Legislative Assembly of Ontario

Assemblée législative de l'Ontario

Official Report of Debates (Hansard)

SP-45

Standing Committee on Social Policy

Advancing Oversight and Planning in Ontario's Health System Act, 2021

1st Session
42nd Parliament

Thursday 13 May 2021

Chair: Deepak Anand
Clerk: Tanzima Khan

Journal des débats (Hansard)

SP-45

Comité permanent de la politique sociale

Loi de 2021 visant à faire progresser la surveillance et la planification dans le cadre du système de santé de l'Ontario

1re session
42e législature

Jeudi 13 mai 2021

Président : Deepak Anand
Greffière : Tanzima Khan

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House Publications and Language Services
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111 Wellesley Street West, Queen's Park
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Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario

Service linguistique et des publications parlementaires
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

ISSN 1710-9477

CONTENTS

Thursday 13 May 2021

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON SOCIAL POLICY

COMITÉ PERMANENT DE LA POLITIQUE SOCIALE

Thursday 13 May 2021

Jeudi 13 mai 2021

The committee met at 0901 in committee room 1 and by video conference.

ADVANCING OVERSIGHT AND PLANNING IN ONTARIO'S HEALTH SYSTEM ACT, 2021

LOI DE 2021 VISANT À FAIRE PROGRESSER LA SURVEILLANCE ET LA PLANIFICATION DANS LE CADRE DU SYSTÈME DE SANTÉ DE L'ONTARIO

Consideration of the following bill:

Bill 283, An Act to amend and enact various Acts with respect to the health system / Projet de loi 283, Loi visant à modifier et à édicter diverses lois en ce qui concerne le système de santé.

The Chair (Mr. Deepak Anand): Good morning, everyone. The Standing Committee on Social Policy will now come to order. As you know, we are here for the public hearings on Bill 283, An Act to amend and enact various Acts with respect to the health system. The Clerk of the Committee has distributed today's meeting documents to you virtually, via SharePoint. If you have any concerns, please let us know.

As a reminder, the deadline for written submissions is 7 p.m. Eastern Daylight Time on Friday, May 14, 2021. Legislative research has been requested to provide committee members with a summary of oral presentations and written submissions as soon as possible, following the written submission deadline. The deadline for filing amendments for the bill is 5 p.m. on Monday the 17th, 2021.

We have been joined by staff from legislative research, Hansard, and broadcast and recording.

To make sure that everyone can understand what is going on, it is important that all participants speak slowly and clearly. Please wait until I recognize you before you start to speak.

We don't have any members present in the room, but we do have MPP Aris Babikian, MPP Amy Fee, MPP Joel Harden, MPP Belinda Karahalios, MPP Robin Martin, MPP Effie Triantafilopoulos; MPP Peggy Sattler is substituting, MPP John Fraser is here substituting, MPP Jane McKenna is substituting here, MPP Vijay Thanigasalam is here substituting. We do have MPP France Gélinas here with us, who will be joining us as a member and will not be participating in the vote.

Again, in order to ensure optimal sound quality, members participating via Zoom are encouraged to use headphones and/or microphones if possible.

Before I call the Honourable Christine Elliott, Minister of Health, at this point, does anyone have any questions before we begin? That silence means no, I guess, so we can proceed. Thank you so much.

MINISTRY OF HEALTH

The Chair (Mr. Deepak Anand): At this moment, I will call on the Honourable Minister of Health. Minister Christine Elliott, you will have 20 minutes for your presentation, 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, and two rounds of five minutes for the independent members as a group.

I will give reminders of the time remaining during the presentation and the questions, about a minute or two before it ends.

Before you begin, Minister, please state your name for Hansard at this time.

Hon. Christine Elliott: Christine Elliott, Minister of Health.

Thank you, Chair, and good morning, everyone. Today, it is my pleasure to speak with you on Bill 283, the Advancing Oversight and Planning in Ontario's Health System Act, 2021.

The health and well-being of all Ontarians is our government's top priority, and we continue to work with all our health system partners to strengthen our health workforce in response to the global COVID-19 pandemic.

COVID-19 has reinforced the importance of our government's efforts to build a better-integrated and connected health care system. While our government continues to focus on containing transmission of the virus and rolling out vaccines with our health system partners, we remain committed to building a truly patient-centred health care system. Now, more than ever, we know how important it is to build a modern, integrated health care system that better supports our heroic health care workers in order to provide Ontarians with the high-quality care they expect and deserve.

The Advancing Oversight and Planning in Ontario's Health System Act, 2021, is a part of our government's

coordinated plan to ensure the health and safety of all Ontarians, strengthen our health and supportive care workforce, enhance our data-driven COVID-19 response, and build a more connected health care system. The proposed bill recognizes the valuable role of personal support workers, physician assistants and behaviour analysts in providing health care across the province each day in addition to the ongoing work to fight COVID-19 and to keep our communities safe.

Our government continues to support the personal support workforce in caring for some of our most vulnerable by proposing oversight for personal support workers who register with the Health and Supportive Care Providers Oversight Authority. If passed, the legislation would establish a framework to bring greater uniformity in education and training qualifications for personal support workers and would help enhance their capacity to provide high-quality care services to vulnerable Ontarians.

Personal support workers play an increasingly vital role in our health system. They care for some of our most vulnerable Ontarians, including children, seniors and individuals with disabilities, by delivering a range of services in both home and community settings. There are more than 100,000 personal support workers in Ontario, making this the largest group of health care providers for which there is currently no legislated oversight. Education and training credentials of this workforce are inconsistent. There is no centralized system of information about personal support workers, which could make it more challenging for patients, families and employers to easily find and hire the appropriate personal support worker who can address their needs. Health sector groups have continued to voice their concerns that personal support workers' status as unregulated providers is a barrier to greater health system integration. An integrated, coordinated workforce is instrumental to our efforts to build a more effective health care system and improve the experiences of patients as well as providers.

Facilitating long-term workforce stability and growth for personal support workers in the health care and community services sector is a high priority. This includes putting in place the right oversight framework for these workers. In developing a new approach to the oversight of personal support workers, the province consulted with dozens of groups, including unions; community, employer and nursing associations; health regulatory colleges; and patient and family groups. If passed, we would continue to consult with these groups in establishing the new authority and would ensure front-line personal support workers are informed of and engaged in the changes that impact their profession.

The proposed legislation would establish a new legislated oversight framework that supports consistency in education, training and standards of practice for the province's personal support workforce, regardless of work setting or employment type. A new oversight body, called the Health and Supportive Care Providers Oversight Authority, would be established for the registration of specified professions, beginning with personal support workers. The authority would have defined roles, responsibilities and accountabilities set out in its governing legislation. Further details regarding the authority's mandate and operations would be set out in regulation following extensive consultation with the sector. This authority would not be a new agency of government but rather a stand-alone oversight body.

The oversight framework is intended to be less costly and onerous than the traditional health regulatory college model. It would be designed to recognize that the services being provided by personal support workers is of a lower risk in nature. Rather than more traditional professional regulatory models that are focused on defined profession-specific scopes of practice and protected professional titles, the proposed oversight model would enable the new authority to establish visual marks or other identifiers. These so-called quality marks would be used exclusively by the authority's registrants to denote their registration status to members of the public and their commitment to abide by the professional and ethical standards established by the authority. This new framework does not mean that there would be less oversight; it means smarter and more proportionate oversight.

0910

The proposed legislation would contain various elements that are necessary to establish the authority and its powers and accountabilities, and further details would be set out in regulations, as well as in the authority's own bylaws. For example, the proposed legislation sets out the authority's powers to register applicants, while the regulations would include details regarding the registration processes and criteria, as well as any grandparenting processes that may be necessary and appropriate. The details behind these elements are very important to stakeholders, who would be engaged throughout the development of the relevant regulations.

The proposed legislation would also contain important details relating to the French Language Services Act and the involvement of the Auditor General of Ontario and the Fairness Commissioner. First, the authority would be required to operate in accordance with the French Language Services Act. Second, there would be a role for the Auditor General of Ontario in conducting financial and value-for-money audits of the authority. Finally, the authority's registration practices would be subject to review by the Fairness Commissioner.

The authority would be required to have a public register of information concerning the registered personal support workers, therefore enabling employers to validate workers' credentials. It would also establish a code of ethics applicable to registered personal support workers. This would in turn ensure that Ontario's most vulnerable patients are receiving the highest quality of care.

The legislative framework is a significant step forward in our commitment to support the delivery of high-quality care, while also retaining, strengthening and building up our personal support workforce.

The regulation of physician assistants is another piece of this proposed bill. Regulating physician assistants as

new members of the College of Physicians and Surgeons of Ontario would better integrate physician assistants within Ontario's health care system and facilitate quality of care and patient safety. Physician assistants support physicians in a range of health care settings and work alongside physicians, nurses and other members of interprofessional health care teams to deliver care. Working under the supervision of physicians and surgeons, physician assistants perform a wide range of health care services, including taking patient histories, assisting in surgeries, ordering diagnostic testing and prescribing medication.

Physician assistants would be able to perform controlled acts under an order from a physician, or in accordance with a regulation made by the College of Physicians and Surgeons of Ontario. Physician assistants would be accountable to the College of Physicians and Surgeons of Ontario for the acts that they perform. The physician ordering those acts would remain accountable for the appropriateness of the order.

Another component of the proposed legislation is establishing regulatory oversight of behaviour analysts by regulating the profession of applied behaviour analysis as a new profession with the College of Psychologists of Ontario. If passed, the Psychology Act, 1991, would be repealed under the proposed legislation and replaced with a proposed Psychology and Applied Behaviour Analysis Act, 2021, to demonstrate that the college regulates two professions. The college would be renamed the College of Psychologists and Behaviour Analysts of Ontario and would regulate these two separate professions. The college would be governed by a slightly expanded council that would aim to provide equitable representation for each profession. The Ministry of Health's and the Ministry of Children, Community and Social Services' staff have worked collaboratively to bring forward this proposal, which has received support from the applied behaviour analysis community and the college.

Our government is committed to working collaboratively with all our health care partners to build a better-connected, integrated health care system that improves the experiences of patients as well as providers. This is especially critical as we work together in the fight against COVID-19 to protect the health, safety and well-being of all Ontarians. As we continue to take steps to modernize our health system, we are engaging with health care workers, leaders, organizations and experts as well as patients, families and caregivers so that we can improve Ontario's public health care system together. This is the approach we have used in developing this proposed legislation.

The final piece of the proposed legislation supports Ontario's vaccination rollout by requiring the timely reporting of COVID-19 vaccine-related data, including personal health information. The proposed legislation would also lay the groundwork for socio-demographic data to be disclosed to the ministry on a voluntary basis with a person's express consent. There is currently no legislation that requires the disclosure of COVID-19 immunization records for adults. This proposed act would require those who administer the COVID-19 vaccine to provide the Ministry of Health with COVID-19 vaccine-related data that has been voluntarily provided, including personal health information.

Importantly, this proposed act would enable the Ministry of Health to track how many Ontarians have received a COVID-19 vaccine. Collecting this data would help the province have a more complete picture of who is being vaccinated and would help the government better understand COVID-19 vaccine uptake across Ontario. This data would also better enable the government to describe the characteristics of the immunized population and to inform vaccination delivery communication and engagement strategies, including reminders to individuals if future booster doses or re-immunization is required. This data would also help to address any gaps in access to vaccinations and help support an equitable and effective rollout of the vaccine, especially for communities that are at risk and disproportionately impacted by the pandemic. It would help us ensure that we are reaching everyone who wants to be vaccinated so that we can defeat COVID-19. Refusing to provide this socio-demographic information would in no way affect vaccine eligibility, and every safeguard would be in place to protect the privacy of the information collected.

I want to emphasize that protecting patient privacy is a priority in these efforts. To support strong engagement with the Office of the Information and Privacy Commissioner on the proposed legislation, regulation and data governance framework, the Ministry of Health plans to propose a regulation to prescribe socio-demographic data as a type of information that would be disclosed to the ministry at a later time. The Ministry of Health would collect this personal health information under the authority of the Personal Health Information Protection Act, 2004, or PHIPA. The data would be collected and retained in the same way as other confidential personal health information. Any data collection, retention, use or disclosure would be in compliance with PHIPA.

Ontario is making tremendous progress in the fight against COVID-19, with over six million vaccine doses administered to date and over 50% of Ontario's adult population having received at least one dose of the vaccine. We are well on track to meet our goal of administering first doses to 65% of Ontarian adults by the end of May. But we're not out of the woods yet, and case counts still remain high. That is why our government continues to use every resource at our disposal to protect the health and safety of patients and practitioners. We continue to urge Ontarians to follow the public health measures that we know work and to sign up to book a vaccine appointment as soon as you are eligible. The light at the end of the tunnel grows brighter with every vaccine dose administered.

Our government is committed to building a connected, patient-centred health system. We are adding capacity and resources to the system, and we continue to ensure that our health care workforce is supported and able to work as an

integrated team to improve patient health outcomes. Throughout the pandemic, we have seen how important it is for health care providers to work as one coordinated team to deliver the high-quality care that all Ontarians expect and deserve, no matter their age or where they live.

0920

We have seen how better integrated care through Ontario health teams is helping the province respond more quickly and effectively to COVID-19. Ontario health teams are a way of delivering care that brings together health care providers and organizations to work as one coordinated team to improve patient outcomes, and our government started to implement this new collaborative model in late 2019.

The Ontario health team model has already proven how a collaborative team can support each other in times of need, such as when there is a significant outbreak at a long-term-care home. These teams were able to come together and respond quickly to address staffing shortages, implement infection protection and control measures, and help keep residents and staff safe. The strong partnerships between hospitals, primary care, home and community care and long-term-care homes that lie at the heart of Ontario health teams are creating a connected, patient-centred health care system that improves the experiences of both patients and providers.

Our government is firmly committed to supporting our health care workers and ensuring they have the resources and supports they need to provide the highest quality of care for their patients. The proposed bill is part of our government's coordinated plan to ensure the health and safety of all Ontarians, strengthen our health and supportive care workforce, enhance our data-driven COVID-19 response, and build a more connected, patient-centred health care system.

I would like, again, to express my sincere gratitude to personal support workers, physician assistants, behaviour analysts, and all our heroic front-line health care heroes—

The Chair (Mr. Deepak Anand): Two minutes.

Hon. Christine Elliott: —for the care they provide every day and for their courage and selflessness in the face of unprecedented challenges throughout the global COVID-19 pandemic. Thank you.

I would be happy to respond to any of your questions.

The Chair (Mr. Deepak Anand): Thank you so much.

At this time, I do see my colleague the MPP from Mississauga Centre. MPP Kusendova is here, so I would like to request MPP Kusendova to please confirm your name and please confirm that you're in Ontario, ma'am.

Ms. Natalia Kusendova: This is Natalia Kusendova, and I am indeed in Ontario.

The Chair (Mr. Deepak Anand): Thank you so much.

Now we will be moving over to the questions. We're starting with the opposition. You will have seven and a half minutes.

But before I do that—coincidentally, I was actually at the estimates committee yesterday and I had the opportunity to listen at the estimates committee. I must acknowledge and I actually would like to thank both the Minister of Health and Madame Gélinas for your continued support to Ontarians. It was a pleasure to hear from you yesterday, and it is a pleasure to hear from you today as well.

With that, Madame Gélinas, over to you.

M^me^ France Gélinas: Thank you so much, Minister, for this presentation on the bill.

I will start with the first section. You did mention that you want timely reporting of vaccinations, and then you started to talk about laying the groundwork for socio-demographic data.

How come we don't see in the bill clear direction for collecting race-based data when we know full well that the pandemic has not been as catastrophic for all Ontarians? Some communities within Ontario have been disproportionately affected by the pandemic, and I know that public health has had many talks about collecting race-based data. Some of them do and some health care agencies do. How come I don't see it in the bill? When will I see it?

Hon. Christine Elliott: We will be asking people to voluntarily provide that information. They aren't required to do that, and of course it's not going to have any impact on their eligibility to receive the vaccine. They will, of course, receive it.

We need some of the basic data, just the information about who you are and when and what type of vaccine you were provided with, because that might be relevant to the future should we need to do booster doses or re-vaccinations. We just don't know enough yet about the longer-term impacts of vaccination on the population.

We do want to collect the information that is contained in the bill on a voluntary basis. That is something that is going to really help us to understand better in the future about the person receiving it, so that there can be, perhaps, information collected on a larger scale about vaccine hesitancy in certain groups, about where people are. There may be geographic concerns. There may be other concerns. We think that's important information to collect, but of course it has to be on a voluntary basis.

M^me^ France Gélinas: But will the bill then act as your ministry issuing a directive to everybody who administers the vaccine to try to collect that information? Because I can guarantee you right now, there is no effort done to try to collect that data.

Hon. Christine Elliott: That's why we want to be able to collect that as soon as possible, so that it can happen when the person first signs up to receive the immunization, or it can sometimes happen at the time when they appear for their appointment. It's better if it's collected in advance, because we, of course, want to get as many needles into as many arms as possible, and that can sometimes take a little bit more time. So if it can be done in advance, that's great, but if not, it can be done at the time of the immunization.

M^me^ France Gélinas: But I'm interested as to the robustness of the bill we have in front of us. I don't see in the bill where the bill will mandate them to try. It just seems that you're laying the groundwork for this.

When will your ministry issue a directive to say, "You have to try, and you have to show us that you're trying"?

Hon. Christine Elliott: This will be something that will be required, should the bill be passed—that they will collect this information, or try to collect this information and ask the question. Of course, if a person does not want to provide it, they don't need to.

M^me^ France Gélinas: So what I'm getting from you, Minister, is that if the bill passes, then your ministry will ask everyone who administers the vaccine to try to collect that information. How will that be done? Will you have to issue a directive? Will it come from regulations from the bill? Where will it come from?

Hon. Christine Elliott: I would expect that it would come from the Chief Medical Officer of Health to the public health units, eventually. It would be by way of a directive. But it will be a requirement pursuant to the legislation.

M^me^ France Gélinas: Okay, so the Chief Medical Officer of Health to the health units—but then what happens to all of the pharmacies and the primary care? Are they also under the purview of the Chief Medical Officer of Health? I don't think so.

Hon. Christine Elliott: They are not, no. That would be something that would come from the ministry, from my office. It would be something that would be required by legislation, and they would be directed by the ministry to seek that information. Of course, they would also be advised that if a person does not choose to provide that information, they are not required to.

The Chair (Mr. Deepak Anand): Madame Gélinas, two minutes.

M^me^ France Gélinas: Okay. None of that is in the bill. You're telling me that after the bill passes, the Chief Medical Officer of Health still has to issue directives, your government still has to mandate pharmacies and all this to do this. So what does the bill do?

Hon. Christine Elliott: The bill establishes the requirement that this information be collected, voluntarily, of course, by the people who are providing the vaccines, whether it's done at the time of the initial appointment being made or whether it's done on-site. There will be a requirement for those questions to be asked, and then it will be up to the person receiving the vaccine whether they choose to provide this information or not.

M^me^ France Gélinas: And when we talk about socio-demographic data, is this data defined anywhere? Does it include income? What does it include?

0930

Hon. Christine Elliott: It will include household composition. It will include ethnicity, if people wish to provide it. It will include income, set out in blocks: "Do you fall into this category or this category" or whatever category. We want to understand who is receiving the vaccine and who's not receiving the vaccine. It will provide really important data on this vaccine rollout, but also for the future. As you're providing and planning health care, you need to have this information in order to be able to ensure that you include everyone and consider everyone's issues and concerns and make sure you have a message that you can provide to everyone—different languages, of course, but there are also some cultural issues you also need to consider. All of that is important if you're going to provide proper health care.

The Chair (Mr. Deepak Anand): That concludes the time for the official opposition.

Moving over to the government side: You have seven and a half minutes, and I will be reminding at two minutes before. Go ahead, MPP McKenna.

Ms. Jane McKenna: Chair, before I start, I see that MPP Harden has political posters behind him. Could I ask you to please have him remove them?

The Chair (Mr. Deepak Anand): Sure, MPP McKenna.

MPP Harden, respectfully, I would appreciate—we had this conversation earlier, in the previous meetings, as well. If you can kindly remove the posters around you. Thank you.

Mr. Joel Harden: Chair, in the past, I think objection was taken to this, which is just an orange poster talking about paid sick days. These are community items from our office that I've brought here—because I have two kids upstairs attempting to learn virtual school, who may need my help at any given moment. I'm wondering what the member's particular objection is to constituency office items. We try to keep it homey here so the community is reflected in the work we're trying to do, not just make—

Interjections.

The Chair (Mr. Deepak Anand): Okay, as per the advice, that conversation I had with my Clerk, MPP Harden, whenever we wear any logos or anything, or a T-shirt saying something, we either have to have unanimous consent or we have to remove it. So I would follow the same rule, and at this point, I would respectfully request you—

Interjection.

The Chair (Mr. Deepak Anand): Yes, absolutely, if you can remove this. For the other two, I don't officially see an objection, but to keep the neutrality, I would rather suggest not having them. But I will leave it to you to decide at this time. Again, it is always better if we have a neutral background so that we can concentrate on the topic that we are having today.

Thank you for removing what you have already removed.

MPP McKenna.

Ms. Jane McKenna: Thank you so much.

Minister, I want to thank you so much for all the hard work that you've done. I know this morning—I always stop and get my Timmy's and wait in the line to order my regular Tim Hortons. While I was in line, I had Shelley, who is a PSW—she wanted me to thank you for all that you've done since you've been the minister. She finally feels that she has the respect they all deserve. I did thank her very much for their tireless work and how they take care of our loved ones. We all know, especially you, what a wonderful role they play in Ontario. I was mentioning to her some of the things that we were going to be talking about this morning.

Maybe you could elaborate a bit on PSWs and bringing greater uniformity and education and training

qualifications to help to enhance their capacity to provide higher-quality care services.

Hon. Christine Elliott: Thank you very much for your question, MPP McKenna.

Our government continues to support the personal support workforce in caring for some of our most vulnerable by proposing oversight for personal support workers who register with the Health and Supportive Care Providers Oversight Authority. There are more than 100,000 personal support workers in Ontario, making this the largest group of health care workers for which there is currently no legislated oversight. Education and training credentials of this workforce is inconsistent. There is no centralized system of information about personal support workers, which can make it more challenging for patients, families and employers to easily find and hire appropriate personal support workers who can address their needs.

Health sector groups have continued to voice their concerns that personal support workers' status as unregulated providers is a barrier to greater health system integration. An integrated, coordinated workforce is instrumental to our efforts to build a more effective health care system and improve the experiences of patients and providers.

Facilitating long-term workforce stability and growth for personal support workers in the health care sector is a critical priority. This includes putting in place the right oversight framework for these workers.

The proposed legislation would establish a new legislative oversight framework that supports consistency in education, training and standards of practice for the province's personal support workforce, regardless of work setting or employment type. A new oversight body called the Health and Supportive Care Providers Oversight Authority would be established for the registration of specified professions, beginning with personal support workers. The authority would have defined roles, responsibilities and accountabilities set out in its governing legislation. Further details regarding the authority's mandate and operations would be set out in regulation following extensive consultation with the sector.

The authority would be required to have a public register of information concerning registered personal support workers, therefore enabling employers to validate workers' credentials.

It would also establish a code of ethics applicable to registered personal support workers. This would, in turn, ensure that Ontario's most vulnerable patients are receiving the highest quality of care.

The legislative framework is a significant step forward in our commitment to support the delivery of high-quality care while also strengthening, retaining and building up our personal support workforce.

The Chair (Mr. Deepak Anand): MPP Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: Good morning, Minister.

Hon. Christine Elliott: Good morning.

Ms. Effie J. Triantafilopoulos: We're all so very thankful for the kind and compassionate care that our PSWs give to residents in our long-term-care homes. During the COVID-19 pandemic, we saw that PSWs are the backbone of long-term care, and we definitely need more PSWs going into the profession. We know how tough their jobs are and that there is always a high risk of overwork and burnout.

So, in addition to the oversight model established in this legislation, can you tell us what else the government is doing to support PSWs, and to address the retention issue and create an appreciation for they work that they do?

Hon. Christine Elliott: Thank you, MPP Triantafilopoulos. I appreciate the question.

To start, we are supporting personal support workers and direct support workers in the home and community care, long-term-care, public hospitals and social services sectors by investing $461 million to temporarily enhance wages. This investment will help the province attract and retain the workforce needed to care for patients, clients and residents in response to the COVID-19 pandemic.

The province recently extended the wage enhancement until June 30, 2021, for personal support workers and direct support workers in publicly funded home and community care, long-term care, public hospitals and the social services sector. This is part of a strategy to recruit and retain more personal support workers to meet the needs of Ontarians. This is just one of many measures to support personal support workers.

For example, in December 2020, we launched A Better Place to Live, a Better Place to Work: Ontario's Long-Term Care Staffing Plan, which will increase direct care provided to residents, and includes a focus on improving working conditions and supporting ongoing staff development for personal support workers and other staff in long-term-care homes.

0940

The Chair (Mr. Deepak Anand): One minute.

Hon. Christine Elliott: We're also investing up to $1.9 billion annually by 2024-25 to create more than 27,000 new positions for personal support workers, registered nurses and registered practical nurses in long-term care to meet the direct care commitment and, in addition, providing a 20% increase in direct care time administered by other health professionals such as physiotherapists and social workers. These investments will help train 16,000 new personal support workers across Ontario in the next year.

The Chair (Mr. Deepak Anand): We still have 25 seconds, if you want to take any more time. If not, then we can move over to the official opposition.

Interjection.

The Chair (Mr. Deepak Anand): Oh, my apologies. Thank you for the reminder. That's why we have Tanzima here. We will be moving over to the independents for five minutes first.

MPP Karahalios, if you would like to ask, please feel free to go ahead.

Mrs. Belinda C. Karahalios: No questions at this time, Chair.

The Chair (Mr. Deepak Anand): In that event, I will be moving over to MPP Harden.

MPP Harden, you have seven a half minutes, and I'll try to remind you a minute or two earlier than the time finishes.

Mr. Joel Harden: Thank you, Minister, for being here this morning to talk about this bill with us.

I have a few questions, informed from the perspective of health practitioners. I'm glad you mentioned they are our heroes and have been on the front lines for us throughout this whole pandemic.

I want to focus most of my questions this morning on personal support workers. But it is nurses week this week, and I just want to note for the record and for your benefit that I have been receiving a lot of complaints from nurses around the 1% cap on salaries for this year, given how hard some of them are working—so just a nod that what they were hoping to see in this legislation is walking back some of your government's previous work under Bill 124 to cap public sector salaries, which has impacted nurses, many of them who have been lights-out this week. I'm just giving them a voice here so you know what we're hearing in our community office—nurses in Ottawa Centre and around the province who would really like to see some movement so they are not discriminated against relative to other first responders, other people who are putting themselves in harm's way.

Having said that, I also want to focus a little bit on the registry that you're proposing in this bill for personal support workers. I have heard from a number of front-line personal support workers and care attendants who work with people with disabilities that a big issue for them is title protection.

As I understand it—and we're going to be hearing from subject-matter experts later today—there are over 40 designations for personal support work right now in the sector, and what advocates have told me is that actually leads to the degradation of standards for them. Some people I've spoken to are trained dementia care personal support workers and take on a considerable amount of expertise and hours to provide care, which is potentially very dangerous for themselves and for patients.

What we learned in the LTC commission report recently is that some residents died not from COVID-19, but in fact from neglect that was brought on by inappropriate feeding and dehydration.

So I really would like to hear a rationale from you, Minister, about why we aren't seeing, with this bill, a proper, title-protecting registered authority for the personal support work profession—that I personally consider to be as skilled as any other front-line health care worker. It certainly seems to be what people are asking for. I'm wondering where you are on that. Why have we gone with a voluntary registry instead of a regulatory college that would ensure title protection and classification protection for personal support workers?

Hon. Christine Elliott: Thank you very much for your question, MPP Harden.

There was a lot of consultation that took place before this model was decided upon, and because it was a lower level of risk involved in the work that most personal support workers provide, it was deemed that we didn't need the college model to be used, such as we have for doctors and nurses.

We also wanted to keep it affordable, recognizing that people who work as personal support workers don't make the same salaries relative to doctors and nurses. We wanted to make it affordable, so this would be a model where the government would start off the authority and then, ultimately, it would be assumed by the members in the same way as happened with midwives.

We wanted to make sure that this was going to be providing the authority and recognition of personal support workers as a professional organization that required—and we heard from many people who asked for this regulation. But again, we wanted to recognize the risk involved and recognize the cost involved, as well, moving forward.

So we took all of those concerns into consideration when we came forward with this model which is now before us in the legislation.

Mr. Joel Harden: Thank you for that response, Minister.

What I will respectfully say is that personal support work is one of the riskiest professions of which I'm aware. Certainly, that's one of my big take-aways from the LTC commission report.

It's about 10 o'clock in the morning now, Eastern Standard Time, and what I know is that about two hours ago, there were thousands of PSWs coming off a night shift somewhere in a long-term-care home; perhaps many were visiting people in their home.

I have been contacted, Minister, and I'm sure you have too, by personal support workers who are working on floors with a 1-to-30 ratio, a 1-PSW-to-30-residents ratio. All of those residents often have needs, often acute, high-acuity needs.

I would submit to you that that is not a persuasive argument and that there is a high level of risk in this profession. I think it's why we respect personal support workers so much. They put themselves, as the LTC commission report said very clearly, in harm's way.

To note the other very valid point you raised about their low salaries: That's something your government could accomplish immediately. What I would suggest to you, and I'd like to know what you think about this—the sunsetting of the pandemic pay, which you noted in your presentation, is in June 2021: Why not move forward to make the pandemic pay boost permanent across the entire personal support work profession, whether they work in community or in long-term care, so personal support workers could actually earn salaries that would allow them to contribute to a proper regulatory college that acknowledged how skilled this profession is, how risky the work often is—

The Chair (Mr. Deepak Anand): Two minutes.

Mr. Joel Harden: —and would provide actual job protection, title protection? That's what I'm hearing from rank-and-file PSWs, Minister. I'm wondering what you think about that.

Hon. Christine Elliott: Well, I can certainly agree with you that I respect the work PSWs do in long-term care, in home care and in hospitals, as well. They are often, especially in the home, the pivot point. They are the ones who are the holders of the information, because they get to know the families so well and they get to know the other providers. So I respect the work that they do very much, and we do see them as a valued profession within our health care system.

In terms of the pay increase that has been made available to June 30, that is certainly an element that we are looking at. We're looking at other issues related to personal support workers, to make sure that they are able to stay in the profession. I'm sure you're well aware, as well, that we are graduating thousands of personal support workers every year, but many of them leave within the first year because it's not the job they expected it to be—

Mr. Joel Harden: A 60% turnover rate here in Ottawa—60%.

Hon. Christine Elliott: It's very high. We want people to stay and be able to—in some cases, not everyone—grow from that role. So I think we need to look at the training of them, the—

Mr. Joel Harden: A pay boost, Minister, on a permanent basis, would help. And I would submit to you that discussing this work as low-level risk doesn't help. I would like to see the pandemic pay increase your government has funded be permanent. I would certainly like to see a proper regulatory college with title protection in your bill.

Frankly, I'd also like companies like Bayshore, ParaMed and CarePartners to stop billing the taxpayer—

The Chair (Mr. Deepak Anand): Thank you, MPP Harden. That completes your time allocated.

At this time, I do see, from the government side, MPP Babikian. MPP Babikian, go ahead, sir. You have seven and a half minutes, and I will be reminding you a minute or two before the time ends.

Mr. Aris Babikian: Good morning, Minister. Thank you very much to you and your team for the work you're doing.

As everyone knows, this pandemic is not something that only Ontario and Canada are suffering and trying to deal with, but that the entire globe is trying to deal with, and I don't think any single person or institution has the silver bullet to address all these issues related to the pandemic.

0950

Having said that, I would like to extend my personal appreciation on behalf of the residents of Scarborough for the hard work that you have done with the team to secure more vaccines for Scarborough—as you know, Scarborough is a hot spot—and the other hot spots. Yesterday, I was in a congregate home. The mobile team was there, and the residents asked me to give you their appreciation and thankfulness for the work providing vaccines to them.

Having said all this, Minister, you mentioned that COVID-19 vaccine administrators have been collecting, voluntarily, socio-demographic information, with a person's express consent, for the vaccine rollout since early March. Can you tell us more about this program and why it is only being legislated now?

Hon. Christine Elliott: Thank you very much, MPP Babikian, for your question.

Individuals who receive the COVID-19 vaccine are asked to share information such as name, date of birth, sex, full address and phone number. These are important to have on record in order to track who receives the vaccine and if or when a subsequent dose should be re-administered. Ontarians are also being asked to voluntarily share socio-demographic information such as race, ethnic origin, childhood language, official language most comfortable with, total household income, and household size. Collecting this data will help the province have a more complete picture of who is being vaccinated and how to ensure a more equitable and efficient vaccine rollout across the province.

Currently, there is no legislation in place that requires vaccinators to disclose COVID-19 immunization records to the Ministry of Health. Since this information is needed for the ministry to administer the COVID-19 vaccination program, on a short-term basis the ministry has entered into agreements with vaccinators under which this information is disclosed. Given the scale of the vaccine rollout, this is unsustainable. This legislation would mean that agreements for this purpose would no longer be required.

I do want to emphasize, though, that protecting patient privacy is a priority in these efforts. To support strong engagement with the Office of the Information and Privacy Commissioner on the proposed legislation, regulation and data governance framework, the Ministry of Health plans to propose a regulation to prescribe socio-demographic data as a type of information that would be disclosed to the ministry at a later date. The data would be collected and retained in the same way as other confidential personal health information. Any data collection, retention, use or disclosure would be in compliance with the Personal Health Information Protection Act.

Thank you very much for your question.

The Chair (Mr. Deepak Anand): MPP Kusendova, go ahead.

Ms. Natalia Kusendova: Good morning, Minister. Good morning, colleagues. Happy Nursing Week to everyone, and also happy Police Week in Ontario.

Minister, I think this is a very important piece of legislation, and it's based on what we've been hearing for the last three years from the various providers, especially PSWs I work with in the [*inaudible*]. They've been asking for greater respect and for professionalizing the profession. Frankly, this is what this legislation is doing.

I want to ask you a question with regard to physician assistants. Coming from a nursing perspective, we do work with physician assistants in the emergency room, and we also have nurse practitioners. There is a little bit of overlap between the two roles. Can you explain how the regulation of physician assistants, which is another important aspect of this bill, will help us actually differentiate between the scope of the nurse practitioners and the

physician assistants, and how having them as new members of the College of Physicians and Surgeons of Ontario will better integrate physician assistants within Ontario's health care system and facilitate quality of care and patient safety? Can you expand upon how this integration would work?

Hon. Christine Elliott: Thank you, MPP Kusendova, for this question, and happy Nursing Week to you as well.

Physician assistants support physicians in a range of health care settings and work alongside physicians, nurses and other members of interprofessional health care teams to deliver care. Working under the supervision of physicians and surgeons, physician assistants perform a wide range of health care services, including taking patient histories, assisting in surgery, ordering diagnostic testing and prescribing medication.

The Chair (Mr. Deepak Anand): Two minutes.

Hon. Christine Elliott: Physician assistants would be able to perform controlled acts under an order from a physician or in accordance with a regulation made by the College of Physicians and Surgeons of Ontario. Physician assistants would be accountable to the College of Physicians and Surgeons of Ontario for the acts that they perform. The physician ordering those acts would remain accountable for the appropriateness of the order.

Our government is committed to working collaboratively with all our health care partners to build a better-connected, integrated health care system. It improves the experiences of patients as well as providers.

The Chair (Mr. Deepak Anand): We have about a minute. MPP Martin.

Mrs. Robin Martin: Thank you, Minister. One of the things we're doing in this legislation is the regulation of behaviour analysts as a new profession under the College of Psychologists. I have a child who's on the spectrum—well, not a child anymore. I've heard from a number of people who have children on the spectrum about how difficult this is for them. I'm just wondering if you could help us with why this is important to families—to have this regulation of ABA analysts.

Hon. Christine Elliott: Thank you very much for your question, MPP Martin.

As you've mentioned, another component of the proposed legislation is establishing regulatory oversight of behaviour analysts by regulating the profession of applied behaviour analysis as a new profession with the College of Psychologists of Ontario. If passed, the Psychology Act would be repealed under the proposed legislation—

The Chair (Mr. Deepak Anand): Thank you, Minister. That concludes the time allocated to the government side. We don't have the independent members at this time.

Considering that, I would like to say thank you, Minister Elliott, for your presentation.

As a reminder to the committee members, we will be moving to committee room 151 for the afternoon portion of today's meeting. If you are joining through Zoom, your Zoom will be in room 151, but if you're joining in-person, that is room 151, again.

Please remember to join the virtual meeting using the same link for this afternoon as was sent to you by the Clerk. Just to confirm, is it going to be the same Zoom link?

The Clerk of the Committee (Ms. Tanzima Khan): It's not the same link. It's a new link, but we sent it out earlier. I will send it out again.

The Chair (Mr. Deepak Anand): That is important to know. Please note that there will be a separate, new Zoom link which we will be sending again. Please use that. If there is any concern, you can always call the Clerk.

At this time, I would like to say thank you for your participation and thank you for being here. This committee is now recessed until 1 p.m.

The committee recessed from 0958 to 1300 and resumed in room 151 and by video conference.

The Chair (Mr. Deepak Anand): Good afternoon, everyone. The Standing Committee on Social Policy will now come to order. I hope you didn't have any challenges in finding the new link. We are in a new room right now. We will resume public hearings on Bill 283, An Act to amend and enact various Acts with respect to the health system.

Before we do that, to those who are celebrating, and including some of my friends out here in the room, I want to say Eid Mubarak on the record.

We'll begin with our first group of presenters. Each presenter will have seven minutes for their presentation, for a total of 21 minutes, and the remaining 39 minutes of the time slot will be questions from members of the committee. This time for questions will be broken down into two rounds of seven and a half minutes for the government, two rounds of seven and a half minutes for the official opposition, and two rounds of four and a half minutes for the independent members as a group. Are there any questions at this time?

I do see member MPP Logan Kanapathi joined us. Respectfully, I would like to ask MPP Kanapathi to confirm your name and please confirm you are in Ontario, sir. MPP Kanapathi, can you hear me, sir?

I see MPP Fee right next to MPP Kanapathi. MPP Fee, can you just knock MPP Kanapathi's screen? I guess not. Send a text.

Okay. We can start.

UNIFOR
PEDORTHIC ASSOCIATION OF CANADA
CANADIAN ASSOCIATION OF PHYSICIAN ASSISTANTS

The Chair (Mr. Deepak Anand): I do see we have members from Unifor. At this point in time, I would like to call on the members from Unifor. You have seven minutes for your presentation. Please state your name for Hansard, and you may begin now.

Ms. Naureen Rizvi: Good afternoon. Unifor welcomes the opportunity to share our views with the committee regarding the proposed Bill 283, so we thank you for the invitation to appear. I'm Naureen Rizvi. I'm the Ontario

regional director for Unifor, elected to represent the interests of our members here in provincial matters. We have about 168,000 members right here in Ontario. I'm joined today by our health care director, Andy Savela, and our health care researcher, Mike Yam, who work closely with our members in the sector. They'll be participating in the Q&A portion.

Unifor is Canada's largest private sector union, with 315,000 members working in virtually all sectors of our economy. Over half of our members live and work right here in Ontario, making Unifor one of this province's largest and most important trade unions. Despite our footprint in various private industries, Unifor represents a significant number of workers in public services, including the health care sector. We represent more than 26,000 health care workers in Ontario who work in hospitals, long-term-care homes, retirement homes, ambulance services, home care and health clinics.

I would like to speak to a part of this bill that would create a new regulatory authority for personal support workers through the Health and Supportive Care Providers Oversight Authority Act.

Bill 283 has been tabled during an unprecedented time, when our health care system and health care workers have been stretched to the limit. We have tragically lost so many Ontarians to COVID-19, including several health care workers who had been on the front lines. I must acknowledge the tireless work that PSWs across the province have been doing throughout the pandemic. PSWs, like our other health care workers, have been putting their lives on the line in order to take care of our seniors in long-term-care homes and retirement homes, provide care for vulnerable communities in assisted living settings or in their own homes, and provide health care for COVID-19-infected people in our hospitals.

Unifor and its PSW members have several concerns regarding Bill 283, a piece of legislation that seems to raise more questions than answers.

First, the legislation outlines a procedure for complaints and investigations. This proposed regulatory authority would have broad investigative powers for complaints against a PSW. This includes determining if a registrant has breached the prescribed code of ethics that would be determined by regulation. It is unclear how this complaints process will interact with provisions in collective agreements between unions and employers as they relate to discipline. The authority would appear to add an unnecessary additional layer of accountability. We know PSWs regularly work in situations where they are understaffed or work short, which could present opportunities for undeserved complaints. Could this lead to potential abuse of the complaints process; would this disciplinary process supersede rights afforded to PSWs who are already covered by a collective agreement; and will privacy be protected for PSWs during and after an investigation? These are all some great concerns for us.

Second, what will the cost be for PSWs to register with the authority? Any registration fees would be a financial burden for PSWs, who are typically low-paid in most areas of the health care sector. We've seen numerous reports over this past year that have overwhelmingly concluded that PSWs are underpaid, and low compensation has been one of the biggest factors behind the current staffing crisis.

Third, registration with the authority would be voluntary, according to the legislation. However, what would be the implications for working PSWs who choose not to register? Will non-registered PSWs be treated differently by employers? Will employers make registration with the authority a condition of employment? Will there be any differential treatment or penalties for PSWs who do not want to register with the authority?

Fourth, there is no clear criteria for appointing the board of directors and CEO for the proposed authority. Board appointments would be made by this government, but there's a lack of accountability for selecting these members who would also appoint the authority's CEO. Unifor has raised concerns in the past about appointments made by this government to various health-care-related groups and commissions.

As you can see, Unifor has many questions about the intention of this authority and the powers that it will have.

For all of the reasons previously mentioned, we are very concerned about the repercussions for PSWs under this proposed authority. There are still a lot of details that we do not know and that will not be clear until we see regulations.

We also urge you to examine the structure that was recently proposed in Nova Scotia for continuing care assistants, the equivalent of PSWs in Ontario. Unlike Ontario, the proposed legislation does not establish a regulatory authority or oversight mechanisms for complaints or discipline, but rather, it is proposing to establish a registry of which the function is to collect data and track the CCA workforce for government-planning initiatives. The legislation also does not include the ability for any authority to charge a fee to CCAs for the registration or for fees to be set in regulation.

Finally, I would like to raise the concern that we have with the Ontario Personal Support Worker Association, an organization that has been applauded and supported [*inaudible*]. OPSWA purports to represent thousands of PSWs, but there is no proof of this claim. OPSWA is run by Miranda Ferrier and a self-appointed board of directors that is not accountable to the membership. Unifor has already voiced their opposition to this appointment to the long-term Staffing Supply Accelerator Group. OPSWA does not have any real credentials or authority to be involved with any government initiative; this includes involvement with any potential regulatory authority or registry in its current partnership with HealthForceOntario for a program that certifies internationally trained nurses to work as PSWs in Ontario. Unifor urges this government to distance itself from this sham organization that has been profiting from misinformed PSWs and through this government's pilot project.

Once again, I thank you for your interest in our views. All three of us, Andy, myself and Mike, welcome your questions and comments.

The Chair (Mr. Deepak Anand): Thank you so much. I do see we have Pedorthic Association of Canada. Can you kindly say your name for the Hansard? You have seven minutes for the presentation.

1310

Mr. Jonathan Strauss: My name is Jonathan Strauss. I am the CEO of the Pedorthic Association of Canada. I want to thank the committee for the opportunity to speak today to Bill 283.

Pedorthists are specialized health care professionals trained in the assessment of lower limb function. We employ our findings to design, manufacture, fit, adjust, maintain and dispense custom foot orthotics, off-loading devices and other related medical devices. Pedorthists have a national college, the College of Pedorthics of Canada, fashioned after Ontario's professional health colleges, which sets out our professional standards. Our members work in clinics, hospitals and care teams that include surgeons and primary care practitioners. Our patients include those with serious and chronic conditions, including diabetes and Charcot-Marie-Tooth disease.

Yet pedorthists, like many other health care professionals, including athletic therapists and prosthetists, are not recognized as regulated health professionals under Ontario legislation. Because of this, we don't have title protection, meaning that anyone can use our professional title without the training, skills and knowledge required by our national college. Lack of both title protection and regulation enables insurance fraud. It discourages the ability for our members to be accountable for authorizing their own treatment plans or for them to be recognized as legitimate authorizers on insurance claims for the very products and services they have designed and fit.

Title protection is a provincial legislative tool. Our national college cannot pursue it federally, nor impose it. Without protecting a title, the public cannot be properly and transparently protected. To date, every health profession regulated in Ontario has title protection.

We have advocated for years to be included in the provincial regulation and to have our titles protected in legislation. This has been complicated by the fact that the province has had a moratorium on creating new professional health colleges, the one vehicle that Ontario has used to provide oversight and title protection.

Given that, we have suggested a simpler route to solving the problem. The easiest fix was to simply create title protection for our profession and others that are currently not regulated.

Title protection legislation had been created by the Bill Davis government for engineering technologists and, most recently, by the Ford government for financial planners.

I would now like to speak to Bill 283 and its relevance to our issue. When we were made aware of Bill 283 to create an umbrella authority to oversee a profession not currently regulated—the personal support worker—we were pleased to see some movement towards an interest in regulating unregulated health professionals. And we wondered if this authority might be a solution to address our repeated requests for title protection.

In reading over the provisions of the proposed Bill 283, we noted that in its current state, it does not provide for mandatory registration, nor title protection. In our view, these two things are essential for public protection—and that is transparent and easy for the public to understand.

We therefore suggest a few critical amendments that would allow the authority to address regulation not just for PSWs but for other more structured professions as well: a provision for mandatory membership for professions, with more structure and consistency of training and standards; and a provision for title protection. The reference to a visual quality mark or logo does not have the teeth that title protection has. It is not practical for patients to be expected to conduct investigation into what logo a provider might be using on a business card or whether they are being used legitimately. A registry is also a very poor substitute for title protection as it places the onus on the patient to seek out whether a provider is registered and if that registration is current or out of date.

Without title protection, a provider with serious failings can continue to practise using the title of that profession. This is not transparent to the public and therefore does not protect it. A provision for title protection must be included in the bill.

If the authority is not intended to oversee non-regulated health professions other than PSWs, we are asking that the government immediately grant title protection to our profession and possibly to other non-regulated health professions. As mentioned already, this government has granted title protection to financial planners. There is no reason why the public should have less protection when dealing with health professions excluded from the Regulated Health Professions Act, the RHPA, than they do with financial planners.

In closing, this authority signals a first step toward regulating non-regulated health professions in Ontario. After decades of inertia, it's a welcome move. However, the registry's voluntary sign-up and lack of title protection means that this authority cannot be used to include the many non-regulated professions seeking to be included unless the legislation is amended. We're asking for these amendments to be made or for government to grant title protection to our profession and others.

I want to thank you for your time today.

The Chair (Mr. Deepak Anand): Thank you so much. We appreciate it.

We do have members from the Canadian Association of Physician Assistants. Please go ahead. You have seven minutes. I would appreciate it if you can state your name for Hansard. Thank you so much.

Ms. Leslie St. Jacques: My name is Leslie St. Jacques. I'm president of the Canadian Association of Physician Assistants. I have my colleague Sahand Ensafi, the Ontario director for CAPA, who will also present with me. We'll be sharing our time.

Thank you so much, Mr. Chair, for the opportunity to speak today. We'd also like to extend our gratitude to the Ontario government and the Minister of Health for

recognizing the valuable contribution of physician assistants and the need for regulation.

I'm calling in from my office at the ICU at Toronto Western Hospital, where I work as a physician assistant in neurosurgery and am the co-lead for PAs at UHN.

Bill 283, the amendment to the Medicine Act, is a welcome yet long-awaited announcement. Regulation of health professionals is at its core about public safety, ensuring that health professionals provide competent, ethical care.

The introduction of physician assistants into our medical system in Ontario began in 2006. At this time, we have over 700 PAs working across Canada, with more than 500 of them in Ontario. Since our Canadian physician assistant education programs have been training physician assistants in the medical model, we've had 975 graduates.

Physician assistants may provide care in all medical settings, including family doctors' offices, long-term care, emergency departments, surgical specialties and oncology. PAs are working on the front lines every day. Many PAs have joined COVID-19 teams in ICUs and are also caring for COVID-19 patients on the wards. They're assessing and treating patients in emergency departments, and they continue to maintain virtual clinics or in-person clinics to ensure ongoing care.

We've reduced wait times at family doctors' offices, allowing for more same-day appointments to be offered. In the emergency department, patients are seen more quickly, reducing the number of people who leave without being seen. We also improve access to care in rural and remote communities. When we assist in surgery and in perioperative care, we provide consistency and improve flow through the hospital, and we also act as a contact for patients after they've gone home.

Increasing access to high-quality care is what physician assistants do. Regulation will create efficiencies and improve safety for the people of Ontario, supporting accountability and a standard of excellence in medical care, and making sure that the title of physician assistant is meaningful and used only by those who hold the appropriate degree and uphold the high standards set by and for our profession. Regulation also provides assurance to our colleagues and patients and promotes integration within the health care system.

It is my pleasure now to share the floor with CAPA's Ontario director, Sahand Ensafi.

Mr. Sahand Ensafi: Thank you, Leslie.

Mr. Chair and committee members, my name is Sahand Ensafi. In addition to my role as the Ontario director for CAPA, I work as a physician assistant in the emergency department alongside Leslie, who also works at the University Health Network. I'm also actively involved as a PA educator at the McMaster University and the University of Toronto PA programs.

I would like to echo Leslie's remarks. Although the introduction of Bill 283 and the amendment to the Medicine Act, 1991, is welcome, it is long overdue. Physician assistants have been serving Ontarians for approximately 15 years, and in this time we've had an excellent track record as a profession. In addition to delivering high-quality patient care, research shows that including PAs as part of the collaborative health care team improves efficiency and delivers higher levels of service to patients, all while reducing costs for the health care system.

Here in Ontario, physician assistants are currently functioning through the delegation of controlled acts, and particularly via the use of medical directives, which is essentially an outline of the PA's scope of practice, or, simply, the things that we can and cannot do. Unfortunately, it is quite a lengthy process to create medical directives for PAs, given our broad and variable scope of practice, and the development and implementation of directives often acts as a barrier to PA utilization and integration. Regulation will allow PAs the ability to be able to practise without these complex medical directives, as it will provide role clarity and guidance, allowing us to work to our full scope of practice and, as Leslie mentioned, ultimately allowing for better integration of PAs into our system when working with other health care providers.

1320

For example, currently, physician assistants working in acute care, including myself, are unable to speak to poison control, because their staff are unable to speak to unregulated health care providers when providing guidance on how to manage a patient with a toxicological emergency. PAs who are trained to extend the services of the physicians with whom they work are also currently unable to sign outpatient prescriptions. These are prescriptions for the same medications that the PA may determine are needed to treat a patient's underlying medical issue, and the same medications that we can prescribe via our medical directives in the hospital. Many PAs have also expressed frustration when assessing and examining a patient after a workplace injury—and their subsequent inability to sign any legal or government forms due to the lack of regulation.

These examples all impact patient care by limiting physician assistants from performing the very tasks that they have been trained and deemed competent to perform. Furthermore, these are only a few of the very many examples of how a lack of regulation acts as a hindrance to providing optimal patient care.

Undoubtedly, regulation will help break down barriers and will provide physician assistants with more credibility amongst our colleagues in the health care system. Most importantly, however, there is a tremendous benefit for patients and for government in regulating PAs, as it will ensure that we as medical professionals are being held to the highest of standards, and that PAs, who perform many of the same tasks as the physicians with whom they work, are practising safely and effectively.

The Chair (Mr. Deepak Anand): One minute.

Mr. Sahand Ensafi: We look forward to moving through this process quickly, establishing a timeline and finalizing the details of regulation with the College of Physicians and Surgeons of Ontario that maintains and

optimizes our scope of practice so that we as a profession can achieve our full potential. We would like the government's support in ensuring that this work proceeds quickly.

On behalf of all Ontario physician assistants, I want to thank the Minister of Health and the government of Ontario for moving this forward after a decade and a half of inertia. We hope that this committee and all parties will support the passage of this bill. Our patients will thank you for it.

Thank you for your time.

The Chair (Mr. Deepak Anand): Thank you so much. It is time for questions, and it will be broken down into two rounds of seven and a half minutes, starting with the government side.

Before we do that, MPP Logan Kanapathi, can you hear us, sir?

Mr. Logan Kanapathi: Yes. Can you hear me now?

The Chair (Mr. Deepak Anand): Yes, we can hear you, sir. Can you please—

Mr. Logan Kanapathi: It's Logan Kanapathi. I'm joining from Markham, Ontario.

The Chair (Mr. Deepak Anand): Thank you so much. I appreciate it.

Over to the government side: MPP McKenna.

Ms. Jane McKenna: Thank you so much, all of you, for today. I greatly appreciate it. I see some familiar faces with Naureen.

There are a few of us asking questions, so let me start with Sahand. I appreciate all that you've had to say. My uncle was chief of staff at SickKids hospital in pediatrics, and my oldest daughter is a nurse at Windsor Regional Hospital, so I hear lots of information about all the things that go on within the hospital system, and obviously, with our constituents. I do appreciate the fact—you said it has been 15 years—that it's long overdue. The minister and PA Martin—obviously, she's here today—we recognize that it was long overdue and we needed to bring this forward, so thank you for mentioning that.

In your view, would the proposed framework for regulations improve labour mobility for physician assistants in Canada?

Mr. Sahand Ensafi: Thank you, MPP McKenna, for your support.

Yes, I think it absolutely would. I think this is definitely the first step for us in moving towards that right direction. Obviously, there are some subsequent steps that need to happen when we start our work with the CPSO to determine how best to create a framework for PA regulation, but I'm confident that the proposals that are in this bill will allow us to work towards an optimal model to help physician assistants work to their full scope in Ontario.

Ms. Jane McKenna: Recognizing that physician assistants will continue to work under the supervision of a physician, do you see the need for an order to be explicitly noted?

Mr. Sahand Ensafi: Do you mind clarifying, MPP McKenna? When you say "an order to be specifically noted," I'm not sure I'm following.

Ms. Jane McKenna: I'll just see if PA Martin can jump in for that.

Mrs. Robin Martin: Thank you. I just want to say to the physician assistants who have talked to us today, thank you so much for all the work you're doing. I know it has been a very difficult time for everybody working in health care—also to the pedorthic group for all the work you're doing, and, of course, Unifor, which is representing its members. It is obviously a very difficult time for people.

I'm not that familiar with what physician assistants do—because it's fairly new. I used to work in the Ministry of Health as a policy adviser, and I was responsible for working with all of the regulated health professions and those who wanted to be regulated at the time, but it was many years ago, which shows you how old I am, and I don't think we had physician assistants at the time.

My understanding is, you have to have orders written down by the physicians, and I think that's what MPP McKenna's question was aimed at. Is that correct? You can tell us if it's not.

Mr. Sahand Ensafi: Typically, with the medical directives right now, in essence that's what they are. There's a set of guidelines and pre-made orders, essentially, with the physicians we're working with that says, if the patient presents in a particular way, these are the things that we can and cannot do.

I think this conversation is probably a complex one. I'm not sure that I could simplify it to, "Yes, I think we need an order," or, "No, I think we don't." I think these will all probably be discussions that we have to have with the CPSO. But I think I'm very clear in that all of the Ontario physician assistants look forward to continuing to work with our physician colleagues in determining how best to be utilized at the practice level with those physicians, which is the optimal model. Whether that's via order or whether we determine that there's some other process we can create with the CPSO, I think that's probably the way forward.

I hope that answers your question.

Ms. Jane McKenna: Do you have any additional comments on the legislation and what is envisioned for the regulation of this profession?

Mr. Sahand Ensafi: I'll pass this one to my colleague Leslie.

Ms. Leslie St. Jacques: We appreciate this legislation being proposed and are really looking forward to it coming to fruition, because it will make a very big difference in terms of efficacy of our workflow and the ability to provide care for patients—especially in terms of title protection. We have had some instances where people are represented as physician assistants when they actually are not—or job ads for physician assistants that clearly are not actually aware of what a physician assistant does. This legislation will very much promote public safety and ensure that—we were already setting standards for ourselves as a profession, and there are already criteria for certification, and we have a certification exam, but having regulation will allow us to go even further with that and to provide accountability. I think we're well-known already

as physician assistants in Ontario, and this will help us to do our jobs better for the health care system. So thank you so much for putting this forward.

Ms. Jane McKenna: I'm going to ask one more question, and then I'm going to pass it over to MPP Babikian. This is going to go to Naureen.

How are you today? It's great to see you, Naureen.

My question for you is, how would Unifor see itself contributing to this initiative?

Ms. Naureen Rizvi: It's good to see you again.

The Chair (Mr. Deepak Anand): One minute.

Ms. Naureen Rizvi: Around this legislation, and specifically to this component, as I said, we're very concerned. I think that understanding why there needs to be a registry—for example, the Nova Scotia example I used makes a lot of sense to us. But when there's already a bit of a crisis with understaffing, if there were any additional fees, all of those—I feel that in such troubled times, when we already don't have the staff we need, to put anything additional right now that isn't absolutely clear-cut and necessary may just be a lot of additional red tape that will likely hurt a sector where a lot of PSWs already are. So that's really the main component of this bill, MPP McKenna, that we're concerned with.

1330

The Chair (Mr. Deepak Anand): That concludes the time allocated to the government side.

We will be moving over to the opposition side for seven and a half minutes. MPP Peggy Sattler.

Ms. Peggy Sattler: Thank you to all the presenters.

Thank you to Leslie and Sahand for taking time out of your service on the front lines and the vital job that you're doing to come and speak to us today.

Thank you also to Mr. Strauss from the pedorthic association, and of course to Naureen from Unifor.

I did want to focus the bulk of my questions in this round to Unifor, based on your presentation. I really appreciated your recognition of the heroic service of PSWs on the front lines during this unprecedented and incredibly challenging time for our health care system, in particular in long-term-care homes.

We heard this morning from the Minister of Health, who talked about the consultation that was undertaken with unions—she specifically mentioned unions—as this legislation was being developed. I am interested in hearing your perspective on that consultation and your input to the minister about the highest priorities for your sector in terms of supporting PSWs as workers. Does this legislation, this proposed registry, address those priorities that you would have set out in that consultation process?

Ms. Naureen Rizvi: Peggy, it's great to see you. Thank you so much for the question. It's a very important question. I'm going to let Andy field this question because I think he was actually there during the consultation.

Mr. Andy Savela: Thank you, Naureen, and thanks for the question.

I can say that I was part of the group that was consulted by folks who were putting this together. I really can honestly say that I don't feel that our viewpoint or our recommendations were given a lot of consideration or are reflected in what has been developed so far.

We represent a lot of PSWs, and we're in a huge staffing crisis, as I'm sure you're all aware. In the middle of this, at this time, to put in an oversight body that would regulate, clamp down and involve potential discipline of PSWs couldn't be, in our view, happening at a worse time, as PSWs, frankly, are facing, probably among the classification of health care workers, the most challenges. So at this point to clamp down with oversight authority—one of the most worrying pieces of all of this is the process of discipline. That seemed to be the focus of these discussions that we had in these consultations, at the end. Of course, we raised the fact that we represent our members; we're the bargaining agent, and many of our collective agreements have negotiated language with respect to discipline—if it's required or how discipline is administered. A lot of those provisions are in our collective agreements. So we don't think that there should be another authority circumventing those types of provisions that we've negotiated, that employers and unions and our members are familiar with.

So, in a nutshell, though, the other things we raised in our presentation around the potential costs of this registry—PSWs are underpaid and undervalued, and certainly the cost to join a registry like this is a concern for them. The other issue that we didn't see a lot of response to was the issue of privacy. What is this registry going to be utilized for? What kind of information is going to come out of this registry, and how is this information going to be utilized?

These are all things that we raised and, unfortunately, we don't see a lot of that addressed in this whole process as it stands now.

Ms. Peggy Sattler: Thank you very much for that answer.

When you raised these concerns in the consultation with the ministry, did you get any answers at all from ministry officials as to how collective agreements would be respected or how they would work in coordination or in conjunction with this registry, and how privacy would be protected? Did you get any answers about potential costs, like what they were thinking of in terms of the cost to join? Were any of your questions answered, or was it all left unaddressed?

Mr. Andy Savela: The majority of it, I would have to say, was left unaddressed. They listened to the issues that we raised. They acknowledged that costs for PSWs to have to join a regulatory body were an issue and talked about how maybe at the initial stages there wouldn't be costs of registering, but I'll continue to say that down the road these registration fees would be passed on to PSWs.

With respect to the issues of discipline and our concerns around that, having an outside body facilitate some of those things—just that they acknowledged our concern. But in all honesty, we didn't hear anything back on the way all of that was going to be facilitated.

The Chair (Mr. Deepak Anand): One minute.

Ms. Peggy Sattler: I want to refer back to comments that were made by Naureen and you, Andy, as well, about

the chronic understaffing, in particular, in long-term-care homes. We certainly saw the consequences of that with the Canadian Armed Forces report and the long-term-care commission's report.

What does it say to you when the government passed legislation to protect private long-term-care-home operators from any kind of court challenge but has left PSWs vulnerable to complaints through—

The Chair (Mr. Deepak Anand): MPP Sattler, give me a second.

Stop the clock.

MPP Martin,

Mrs. Robin Martin: On a point of order: MPP Sattler is not talking about the legislation that we're discussing today; she's talking about something else, another piece of legislation. So I just ask that she keep her comments relevant.

The Chair (Mr. Deepak Anand): Again, to all the members, please keep all the comments about the bill we're debating, and through the Chair.

Thanks, MPP Martin.

Back to you, MPP Sattler: You have 17 seconds, so please use the time wisely.

Ms. Peggy Sattler: This registry will make PSWs vulnerable to complaints from family members in long-term-care homes. I wonder what that says to you about how the government values PSWs.

The Chair (Mr. Deepak Anand): There's not enough time to answer that, but you will have the opportunity. There will be another round for the opposition, with seven and a half minutes.

Since we do not have independent members, we will be going back to the members of the government. MPP Babikian, you have seven and a half minutes, and I will be reminding you a minute or two before.

Mr. Aris Babikian: First of all, I would like to thank all the witnesses who are here today. The health care industry is a very important industry to all of us, and we appreciate the sacrifices and the commitments that you are bringing to the table to look after our families, our friends and our neighbours. There are not enough words to express our appreciation to all of you, regardless of if you are a doctor, nurse, PSW, or in other sectors.

My first question will be addressed to the Pedorthic Association of Canada. Is there anything else that might have been missed in this legislation?

1340

Mr. Jonathan Strauss: I think the big concern for us is the fact that there is no title protection. We feel that without title protection—and to echo what our colleagues from CAPA said—that's a big gap. Our concern is that title protection is missing and there are no clear signals in the bill about the addition of other currently unregulated health professions.

There are many professions like ours that are currently unregulated, and that leaves pedorthists and others out of providing certain services because they are not recognized by the government of Ontario. It's important for us to see professions like ours and others recognized by the government of Ontario and have the ability to participate in the full health care system in the province.

Mr. Aris Babikian: What exactly do you suggest? How do you envision this bill addressing your concerns?

Mr. Jonathan Strauss: We'd like to see both title protection included—we think that all health care professions should have title protection; it should be clear to patients, to the public, to families who they are seeing, so we think that is crucial—and we'd like to see a clear signal in the bill that it is being designed to include, in the future, currently unregulated health professions.

We'd also like to understand the ministry's intentions for potentially moving currently regulated professions under the RHPA to this authority. There has been speculation on that, but there's nothing in what we've seen released to speak to moving currently regulated professions from RHPA to this authority.

Mr. Aris Babikian: My next question is to the association of physician assistants. In your view, will the proposed framework for regulation improve labour mobility of physician assistants in Canada?

Ms. Leslie St. Jacques: I think that because each province regulates physician assistants separately, or will regulate PAs separately, this will definitely help in terms of standardizing. However, our education is similar across Canada, so we are, as physician assistants, able to work across Canada already. It just happens to be that the most PAs actually work in Ontario. More than 500 of us are here. Is that what you meant?

Mr. Aris Babikian: Well, in a sense, yes, but if you have any other recommendations to strengthen the bill, I would be quite happy to hear from you.

Ms. Leslie St. Jacques: Sahand, go ahead.

Mr. Sahand Ensafi: From my perspective in Ontario, I think the proposal to amend the Medicine Act probably will work quite well in our favour, in that in other jurisdictions like Manitoba and New Brunswick and other provinces already, in Canada, this is the framework that they use to regulate physician assistants. They've regulated them under their respective physician colleges because we work so similarly with the physicians whom we work with. I expect that should we start to work with the College of Physicians and Surgeons of Ontario, we probably don't need to re-create the wheel, and we can look at other jurisdictions where this has already been working very well. I suspect that this will greatly improve the way that physician assistants are being utilized across the province.

Mr. Aris Babikian: Chair, how much time do I have?

The Chair (Mr. Deepak Anand): MPP Babikian, you have three minutes and seven seconds, sir. And I see a few hands raised, actually—

Mr. Aris Babikian: Okay. If my other colleagues would like to take the time, go ahead.

The Chair (Mr. Deepak Anand): I have MPP Martin and then MPP Kanapathi.

Mrs. Robin Martin: Thanks so much. I'm just wondering if the members of Unifor—and I don't know who is the most appropriate person to ask—with respect to the

legislation that's in front of us, which I understand you have some objections to anyway, what you would suggest we could do to improve it, from your perspective, working with what we have. I know you mentioned a registry before, but that was tried under the Liberals. They started a registry; it was not a successful endeavour. We looked at whether that should be continued or not—extremely expensive for actually no results at the end of the day.

If there's something that you would suggest that we can do to improve this particular piece of legislation—is really what I'd like to hear.

Ms. Naureen Rizvi: I'll start and allow Andy to supplement as well. Thanks for the question.

I think that the focus of the government really should be—and I think that the residents and workers would agree—to simply find ways to increase the staffing right now to help with the most critical issue, which is around making sure that we have four hours of standard care per resident. I feel like that really is the priority.

So while this legislation has this component about putting together a registry and having investigations and all the rest of this, that really shouldn't be the priority of the government. The priority of the government right now is, how do we make sure that workers have the right amount of time, that there are the right ratios to represent and take care of residents? Really, the hours of work are the hours of care, and I feel, if I can just say this, like that really is our focus. That's the focus of workers; that's the focus of residents. That is what we hear constantly from our members and—

The Chair (Mr. Deepak Anand): You have one minute.

Mrs. Robin Martin: Sorry, is my time up, Chair?

Mr. Deepak Anand: No. You have one minute. If you want to go, I'll stop the clock for a second.

Mrs. Robin Martin: No. Thank you for that, Naureen.

What I really wanted to know was how we can fix this legislation. Obviously, there are many other things that we're working on with respect to PSWs in many other parts of our ministry. We know that's a big challenge, and making sure that we can recruit and retain sufficient PSWs is very important to the government. We certainly know how valuable they are to the health care system, and we want to do everything we can.

We do also occasionally need to focus on regulating health professions. You can see from the other two speakers on this panel how important and how long it has been, actually, since any changes have been made to the regulation of health professions. I told you I worked on this many years ago, and what sometimes is required is a new approach, a different way of looking at it—

The Chair (Mr. Deepak Anand): That concludes the time allocated to the government side.

Moving over to the official opposition: MPP Harden.

Mr. Joel Harden: Thank you to all the presenters for this afternoon.

It's nice, in particular, to see my friends from Unifor here this afternoon. Thank you for all you do for members, particularly at this time.

I want to pick up on a thread of a conversation we had this morning—asking, in particular, Naureen and other friends from Unifor to comment on it.

One of the rationales that the Minister of Health gave this morning for why a voluntary registry was appropriate for PSWs was—and I just want to make sure I quote the minister appropriately in what she said. The level of risk in this profession, as she mentioned, was less than other regulated health professions, so therefore a voluntary registry would be appropriate.

I've just sent to the committee for their benefit—because, over lunch, I had a number of advocacy organizations reach out to me. There was a study published by a leading not-for-profit home care provider indicating the rate of injury in the PSW profession is twice that of the general working population.

There was a PSW, Edwin Ng, who was hospitalized after the massive outbreak at Roberta Place in Barrie that so much was heard about. He had a double lung transplant on the 26th of April, and I understand from his family that Mr. Ng will survive.

I'm just wondering if you, Naureen or Andy, could help us understand what this job actually entails as far as the risks that your members are taking on every single day, particularly now?

Ms. Naureen Rizvi: I'll just start and make it a little shorter and make sure that Andy gets in a portion.

Anybody who understands this virus understands what coming in close contact with residents means. The risk is high. It's not actually a low-risk job. Physically, it's difficult; emotionally, it's difficult.

We have a member in one of our locals, 2458 in Windsor, at one of the long-term-care homes, who saw 86 of the residents get COVID-19 and many of them pass away. That kind of emotional turmoil has to be accounted for when you talk about injury. We've been finding ways to try to get her to bring her narrative and her personal story forward, and it's very difficult for her to do that. We know that, because mental illness actually takes such a toll, and when you're not able to take a break from the job, which requires you to be there every single day, the injury just gets worse.

I don't agree with the minister that it's a low-risk job; it's actually the opposite. Any time you're taking care of human beings, you're taking care of them physically, emotionally, mentally, and when you're giving yourself to them that way, there's obviously a portion of yourself that you're not taking care of as well.

There are a lot of different components, but maybe I'll let Andy, who works very closely with our PSWs on the ground, respond as well.

1350

Mr. Andy Savela: With respect to the dangers on the job, UNI Global—a global organization that has a large health care component called UNICARE that I think everybody with a major presence in health care in terms of worker representation is affiliated with—just released a report with all the stats and data that highlighted that being a PSW or a worker in long-term care is now considered

one of the most dangerous jobs in the world. A lot of that is tied to the fact that there is such a staffing shortage. We were in crisis prior to the pandemic with respect to PSWs. We just didn't have enough, frankly, to staff and provide care appropriately to residents.

I think that they're doing the best they can—under-resourced, undersupplied, difficulties in getting the PPE they need, often caring for residents where there is just an unmanageable resident-to-staff ratio. That makes the situation, obviously, dangerous just by that—having to be able to cohort residents and that type of thing.

I will say that PSWs now find it incredible that, again, of all the things they're facing, now they have to concern themselves with another authority that seems focused on oversight and that type of thing.

I also have to say they find it incredible that the government has acknowledged the working conditions, the terrible, shameful conditions that these residents live in and that these workers work in—to have the government acknowledge it but not do anything substantial to give them some resources or relief for four years is something that I think is going to continue to drive people out.

Mr. Joel Harden: What I mentioned to the minister when she presented to this committee this morning is that there is a 60% turnover rate in the Ottawa region, according to the research gathered here, as far as people coming in and out of the profession. I think it's because of exactly what you're talking about.

If we want to improve the conditions of work—one of the things the minister said this morning is the temporary pandemic pay increase that she mentioned is addressing, but this is sun-setting in June 2021.

The Chair (Mr. Deepak Anand): Two minutes.

Mr. Joel Harden: The government quietly has extended full funding to all long-term-care homes, including places like Roberta Place and Orchard Villa and others that have seen massive amounts of critical incidents, until the end of August 2021. But we are sun-setting pandemic pay? We are not doing something to make sure most of the folks you represent are working in well-salaried occupations with sick pay, with full-time hours?

I'm wondering if you could help my friends in government understand—because it was clear to me that the minister, this morning, did not understand—what it is people are dealing with on the front lines in our long-term care and home care, as PSWs, and what this government could do right now to fix it, including making the pandemic pay permanent, making full-time hours permanent, and really dealing with the standards of care in this industry. What do you think?

Mr. Andy Savela: Yes, I would agree with that wholeheartedly.

Obviously, the poor compensation of these workers is an issue. The reality is, to avoid paying health and welfare benefits, many employers choose to employ only casual or part-time workers, who have to hold down multiple jobs with numerous employers to piece together a living wage.

When you talk of PSWs nowadays—on a good day, historically, their resident-to-staff ratio would have been about 12 to 1. With working short being so commonplace right now because of the lack of resources, it's not uncommon for a PSW to see their caseload in a day, the resident ratio, go up to double that, which you could imagine is totally unmanageable.

Mr. Joel Harden: Absolutely.

Mr. Andy Savela: It lends itself to the challenging and disturbing things we've been hearing in things like the long-term-care commission's report—

The Chair (Mr. Deepak Anand): That concludes the seven and a half minutes allocated to the opposition.

We appreciated your presentations. Thank you so much.

CANADIAN ASSOCIATION OF CONTINUING CARE EDUCATORS

HOME CARE WORKERS' CO-OPERATIVE INC.

DR. MICHAEL RACHLIS

The Chair (Mr. Deepak Anand): At this time, I do understand that we are fast-forwarding the clock to 2 o'clock, and we do have members from the Canadian Association of Continuing Care Educators and the Home Care Workers' Co-operative Inc.

The Canadian Association of Continuing Care Educators: Please state your name for the Hansard, and you have seven minutes for the presentation.

Ms. Laura Bulmer: My name is Laura Bulmer. I'm an RN and the chair of the Canadian Association of Continuing Care Educators. I'm also a subject-matter expert on PSW-related matters in Ontario. Thank you so much for giving me the opportunity to speak. What I'm doing today is presenting only on some of the key points. I will be providing several submissions today that I will forward to provide more of a background on my comments and my recommendations.

The role of the PSW is often misunderstood. In fact, today Minister Elliott stated that PSW work was less risky than nursing and physician care, and therefore voluntary registration is appropriate. This is so far from the truth, and it demonstrates how leaders in charge of legislation are not basing the decisions on informed evidence. PSWs perform nursing skills, and the public is at risk.

I want to provide some historical context that will demonstrate how the evolution of the PSW profession in Ontario is undeniably similar to that of PNs. Documented, legislative and protected title changes passed over the last 70 years reflect how certified nursing assistants, CNAs—the original PSWs—were recognized by government.

Of major significance, in the early 1990s, when RNAs were expected to administer medication to patients, RNAs had to go back to school to upgrade, and their title changed to reflect their responsibilities and they became RPNs. As the RPN scope of practice expanded, gaps in the provision of personal care were identified.

Now enter the unregulated care provider, also known as the health care aide or the homemaker. At that time, little

to no formal training was required early on. That soon changed, and health care aide training was put in place. In the early part of the century, health care aides were also asked to also assist with medication, take vital signs and to take on delegated nursing tasks. Health care aides had to, just like RNAs, go back to upgrade their education to become PSWs.

Do you see where I'm going with this? There is history repeating itself here, folks. The scope of PSW practice is expanding, but the title and the regulation piece is not.

In addition, there are current issues that exacerbate the PSW workforce—for example, PSW is not a protected title, and this is a safety issue. The public does not know what they are getting when they have the services of a PSW. The public profile of the PSW is also not clear, and this exacerbates the situation, as demonstrated by Minister Elliott's statements earlier today. There is a need to quantify the numbers of trained PSWs accurately. Currently, the workforce is estimated at 135,000-plus, and it will be infused with 8,000 more by the end of this year.

I don't know if you know this, but there are more PSWs in Ontario than there are RPNs.

The PSW profession is not a profession of choice. Recruitment and retention challenges exist, and that is a topic all unto itself. Public and PSW skepticism towards recognition and regulation also exists. With two failed registries, one having launched and the other one being unsuccessful, the cost to taxpayers has been millions of dollars. Therefore, the same approach right now with Bill 283, schedule 2, seems really inconceivable—the approach, again, to voluntary registration. It is the lowest level of regulation, and it does not work.

The PSW scope of practice is expanding. PSWs are now expected to suction tracheostomies, give injections, administer medication and perform wound care. They're all performing nursing tasks, and, trust me, there is a high risk involved. PSWs in home care and community settings are even more at risk because they have little to no supervision, and this is a huge responsibility and very precarious. Additionally, PSWs require specialized training post-graduation as they're increasingly employed in acute care, surgery, medical floors, palliative, ICU and emergency units. Our public safety is at risk.

1400

Standardization is the key to protecting the public. For example, regulated health professionals have one entry-to-practice point, one way to get their education. PSWs now have three points: either a college, private school or district school board. This does not match standardization.

Please note too that the day after Bill 283 was announced, the government released another statement saying that the government would be funding private colleges, district school boards to deliver PSW education. This is directly opposite to what they are proposing to do with standardization, and it's another example of questionable decision-making that causes confusion related to what the intent of schedule 2 really is.

So here are some of my recommendations, moving forward. We need to clarify what the overarching purpose of the oversight authority is. It should be to protect the public and to advance the PSW profession in a meaningful way. We need to use evidence-based data and also have it documented to support the decisions moving forward.

I'll give you an example. Language currently within schedule 2 needs revision. For example, when the reporting of abuse is noted—

The Chair (Mr. Deepak Anand): One minute.

Ms. Laura Bulmer: —it only notes sexual abuse. It is not including physical, emotional or financial, and that makes me wonder who is making this. So my vision includes having PSWs who are regulated at the licence level, just as nurses. Alberta is doing the same. The higher level of regulation is instituted, not an oversight authority, and mandatory regulation occurs. Title protection is so important.

In conclusion, Bill 283 is superficial and lacks the insight required to properly regulate this level of worker. The principles within schedule 2 are conceptual and, most importantly, do not prevent non-registered PSWs working as PSWs, and this is a public safety issue.

Lastly, the COVID-19 pandemic has shown us the value of PSWs. We have to reflect on the studies and make informed decisions. Meaningful change is long overdue, and only mandatory certificate or licence-based regulation is the answer. Thank you.

The Chair (Mr. Deepak Anand): Thank you so much. That's exact—a perfect seven minutes.

Moving over to the Home Care Workers' Co-operative Inc.: Please state your name for the Hansard, and you have a seven-minute round.

Ms. Danielle Turpin: I'm Danielle Turpin. I'm the founder of the Home Care Workers' Co-operative Inc. Thank you for this time. I am a PSW with over a decade of experience in retirement homes, long-term care, home care and, more recently, I'm a founder of the first PSW worker-owned co-operative in Canada, Home Care Workers' Co-operative Inc. We're in this field because we care. This work is in our DNA, and it's how we identify with the world and ourselves, so having the opportunity to speak on this very important bill is a great honour.

I first want to say that I do agree with the authority's objectives of establishing and maintaining educational and skill-based qualifications for PSWs, as well as establishing and maintaining codes of ethics for our profession. Ensuring that there is a set curriculum, scope of practice and code of ethics across all the sectors will benefit not only the public, but will help streamline all PSWs into one professional group as opposed to categorizing them by sector. This current mismanaged sector categorization is a huge issue in regard to worker pay, precarious hours and union protection.

If this is implemented properly, I can see this being a great way to bring in new PSWs, but most importantly, to retain them. All fields need the means to be recognized, and PSWs are no exception. I hope that these changes come with plenty of thought, guidance and input from all stakeholders. Most importantly, I hope that the PSW regulation isn't the only change that will be implemented in regard to elder care right now.

If we are registered, meaning we all require the same education, the same scope of practice, it should be safe to assume that we would all have the same base of pay. I am asking that within this bill, there be a requirement of a minimum base pay set for all PSWs, no matter what sector we work in.

Most importantly, I would also expect that the systemic failures that have been responsible for many worker errors, resident neglect and staff retention be addressed, so as registered health care professionals, we will have the resources and tools available to us to do our job properly and safely. These issues include, but are not limited to, staff-to-resident ratios, staff recruitment and retention, better pay for regulated staff, more funding for the home care sector, and removal of the for-profit model of health care.

PSWs cannot be held to a higher standard, be given more responsibility and accountability, yet still be forced to work within the same systemic issues that have plagued this industry for decades. PSWs are not the problem in health care, and regulating us without fixing the core issues will not serve the public's best interests. Even though I'm an advocate for regulation, it cannot come without protection for workers. There must be a system of checks and balances put in place, and so far, this bill doesn't address this important issue. To have regulation without protection could lead to exploitation of an already precarious workforce, and with the recent passing of Bill 218, clearly this government saw a need to put into law protections that will limit their own liability and that of employers.

We're also well aware of the potential of a criminal investigation being brought forward by the OPP against some of these long-term-care homes. If something does come of this investigation, we also know which group doesn't have lawyers sitting on retainer: PSWs. Unrepresented PSWs will actually be fighting for our careers and our livelihood, and we have the group with the least amount of resources to defend ourselves. If PSWs have to go before the board for any reason, what is the mechanism of due process for them? Many PSWs, especially in home care, are not protected by a union and certainly do not have the money to hire an attorney to defend themselves.

A good way to ensure that the public is protected and the proper checks and balances are put in place is to put in a process of support for all workers who may have to navigate this new model. An example of this would be a separate body that gives PSWs access to free legal supports, similar to legal aid. PSWs are the most marginalized, disenfranchised group of health care workers, with a majority of PSWs being racialized women with limited means to advocate and access resources, yet we do make up the largest portion of health care workers in Ontario.

I believe that regulation is an important step in lifting up this profession, but I ask that you also include within this bill a plan for a democratic professional association for PSWs. If we're going to be regulated health care professionals and we are held to that standard, we also deserve a proper professional association that is separate from the authority. A professional association would allow us to advocate for ourselves, allow us to advocate for our profession and, most importantly, those we care for. It should be a non-partisan body that does not have any corporate or government interests. Therefore, when addressing this issue, I also request that OPSWA not be considered as this professional association. OPSWA does not represent PSWs as a profession. Their mandate is regulation and control of PSWs, period. PSWs need a professional association that will offset the authority and put into place a system of due process—

The Chair (Mr. Deepak Anand): Two minutes.

Ms. Danielle Turpin: —that is necessary so that the authority will not be able to tip the scale in favour of employers, the for-profit health care industry and their political agenda. Implementing this professional association in and of itself could alleviate some of the very real concerns that PSWs have, which I just addressed. It could also be used as a forum to access legal services.

I'd like to end this by summarizing my key points. I believe regulation could be an important positive step forward to legitimatize this overworked, undervalued profession if implemented thoughtfully and critically. I believe that in order for this authority to work as intended, there must be a mechanism of worker protection put in place to allow PSWs to navigate this process equitably. As I mentioned, many PSWs are not protected by unions. I encourage you to implement a key strategy plan in regard to putting in place a separate, non-partisan professional body that is there to work and advocate on behalf of all PSWs.

Most importantly, I beg of you to hear the cries of PSWs and all front-line workers when we say we need more help. We're overworked, we're undervalued, we're underpaid and underappreciated. We are constantly working short-staffed and are witness to the severe and deadly consequences of not having the proper resources and supports put in place. You must implement hard staff-to-resident ratios similar to what we have in daycares and in schools, and you must provide PSWs with pay that reflects our profession, our skill for practice and the accountability that's going to come with it.

You cannot off-load the responsibility and accountability of this long-neglected health care system onto the most precarious and least protected group. It's within your power to give PSWs regulation as well as protection, improving their working conditions and, most importantly, improving the living conditions of those in their care.

The Chair (Mr. Deepak Anand): Thank you so much. Now we have Dr. Michael Rachlis. Dr. Rachlis, please state your name, and you have seven minutes, sir.

Dr. Michael Rachlis: My name is Michael Rachlis. I'm a public health physician and former family physician. I'm an adjunct professor at the University of Toronto Dalla Lana School of Public Health. I've mainly been a private consultant in health policy for the last 35 years, and have consulted to every government in every province in the country, the federal government and two royal commissions.

1410

In appearing before you today, I don't really have much to say about the health care regulation issues—which are extremely important; I certainly hear important arguments being made on them—but, rather, I'm going to be addressing schedule 1 of the bill, which I don't think many people are talking about. Quite frankly, it makes this an omnibus bill. I'm not even sure, given the importance of schedule 1, collecting data, why it is part of this legislation, when it really doesn't have anything to do with it. It makes one feel that somehow it just got bolted on at the last minute, and I'll make a couple of comments about that.

The COVID-19 pandemic, as everyone knows, has selectively hit Ontario communities differently. Higher-income neighbourhoods with mainly white populations—I will freely admit that I live in not the wealthiest neighbourhood in the province, but I live in Riverdale. I live on a lovely street. I have way more house with my wife than I need at this point. In my neighbourhood, there are very few cases of COVID-19 and there were immediately high rates of vaccination, because we're all part of networks and we knew which drugstore to go to. Poorer neighbourhoods with mainly non-white populations have had rates of COVID-19 10 times or 20 times more than my neighbourhood, and yet they still have lower rates of vaccination, even though they are catching up a bit.

For many years, health policy experts and advocates have pushed for mandatory collection of socio-demographic data, including data on race and ethnicity. This data is crucial for understanding health disparities and planning for their amelioration. Community health centres, as they have done in other areas, have really led this over the last 15 or 20 years, and they have been collecting this data for many years. A number of hospitals are collecting this data; they're finding it absolutely crucial for their development of programs. Of course, people can refuse, but when they're asked, particularly by someone they trust, and it's explained to them that this data will be used for their benefit and their community's benefit, not to their detriment, 90% of people will provide this information. Public Health Ontario has some excellent training tools and materials for the collection of this data.

The first positive report of the Moderna vaccine came a year ago, in May 2020. There was no vaccine distribution task force until December 2020, and no local public health representatives on that task force until January—maybe not much worse than every other jurisdiction, but that is not, I think, what Ontarians expect of their government in terms of planning.

On May 5, the Premier announced that socio-demographic data would be voluntarily collected from those who were vaccinated. This is not happening. It is happening for my son, who gets his primary care at a community health centre; they asked if they could collect his information, and he provided it. It was never asked of my wife or I, or our dozens and dozens of friends who have been accessing vaccines. I don't know anyone other than my son who has been asked this information.

Bill 283 only permits the transfer of information on vaccinators, and it is only just being debated. There is no mandate for the asking of this information. Not putting the health data collection in the cultural context, which means explaining, if my son had needed explanations—he didn't, but if he had needed explanations for why this information was being collected, his trusted primary health care organization would have provided it. When you don't put the data collection in context, which this vaccination effort has not done, and when you tell people up front that it's voluntary when you do ask, you frustrate data collection. But I say it again: In practice, it just doesn't seem to be asked.

As I mentioned, if people are asked in the right context, 90% of people are happy to provide this information. By and large, it is providers who are reluctant to ask these questions. Community members do wish to answer the questions, and as somebody said to me this week, collecting socio-demographic data is just good medical practice.

Health policy experts note that collecting this data is crucial for effective health care. I'm pretty sure that the ministry's own equity experts, of which they've got a lot of good people—I'm sure just about everybody in that public health division would say there should be mandatory data collection. To claim that what is being offered now is anything more than a day late and several dollars short, I think, is disguising this legislation.

Given where we are now, I would plead that Bill 283 schedule 1 should be amended to require vaccinators to ask those they are vaccinating to provide key socio-demographic data, including race and ethnic origin. Of course it would make it easier if people were getting vaccinated at their local pharmacy, instead of being forced to go miles away to some other pharmacy, or if their vaccination efforts were being coordinated by their trusted primary health care providers. I think all of these things should have been foreseen in May last year. Next time around—I do consulting work. Maybe you need some help. This was not well planned. It was not well carried out. It's not too late to mandate vaccinators to provide this or at least ask this information of people.

In the broader context, this is an opportunity for us to debate and finally decide that the Ministry of Health should require health care providers to ask questions about socio-demographic data as part of routine health care.

I hope that you will take these issues seriously. As I said, I'm distressed, as a matter of public policy process, at the way this key schedule has been grafted onto this other legislation—

The Chair (Mr. Deepak Anand): Thank you so much, Dr. Michael Rachlis. That concludes your seven minutes.

Now we will be going to the opposition, with seven and a half minutes. Again, as we come close to one to two minutes, I will give you a reminder. MPP Sattler, go ahead, please.

Ms. Peggy Sattler: Thank you very much to all the presenters.

Thank you, Danielle, for your passion and your commitment to your profession and to the residents you care for.

I want to focus my questions on Laura Bulmer from the association of continuing care educators.

Laura, you talked about the fact that there have been two failed registries in the past. Can you expand upon that a little bit? I'm interested in your comments about whether this is another exercise in failure, or what has to happen in order to make this not repeat those same mistakes of the past.

Ms. Laura Bulmer: Public perception is based on what the facts are that are out there. In 2012, OCSA set a PSW registry that the government funded. It had issues with people registering who were not appropriate. There were several issues, and after an investigative report, it was shut down very quickly. That was the first true followed-through failed registry, and that was also based on voluntary registration. The focus was much more on only community PSWs. Again, because there are different titles, people don't necessarily identify as a PSW. Some people may think if they have that name, or don't, they wouldn't be registering for that.

Then, a couple of years ago—I think it was about three—the government funded the Michener Institute in Toronto to create the next version of a PSW registry, again, with voluntary registration. That was completed in March last year and has been sitting there ever since. The reason I lob that into also being failed is, it was never launched, with no explanation as to why.

So when I'm teaching my students or when I'm working alongside PSWs—to now have another registry based on the same things as voluntary registration doesn't make sense.

Does that help, Peggy?

Ms. Peggy Sattler: Yes. Thank you very much for that.

You also talked about the three different education routes to become a PSW that are currently being funded by this government and the conflict between placing an emphasis on standardization and yet having these different educational pathways. Can you talk a little bit more about what the implications are of having these three different educational pathways?

Ms. Laura Bulmer: Sure. Every regulated health profession has only one entry to practice. Even with registered nurses, years ago the change was that—you could actually enter the profession via a diploma program through a college or a university, one being three years, one being four. Ultimately, they all wrote the same licensing exam. The College of Nurses had that changed so that there was one entry to practice. It's the same with doctors and lawyers. When you have different levels of education, meaning different levels of education, you don't have that standardized graduate.

1420

Right now, a PSW can go to a community college in Ontario and get OSAP; they can go to a private school, which is much more expensive and is also geared much more towards immigrants—that's where they advertise to: new Canadians who want a quicker fix to become part of the health care field—or through the district school boards. So already, the standards that we have built for PSW programs are currently run under two different ministries: colleges and private schools under the Ministry of Colleges and Universities; and the Ministry of Education is responsible for the delivery in high schools. It just doesn't make any sense. You have to have one level of entry and one entry point.

Ms. Peggy Sattler: Thank you very much.

I want to turn to Dr. Rachlis. I really appreciated your comments on schedule 1 and the importance of collecting the key socio-economic data. I'd be interested in your perspective, as a public health expert, as to what we lose in terms of good policy by not having access to that data and not making that data collection mandatory through legislation.

Dr. Michael Rachlis: We are able to get some data, of course. We've got data by forward sortation areas, which is the first three letters of the postal code, that we're all now very familiar with, but that data is rough data. For example, just because there are relatively high immunization rates in my community doesn't mean that everybody is being immunized. Within my community, we need to know who isn't being immunized; and in communities which are more racialized, it may be mainly the white people who are getting immunized, so the disparities might even be greater than what we think they are.

When we get this more granular data, then we can work with public health units. And particularly in larger units, you've got community organizations like community health centres, of which there are many in Toronto, Ottawa and some other cities, and then they can take some of that data and make sense of it. If public health in Toronto goes to, let's say, Black Creek Community Health Centre and to Rexdale Community Health Centre, and then they say, "Well, we've got people who are identifying as African Canadian"—but then, of course, that doesn't mean anything necessarily either, because then they have to be able to interpret that data in the local context, which would be, let's say, in the east end, we have a number of people from Ethiopia and the Horn of Africa, and there will be people who will be African Canadians who will be from the Caribbean. These will be very different groups with very different cultures. So the best would be to have the data collection in larger categories, like by race and then ethnicity, and one of the ethnicities would be Caribbean, let's say, and then to work with local public health units—smaller public health units tend to know this; bigger public health units then have to rely on other community organizations to tailor down their programs to ensure that we don't miss people who are staying home and not being vaccinated.

The Chair (Mr. Deepak Anand: Thank you, Dr. Rachlis.

That concludes the time for the opposition. You will have another round of seven and a half minutes.

At this time, I will be moving over to the government side. MPP Kusendova.

Ms. Natalia Kusendova: Good afternoon to all of our presenters and to my colleagues. My name is Natalia Kusendova.

In addition to being an MPP, I'm also a very proud registered nurse, and so I'd like to wish Laura a happy Nursing Week and say that it's great to see nurses in all kinds of leadership positions. I think when nurses are in leadership positions, we transform health care. We speak out for health care, we speak out for nursing, and of course, we speak out for our patients, so the more nurses we have in leadership positions, the better I think Ontario's health care system will be. I also want to thank you for giving us a bit of that history lesson in terms of PSWs and health care aides, because as a novice nurse, I've learned quite a lot listening to your presentation.

I have to say, working in the emergency room myself, I've worked with many, many wonderful PSWs. Especially when I was completely new to the profession, I remember very fondly my PSW colleagues really supporting me and helping me learn some of the skills, like changing a patient, feeding a patient, moving a patient and things like that. I truthfully appreciated that support. They are a very valued part of our interprofessional health team, when it comes to the emergency room that I work in.

Having said that, PSWs, of course, are top of mind for all of us here, especially given the pandemic that Ontario and, frankly, the whole world has been experiencing. That's why, in addition to this bill that we're discussing today, our government has moved very swiftly to implement some concrete measures to improve the working conditions in our long-term-care system and for our PSWs.

As you know, we have also introduced the four hours of standard care per patient in the long-term-care sector. We're talking today about education for PSWs, but I think what's important to note is, for us to achieve that four hours of standard of care, we need to infuse about 27,000 additional new health care workers into the industry, into the sector. That's largely PSWs; of course, there are some nurses and some RPNs as well. That's why it's really important that we have multiple educational pathways to help train these PSWs—because we need them today. That's why our government has announced $115 million of support through our publicly funded colleges. That's 24 colleges in Ontario.

We have, right now, PSW students getting trained and graduating, hopefully very soon, to be infused into that sector. But we also recognize that we need more. We need close to 27,000. That's why we also decided to allow our partners in private education to participate in this program. That's why we've invested an additional $86 million. I think it's really important to understand the basis for that decision—that we need more PSWs. This is a direct ask from the sector and from many of our nursing colleagues, as well. That's why the government moved very swiftly on that, because we need those PSWs.

Having said that, we talked a lot about standardization etc., so I think it's also important to note that PSWs work in different industries—not only in long-term care, not only in hospitals. They work in home care, as was noted, as well. Each one of those specific health care industries requires specialized training. When I became a nurse, I was trained on how to work in the emergency room. Similarly, when PSWs start working in long-term care, they get training specific to long-term care—or they get training specific to hospital. I think it's important to always keep that in mind.

What I wanted to ask you today, Laura—and thank you again for being with us—is, is there anything in addition to what is found in the legislation that you would like to see for our PSWs?

Ms. Laura Bulmer: Do you mean in regard to schedule 2 as it stands?

Ms. Natalia Kusendova: Or more broadly.

Ms. Laura Bulmer: More broadly—and I recognize what you were saying earlier, too, and I do want to speak to that. The pandemic situation that we're in right now is very unique, so certainly getting more boots on the ground, as Premier Ford said, was very important.

I'm looking at long-term. The reason I provided the history is to show you that PSWs are much more than just people who wipe somebody's bum. That's the reality of it. They do so much more. To be safe, to protect the public, we need to ensure that there is standardization. It will not come if we ask for any volunteer registration. It has to be standardization.

If we are looking at increasing the workforce, we also know, from an educational perspective, that just as many people who enter the programs do not actually practise as PSWs when they graduate. We have multiple PSWs who leave the profession because it is not a profession of choice. So we need to look at the overarching principles of what we are doing here. If we are to advance the profession, we need to do so in a way that makes people say, "I want to be a PSW." That's really important. One of the things that we can consider is changing the title. When you have a title that has the name "worker" in it, it already devalues what that level of worker is, so a suggestion may be going back to the terminology of a "certified nursing assistant." That way, they could be regulated, again, under the College of Nurses.

1430

Ms. Natalia Kusendova: Well, that certainly is a very interesting suggestion. But in terms of what else we could do for our PSWs, I know our long-term-care strategy to reimagine long-term care—I think the theme of it is, "A place to live and a place to work," because we want to really move away from that stigma that long-term care is where people go to die; it is not. It is a place where people go to thrive and to have a great quality of life. That starts by having great working conditions for their staff.

One of the retention strategies that we're also considering, in addition to this bill, is looking at career laddering. We really want to offer opportunities for people to—

The Chair (Mr. Deepak Anand): One minute.

Ms. Natalia Kusendova: —start as a PSW, but perhaps, through micro-credentialing, which is another aspect that we have introduced through our colleges and universities, for them to be able to work up to become an RN or an RPN.

I think it's important to recognize that we're approaching this PSW situation through a multi-pronged approach,

and because they're truly top of mind. There are many ministries in our government involved in the process. I'm just really pleased that this is happening right now, because we do need to give PSWs the respect, and having that quality check mark is one way to show that respect.

Go ahead, Laura.

Ms. Laura Bulmer: I just want to say—this speaks to what Danielle said earlier—the focus has so much been on long-term care. It needs to also go back to community. Before the pandemic hit us, it was the community where the needs were.

The Chair (Mr. Deepak Anand): That concludes the time for the government side.

Moving over to MPP Joel Harden: You have seven and a half minutes, sir.

Mr. Joel Harden: First, Laura, I wonder if you could continue that important thought you ended with there, around the need for us to really ramp up our work to support PSWs in community care.

Then, Danielle, I'm heading straight to you right after.

Ms. Laura Bulmer: I think so much of the verbiage these days in the media and everything else has been related specifically to long-term care. There is no doubt that there are issues in that sector. However, I think we need to give recognition to the community sector as well—how PSWs work very independently in that sector and are asked to do nursing skills without supervision, and the pay has historically been a lot lower in the community sector. Therefore, PSWs do not gravitate towards that. I just wanted to get that in.

Mr. Joel Harden: I appreciate you mentioning that.

Danielle, that was a powerful presentation. Thank you so much for sharing that with us and for your commitment to the folks you work with and your profession—starting up the first PSW co-op. I was unaware of this. Congratulations.

I'm wondering if you could help me solve something. As I'm listening to this discussion of this particular legislation, I feel like there's a ginormous bit of research we are not paying attention to, and that is the amount of money that the province right now, and the public, is subsidizing the for-profit sector in long-term care and in home care. The Auditor General came out with a report recently suggesting that as much as 52% of the money the public invests in publicly funded home care is being lost in dividends, profits, and management and executive compensation. To me, that was a startling number, when I tried to do some research on this sector.

In previous debate, analogous to the debate we're having on Bill 283, I have insisted, could this government help the people of Ontario understand—access to those documents—so your profession, the personal support worker profession, many of whom are getting paid $16, $17, $18, $20 an hour, could understand what Bayshore and what ParaMed and what CarePartners were billing the public for that labour, for just being the person in the middle? Could you help the public understand this issue a little bit better, Danielle? I can only imagine you are associated with PSWs who work in a number of sectors. Why do you think we've become so attached to the private, for-profit sector playing such a central role, and is that a good use of the public's money?

Ms. Danielle Turpin: Thank you for the question.

No, I don't think it's a good use of the public's money at all. I think the public's money needs to go to the core resources, to the workers, boots on the ground, the grassroots stuff that's really important—education, regulation, standardized training across the sectors.

Coming from a worker co-op that I created, that right there just removes the—it's a not-for-profit worker co-operative. My money that we make is going to go directly to the PSWs. They share in all of that. There are no CEOs. There are no shareholders. That's a method, and that's something that we really need to consider.

We are lacking resources, greatly, in long-term care, and we're lacking resources in home care. When we see that ParaMed, Extendicare, all of them, are taking home these millions of dollars of bonuses when PSWs and home care workers and nurses are breaking their backs—dying, some of them—to work and care for our loved ones, it's hypocritical. It's unfair. This is our money, and it shouldn't be happening. It's our public's money.

Home care, especially—and I'm going to go back to what Laura was saying too. The focus has to get—we have to switch. We have to make that shift and realize that PSWs are a profession that needs to be worked together and joined together. We do have different sectors, but the forgotten sector is home care. The majority of people who are being cared for in Ontario are in home care; not in long-term care. Why is our funding going to the for-profit long-term-care corporations, when they should be supporting the grassroots businesses of the community people and the owners who are actually caring for the majority of the public? It doesn't make any sense to me at all. I really, really hope that that's a focus on there, and I hope that the focus is maintained on workers and on the PSWs.

We want to be regulated. I don't think that's the concern. We want to make sure that we are raised up to a level that the public has trust and faith in us. But that requires the other aspect of that—putting resources and money into us. We can't just be held accountable for a failed system. You've got to do both.

Mr. Joel Harden: I take your point, and I really hope our friends in government are listening to every single word you're saying, because it would seem to me, we are setting ourselves up for disappointment. If we're going to ask your profession to continue along in this approach to funding home care and long-term care, where a significant amount of money is left on the table for dividends to shareholders, is left on the table for management compensation, is left on the table for—Chartwell, we discovered through a Toronto Star investigation, in 2020 paid out more in executive bonuses than it did the previous year. To me, that just demonstrates that this industry can't be trusted to use the public's money for anything other than what a for-profit company is intended to do.

Last word again to you, Danielle: If you were the Minister of Long-Term Care, if you were the minister

responsible for home care, what kind of system would you design?

Ms. Danielle Turpin: I brought up checks and balances, and I mean that so sincerely. We cannot have a system of for-profit health care. It can't happen. People are before profit. Profit has to come out of health care, period, in any aspect of it. And the workers are the key components of this. If we're going to care for our loved ones, whether it's hospital or home care or long-term care, we've got to take care of the workers, which means we have to make sure that they're highly educated, that they're highly qualified and paid according to their accountability, to their responsibility and to the scope. That also means that they have to be protected. We have to be able to make sure that that balance is there.

I'm terrified, as an owner. My employees, who are going to be busting their ass—and they're all highly educated, with college degrees. If something—God forbid—happened that they got called before the board, I have to find a way to be able to protect my workers. That shouldn't be up to the employer—myself—because I'm probably one of the only ones who will be thinking about that. I think the rest of the PSWs are just going to be left on their own. I am in the process right now of researching a way to make sure I know that my PSWs are going to be looked after so they have the ability to navigate that process as equitably as possible. That shouldn't be put on us. We are precarious. We are the least educated group of people. We are the most racialized and marginalized group of people. And we do not have the same means and the privilege of access to that information. That has to be considered, and we have to be recognized for that.

1440

So if I was to institute this bill or to make this, it would be, yes, regulation—

The Chair (Mr. Deepak Anand): Thank you so much. That concludes the time allocated to the opposition.

We're moving over to the government side, with seven and a half minutes. MPP Martin.

Mrs. Robin Martin: Dr. Rachlis, you're critical about the fact that the data collection is not mandatory; I think that's what I heard you say. But I take it you're supportive of the fact, from what I understood you to say, that we are collecting socio-demographic data. That, you think, is a good thing. Is that correct?

Dr. Michael Rachlis: I think it would be a good thing if you were collecting the data. I don't think you're currently collecting it hardly at all. My concern is that I think the recommendation has been made in Ontario for many years—I'm aware you were not in government for all of the last 20 years, but it has been made for many years that for this data, there should be a mandate for health care providers to ask these kinds of questions. It's not to deny service if people don't answer them—but to ask them in a sensitive way, and then we know, as I said, 90% of people will volunteer the information. So this legislation, seriously, is missing it because it is not mandating that vaccinators ask for this information.

Mrs. Robin Martin: I think the whole point of the legislation is that we get in the legislation a requirement for the question to be posed. The information, frankly, is what we want to get.

Right now, what's happening is, people are asking for the information based on contracts. They just have individual contracts with each of the vaccinators, as opposed to a much more efficient kind of provision in the legislation that says, "Everybody, when you collect this information, you need to give it back to us."

My understanding is, we've been working on this. I think, from what you said, the other government that was here for 15 years was asked to do this for a long time and didn't do it. So the fact that we're doing it, I think, is a step in the right direction.

The ministry and Public Health Ontario have collaborated to develop materials to make this work during a pandemic, when everybody is also doing many, many other things. They're trying to collect this socio-demographic data. My understanding is that, since March 5—I think that's what the minister said in her comments this morning—we have been collecting this data. I don't know if your experience was prior to that or around that time. They've been rolling it out. Not every vaccinator, of which now we have very, very many, has yet had the training and been given the materials to collect this kind of socio-demographic data. That's happening, but I don't know that it's done yet at every single vaccinator site. That's what we're trying to do. We're trying to put all this in place so that we could collect this important data to help us inform our public health response.

My understanding is that, on the preliminary data, as you point out, about 90% of people have no problem providing the data that we have asked to collect, and so we're getting a fairly good uptake. We're increasing and making sure we're getting more and more sites to be collecting this data. We're trying very hard to do something that, as you point out, has been asked for for some time.

Really, I'm just trying to point out that the ministry and the minister have responded and done what has been asked for for many years and started to collect this data during the pandemic, where we could all see the importance of making sure that communities that are most impacted get the vaccines. So this information can certainly help us with that.

What I would like to ask you is, don't you think that this is a good step? And how do you think this information can be used to help us ensure equitable access to vaccines throughout the rest of the pandemic and into the future—or how else would it be used in a good way?

Dr. Michael Rachlis: The key point, again, is that you have to mandate the vaccinators to ask, and then you have to train them to ask in the right way. It would have been even better if you could have used primary care and pharmacies, who have trusted relationships, to do that. You're not doing it. I'm sorry to say this, but you are not doing it. Because you have not mandated it, you don't have the data. I was not asked. None of my friends have

been asked. The only person, of dozens of people I know who have been vaccinated, who was asked was my son, who attends a community health centre—and to quote an MOH who I will keep anonymous, how are you going to ask these questions in hockey arenas, anyway? The plan for the vaccination campaign did not integrate any planning for equity—did not, and that's one example, where they're held in places where people couldn't respond even if they're asked. And they're not being asked. So your legislation is not what's being requested. What has been requested for years is mandating providers to ask.

Mrs. Robin Martin: Well, I hear what you're saying—that another provision could actually mandate providers to ask, but seeing as how we're paying the providers, we get to mandate through our transfer payment agreements what we want them do in order to get the cash, which is taxpayer dollars that we pay to them, and get them to do what we've asked them to do.

In this case, we're starting to collect socio-demographic data, which has been requested of governments who have done nothing for 15 years. We're starting to do it, even in the middle of a pandemic, which I think is certainly a step in the right direction.

This legislation, if passed, would require persons who are administering the vaccines to give, as I said, this information back to the ministry. We think this is an important first step.

The other thing I thought you might—

The Chair (Mr. Deepak Anand): One minute.

Mrs. Robin Martin: —give us some insights on is what particular type of socio-demographic data you think would be most useful and relevant for us to collect as we're doing this work.

Dr. Michael Rachlis: I think the most important data would relate to racial identity, ethnic origin, and, of course, you've got age, gender etc. I think it's very important, through COVID-19, to understand what kind of cultural context people come from. The more information you can get on that, the better.

Again, I wish to highlight, however, as you've mentioned, this legislation simply consolidates information that wasn't being provided in individual contracts into legislation. There's no mandate for this information to be provided. I urge you to amend the legislation to mandate providers to ask for this information.

Mrs. Robin Martin: Thank you for your input.

How much time do I have, Chair?

The Chair (Mr. Deepak Anand): You just used up the time allocated to the government side.

Thank you, everyone. We appreciated your comments and your presentations.

Our next presenters are going to be joining us at 3 p.m., so for about the next eight to 10 minutes—

Interjection.

The Chair (Mr. Deepak Anand): Yes, let's reconvene at 3 p.m. exactly. I don't know what the time is, but let's reconvene at 3 p.m. Thank you so much.

The committee recessed from 1448 to 1501.

The Chair (Mr. Deepak Anand): Everybody, welcome back.

Before we begin, I do see MPP Billy Pang is here. MPP Pang, good afternoon. Please confirm your name and please confirm you are in Ontario, sir.

Mr. Billy Pang: I'm MPP Billy Pang. I am in the riding of Markham–Unionville.

The Chair (Mr. Deepak Anand): Thank you so much.

ALZHEIMER SOCIETY OF ONTARIO
ADVANTAGE ONTARIO
MS. NANCY RILEY

The Chair (Mr. Deepak Anand): For the next set of presenters, we have members from the Alzheimer Society of Ontario, we have members from AdvantAge Ontario, and we have Ms. Nancy Riley.

Each presenter will have seven minutes for their presentation, and the rest of the time will be broken down into two rounds of seven and a half minutes for the government members and two rounds of seven and a half minutes for the official opposition to ask questions.

At this point, I would respectfully ask the members of the Alzheimer Society of Ontario for your seven-minute presentation. Please state your name for Hansard, and you may begin now.

Ms. Cathy Barrick: Good afternoon, committee members. Thank you for the opportunity to speak with you today. My name is Cathy Barrick. I'm CEO of the Alzheimer Society of Ontario. Joining me today is Kyle Fitzgerald, the Alzheimer Society's manager of public policy and government relations.

The Alzheimer Society is a federation of 29 community support service providers. We have a presence in communities across Ontario, and last year we provided care to 165,000 clients. Our staff includes both registered and non-registered health professionals. Personal support workers with the Alzheimer Society provide in-home respite for people living with dementia and their care partners. Our mission is to alleviate the personal and societal consequences of Alzheimer's disease and dementia both in the community and long-term care.

Our testimony today will focus on schedules 2 and 4 of this bill. Regulation and oversight of PSWs was one of our pre-budget recommendations this year, and the Alzheimer Society is supportive of the overall intent of schedule 2. We are delighted to see that the new oversight authority will have the ability to establish minimum standards of education and skills-based qualifications for PSWs. We see this as a truly transformational opportunity to equip PSWs with the tools they need to properly care for people living with dementia.

Two thirds of long-term-care residents in Ontario live with some form of dementia and around 150,000 Ontarians with dementia live in the community, at home—our friends and our neighbours. Most clients who have a PSW to support them throughout their career, especially in long-term care, live with some form of dementia. Education and

skills-based training offered to PSWs must treat dementia as the rule, not the exception. That is not the case today.

Dementia often changes how a person responds to the world around them. A person living with dementia might refuse to eat, not because they aren't hungry but because another of their needs is being unmet, such as their room being too hot or too cold. It is absolutely vital that PSWs in Ontario have a fulsome understanding of dementia, including how to look past the symptoms and see the person.

The Alzheimer Society has been working closely with the Ontario Personal Support Workers Association to deliver our U-First! training on person-centred care to PSWs across the province. The authority's mandate to set minimum standards of training and education can accelerate voluntary initiatives already under way in the sector and equip all PSWs with the tools and training they need to deliver person-centred care to individuals living with dementia.

We see the ability to establish province-wide standards for PSW training and education as one of the greatest opportunities presented by Bill 283. The fact that registration with the authority will be optional undermines this opportunity. If registration with the authority will not be made mandatory for anyone presenting themselves as a PSW in Ontario, then we urge the provincial government to use its hiring powers to make registration a de facto requirement. This could include only hiring registered PSWs to work in long-term-care and retirement homes, as well as for home and community care support services.

Fees must also be set at a level that does not pose an unfair financial burden on already underpaid PSWs. Excessive fees will discourage voluntary registration and disincentivize new entrants to the profession.

The provincial government must also proactively monitor hiring practices to ensure that the responsibilities now held by PSWs do not shift to other, less qualified roles. We are seeing new positions such as resident aides and PSW assistants emerging due to chronic staff shortages. In the event that these or other roles start to take on functions performed by PSWs today, such as direct assistance to activities of daily living, cabinet must exercise its ability to prescribe new classes of registrant, so that the powers of the authority are not circumvented by simply hiring PSWs by another name.

Finally, we would like to flag section 35 of schedule 2 for the committee's consideration. We fully support mandatory reporting of suspected sexual abuse and question why mandatory reporting requirements are not expanded to include other forms of abuse, including physical, emotional and financial.

We would now like to switch to schedule 4 of this bill. The Alzheimer Society is supportive of protecting the designation of behavioural analyst; however, we caution against restricting the practice of applied behaviour analysis to only those who hold this designation. Registered nurses and registered practical nurses are often involved in developing intervention practices for responsive behaviours of people living with dementia. These nurses bring a high level of skill and understanding, both around the person as an individual and the disease of dementia. Protecting the title of behavioural analyst must not include preventing RNs and RPNs from exercising the role they fill so well today.

Thank you once again for your time and consideration today. Kyle and I look forward to any questions you may have.

The Chair (Mr. Deepak Anand): Thank you so much. We really appreciate it.

The next presenter is from AdvantAge Ontario. You have seven minutes. You may start now.

Ms. Lisa Levin: Thank you very much, Chair, and good afternoon to members of the standing committee and other presenters. I'm Lisa Levin, the CEO of AdvantAge Ontario. I'm accompanied by our associate director of public policy, Olivia Nero. I'm pleased to be able to speak to you today regarding Bill 283. AdvantAge Ontario is the advocacy association for non-profit and municipal long-term-care housing and services for seniors in Ontario. Our values are rooted in our community-based approach to senior care delivery that puts residents first and reimagines seniors' care in Ontario.

Bill 283 contains important and timely considerations for our health care system, and while we have comments on several sections in this bill, the focus of most of our submission is on schedule 2, which is the Health and Supportive Care Providers Oversight Authority Act.

COVID-19 has exacerbated the staffing crisis in long-term care, congregate care settings and home and community care, and we know that part of the solution is to strengthen oversight to PSWs. We support the policy direction taken by the government to create this regulatory authority. We think it's a critical first step in establishing a level playing field for PSWs and helps to elevate their standing in the sector. This will also help to protect the most vulnerable in our society.

While we support the concept of a regulatory authority, we would like to offer a number of recommendations for the committee to consider to ensure that unforeseen risks are eliminated.

As a brand new stand-alone authority and entity, the Health and Supportive Care Providers Oversight Authority, which I will from now on refer to as "the authority," will have significant start-up costs before it is up and running and reaches capacity. The proposed legislation facilitates the authority to be self-funded through registrant fees. It's important to ensure that the costs associated with the authority do not act as a barrier to PSWs to continue working in or joining these sectors.

In 2018, PSWs in long-term care earned between $20 and $27 an hour, and those in community and home care brought in even lower salaries, between $16 and $18 an hour, so it's not realistic to expect them to be able to fund the start-up operations of the authority. Our member homes also do not have adequate resources to fund the memberships of the PSWs they employ.

We recommend that the government fund the start-up and subsidize, as appropriate, the ongoing operations of

the authority to allow the authority time to determine the appropriate level of fees, given the average salary of PSWs. We also recommend that the initial registration be free and that the fee for new PSWs be appropriately subsidized.

1510

Under the proposed legislation, it is not mandatory for PSWs to register with the authority, but some service providers may require registration with the authority when hiring new PSWs. We support mandatory registration, provided appropriate levels of funding are in place. Voluntary registration, combined with the absence of standards and scope of practice or title protection for PSWs, may result in a two-tier PSW workforce made up of unregulated PSWs as well as those registered with the authority, with each group referred to as a PSW. To avoid a two-tiered workplace and confusion to residents and clients, we recommend that the legislation and/or regulation and transfer payment agreements in long-term care, congregate care, and home and community care settings should put in place mandatory registration of PSWs with the authority.

One of the requirements for registration includes education qualification. Since PSWs make up a large part of the long-term-care staffing complement, it would be integral to ensure there is consistency between the educational requirements of the authority and the Long-Term Care Homes Act. Additionally, many staff in long-term care were previously health care aides and were grandparented into work as PSWs when the new act was introduced. It will be integral to ensure that these staff members will be able to join the authority without the need for extra credentials or education.

Under Bill 283, PSWs have a number of requirements related to sexual abuse reporting. The requirement of disclosure fails to recognize the precariousness of PSW employment and their position within a care team. In long-term-care and retirement homes, there are already mandatory sexual abuse reporting provisions that are effective in this area. We recommend an exemption from mandatory sexual abuse reporting for registered PSWs working in long-term-care homes and licensed retirement homes, and the government should undertake further consultation to determine additional settings to be subject to this exemption.

Under the RHPA, long-term-care homes must report to the college if there are reasonable grounds to believe a health professional may be incompetent, incapacitated or have sexually abused a patient. Long-term-care homes don't have a similar reporting obligation under Bill 283, and in this context, they may face challenges in deciding whether to report these allegations to the authority. There's also no indication that there would be an obligation for an employer to report to the authority if a PSW was fired for other offences. The bill should require that employers report to the authority if they have reasonable grounds to suspect that a PSW registrant has abused a resident or client in any way.

The authority will have an advisory committee to inform its operations, and we recommend that one of the categories of membership in this committee should be PSW employers.

The Chair (Mr. Deepak Anand): One minute.

Ms. Lisa Levin: We would also like to ensure that there is transparency when this bill is enacted and a transition period before any changes occur to ensure the stability of staffing in the current precarious environment, and this will include communication and consultation with the sectors.

AdvantAge Ontario and our members are committed to providing seniors across the care continuum the best care possible. The impacts of the bill are not clear currently, and we urge the government to engage with us as the bill is rolled out and associated regulations developed.

We look forward to continue working with government to improve the continuum of care for seniors collaboratively in the future.

The Chair (Mr. Deepak Anand): Thank you so much.

We have Ms. Nancy Riley. You have seven minutes. You can start now. Please start with your name.

Ms. Nancy Riley: Thank you. Good afternoon. My name is Nancy Riley. I started my career as a certified PSW a little over 19 years ago. I live and work in Blind River, Ontario. Previously, I worked in long-term care for 12 years, and currently I'm self-employed in the private sector as a personal support worker in community care.

I'm very concerned about the proposed legislation, Bill 283, in regard to PSW authority. No doubt there have been many experiences with trying to regulate personal support workers. All of them lacked a balance between the influence of the employer and the PSWs, and further, the absence of the kind of due right to fairness and justice that our regulated health care professionals receive today, like an independent quasi-judicial hearing process with the right to testify, call witnesses and evidence, among other things, and further, the right to appeal a decision to the courts.

OPSWA, the Ontario Personal Support Workers Association, is seeking to self-regulate personal support workers. For the most part, PSWs don't support OPSWA. The government has not legislated them to do so, thankfully. Therefore, it should not be viewed as a body for PSWs. What is in our best interest is to have a college-regulated body like the entire nursing sector has today, not self-regulation, as OPSWA asserts.

The current system is failing personal support workers rapidly. They are quitting at an alarming rate. There are still understaffing issues and unsafe working conditions in the field. The employers and the government can train and recruit all they want, but no one will stay. Once they realize what they are up against—the unsafe working conditions, poor conditions, understaffing—they will leave and the government will be back at square one.

The very employers that wrote the unrealistic policies and procedures in long-term care—but not limited to—that are rocking Ontario today are not held accountable for exposing these front-line health care PSWs to unsafe working conditions, resulting in inadequate, unacceptable and unreasonable care for our seniors, yet there is no liability for these employers.

The kind of care that we provide to our seniors is heart-wrenching, heartbreaking. It degrades PSWs and the residents. It is not right that our seniors are expected to understand that PSWs have to ration them, when, in most cases, they don't understand or are not capable of doing what we take for granted and enjoy doing ourselves—the simple things in life, like brush their teeth or hair, go to the bathroom, get in and out of bed, get a shower for less than five minutes—all of which is very unreasonable and, unfortunately, leaves room for the PSW to make some serious errors and possibly even hurt them.

Personal support workers have been bullied and threatened into silence about speaking out on the poor conditions in health care. It finally took the army to go into these facilities. They were not threatened with confidentiality breaches or with losing their jobs when they reported the deplorable conditions our vulnerable sector was subjected to, unlike PSWs. Finally, they told our stories, which we were telling for years—but ignored or silenced not to speak the truth. We appreciate our army so dearly for doing this for us.

Moreover, unless personal support workers are respected as health care assistants and have a system in place where they can be free to speak the truth—not be reprimanded—and have a fair hearing to speak the truth, these will be the only health care professionals who will not be able to seek natural justice. We would ultimately lose our licence. Our reputation would be tarnished.

The Chair (Mr. Deepak Anand): Two minutes.

Ms. Nancy Riley: We will be denied the right to prove our innocence of the allegations brought against us. We would essentially be deemed guilty. This would be unjustifiable. We live in Canada and are given the right to be presumed innocent until proven guilty, but we'll be denied this once again.

1520

That is why I am here to implore you today on behalf of myself and all the other personal support workers. The only way for the PSWs to stay or return and encourage more people to join or to stay in the field is for the government to take action and start showing us that PSWs are valued and going to be protected from now on and that they will not be scapegoats anymore.

Respectfully, give us a college-regulated body like the one that regulates nurses, the College of Nurses of Ontario, which has the heart of a system of due process, which would ensure that PSWs receive fairness when a complaint is brought against them, and has all of the same normal civil rights that flow to our health care professionals who are regulated in Ontario.

Thank you very much for having me today and for your consideration in the matter.

A special thank you to my MPP, France Gélinas, and her office staff, Mr. Damien Waddell—a great supporter of PSWs—for informing me of this opportunity today. This was and is an awesome experience. Thank you very much.

The Chair (Mr. Deepak Anand): Thank you so much, Ms. Riley. It was a perfect seven minutes. Thank you for your presentation—bang on. And thanks for that passion.

Moving over, we will be having an opportunity from the government side—seven and a half minutes over two rounds. Go ahead, MPP McKenna.

Ms. Jane McKenna: First of all, Nancy, I want to say, your passion was absolutely heartfelt, and thank you so much for that.

I'll just tell you a couple of things. First of all, my daughter is a nurse—I've said this a thousand times. I've got five kids. My oldest daughter is a nurse. And my uncle was chief of staff at SickKids hospital.

We have lots of conversations, obviously, with our constituents too, about all of these situations. I know that PA Martin, who is on this call, and the minister have recognized that it has been a long, long time that we have—it's time that we do what we need to do for PSWs. So thank you from the bottom of my heart.

I also want to say that we are so grateful for the army coming in. As you know, it was the Premier who asked them to come in, and we were very, very grateful for that.

I would like to say that all of the presentations here today were very thoughtful.

I want to talk on a personal note. We always have someone in our lives who touches our heart and soul and makes us the person we are today. Mine was my Aunt Helen. She died and had Alzheimer's. If it wasn't for the people where she was in Toronto—I thanked them every second of the day I had the opportunity to. She gave me everything that I possibly had in my soul. I miss her every single day. It's because of you people that she had loving care and compassion while she was going through Alzheimer's at a very young age. She was 58 when she got it. I just wanted to say those things, because all of us have people in our lives who have certain situations, who touch our soul and live on forever. She was very much a part of my life for that.

I was telling the minister this morning, when we were on this call, that I always go to the same Tim Hortons and line up outside, and there was a lady, Sally, a PSW, who came up and said to me, "Are you Jane McKenna?" I said, "Yes, I am." She said, "I want to thank you, because we're finally getting the respect that we have deserved for many, many years that we haven't had."

There are lots of things that we're doing in the pandemic, as we all know. We're working extremely hard with all of you people, with our backbone. We're all working together. I say to my kids all the time, when you work alone, you make progress; when you work together, you make history. So thank you, all of you, for that in these very, very challenging times.

I want to ask a question—Cathy, maybe you can answer this—and then I know that my colleague MPP Triantafilopoulos is going to take over after this.

Is there anything in this legislation that the ministry should consider further as we move forward with the regulation of ABA, other than what you have outlined today?

Ms. Cathy Barrick: I think from our perspective, the things that we have outlined today are the top priorities of things that we would like to be considered. From our

standpoint at the Alzheimer Society, which we obviously included in our testimony, it's the importance of education—so not just the regulation in terms of an oversight body, an authority, but to ensure that all PSWs who are working in those environments have proper dementia care education. It is not the same as the education that they receive as they become PSWs. That's very generic education. The education around seniors' issues in general is, I think, below 10 hours of their total training. So to ensure that, to become a PSW working in those kinds of environments, they have dementia-specific training is critical.

I would also add to what Nancy was talking about. PSWs—and MPP McKenna, you just articulated this, as well—are the backbone of the health system, particularly in long-term care. They have been underappreciated, well, since forever. Sadly, this pandemic has really shone a light on the heavy burden that they have been carrying. So I do hope that the legislation and the things that are included in it actually amplify their importance, and that they get the respect and wages that they deserve.

Ms. Jane McKenna: I appreciate that. The reality is, when we bring this into the House, we have the debate, so people, obviously, from opposition and independents can engage in the debate. But the reason we have committee is to hear wonderful people like yourselves, to be able to—we're a government that, obviously, is not on the front lines like people like you. We're very grateful for all that you do.

I am going to pass it over to my colleague MPP Triantafilopoulos. She is going to continue.

Thank you both, sincerely.

The Chair (Mr. Deepak Anand): Go ahead.

Ms. Effie J. Triantafilopoulos: Thank you, Chair. I also would like to thank all of our presenters today. You have really amplified for all of us the important work that you do, both in long-term care and also, specifically, for those patients who have dementia. So I really want to convey to you my heartfelt thanks, as well.

Going more specifically into this sector: We know that COVID-19 shone a light on the years of neglect and lack of investment from previous governments in our long-term-care sector. In February, our government announced an investment of $115 million, which was really a historic investment for a training campaign that would actually qualify up to 8,200 new personal support workers for these high-demand jobs. We know that our long-term-care sector really needed this and needed to accelerate the training that we needed to go forward. So the program is actually being done in conjunction with the 24 publicly assisted colleges in Ontario. As well, this past April, the government also announced it's providing $86 million to help train an additional 8,000 PSWs through private career colleges and district school boards.

I wanted to ask each of you, do you believe that this bill will help these new PSWs and help demonstrate the high quality of their qualifications that they're going to need as they move into the workforce with the potential employers?

Lisa, perhaps you would like to go first.

Ms. Lisa Levin: I think this is an amazing initiative that the government has put forward. The registry and the authority will definitely help with that. because I feel that it will elevate PSWs and make it more attractive to enter the sector. But it's critical that they do not pay a fee and that the establishment of this registry is not on the backs of existing PSWs or new PSWs who want to come into the sector.

The other critical part, which I know isn't part of this bill, is that we're going to need government funding and support for preceptors to mentor, because with so many PSWs flooding in, unless they have help, it's going to be a problem.

The Chair (Mr. Deepak Anand): That concludes the time for the government side.

Over to the opposition: MPP Peggy Sattler.

Ms. Peggy Sattler: Thank you to all of the presenters. I have a question for each of you. I'm going to start with Nancy.

Nancy, thank you so much for speaking your truth today to the MPPs in this committee, for bringing your passion. I know it can be an intimidating experience to make a presentation to MPPs, but you were very powerful, and your words were very much appreciated.

1530

You talked at some length about the importance of ensuring that PSWs have fair hearings, that they don't end up as the fall person for issues that they shouldn't be held accountable for, the need for due process.

Can you talk a little bit more about your concerns about the registry as it's currently set out in this legislation? Does the registry undermine that due process that is so critical to support PSWs?

Ms. Nancy Riley: I feel it most certainly does, and there is no system in place for that, per se, a quasi-judicial review or a quasi-judicial-based system like the regulated staff do now. The regular college of nurses has this process. I can give you many examples. Like I said, I worked 12 years in this, and I've seen PSWs take the fall for things that are just simply not right. You want us to work in this field.

I'll give you an example of a two-person lift. Now, you have these people with two-person lifts, and then you've got the point where, "Well, you're asking us to do this with two people," then suddenly, if that person is sitting there and they have two people and that person has to suddenly leave to go out of the room and then an accident happens—we have 12 patients at a time. So I feel that it's absolutely necessary—I was a steward. I've seen so many personal support workers take a fall for things that were just not fair. If they would have had a proper process in place, they would have had the right to show their evidence that they did or did not do that. Right now, as it stands, they're left holding the bag: "Well, no, you did it." Well, where's the paperwork? Where's the paper trail, or where's the stuff that says that that personal support worker did it? Right now, as it stands, it's not like RPNs, where they have another body that's going to say, "Hey, wait a minute. No, that RPN did not do that."

A very good point of Lisa's is that—back when I was working 19 years ago in the facility, I started off as one of the first ones. I was the pilot project. She's right: Those nurses who were health care aides—that's what their names were. They were health care aides, and they had been grandfathered in to be a personal support worker. Therefore, they clearly got better than what we are doing today, and we do a majority. We are not even recognized as nursing assistants. We're only recognized as PSWs who only assist. We don't assist. We're—I'm trying to get the term there; sorry. I'm so nervous. I'm trying to get it all out at once.

We're only acknowledged as support staff. We're not acknowledged as nursing assistants, and trust me, we do a lot of nursing duties. We are the first one at the scene if, say, a client, when we walk into the room—or even in home care today. I walk into the home, and I see signs of stroking or I see signs of that wound getting awfully bad. We've applied creams. At the direction of the nurses, we would apply the medicated creams. We'd sign off on things that even the inspector should have realized that no way were these things happening. For example, we'd sign off that we were repositioning these clients every hour or every half-hour. There is no way in prime care that you can be doing that. So when the inspectors came in, they should have realized that that was not happening just by seeing those clients, those residents sitting in the hallway for four to six hours between breakfast and lunch, that that wasn't happening, but we were made to sign those darn papers. I disagreed with it from day one. I said, "This is not right, because it's not happening. There's no way, and why are these inspectors not seeing that? That's just turning a blind eye again."

There are so many things like that, that if we are not protected with a proper regulated body, we will be shafted again and taking the blame for things that we should not.

Ms. Peggy Sattler: Thank you very much.

I want to move to Lisa from AdvantAge Ontario.

The Chair (Mr. Deepak Anand): One minute.

Ms. Peggy Sattler: Certainly we have seen through this pandemic that there's a lot of focus on the differences between the not-for-profit municipal long-term-care homes and the private sector for-profit model of long-term care.

Lisa, you talked about the need for mandatory registration to avoid a two-tiered workforce. What would be the negative implications of a two-tiered workforce if this mandatory registration isn't put in place?

Ms. Lisa Levin: You may not have enough critical mass of PSWs to make it affordable for the government and PSWs to pay in. You're going to have PSWs who are seen as higher up than others. We've heard from Nancy what a challenging job it is to begin with, and the point of this—or one of them—is to empower PSWs and prop them up.

We also think families would be confused, because some PSWs would be registered, have a credit or whatever you want to call it, and others wouldn't be. So we think there would be a lot of confusion in the sector.

Ms. Peggy Sattler: Okay. Just a quick question for the Alzheimer Society and Cathy. You had—

The Chair (Mr. Deepak Anand): Thank you, MPP Sattler, but you will have another opportunity of seven and a half minutes.

We'll move over to the government side. MPP Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: This is a question that I would put to any of the three presenters before us. And once again, I'd like to thank you so much for being here today and giving us such valuable input as we're moving forward with this piece of legislation.

As parliamentary assistant to the Minister of Long-Term Care, I took part in a number of staffing consultations with a variety of expert groups in the sector. One of the issues that PSWs and their representatives often raised was that frequently they felt a lack of respect. This is what I know that our presenter Nancy was referring to as well.

Do you believe that bringing PSWs under a regulatory body similar to those for other professions will create a higher level of respect and recognition and appreciation for the work they do? I'm wondering, as well, if you could comment on whether you think this would actually encourage them to stay in the sector and retain them.

Lisa, may I go to you first? And then Nancy and Cathy.

Ms. Lisa Levin: You're saying if it was a registry, if it was like a college, or if it was this version of it?

Ms. Effie J. Triantafilopoulos: We're talking about the authority—

Ms. Lisa Levin: The authority. Well, of course, I'm not a PSW, and so I think Nancy would probably be one of the best people to answer this, but in my mind, it would elevate the role and the presence of the PSWs in the homes. They are the heartbeat and the backbone of our long-term-care homes. We need to make sure that we empower them and provide greater respect. We also need to do other things with workplace culture. But to me, this is an important step.

Ms. Effie J. Triantafilopoulos: Nancy, perhaps you could also respond.

Ms. Nancy Riley: Yes, absolutely. As you've seen from my presentation, I do fully agree that a college registry will help bring back respect and dignity, and also assurance, like I said, from the government that this will not happen to us anymore—that we will not be the scapegoat.

1540

I would like to go to the piece of education, because I do have all this education. I have U-First! and all those programs. In a simple word, education, yes, is very important; do not get me wrong. But hands-on, you never, ever, ever get the same as you do with education.

My daughter, who is a nurse—I know the other presenter told me that—has admitted this to me and said the very same thing: "Mom, I learned so much more"—and she works in Sudbury, Ontario—"than I did in my four years of education." She is, like me, very passionate and loves her job. She says, "I love it, and the more they give me,

the more they show me, the gorier they get, the more hands-on I get, the happier I am."

This is where I say that if you've got a good PSW who is a caring one, and you know she's compassionate and she's willing to go the mile for our seniors, you know you have a good personal support worker. But that authority has to be the same as the College of Nurses for nurses.

Thank you for hearing me.

Ms. Effie J. Triantafilopoulos: Cathy, I don't know if you want to speak specifically to this point. One of the things I do know is that long-term-care residents, as we know, are increasingly entering long-term care with a lot of dementia issues and Alzheimer's issues, so the care for them has to be more specialized and targeted to their needs. Perhaps you could speak to that as well as my previous question.

Ms. Cathy Barrick: Absolutely. I am in full support, and I do believe that an authority, a regulatory body, as Nancy is talking about, will most certainly elevate the profession, as I mentioned earlier, and give them the due respect they have deserved since the beginning. But as Lisa mentioned, there are other factors that also need to happen at the same time: workplace culture, staffing levels. It's one thing to have a regulatory body, some education requirements etc., but as Nancy said, if they're still trying to look after 12 residents at a time, that is just not a reasonable level of care.

I know the government has actually come out with minimum care, so that's another key piece of it. I think it's multi-faceted. I think respect is one thing. I think pay is another. They need to be given a proper wage for the amount of work that they're doing. I worked, actually, as a PSW when I was in university—completely unqualified as a PSW, I might add, and that sort of speaks to the issues that we're having. It is the hardest job I've ever had.

The Chair (Mr. Deepak Anand): Two minutes.

Ms. Cathy Barrick: They need the respect, and they deserve it.

Ms. Effie J. Triantafilopoulos: Chair, I'd like to pass my time now on to MPP Kusendova.

The Chair (Mr. Deepak Anand): MPP Kusendova, you have two minutes.

Ms. Natalia Kusendova: First of all, to Nancy, I just want to say, wow, what a passionate advocate you are. I have to say, from my experience working as a registered nurse in the emergency room, PSWs were some of my most cherished mentors. They actually taught me a lot of tricks of the trade when I was a complete novice nurse. They're such a valuable part of our interprofessional team in the emergency room.

Just to give you an example, where I work, we have two PSWs helping a staff of 24 registered nurses. You can imagine trying to multi-task and go from one room to another to help the nurses change a patient, feed a patient and also be the eyes for the nurse. As you know, nurses can be very, very busy, especially now with COVID-19, when we don't have family members in our hospitals. So PSWs are the eyes and ears of our nurses, and of course, our doctors as well. I can't underline how important they are in our health care system, whether it's in the hospitals or whether it is in the long-term-care sector.

As was rightfully noted, other than just this bill that we are discussing today, we are doing other things to elevate the profession of PSWs, including mandating four hours of daily care per resident. This goes to show that we really mean it when we say we need to improve the working conditions. By mandating this four hours of direct care, we will ensure that PSWs have better working conditions, especially in the long-term-care sector. That's why, as well, we are funding training for our PSWs that the government is paying for. to the tune of $150 million—

The Chair (Mr. Deepak Anand): That concludes the time for the government side of seven and a half minutes.

We will be moving over to the opposition for seven and a half minutes. MPP Harden.

Mr. Joel Harden: I want to begin with our friends from the Alzheimer Society. We've had a good discussion today through various presentations and with the minister's presentation this morning about the PSW profession. For what it's worth, three years as a parliamentarian has impressed upon me a lot of what Nancy said. This is a profession that requires considerable skill.

I'm wondering if, for the record, you could talk about the kind of skill that you look for as an advocacy organization, when PSWs are working with patients who live with dementia.

Ms. Cathy Barrick: Thank you, MPP Harden, for the very important question.

As I mentioned in the testimony, the importance of dementia-specific education is critical. I concur with what Nancy said, that bedside learning is where it all comes together. But for PSWs—well, all health professionals, to be frank—to understand what happens to people with dementia, those responsive behaviour challenges that folks have in providing care, are part of the disease, and that there are actually ways to minimize those kinds of behaviours and issues that you may run into. Making sure that you have—for example, PSW training teaches some really great skills: This is how you feed, this is how you lift etc. Well, if someone has dementia, they are not participating in the care that's being provided in the same way as someone who has their cognitive faculties intact. Being able to approach in a way that doesn't startle, doesn't frighten, understanding that people with dementia also have lives—their life, memories, history, etc. PSWs and all health care professionals must have a fulsome understanding of how dementia affects people and how the care must be modified to meet the patient or resident where they are. Our program U-First!—and there are others as well—really focuses on that. It's not just about providing the care. It's not just about giving the shower; it's about giving a shower in a way that reduces behaviours and respects the dignity of the individual as they're receiving care.

Mr. Joel Harden: Amen to that.

Lisa, over to you: I know in the past when I have read a lot of the research that AdvantAge has put out for the public realm, there has been some emphasis on what non-

profit organizations—because you're maximizing all the funding that you get towards the delivery of care—are able to do in providing culturally appropriate care, culturally responsive care. It strikes me that when our office here in Ottawa Centre has had to work with families, particularly in this moment, a lot of what has happened by way of incidents that have taken place stems from a place in which someone has in some cases had to almost give up their culture, give up their livelihood upon admission into a long-term-care facility that's run not with the values you're talking about but for the purpose of turning a profit and doing things in certain routinized ways that creates conflict between the residents and the PSWs.

If we're talking about the well-being of the PSW profession and why it should be regulated, I'm wondering, because we haven't talked about it today, what will making sure every single public dollar going into culturally appropriate and culturally responsive care—if that's something you think we should be thinking about, too.

Ms. Lisa Levin: Absolutely, MPP Harden. This is something that the long-term-care commission, interestingly, put in their recommendations, which was unexpected and welcome—the importance of having culturally appropriate care, especially as people age. If they have dementia, in particular, they revert back to their mother tongue, and they want to be around their familiar traditions, languages etc. It's only really community-based groups that are grounded in the community in homes that are built by the community for the community where people can get that cultural care.

Right now, what's happening in homes is that a lot of the admissions are crisis because of COVID-19, and we need to make sure that we help the hospitals out. We've done everything we can to do that, but we also need to think about ensuring that we retain cultural homes as cultural homes, because they're starting to lose their cultural composition with the new people coming in. We are taking a look at that and are going to make recommendations to government in that way, but we also think that all new long-term-care beds that are built should be for not-for-profit or municipal homes, including cultural groups'.

1550

Mr. Joel Harden: I very much agree. Thank you, Lisa, for that.

Nancy, over to you: We've all taken turns complimenting you on your passion, but I was wondering if you could help us understand, given 19 years of service, and we're going to hear from our friend Lynn Steele shortly, who is another long-serving community PSW, what kind of skills—I think in this moment, Nancy, given some of the awful things that have happened, we can sometimes scare people out of the profession. That's not what we want to do. If you were to think about what advice you would give the government to empower a regulatory entity to attract people to this profession, because they want to be part of the solution of helping people—would you mind telling your story with us, just so it's for the record now, about what drew you into this occupation in the first place, so we can get more people to want to be care workers?

Ms. Nancy Riley: From day one, I think the best care for our seniors is compassion and caring. From day one, I've always said we need a proper regulatory body. Is it fair to allow us to work under unsafe working conditions? Are you going to attract more people if that's what you're going to indulge in them again? How many times are you going to do this? You've had two regulatory experiments already with us—enough.

Then we have OPSWA, which is scaring the living bejesus out of us and wanting to self-regulate us; again, who are very unfair to us and are claiming that self-regulation is going to be the be-all. When we tell them or we express what I'm trying to express to you today—equality, respect, dignity, stop making us responsible—

The Chair (Mr. Deepak Anand): One minute.

Ms. Nancy Riley: —for things that we did not do. If you, the employer, would have given us reasonable ways to keep care of our seniors, we would not be in this position.

That's why it is imperative—this is Canada, as I say. We need to have that assurance that we are not going to have this ever happen to us again. We need the personal support workers who are currently working to express this. The ones who are now being educated and brought in have to be respected and given reasonable work—not overwork them and treat them like slaves, and I think we will have that. We will attain it with a proper regulatory body included.

The Chair (Mr. Deepak Anand): That concludes the time allocated to the presentations. We will be moving over to the next set of presenters.

I want to thank all the members who are here today for your presentations.

THE CANADIAN PSW NETWORK
ONTARIO NURSES' ASSOCIATION
BAYSHORE HEALTHCARE.

The Chair (Mr. Deepak Anand): We are moving over to the Canadian PSW Network, Ontario Nurses' Association and Bayshore HealthCare. We will be starting with the members of the Canadian PSW Network. Please state your name. You have seven minutes.

Ms. Lynn Steele: My name is Lynn Steele. I am the founder of the Canadian PSW Network. I will be sharing my time with our Chair, Lisa Wauchope.

I would like to start by thanking you for the opportunity to speak on behalf of our network and the PSWs we represent. As a certified PSW myself and the founder of the Canadian PSW Network based here in Ontario, we represent many of these PSWs as an advocacy and support network that is a professional voice for PSWs on the issues they want heard in regard to their profession. Today we are here to speak primarily about title protection and the effective certification or licence-based regulation—not registry-based—as it pertains to Bill 283 in its present form.

We are happy to see regulation of PSWs in Ontario being proposed. This, along with title protection, is needed and wanted by PSWs. We included documentation and stats in our written submission on these two topics that PSWs were polled on. Our concern with a registry at this time, as it is presented in schedule 2 of Bill 283, is that it will again be voluntary. This raises concerns that many, if not most, will not sign up for it. This is not conducive to being able to accurately document or oversee PSWs, if we do not know who they are or where they are working. There are only approximate numbers on how many PSWs are working in Ontario. We need to take care not to waste taxpayer money on something that has twice previously cost millions of dollars and did nothing to ensure public safety.

Eighty-nine per cent of our PSWs polled indicated they were in favour of regulation versus merely a registry. Currently, PSWs have minimal accountability to provide clear police VSS results. Those PSWs who are fired due to misconduct merely move to other regions to seek new employment. This evasive tactic is done to avoid detection when they are facing charges or investigations into potential criminal activity. In fact, 83.7% indicated they agree with submitting a mandatory police VSS every two years to a regulatory body, not a third-party background check in place of the honour system of self-reporting. They feel this would further safeguard against less-than-optimal PSWs flying under the radar and would be a step in the right direction to ensuring public safety.

The other component next to regulation we need to see immediately is title protection. Currently, there are over 50 terms for PSW in the province of Ontario which apply to trained and untrained care providers, as well as non-certificate and certificate-holding PSWs. This is an issue because we do not know who is appropriately trained or educated. Without title protection, anyone can call themselves a PSW at this time. Our stats showed 89% were in favour of title protection; 89.4% believed it would give recognition and respect to them by peers in the public; 83.7% believed it would also indicate they are properly vetted and equipped with a standard of training, education and practice, as they also provide basic nursing skills.

We feel this oversight authority needs to be set up in an ethical and equitable manner by a verified and impartial third-party organization with no vested interest monetarily in PSWs. Their purpose should rest on providing safety and protection to not only the PSWs but to the public and the vulnerable they serve. There needs to be input and discussions from all organizations representing PSWs, including certificate-holding PSWs and PSW educators who are currently and actively working in the field. Thank you.

The Chair (Mr. Deepak Anand): Thank you so much. You still have three minutes. Go ahead.

Ms. Lisa Wauchope: Thank you. I'm going to read from my notes. My name is Lisa Wauchope. I'm the chair of the Canadian PSW Network. It has been a 25-year journey to get here today. I have the honour and responsibility as the chair, as well as a PSW educator, to bring forward comments on Bill 283.

I want to talk on behalf of the exemplary work that PSWs do each day, and I'm pleased to see that there's an oversight authority of PSWs in Ontario being proposed, discussed and established. I am all too familiar with the failed PSW registry and the shell of the other registry that had started in my 25 years. I need this to be a transparent, meaningful, ethical oversight authority. There have to be key performance indicators that must be established in order for this initiative to be successful.

As an organization that supports and promotes personal support workers for this initiative, we have to be the voice, and we have to make sure that the framework established is one that represents moving the needle forward in recognizing the value, skill and competencies graduated personal support workers in this province have. It starts with protected title for personal support workers. I want to be very clear that accountability is my number one goal.

I invite you all to consider that the establishment, composition and governance of the authority must be made up of leaders from all sectors and full transparency is non-negotiable. We recommend a not-for-profit third party that would be comprised of leaders in health and social care policy, quality assurance, governments and education at all levels. All workplaces must be representative and the collective group must have varied roles, with at least 50% of the authority made up from the not-for-profit industry sector, colleges and school board educator leaders, community members and PSWs who have graduated from a PSW program in Ontario. I know that many of my colleagues have spoken about this today.

At a time when we need PSWs more than ever, this authority must work to promote and reinforce becoming a personal support worker as a profession of choice.

The Chair (Mr. Deepak Anand): One minute.

1600

Ms. Lisa Wauchope: There has to be a clear message and an outline. I want there to be clear policy around the allegations of abuse, section 5.

Finally, section 6: I want to bring forward my concerns relative to the fees charged. When there are marginalized communities working as personal support workers, I'm very, very concerned with section 6, relative to the fees that would be charged, because we need to acknowledge personal support workers and pay them accordingly before we start charging fees.

The PSW network is excited to work collaboratively with the authority. We're excited to work openly, ethically, transparently with any authority that might be brought forward.

I have spent my entire life looking forward to this opportunity to speak to all of you today. I thank you from the bottom of my heart, and I welcome all my colleagues in the field as well who have spoken today so passionately about personal support workers in this province. They are the backbone—

The Chair (Mr. Deepak Anand): Thank you so much.

Moving over to the members of the Ontario Nurses' Association: Please state your name for the record, and you have seven minutes.

Ms. Vicki McKenna: My name is Vicki McKenna. I'm a registered nurse and provincial president of the Ontario Nurses' Association. We are a union, and we represent over 68,000 registered nurses and health professionals in the health care system, as well as more than 18,000 nursing student affiliates.

First, I'd like to take a moment just to remind everyone on the committee that this is Nursing Week 2021.

Let me start with some background, and then I'll move into our concerns around Bill 283.

ONA's membership ranks are primarily registered nurses; however, we do represent some personal support workers, particularly in long-term care. Our non-PSW members work hand in hand every day with PSWs and some physician assistants throughout the health care system.

We look at this legislation from the perspective of where it fits into the big picture of the health care planning in this province. Some have already said that the legislation is a solution in search of a problem. In our view, there are many fires burning in our health care system right now that require urgent action. This need to rush to regulate oversight of PSWs and PAs is certainly not one of them.

Year after year, ONA comes before these committees to sound alarm bells about the worsening RN shortage in Ontario. This crisis existed long before COVID-19 and now has become much worse from the trauma of the pandemic. Ontario was short at least 20,000 registered nurses before the pandemic, and now things are even worse. RN job vacancies in hospitals continue to climb. Some hospitals are even giving us layoff notices while our nurses battle the inferno of COVID-19. Our ranks are depleted, the morale is weakened and some are leaving the profession. Yet 14 months into a pandemic, the government has virtually no plan to address the chronic, worsening RN shortage in Ontario.

This brings me to the bill. PSWs play a most vital, important role in our health care system, and our RN members value immensely the collaboration with these professionals. Ontario needs more PSWs; there's no doubt about that. They need better pay, better working conditions and better standardization of education and skill base. But without a government plan to also address the recruitment and retention of RNs, our members are left asking themselves a serious question: To solve the crisis of the RN shortage, does the government plan to replace us with other professions? And who exactly asked for the regulation at this time, in the midst of a pandemic?

Moving now to the specifics of Bill 283, my comments will focus on the following five points: the need for standardization of entry; educational requirements, deskilling and substitution; the cost burden to PSWs; better pay and working conditions to foster recruitment and retention; and concerns with PA regulation.

Instead of a government-controlled regulatory authority, ONA believes PSWs first need further standardization of their education requirements for their entry to classification. We're concerned that the bill denies this fact and expects such standardization to take place after the regulatory authority is set up. We believe there should be a phased-in approach for additional educational standards, to ensure fairness for PSWs with diverse work, cultural and educational backgrounds, into established, clear entry requirements. We support the standardization of educational requirements. This would provide PSWs with the tools needed to ultimately perform their jobs and to assist with recruitment. PSWs should be provided with grants and income supports to fulfill these entry educational requirements where it's needed so there's no financial burden or consequence.

If the COVID-19 pandemic has exposed just how brittle our health care system has become, it has also shone a light on the vital role of trained health care professionals in holding our facilities together. The right skill mix is crucial.

We are concerned that this bill would be an additional step towards the continued replacement and substitution of some of the work and functions in care of RNs and RPNs with PSWs. We view the pattern of deskilling of health care workers as hazardous to safe and quality care. Because it's not clear the intention of government, it ought to be clarified, and deskilling in the health care system must be reined in.

Bill 283 gives rights to the new authority to set the new fees associated with registration and maintenance of licensing. For the record, ONA cautions that fees of any kind without the benefit of member representation on the authority of governance will be financially burdensome for many PSWs, who are chronically underpaid in this province.

Pay and working conditions are the primary concerns for the PSWs we represent. If the government's ultimate goal is to improve and shore up the supply of PSWs to provide that needed patient care, then the priority should be on the improvement of their pay scales and their working conditions that enable recruitment and retention in the provision of that care.

Moving now to the regulation of physician assistants: Again, we wonder who asked for the regulation at this time, in the midst of a pandemic. Regulating and expanding the scope of practice for physician assistants under this bill poses significant concerns for us. In our view, nurse practitioners offer the untapped potential to provide more advanced holistic care, such as diagnosing and prescribing, and the scope of practice is well established already. NPs are already regulated but remain underutilized in our system. So why expand the scope and regulate physician assistants, especially at this time, when there is a perfectly sound alternative model and a profession that's already in the system doing an expanded scope? Is the plan to replace NPs with PAs? That's what our nurse practitioners are asking. Moreover, the increasing overlap in scope between NPs and PAs is evident in the bill and will create confusion for the health care team and for patients' sake.

The Chair (Mr. Deepak Anand): One minute.

Ms. Vicki McKenna: Finally, the legislation neglects to clarify what new training and requirements for entry, if any, will accompany the expanded scope of PAs.

Under Bill 283, there also exists confusion between the two methods which PAs will be authorized to perform, whether that be by delegation or by physician order. They are two completely different models of supervision and oversight and we believe will cause chaos and confusion rather than standardization and regulation. We believe that's a wrong move and there needs to be more attention paid to that.

Right now, our regulatory bodies provide standards that reflect any changes in scope of other health care providers. Is it now the time for all regulatory colleges to spend time developing new regulations and standards? We say no, now is not the time.

To conclude, RNs are an acknowledged cornerstone of the health care system. All of us are needed in the system and we need to support one another, or we can't solve the issues in health care.

The Chair (Mr. Deepak Anand): That concludes the time allocated.

Moving over to Bayshore HealthCare: Please state your name for the record, and you have seven minutes.

Ms. Janet Daglish: Thank you for the opportunity to present today regarding Bill 283. I'm Janet Daglish, national director, business development and government relations, for Bayshore HealthCare, one of Ontario's largest home care providers. We deliver nursing, therapy and personal support services as well as infusion pharmacy services that help Ontarians to remain safely at home. Bayshore's government-funded personal support staff provide approximately six million hours of care annually.

PSWs are at the heart of the home care system, and we consider them the eyes and ears for our patients, ensuring patients' care needs are being met, hearing and understanding their concerns, and escalating when they realize that patients may need more care.

We applaud this government's recognition of the important role of the PSW in the delivery of home health care. We believe that the role of the PSW needs to be elevated. In principle, we believe that designating PSWs as regulated health professionals is a positive step towards consistency in training and education, and improvement in standards, accountability and transparency with the public.

Staff providing personal support services, as per our contract obligations, could be foreign-trained nurses, foreign-trained physicians, paramedics, developmental service workers, home support workers or supportive care workers. These staff are currently designated as unregulated care providers, the same as a PSW. We recommend caution when implementing any legislation that may destabilize the already fragile workforce within the home health sector post-COVID-19, which would then destabilize care delivery to patients and families, which is our greatest concern.

1610

Bayshore is supportive of a standardized and modernized educational curriculum for PSWs. However, we do not believe that with the current curriculum and training time, they would have the knowledge, skills and competencies to be a self-regulated profession. PSWs will need to have a transfer of authority or delegations from a regulated health professional, usually a nurse, in order to deliver safe clinical care. Current delegation regulations under the College of Nurses of Ontario prohibits delegating certain controlled acts. This transfer of authority to PSWs' scope of practice would need further research and review to ensure safe practice.

The current curriculum focuses mainly on long-term-care facility-based care and skills that are no longer utilized within the home health care sector, such as how to make a bed. Care is becoming increasingly more complex, and future curriculum must focus on the gaps in critical skills and knowledge, such as palliative care, managing challenging behaviours, dementia care and enhancing supports to clinical care.

We'd like to bring forward two areas of concern for consideration. First off, the risk to home health care capacity: With the establishment of a regulatory body and registry, we risk over-bureaucratizing the oversight of PSWs, which could reduce capacity within the home care sector, a sector whose resources are already stretched thin. There are several UCPs providing care in Ontario who have not completed a PSW course, and costs associated with retraining and registration could perhaps deter them from the profession. There should be no cost to the PSW, nor to the employer, to support registration.

The second area of concern is regarding limited impact due to voluntary registration. We are concerned that the voluntary nature of this proposed registry regulation is meant to protect the public, but voluntary membership with no provision to protect the titles of those who are registered will not protect the public. If the registry were to be voluntary, the PSW title must be provided for in legislation. If a regulatory body were to be established, we believe it should be a mandatory registration, similar to that of nurses and physiotherapists in Ontario. If not all PSWs are registered, then it defeats the purpose of establishing a regulatory body. If the registry is voluntary, then it should not be shared publicly.

We have four recommendations as a result of this analysis. First off, Bill 283 must recognize the different skills and qualifications which are currently supporting the LHIN-funded home care agreements for delivery of personal support services and respect the staff who are already delivering care and meeting the needs of Ontarians.

Bill 283 should provide a bridging program, approximately five years, to support current UCPs providing personal support to be retrained into a PSW certificate, and fund training time and training costs for career progression.

Third, if a registry is established, we've raised the issue already regarding making it a mandatory registry for PSWs to register, and if it's voluntary, then that list should not be shared publicly.

The Chair (Mr. Deepak Anand): One minute.

Ms. Janet Daglish: Registration must be at no cost to PSWs, nor to the employer.

The authority must recognize the need for a modernized curriculum. This is probably our most critical feedback for

you. We need that modernized curriculum for PSWs to meet the complex care needs of Ontarians in the home care sector.

Thank you for the opportunity to present today on such an important issue.

The Chair (Mr. Deepak Anand): We appreciate it. Thank you so much.

Before we move over to the opposition for their questions, I would like to recognize that we have a member from the independents, MPP Mitzie Hunter. Please state your name and confirm you are in Ontario, ma'am.

Ms. Mitzie Hunter: It's MPP Mitzie Hunter, and I am in Ontario.

The Chair (Mr. Deepak Anand): Thank you so much. Welcome.

Now we're going to move over to the opposition. You have seven and a half minutes, MPP Sattler.

Ms. Peggy Sattler: Thank you very much to all the presenters, and special thanks and gratitude to Vicki McKenna for coming to present to the committee during Nursing Week, when we all have heightened awareness of the vital role of nurses to support our communities. I really appreciate you being here.

I want to start with some questions for Lisa Wauchope. You spent a fair bit of time during your remarks talking about the composition of the board, with some very specific recommendations about who needs to be represented on this regulatory body. Currently, the legislation is very vague. It leaves almost all the details to regulation.

Can you talk a little bit about your concerns about legislation that leaves so much important detail to regulation and is not set out specifically in legislation?

Ms. Lisa Wauchope: I'm more than happy to. If I miss something, you can ask me again; there was a lot in that package that you gave me. But I did speak a lot about it, because I acknowledge the notion of a regulatory authority. As the chair of the Canadian PSW Network, we want to work with whatever that regulatory authority looks like, but my drive behind it is always with respect to the lens of a personal support worker.

I think very strongly and passionately about the composition relative to the board and even subsequent advisory committees that would be established. At every level, there has to be the representation from personal support workers themselves who have taken a PSW program and graduated within Ontario, and that can come from the community colleges or from the over 20 school boards in Ontario that offer a personal support worker program.

I think there has to be representation, and I feel strongly about the not-for-profit sector. Sometimes the lens can be for-profit; it can be long-term-care focused. I'm thrilled to say that I'm so glad to see representatives from home care here. I think that there is an opportunity that I felt very strongly—and I hear from personal support workers about who they want to see on the board, on the committee, as part of this discussion moving forward.

I, too, felt it was a little bit vague: How are we going to make this up? What does this look like? Now I have an opportunity to bring this forward and to say that I have worked for both for-profit and not-for-profit, and I feel very passionately that we have to be transparent. We have to ensure that there's not-for-profit representation on this committee, and at the end of the day, there has to be representation from personal support workers here in Ontario, not just within a certain sector, but all-across-Ontario representation.

I hope that answered that.

Ms. Peggy Sattler: Yes, thank you very much for that response.

Lynn, thank you for your work and advocacy as a PSW, and your leadership in the Canadian PSW Network. You raised concerns about the way that the regulatory body is currently set out in Bill 283 as not being enough to protect public safety. We had heard earlier today some concerns that the board seems too focused on disciplining PSWs, on taking complaints forward—and not enough focus on protecting public safety.

Can you talk a little bit more about what we would need to see in order to have an effective public safety protection mechanism?

1620

Ms. Lynn Steele: Thank you very much for the compliment. We do work really hard to voice, professionally, what the PSWs are telling us.

As I stated, the concern is that the registry is going to be voluntary, and that is a very big issue, because without having mandatory vetting, again, we're not going to be ensuring the public safety. Anybody can say they're a PSW right now. I can teach my 18-year-old how to take care of her grandmother in my place, if I were to not be able to care for her at some point, and she could call herself a PSW. That's part of the issue—how do you know who is registered, who isn't registered, where they are working? How are we going to vet them if we don't know who they are? We don't even know where they're working. There are estimated numbers at this point.

We need to make sure that the public safety is first—first and foremost, absolutely, public safety. The only way to do that is to ensure that the vetting is mandatorily done.

Like I said, PSWs even said that they would be happy with doing a VSS every two years, and it's got to be a police VSS because third-party checks sometimes don't include very important information.

We're getting a third and last chance to do it. It's got to be done right.

Ms. Peggy Sattler: I want to turn to ONA at this point. I appreciated your comments on the need to ensure that these new regulatory processes fit in with overall health system planning.

You talked about both an RN shortage and a PSW shortage. From your perspective, does registering PSWs, as set out in this bill—is that an effective way to deal with the PSW shortage? That is certainly what we heard from the minister this morning—that this registering will all of a sudden help deal with the shortage of PSWs in the system.

Ms. Vicki McKenna: We don't think so, just to put it bluntly and up front—

The Chair (Mr. Deepak Anand): We'll give it a pause. MPP Martin, go ahead, please.

Mrs. Robin Martin: I'm sorry, Chair, but that is not what the minister said this morning. So I just ask that we be forthright about what she said, which was that this is one part of the whole complex of things we're doing.

The Chair (Mr. Deepak Anand): Back to MPP Sattler.

Interjections.

The Chair (Mr. Deepak Anand): It was from ONA? Okay.

You have about 30 seconds, so please go back. You can continue.

Ms. Vicki McKenna: The short answer is no. We think that there's a cart-and-horse piece here around this situation.

Right from the very beginning, when there was first the registry many years ago—I was actually a part of that, sitting on that committee. I can tell you, it was about the standardization of education. That was what was needed most importantly and was never achieved. We all know the story of the registry that was originally planned.

So that will not deal with the shortage. We need to improve the working conditions for the PSWs.

The Chair (Mr. Deepak Anand): That concludes the time. I'll respectfully ask the members to ask these questions through the Chair.

At this time, we are moving over to the government side. You have seven and a half minutes. MPP Kanapathi.

Mr. Logan Kanapathi: Thank you to all the presenters for your presentations.

My hat's off to all the nurses and PSWs and all the front-line workers. You are putting your life on the line to serve other people. Thank you so much.

I know that Lynn and Lisa are here. I know your passion. I'll start with you and the Canadian PSW Network. Thank you for your passion and leadership. I know you personally, and thank you for inviting me to your last event—a virtual event to commemorate the people who lost their lives during this unprecedented time.

Lisa, I will put this question to you. Tell me, what would you ideally like to see in the regulation of personal support workers? You talked about title protection, certification and PSW education. Would you elaborate on that, please?

Ms. Lisa Wauchope: Absolutely. It's nice to see you, Logan.

I think there is an opportunity, and I would invite everyone to consider that a protected title really focuses on the focus of personal support workers. There is a delineation in other roles that various care providers could provide. The elephant in the room is, the previous registry did have—as Lynn pointed out, anyone could put their name on it, but this would be a protected title.

There is an opportunity—and I invite you to consider the PSW education standards that are currently in draft form, were established in 2016 and released for private schools, colleges and school boards to follow. And new ones are being released soon. So I would like to see that level of standardization. I would like to see a level of accountability.

More than anything, I want to raise the bar, move the needle, do what we need to do as a collective group to ensure that personal support workers are seen as part of the interprofessional team in the care provision of persons, from our community to our retirement homes to our hospitals to our long-term-care facilities. We owe our community at large that level of acknowledgement, recognition and regulation relative to what personal support workers do and their scope of practice.

We fully support the nursing association in their concerns and considerations, and we want to be part of the solution, with clear roles and responsibilities for personal support workers.

Mr. Logan Kanapathi: Thank you. Lynn?

Ms. Lynn Steele: I'm pretty sure Lisa has really hit on every point I was going to. The only—

Mr. Logan Kanapathi: Is there anything else, Lynn, that you can think of that might be beneficial for the government to consider as we move forward with this bill?

Ms. Lynn Steele: Everybody always talks about building up foundations, and PSWs are the foundation. A lot of people say that PSWs are at the bottom of the totem pole, so to speak, but I look at it as, they are the foundation. The only way that you can build a strong house is to build a strong foundation. We need to start showing these PSWs just how valuable they are, just how important they are, and make sure that the foundation is solid so that the house you're building on top of it does not end up being a house of cards.

Mr. Logan Kanapathi: My colleague MPP Kusendova, please go ahead.

The Chair (Mr. Deepak Anand): MPP Kusendova, go ahead.

Ms. Natalia Kusendova: Good afternoon, everyone. It's great to see my nursing colleagues here today. Bev, Vicki, Lawrence, happy Nursing Week to you. Thank you for coming today to delegate on this very important bill—and to all the presenters.

I want to address a few things that were mentioned today by some of the presenters. The first thing that comes to mind right away is turf protection. I know that among our regulated professionals, we're always trying to protect our turf—and rightfully so—but I would just like to venture to say that there is room for all of us, all of our regulated professions and our PSWs to grow. As you know and as was noted, we have a shortage of RNs in Ontario. We also have a shortage of doctors in Ontario, and of PSWs. So I think there is room for everyone. That's why part of our work that we're doing at the government of Ontario is regulating and professionalizing some of the professions we are discussing today.

On the topic of shortage of nurses, I just want to quickly address—because this was brought up by my esteemed colleague. The government is taking on several initiatives to address some of the shortages that we are experiencing.

One of the things that we have done is, we actually are allowing colleges in Ontario to offer stand-alone nursing programs. By doing that, we're removing some of the barriers, including financial barriers that colleges had to face by simply paying money to universities to offer stand-alone programs. By doing that, we are giving nursing students more access to education and, therefore, we're hoping to grow the force as well.

1630

We also want to invest in career laddering, because we recognize that some PSWs may choose to work their way up to becoming an RPN or even an RN, so we're doing this through our micro-credentialing program. Actually, Ontario is leading the way when it comes to micro-credentials and career laddering.

We are doing more than just this bill to address some of the shortages that we're experiencing. As I mentioned, in terms of PSWs, we are funding education to expand that sector: $150 million to train an additional 8,500 PSWs to immediately be inserted, especially into the long-term-care sector.

I want to ask Vicki a question in terms of scope creep, because that's something that has been brought to our attention. I know that when it comes to PAs and NPs, there is a bit of a turf war going on. So maybe you can tell us a little bit what you think we should add to the regulation when it comes to physician assistants, to ensure that there is no confusion between the role of a NP and a PA and to ensure that there is no scope creep.

Ms. Vicki McKenna: Nurse practitioners are already regulated. They are already in our system, and they are underutilized. The need to add another designation of physician assistants—well, they're already here, but to bring them in under the umbrella is unnecessary. You need to use who you—

The Chair (Mr. Deepak Anand): That concludes the time from the government side.

We will be moving over to MPP Hunter, the member from Scarborough–Guildwood. Member, you have four and a half minutes. You can start now.

Ms. Mitzie Hunter: I'm subbing in today because I really felt it was important to acknowledge and recognize the work that you all do. I normally serve on the Standing Committee on Finance and Economic Affairs, and I just tag-team with my colleague John Fraser, who is our critic for this sector; I'm sure you all enjoy working with him.

I've been listening really intently to your presentations but also the passion with which you are committed to your profession and to the work that you do. I was reflecting on your roles and the fact that you really do represent the continuum of care. You're on the front lines of care, whether as PSWs, as nurses—and I really appreciated Bayshore outlining the essential role of home care and community care, because a lot of people are choosing that option, and we have to bring it under a system of care. It's really important. So it seems as if Bill 283 must have a second part to it at some point down the road to appropriately deal with this.

Really, you're kind of the backbone. Without this working, our care system doesn't work in Ontario. Let's start along that continuum and start with our PSWs, and then we can talk to the nurses.

Do you see anywhere in the world where that continuum is joined up well and delivering high-quality, continuous care? Do you have examples of that? What I'm hearing from you is that this bill doesn't go far enough to do the things that need to be addressed.

I believe it was Lisa who was speaking about the shortages, and that you're not going to address the shortages without addressing the working conditions for PSWs. There's nothing like a pandemic that exposes that so clearly. So where do you see it working, and where can Ontario learn from? Lisa, do you want to jump in?

Ms. Lisa Wauchope: Sure. Thanks. It's nice to see you, Ms. Hunter.

It works in other provinces—if you want to look at British Columbia, where they have regulated the health care aides and strong advocacy in that province.

Certainly, in terms of education, Nova Scotia is a wonderful province that I keep my eye on, and I work closely with partners in that province.

You're exactly right about the continuum of care, which is why I love seeing Janet from Bayshore here. Let's keep people at home as long as possible, and then we can move them into other facets.

This is about what's working well. There are European countries—and there's even now research that talks about retirement in place. People are creating their own communities, micro-villages in their own communities, where they're supported by individuals in their own communities, and that works. I think there was an article just today—and I finished a webinar with Conestoga College and UHN this afternoon where we talked about that and we talked about resiliency and education needed to understand where PSWs fit. It starts within the community and, really, those little villages. How can PSWs chameleon themselves, which they do so well, into the various communities?

There are lots of great things happening—and I would encourage that within the province of Ontario, to continue to do that. That's where it's going to fit. That's where it's going to work. You watch BC, you watch some European countries, and you watch Nova Scotia.

Ms. Mitzie Hunter: Before I go to ONA, I want to comment that one of the things I heard over and over again is that we need more nurses across the system. Certainly, long-term care is crying out for the expertise.

I wonder, in terms of what drives that decision, is it the complexity of the work, given the fact that people are aging and living longer? Is it—

The Chair (Mr. Deepak Anand): Thank you, MPP Hunter. You will have a second round of four and a half minutes.

Moving over to the opposition: You have seven and a half minutes. MPP Harden.

Mr. Joel Harden: I want to thank all the presenters today.

I want to begin from something, Vicki, you ended one of your comments on, and I'll let you have the floor first.

It is Nursing Week. That is the only appropriate thing to do for this round. You mentioned that the way out for the PSW profession is to improve working conditions for PSWs. You have members of the union who are PSWs.

If you had your wish list of what a regulatory college could do to improve working conditions, what a government could do by policy to complement this bill, what would that be, Vicki?

Ms. Vicki McKenna: As I mentioned before, we have a cart-and-horse situation here. The very first thing that needs to be done is a standardization of the education, and we need to get our ducks lined up before you move into a regulatory authority of any kind. That's not in place right now. The PSWs we represent have varying degrees of education. They're dedicated people, and we need them in the system, but they feel, in many cases, unprepared and unsupported in order to care for the complex needs of the residents in long-term care and even in people's homes, and that's not fair to them. They are often working part-time and casual. They have piecemeal work, and they are paid deplorable wages in so many places. They're put in situations they are not prepared for, and that's because they haven't had the educational opportunities that should be provided to them to carry the title of PSW. They're proud people, and they're an important part of our team. We need them to be supported, and, quite frankly, they are not supported in our system the way that they need to be right now.

Just deciding to have a regulatory body or some oversight authority is not the answer. The answer is to get the education in line, to ensure that the costs associated with that and the upgrading that's needed, whatever it is, is there to support them. Yes, there are some programs under way right now and there are some things happening, but it's fragmented and it's not coordinated.

This is just another step where people are saying, "Why are we doing this now? Is this the first step?" We don't believe, and the PSWs we represent don't believe, it's the first step.

Mr. Joel Harden: The other thing I'm learning today, Vicki, is that we're leaving a lot of the solution out of the picture, it would seem.

Lisa, you mentioned BC as something to watch. You mentioned Nova Scotia too. What I know from my colleagues in BC—BC has an NDP government—is that, early in the pandemic, they made the decision to take one union's collective agreement and apply it to every single personal support worker or health care aide or whatever the designation is in the entire province, union or non-union, and they mandated that one couldn't go between care institutions. And workers and families could actually make that choice. They could get good pay—sick pay, in some cases, for the first time in their career—because the government said, "These are the standards of the industry."

1640

It seems to me what we're leaving out here—and help me understand this, Lisa or Lynn—is that we have been taking, year upon year in the province, a lot of the people's money and handing it over to for-profit companies to deliver the care. What the Auditor General told us, in home care—which, as you mentioned, Lisa, is really important that we talk about—is that we are losing up to 52% of the public's money in excess costs when we allow for-profit intermediaries to deliver the care, and not in municipal or non-profit care.

First of all, am I on the right wavelength here in seeing the policy pattern? And if you could steer the ship for this bill, and if you were at the cabinet table for this government, as a PSW, what would you be saying the standards of care should be to complement what Vicki said about educational uniformity? What do you think?

Ms. Lisa Wauchope: I'm just going to say yes to all of what you just said. You're exactly right.

One of the things, MPP Harden, is that if you look at BC, when that happened, the rates of sick time and the rates of injury for personal support workers in that province decreased significantly. There were not the precarious positions that personal support workers in this province have. So there's a lot of evidence. There's a trail of bread crumbs leading from Vancouver to the GTHA for us to pick up and run with.

You're not wrong about the Auditor General's report. I acknowledge that, for me and for the PSW network, political parties aside, there is an opportunity for the collective good, where we can make significant strides.

If I could steer the ship, I would steer the ship where funding is allocated for standardized education, and supports for not only recruiting and retaining personal support workers but recruiting and retaining nurses and bridging that.

The Chair (Mr. Deepak Anand): Two minutes.

Ms. Lisa Wauchope: That is a solution and I believe very passionately in it. I am willing to work with anyone to come up with those solutions.

Mr. Joel Harden: The PSW network always has been, in my experience, absolutely.

Janet, my question to you for the last one—I'm going to phrase this collegially, because we just may have a philosophical disagreement here. Given what I've heard from Vicki and what I've heard from Lisa and Lynn in the past, I want to understand if there is a good reason why the public—the public being the taxpayers, the people who may be tuning into this at home, who are trying to understand, through debate on this bill, the future of the PSW profession and other health care professions. Does the public have a right to see all of the contracts given to for-profit companies in long-term care and home care so we have an idea of how much money is spent on direct care to residents, staff salaries, and how much is spent on dividends to shareholders and how much is spent on executive compensation?

I asked your colleague Stuart Cottrelle this question in debate in the summertime, and he mentioned that Bayshore would be willing be to send some of that information that it discloses to the Ministry of Health to us publicly. I have yet to receive it.

So I'm just wondering if that is something you believe the public has a right to know, because of the debate we're having about how we can take every single cent of the people's money and make sure it goes directly to care and the working conditions of staff. What do you think?

Ms. Janet Daglish: I fully support the transparency that's needed in this province in the delivery of publicly funded health care services. We submit our statements annually into the Ministry of Health. But what really drives us is the level of quality of care that's delivered to Ontarians. That is the most critical point. So I would like to support and advocate—

Interjection.

Ms. Janet Daglish: Sorry, Joel, were you—

Mr. Joel Harden: Sorry, I'm just wondering if the public—I take what you said, but do we have a right to see that information? That's what we want to know.

The Chair (Mr. Deepak Anand): That concludes the time allocated.

We'll be moving over to the government side. You have seven and a half minutes. As always, I will be reminding you a minute or two before it ends. MPP Kusendova.

Ms. Natalia Kusendova: I want to go back to my nursing colleagues to answer some questions, but before I do that, I want to address some of the things that I've heard from the independent member.

I always find it very interesting when our Liberal independent members talk about long-term care and what we should be doing, given the fact that it was their government that completely neglected this sector for 15 years, to the tune that they only opened up 611 beds in the entire province of Ontario in 15 years. In fact, we're building more beds right now in my city of Mississauga alone—640 beds are being currently built in an integrated model, which is an accelerated build to respond to the waiting list, which has ballooned to over 40,000 people under the watch of the previous government. So I very respectfully want to suggest to my colleague that they should have had a better vision and better planning for the long-term-care sector.

That's why, frankly, our government is playing catch-up in long-term care. That's why we have recently announced over 80 projects, over 8,000 beds in just the most recent allocation, to ensure that we are providing for our elderly and aging population and that we have appropriate levels of care in long-term care. That is why we also announced the four hours of care per resident in our long-term-care sector—because we have heard from PSWs that they need better working conditions. This four-hours-of-care standard, which is leading the country, will result in about 27,000 more health care workers being hired directly into long-term care. This is a combination of PSWs, RPNs, RNs as well as NPs. So we're very proud of that work that is happening.

What I want to chat about a little bit is the standardization of education that Vicki mentioned. We agree that this is a very important part of what we are trying to achieve here. Most likely, this will happen in the regulation, and the authority that we're trying to establish here will be assisting us in establishing the standardization of education. We agree that this is an important component of what we need to do to professionalize and modernize the profession of PSWs.

Can you give some suggestions as to what you would like to see as part of this standardization of education?

Ms. Vicki McKenna: I'm not sure if you're asking me to give you a curriculum—but what I'll say is thank you for your speech there. There are a number of pieces here around—you mentioned the four hours, but in the four hours of care, there's no commitment to RN hours, just so we're clear. This year, there's going to be 15 minutes more care provided in long-term care, and we won't achieve four hours until 2025. I've heard the speeches. I understand what you're saying. I don't have a list of the curriculum in front of me of what PSWs should have and what they have, and I wasn't prepared to answer that, but that is something for the future.

What I'd like to also say is, as I said at the beginning, there's a cart-and-horse situation here. If you don't improve the here and now for PSWs and nurses in the system, then you can regulate and do whatever you care to, but you won't be able to keep them. There's an immediate need to address those needs now.

As far as the physician assistants go and our concerns around that, we've not been consulted or had any discussion about that. We're going to be having some, apparently, with the government in the next little while, but I don't know when that will be.

You mentioned scope creep. This isn't a turf war. This is about what's best: to have collaborative teams and working together, and working in isolation does not help that. Isolation is what's happening right now in the development of some of the policies that are out there right now. I would say that we're all in and wherever we need to be, but if collaboration is going to happen, it has to be collaboration, and what we're getting now is just being told. So that is different, Natalia, in our view.

Nurses are very frustrated and angry right now. They feel like they're being attacked from all sides. They're being laid off. There are care model mix changes that they believe are detrimental and that—people put in positions that are out of their scope. I'm not talking about COVID-19 right now; I'm just talking about the here and now. Those things have to be addressed if the system is going to be able to grow and sustain and care for Ontarians.

Ms. Natalia Kusendova: I agree that we need innovative and multi-pronged solutions to address the shortages that we have of health care workers across the field, but this is not a new problem. This has been building on for generations. That's why we're starting to address this through different approaches, such as giving colleges the power to have stand-alone nursing baccalaureate programs, to address some of the shortages.

On the four hours of care: This is a combination of nursing care and PSW care, so we're expecting that as a result of this new regulation, we will also have more RNs directly infused into the sector, because we do recognize that we need more RNs in the long-term-care sector as

well. This is just to clarify that the four hours is a combination of RN and PSW hours, and it's a significant jump; prior to this, it was about two and a half hours, and so bringing that level up to four hours is a huge increment, in our opinion.

1650

It's not going to happen overnight, because we don't have 27,000 PSWs or nurses available that we could hire right now. That's why we have given ourselves the time, until 2025, to implement that. That's why we're also giving free education to 8,200 PSWs in our publicly funded colleges, as well as private, because we need to infuse them immediately into the sector.

I think the government recognizes that we need innovative and multi-pronged solutions. That's why we are also working on professionalizing the PSW profession. That's what they asked for: to have this recognition and to have the quality assurance.

How much time do I have, Chair?

The Chair (Mr. Deepak Anand): You have one minute.

Ms. Natalia Kusendova: I just want to mention the light regulation. The reason we didn't want to make it mandatory is because we don't want to deter PSWs and lose them at this time. If we made it mandatory, there is a risk that we would be losing some of our PSWs, and that's the last thing that we want to do. This will also allow us to keep the cost to the PSWs very minimal. As a member of ONA, I know how expensive those union fees are—and my CNO registration every year, and my RNAO registration, which gives me liability protection. We wanted to ensure that using this light regulation authority, which is actually modelled on the BC platform that they are using, will make it affordable for PSWs.

The Chair (Mr. Deepak Anand): We have about seven seconds left, so I will respectfully say that that concludes the time for the government side.

We will be moving over to the independent members. MPP Hunter, you have four and a half minutes.

Ms. Mitzie Hunter: I want to touch on schedule 1, and maybe I can address this to the great people from Bayshore, because you do have a lot of homebound people and people who can't get out to get vaccinated.

I'm wondering if you feel that the collection of individuals' socio-demographic data would be helpful in the vaccination process, so that we can specifically pinpoint who is being vaccinated—perhaps checking for disabilities, for language and, of course, the importance of race and ethnicity—given how the pandemic has disproportionately affected people from certain postal codes and who come from certain demographics.

Ms. Janet Daglish: Thank you for your question. What I can do is respond to it with respect to the home care sector.

I think there is an opportunity for our home care staff—who may be registered nurses, RPNs, PSWs, physiotherapists, speech and language, OTs; any of our home care staff who are in the home of a patient receiving care at this time—to be able to identify whether they have received a vaccine and, if not, then to be able to advocate that on behalf of that patient. There may be family members in that same home who are vectors and bring risk to that patient—so this does give us the opportunity to advocate on behalf of those patients on how to access. In fact, that is exactly what many of our staff have been doing—to support them and help them on how to get an appointment at a vaccine clinic. If they're unable to be mobile, then we do have the capability, the clinical expertise in the home health care sector, to be able to distribute that vaccine to homebound patients. We would always advocate on behalf of the needs of patients and their families.

Ms. Mitzie Hunter: Yes, it seems to be a shame that we're underutilizing capacity at a time when we're at risk in terms of our entire population from this virus and the variants of concern—

Ms. Janet Daglish: I think, as well, what is less known about the home health care sector is the robustness of the infusion pharmacy services that deliver those extemporaneous preparations in infusion-based medications to home care patients and support them with those various medications that help them to remain out of hospital and help keep them at home so they don't have to face institutional care.

Ms. Mitzie Hunter: Yes. It's another avenue we could be leveraging.

I do want to ask about the 8,000 PSWs, and if you feel that that's going to meet the need. Maybe we can go to Lisa again.

The Chair (Mr. Deepak Anand): One minute.

Ms. Lisa Wauchope: I think the province of Ontario needs about 20,000 PSWs, but I would not ever dismiss any government that brings forward solutions relative to getting more PSWs, so I'm going to remain Switzerland on that one.

I'm just going to say that we have an opportunity now, and I'm going to advocate for school board programs—I know, Mitzie, you were at the CESBA conference and spoke so passionately. I believe that within our communities, there are a lot of educational opportunities and standards for PSW education.

We need 20,000 PSWs; we'll take the 8,000—and if you could throw in maybe 10,000 more nurses and give them a break, collectively, PSWs and nurses. They're really tired, and we need to really promote the value that they bring to this environment and during the pandemic. This is not anything new.

Ms. Mitzie Hunter: I spoke about Nursing Week and just thanked all of Ontario's nurses.

At birth, and in some places in the world you only have a nurse at birth, so—

The Chair (Mr. Deepak Anand): Thank you, members, for that.

I would like to say thanks to all the presenters. It's true that we've gone through a tough time in COVID-19, so we do appreciate—all of us, as Ontarians, all of us caucus members—ONA, we do appreciate all the PSWs and

every front-line officer who has served our community, our province.

DR. IAN NICHOLSON

ONTARIO ASSOCIATION FOR BEHAVIOUR ANALYSIS

The Chair (Mr. Deepak Anand): We're moving over to the next set of presenters. We have Dr. Ian Nicholson, and we have the Ontario Association for Behaviour Analysis.

We will start with Dr. Ian Nicholson. Sir, you have seven minutes. Please state your name for Hansard, and I will state about a minute or two before the time ends.

Dr. Ian Nicholson: Thank you. My name is Dr. Ian Nicholson. I'm a psychologist here in Ontario. I'm here to speak on schedule 4, the Psychology and Applied Behaviour Analysis Act. In particular, though, I am actually particularly concerned about the wording of one line in the legislation. As I say, I'm concerned enough that I really wanted to make sure I presented my concerns to you, and that is on section 8(3). Section 8 deals with title protection, holding out clauses, and so on.

Section 8(3) reads, "A person who is not a member contravenes subsection (2) if the person uses the word 'psychology' or 'psychological'" to describe the services they provide. That is, interestingly enough, a very unique piece of legislation—actually, a unique line in legislation. It comes from the old Psychologists Registration Act of 1960. The Psychologists Registration Act of 1960 included that because it was recognized at the time that the general public, to be protected, needed to ensure that people who were doing psychology testing, doing psychology reports and analysis were psychologists. So they ensured that they had that particular wording put into the Psychologists Registration Act of 1960. That protected the public in Ontario for three decades. Then, in 1991, when the Psychology Act came in as part of RHPA, they included that legislation line into the new Psychology Act and carried it over. Interestingly enough, when HPRAC did their review a few years later, a number of professions said, "We don't have similar lines in our legislation. We think it would be important for us to have it." HPRAC, in their review, continued to support the idea that psychology did require this level of extra protection to protect the public. And they said, "Other professions have other means available to them, but to protect the public from the misuse of the terms 'psychology' and 'psychological'"—which are very much general terms you can use anywhere and see everywhere—"when that's being provided in health care, it needs to be limited to people from psychology."

1700

The reason I'm raising it now is that line did get moved into the new legislation, and I think that's because, for over half a century, that line of legislation has been protecting the public. The issue I have is that it says "a person who is not a member." The word "member" has changed in terms of its meaning. The word "member" would mean any member of the college, which includes not only psychology people but also applied behaviour analysts. While applied behaviour analysts have very strong skills and scope, they're not trained to do psychology assessments and psychology interventions or reports or consultations.

I would very much like to see a change in section 8(3) that would be consistent with the protection Ontario has had for the last six decades, which is similar to what you've done in drafting section 4. In section 4 it says, "In the course of engaging in the practice of psychology, a member is authorized, subject to the terms, conditions and limitations," etc. Section 4 limits which members of the college that section applies to, and I think that should be done in section 8(3) in order to ensure we continue to protect the public, as we have, as I say, for over half a century. That could be done by simply adding in something like "a person who is not a member engaging in the practice of psychology contravenes subsection 2," etc. etc.

It's a relatively simple fix in the legislation, and my guess is the drafters of the legislation didn't even think of it when they just copied it over, as they have in the past, from one legislation to the next. Here, though, while the protection appears to be the same, the word "member" has changed. We need to be able to change that word to put a limitation on the word "member," similar to what we did with section 4 above.

The other thing I'll just make comment on is I think sections 8(1) and 8(2) could also benefit from having greater clarity as to which members have access to which titles. It just sort of says a member can use these titles. I don't think the people drafting the legislation really meant that any member can use any title. It's really meant to have the limitations there, and that should be an easy fix in the legislation as well.

But my primary concern, as I say, is that one line of legislation, which is particularly unique to psychology and protecting the citizens of Ontario. It has been working for over 60 years, and we just don't want to have that protection lost.

That is really the only point I wanted to make. As I say, I felt strongly enough about it, I had to work my way through to figure out how to get on here.

I want to thank you very much for your time and for listening and putting up with my little rant about this.

The Chair (Mr. Deepak Anand): Thanks, Dr. Nicholson.

Next, we're going to move to the Ontario Association for Behaviour Analysis. You have seven minutes. Please state your name first.

Dr. Kendra Thomson: Good afternoon, Chair Anand and honourable committee members. Thank you for having us here today. My name is Kendra Thomson. I am pleased to be representing the Ontario Association for Behaviour Analysis, or ONTABA, as the president of the association. I'm also a doctoral-level board-certified behaviour analyst, associate professor and researcher. I am joined by two of my colleagues, Dr. Rosemary Condillac

and Nancy Marchese, who are also board-certified behaviour analysts and are registered with the College of Psychologists. Dr. Condillac is our regulation lead, and Ms. Marchese is our president-elect.

ONTABA is a non-profit professional association made up of a volunteer board of directors, volunteers and over 1,400 members, including educators, researchers, private and public practitioners, students and other regulated health professionals, such as psychologists and speech-language pathologists. Formed as an affiliate of the Association for Behavior Analysis International in 1993, ONTABA has continued to grow steadily to be the largest professional association representing behavioural science and services in all of Canada. All of you have constituents who are members of ONTABA.

Behaviour analysts practise in diverse areas, including education, health, mental health, geriatrics, forensics, acquired brain injury, developmental services, organizational behaviour management, and sport and recreation. The majority of acquired behaviour analysis, or ABA services, in Ontario are provided to vulnerable people and their families and caregivers.

After almost 25 years of advocating for public protection, ONTABA is encouraged by the April 27 announcement regarding Bill 283. We are pleased to see that schedule 4 includes the necessary legislative step to regulate the practice of ABA through registration of behavioural analysts alongside psychologists within a newly formed College of Psychologists and Behaviour Analysts. Ultimately, schedule 4 of Bill 283 protects people seeking and receiving behavioural services.

As a professional organization, we support public protection through regulation of behaviour analysts. Regulation controls who can use the title "behaviour analyst" by setting qualifications, entry-to-practice requirements and, of course, scope of practice. It protects the public by setting the standard for practice, having a mechanism to hear complaints and a disciplinary committee to determine sanctions. We believe that regulation will help the public to avoid those who claim to practise ABA despite lack of training and competence and may be more likely to cause harm.

I'd like to share a concerning anecdote that highlights the need for public protection through regulation of ABA practice in Ontario. Situations like these must be prevented from happening in the future. Please note that the name has been changed for privacy.

Sarah was a four-year-old girl with autism. She was not yet using words but could point to things she wanted. She banged her head on the floor very often. She did not yet use the toilet independently. Her pediatrician recommended to her parents that they seek ABA services. Her parents learned that intensive behavioural intervention, or IBI, based on ABA, had the strongest evidence base for helping children with autism to achieve their potential.

Sarah's parents, fortunately, had the means to pay for her 20 hours a week of service that was recommended for her level of need and optimal outcome. They scheduled a meeting with the CEO of a company that looked credible from their website. The CEO and head behaviour analyst told Sarah's parent that she had training in ABA. She was also the therapist who would provide direct service. Sarah's parents read about other client successes on the provider's website and were excited by the prospect of similar outcomes for their child.

Sarah started receiving services at home. The therapist was friendly and seemed to be keeping her engaged. Sarah started to use pictures to communicate some of her wants and needs, but made few other improvements after many months of 20 hours of service a week. When Sarah's parents asked about the lack of progress, the therapist told them just to be patient. Her parents were concerned that she continued to hit her head on the floor, even harder now.

One day, Sarah's mother heard her crying and was shocked to see the therapist spraying Sarah in the face with lemon juice each time she hit her head on the floor. Sarah's parents were not consulted on that procedure, nor asked for consent for it to be used. They terminated services immediately and filed a complaint with the police and the children's aid society.

During the inquiry, they discovered that the CEO of that company, who had claimed to be a trained behaviour analyst, did not have certification of any kind. She did not have the graduate level university training necessary for certification. She did not have any post-secondary training at all. In fact, the CEO had a high school GED and no training in behaviour analysis. Sarah's parents later found out once they were receiving services from a qualified behaviour analyst that the procedure that was used was highly intrusive and should never have been selected. The cost for this unethical and ineffective treatment went beyond the financial. It wasted valuable time that could have been spent in quality, individualized evidence-based services.

Nothing prevented this CEO from representing herself as a behaviour analyst in Ontario and engaging in this fraudulent and harmful service delivery. Sarah's parents had no mechanisms besides a civil action suit to deal with the situation, which they could no longer afford.

Without the proposed legislation, this could happen to more families seeking evidence-based ABA services in Ontario.

Some might wonder why professionals would seek regulation and such a high level of scrutiny on their practice, and the answer is simple. We don't want to see the experience that Sarah and her family had happen to anyone else. These situations are not limited to the care and support of children with autism. Therefore, the title "behaviour analyst" needs to be reserved for people with appropriate training and qualifications to provide competent and ethical services to Ontarians.

1710

Regulation under the RHPA would increase public access to qualified behaviour analysts—

The Chair (Mr. Deepak Anand): One minute.

Dr. Kendra Thomson: —across a variety of sectors, promote ethical practice and offer a local complaints mechanism.

Unfortunately, we don't know how many service recipients in Ontario have experienced unethical and harmful treatment by those claiming to provide ABA services. Though there are critics of ABA, and some who oppose it outright, it's important that regulation would answer most, if not all, of these concerns. The public deserves guidance as to what credentials to look for in those claiming to provide potentially life-changing ABA services.

ONTABA supports public protection for all of the Sarahs and their families in Ontario.

We thank you for the opportunity to be here today.

The Chair (Mr. Deepak Anand): Thank you so much, Dr. Thomson.

At this point, we will be moving over to the government side. You have seven and a half minutes to ask the question. As always, I will be reminding you a minute or two before. MPP Martin.

Mrs. Robin Martin: Thank you to our witnesses. I'm kind of glad that we're having a panel which is focused on this schedule, because we haven't talked about it, I think, at all today, and I think it's very important.

I'm a mother of a child on the spectrum—no longer a child, actually; a grown woman now, but she's still my baby. I certainly know the need for regulation.

I think I had an ONTABA member come into my office to talk to me about it very early on. Was it you?

Interjection.

Mrs. Robin Martin: I thought you looked familiar. You're Dr. Condillac. Is that the name? Sorry, they're not going to let me hear you. Anyway, you can introduce yourself when I ask the question.

I'm delighted to hear that this is happening and we got to this stage, and I think it's really, really important. I just have a couple of questions about this.

You went through your story about Sarah how important this can be. We've certainly done the work to know—HPRAC has told us in their review about the need, and so we have this arrangement.

Dr. Nicholson has come here and given us a very detailed proposal about some changes that he thought were important in the legislation. I wondered if any of you would like to comment—maybe your regulation lead—on whether you have any problem with what he suggested. I leave it to you to see who will respond.

Dr. Rosemary Condillac: I would like to say that I have been a member of the college of psychologists as a PhD-level psychologist since 2004, and so I absolutely understand what Dr. Nicholson is talking about. I just would like to assure you that my understanding of the scope of practice within the regulation would suggest that any behaviour analysts holding themselves out as practising psychology would be infringing upon the act, but I don't see that there would be any concern about those changes because they just clearly define practice. Behaviour analysts will be behaviour analysts, psychologists will be psychologists, and those of us hybrids will be both.

Mrs. Robin Martin: That is what I suspected, so I just wanted to make sure. I know that the ministry is going to continue engaging with all of you and your groups on how we can specifically work together to implement this and get things right. We just want to make sure we get it right. And because he suggested a legislative change, I wanted to make sure that you would let us know in this process if you have any suggestion or concerns about what Dr. Nicholson has suggested, because it was very specific. I want to make sure that we get this right, because that's what we're here for.

I'd also like to ask if you're happy with the way things are set up for now, or if you have any suggestions that might improve the legislation beyond Dr. Nicholson's very specific input. Any of you? Is there anything we've missed in this legislation?

Dr. Rosemary Condillac: My understanding of the process is that some of the requisite details will come out in the HPRAC process, as they have with every other college development that we have seen in the province. So I think a lot of the unknowns obviously get teased out through further consultation and the work of the college council and others to put the pieces together.

We didn't perceive any concerns with the language, and I think Dr. Thomson said that ONTABA has been consulted through the process and we feel like a partner in the process that's gone through.

Mrs. Robin Martin: Yes, and as I said, we're going to keep working together.

I'm excited about what this means for people who use the services of ABAs and what that means for each of the people we heard from. We've certainly heard from a lot of people with children on the spectrum who are concerned, in the way you told us with the story about Sarah, about what they are buying and who they are buying it from and whether these people actually have the requisite skills and knowledge, because it's your child and it's also a very intimate part of your life—a child, but also a vulnerable person in your home, often, with these services.

If you could tell us a little bit more—Sarah is one example—about why you think this is going to be important to people who use your services.

Ms. Nancy Marchese: I've been practising in the field for over 20 years—I'm a behaviour analyst and also a psychologist—and when I speak to people about those who run practices or work within the field of behaviour analysis, people are often shocked that, really, anybody right now can open up a facility and call themselves a behaviour analyst and there is no recourse for that.

Of course, most of us work with very vulnerable populations, and we know that behaviour analysis is incredibly effective, but if practised in the wrong way—like the story of Sarah—can also go incredibly wrong and there is very little recourse for families.

I work within the field of autism, and I personally am thrilled—this has been a long time coming—ultimately, for the families and the children I work with.

The Chair (Mr. Deepak Anand): One minute.

Mrs. Robin Martin: I'm sure it will make a big difference.

Billy, did you have a question?

The Chair (Mr. Deepak Anand): MPP Pang, go ahead, sir.

Mr. Billy Pang: Thank you, Mr. Chair. Through you, I want to take this opportunity to ask Kendra, regarding this piece of legislation: What do you think about this proposed framework for regulations to improve the safety and quality in the delivery of ABA?

Dr. Kendra Thomson: If I'm understanding the question correctly, we think it's a great move towards public protection for reasons mentioned, around scope of practice and setting out qualifications for those who can use the title. To Nancy's example: There are folks out there who are well trained and run a really good service provision, but there are others who can hold out as providers of ABA who do not have the appropriate training.

The Chair (Mr. Deepak Anand): At this point, we will be moving over to the official opposition. You have seven and a half minutes. MPP Sattler.

Ms. Peggy Sattler: Thank you very much to both of the presenters. It was valuable to have some input on schedule 4 of this bill, because our focus today in most of the presentations that we have heard has been schedule 2, around the oversight authority for the registration of PSWs.

One of the things we heard from people in the PSW sector is that they described that oversight authority as something of a solution in search of a problem. Given all of the priority issues that have been identified by PSWs and the long-term-care sector and the home and community care sector etc., registration of PSWs was not at the top of the list of things that needed to be addressed.

I'm curious to know, from your perspective, about the process that brought you to schedule 4. Was this a long-standing priority of your profession that you had been pushing the government to move forward with? Can you just talk to me a little bit about how we got to schedule 4 in Bill 238?

1720

Dr. Kendra Thomson: Thank you for that question.

For over 25 years, the association has been advocating for public protection. If we look at the US as a model, the majority of states have licensure. So it is really important that we keep up with the professionalization of applied behavioural analysis to prevent potential harm, but also so that we can ensure that the people who are receiving services are receiving those services from appropriately qualified and trained personnel.

Ms. Peggy Sattler: Do you have any sense as to why, after 25 years, this legislation has suddenly appeared? What has prompted the government to move forward in this much-needed direction to provide that protection for the vulnerable clients you serve?

Dr. Kendra Thomson: I saw Dr. Condillac's hand up, so I'll pass this question to her.

Dr. Rosemary Condillac: That's a great question.

As my COVID-19 grey will tell you, I've actually been in this field for more than 30 years, and I went back to become a psychologist largely because there was no regulation in place for behaviour analysis at the time. So I went and did a master's and a PhD and became a psychologist, and continued to practise both psychology and behaviour analysis.

Our professional association, ONTABA, started in 1996 to try to help people to understand the importance of regulation for our work. Our work can do great good, and any work that can do great good, if done wrong, can do great harm.

One of the things that is really clear: We've spent a lot of time increasing the availability of education—and that's my answer to you. We now have a graduate program at Western and at Brock University—where, I'll tell you, I do work—and we provide graduate-level training to people. We have several college-level programs that can provide training to people who are in direct-delivery roles, and so the infrastructure exists to promote regulation properly.

From the college perspective, until you have the training programs that exist and until you have enough people, there's really no point in opening the doors to regulation, because you've got few people who are actually qualified to do that.

Now those numbers have risen and are continuing to rise, and I do think that has created the perfect opportunity for a government to embark on regulation, knowing that there's enough uptake for it to actually protect the public.

Ms. Peggy Sattler: Thank you very much for those responses. I appreciate your insights.

I have no further questions.

The Chair (Mr. Deepak Anand): At this point, we will be going back to—oh, our independent member has left, so I will be going back to the government side. MPP Fee.

Ms. Amy Fee: I just want to say thank you to all our presenters this hour. As you know, I've actually met many of you in person.

I do have two children on the spectrum, and unfortunately the story that you've shared about Sarah—as a parent, I can relate to it. I think there are many parents of children on the spectrum who have similar stories, where they've gone through and they've trusted individuals to work with their child, to only realize that either they didn't have the qualifications or, maybe, for whatever reason, weren't doing what was best for that child.

I can think of a time with my son Kenner. He had a therapist who was working with him, and she had worked with him for a few months. I knew that out of all of his team that was working with him, she was definitely the strictest one on him, and it concerned me a little bit; Mama Bear instincts were coming in to play. I could hear him screaming from the basement. We had set up a room in the basement for his ABA team to use. They were blood-curdling screams. He was so mad. I went downstairs, and she met me as I was coming down the stairs. "I knew you were going to come down, but I have asked him"—she wanted him to tidy up some markers before he moved on for his break, and she said, "No, I asked him to do it. He needs to do it." That meltdown lasted almost three hours,

with her just refusing to move on. That was the last time she worked with my son. I had to reach out to the team lead and say, "This is not where I want to go." My whole hope for him is that he can have flexible thinking, and we were actually running a program that had data at that time on flexible thinking—where he's looking at spaghetti, and, "Okay, it's not cooked, and you can move it and it breaks." And yet, this therapist couldn't understand that maybe picking up the markers right now does not need to be the most important thing in the world.

I think we need to protect our kids and our families. Earlier on, we had the Alzheimer Society talking about behaviour analysts with people with Alzheimer's. We have to be able to protect people.

We've all talked about it, and it was actually a promise that I got to make during our campaign in 2018—that we would be regulating ABA professionals—and I'm very excited that we are moving this way. I want to personally thank all of you, because all of you have brought your voices forward since we formed government, and before, to make sure that we follow through on this promise. Sadly, situations will happen for families, but I think now we are giving them that safety net and that bubble—and also protecting you as therapists, to know that you have a team and you have the supports you need to be able to work with these children. I just want to say a big heartfelt thank you to all of you for bringing those stories forward and not giving up and being very vocal for all ABA professionals. I'm very grateful for all the work that you've done.

I don't know if you have anything else you wanted to add about why it is so important that we regulate ABA professionals.

Ms. Nancy Marchese: I'd like to thank you, Amy—I hope it's okay if I call you Amy. We've met a few times; I don't know if you remember me. I really appreciate your point. The engagement with families is something that's very much near and dear to my heart. As a practising professional, it is also very much a part of our code of ethics, and I think you raise a really important point that is not lost on us.

In terms of the journey that it took to get here, yes, there were the efforts of many professionals over the last 25-plus years, but there were also—I think it needs to be said that the families partnered with us on this journey, and even people like yourself, who understood the importance of this. We wouldn't be here without the families we hold near and dear in our hearts who also advocated for this. I think that moment and that partnership is not lost on us, and how important that is. So thank you for highlighting that.

Ms. Amy Fee: Again, I can't thank you all enough for what you're doing.

Chair, that ends my questions.

The Chair (Mr. Deepak Anand): Thank you, MPP Fee, for all your inner strength. You've been a big advocate for our communities.

At this point, we still have two minutes and 30 seconds, if any of the other members want to say—if not, then we conclude the presentation here and move over to the opposition. MPP Martin.

Mrs. Robin Martin: Just because we have a few more minutes, I wanted to take the time to say thank you to Dr. Nicholson as well. I know that you had thought very carefully about that. I'm surprised that anybody is reading the legislation outside of Queen's Park, so good on you. I'm glad somebody is paying attention. Thank you for giving us the history of where the section probably came from, because that allows us to understand a little bit better about maybe why legislative counsel has drafted it that way, and it will allow me to explain it to my colleagues better. So I just wanted to say how much I appreciate that. You are a rare bird in a committee hearing, because we don't usually get someone who has actually looked specifically at the legislation and said, "You need to fix that part," so I appreciate the effort you put in. You'll probably end up making our legislation better.

Dr. Ian Nicholson: Well, it's very kind of you to say. I think this is important legislation. I think people have been talking about how valuable and important this move forward is. I don't want to do anything that would be seen as trying to stall or undermine it, because I think it is important. I just want to make sure it's better and meets the needs that people mean it to meet. That's really the aim of the comments I wanted to make here. Thank you very much.

The Chair (Mr. Deepak Anand): We still have a minute at this time. Do any of the other members want to say anything?

If not, then, I will be moving over to the official opposition. You have seven and a half minutes before we conclude the business for today.

Ms. Peggy Sattler: I have no further questions.

Like many of my colleagues, I want to also express my appreciation for the incredible work that behavioural analysts do for our children and our communities. I really appreciate your professionalism and your taking the opportunity to come and speak with us today. Thank you.

The Chair (Mr. Deepak Anand): That concludes our business for today.

I want to quickly remind everybody: The deadline to send in a written submission will be 7 p.m. Eastern Daylight Time, Friday, May 14, 2021. Legislative research has been requested to provide committee members with a summary of oral presentations and written submissions as soon as possible following the written-submission deadline.

The deadline for filing amendments to the bill will be 5 p.m. on Monday, May 17, 2021.

The committee is now adjourned until 9 a.m. on May 14, 2021, to continue public hearings on Bill 283. I want to say thank you for your presentations; thank you for your time.

The committee adjourned at 1732.

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