Previously, of course, they would have to come back to the ministry and plead their case on why they need the funds flowing faster. This expedites that process.

Deputy Dr. Zahn, I don't know if you wanted to add to that.

Dr. Catherine Zahn: Thank you very much. I'm Dr. Catherine Zahn, Deputy Minister of Health. I'll start and then perhaps hand it over to my colleague.

The overarching agenda here is connectivity, and that means connecting all care providers in terms of health—everything from health promotion and prevention, crisis and critical care, rehab and recovery, and reintegration into communities. One of the issues that we've had, probably precipitated by the pandemic, is the supply of health human resources. That is beginning to resolve, but the idea of having more cohesive and centralized employment will allow us ultimately to deploy in a manner that is best able to serve the needs of a community.

Associate Alison Blair, would you like to take over from there?

Ms. Alison Blair: Thanks very much. I'm associate deputy minister of health integration and partnerships at the Ministry of Health; Alison Blair.

Something that I'll touch on that Deputy Zahn already spoke about was the reason for underspend in some areas of home care. Certainly, over the last several years, the health human resource constraints have been greater. I can say that service provider organizations and other organizations dealing in home care have very much appreciated the investments that have happened, and this year, we are delivering more home care than we ever have before. We're not expecting the return of dollars.

That said, as the minister said, there would be flexibility among areas to be able to say, "If you can't spend it here, if the need is greater over here, we can do that." But at this point, what we're finding is there are more health human resources available in homes to be able to do that work.

Ms. Patrice Barnes: Thank you.

The Chair (Mr. Brian Riddell): I recognize MPP Quinn.

Mr. Nolan Quinn: It has been said that this legislation is the final end of the Liberal government's local health integration networks experiment—the disaster that we all know of. What are some of the improvements that people of Ontario can expect with the ending of the local health integration networks?

Hon. Sylvia Jones: I'm sure I'm not alone as an MPP when I used to receive those calls saying, "Why do I get X number of hours of service when I live in Bolton, but my aunt who happens to live in Welland, or Ottawa, gets a higher level of service for essentially the same illness/disease?" I think that was a frustration that many of us, as MPPs, experienced and heard. People want to know and have consistency in what they can expect to receive.

The previous system—

The Chair (Mr. Brian Riddell): One minute remaining.

Hon. Sylvia Jones: —essentially allowed a gatekeeper to make assessments and decisions on what individual patients could have in their homes, and the frustration came when that was not consistent across Ontario.

We believe that an at-home model—which we have now examples already occurring, like Southlake hospital in Newmarket, where we have a much more seamless approach in terms of that physician who did the surgery and worked with the patient in the hospital can now easily and seamlessly talk to the home care providers to make sure that their patients, as they continue their recovery, have the appropriate level of care. And if there is a need for increased service, or a decrease because the patient is doing better than standards are accepted, then they can quickly make those assessments and change. I think that's what, frankly, was missing. Instead of having another layer, we have everyone working together within our health teams.

The Chair (Mr. Brian Riddell): Thank you, Minister.

We'll now go to the official opposition, and I recognize MPP Gélinas.

Mme France Gélinas: Thank you, Minister, for your comments, and Deputy Minister and assistant deputy minister.

The number one complaint against home care is that, in Sudbury and Nickel Belt, it doesn't matter—they'll do the assessment. You can rate 22 on the scale; you get two baths a week. It doesn't matter that you're not able to get out of bed by yourself, you're not able to transfer into your wheelchair, you're not able to go to the bathroom by yourself, you get two baths a week. Why? Because that's all the money that is available for home care, first, and, second, because our home care providers cannot recruit and retain a stable workforce.

Bayshore has the contract for most of Nickel Belt, and I get complaints against Bayshore every single day. Our day at the office always starts the same way. We press the answering machine—yes, we still have an answering machine—and listen to 10, 15 minutes of people leaving us messages about Bayshore not showing up: Bayshore was supposed to transfer her back into her bed; they did not. It's 4 o'clock in the morning, and she's still in her wheelchair. Bayshore did not show up etc. This is the number one issue with home care. It does not meet the needs of the people who need home care.

What in your bill will make sure that home care providers can recruit and retain a stable workforce, will offer good-paying jobs so that you don't get 10, 15 bucks an hour less when you work a shift in home care than when you work a shift in the hospital, and when will we make sure that—no offence to Ottawa, but in Ottawa, if you score 22, you will get three hours of home care every day. You will get visits in the morning and at night. In Nickel Belt, you don't get this.

Where in your bill do you make sure that home care will be robust? To group nothing together still gives you nothing. I have nothing against health teams working—integrated health is all good, but when there is nothing to group together, how will that help? Where in your bill do you address the staffing? Where in your bill do you address the quality of care? Where in your bill do you address the quantity of care?

Hon. Sylvia Jones: I don't think a billion-dollar investment in our last budget is nothing, and that was very clearly a commitment that our government made and, as well, of course, we have stabilized wages within the home care sector.

0930

The examples you are giving were raised in my opening comments. I talked about how it was important to make sure that we had a consistent approach, that we made sure that organizations work together.

Absolutely, our billion-dollar investment in home and community care is making a difference on the ground today. We have seen wage stabilization mean that the retention piece has become less and less of an issue in home and community care. We are making those investments through Learn and Stay programs that allow PSWs, DSWs and nurses to be able to train for free with government support in exchange for working in higher-needs areas.

All of those investments mean that we are committed to making sure that not just our hospital sector, not just our primary care sector, but our home and community care sectors are stable and have sufficient HHR. That's what all of these investments mean, and that's why we're making the changes we have done with this legislation.

Mme France Gélinas: I can tell you that you can go on the website and Bayshore still has a ton of job openings and nobody applying for them. The hospital puts out an ad for one PSW; they get 500 people applying. Bayshore has 50 jobs for PSWs that nobody applies for. Can you see a difference?

You go work in the hospital: You will be unionized. You will have a full-time job. You will be well paid. You will have benefits. You will have a pension plan. You will have sick days. You will have a workload that people can handle.

You go work for home care and none of that happens. None of that happens because home care has been privatized. Bayshore makes a ton of money; they do not provide good care to the people of Nickle Belt.

You are creating a board for at-home services, Ontario Health atHome. Can you give reassurance that this board will have geographical representation, that this board will have open access to their minutes, will have access to the board meetings?

Right now, the LHINs—I'm not a big fan of the LHINs, but we know when their meetings take place. We can get access to their minutes. We can get access to their agenda. We can attend those meetings. Will this continue with Ontario Health atHome?

Hon. Sylvia Jones: As the member opposite knows, all agencies, boards and commissions that operate within and are constituted within the province of Ontario have to adhere to rules and regulations set out by the province. So I can assure you that, as with every agency, board and

commission that operates in Ontario, the board will have those same protections.

Mme France Gélinas: So you're telling me, Minister, that I will be able to see Ontario Health atHome's agenda before the meeting, I will be able to attend their meetings and I will be able to have a copy of their minutes?

Hon. Sylvia Jones: I will tell you that, as with every other agency, board and commission, when it is appropriate—

The Chair (Mr. Brian Riddell): One minute remaining.

Hon. Sylvia Jones: —because there are examples, as you know, that must happen in camera for various reasons—all of the protections, all of the gates that happen with every other ABC will happen with home care.

Mme France Gélinas: My last question is about the care coordinator within the Ontario health teams. Can you guarantee us that it's not going to be Bayshore who hires the care coordinators, who will decide that, "You're located in Sudbury; we can treat you, so you'll get three hours. You're located in Nickle Belt and we don't have workers out there; therefore, you won't qualify for home care"?

Can you guarantee me that the care coordinators are not going to be under the purview of the for-profit home care delivery?

Hon. Sylvia Jones: Chair, I think what the member opposite is doing is basically explaining why we have challenges within the existing system and why this legislation is so important to make sure that we have a consistent approach, that we have contracts and reporting that happens in a consistent manner across Ontario so we don't have this disparaging—that in certain communities you get X number of hours, and in certain other communities you get twice that or half of that. We're making it consistent because we want people to understand that home care at home should be a safe, consistent place to continue your—

The Chair (Mr. Brian Riddell): Thank you, Minister.

We will now go to the independent members. I recognize MPP Shamji.

Mr. Adil Shamji: Good morning, Minister. When you look at the previous functions of the local health integration networks and the proposed functions of Ontario Health atHome, what I notice is that there is not an overlap in the proposed functions. Specifically, things like regional discharge planning or direct provision of care when there are no contracted providers in a region are not covered by Ontario Health atHome.

Can you guarantee that these functions will in fact be covered by Ontario Health atHome?

Hon. Sylvia Jones: Well, what we've already seen through some initiatives like Southlake@home is we've been able to see where there were gaps in the system, and now having other partners within those home-care teams stepping up and saying, "We can assist with this model." The Southlake model, as an example, as I raised previously, allows the hospital to be very much integrated in those care transitions.

But I'm going to turn the rest over to Deputy Dr. Zahn.

Dr. Catherine Zahn: Thank you, Minister. As I mentioned before, the major agenda here is connectivity, and as the minister has already pointed out, this implies that there is that communication level amongst the different aspects of the health care system.

But to further address that and to address member Gélinas's question, part of it is that we're also working towards a quality initiative in home care, and that would imply that we would develop indicators, measures, targets and scorecards that will be publicly available to the health care system. Again, this is something that is very common in, for example, the hospital sector, but has not been so prominent.

Mr. Adil Shamji: Thank you very much, Dr. Zahn. Unfortunately, my question was, who will pick up the functions that are left out by Ontario Health atHome? And the only answer that I have is implied by Minister Jones in reference to the example of Southlake.

Now, when I posed this question to SickKids during public hearings earlier this week, they were very concerned, actually, that they may be asked to assume these functions. They are a quaternary-care hospital serving literally the entire province of Ontario, and they cannot be the ones to pick up functions that were previously assumed by local health integration networks. So, I will be looking in the amendments, in clause-by-clause review, for some sort of guarantee that this will not get foisted upon hospitals when they no longer have capacity to do so; that where there are regions in which service providers are not available, the government will step in to support that.

One of the reasons I'm especially concerned about this is that one of the recurring themes in all the public hearings has been that there is no solution to address the staffing shortage. Now, I know the anticipated answer, that a billion dollars has been committed to home care. Of course, a significant majority of the committed dollars have not actually been spent. We see the government pursuing an appeal on Bill 124, and we do not see any credible way in which the exodus of health care workers—I know that there are efforts to recruit people; there is no effort to retain health care workers. So, how can Ontario Health atHome have any chance of success when there is no effort whatsoever to meaningfully address the staffing crisis in our province?

Hon. Sylvia Jones: Well, frankly, I can't agree with your premise. We have stabilized wages for PSWs. We initially made it temporary over the pandemic, and now we have made it permanent. And I'm speaking to leaders in community every day—

The Chair (Mr. Brian Riddell): One minute remaining.

Hon. Sylvia Jones: —and as recently as this morning spoke to a CEO in the northern Ontario region. One of my questions is always, "How are you doing on recruitment and retention?" And the answer back was, "We are stabilizing."

Would we like to have more health care workers in the province of Ontario? Absolutely. It gives them choices. It gives them options. But we have seen that by stabilizing

and increasing the wages within the home care sector, we have far less of the bleed that MPP Gélinas referenced. We are not seeing the movement from long-term care to hospital to home and community care centres.

Mr. Adil Shamji: That is in stark contrast to everything we heard over these public hearings. A single anecdote of one CEO in the north cannot replace the litany of people who have come in over the course of public hearings who have said the exact opposite of what you just stated.

0940

The Chair (Mr. Brian Riddell): Thank you.

We'll now go to round two, starting with the government. I recognize MPP Pierre.

Ms. Natalie Pierre: I'd like to ask you a little bit about models of care in Ontario and new, innovative ideas. I know I spoke about the OHT in Burlington and about how they already offer many health services to the people in my community. They actually have an app on their phone that helps connect people to care very easily; it's very user-friendly. It includes things like finding a family doctor, hospital services that are available, mental health, palliative care, community programming, resources for families and caregivers, women's health issues and chronic disease management. It also has a link to portals at the hospital and links to labs so that people can access their lab results.

I'm just wondering, Minister, if you can speak a little bit more about how Ontario is leading the way with new, innovative ideas.

Hon. Sylvia Jones: I think what we're seeing is, first, patients' desire to be more in charge of their health care journey pathway. The examples you raise are some of the innovations that we've been able to fund through the Ontario health teams.

The other one I will highlight is that the Children's Hospital of Eastern Ontario in Ottawa has now more integrated their experience for clients and their families, and they are building stronger links between home care and the people who care for children in the hospital. Why do we do that? Because we have hospitalists and clinicians who are working in those hospitals, who want to make sure that their patients are consistently getting the services they need in community.

We know through the work that Ontario Health does and through our data what to expect when certain surgeries and certain chronic diseases appear, but we also know that individuals can vary. So, the ability for a hospital and a hospitalist and a clinician to work directly with those home care providers and say, "How is Mrs. Brown doing? Has she achieved those milestones that we expect to see at week 1, week 3, week 5?" and then work with what we have to do to modify, is a really important piece of why the OHTs are going to be a really important partner in how we can make sure that those services are provided more directly and, frankly, more seamlessly.

Deputy Zahn?

Dr. Catherine Zahn: We have a number of initiatives in play that are definitely focused or specifically focused on the development of new ways of approaching care, new ways of coordinating care. The intentionality surrounding that is to identify those that are most successful in coordinating and expanding access to care, and to scale and spread those.

Perhaps I'll ask associate deputy Blair to speak a little bit more to that.

Ms. Alison Blair: Thanks very much. There are a number of different kinds of models that are in play, and we've heard discussions about working with hospital-at-home models. That's something that is happening in many places all over the province.

The other area: As you can imagine, home care has people discharged from hospital—we want to make sure that we're providing home care to them—but there are also some who don't encounter the hospital who are at home. The Ontario health teams, and specifically the 12 Ontario health teams that are looking to move forward, are all working on innovative models that they can be showing and then spreading, as Deputy Zahn said, across the province. Some of those relate to palliative care; others are looking at chronic disease and people who can be maintained in their homes. That's something that we're looking forward to evaluating and spreading.

I think the importance of, as Deputy Zahn said, showing the difference that it's making in terms of keeping people at home and healthy is really important, so we'll continue to pursue that.

The Chair (Mr. Brian Riddell): I recognize MPP Wai.

Mrs. Daisy Wai: Good morning, Minister. Thank you very much for explaining so clearly to us about Bill 135. I totally agree with you: The only thing better than having care close to home is having care in our homes.

I still remember when we first introduced the Ontario health teams, and—I can't believe it—from 2019 we've grown from 24 now to 57. Thank you for all the great work.

I know that with a team caring for people at home, PSWs are so important. I also heard about the shortage of PSWs. Thank you for explaining to us that in 2022, our government announced a permanent PSW compensation enhancement. That is great.

But in a recent 2023 budget, which both the NDP and the Liberals voted against, did our government do anything in there for the PSWs and the nurses though?

Hon. Sylvia Jones: Yes, we did. As you highlighted, in the 2023 budget we brought forward funding of $569 million, including nearly $300 million to support contract rate increases to stabilize the home and community care workforce. And, as I mentioned in my previous answer, we are seeing a stabilization in the sector.

We're talking a lot about PSWs and the medical model of home and community care, but I am reminded of all of the other pieces that make home and community care work. Of course, those are our partners like Meals on Wheels, who we have now put funding in place—

The Chair (Mr. Brian Riddell): One minute remaining.

Hon. Sylvia Jones: —to ensure that individuals who need just a little bit of extra help have it through other pathways so that they don't have to make that challenging

choice of, "Can I continue to stay in my home or do I need to look at other options?"

I think that the work of organizations like Meals on Wheels really plays an important piece of keeping that community connection to individuals who sometimes cannot access and go into community as easily when they are recovering at home.

Mrs. Daisy Wai: Thank you, Minister.

The Chair (Mr. Brian Riddell): For 22 seconds, I recognize John Jordan.

Mr. John Jordan: Thank you, Minister. I'm very optimistic about OHTs and their ability to address the local issues as well. Can you comment on how this development will address our Indigenous communities?

Hon. Sylvia Jones: Yes. I'm pretty pleased with the fact that the 12 leading Ontario health teams—

The Chair (Mr. Brian Riddell): I'm sorry, Minister. I'm going to have to cut you off there.

Let's go to the official opposition. I recognize MPP Gates.

Mr. Wayne Gates: Thanks to the minister and associates for being here. Thank you very much.

I just want to say, during your presentation you mentioned a number of communities, but you didn't mention Niagara. I just want to say that Niagara has the highest concentration of seniors in the entire province of Ontario.

Interjection.

Mr. Wayne Gates: Well, anyway, it's my seven minutes. That's what I picked up on, but it's important to know that Niagara does have that.

I do agree with you, talking about how we need world-class care close to home and in their community. I'll give you a couple of examples where that's really important to me during my seven minutes, so if I cut you off—I want to make sure I get to those two points.

I also want to ask a question: Did you have any consultation on the bill with the Ontario Federation of Labour? And I'll take a yes or no to speed it up so I can get to my questions.

Hon. Sylvia Jones: Oh, I can use some of your seven minutes then?

Mr. Wayne Gates: Pardon?

Hon. Sylvia Jones: First of all, I did reference Welland in my opening comments. As we put forward the legislation, we consulted with many organizations. I cannot name all of them individually, but I can tell you that ongoing conversations over the last number of years have led us to a point where we knew we had to have a different model. We feel that this model is going to make a difference for all Ontario residents, not individual, highlighted communities.

Mr. Wayne Gates: I appreciate that. The Ontario Federation of Labour represents 1.2 million workers in the province of Ontario. It's my understanding that there was no consultation with them.

We both know that staffing is an ongoing issue in our health care system, and we know that includes health care staff in the home care system. This legislation seems to do nothing to address that issue. While this government continues to limit the wages of health care staff, why is the government—and this is important, because you've already answered a little bit of it, but you haven't addressed this really important issue. Why does the government continue to fight front-line health care workers like nurses in court over the wage-suppressing Bill 124?

0950

Hon. Sylvia Jones: There is no way that I could ever show that we are limiting health care staff and the workforce in the province of Ontario. We have expanded the number of seats for nursing—an announcement yesterday made by Minister Dunlop and myself on nurse practitioners. We've expanded the number of seats available to nurses, PSWs, paramedics, lab technicians. We have directed the College of Nurses of Ontario and the CPSO, the College of Physicians and Surgeons of Ontario, to quickly assess and, when appropriate, license the internationally educated. As a result of that one directive, Chair, we have seen the highest number of internationally educated nurses registered in the province of Ontario in the last year alone. So to suggest in any way that our province is limiting the number of individuals who are working in health care in the province of Ontario is a blatant lie.

Mr. Wayne Gates: I can appreciate your response, but the question was, are you still fighting Bill 124 in the courts? And I'll answer it for you because I'm a gentleman: The answer is yes.

In Niagara Health, there is a board that talks about the number of job openings. Right now, we have job openings for 350 jobs in Niagara Health, and in talking to Niagara Health, the number one reason is Bill 124. When I talk about my community in Niagara—really clearly, you were saying we need world-class care, home and community, when and where you need it. Yet in Fort Erie—and they're coming here tomorrow, again, to plead to this government. Our urgent care in Fort Erie has had their hours cut from 24/7 down to 10 hours. That is not having health care when and where you need it.

Again, in Fort Erie, they're well above the provincial average with seniors. A lot of them don't drive, by the way. There's absolutely no transit system or very little transit system in Fort Erie. Also, they have trouble getting ambulance services out to Fort Erie because of our offload issue. So I just want to make sure that you're aware that we have a big issue in Fort Erie around seniors and they're certainly not getting the care they need when and where they need it.

I'll talk about one other one, because I think this is important—and I've talked to you about this a number of times—I think the last time you were here. I also talked to you about it this morning, but I think it's important for me to get it on the record when you're talking about community and needing it when and where you need it.

This is a question. We know our health care system is connected and that when one part of this system is broken, it affects others. In Niagara, we have an ongoing issue with primary care. People are going without family doctors and finding themselves avoiding preventative health care. This

makes people sicker and can put a strain on our home care sector.

Niagara-on-the-Lake has worked with this ministry to get a permanent nurse practitioner to fill the void of primary care in their community. And the question is, why is the province not living up to their commitment? And the commitment wasn't to Wayne Gates; the commitment was to the community of Niagara-on-the-Lake. I talk to the Lord Mayor almost on a constant basis. We go to a number of events together. He's a really good guy. They call him the Lord Mayor. He said to me that he's called your office.

Can I make a suggestion? Because we've had this conversation. Could you please contact or have a conversation with the Lord Mayor on a nurse practitioner? They're basically almost begging your ministry to help them. So could you please make a commitment that you'd talk to the Lord Mayor on this issue?

Hon. Sylvia Jones: If I talk to the Lord Mayor, can I tell him that you voted against a primary care expansion we announced in the spring; that we have an expression of interest that closed in June and we have literally hundreds of applications that we are going through right now to see where the expansions are going to take place?

With the greatest of respect, Chair, this member constantly votes against all of the investments that our government is making, whether it is Learn and Stay, whether it is an expansion to primary care—

The Chair (Mr. Brian Riddell): One minute remaining.

Hon. Sylvia Jones: —whether it is the South Niagara Hospital that he was at for the opening—a brand new hospital in, yes, the Niagara region. All of these investments that we are having as a government in Niagara, this member continues to vote against.

Mr. Wayne Gates: I appreciate your comment, but seeing you word the lie—on the South Niagara Hospital, it was actually started in 2014, so you are not telling me the truth on that. It was a planning grant that was done between the Liberals—and I ran on it in 2014. It was the time that I won my election, by the way, and beat your Conservative, who voted against the South Niagara Hospital and voted against the GO train into Niagara. So if you're going to come to the committee and accuse me of something, at least have your facts straight. I have never, ever not supported—

The Chair (Mr. Brian Riddell): I would just like to remind everybody to use parliamentary language and be civil.

Mr. Wayne Gates: —the Niagara Health hospital. I will continue to support the hospital, and it wasn't accurate, what you said.

Thank you very much for the time.

The Chair (Mr. Brian Riddell): We'll now go to the independent members. I recognize MPP Brady.

Ms. Bobbi Ann Brady: Thank you to the minister and the deputy ministers for your time and your work to attempt to make home care better in Ontario. I believe if we can make home care successful and we can make it better, we will see improvements right through the entire health care system.

We've heard that the current system isn't working, and I hear that from my constituents all the time, so I am heartened that work is being put into this file. But last week, we did hear from many professionals who turned out here who agree that we need changes but are afraid Bill 135 is actually going to make things worse. I hope they're wrong, but I am fearful as well that this is a case where things look good on paper but may not look so good in practice. I guess time will tell.

Minister, you talk about an increased health care budget, and I hope that $1 billion has actually gone out the door. I'm not convinced it has. But I am a fiscal Conservative, and I often believe that we throw good money after bad and it all becomes bad. When I look at Bill 135 and I listen to those who have been here before the committee, and I listen to my constituents and PSWs in my riding, the number one issue is that they simply aren't paid a competitive wage. A tree can't stand if its roots are rotten, and in this case the tree can't stand because the very foundation of our tree is not being paid enough to stay in the community.

I'll talk about Learn and Stay. My daughter is part of the Learn and Stay program, and I'm very, very appreciative for that; it's saving me time and money and everything else with her. But she's going to become an RN, and when she gets out of the program and she will be an RN, she will be making a very good wage. That's not the same for PSWs and home care workers, and many of those in my riding who have been through the program have taken the free education, gotten out in the workforce and realized that they can't support their families on that wage.

I'm wondering if you will commit to inserting in this bill some assurance, some insurance, that workers in home care can make the same wage as those in other institutions doing comparable, or the same, work?

Hon. Sylvia Jones: I'm not going to insert the ministry or the government in negotiated wage agreements, which is essentially what you would be suggesting if we embed it in the legislation. The type of work that happens in a 24/7 operation of a long-term-care home or a hospital is different than it is in home and community care, and that's okay. That gives those individuals who want that flexibility, who want that ongoing connection with the patient that perhaps you wouldn't get in a hospital setting, where you're constantly having different people interacting—it's okay. We need different types of health care providers in different settings and I will never take that choice away from people.

You talked about wage stabilization. I agree. It is why we did actually not only give temporary enhancements for PSWs, but actually embedded them and made them permanent. Investments that we were able to do—by the way, we ensured that in the home and community care sector, they were going directly to front-line care. They were not going to executives. So we've put some parameters around that to make sure that wage stabilization does happen in that sector, and we're starting to see an impact.

The Chair (Mr. Brian Riddell): One minute.

Hon. Sylvia Jones: I'm going to turn it over to Deputy Dr. Zahn. I believe we're at mid-20s for the per-hour wage—

Ms. Bobbi Ann Brady: Actually, I just have one more question before my minute is up.

I know that you can't give us an exhaustive list off the top of your head, but you said that you did meet with folks who said that things needed to be changed. Were those people and organizations consulted, or did you just take their information that things needed to change? And could you give us some highlights of who you may have met with to develop Bill 135?

Hon. Sylvia Jones: Actually, the first organization that I met with as the Minister of Health was an OHT. I have gone across the province, very consciously wanting to be sitting down with Ontario health teams as they continue their work locally. What I hear is they absolutely appreciate the ability to come together and have government support to do this work, but they also understand—and I've talked about it before—that you can't have a strong health care system without all parts of it working together.

The Chair (Mr. Brian Riddell): Thank you, Minister, and I'd like to thank you for your time and presentation today.

The committee will now recess until 3 p.m. this afternoon, to begin clause-by-clause consideration of Bill 135.

The committee recessed from 1001 to 1500.

The Chair (Mr. Brian Riddell): Good afternoon, everyone. The Standing Committee on Social Policy will now come to order. Please take your seats.

We're meeting today for clause-by-clause consideration of Bill 135, An Act to amend the Connecting Care Act, 2019 with respect to home and community care services and health governance and to make related amendments to other Acts. 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 that have been filed with the Clerk have been distributed to 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 items under consideration.

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

Mme France Gélinas: Thank you, Chair. It was very interesting to listen to the deputants who came and talked to us about home care, about how important it is to have a strong and robust home and community care system, and the important role that home and community care plays in our health care system as a whole. Many MPPs from all sides shared some personal stories, usually where their family members were dependent upon the home care system and the troubles that they've had. It is really difficult for somebody who is a long-term home care patient to get the care they need on an ongoing basis.

I've been in health care for a long time. I remember when the Mike Harris government brought us the competitive bidding process. Before this, in my community, VON did all of the home care. They had dedicated staff who—that was their calling. They would have 30 years' seniority working in home care. They knew home care inside and out. They knew all of the best practices. They knew how to make that sure every patient got the care that they needed.

Mike Harris decided to open it up to the competitive bidding process. The for-profit companies outbid the not-for-profit. VON in my riding went bankrupt and so did many other not-for-profit organizations, and we have what we have now: a home care system that has been dominated by the for-profit companies, which fail more people than they help every single day. I'm sure I'm not the only one, and I think pretty much every MPP has shared complaints that we receive from our constituents about home care and how important it is to fix it.

Legislation is not something incremental, where you do a little bit this week and we'll table another bill—no. Bills are there and they stay for years, and sometimes decades, at a time. We have an opportunity right here, right now to make real changes to our home care system so that it is there to meet the needs of the people who depend on home care. Whether it be for chronic illnesses, frailty, to stay home, or whether you've had an episode in the hospital and don't want to do your rehab in the hospital—you want to go back home and be able to stay home safely to get better and receive a little bit of home care for wound care, for physio, for whatever you need to get back up and at it.

The bill opens the door to more privatization of our home care system. Right now, all of the care coordination is done by government agencies, transfer payment agencies that the government—it used to be the 40 CCACs. That became the 14 CCACs. That became the 14 LHINs. That became the 14 Home and Community Care Support Services that went back to—and now they're going to be concentrated with one Ontario Health atHome agency at the end of the day, then making a referral back to 57 Ontario health teams.

I feel like we've gone in a great big circle. We used to have 40 agencies looking through, but those care coordinators were always hired by a government agency. They are the ones who do the assessment and decide that, yes, you meet the criteria; you should have somebody in the morning to help you transfer from your bed to your wheelchair, from your wheelchair to the toilet, from the toilet to the tub, back into your chair, ready for the day, and then visit again at night to go from your wheelchair back into your bed or whatever else your needs could be.

But what we have now is, in many parts of Ontario, although you have been assessed, although they know full well that you need two hours of care in the morning and at least one hour of care at night, they don't have the resources to do it. So in my neck of the woods, you get two baths a week. Your care plan will show full well that this is what you need: You need someone to help you in the morning, someone to help you at night. Your caregiver

needs three hours of respite. The care plan will be all this, but the resources are not there to do this.

Even if the resources are there to do this, then the care has gone out to the lowest bidder. In my neck of the woods, it is Bayshore that has the contract. Then, Bayshore is not able to recruit and retain a stable workforce. Why? Because people want permanent, full-time jobs, well-paid, with benefits, with sick plans, with holidays, with a bit of a pension plan, with a workload that a human being can handle. None of that is available at Bayshore. At Bayshore, you sit by your phone and you wait for the next text to see what your next case is going to be. Nobody gets that.

The Chair (Mr. Brian Riddell): Thank you for your brief comments.

Mme France Gélinas: I didn't know I had a time frame. Sorry.

The Chair (Mr. Brian Riddell): That's okay.

Now, Bill 135, An Act to amend the Connecting Care Act, 2019 with respect to home and community care services and health governance and to make related amendments to other Acts. Looking at this, is there—

Interjection.

The Chair (Mr. Brian Riddell): There are no amendments to sections 1 or 8. Therefore, I propose we bundle these sections together. Is there agreement? Agreed.

Is there any debate? Are members prepared to vote?

Go ahead. I recognize MPP Gélinas.

Mme France Gélinas: I will ask for a recorded vote on all of the votes. And I just want to be sure that you have bundled what's—oh, I'm on the French side; I'll go on the English side to help you, Chair.

We are bundling what's on page 1 all the way to the top of page 2?

The Chair (Mr. Brian Riddell): Yes, 1 to 8.

Mme France Gélinas: One to 8, section 8—okay.

The Chair (Mr. Brian Riddell): Okay.

Ayes

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

Nays

Gates, Gélinas, Shamji.

The Chair (Mr. Brian Riddell): The motion is passed. We will go to section 9, 0.0.1.

Mrs. Robin Martin: Sorry—

The Chair (Mr. Brian Riddell): I recognize MPP Martin.

Mrs. Robin Martin: Did we vote to pass the sections, or did we just vote to bundle them? I didn't—sorry, you're moving so fast, my brain didn't keep up.

The Chair (Mr. Brian Riddell): We bundled them and voted on it.

Mrs. Robin Martin: Okay, I just wanted to make sure. So those sections are all carried?

The Chair (Mr. Brian Riddell): Yes.

Mrs. Robin Martin: Thank you.

The Chair (Mr. Brian Riddell): We have section 9, 0.0.1. Is there any debate? Go ahead, MPP Shamji.

1510

Mr. Adil Shamji: I move that section 9 of the bill be amended by striking out paragraph 2 of subsection 27.2(2) of the Connecting Care Act, 2019 and substituting the following:

"2. The predecessor corporations shall be gradually phased out over the course of two years after being amalgamated into the service organization."

The Chair (Mr. Brian Riddell): Is there any further debate on this? Go ahead.

Mr. Adil Shamji: I introduce this clause to Bill 135 just recognizing that there are many Ontario health teams that are still in quite an immature state. Some, I believe, have yet to still be formed. There is a lack of clarity around the complete functions that Ontario Health atHome will be able to assume.

What this clause allows us to do is to take the time in order to ensure that there is a smooth transition without leaving any patients behind. It also gives us an opportunity to see whether any of the $1 billion in funding that has been promised for health care is actually delivered and allows it to have an opportunity to make an impact in the home care sector, therefore allowing us to more effectively implement the Ontario Health atHome architecture.

The Chair (Mr. Brian Riddell): Any further debate? Go ahead, MPP Gélinas.

Mme France Gélinas: I agree with what my colleagues just said. The Ontario health team was announced for my region this summer. To be an Ontario health team, you have to have three of a hospital, long-term-care home, home and community care, mental health and addiction, and palliative care. Very few people agree to be part of the team. Our biggest community health centres are not part of that team. They exist on paper, but they do not exist as corporations. They do not exist as transfer payment agencies. I think it is prudent to give it the two years, like requested in this motion.

The Chair (Mr. Brian Riddell): Any further debate? I recognize MPP Martin.

Mrs. Robin Martin: We had a flood of motions presented by the members of the opposition and the independents over mostly today. I'm not sure exactly when this one came in; however, we had the bill introduced on October 4. Amendments were to be introduced by November 16, I believe, and these were not introduced within that time frame. As a result, we really haven't had time to fully vet these amendments and we haven't had time to consult with the ministry legal counsel to vet these amendments, and so I recommend voting no.

The Chair (Mr. Brian Riddell): Okay. Are we—go ahead. Sorry.

Mme France Gélinas: Would the member like to have a recess so they can take the time to read that motion? No?

Interjections.

The Chair (Mr. Brian Riddell): I'll go to MPP Shamji.

Mr. Adil Shamji: I would say that the government members who are complaining are really a victim of their own conduct. You guys are the ones that pushed this through on an accelerated basis. For example, I did not even get to hear from the Ministry of Health until this morning. You are a victim of your own scheduling.

The Chair (Mr. Brian Riddell): I recognize MPP Gélinas.

Mme France Gélinas: I want to add to this that the minute the bill became written, I started to work with the lawyers at Queen's Park to get amendments ready. The lawyers at Queen's Park—we have a government who does not want to invest into resources, so a whole bunch of lawyers who used to do that work have left Queen's Park and very few have been rehired. I can tell you that the person I work with worked all weekends, worked at night. I would send him a correction at 10 o'clock at night and he would answer me back. This is the type of time frame that we've put on.

There used to be a whole lot more resources for MPPs to do their work, to be able to get those amendments to the Clerk and to the committee in time. The few lawyers that are left to do that work, I can guarantee you, work throughout the weekend. I can guarantee you that they work really late at night. I used to deal with four different lawyers to do that kind of work; I'm now dealing with one who is trying really hard to get the job done. So, you can press the time for us to do the work, but you don't give the civil servants the resources to be able to backfill positions that become vacant, and you are surprised that things happen at the last minute? You could support a little bit more money for them to hire a few more lawyers, so that they don't need to work until 11 o'clock at night on a Friday night to be able to meet our deadlines.

The Chair (Mr. Brian Riddell): I recognize MPP Martin.

Mrs. Robin Martin: As I said, the legislation was introduced on October 4, and I believe the Minister of Health made an opening speech—oh, yes, she did; she did make her leadoff speech. What you heard from the Minister of Health here was also what you heard in the Legislature, so it's not like there was some surprise that you didn't get until this morning. The legislation was introduced on October 4; you had from October 4 till now to bring forward amendments.

I enjoy listening to MPP Gélinas when she's talking about the vagaries of trying to reply in a time frame, and certainly I respect our legislative counsel, who work very hard, but we don't set the budget for them.

The Chair (Mr. Brian Riddell): I just want to remind the committee to focus on the debate of the proposed amendments on the floor.

I recognize MPP Shamji.

Mr. Adil Shamji: Chair, I hope you'll forgive me for just pointing this out. I mean, hearings concluded this morning. We didn't have to go to clause-by-clause today. We didn't have to conclude hearings this morning.

If there is a world in which public hearings are more than performative, which I believe they are in the democracy that we have here at the Ontario Legislative Assembly, then there must be a world in which Minister Jones said something that changed my opinion, and I will tell you that it did. I learned a lot. She may have made remarks about this in the Legislature. This is the first opportunity that I had to ask her a question. Therefore, I have every right to introduce amendments.

The government members—they outnumber us. They essentially tacitly set the schedule. They wanted to do clause-by-clause today, therefore they better—they have all of the resources to be ready; I don't even belong to a party. They also have the ability to say, "We're going to move clause-by-clause to next week, if that's what they need." But what they shouldn't be doing is being closed-minded to these amendments and voting them out because they "haven't had adequate time to review them."

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Jordan.

Mr. John Jordan: I'd just like to confirm that, on the weekend, your lawyer went through and created all of these?

To the independent member opposite that, as a result of the presentation this morning, all of these amendments were decided on—

Mr. Adil Shamji: Not all of them.

Mr. John Jordan: —and sent to us at 1:30 today? So as far as being victims of your own procedure, thank you.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gates.

Mr. Wayne Gates: I normally don't get into a Liberal argument. Although the Conservatives say that we're like brothers and sisters, but it's not completely accurate. But, in fairness, if you're not believing what the Liberal MPP has said, my health critic—who probably has been one of the best health critics for a long, long time—is saying this is what she had to do to be ready for today, including working with a lawyer until 11 o'clock on a Saturday night. There's not a lot of lawyers—I think we got one at the end of the table over there—who want to work until 11 o'clock on a Saturday night, doing amendments.

I really think, as a committee—and I've said this before—we continue to rush bills through; we continue to rush the process through. I said, during my comments earlier, I felt this thing should have gone around the province and should have come to Niagara. We heard from Niagara, we heard from the north, we heard from the south—we heard from everybody on this particular bill.

But I don't think it's even fair or reasonable when the health minister—you know, not all of us sit in the House 24 hours a day, or at least until midnight, like what we're doing now. Sometimes, we don't hear what the minister says. We don't get a chance to talk to her.

1520

That happened this morning, and I'm glad she's better—I would think that she was sick; that's why she couldn't be here. I'm not questioning why she wasn't here at the start of it, but she was here this morning. In fairness to the Liberals, or the social Conservative independent that I

have next to me, or to my colleague, who really did the work—

The Chair (Mr. Brian Riddell): Fiscal.

Mr. Wayne Gates: Fiscal Conservative, sorry; whatever. That's twice I got it wrong. It's okay.

But I'm saying that my health critic is, in my opinion, one of the most respected people here. She's a very honest lady, a very sincere lady. She's saying, "This is what I had to do to even be prepared for this afternoon."

So, I think the comments made here by the Liberal Party and the comments made by my colleague, our health critic, are very valid.

I really think that your party should consider, when you're bringing bills forward—especially because this is a very important bill. I'm not going to even argue that. Home care is so important to all of our family members, whether it's the family or whether it's the individual. You should be giving us more time rather than going so quickly.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Brady.

Ms. Bobbi Ann Brady: Thank you, Chair. I'm new to this committee. I came in partway through this process.

But I hear, opposite, that you haven't had time to look at all the amendments. I hear, to my colleagues to my right here, that time was short, and I know that. I put in one main amendment to this bill because legal counsel was under pressure, and we didn't even know if we would be able to meet the timeline at that.

When I hear that we're not going to take time to actually go through this, then this sounds like window dressing to me. If this was any other workplace, if you hadn't had time to read things, if you hadn't had time to get into the weeds on it, you would pause. You would press pause, you would read it and you would come back with a professional opinion. Moving forward, I'm not sure how we make decisions for the taxpayer based on, "I haven't had time to read this."

It just seems like window dressing to me, and I'm extremely disappointed.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Martin.

Mrs. Robin Martin: I just wanted to say that the last package of amendments—just in case people are wondering, we got, I think, three packages today. I couldn't even print them, never mind read them, in time, given the other obligations we have in the Legislature. The last one came at 1:30 p.m. It is now not yet 3:30 p.m. That shows you what the time frame was like. It is not reasonable to consider us able to review those things beyond reading them over just once. I don't even think we have time—but we'll have time as we go through them one by one to see what they suggest.

I just wanted to say that in a normal workplace, people meet deadlines, and if they don't, there are consequences. We had a deadline, and it wasn't met. Surely, more than just MPP Brady—I think it was her amendment. Surely more than that one amendment could have been put forward, but they weren't. Just that one amendment was put forward in time.

The Chair (Mr. Brian Riddell): I recognize MPP Shamji.

Mr. Adil Shamji: Again, I wish to point out that public hearings concluded this morning, after the deadline to submit amendments. I will also point out, with the deepest respect and understanding of the immense pressures everyone is facing, including our Clerk, that I found out who the legislative counsel was to draft an amendment on November 15. Right? These are enormous pressures that everybody is facing. Everyone is doing their best.

I understand that the members across wish to have these things vetted by lawyers. I will also point out that a number of these individuals are lawyers. In fact, one of them is so distinguished, she recently got a designation as a King's Counsel and is—

Interjection.

Mr. Adil Shamji: Yes, a round of applause for her.

But if there are members across who have the highest legal recognition of the land but are not capable of a simple interpretation on an amendment, if we're a victim of the scheduling—if we're a victim of their own scheduling, we can't be held responsible for this.

The Chair (Mr. Brian Riddell): Thank you for your comments, but remember, we have to focus on the proposed amendments as written in front of us right now.

I recognize MPP Gélinas.

Mme France Gélinas: Can I ask for unanimous consent that we pause this and come back next Tuesday when everybody has had time to read the amendments? What is it—600,000 people depend on home care every single day in this province. They deserve that we take the time to do a good job with this bill. I fully respect that we are busy, that some of the amendments came late. And maybe, to be respectful to the 600,000 Ontarians who depend on home care each and every day in this province, we ask for the committee to adjourn and come back to it next week when we've all had a week to read the amendments.

The Chair (Mr. Brian Riddell): As the Chair, what I'll say is, if everybody agrees with that, we can do that. So I'll ask for a vote right now. It has to be unanimous consent. All those in favour, please put your hand up—

Mrs. Robin Martin: Just a second. We didn't get an opportunity to say anything about the proposal.

The Chair (Mr. Brian Riddell): Is there any comment on the proposal?

Mrs. Robin Martin: I just wanted to say that I recommend that we do not vote in support of the proposal, that we have obligations to get legislation through the House. There's a schedule, and we set a time for consideration for this bill, and that's where we are.

The Chair (Mr. Brian Riddell): If everybody votes in favour of it, that will happen. I'll ask everyone voting against it—

Interjection.

The Chair (Mr. Brian Riddell): I'll recognize MPP Shamji.

Mr. Adil Shamji: I understand we have a busy schedule. It's, in fact, why we've committed to going to midnight proceedings from now until time immemorial. I think we have ample time to do this. I think we've even extended our House duties starting at 1 o'clock tomorrow. So, look, I'm sorry if it adds to the workload. There are government members on the other side. This is one of those responsibilities. Let's take the time to do this properly.

The Chair (Mr. Brian Riddell): I'll ask anybody voting against this to put their hand up.

Interjection.

The Chair (Mr. Brian Riddell): All those in favour of the proposal, please put their hand up. All those against? It's voted down.

We'll continue with further debate—and I'll remind the committee to focus on the debate on the proposed amendments, please. I recognize MPP Shamji.

Mr. Adil Shamji: Recognizing that an opportunity has been presented for the government members across to have more time in order to evaluate this, I just want to be 100% clear that I look forward to hearing any genuine opposition to this. Otherwise, I look forward to us all voting unanimously to pass this amendment.

The Chair (Mr. Brian Riddell): As the Chair, it was voted down, so we're going to focus on the proposed amendments.

Mrs. Robin Martin: That's what he's talking about.

Mr. Adil Shamji: That's what I'm referring to.

The Chair (Mr. Brian Riddell): Yes, that's what we're doing.

Further debate? Ready to vote?

Ayes

Brady, Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): The motion is lost.

We'll now go to NDP section 9—

Interjection.

The Chair (Mr. Brian Riddell): Excuse me. I recognize MPP Martin.

Mrs. Robin Martin: Thank you very much, Chair. Sorry to interrupt. I know we're just getting started, but in order to help us—it is kind of confusing, because the numbers are a bit odd because of the way that the amendments came in. Could you just please read out the amendment and say who has brought it each time you're asking us to vote? This would have been 0.0.1, the independent motion. Just to help us so that we can follow, because otherwise it's—

The Chair (Mr. Brian Riddell): So you want the full amendment?

Mrs. Robin Martin: No, no, not the whole amendment; just the number so that we know what we're voting on, just because I think it will get confusing, especially if we speed up.

The Chair (Mr. Brian Riddell): Sure.

NDP section 9, new section 27.2.1, 0.1: Further debate? Go ahead, MPP Gélinas.

Mme France Gélinas: How do I say that I'm not going to debate that one, that I'm going to do the other one? How do I turn this down?

Mr. Ralph Armstrong: You would say "withdrawn."

1530

Mme France Gélinas: Withdrawn. Thank you.

The Chair (Mr. Brian Riddell): We'll move to NDP section 9, new section 27.2.1—

Mme France Gélinas: No, it's 0.1.1.

The Chair (Mr. Brian Riddell): I know; I'm getting there—0.1.1.

Further debate? I recognize MPP Gélinas.

Mme France Gélinas: I move that section 9 of the bill be amended by adding the following section to part III.1 of the Connecting Care Act, 2019:

"French language services

"27.2.1(1) The service organization shall establish a senior management position that is responsible for the provision of French language services.

"Same

"(2) Every type of service provided by the service organization shall be provided in French, including home care services, placement management services and care coordination services.

"Same

"(3) The service organization shall establish collaboration agreements with French-speaking organizations for the purpose of jointly offering services.

"Same

"(4) The service organization and its contracted partners are subject to the French Language Services Act."

The Chair (Mr. Brian Riddell): Further debate?

Mme France Gélinas: If you had time to read the written submissions that we have received, you will see that l'AFO—l'Assemblée de la francophonie de l'Ontario—as well as la Fédération des aînés et des retraités francophones de l'Ontario and a number of others who, unfortunately, did not get a chance to come and present did send written submissions. In their written submissions I would say they are all very worried that the way the bill is worded right now would mean that the French Language Services Act would not apply to home care agencies.

I can tell you that for elderly francophones who have lived all their lives in French, who speak French at home, and have an English-speaking care provider come to their home, it is really hard to provide quality care. They live their entire life in French. If there is a part of our health care system that must guarantee that services in French will be there, it is home care. In home care you cannot call upon one of your colleagues to come and help you with a French speaker. You are it. You are the worker in a French home and those people should have a right to be covered by the French Language Services Act.

This is not going to happen unless we make sure that there is someone in a management position who is responsible for French-language services so that for every step of the way—from the Ministry of Health to Ontario Health to Ontario Health atHome to the Ontario health teams to the home care service providers—we make sure that service in French is planned and is expected and that the resources are there to meet the needs of francophones.

As francophones in Ontario, we are covered by the French Language Services Act. We have a right under the law to be served in French in health care, especially when it comes to home care. But the changes to the law do not prescribe that Ontario Health atHome will be covered by the French Language Services Act. The lawyers who work with l'Assemblée de la francophonie de l'Ontario and who work with la Fédération des aînés et des retraités francophones de l'Ontario are all very worried that the right of francophones to access services in French in their own home won't be respected, which is why this amendment is there.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Barnes.

Ms. Patrice Barnes: I recommend voting against this motion because the government's commitment to respect the requirements of the French Language Services Act is already codified in the preamble to the Connecting Care Act. It is unnecessary to write these provisions into the bill because French-language service requirements applicable to health services providers are already addressed in the regulations under the Connecting Care Act.

The bill defines Ontario Health atHome as a health service provider, so Ontario Health atHome would be subjected to the same requirements. Ontario Health atHome would be prescribed as a government agency for the purposes of the French Language Services Act, and this would be done by regulation. The amendment is unclear what organizations would be captured under the terms of "contracted partners."

The Chair (Mr. Brian Riddell): Further debate? I don't know who was first.

Mme France Gélinas: Go ahead.

The Chair (Mr. Brian Riddell): I recognize MPP Shamji.

Mr. Adil Shamji: I am confident that any ally of the francophone community will have no problem voting yes to this amendment.

The Chair (Mr. Brian Riddell): I recognize MPP Gélinas.

Mme France Gélinas: The main part of the motion is that you will establish a senior management position that is responsible for the provision of French-language services. If this is not in the act, if this is not done, we will continue what we have now, where francophones ask for services in French and Bayshore does not have any French-language-speaking staff and sends you somebody who has a French name but does not speak a word of French. There is no safeguard. There are no people in charge of making sure that services in French are delivered to people who ask for it. Although it is covered by the law, although it is a right of francophones, it is not happening.

The francophone populations that have written in, because they did not have a chance to come and do a deputation verbally, are asking for this government to take their responsibility toward French speakers seriously, especially when you look at who gets home care. The 94-year-old francophone woman is a woman of her time. She did not go to work. She raised her 12 kids. She speaks French at home all the time. She wants the person who is going to give her her bath to be able to speak to her in French, so that she can understand what's going on.

This is what this motion is all about. It is not happening right now. To think that it will suddenly happen—because it's not. Put it in the bill if you believe that francophones should have access to French home care when required.

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Gates, Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): The motion is lost.

We'll now go to independent section 9, number 1. I recognize MPP Brady.

Ms. Bobbi Ann Brady: I move that section 9 of the bill be amended by adding the following paragraph to section 27.6 of the Connecting Care Act, 2019:

"4.1 Ensuring that the wages of all employees working for client providers are comparable to the wages received by employees doing the same or comparable work within long-term care or hospital settings."

The Chair (Mr. Brian Riddell): Further debate?

Ms. Bobbi Ann Brady: I believe that it doesn't matter which system we put in place to help fix home care in Ontario, if the foundation is not there—and the foundation in this situation is workers, PSWs and home care workers. If we can't attract them or we can't retain them, it doesn't matter what system is put in place; it all becomes a moot point.

Paying people fairly is, I think, the basis of making any system that this government puts in place work effectively.

The Chair (Mr. Brian Riddell): Further debate?

Mr. John Jordan: I appreciate the spirit of the bill and the importance of fair wages, but I do recommend voting against this motion. Wages is a complex issue, and it is not what this bill is about. There are no provisions in Bill 135 or under the Connecting Care Act, 2019, relating to the level of wages. Issues relating to compensation levels are outside the scope of this bill.

The Chair (Mr. Brian Riddell): Further debate?

Mme France Gélinas: We all know that our home care system fails more Ontarians than it helps every single day. Why does it fail more Ontarians than it helps every single

day? Because the home care system cannot recruit and retain a stable workforce. Why is it that they cannot recruit and retain a stable workforce? Because they do not offer permanent, full-time jobs that are well paid, with benefits, a few holidays and a pension plan maybe.

1540

This is a step in the right direction. We are legislators. We can add this to the bill to send a strong message to home care that we care about them. We understand that in home care it is the care provider who provides the care.

You can have the model you want. If you don't have the staff to provide the care because they cannot recruit and retain a stable workforce—it doesn't matter which model you put in place—home care is not going to be delivered. We will continue to fail more people than we help.

That a fiscal Conservative MPP brings a motion like this forward speaks volumes to how big of a crisis we have.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Shamji.

Mr. Adil Shamji: I actually agree with MPP Jordan that there are a lot of things missing from the bill, and that's why we're all here. We're here to put in the things that can improve this legislation and, most importantly, improve home care in the province of Ontario. We are here to improve home care in the province of Ontario and, therefore, something that positively impacts something as fundamental as wages—which, by the way, was the number one thing that we have heard in public hearings. The number one lever that needs to be influenced in order to improve home care in Ontario is wages.

I have no difficulty in arguing very much that there are many things missing in this bill and that something as important as wages should very much be within the scope of what we're talking about and amending this bill to do.

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Gates, Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): The motion is lost.

We'll now go to NDP section 9, number 2.

Mme France Gélinas: I move that section 9 of the bill be amended by adding the following paragraph to section 27.6 of the Connecting Care Act, 2019:

"4.1 Developing care plans for older adults to receive services in their homes.

"4.2 Ensuring care coordination and case management for publicly funded home care services and long-term care placement can only be downloaded to not-for-profit agencies.

"4.3 Requiring service provider adherence to national and provincial standards of best practice for quality of care and service delivery and monitoring and reporting publicly on the corresponding metrics to ensure objectives are met."

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gélinas.

Mme France Gélinas: When we had the 40 CCACs that became the 14 CCACs that became the 14 LHINs that became—the care coordinators were always employees of not-for-profit transfer payment agencies at the Ministry of Health or Ontario Health. With this bill, the care coordinators will be transferred to the Ontario health teams. Many members of the Ontario health teams are for-profit agencies, including home and community care for-profit agencies. What this tries to do is to make sure that if you are going to be the one who decides who gets what level of care, that you want to make sure that the profit motive that is inherent in most of the home care providers does not sway the level of care that you get.

We've heard from people who did deputations, as well as some of the written submissions, where they made it clear that if the care coordinator is located within a for-profit home care agency, the first thing that will happen is that the clients who are easy to serve will have a chance of getting a decent level of care. The patients who are hard to serve, because of distance, because of behaviour, because of all sorts of stuff, will be assessed as not needing as much care. Why? So that they can't stay at home no more and are put on the long-term-care wait-list so that the home care does not have to deal with them. There is lots of money to be made off the backs of people requiring home care. We have to make sure that the care coordination, the people who will determine what care you can get through the public system, is fair.

How do we do this? We do this by making sure that they adhere to national and provincial standards of best practice. Right now, I have given an example that, because there is a little bit more money for home care in Ottawa, a patient with the same rating, the same amount of needs, will get more services in Ottawa than they will in Nickel Belt. Why? Because the budget for home and community care is higher in Ottawa than it is in Nickel Belt. The closer you get to the end of the year, the closer you get to March 31, it doesn't matter: The care coordinator can assess you as having very high needs, but you get two baths a week because that's all the money that's left to care for you.

We want to make sure that the developing of the care plan and the care coordination are based on best practice for quality care so that we ensure that the frail elderly get respected in their home and get to stay home for as long as they want with the support that they need. This can only happen if the care coordinators are employees of not-for-profits.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Barnes.

Ms. Patrice Barnes: I recommend voting against this motion, as most of the recommendations that are put forward are already captured in the community care services regulations under the Connecting Care Act. The development of care plans is already part of providing home and community care services, as set out in the home and com-

munity care services regulations under the Connecting Care Act.

Under regulation 187/22, Ontario Health atHome would already be responsible for the development of care plans for its home and community care service patients—not only elderly patients, but children, youth and adults as well. That regulation also affirms that accountability for care coordination rests with not-for-profit health service providers, even if a particular care coordination activity is carried out by one of its contracted service providers.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gélinas.

Mme France Gélinas: This is the number one question that I asked the minister when she finally came to see us this morning: Can you guarantee me that? And she gave no guarantee. She started to talk about anything but what I asked about. I've been a politician long enough that when I ask a question to the Minister of Health and she answers me anything but what I've asked, a red flag goes off.

So, when I looked at this piece of legislation that the MPP was referring to, there is nothing in that piece of legislation that says that it will continue to be not-for-profit. This opens the door to care coordinators being based and being employees of for-profit care providers. There is nothing in what she just read that guarantees that we will continue to have the not-for-profits that we do have right now. Care coordinators and placement coordinators all work for not-for-profit agencies. This bill opens it up to for-profit.

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Gates, Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): The motion is lost.

We will now go to section 9, 2.1.

Mme France Gélinas: Withdrawn.

The Chair (Mr. Brian Riddell): You dropped it? Withdrawn.

We'll now go to NDP section 9, new section 27.7.1, number 3.

1550

Mme France Gélinas: Sorry, Chair. I had a sidebar conversation, but a very interesting one. After the good conversation I had with legislative counsel, I will withdraw.

The Chair (Mr. Brian Riddell): Okay, 3.1 you're good with? Or are you taking all—

Mme France Gélinas: No, just that one. I'm now at 3.1.

The Chair (Mr. Brian Riddell): All right. So let's go to 3.1. I recognize MPP Gélinas.

Mme France Gélinas: I move that section 9 of the bill be amended by adding the following section to Part III.1 of the Connecting Care Act, 2019:

"Rule re transfer of employees providing care coordination services

"27.7.1 An employee assigned to deliver care coordination services shall not be transferred to a for-profit agency."

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gélinas.

Mme France Gélinas: In the previous motion that I had put forward, I put some conditions as to what the care coordination had to do, and you voted that down. I'm hoping that you will be open to a much simpler motion that simply focuses on who those employees will go to. Right now, most of them are nurses. They work for what used to be the CCACs, which became the LHINs, which became home and community care, and will become Ontario Health atHome. They deserve to make sure that they are not transferred to a for-profit agency.

Of the many people who have come and done deputations, they have made it clear that the bill opens the door to having care coordination done within for-profit agencies. Everybody who has spoken about this issue, all have spoken about being worried about opening up this door, being worried that the bill allows this to happen, and being worried about what will happen to our loved ones who depend on home care in order to stay safely in their home.

I hope where we solely focus on this, without the rest of what I had in my amendment, will be acceptable to all.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Pierre.

Ms. Natalie Pierre: I recommend voting against this motion because the amendment is ambiguous. Bill 135 does not contemplate Ontario Health atHome transferring any employees anywhere, and it would enable it to assign staff to client providers. The reason we brought this legislation forward was to improve home care.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gates.

Mr. Wayne Gates: I appreciate your comments, but the reality is, there's nothing in the bill that says exactly what the PCs just said. The reality is that through the course of the last couple of days that we did have hearings and from the minister, we heard that they're investing $1 billion. We know out of that $1 billion, approximately 30% of those dollars are going to for-profit. What my colleague is trying to say is that every dollar that's invested in home care, invested in care coordinators should go to care.

We'll probably hear this said a number of times over the course of the afternoon, that it doesn't say that they can't do it. What we've found with this government, for whatever reason, they love for-profit companies. They love to see corporations and CEOs make lots of money at the expense of care of our seniors and our elderly. We saw that in long-term care; we saw that in retirement homes. There are so many examples, I can't give them all in the couple of hours that I get to speak.

I certainly support my colleague's motion, and I'm hoping that my speech will help the Conservatives change their mind.

Mr. Nolan Quinn: Your speech never helps.

Mr. Wayne Gates: It's not just mine, buddy.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Shamji.

Mr. Adil Shamji: I listen very carefully to everything that everyone says, and I weigh it very carefully. At various times, I've agreed with my members to the right. There have been times I've agreed with all of you as well.

One of the things that I've heard as we've been discussing Bill 135 has repeatedly been that this is enabling legislation, which is why it leaves out a lot of things. There's no reason, as we contemplate enabling legislation, that we can't establish some parameters within which further legislation and regulations are to be defined. I think this is a very reasonable one, and I think this sort of arbitrary statement that we don't pontificate on this or whatever is not an adequate justification for not considering the merit of this amendment.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gélinas.

Mme France Gélinas: I'm just curious to ask: When the member said that no employees will be transferred—right now the care coordinators work for the LHINs. The LHINs won't exist anymore. Who will they work for?

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Gates, Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): The motion is lost.

We'll go to independent section 9, number 3.2. I recognize MPP Shamji.

Mr. Adil Shamji: I move that section 9 of the bill be amended by striking out subsection 27.9(2) of the Connecting Care Act, 2019 and substituting the following:

"Appointment

"(2) The board shall consist of,

"(a) six members selected and appointed by the minister;

"(b) four independent members appointed by the minister from among applicants who represent diversity in" the "healthcare system and important interest groups such as,

"(i) Indigenous groups,

"(ii) francophone groups,

"(iii) unions and associations of healthcare workers, and

"(iv) patients' associations"—

The Chair (Mr. Brian Riddell): Would you please speak closer to the mike, or the mike closer to—

Mr. Adil Shamji: Sorry, Chair. Do I have to repeat everything?

Interjection.

Mr. Adil Shamji: Okay. Sorry, everyone.

I move that section 9 of the bill be amended by striking out subsection 27.9(2) of the Connecting Care Act, 2019 and substituting the following:

"Appointment

"(2) The board shall consist of,

"(a) six members selected and appointed by the minister;

"(b) four independent members appointed by the minister from among applicants who represent diversity in" the "healthcare system and important interest groups such as,

"(i) Indigenous groups,

"(ii) francophone groups,

"(iii) unions and associations of healthcare workers, and

"(iv) patients' associations; and

"(c) two members appointed by the minister after consultation with the independent members.

"Representation

"(2.1) The membership of the board of directors must reflect all geographic regions of Ontario and include members from rural and northern communities."

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Shamji.

Mr. Adil Shamji: I'll speak briefly, because I think the point of this amendment is quite self-evident. Home care in Ontario serves a diversity of our population and, therefore, the people who are making decisions and informing that home care in our province of Ontario should also reflect that diversity and ensure that there is an understanding of the unique needs of special populations within Ontario.

The Chair (Mr. Brian Riddell): Further debate? Ready—okay, I'm sorry. MPP Gélinas.

Mme France Gélinas: Right now, what we have in the bill is that the board of Ontario Health atHome will be six members appointed by the minister and three members appointed by the minister on the recommendation of the agency—the agency referenced being Ontario Health.

What the member is trying to bring forward is that you need to make sure there is diversity on this board. To have a whole bunch of failed PC candidates does not always give you the level of home care that you want. It would be good that there would be people from the north on this—geographical representation. Anything a little bit broader than what you have now could be a step in the right direction.

And on point (c), "two members appointed by the minister after consultation with the independent members": Are those members of provincial Parliament that we're talking about?

The Chair (Mr. Brian Riddell): I recognize MPP Shamji.

Mr. Adil Shamji: I'm open to interpretation on that.

The Chair (Mr. Brian Riddell): Further debate? Ready to vote—Oh, I recognize MPP Martin.

1600

Mrs. Robin Martin: I recommend voting against the motion because the bill already includes a provision that would enable the Lieutenant Governor in Council to make regulations governing a board of directors for Ontario Health atHome, including eligibility requirements. Requirements for the composition of the board of directors of Ontario Health atHome could be set out in the regulations.

Also, just on the subject of failed candidates, I understand MPP Gélinas raised that with respect to who might appear on the board. It's kind of like who might appear as a witness at a committee hearing: a bunch of failed NDP candidates for various health coalitions in various towns.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gates.

Mr. Wayne Gates: I wasn't going to say anything, but maybe I'll add to what my colleague was talking about. I had the privilege of sitting on government agencies for not a couple of meetings; I sat on it for years. And I can tell you, candidate after candidate after candidate came to that committee, and they were either failed PC candidates, they were donating to the PCs or they sat on the riding association. So when—

The Chair (Mr. Brian Riddell): I would just—

Mr. Wayne Gates: She raised it.

Mrs. Robin Martin: Point of order, Chair.

The Chair (Mr. Brian Riddell): Go ahead, MPP Martin.

Mrs. Robin Martin: On a point of order, Chair: We're talking about this bill. I talked about the discussion of witnesses at this committee hearing, not some other committee hearing.

The Chair (Mr. Brian Riddell): I'd like to say again, I want the committee to focus on the debate of the proposed amendments on the floor today.

I'll recognize MPP Shamji.

Mr. Adil Shamji: Yes, I just want to reflect a little bit on the comment that the Lieutenant Governor in Council will have an opportunity. My understanding is, that's the cabinet. While we're talking about failed members, I'll point out that we've had three failed ministers within the last couple of months—three resignations. Can we really trust that? I don't know about that. I say we just put it in the legislation and have it over with.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gates.

Mr. Wayne Gates: Because you want me to stay on this, I'll make sure—and I do appreciate the Chair correcting me when I make my mistakes. But the reality is that the PCs just mentioned the NDP health coalition. The health coalition is a non-partisan organization that represents health care right across the province of Ontario. I don't want this committee getting out of this committee and saying that they are NDPers. They are not. They're non-partisan, just trying to do what is in the best interest of health care.

The Chair (Mr. Brian Riddell): Further debate? MPP Gélinas.

Mme France Gélinas: I want to remind the members around the table that the Conservatives are in power right now, but you won't be in power forever. I don't wish harm upon you or anything; this is the way it goes. If you put things in legislation, it stays. It stays no matter who gets elected, who gets to be government. This is why we do amendments to a bill, because a bill stays. Regulations don't.

If you believe in diversity, you have an opportunity to make sure that the board will have Indigenous, francophone—different members. Otherwise, you will have no control over it, and we've known that sometimes it has gone bad.

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Gates, Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): The motion is lost.

We'll now go to NDP section 9, new subsections (3.1), (3.2), (3.3), (3.4) and (3.5), number 4.

Mme France Gélinas: Withdraw.

The Chair (Mr. Brian Riddell): We'll now go to NDP section 9, motion 4.1.

Mme France Gélinas: I move that section 9 of the bill be amended by adding the following subsections to section 27.9 of the Connecting Care Act, 2019:

"Representation—health care providers, patients

"(3.1) In appointing members to the board, the minister shall consider the importance of representing the following groups:

"1. Nurses and other health care providers.

"2. Patients and their advocates, caregivers and families.

"Representation—health care experts

"(3.2) The board must consist of at least as many health care experts as non-experts.

"Representation—regional

"(3.3) In appointing members to the board, the minister shall make all reasonable efforts to ensure the board's membership reflects all geographic regions of Ontario, including northern Ontario and rural regions.

"Representation—designated experts

"(3.4) The membership of the board shall represent the diversity of designated experts, including members who have experience working in the not-for-profit sector.

"Representation—French-speaking community

"(3.5) The board shall include members of the French-speaking community."

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gélinas.

Mme France Gélinas: Right now, what used to be the CCACs became the LHINs became the health and community care—we'll talk about the LHINs: They have a board of directors. Their board of directors reflects the community that they serve. They won't exist anymore. It will be Ontario Health atHome.

And we're talking about the board of directors. This section of the bill talks about the board of directors, the chief executive officers and employees of Ontario Health atHome.

We have an opportunity right here, right now—if we believe that we should have regional representation; if we believe that we should have health care experts; if we believe that we should have representation of the French-language community; if we believe that we should have patients, caregivers, families, advocates, health care providers on such a board, then say so now. To say that we will leave it to the government in place to decide is to say that you don't care if you have regional representation, that you don't care if the French-speaking are represented on that board, that you don't care if advocate caregivers or family are represented on that board.

You have a choice. You are legislators. You can make that bill stronger for years to come by making sure that regional representation, health care advocates, caregivers and families have a say on the board of Ontario Health atHome.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Quinn.

Mr. Nolan Quinn: Knowing that this hasn't been updated in over 25 years, that is why we are moving forward with this legislation. The bill already includes a provision that would enable the Lieutenant Governor in Council to make regulations governing the board of directors of Ontario Health atHome, including eligibility requirements. Requirements for the composition of the board of directors of Ontario Health atHome could be set out in regulations.

The Chair (Mr. Brian Riddell): Further debate? MPP Gélinas.

Mme France Gélinas: This is a very weak argument, that the next government—because, remember, this comes into place in 2025—will decide, maybe, who sits on the board.

We have a responsibility. Each and every one of us gets elected. We have a responsibility. We have a bill in front of us. Remember the last bill? It took, what, 20-some years before we looked at it again? In 20-some years, there's a good chance that some of us won't be there no more, that a different government will be in place. If you want regional representation, if you want health care experts, if you want advocate caregivers and family to be on that board, then say so. Vote for the amendment and make that bill stronger.

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Gates, Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): The motion is lost.

We'll now go to NDP section 9, new subsection (11), number 5.

Mme France Gélinas: Withdraw.

The Chair (Mr. Brian Riddell): Number 5.1: Go ahead.

Mme France Gélinas: I move that section 9 of the bill be amended by adding the following subsection to section 27.9 of the Connecting Care Act, 2019:

"French language services

"(11) The board shall identify a senior management position to be responsible for French language services."

Mr. Anthony Leardi: Point of order, Mr. Chair. Didn't we already vote on this?

The Chair (Mr. Brian Riddell): We'll let this go. Go ahead.

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Mme France Gélinas: Members of the French-language community did not have a chance to come and present, but they did send written documents. We have them. You can go into the shared drive that Lesley has put together for us and it is there. They are all very worried about—your government does not have a very good track record when it comes to francophones. We will all remember Black Thursday, where you took away the French Language Services Commissioner. You took away the French university. The francophone population is very weary of the government. They read this bill, and they see provisions for French-language services being eroded. Give them a bit of confidence. I had tried to put it at the beginning of the bill. I am now putting it under the board of directors, which is why we—and you will see that I will try in many other sections.

Vote to give francophone a little bit of hope that you do understand that when you're talking about home care, when you're talking about somebody coming into your home—and you've had a French home all your life, you're 95 years old and you're not about to learn to speak English—you want somebody who speaks French to come to your home. It is not happening right now. Many francophones have many difficulties getting French-language care providers to come into their home. Put it under the section of the bill that talks about the board of directors. Make it a responsibility of the board of directors to make sure that it happens.

The Chair (Mr. Brian Riddell): Further debate? I will recognize MPP Quinn.

Mr. Nolan Quinn: I recommend voting against this motion because French-language service requirements applicable to health care service providers are already addressed in the regulations under the Connecting Care Act.

The bill defines Ontario Health atHome as a health service provider, so Ontario Health atHome would be subject to these requirements.

Ontario Health atHome would also be made subject to the French Language Services Act, as the LHINs currently are. The board would be accountable for structuring the organization and its management team in a manner that ensures that Ontario Health atHome meets its legal obligations under the French Language Services Act and the Connecting Care Act.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gates.

Mr. Wayne Gates: A couple of things: It's interesting that my colleague has said a few times, but nobody on the other side has picked up on, that the reason why nobody came and presented to the committee is because the reality is that they didn't have enough time and because of the short time frame.

As far as the board of directors—I'm going to give you an example, Chair, which I think falls within my comments around this. You can rule me out of order if you like. My mother-in-law is Italian, and she has never spoken anything but Italian. So very similar: If you've only spoken French and you're 85 years old or 90 years old, you need somebody that understands your language. I think this is very easy for you guys to vote for.

Again, I just thought I'd say that French—you're 90 years old; that's all you know. That's all you've spoken, especially up north. When you go—a little extreme—even a little further to Quebec, they all speak French. But up north, a lot of people speak French. We have some in Welland—not my riding, but in Welland, we have a lot of French people in the same type of situation. So, I think it's a very good motion to support and very easy to support.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gélinas.

Mme France Gélinas: I want every MPP to understand how the French Language Services Act works. You are absolutely right that the LHINs are covered by the French Language Services Act, but once you subcontract out the care, the French Language Services Act does not follow. We already know how our home care system is set up. It is set up with a competitive bidding process, where the care is provided by contractors who are not covered by the French Languages Services Act.

This is what the francophone community is asking you: Change this. Make a senior management position within the—ask the board of directors to assign a senior management position to make sure that, given the structure of our home care system and given the limitation of the French Language Services Act, elderly people who depend on home care will have a francophone person come and help them. It's as simple as that. You can't expect a 95-year-old person to learn English if she hasn't learned it. Give her this opportunity to be covered by the act, to have a senior management position in place to make sure that French-language services are actually delivered.

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Gates, Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): I declare the amendment lost.

Independent section 9, new subsection (11), motion 5.2: I recognize MPP Shamji.

Mr. Adil Shamji: I move that section 9 of the bill be amended by adding the following subsection to section 27.9 of the Connecting Care Act, 2019:

"Accountability requirements

"(11) The service organization shall clearly state the accountability requirements of any board member appointed by the minister."

The Chair (Mr. Brian Riddell): Further debate?

Mr. Adil Shamji: Honestly, I think this amendment is quite self-evident. It merely seeks to increase the amount of transparency and accountability that is assumed by any board member and make that open and available to the public as well.

The Chair (Mrs. Robin Martin): I recognize MPP Martin.

Mrs. Robin Martin: I would recommend voting against the motion. The Connecting Care Act already includes provisions that require Ontario health teams and health service providers to provide their plans, reports, financial statements, including audited financial statements, to Ontario Health. And Ontario Health must, in turn, provide this information to the minister within the time and in the form the minister specifies.

The government typically implements reporting requirements through accountability agreements and contracts, and the government provides oversight of executive compensation for Ontario health teams and health service providers and any requirements related to disclosure of compensation as well under the Broader Public Sector Executive Compensation Act, 2014. So there's lots of accountability mechanisms already there.

The Chair (Mr. Brian Riddell): Further debate?

Mr. Adil Shamji: There is a massive lack of accountability under the governance of the current Premier, and this is intended to address that. I can't tell you the number of requests I've made to various ministries, including the Ministry of Health, for information, and on the most important questions, I rarely get an answer back.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gélinas.

Mme France Gélinas: Again, those are ways that, as MPPs, we can make bills stronger. Don't look away from your responsibilities as MPPs. As MPPs, we are legislators. We make laws. We are in the process of making a law right now. When you see something good to make the law better, take your responsibility seriously.

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Gélinas, Shamji

Nays

Barnes, Jordan, Leardi, Martin, Pierre.

The Chair (Mr. Brian Riddell): I declare the amendment lost.

We'll now move to NDP section 9, new subsections (3), (4), (5) and (6), number 6.

Mme France Gélinas: Withdraw.

The Chair (Mr. Brian Riddell): You're dropping it.

NDP section 9, new subsections (3), (4), (5) and (6), motion 6.1: I recognize MPP Gélinas.

Mme France Gélinas: I move that section 9 of the bill be amended by adding the following subsections to section 27.10 of the Connecting Care Act, 2019:

"Public meetings

"(3) The meetings of the board of directors shall be open to the public.

"Regional and online meetings

"(4) The board of directors shall conduct meetings in various regions of Ontario and online.

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"Online postings

"(5) The agenda of each meeting of the board of directors shall be posted online no less than two weeks before each meeting and the minutes of the meeting shall be posted no more than two weeks after they are approved.

"Access to meeting minutes and reports

"(6) The board shall develop a process for the public to gain access to meeting minutes and reports for the purpose of improving accountability."

The Chair (Mr. Brian Riddell): Further debate?

Mme France Gélinas: This is a request that came from AdvantAge Ontario, from the Council on Aging Grey Bruce, from community legal aid, from the Ontario Association of Councils on Aging, from the Ontario Nurses' Association—from a long list of agencies and associations that want to make sure that they continue to have access to the meetings of the board of directors.

Right now, the LHINs have public meetings, and the meetings are advertised in advance. You can go on their website: You see when the meeting is going to be; you see the meeting agenda. You see the information that is public. Most of them often have a section in camera that will continue to be in camera; they're allowed to do this. But the public has access. Once the minutes have been approved—usually, at the following meeting, they approve the minutes—then the minutes become public. You don't have to file for a freedom-of-access-of-information. They are freely available to anybody who wants it.

Now that the LHINs won't exist anymore and all of that work will be concentrated in Ontario Health atHome, they want this transparency to continue.

In health care, transparency is one of the best things that you can do—for people to trust in the health care system, they need to know the facts. If we don't know—we are all human beings; we will assume the worst.

Make sure that the meetings continue to be public. Of course, if they have in camera sessions, that's all good; it has always been there.

Now that we will only have one agency, Ontario Health atHome, they should hold regional meetings so they make it a little bit easier for different people from different regions to attend those meetings in person. The online posting is the easiest way to gain access to minutes, to gain access to agendas, to gain access to documents—and to make sure that if anybody wants to gain access, that it is easy to do.

This is how you build confidence in our health care system—by bringing that level of transparency and accountability. We had this with the CCACs. We had this with the LHINs. We had this with the health, home and community—you change the name too often; I lose track. We should continue to have this.

There are a number of agencies—I named some of them, but the list goes on—that want this to continue, want this to be in the bill; not a wishful for some regulations to come at a time yet to be known.

The Chair (Mr. Brian Riddell): Further debate?

Ms. Patrice Barnes: I recommend voting against this motion. The legislation's amendments are not required to enable Ontario Health atHome to hold public board meetings. The board can be directed to adopt bylaws and such.

The Chair (Mr. Brian Riddell): Further debate?

Mme France Gélinas: I didn't hear what she said.

Ms. Patrice Barnes: The legislation's amendments are not required to enable Ontario Health atHome to hold public board meetings where appropriate. The proposed amendments would, like you mentioned, prevent the board of directors from conducting meetings or portions of the meetings in camera—and Ontario Health atHome could be directed by adopting bylaws in regard to holding public board meetings.

The Chair (Mr. Brian Riddell): Further debate?

Mme France Gélinas: I can assure you that there is nothing in that motion that would prevent a board of directors from having meetings in camera—they do now. They would continue to have part of their meetings in camera, to make it available online and to make the agenda available—all of this is available right now. It happens right now and people use it right now. They're about to lose it all, unless the new board decides, "Oh, yes, we will." We are legislators. Let's take our responsibilities.

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): The motion is lost.

We will now go to independent section 9, new subsection (3), 6.2. I recognize MPP Shamji.

Mr. Adil Shamji: I move that section 9 of the bill be amended by adding the following subsection to section 27.10 of the Connecting Care Act, 2019:

"Rules re meetings

"(3) The following rules apply with respect to meetings of the board of directors:

"1. Meeting minutes and reports must be published on the Internet in an easy and accessible manner after each meeting.

"2. The location of meetings must be rotated between Toronto, Thunder Bay, Owen Sound, Sudbury and Cornwall.

"3. Members of the board must have the option of attending meetings remotely through an easily accessible method."

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Shamji.

Mr. Adil Shamji: Similar to the previous amendment, it's really important that we do have adequate accountability and opportunities for participation, as well as regional representation. This is an amendment that intends to do that in a way that should be palatable to everybody.

The Chair (Mr. Brian Riddell): Further debate? MPP Gélinas.

Mme France Gélinas: I fully agree. It's the minimum that we can do if we're going to consolidate all of the decision-making of the LHINs to Ontario Health atHome. The least we can do is to make sure that they travel.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Jordan.

Mr. John Jordan: I recommend voting against this amendment due to it's very prescriptive. A board should have the right on deciding where and when it meets based on their membership and based on their agenda.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Shamji.

Mr. Adil Shamji: I hear the member across. I just have to point out, you can't have both sides of the same coin. The last amendment gave that flexibility; that was turned down for some other reason. Now, this one gives too much prescription.

This isn't a game. These are people's lives. This is the care that 600,000 people in Ontario are getting. The members across are literally contradicting themselves, amendment after amendment.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Martin.

Mrs. Robin Martin: I just want to put on the record, of course, that the members in the government have brought forward a piece of legislation in order to try to improve home care. We don't think this is a game. We're not contradicting ourselves. We disagree with Dr. Shamji's interpretation, and we would like to move with the vote.

The Chair (Mr. Brian Riddell): Just so you know, he will be addressed as MPP Shamji.

Further debate? Ready to vote?

Ayes

Brady, Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): I declare the amendment lost.

We'll now go to independent section 9, new subsection (4), 6.3. I recognize MPP Shamji.

Mr. Adil Shamji: I move that section 9 of the bill be amended by adding the following subsection to section 27.13 of the Connecting Care Act, 2019:

"Rules

"(4) The board of directors shall ensure that the following rules are applied in organizing the activities and affairs of the service organization:

"1. Non-profit and local agencies must be prioritized when service and co-ordination contracts are awarded.

"2. All services must be provided in both English and French, including,

"i. home care services,

"ii. placement management services, and

"iii. care co-ordination services.

"3. There must be an established reporting protocol between the service organization, Ontario health teams and care co-ordinators.

"4. There must be a minimum qualification required for care co-ordinators.

"5. Retirement homes must be permitted to deliver home and community care services to residents under direct contract.

"6. The service organization must create a working group made of home care providers, healthcare leaders, patients and families to address workplace violence.

"7. The service organization must assume final responsibility of all functions formerly assumed by the local health integration networks when it is not possible to delegate them to regional partners such as Ontario health teams."

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The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Shamji.

Mr. Adil Shamji: Most of these paragraphs and clauses are actually quite self-explanatory. The one that I'd like to really choose to focus on is paragraph 7, the one in which the service organization, Ontario Health atHome, assumes final responsibilities of all functions that were previously assumed by the local health integration networks.

This is a major, major gap in the legislation. There are very explicitly certain functions that were previously assumed by LHINs, for which—we heard it from the minister herself this morning—the expectation will be that hospitals fill those gaps. Hospitals are overwhelmed. ALC rates are through the roof. Staffing rates have plummeted. They're resorting to temporary nursing agencies, spending millions of dollars more than is usually expected for their budgets. The last thing that they need—and we heard this from SickKids just last week—is to have to assume the additional responsibilities because a thoughtless bill was brought in that didn't even ensure that the new organization covers the same responsibilities as the last 14. That's all.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Martin.

Mrs. Robin Martin: I would recommend voting against this motion. The interpretation just put forward by MPP Shamji is not at all what I heard, either from the evidence of SickKids or today from the minister or the other members of the Ministry of Health. And just to make sure that I understood what was said, I went to speak with the home care director to make sure that that interpretation was not accurate, and I was told it was not. There are no gaps.

Frankly, the government's priority here is to strengthen the publicly funded health care system and make it better for patients, families and caregivers, and Bill 135, the bill we're debating, supports the current delivery model for home and community care. The model requires organizations approved to deliver home and community care services to be non-profit and enables them to contract for-profit and non-profit organizations for the delivery of home care services, just the way it is today.

If the government wants to make changes to the delivery model, it can do so through regulation. In addition, any changes that we're going to make to the delivery model would need to be very carefully implemented to ensure no disruption to the continuity of client care, which the minister stressed this morning is our highest priority.

The Chair (Mr. Brian Riddell): Further debate?

Mr. Adil Shamji: If I have mischaracterized what SickKids said last week, then I do apologize, but from my recollection, I didn't.

I just want to clarify from MPP Martin: Is she saying that she contacted the home care coordinator that was our witness from last week to clarify her remarks?

Mrs. Robin Martin: I spoke with the Ministry of Health people who are in charge of home care about whether this was an accurate interpretation and also said that that is not what I heard from SickKids.

The Chair (Mr. Brian Riddell): I recognize MPP Gélinas.

Mme France Gélinas: I listened to SickKids as good as everybody else did, and they made it really clear: Right now, there is home care that does not go through the care coordination. We call them bundled care. We have bundled care in my community. Health Sciences North, the name of the hospital in Sudbury, has bundled care for hip, for knees, for a number of surgeries, where they do not go through the LHINs whatsoever. It goes directly from the hospital to, in our case, Bayshore, who are supposed to send the physio, help you to do the stairs, to do even ground, to work on your balance, who are supposed to send a nurse to change your bandages and everything else after you have a hip or a knee replacement.

When SickKids was here, they made it really clear that they do not have the resources to do that kind of arrangement for the kids that came, and they spent quite a bit of time to say that 80% of their kids come there and 20% of the kids come from northern Ontario. They are a tertiary care organization for the entire province. So to say that this part of the work of the LHINs is going to continue to be done by hospitals, which do not have the resources to have those pathways throughout, is absolutely true. This is what SickKids told us when they were here. This is what's happening right here, right now. This amendment would make sure that all of the functions of the LHINs, all of the functions that are presently being done for our home care system, would continue to be there and not fall on the responsibility of tertiary care centres like SickKids.

The Chair (Mr. Brian Riddell): I recognize MPP Shamji.

Mr. Adil Shamji: I can acknowledge that when this legislation was drafted, there may have been an intention for the new service organization to assume all of the previous LHIN functions. However, as written, my interpretation, certainly, and it sounds like other opposition members' interpretation and the interpretation of some of our witnesses, does not align with that.

It would be a lot easier for me to support this legislation—I would love to be in a position to support this. I genuinely do not believe in saying no to every bill that passes before me. I want to help make this the best that it can be. Many of us have come to the same conclusion, having read through the bill. If the intention is, indeed, for it to assume all of those functions, let's just put the text in and we can move forward and there shouldn't be a problem.

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): I declare it lost.

We'll now go to NDP section 9, new section 27.15.1, motion 7.

Mme France Gélinas: Withdraw.

The Chair (Mr. Brian Riddell): Motion 7.1.

Mme France Gélinas: I move that section 9 of the bill be amended by adding the following section to Part III.1 of the Connecting Care Act, 2019:

"Non-profits

"27.15.1 Service and coordination contracts shall be awarded only to non-profit agencies."

The Chair (Mr. Brian Riddell): Further debate?

Mme France Gélinas: This is the number one issue that we heard from the few people who were lucky enough to come and present, except from Bayshore. Everybody else made a point of talking about the importance of taking the changes happening in home and community care to make sure that Ontario has a system where the care is publicly funded and publicly delivered. It was asked for by Care Watch, by the Home Care Workers' Co-operative, by basically everybody who came and presented, except for Bayshore, which is a for-profit home care provider.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Pierre.

Ms. Natalie Pierre: I recommend voting against this motion because under the Connecting Care Act, a health service provider that provides home and community care services must be not-for-profit to be eligible for funding from Ontario Health.

The home and community care services regulation under the Connecting Care Act already sets out parameters and arrangements between health service providers or Ontario health teams and their contracted providers for carrying out care coordination activities. That regulation also affirms that accountability for care coordination rests with health service providers and Ontario health teams, even if a particular care coordination activity is carried out by one of their contracted service providers.

A high volume of home care is currently delivered by for-profit organizations under contract. Any immediate changes to the delivery model could be destabilizing and negatively impact patient care.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gélinas.

Mme France Gélinas: If you are serious that you want to improve home care, you really have to look at home care delivery. To change the model from 14 LHINs to one Ontario Health atHome is not going to bring better home care to any of the 600,000 Ontarians who depend on home care in Ontario each and every day. If you are serious that you want to improve, you have to take the profit motive out of this. This is what this amendment wants to do.

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The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Gélinas.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): I declare it lost.

We'll now go to NDP section 9, new subsection (7), number 8.

Mme France Gélinas: Withdraw, Speaker.

The Chair (Mr. Brian Riddell): Number 8.1: I recognize MPP Gélinas—I'm going to be saying your name in my sleep.

Mme France Gélinas: I move that section 9 of the bill be amended by adding the following subsection to section 27.16 of the Connecting Care Act, 2019:

"Reporting

"(7) The service organization shall report publicly on its processes for awarding contracts and the results of those processes."

The Chair (Mr. Brian Riddell): I recognize MPP Gélinas.

Mme France Gélinas: The bill makes it clear that it will be Ontario Health atHome that will issue requests for proposals and that will select who will have the right to offer home care. This is problematic on many, many levels. The first level is that the big for-profit providers will have no problem whatsoever answering those requests for proposals. The little Aide aux Séniors in Alban, the little home care providers that I have in my riding—none of them would ever bid on a province-wide contract. They exist because none of the other care providers are able to provide care in those areas of the province.

The idea is to really report publicly on the processes for awarding the contracts so that we can all see that geography, that language—that they take into account the reality of what home care looks like right now.

There are many parts of my riding where they don't have a big player. CarePartners, ParaMed, Bayshore—none of them are able to service Biscotasing, Westree, Shining Tree, Cartier or Alban. We have little, wee, not-for-profit care providers. Aide aux Séniors is a very nice one in Alban, by the French River in my riding. We need to make sure that the processes that are put in place will give them a chance.

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): It is lost.

We'll go to 8.2. I recognize MPP Shamji.

Mr. Adil Shamji: I move that section 9 of the bill be amended by adding the following subsection to section 27.16 of the Connecting Care Act, 2019:

"Reporting

"(7) The board of directors of the service organization shall publicly report on the processes for awarding contracts and the results of those processes in each quarter."

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Shamji.

Mr. Adil Shamji: We've heard many of the arguments already as to why a process like this must be in place. I can only imagine that it was voted down in the last round because it wasn't specific enough about how frequently we should be reporting. So this is an attempt to solve that problem.

The Chair (Mr. Brian Riddell): Further debate? MPP Gélinas.

Mme France Gélinas: I love MPP Shamji's optimism. I agree with you; they probably voted it down because I did not put "every quarter." This is a good idea. Not only should they report, but they should report quarterly as to who will hold contracts to provide home care in Ontario. Those are big decisions. Those are the types of decisions that give people trust in our health care system. If you don't have trust, you don't have quality care. You need to have trust. This is the kind of shining a light, bringing transparency that brings trust in our health care system.

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): I declare it lost.

NDP section 9, new subsection (3), 8.3: I recognize MPP Gélinas.

Mme France Gélinas: I move that section 9 of the bill be amended by adding the following subsection to section 27.17 of the Connecting Care Act, 2019:

"Conditions made public

"(3) The conditions under which the service organization may indemnify its directors and officers against any liabilities, expenses or other costs incurred while performing their duties on behalf of the service organization shall be made public."

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gélinas.

Mme France Gélinas: Transparency is always a good way to be respectful of taxpayers' money. It will be interesting to see how the directors and the officers are paid with the new service organization. Those stipends, those salaries, those compensations should be made public.

We are in a part of the bill that also talks about indemnifying its director against liability. This, too, should be made public so that we know what we can expect of them and cannot when it comes to making complaints.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Martin.

Mrs. Robin Martin: I recommend voting against the motion. The Connecting Care Act, 2019, already includes provisions that require Ontario health teams and health service providers to provide their plans and reports and financial statements, including audited financial statements, to Ontario Health. Ontario Health must, in turn, provide this information to the minister within the time and in the form the minister specifies. The government typically implements reporting requirements through accountability agreements and contracts.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gélinas.

Mme France Gélinas: For anybody who has ever looked at an annual financial statement that is tabled with the government for any transfer payment agencies at the Ministry of Health, there is no way to find out how much the members of the board of directors were paid. Many, many transfer payment agencies do not pay; they are volunteer boards of directors. But some of them pay a phenomenal amount of money for what seems like the same work as can be done, but whatever. So to say, "Go to the annual reports that are done"—you will not be able to get how much the directors and officers are paid through those documents.

If you think that it is important that the people on boards of directors either do this voluntarily—I have no problem with helping to pay for transportation. I'm from northern Ontario. I'm not opposed to it; I just want it to be made public.

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): I declare it lost.

We'll now move on. Section 9, new section 27.17.1, 8.4: I recognize MPP Gélinas.

Mme France Gélinas: I move that section 9 of the bill be amended by adding the following section to part III.1 of the Connecting Care Act, 2019:

"Ontario health team complaints

"27.17.1 Every Ontario health team shall publicize its processes for making and addressing complaints regarding care."

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gélinas.

Mme France Gélinas: Right now, the Ontario health teams do not exist as a corporation, do not exist as a transfer payment agency. The 57 of them exist as in goodwill of people who get together. When the government transfers their money, they transfer to one of the partners within the Ontario health teams. But they will be in charge of more and more activities. This bill gives them responsibility for home and community care, so I think it would be important that they have a way of addressing complaints regarding care.

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If you have a complaint against a hospital, every hospital has a patient care who handles complaints. If you have a complaint against a long-term-care home, they all have. If you have a complaint against an Ontario health team, where will you go? This makes sure that it's made clear.

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Gates, Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): I declare it lost.

NDP section 9, new subsections (1.1) and (1.2), 9, and I—

Mme France Gélinas: Withdraw.

The Chair (Mr. Brian Riddell): Motion 9.1.

Mme France Gélinas: I move that section 9 of the bill be amended by adding the following subsections to section 27.23 of the Connecting Care Act, 2019:

"Same

"(1.1) The annual audits shall include reports on the number of hours claimed, number of employees, number of clients served and metrics to support standards of care, monitoring and enforcement.

"Same

"(1.2) The annual audits shall access recent changes based on consequences for persons with disabilities and their families."

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gélinas.

Mme France Gélinas: These recommendations came in part from—I forget the name of the agency that represents—there was a council; an agent from the Grey-Bruce chapter. There was also a written submission from an agency that represents people with disabilities.

Basically, what this aims to do is—you were there when I asked Bayshore, "You're scheduled to provide care to this child who needs G-tube feeding for one and a half hours. The care coordinator said one and a half hours. The contract to Bayshore says one and a half hours. Not only does it say one and a half hours, it says exactly when the care has to be provided, which is at 10:30 in the morning, for an hour and a half. The nurse would come for 15 minutes, set up the G-tube feeding machine and then leave. So Bayshore gets paid for an hour and a half; the child gets 15 minutes of care. The minute that this machine starts to beep and whatever, the nurse is nowhere to be found, and they call the mom or they call the dad to say, 'We have a problem with the feeding of your son. Could you come back?'"

When I asked Bayshore, "How many hour-and-a-half contracts that you get paid for where you only provide 15 minutes of care do you have," they did not answer the question. As I said, whenever you ask a direct question and you don't get an answer, little red flags should go up. So this is to make sure that if the contract is for X amount of hours and they are being claimed, that X amount of hours are being delivered. They also would have to report on the number of employees, the number of clients served and the different metrics that already exist to ensure quality care in home care.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Barnes.

Ms. Patrice Barnes: Thank you, MPP Gélinas, for that feedback. I recommend voting against this motion because performance matrices are usually not incorporated in legislation but in regulation. A performance matrix for Ontario Health atHome can be included elsewhere: for example, in their service agreement with Ontario Health.

The Chair (Mr. Brian Riddell): Further debate? Go ahead, MPP Shamji.

Mr. Adil Shamji: My question for MPP Barnes is, will they be included in service agreements?

Ms. Patrice Barnes: That will be up to the ministry to work out, right?

The Chair (Mr. Brian Riddell): MPP Shamji?

Mr. Adil Shamji: So we're just here to help the ministry?

Ms. Patrice Barnes: Pardon?

Mr. Adil Shamji: We're just here to help the ministry?

Mrs. Robin Martin: Yes. Thank you very much.

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Gates, Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): I declare it lost.

We'll now move to independent section 9, new subsection (3), motion 9.2. I recognize MPP Shamji.

Mr. Adil Shamji: I move that section 9 of the bill be amended by adding the following subsection to section 27.23 of the Connecting Care Act, 2019:

"Service organization audits

"(3) The service organization shall,

"(a) conduct annual audits of client providers to report on the number of hours claimed, number of employees and number of clients served, and to support standards of care, monitoring and enforcement; and

"(b) make the finding of those audits public at the end of each fiscal year."

The Chair (Mr. Brian Riddell): Further debate?

Mr. Adil Shamji: Again, I'm just trying to help the ministry. I thought perhaps if we slightly reworded that previous amendment, it might make it a little bit more palatable.

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Gates, Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): I declare it lost.

Shall section 9 carry? Ready to vote?

Ayes

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

Nays

Brady, Gates, Gélinas, Shamji.

The Chair (Mr. Brian Riddell): Section 9 is passed.

There are no amendments to sections 10 to 13. Therefore, I propose that we bundle the sections together. Is there agreement? Is there any debate? Are members prepared to vote? Shall sections 10 to 13, inclusive, carry?

Ayes

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

Nays

Brady, Gates, Gélinas, Shamji.

Mr. Wayne Gates: What was the vote?

The Chair (Mr. Brian Riddell): Sections 10 to 13.

Mr. Wayne Gates: What was the vote?

Mme France Gélinas: It was six to four.

Mr. Wayne Gates: Six to four? I just wanted you to say it: six to four?

The Chair (Mr. Brian Riddell): Yes.

Section 12 is passed. Section 13 is passed. We'll now go to section 14, new subsections (4), (5) and (6), motion 10.

Mme France Gélinas: Withdraw.

The Chair (Mr. Brian Riddell): Motion 10.1: I recognize MPP Gélinas.

Mme France Gélinas: I move that section 14 of the bill be amended by adding the following subsections to section 45.1 of the Connecting Care Act, 2019:

"Other information

"(4) The minister shall not collect, use or disclose personal health information or personal information if other information will serve the purposes of subsection (2).

"Extent of information

"(5) The minister shall not collect, use or disclose more personal health information or personal information than is reasonably necessary to serve the purposes of subsection (2).

"Notification

"(6) Every individual whose personal health information is to be disclosed to the minister or the minister's designate under this section shall be notified and their information shall not be disclosed unless they provide informed consent."

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gélinas.

Mme France Gélinas: I'm guessing that you all saw that the Information and Privacy Commissioner had sent us a written submission about Bill 135. He has serious concerns about this section of the bill that allows the Minister of Health to gain access to personal health information, something that is never done in other bills. They have access to aggregate information about health but not individual health.

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The way the bill is written right now, section 14, under permitted disclosure and collection of personal health information, allows the minister or the minister designate to gain access. The Information and Privacy Commissioner sent us the amendments that he wanted included in the bill and this is where this comes from.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Jordan.

Mr. John Jordan: I recommend voting against the motion due to PHIPA. It has the intent of the proposed revisions already addressed by the existing provisions in the PHIPA, the ministry best practices, and because other aspects of the proposed motion would create operational barriers to the effective operation of the relevant legislative provisions.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gélinas.

Mme France Gélinas: The Information and Privacy Commissioner is an independent officer who knows the Privacy Act, who knows PHIPA inside and out. If he takes the time to send a letter to the committee asking us to make changes to the bill—I would say it is really out of the ordinary that we would not listen to the Information and Privacy Commissioner when he takes the time to write to us to say this bill needs to be changed in order to protect patients' privacy.

The Information and Privacy Commissioner knows the law, knows PHIPA inside and out. Whenever he has made suggestions in the past to make sure that patient privacy was protected, those requested amendments were always included. I'm a little bit worried that the Information and Privacy Commissioner has found a weakness in the bill and has taken the time to write to us—and he wrote himself what he wanted the amendments to be. I think it would be wise of us to listen to the Information and Privacy Commissioner.

The Chair (Mr. Brian Riddell): I recognize MPP Shamji.

Mr. Adil Shamji: I am always open to having my mind changed. MPP Jordan referred to I believe it was some “operational barriers.” If you could elaborate a little bit more on that, or provide an example, I’d be thrilled.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Gélinas.

Mme France Gélinas: To vote down ideas to make the bill stronger, to add things to the bill, to vote down what the Information and Privacy Commissioner has asked us: You all realize that it only means more trouble later on. If the Information and Privacy Commissioner, who wrote to us, says that this bill does not reflect and respect PHIPA, this bill is never going to come forward. You will have to come back and make amendments to the bill.

We respect patients’ privacy in Ontario. We respect the knowledge and skills of the Information and Privacy Commissioner. When he writes to us, the least we can do is to respect what he has written. He wrote this amendment.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Martin.

Mrs. Robin Martin: We do respect, of course, the Information and Privacy Commissioner and PHIPA, and we follow the legislation. But I think what MPP Jordan has said is that there are other things in the proposed motion that create operational barriers which may not have been in the consideration of the Information and Privacy Commissioner when he proposed them. This is part of what we were talking about earlier in the session today, about having a full analysis done. However, we do have analysis done of this.

I would also just like to add that this is the same as what was in the legislation for the LHINs, so it’s probably not earth-shattering, because it was already there.

The Chair (Mr. Brian Riddell): Further debate? I recognize MPP Shamji.

Mr. Adil Shamji: Perhaps MPP Martin could elaborate on some of those operational barriers?

The Chair (Mr. Brian Riddell): Further debate? Ready to vote?

Ayes

Brady, Gates, Gélinas, Shamji.

Nays

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): The motion is lost. Shall section 14 carry?

Ayes

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

Nays

Brady, Gates, Gélinas, Shamji.

The Chair (Mr. Brian Riddell): It therefore passes.

Section 15: There’s really nothing there. Any debate? Ready to vote?

Mme France Gélinas: I do have 15.1.

The Chair (Mr. Brian Riddell): That’s the next section.

Ayes

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

Nays

Brady, Gates, Gélinas, Shamji.

The Chair (Mr. Brian Riddell): It passes.

We’ll now go to new section 15.1, NDP motion 11.

Mme France Gélinas: Withdraw.

The Chair (Mr. Brian Riddell): Motion 11.1.

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

“15.1 The act is amended by adding the following part:

“‘Part VI.1

“‘Transparency and Accountability in Funding Health Care Services

“‘Definitions

“‘47.1 In this part,

“‘“fiscal year” means the fiscal year of the province of Ontario;

“‘“public funds” means public funds as defined in the Broader Public Sector Accountability Act, 2010.

“‘Major health sector organizations

“‘47.2(1) For the purposes of this part, a person or entity is a major health sector organization if that person or entity receives at least $1 million in public funds from the Ontario government or its transfer payment agencies in a fiscal year that begins on or after April 1, 2024.

“‘Same

“‘(2) For example, the following may be major health sector organizations:

“‘1. Home care agencies.

“‘2. Out-of-hospital premises.

“‘3. Community care agencies.

“‘Public funds

“‘(3) For the purposes of subsection (1), a person or entity receives public funds from the Ministry of Health if the funds are received as a grant or transfer payment or through another funding arrangement.

“‘Interpretation

“‘(4) For greater certainty, subsection (1) includes a person or entity that carries on business for profit.

“‘Publicly-funded suppliers

“‘47.3(1) For the purposes of this part, a person or entity is a publicly-funded supplier if the person or entity receives, in the aggregate, at least $1 million in public funds directly or indirectly from one or more major health sector organizations or other publicly-funded suppliers in a fiscal year that begins on or after April 1, 2024.

“‘Public funds

"'(2) For the purposes of subsection (1), a person or entity receives public funds if the funds are received from a major health sector organization or publicly-funded supplier, directly or indirectly,

"'(a) through a grant or transfer payment or other funding arrangement;

"'(b) for the provision of goods or services;

"'(c) under a fee for service arrangement; or

"'(d) by way of a loan or loan guarantee.

"'Interpretation

"'(3) For greater certainty, subsection (1) includes a person or entity that carries on business for profit.

"'Application of Broader Public Sector Executive Compensation Act, 2014

"'47.4 (1) If a major health sector organization or a publicly-funded supplier is not a designated employer under the Broader Public Sector Executive Compensation Act, 2014, it is deemed to be a designated employer for the purpose of the application of that act.

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"'Restriction

"'(2) Subsection (1) applies in respect of the first fiscal year that begins on or after April 1, 2024 in which the major health sector organization or publicly-funded supplier receives at least $1 million in public funds, and in respect of every fiscal year thereafter.

"'Application of Ombudsman Act

"'47.5(1) If a major health sector organization or a publicly-funded supplier is not a governmental organization under the Ombudsman Act, it is deemed to be a governmental organization for the purposes of the application of that act.

"'Restriction

"'(2) Subsection (1) applies in respect of the first fiscal year that begins on or after April 1, 2024 in which the major health sector organization or publicly-funded supplier receives at least $1 million in public funds, and in respect of every fiscal year thereafter.

"'Application of Public Sector Salary Disclosure Act, 1996

"'47.6(1) If a major health sector organization or a publicly-funded supplier is not an employer under the Public Sector Salary Disclosure Act, 1996, it is deemed to be an employer for the purposes of the application of that act.

"'Restriction

"'(2) Subsection (1) only applies in respect of fiscal years in which the major health sector organization or publicly-funded supplier receives at least $1 million in public funds.

"'Authority of the Auditor General

"'47.7(1) The Auditor General may, at any time, audit any aspect of the operations of a major health sector organization or a publicly-funded supplier.

"'Restriction

"'(2) Subsection (1) only applies in respect of fiscal years in which the major health sector organization or publicly-funded supplier receives at least $1 million in public funds.'"

The Chair (Mr. Brian Riddell): This amendment is beyond the scope of this bill. If passed, the amendment would vicariously amend another act which is not opened by Bill 135. It is not possible to do indirectly what cannot be done directly. I therefore rule this amendment out of order.

MPP Gélinas.

Mme France Gélinas: Can I ask for unanimous consent for us to look at this amendment?

The Chair (Mr. Brian Riddell): Is there unanimous consent? No, unfortunately.

Mme France Gélinas: Could we have a recorded vote?

The Chair (Mr. Brian Riddell): No.

Mme France Gélinas: I tried.

The Chair (Mr. Brian Riddell): Now, let's move to section 15.2, number 12.

Mme France Gélinas: Withdraw.

The Chair (Mr. Brian Riddell): Motion 12.1: I recognize MPP Gélinas.

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

"15.2. The act is amended by adding the following part:

"'Part VI.2

"'Working Conditions of Health Care Workers and Workers in Related Fields

"'Definitions

"'47.8(1) In this part,

"'"minimum wage" has the same meaning as in the Employment Standards Act, 2000;

"'"Minister" means the Minister of Labour, Immigration, Training and Skills Development or such other member of the executive council to whom responsibility for the administration of this act may be assigned or transferred under the Executive Council Act.

"'Health care providers

"'(2) A reference in this part to a health care provider means a member of a college under the Regulated Health Professions Act, 1991, provided that the member is acting within the scope of the member's practice at the relevant time.

"'Permanent and full-time employment in certain health care settings

"'47.9 The minister shall take all necessary steps, including introducing legislation if necessary, to ensure that, if a home care agency or health care provider employs more than 20 individuals, no less than 70 per cent of the total number of individuals employed by the home care agency or health care provider are employed on a permanent and full-time basis at the home care agency or with the health care provider.

"'Personal support workers

"'47.10 The minister shall take all necessary steps, including introducing legislation if necessary, to ensure that,

"'(a) an individual who is working as a personal support worker is paid at least $8 more than the minimum wage for each hour worked as a personal support worker;

"'(b) an individual who is working as a personal support worker on a full-time basis in a calendar year is en-

titled to no less than 10 days of paid leave for the calendar year with respect to a personal illness, injury or medical emergency of the personal support worker;

"'(c) an individual who is working as a personal support worker on a part-time basis in a calendar year is entitled to a certain number of days of paid leave for the calendar year, pro-rated in proportion to the 10 days provided for in clause (b) based on the number of hours worked in the calendar year, with respect to a personal illness, injury or medical emergency of the personal support worker; and

"'(d) an individual who is working as a personal support worker on a full-time or part-time basis is entitled to receive health benefits and be a member of a pension plan.

"'Homemakers

"'47.11(1) The minister shall take all necessary steps, including introducing legislation if necessary, to ensure that,

"'(a) an individual who is working as a homemaker is paid at least the minimum wage for each hour worked as a homemaker; and

"'(b) parts VII (hours of work and eating periods) and VIII (overtime pay) of the Employment Standards Act, 2000 apply to an individual who is working as a homemaker.

"'Definition

"'(2) In this section,

"'"homemaker" means a person who is employed,

"'(a) to perform homemaking services for a householder or member of a household in the householder's private residence, and

"'(b) by a person other than the householder.'"

The Chair (Mr. Brian Riddell): This amendment is beyond the scope of the bill. If passed, the amendment would vicariously amend another act which is not opened by Bill 135. It is not possible to do indirectly what cannot be done directly. I therefore rule this amendment out of order.

Mme France Gélinas: Can I ask for unanimous consent for us to consider this motion?

The Chair (Mr. Brian Riddell): Is there unanimous consent? No.

We'll now go to new section 15.3, 13.

Mme France Gélinas: Withdraw.

The Chair (Mr. Brian Riddell): Now 13.1.

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

"15.3 The act is amended by adding the following part:

"'Part VI.3

"'Adults in need of assistance

"'Definitions

"'47.12 In this part,

"'"adult" means an individual who is 16 years or older;

"'"board of health" has the same meaning as in the Health Protection and Promotion Act;

"'"regulated health professional" means a member of a college of a health profession or group of health professions established or continued under an act named in schedule 1 to the Regulated Health Professions Act, 1991.

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"'Duty to report adult in need of assistance

"'47.13(1) Despite the provisions of any other act, if a regulated health professional has a reasonable suspicion that an adult is being abused or neglected, the regulated health professional shall immediately report the suspicion and the information on which it is based to a board of health.

"'Ongoing duty to report

"'(2) A regulated health professional who has additional suspicions that an adult is being abused or neglected shall make a further report under subsection (1) even if the regulated health professional has made previous reports with respect to the same adult.

"'Report directly to board of health

"'(3) A regulated health professional who has a duty to report a matter under subsection (1) or (2) shall make the report directly to the board of health and shall not rely on any other person to report on the regulated health professional's behalf.

"'Duty to report under the Child, Youth and Family Services Act, 2017

"'(4) Nothing in this section affects the duty to report a suspicion under section 125 of the Child, Youth and Family Services Act, 2017, including, for greater certainty, in the case of a regulated health professional who may have made a report under this section or an employee of a board of health with knowledge of any information reported by a regulated health professional.

"'Offence

"'(5) A person who has a duty to report a matter under subsection (1) or (2) is guilty of an offence if,

"'(a) the person fails to report the suspicion under subsection (1) or (2); and

"'(b) the information on which the suspicion was based was obtained in the course of the person's professional or official duties.

"'Penalty

"'(6) A person convicted of an offence under subsection (5) is liable to a fine of not more than $5,000.

"'Section overrides privilege; protection from liability

"'(7) Subject to subsection (8), this section applies even if the information reported may be confidential or privileged, and no action for making the report shall be instituted against a regulated health professional who made the report unless the regulated health professional acts maliciously or without reasonable grounds for suspicion.

"'Solicitor-client privilege

"'(8) Nothing in this section abrogates any privilege that may exist between a lawyer and the lawyer's client.

"'Conflict

"'(9) This section prevails despite anything in the Personal Health Information Protection Act, 2004.

"'Board of health to assess and verify report

"'47.14 (1) A board of health that receives a report under section 2 that an adult is or may be being abused or neglected shall ensure that an assessment and verification of the reported information is carried out by an employee of the board of health or of another board of health.

"'Deadline

"'(2) The assessment and verification must be carried out within the following applicable deadline:

"'1. 48 hours, if the reported information suggests that the adult is in immediate need of assistance.

"'2. 72 hours, if the reported information suggests that the adult is in a vulnerable situation but may not be in immediate need of assistance.

"'3. 120 hours, in all other cases.

"'Protection from liability

"'(3) No action or other proceeding shall be instituted against an employee or officer of a board of health, acting in good faith, for an act done in the execution or intended execution of the duty imposed on the board of health by subsection (1) or for an alleged neglect or default of that duty.

"'Rights of entry

"'(4) Sections 41 to 43 of the Health Protection and Promotion Act apply with necessary modifications in respect of the assessment and verification of information.

"'Same

"'(5) For the purpose of subsection (4), subsection 41(2) of the Health Protection and Promotion Act is deemed to mention, as a purpose, carrying out the assessment and verifying the information.

"'Penalty for obstruction

"'(6) Any person who contravenes subsection 42(1) of the Health Protection and Promotion Act, as it applies by application of subsection (4), is guilty of an offence and, upon conviction, is liable to a fine of not more than $5,000.

"'Review team

"'47.15(1) Every board of health shall establish a review team that includes at least one legally qualified medical practitioner.

"'Chair

"'(2) The members of a review team shall choose a chair from among themselves.

"'Duty of team

"'(3) If an employee of a board of health verifies information reported under section 2, the employee of a board of health shall refer the matter to a review team, along with the employee's assessment.

"'Recommendations

"'(4) The review team or a panel of at least three of its members, designated by the chair, shall,

"'(a) review the case; and

"'(b) recommend to the board of health a support and assistance plan for the adult.

"'Incapable adult

"'(5) If the review team or panel of the review team has reason to believe that the adult may be incapable, the support and assistance plan shall include consultation with any substitute decision-maker of the adult and, if necessary in order to assist the adult, consultation with the Public Guardian and Trustee respecting the need to assess the adult's capacity or to make a court application to appoint a guardian of property or a guardian of the person.

"'Disclosure to team permitted

"'(6) Despite the provisions of any other act, a person may disclose to a review team or to any of its members information reasonably required for a review under subsection (4).

"'Section overrides privilege; protection from liability

"'(7) Subsection (6) applies although the information disclosed may be confidential or privileged and no action for disclosing the information shall be instituted against a person who acts in accordance with subsection (6), unless the person acts maliciously or without reasonable grounds.

"'Internal and public reporting

"'47.16(1) An employee of a board of health who receives a report under section 2 shall advise the board of health's medical officer of health that such a report has been received.

"'Same

"'(2) An employee of a board of health who carries out an assessment and verification of the reported information under section 3 shall report to the medical officer of health of the board of health as to whether or not the report has been referred to a review team.

"'Same

"'(3) The chair of a review team established under section 4 shall ensure that the outcome of each report referred to the review team is reported to the medical officer of health of the board of health.

"'Public information

"'(4) The medical officer of health of a board of health shall ensure that the following information is published on the website of the board of health for every six-month period:

"'1. The number of reports received by the board of health under this act and the number of those cases for which the information reported was verified.

"'2. A general description of the reasons for which the reports were made and the outcomes of the reports.

"'Same

"'(5) In publishing information under subsection (4), the board of health shall ensure that no personal information within the meaning of the Freedom of Information and Protection of Privacy Act is disclosed.'"

The Chair (Mr. Brian Riddell): This amendment is beyond the scope of the bill. If passed, the amendment would amend parts of the act that are not opened by Bill 135. I therefore rule the amendment out of order.

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Mme France Gélinas: Can I ask for unanimous consent to look at the motion?

The Chair (Mr. Brian Riddell): Do we have unanimous consent? No.

We'll now move to section 15.4, 14.

Mme France Gélinas: Withdraw.

The Chair (Mr. Brian Riddell): Motion 14.1.

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

"15.4 The act is amended by adding the following part:

"'Part VI.4

"'Training on Sexual and Gender Diversity

"'Interpretation

"'47.17 Expressions used in this part have the same meaning as in the Employment Standards Act, 2000, unless the context requires otherwise.

"'Employers—education

"'47.18(1) A home care employer shall take steps to educate its employees about sexual diversity and gender diversity, including about the importance of respecting sexual diversity and gender diversity within and outside of the workplace.

"'Same

"'(2) Education for supervisors or managers on the matters described in subsection (1) shall be integrated into the training the employee offers to employees in leadership positions.

"'Employers—policies and practices

"'47.19 An employer shall review its policies and practices, including policies and practices respecting human resources, communicating with employees, establishing expectations for workplace conduct and receiving and responding to complaints and requests for support, to assess whether the policies or practices require amendments for the purposes of,

"'(a) removing workplace barriers for members of the transgender, two-spirit, non-binary, intersex and gender diverse communities;

"'(b) making the workplace a healthy and non-discriminatory place for members of the transgender, two-spirit, non-binary, intersex and gender diverse communities;

"'(c) encouraging employees to report homophobic and transphobic discrimination in a way that will not negatively affect their job security or evaluations;

"'(d) ensuring that reported harassment will be investigated if the alleged victim consents to the investigation;

"'(e) ensuring that reported harassment is resolved through appropriate processes;

"'(f) confirming that any investigations and resolution processes will be carried out with the cooperation of any trade union that represents employees in the workplace; and

"'(g) implementing policies respecting leaves of absence to allow employees who are members of the transgender, two-spirit, non-binary, intersex and gender diverse communities to seek care for and recover from mental and physical health problems associated with living and working in environments that may be transphobic or homophobic.

"'Trade unions—education

"'47.20(1) A trade union shall take steps to educate its members about the rights of members of the transgender, two-spirit, non-binary, intersex and gender diverse communities in Ontario and Canada, including their rights at work.

"'Same, leadership

"'(2) A trade union shall ensure that training provided to persons in leadership roles, such as health and safety representatives and shop stewards, includes education about the rights of members of the transgender, two-spirit, non-binary, intersex and gender diverse communities in Ontario and Canada, including their rights at work.

"'Trade unions—policies and practices

"'47.21 A trade union shall review its policies and practices, including policies and practices respecting human resources, member engagement and communications, the handling of grievances, establishing expectations for conduct during union activities and receiving and responding to complaints and requests for support, to assess whether the policies or practices require amendments for the purposes of,

"'(a) removing barriers to participation for members of the transgender, two-spirit, non-binary, intersex and gender diverse communities;

"'(b) making the trade union a healthy and non-discriminatory place for members of the transgender, two-spirit, non-binary, intersex and gender diverse communities;

"'(c) ensuring that members who are part of the transgender, two-spirit, non-binary, intersex and gender diverse communities are appointed as liaisons to assist with the concerns of fellow members who are part of those communities;

"'(d) ensuring that workplace representatives are trained to support members facing homophobic, transphobic discrimination through investigations and resolution processes of their choosing; and

"'(e) ensuring that members who participate in collective bargaining processes are equipped to bargain for robust anti-harassment protections in collective agreements.'"

The Chair (Mr. Brian Riddell): This amendment is beyond the scope of the bill. Therefore, I rule the amendment out of order.

Mme France Gélinas: Can I ask for unanimous consent that we consider the motion?

The Chair (Mr. Brian Riddell): Can I get consent?

Interjection: No.

The Chair (Mr. Brian Riddell): Section 15.5, motion 15.

Mme France Gélinas: Withdraw.

The Chair (Mr. Brian Riddell): Motion 15.1.

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

"15.5 The act is amended by adding the following part:

"'Part VI.5

"'Healthcare staffing agencies

"'Definition

"'47.22 In this part,

"'"healthcare staffing agency" means an agency that provides workers to hospitals or long-term care homes for a fee.

"'Plan

"'47.23(1) Every home care provider in a municipality with a population of 8,000 or more shall develop a plan to limit its spending on healthcare staffing agencies in accordance with subsection (4).

"'Publicly available

"'(2) The plan referred to in subsection (1) shall be made publicly available.

"'Timeline for development

"'(3) The plan referred to in subsection (1) shall be developed no later than six months after the day this sec-

tion comes into force and shall be updated every six months thereafter.

"'Limitations on spending

"'The plan referred to in section (1) shall limit the spending of home care providers on healthcare staffing agencies as follows:

"'1. For a home care provider in a municipality with a population of 500,000'"—

The Chair (Mr. Brian Riddell): MPP Gélinas, can I get you to start on "Limitations on spending" and "(4)"? Reread that, please.

Mme France Gélinas: "'Limitations on spending

"'(4) The plan referred to in subsection (1) shall limit the spending of home care providers on healthcare staffing agencies as follows:

"'1. For a home care provider in a municipality with a population of 500,000 or more, the following:

"'i. After six months, spending on healthcare staffing agencies must be limited to 1 per cent of the home care provider's spending on staffing.

"'ii. After 12 months, spending on healthcare staffing agencies must be limited to 0.5 per cent of the home care provider's spending on staffing.

"'iii. After 24 months, the home care provider must no longer make use of healthcare staffing agencies.

"'2. For a home care provider in a municipality with a population of 100,000 to 499,999, the following:

"'i. After six months, spending on healthcare staffing agencies must be limited to 2 per cent of the home care provider's spending on staffing.

"'ii. After 12 months, spending on healthcare staffing agencies must be limited to 1 per cent of the home care provider's spending on staffing.

"'iii. After 24 months, the home care provider must no longer make use of healthcare staffing agencies.

"'3. For a home care provider in a municipality with a population of 8,000 to 99,999, the following:

"'i. After six months, spending on healthcare staffing agencies must be limited to 5 per cent of the home care provider's spending on staffing.

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"'ii. After 12 months, spending on healthcare staffing agencies must be limited to 3 per cent of the home care provider's spending on staffing.

"'iii. After 24 months, the home care provider must no longer make use of healthcare staffing agencies.

"'Other contents

"'(5) The plan shall include the following:

"'1. The amount that was expected to be spent on healthcare staffing agencies in the previous six months and the amount that was actually spent on healthcare staffing agencies during that period.

"'2. The amount that was spent on staffing, other than on healthcare staffing agencies, during the six-month period referred to in paragraph 1.

"'3. Measures to ensure patients receive safe, quality and humane care during the transition away from the use of healthcare staffing agencies.

"'Leadership

"'(6) The individual in charge of nursing care at the hospital or long-term care home shall have a leadership role in developing the plan.

"'New agencies

"'47.24 Any healthcare staffing agency established after the day this section comes into force shall operate as a not-for-profit within the meaning of the Not-for-Profit Corporations Act, 2010.

"'Oversight

"'47.25 If a healthcare staffing agency receives more than $400,000 in total from the government of Ontario or any of its transfer payments agencies, the healthcare staffing agency is subject to the following:

"'1. Oversight by the Auditor General.

"'2. Oversight by the Patient Ombudsman.

"'3. Oversight by the Ontario Ombudsman.

"'4. Oversight by the Integrity Commissioner.

"'5. Inclusion of its employees on the sunshine list.

"'Charges

"'47.26(1) A healthcare staffing agency shall not pay its workers assigned to a home care provider more than 10 per cent above the existing rate for the relevant profession.

"'Same

"'(2) Charges for transportation, accommodation and per diem for agency staff charged to home care providers shall be made public, paid directly to the agency staff worker and subject to any prescribed limits.

"'Poaching employees

"'47.27(1) A healthcare staffing agency shall not poach employees from the public healthcare system.

"'Offence

"'(2) Every healthcare staffing agency that violates subsection (1) is guilty of an offence and is liable on conviction of a fine not exceeding $1,000,000.

"'Fines

"'(3) Any fines collection in accordance with subsection (2) shall be used to fund hospitals and long-term care homes.

"'Assignment of employees

"'47.28 A healthcare staffing agency shall not assign a health care worker who is already employed by a hospital or long-term care home or who left this employment within the previous 12 months in the same or adjacent Ontario health team.

"'Regulations

"'47.29 The minister may make regulations prescribing limits to charges for the purposes of subsection 5 (2).'"

The Chair (Mr. Brian Riddell): This amendment is beyond the scope of the bill. I therefore rule the amendment out of order.

Mme France Gélinas: Can we ask for unanimous consent to consider it?

The Chair (Mr. Brian Riddell): Do we have consent?

Interjection: No.

The Chair (Mr. Brian Riddell): There are no amendments to sections 16 to 19. I therefore propose that we bundle these sections. Is there agreement? Is there any debate? Are members prepared to vote?

Shall sections 16 to 19, inclusive, carry?

Ayes

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

Nays

Brady, Gates, Gélinas, Shamji.

The Chair (Mr. Brian Riddell): I declare it passed.

We'll now go to new section 19.1, motion 16.

Mme France Gélinas: Withdraw.

The Chair (Mr. Brian Riddell): Motion 16.1.

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

"Fixing Long-Term Care Act, 2021

"19.1 Subsection 3(1) of the Fixing Long-Term Care Act, 2021 is amended by adding the following paragraph:

"'7.1 Every resident who requires care and is admitted to the home to receive that care has the right upon admission not to be separated from their spouse and to have appropriate accommodation made available for both spouses to live together in the home.'"

The Chair (Mr. Brian Riddell): This amendment is beyond the scope of the bill. If passed, the amendment would vicariously amend another act which is not opened by Bill 135. It's not possible to do indirectly what cannot be done directly. I therefore rule the amendment out of order.

Mme France Gélinas: Can I ask for unanimous consent that we consider?

The Chair (Mr. Brian Riddell): Consent?

Interjection: No.

The Chair (Mr. Brian Riddell): Shall section 20 carry? There are no amendments.

Ayes

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

Nays

Brady, Gates, Gélinas, Shamji.

The Chair (Mr. Brian Riddell): I declare it passed.

We'll now go to section 20.1, number 17.

Mme France Gélinas: Withdraw.

The Chair (Mr. Brian Riddell): Number 17.1.

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

"Occupational Health and Safety Act

"20.1(1) Section 32.0.2 of the Occupational Health and Safety Act is amended by adding the following subsection:

"'Hospitals and long-term care homes, public reporting

"'(3) An employer that is a hospital and an employer that is a long-term care home shall, at least once a month, publicly report on its website the number of incidents of workplace violence that took place at the hospital or the long-term care home, as the case may be, during the immediately preceding month.'

"(2) Section 32.0.6 of the act is amended by adding the following subsection:

"'Hospitals and long-term care homes, public reporting

"'(3) An employer that is a hospital and an employer that is a long-term care home shall, at least once a month, publicly report on its website the number of incidents of workplace harassment that took place at the hospital or the long-term care home, as the case may be, during the immediately preceding month.'

"(3) Subsection 50(1) of the act is repealed and the following substituted:

"'No discipline, dismissal or other forms of reprisal

"'(1) No person, including an employer, shall take a reprisal against a worker because the worker, in good faith,

"'(a) acts or has acted in compliance with this act or the regulations or an order made under this act;

"'(b) seeks or has sought advice about a possible contravention of this act or the regulations or the enforcement of this act or the regulations;

"'(c) seeks or has sought the enforcement of this act or the regulations;

"'(d) assists or has assisted with the activities of a joint health and safety committee or health and safety representative;

"'(e) seeks or has sought the establishment of a joint health and safety committee or the designation of a health and safety representative;

"'(f) performs or has performed the function of a joint health and safety committee member or occupational health and safety representative;

"'(g) refuses or has refused to perform an act or series of acts that the worker reasonably believes violate this act or the regulations;

"'(h) gives or has given information to a joint health and safety committee, a member of the joint health and safety committee, a health and safety representative, a trade union, an inspector or any other person responsible for the administration of this act or the regulations;

"'(i) makes a report of workplace violence or workplace harassment or a report of any other contravention of this act or the regulations to an employer, supervisor, joint health and safety committee or member of a joint health and safety committee, health and safety representative, trade union or inspector;

"'(j) participates in a workplace violence or workplace harassment investigation or in any other health and safety investigation;

"'(k) is about to testify or has testified or otherwise given evidence in a proceeding in respect of the enforcement of this act or the regulations or in an inquest under the Coroners Act; or

"'(l) provides information to the public or makes a disclosure or complaint to the public about workplace violence, workplace harassment or any other possible contravention of this act or the regulations.

"'Same

"'(1.1) For the purposes of subsection (1), a reprisal is any measure taken against a worker that adversely affects

the worker's employment, and includes, without limiting the generality of the foregoing,

"'(a) ending or threatening to end the worker's employment;

"'(b) demoting, disciplining or suspending, or threatening to demote, discipline or suspend, a worker;

"'(c) imposing or threatening to impose any penalty related to the worker's employment, including any penalty such as layoff, transfer, discontinuation or elimination of a job, change of a job location, reduction in wages or change in hours of work; or

"'(d) intimidating or coercing a worker in relation to the worker's employment.'"

The Chair (Mr. Brian Riddell): This amendment is beyond the scope of the bill. If passed, the amendment would vicariously amend another act, which is not opened by Bill 135. It is not possible to do indirectly what cannot be done directly. I therefore rule the amendment out of order.

Mme France Gélinas: Can I ask for unanimous consent to consider?

The Chair (Mr. Brian Riddell): Do we have consent?

Interjections: No.

Mr. Brian Riddell: There are no amendments to sections 21 to 31. I therefore propose that we bundle these sections together. Is there agreement? Is there any debate? Are members ready to vote?

Shall sections 21 to 31, inclusive, carry?

Ayes

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

Nays

Brady, Gates, Gélinas, Shamji.

The Chair (Mr. Brian Riddell): I declare it passed.

Shall the title of the bill carry?

Ayes

Barnes, Gates, Gélinas, Jordan, Leardi, Martin, Pierre, Quinn.

The Chair (Mr. Brian Riddell): Carried.

Shall Bill 135 carry?

Ayes

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

Nays

Brady, Gates, Gélinas, Shamji.

The Chair (Mr. Brian Riddell): Carried.

Shall I report the bill to the House?

Ayes

Barnes, Jordan, Leardi, Martin, Pierre, Quinn.

Nays

Brady, Gates, Gélinas, Shamji.

The Chair (Mr. Brian Riddell): Carried. That is it.

This concludes clause-by-clause consideration of Bill 135 and our business for today. Thank you, everyone. The committee is now adjourned.

The committee adjourned at 1754.

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