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of Ontario  
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(Hansard)**

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des débats  
(Hansard)**

**Monday 27 March 2017**

**Lundi 27 mars 2017**

Speaker  
Honourable Dave Levac

Président  
L'honorable Dave Levac

Clerk  
Todd Decker

Greffier  
Todd Decker

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LEGISLATIVE ASSEMBLY  
OF ONTARIO

Monday 27 March 2017

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

Lundi 27 mars 2017

*The House met at 1030.*

**The Speaker (Hon. Dave Levac):** Good morning. Please join me in prayer.

*Prayers.*

INTRODUCTION OF VISITORS

**Mr. Lorne Coe:** I'm pleased to welcome to Queen's Park students and teachers from Anderson Collegiate Vocational Institute. Welcome to Queen's Park.

**Ms. Cheri DiNovo:** I'm delighted to welcome to Queen's Park today members of the Atkinson family and the Stevenson family—Jennifer Atkinson, Andrew Stevenson and Zachary Stevenson—and also Barbara Sylvestre Williams. Welcome.

**Mrs. Amrit Mangat:** It is my pleasure to welcome to Queen's Park Sarbjit Deol, a community leader who has been actively promoting sports among youth, and his friends Baljinder Singh and Harjeet Singh Viridi. They are visiting from New Delhi, India. They are in the east members' gallery. Welcome to Queen's Park.

**Mr. Peter Z. Milczyn:** Good morning. I'd like to introduce a tremendous group of activists and volunteers from Etobicoke—Lakeshore—Susan Kuzman, Jean Luc Marchessault and Roman Kordiuk—and a co-op student from Bishop Allen Academy working in my office, Brent Amino. Welcome to Queen's Park.

**Mr. Victor Fedeli:** I would like to introduce today Patti Carr. Patti is the vice-president of policy and communications for the North Bay and District Chamber of Commerce and is here today.

**Hon. Tracy MacCharles:** Good morning. I have a couple of folks here today from the Ajax-Pickering Board of Trade: Shannon Moore, the president, and Chrystine Langille, the new executive director for the board of trade. Welcome to Queen's Park. They may not be here yet, but I know they are in the building.

**Hon. Reza Moridi:** It's a great pleasure to introduce and welcome Dr. Jamak Zamani, visiting the House this morning.

**Mrs. Gila Martow:** I'm so pleased today that page captain Jace Kramer from my riding of Thornhill is here today with his parents, Lara and Randy Kramer. Welcome to Queen's Park.

**Ms. Peggy Sattler:** I'd like to welcome Paul Kossta, a familiar visitor here at Queen's Park, who has joined us from OSSTF.

**Ms. Sophie Kiwala:** I would like to welcome our mayor of Kingston, Mayor Bryan Paterson, and his assistant, Holly Wilson, to the chamber today.

**Mr. Wayne Gates:** I would like to welcome a good friend of mine, a lawyer in Toronto, Peter I. Waldmann. Thank you for coming. I appreciate it.

**Hon. Indira Naidoo-Harris:** Mr. Speaker, I'd like to introduce today members of my staff. Please give a warm welcome to Jessica Lyall and Rachel Ingram. Welcome to Queen's Park, Rachel.

**Hon. Mitzie Hunter:** I'm very pleased to welcome a number of students—I believe 40 students—who are here visiting the legislative building from the Kakehashi student exchange program from Japan. I met with them this morning and I'm very pleased to welcome them.

**Mr. Ted Arnott:** On behalf of the member for Sarnia—Lambton I want to welcome the family of our page captain Nicholas Bhola, who are here today and with us in the public gallery. Welcome to Queen's Park.

COMMITTEE SITTINGS

**Hon. Yasir Naqvi:** Point of order, Speaker.

**The Speaker (Hon. Dave Levac):** The government House leader on a point of order.

**Hon. Yasir Naqvi:** Speaker, I believe you will find that we have unanimous consent to put forward a motion without notice regarding Bill 89, An Act to enact the Child, Youth and Family Services Act.

*Interjections.*

**The Speaker (Hon. Dave Levac):** Order, please. The government House leader is seeking consent to put forward a motion without notice. Do we agree?

Government House leader.

**Hon. Yasir Naqvi:** I move that, notwithstanding any other order of this House relating to Bill 89, An Act to enact the Child, Youth and Family Services Act, the Standing Committee on Justice Policy be authorized to meet from 1 p.m. to 3 p.m. on Wednesday, March 29, 2017, and from 8:30 a.m. to 10:15 a.m. and from 1 p.m. to 6 p.m. on Thursday, March 30, 2017, and Thursday, April 6, 2017, for the purpose of public hearings on the bill.

**The Speaker (Hon. Dave Levac):** The government House leader moves that, notwithstanding any other order of the House—

**Interjection:** Dispense.

**The Speaker (Hon. Dave Levac):** Dispense? Do we agree? Carried.

*Motion agreed to.*

VISITORS

**Mr. Shafiq Qaadri:** I appreciate your indulgence, Speaker. It's my privilege to introduce visitors in the visitors' gallery from the Sindhi Association: Messrs.

Ahmed, Issani, Bansari, Riaz, Siddiqui, Behrani, S. Memon, Qazi, N. Memon and Kalhoro of the Sindhi Association of North America. Thank you, Speaker.

**The Speaker (Hon. Dave Levac):** You're welcome. Welcome. Now that introductions are completed, it is time for question period.

## ORAL QUESTIONS

### ENERGY POLICIES

**Mr. Patrick Brown:** My question is for the Premier. According to government-commissioned polling, in December of 2013, electricity was the government's worst-performing policy. Some three years later the government decides to act.

For three years families struggled to pay their bills. For three years families sat in the dark. For three years seniors had to choose between heating and eating, and for three years the government did nothing.

Mr. Speaker, will the Premier just admit that the only reason we've seen—

*Interjection.*

**The Speaker (Hon. Dave Levac):** Minister of Education.

**Mr. Patrick Brown:** —some late action is because it's now affecting the Liberal Party fortunes? This is about self-interest. That's all it's about.

**Hon. Kathleen O. Wynne:** I thank the member opposite for the question. I acknowledge that the 25% reduction is very important, that it is the most significant thing that we can do to reduce people's electricity bills.

Let me just go through the facts of the timeline in terms of the work that we've been doing and our recognition that this was an issue:

In December of 2013, we deferred the construction of two nuclear reactors at Darlington, avoiding \$15 billion in new construction costs.

In June of 2013, we renegotiated the Green Energy Investment Agreement with Samsung, reducing contract costs by \$3.7 billion.

Also in December 2013, we reduced feed-in tariff prices through annual reviews, saving ratepayers at least \$1.9 billion, Mr. Speaker.

We were on it, and I'll continue the work that we've—

**The Speaker (Hon. Dave Levac):** Thank you. Supplementary?

1040

**Mr. Patrick Brown:** Back to the Premier: For three years, people struggled to pay their hydro bills, but for three years Liberal friends got rich off more bad contracts. We know, according to Allison Jones from the Canadian Press, that it was Liberal polling firms, Pollara and Gandalf, that received large cheques to tell the government their policy wasn't working. How much did the government pay these Liberal friends and the Premier's campaign manager over those three years only to ignore that advice?

**Hon. Kathleen O. Wynne:** As I've said, we have made a very significant move in terms of removing 25% of people's electricity bills. They will see those changes in the summer.

But we were very aware that there was a need to take costs out of the system and to reduce people's bills long before we made the move on the 25%, so let me continue. In April 2014, we removed the debt retirement charge from people's bills, saving the average family \$70 a year on their bills. In March 2015, we introduced the Ontario Electricity Support Program and the Rural and Remote Rate Protection Program. That was a direct recognition that people were paying too much on their electricity bills and a direct support for people who were paying too much on their electricity bills, particularly low-income families.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Mr. Patrick Brown:** Again to the Premier: We know David Herle from the Gandalf Group, the Liberal campaign manager, received at least \$3 million in contracts. At the same time, despite getting advice that this electricity policy was very unpopular, we had the Minister of Finance saying in the Legislature that his hydro bill was going down; we had the Minister of Energy saying there was absolutely no crisis. So we're paying millions for research, and the government ignores that research.

My question to the Premier: If you're paying the Liberal campaign millions for research, ignoring that research three years ago, is this just thanking Liberal friends with taxpayer dollars once again?

**Hon. Kathleen O. Wynne:** Minister of Energy.

**Hon. Glenn Thibeault:** I'm pleased to rise and talk about the fair hydro plan, in which all families will be getting a 25% reduction, as well as businesses and farms.

But when it comes to—

*Interjections.*

**The Speaker (Hon. Dave Levac):** If I have to, we'll pick up from last week.

**Hon. Glenn Thibeault:** But when it comes to removing costs from the system, our government has demonstrated that very clearly. For years and years, we've been pulling costs out of the system. Since the 2010 long-term energy plan we've been pulling costs out. You can start talking about the deferred nuclear plants, the renegotiated Samsung agreement, the competitive LRP process—again, \$1.5 billion that we've pulled out of the system, to ensure that the system we've built—the system that we had to rebuild after they left it in tatters—at a cost of \$50 billion. We made sure that we find ways to pull costs out of the system. We know we have more work to do, and that's what the fair hydro plan—

**The Speaker (Hon. Dave Levac):** Thank you.

New question.

### SCHOOL SAFETY

**Mr. Patrick Brown:** To the Premier: Since I can't get an answer on the \$3 million in contracts to Liberal friends, I'll try a different question.

In early February, a six-year-old was handcuffed in a Mississauga school. More than half of Ontario principals have had to ask parents to keep a child home because of violent, disruptive behaviour. Now, some children are flagged with evacuation orders if they start to act out, and the room is cleared.

Newstalk 1010 had a shocking, week-long report that detailed the state of violence in our system that is putting students and educators at risk—

*Interjections.*

**Mr. Patrick Brown:** The Liberals may laugh at this, but this is a very serious matter.

So I ask the Premier: Is this the education system that our last two so-called education Premiers envisioned for Ontario? Please take this seriously. It is not a laughing matter.

**Hon. Kathleen O. Wynne:** It certainly is not. It is important that we understand how critical it is that we have the resources in our schools that allow kids to have the experience they deserve, that every child in our system has the supports that will allow them to flourish.

That's why education funding in this province has increased every year, year over year, since we have been in office. There are more support workers. There are more teachers in our schools. There are more people with better training to help deal with classrooms that are integrated. There are kids with a whole range of abilities in our classrooms, and so it's really important that we have the right personnel in those classrooms and that those people all have the right training.

That's the work we've been doing. Where there are exceptional circumstances, obviously, those need to be dealt with.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Mr. Patrick Brown:** Back to the Premier: The Premier and her predecessor were supposed to be education Premiers, but it certainly doesn't seem that way. They aren't collecting key information dealing with a student displaying disruptive, aggressive or violent tendencies. There are no consistent standards across the province.

Mr. Speaker, as Newstalk 1010 asked, is violence in the classroom even on the ministry's radar, or are they ignoring the data so they can ignore the shocking results?

**Hon. Kathleen O. Wynne:** Minister of Education.

**Hon. Mitzie Hunter:** I want to thank the member for this question. Any incident of violence that occurs in our schools is not acceptable, for any reason. We want to ensure that students, teachers, education workers, everyone in our school environment is safe. That's the focus. When an incident does occur, we want to ensure that school boards have appropriate protocols and procedures in place to deal with that situation.

We're working with our education partners to ensure that the school environment has a safe school culture. We have a provincial health and safety working group that meets—

*Interjection.*

**The Speaker (Hon. Dave Levac):** The member from Dufferin-Caledon, come to order.

**Hon. Mitzie Hunter:** —with all parties to ensure that that is being followed.

**The Speaker (Hon. Dave Levac):** Final supplementary.

**Mr. Patrick Brown:** Back to the Premier: They're working with education partners? Is that by closing schools and pulling EAs out of the classroom? Is that by cutting special needs funding?

There is another aspect here that's at risk. The Liberal government's attack on autism services have reached a breaking point. The explosive report on violence in the classroom has revealed that students with autism are being left behind. Those children aren't receiving the specialized help they need in overcrowded classrooms with overworked teachers. It's not fair to teachers; it's certainly not fair to students.

Will the Premier finally stop ignoring what is now being called Ontario's dirty little secret? Will the Premier do something to empower educators, support educators and help students with autism?

**Hon. Mitzie Hunter:** Here is what we are doing. Our government has increased funding for special education by 70% since 2003 to \$2.7 billion. As well, we have increased the number of EAs, educational assistants, by 37%—6,300 EAs since 2013—to support students with special education needs.

Here is what we are not doing. We are not doing what that party opposite planned to do during—

*Interjections.*

**Mr. Gilles Bisson:** I'm hearing the answer come from the Minister of Agriculture.

**The Speaker (Hon. Dave Levac):** Member from Timmins-James Bay, I'd like to do my job, please.

The Minister of Agriculture and the member from Dufferin-Caledon are not helping matters by moving while the questions are being put and the answers are being put. Second time for the member and second time for the member.

Finish, please.

**Hon. Mitzie Hunter:** Mr. Speaker, here is what we're not doing. The PC plan wanted to slash 2,000 teachers, 5,000 ECE workers and 10,000 support staff—a plan, in fact, supported by the parties opposite to slash 100,000 workers, which included firing teachers.

We are not doing that. We continue to invest in our education system to ensure students receive the best support possible.

1050

## HYDRO RATES

**Ms. Andrea Horwath:** My question is for the Premier. After 15 years of skyrocketing hydro costs, the Premier told Ontarians that she finally understood. But, last week, the Minister of Health turned that right around and said hydro costs were no big deal. It was only a few million dollars to a hospital budget; it's only a few per cent. Maybe to the Premier and her ministers, \$1 million might not be a big deal, but in a hospital budget, that's a big number.

Did the Minister of Health not see the Premier's polling? Or did he not get the memo that this is all about politics for the Premier and her Liberal Party?

**Hon. Kathleen O. Wynne:** Mr. Speaker, I think that the leader of the third party knows that what this is about is making sure that people in the province can pay their electricity bills. We've been very clear about that. As I said to the Leader of the Opposition, we actually started to look for ways to reduce electricity costs in 2013, which is the year that I became Premier.

I know that the Minister of Health and Long-Term Care is going to want to comment on this, but I believe the context in which he was putting his comments was that there is about a 1% cost associated with electricity for hospitals. The operating dollars that we have put into hospitals have actually far surpassed that, and so I think the point that was being made is that there is more money going into hospitals.

We recognize that there's more to be done. We recognize that hospitals have been working under some constraints. But that's exactly why we've been putting funding into the hospitals at a greater rate than the member was—

**The Speaker (Hon. Dave Levac):** Thank you. Supplementary?

**Ms. Andrea Horwath:** In fact, this Premier and her government froze hospital operating budgets for four years straight which is in fact a decrease—not an increase. The Premier and her Minister of Health have ignored concerns from hospitals about their skyrocketing hydro bills, telling this House that they simply haven't heard any. That's just not the case.

Officials at Hamilton Health Sciences talked about the problem publicly just last week. They said, "It's not like you can just shut the lights off when you've got patients in the building. We've got less money to do other things because we're spending more money on electricity." How can the Premier and her minister seriously hear statements like this one and yet offer no real concrete solutions for hospitals whose bills are skyrocketing because of the Liberals' hydro mess?

**Hon. Kathleen O. Wynne:** Minister of Energy.

**Hon. Glenn Thibeault:** I'm very pleased to rise and respond in relation to what we're doing for, specifically, hospitals when it comes to electricity bills. On top of the fair hydro plan, which is going to help every family, small business and farm in the province by reducing their bills by 25%, there is going to be a modest decrease for hospitals, between 2% and 4%.

But on top of that, Mr. Speaker, is the saveONenergy program. The saveONenergy program has helped many, many hospitals in this province, so much so that the Independent Electricity System Operator has phoned us up and has told us to make sure that we let everyone know that these hospitals have actually seen \$20 million invested by the IESO to make sure that they can reduce their consumption and at the same time save on their bills. Sudbury, for example, is saving \$275,000 to \$500,000 a year.

**The Speaker (Hon. Dave Levac):** Final supplementary?

**Ms. Andrea Horwath:** Hospitals, like everybody else, are doing everything they can to reduce their consumption, but the bills keep going up. That's the problem that this government has not figured out after a number of years messing up our electricity system.

Look, municipalities are also stepping up to the plate to try to get this government to understand the magnitude of the problem. Last week, North Bay city council actually passed a resolution. They voted to ask the Premier to help their hospital, because they said Ontario hospitals are not currently eligible for any hydro relief, and the government is "creating a situation where rising hydro costs can potentially impact health care." That is what the hospital said.

Their back-of-the-napkin response is a phantom plan that lines the pockets of bankers with \$40 billion in public money and denies hospitals the funding they need. When will they finally admit that there's a problem?

**Hon. Glenn Thibeault:** Minister of Health.

**Hon. Eric Hoskins:** Mr. Speaker, we increased the operating budget of North Bay Regional Health Centre by almost \$4 million, or 2.1%, last year. We increased the budget of Hamilton Health Sciences by 3.6% last year, almost 30 million new dollars. But I can understand the challenge that the leader opposite is facing, because every time she mentions a hospital, that hospital comes out and either explains the innovations that they've adopted—in fact, my colleague from Sudbury had referenced some of those programs that resulted in reduced consumption—or, in the case of Sault Ste. Marie, the CEO had to publicly rebuke and refute the claims made by the leader of the third party: Those increases in electricity have not resulted in layoffs at the hospital, despite what the member opposite was trying to say; the hospital has not made decisions directly tied to the increase in electricity rates; and there are no planned layoffs of front-line staff at SAH.

There are challenges with our hospitals, Mr. Speaker, but as you can see from—I did this last week; I'm prepared to do it again—increase after increase—

**The Speaker (Hon. Dave Levac):** Thank you. New question.

## HYDRO RATES

**Ms. Andrea Horwath:** My next question is also for the Premier. Hospitals are having a tough time, whether the Minister of Health tends to agree or not, but so are families and so are businesses: families like the Campbells in Sault Ste. Marie, a senior couple on a fixed income with a hydro bill so high that they're actually scared to open their hydro bill each and every month.

Or Jamie: Jamie lives in the Soo with her three-year-old daughter and five-year-old son. Both have special needs. Jamie's hydro bill was \$1,200 a month. It got so expensive that she had to turn off the baseboard heaters, and now she uses propane instead because it's all she can afford to heat the house for her and her two kids.



When will the Premier finally offer some certainty to people who are suffering, and release the details of her phantom plan?

**Hon. Kathleen O. Wynne:** Minister of Energy.

**Hon. Glenn Thibeault:** In relation to our plan, I would suggest that the leader of the third party talk to her colleague, who is the critic for energy, because he was at the technical briefing. He would know that this plan, Ontario's Fair Hydro Plan, and all of the information that was in there, is going to be reducing rates for families like the family mentioned by 25%.

Not knowing the specifics of the individual family in the individual case, but if they're actually in Sault Ste. Marie and part of the outlying areas, if they're a Hydro One customer, if they're an Algoma Power customer or even if they're out closer to the Chapleau way, their distribution rate is going to be going down as well, significantly. That means that seniors and families of low-income individuals can save between 40% and 50%—that's significant—on top of the Ontario Electricity Support Program. We actually heard, listened and—

**The Speaker (Hon. Dave Levac):** Thank you. Supplementary?

**Ms. Andrea Horwath:** The Liberals have not released publicly one scrap of paper that details their plan, and we deserve to have that plan tabled, whether it be here in the Legislature or publicly through the media.

A few weeks ago, I met with a guy named Gerry in Thunder Bay. Gerry owns A.J.'s Trading Post, a great restaurant and store just outside of the city of Thunder Bay. It was also Gerry's dream to use A.J.'s as a stepping stone to his next business venture, but his hydro bills now account for almost 60% of his overhead, making it impossible for him to realize that dream of expansion.

Will this Premier offer business owners like Gerry some certainty right now and tell us which businesses will qualify for relief under her \$40-billion phantom plan?

**Hon. Glenn Thibeault:** Again, we've provided a deck to her critic, so she may want to speak to that because, again, all of the details were outlined on all of those pieces of paper.

But also, let's talk about where the Premier visited recently, when we're talking about businesses. We have here the Guelph hydro bill of the Bookshelf, the bookstore that the Premier visited. Again, this business is going to be saving \$500 a month when it comes to the fair hydro plan.

The Premier also visited Mijidaa, a restaurant in Guelph. This place, this facility is going to save \$700 a month on average when it comes to their bill.

Those are significant savings for small businesses. Mr. Speaker, 500,000 small businesses and farms will qualify for the 25% reduction. We heard small businesses, and we acted.

**The Speaker (Hon. Dave Levac):** Final supplementary.

**Ms. Andrea Horwath:** Speaker, I think it is unbelievable that the very top issue of the day is not being given the decency by this government to provide a public plan that's open and transparent, and that people can read and

look at. I find it unbelievable that this government is being so irresponsible to the people of Ontario. Hospitals are integral to communities. Businesses are integral to communities. Families are the heart of communities. This Premier just doesn't seem to get that this phantom plan, that's propped up by press releases and PR, is not enough to ensure the long-term prosperity of communities in Ontario.

**1100**

When is this Premier going to stop putting her interests and her political party's interests first? When is she going to stop benefiting her friends and bankers on Bay Street, and instead put forward a plan that really fixes our hydro system and addresses the concerns of families, businesses, hospitals, industry—

*Interjections.*

**The Speaker (Hon. Dave Levac):** Thank you. Be seated, please. Be seated, please. Thank you.

Minister?

**Hon. Glenn Thibeault:** We'll make sure that the leader of the third party gets a copy of the deck, so that she can see it for herself.

Also, when talking about who actually is in support of this fair hydro plan, let me quote Francesca Dobbyn, the executive director the United Way Bruce Grey:

"This shows that Kathleen Wynne's government is listening to people. With these positive changes, our rural community will now truly benefit from the low cost power it produces."

What about Ontario Regional Chief Isadore Day, Mr. Speaker? "The elimination of the delivery charge will assist our citizens by reducing energy poverty in our communities. It also represents recognition for the use of the land in the development and expansion of the provincial energy grid ... Today's commitment by the Ontario government is commendable and allows a path forward for greater quality of life for First Nations in Ontario."

We listened to people like Chief Day, we listened to people like Francesca Dobbyn, and we acted.

## SCHOOL CLOSURES

**Mr. Jim McDonell:** To the Premier: On Thursday, her government's ill-conceived funding policies and neglect of rural education and services caused several communities in my riding to lose their excellent rural schools. Rothwell-Osnabruck Secondary, North Stormont Public and S. J. McLeod schools are set to close, limiting student achievement and the area's growth by diminishing the township's ability to attract young entrepreneurs and businesses.

By the time her education funding review panel starts to work, it will be too late to save high-quality rural public education for many students across Ontario. This can't be allowed to happen and the Premier must stop procrastinating.

Will this Premier show some integrity and some common sense and put an immediate moratorium on school closures in Ontario until a full review of all provincial services in small urban and rural Ontario is completed,

including education and the appropriate funding formula established?

**Hon. Kathleen O. Wynne:** Minister of Education.

**Hon. Mitzie Hunter:** I'm very pleased to rise and speak about the investments that we're making in rural schools. We know that schools play a vital role in the social fabric that ties our communities together. The member opposite knows I've visited a number of schools in his area to talk about this specific issue.

We want to ensure that our schools are providing the best possible education to our students in rural communities. When school boards have to make a decision that involves the closure of a school, that's a very difficult decision that the school board has to make, and they do that with input from all parts of that school community, including community members and parents as well as their local municipality and other organizations within that community.

I will speak very specifically to the member's area in the supplementary.

**The Speaker (Hon. Dave Levac):** Supplementary? The member for Leeds–Grenville.

**Mr. Steve Clark:** Back to the Premier: On the eve of closing seven, or one in four, elementary schools in Leeds–Grenville, the education minister told the Upper Canada trustees she was proud of them. That's right, she was proud they were about to devastate those who fought so hard to keep those rural schools open.

Do you know whom I'm proud of, Speaker? I'm proud of the parents and the municipal and community leaders who worked tirelessly and put forward ideas to save their schools, but they never had a chance. The board was never serious about working with these communities.

Does the Premier agree that closing this many schools is bad for rural education, and will she now admit that a moratorium is the only way to save rural schools?

**Hon. Mitzie Hunter:** An arbitrary moratorium on school closures would not allow our local school boards to make the decisions that they need to make, which is in the best interests of local schools.

Mr. Speaker, I just want to correct the information that the member opposite has put forward, because I actually contacted the chair of the Upper Canada school board because they were doing leading work to protect students against opioid issues in their local communities. I felt that that work that they were doing with public health officials was protecting our students and keeping them safe and keeping them healthy.

That's why we have to support our locally elected school officials to act and to do what they know is in the best interests of their students, and that includes decisions around the school configuration. I trust our local trustees to do the best—

**The Speaker (Hon. Dave Levac):** Thank you.  
New question.

#### HYDRO RATES

**Ms. Catherine Fife:** My question is to the Premier. Ontario's small businesses have lost confidence in this

government. A recent Ontario Chamber of Commerce report found that a full 78% of small businesses are not confident in this province's economic outlook. These are the real job creators in the province of Ontario. They don't believe that the direction this government is taking the economy will help their business. In fact, they believe that this government will only make things worse.

With runaway hydro costs, it's easy to see why businesses cannot trust the choices that this government makes. Why doesn't this Premier think that the confidence of Ontario's businesses is important?

**Hon. Kathleen O. Wynne:** Minister responsible for small business.

**Hon. Jeff Leal:** I'm delighted to respond to the honourable member this morning. In fact, I just had a meeting with small-business officials at 8:30 a.m. this morning. They indicated to me that up to 1,000 small and medium-sized businesses, SMEs, will soon be eligible for the industrial conservation initiative, ICI, saving about one third on their current bills. And, similar to home customers, an 8% rebate for small businesses is now being provided. This is in addition to the HST input tax credit that many small businesses are eligible to claim.

Mr. Speaker, I'm proud to say that the small business tax rate in Ontario is among the lowest in North America.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Ms. Catherine Fife:** And we have the highest hydro costs in North America.

*Interjections.*

**The Speaker (Hon. Dave Levac):** Stop the clock.  
Order. Start the clock.

Supplementary.

**Ms. Catherine Fife:** Back to the Premier: Skyrocketing hydro prices are threatening to close the doors of small businesses across this province. We bring these stories to you every single week. Half of Ontario Chamber of Commerce members believe that a reduction of electricity costs will have a positive impact on their organizational health. But what has this Liberal government put forward to reduce the burden of high hydro costs? A \$40-billion borrowing scheme that does nothing to fix the problems in the electricity system. That is an extra \$40 billion in interest costs that Ontario businesses and families will have to pay back for years to come. It is irresponsible.

When will this government stop making life harder for families and businesses and admit their desperate hydro tactic is nothing more than a partisan scheme that will cost all of us more in the long run?

**Hon. Jeff Leal:** Mr. Speaker, when I heard the member's supplementary, I was reminded of the former observation that Sean Conway once made when he was responding to a question. I think the minister's information was a bit of a petit canard.

But, frankly, we just got the Financial Accountability Officer's report back in August, which confirmed that Ontario is in the middle of the pack in terms of energy costs in Canada. We've already done all the heavy lifting

of modernizing our energy infrastructure and transitioning off coal.

While the FAO reports add, from a value perspective—our government recognizes we need small businesses alive and well in Ontario. I'd be prepared to share this information with the honourable lady.

#### AUTISM TREATMENT

**Mr. Arthur Potts:** My question is to the Minister of Children and Youth Services. I know the minister has been hard at work ensuring that the beginning of the rollout of the new Ontario Autism Program in June of this year is as seamless as possible. I know the minister has been meeting with parents from across the province to listen to their concerns and to their ideas. It is, after all, of the utmost importance to this government that all students are provided with the best supports possible, especially those who have autism or are on the spectrum.

1110

I've had so many calls from constituents in Beaches—East York who are caring for their children who are on the autism spectrum. They do need our support and they are looking for a direct funding option. It is our duty, Speaker, to help them succeed.

Would the Minister of Children and Youth Services clarify whether or not he is considering a direct funding option for parents who are caring for their children who are on the autism spectrum?

**Hon. Michael Coteau:** Thank you for the question. I want to acknowledge that over the last weekend there was a lot of discussion on social media in regard to the rollout of the new autism program here in June. I understand that there is a lot of concern from parents because we're talking about children.

In the face of these difficult questions, I want to provide some clarity on some of the issues that were under discussion this weekend. I want them to know that we will be rolling out a direct funding option as part of the Ontario Autism Program in June. I also want parents to know that children and families who are receiving direct funding currently will do so past June until they're brought into the new program.

I want to say this one more time, Mr. Speaker, because I think it's important: Direct funding will be part of this new program. I know that there are a lot of parents who are anxious out there, but we'll continue to work together with parents and communities to make sure we position children for—

**The Speaker (Hon. Dave Levac):** Thank you. Supplementary?

**Mr. Arthur Potts:** I want to thank the minister for the great work that he's doing on this file. But I also want to acknowledge the work of the minister responsible for accessibility and her contributions to this file previously and ongoing.

*Applause.*

**Mr. Arthur Potts:** Thank you; well deserved.

My understanding is, the minister is going to Holland Bloorview Kids Rehabilitation Hospital this afternoon to speak with parents and to check in on the progress of this key government commitment. That commitment is to establish five new autism spectrum disorder diagnostic hubs across the province.

Last year, I toured an autism care centre, Breakthrough Autism, which is run by Nancy Marchese. I've got to tell you, Speaker, they're doing incredible work with children with autism.

Ontario is also investing an unprecedented half-billion dollars over the next five years to create these new services for children and youth with autism spectrum disorder.

Could the Minister of Children and Youth Services tell us more about what these hubs will be doing and how they are expected to make a difference in the province and how other key government commitments are expected—

**The Speaker (Hon. Dave Levac):** Thank you. Minister?

**Hon. Michael Coteau:** Again, thank you to the member for the question. The member is right. We will be investing \$5 million into five diagnostic hubs across the province of Ontario. This will allow for staff to extend their hours to build more capacity within the system. We estimate that 2,000 more children will be assessed per year through this investment.

As the Minister of Children and Youth Services, I have to say that I'm proud of this government, I'm proud of the work we're doing to support families who have children with autism, and I'm proud to be leading this process into a new program that we'll be launching in June.

We're also committed to creating 16,000 new service spaces that will significantly reduce wait times here in the province of Ontario. I pledge this government's continued commitment to work together across ministries to ensure that everyone with autism growing up in Ontario has the support and services they need to realize their dreams and their full potential.

#### GOVERNMENT ADVERTISING

**Mr. Norm Miller:** My question is to the Premier. Despite this government creating many of its own problems, they are once again using taxpayer dollars in an attempt to save themselves. The Auditor General has stated that the Premier's recent hydro ads "convey a positive impression of the current government and it's more like a pat-on-the-back type of advertisement." The ads "would not have passed under the previous legislation."

Two years ago, when the government reduced the oversight of the Auditor General, the Deputy Premier stated, "This legislation expands her oversight of our advertising, and it clarifies what is in fact considered partisan."

Given the auditor's comments, can the Premier really say that the auditor's powers to block partisan advertising have been expanded?

**Hon. Kathleen O. Wynne:** President of the Treasury Board.

**Hon. Liz Sandals:** I want to point out that we need a little bit of a reality check here. The Ontario Legislature,

the Ontario government, is the only government in Canada that actually has an advertising act that lays out the rules. In fact, the ads in question follow the legislation, are consistent with the rules and the budget has been set out by the Legislature, and they are not in contempt of the Legislature.

I would point out that this much-loved legislation, in original form—they voted against it.

**The Speaker (Hon. Dave Levac):** Supplementary? The member from Dufferin–Caledon.

**Ms. Sylvia Jones:** I think the minister is forgetting a couple of other facts. The facts are that two years ago, you changed the legislation to make the Auditor General a rubber stamp.

These hydro ads are not the first time this government has funded partisan ads through taxpayer funds. The government's pension plan ads cost Ontarians almost \$800,000. The auditor called those ads “self-congratulatory,” and stated that they had added no value to the public.

In the last two years, this government has spent nearly \$6 million in taxpayer money on a series of ad campaigns on the environment. The auditor said that these ads “could be seen as self-congratulatory and, in some cases, misleading”—

**The Speaker (Hon. Dave Levac):** You can't do that. Withdraw, please.

**Ms. Sylvia Jones:** Withdraw.

**The Speaker (Hon. Dave Levac):** Carry on.

**Ms. Sylvia Jones:** Will the Premier restore the Auditor General's authority to review and approve government-funded advertising?

**Hon. Liz Sandals:** Government House leader.

**Hon. Yasir Naqvi:** I think the member opposite is forgetting some facts. It was her government, when they were in power, that ran, under Mike Harris's leadership, advertising worth \$400 million. When this party and this government came into office, one of the earliest actions they took was that they brought in a piece of legislation that would ensure that we do not have that kind of Mike Harris-style government advertising.

Speaker, you wonder: How did the Tories vote on that bill? They voted against that bill—so did the NDP. So I would like to ask the member opposite: What were you thinking then? Why did you not support that bill, which creates one of the most strict and most stringent regulations on government advertising in Canada? We're the only Legislature that has a law like this. They have very little ground to stand on, because—

**The Speaker (Hon. Dave Levac):** Thank you.  
New question.

#### MENTAL HEALTH AND ADDICTION SERVICES

**Ms. Peggy Sattler:** My question is to the Premier. While this government fails to show leadership to address London's mental health crisis, my community is looking for solutions, such as the innovative ER diver-

sion project between London Health Sciences Centre, the CMHA crisis centre and Middlesex-London EMS.

All the project requires is the health minister's sign-off to fund the EMS transfer of non-acute mental health patients directly to the crisis centre instead of to the hospital. The project would divert 3,000 patients a year and save \$2.5 million annually, money that is desperately needed in my community.

Will the Premier direct the Minister of Health to sign off on this project today?

**Hon. Kathleen O. Wynne:** Minister of Health and Long-Term Care.

**Hon. Eric Hoskins:** As I mentioned last week in my response to this question, we have legislation in the province of Ontario called the Ambulance Act. It pertains to governance, activities and issues of deployment—where individuals and patients can be dropped off by EMS. It pertains to all of the elements that surround our emergency medical services and our ambulance services. It would be a violation of the act today to allow an ambulance to drop off a patient at a location other than a hospital, whether it's a pilot project or otherwise.

I am looking very closely at this project. We were the government that funded CMHA to open and run this incredible crisis centre in the community. We are working very closely with all partners to see how we can further provide care to these vulnerable individuals.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Ms. Peggy Sattler:** Even if it were true that approving the pilot would be breaking the law—which it is not—this government has had two years to figure out how to make it happen.

As CTV reported last week in London, the need for this diversion project has never been more urgent. LHSC's psychiatric ER is at 152% capacity and 26 mental health patients are waiting for beds.

**1120**

Why is this Liberal government refusing to support the efforts that London is making to deal with this urgent and ongoing crisis?

**Hon. Eric Hoskins:** I'll state again that the LHIN, the local hospital, CMHA itself, my ministry, my office, myself—we're all engaged in conversations to see how we might be able to find a path forward, but it would require a change to the Ambulance Act.

One possible solution that was provided some time ago was that, if that crisis centre was actually to come under the corporation of the hospital, then it would be possible and it would be legal—as has been done in other parts of the province—for that deployment and that drop-off to take place at the crisis centre. It was decided locally not to pursue that path, so we're looking at any other option that we can to make sure that that important service that we funded, that we started along with CMHA last year, is augmented even further.

#### SPORTS AND RECREATION FUNDING

**Ms. Sophie Kiwala:** My question is to the Minister of Tourism, Culture and Sport. As the former parliamentary

assistant to the Minister of Tourism, Culture and Sport, I saw first-hand the benefits of our government's support to indigenous sport and recreation. For example, nearly in its 10th year, the Community Aboriginal Recreation Activator Program continues to improve the quality of life and well-being of First Nation communities through sport and recreation in communities all across Ontario. This program supports the calls to action from the Truth and Reconciliation Commission, as well as the recommendations generated by the Feathers of Hope report, which was written to address the needs and difficulties facing indigenous young people.

Mr. Speaker, through you to the minister, can you tell the members of this House what else our government is doing to support physical activity and recreation-based programming for First Nations communities?

**Hon. Eleanor McMahon:** Thank you very much to the member for the question and for her advocacy on behalf of First Nations communities across this province.

I'm very proud—

*Applause.*

**Hon. Eleanor McMahon:** Yes—very proud of the Community Aboriginal Recreation Activator Program, which helps to support the integration of traditional values and culture into sport and recreation programming, benefiting over 50,000 First Nations Ontarians. Since 2006, we're very proud that \$7.8 million has been invested in First Nations communities through CARA. And the program continues to expand. In fact, it has grown by 80% since 2014 alone, from 15 to 27 communities, which is really exciting.

Building on that model, our government recently hosted two successful youth cultural camps, supporting indigenous youth in accessing their cultural teachings through hands-on programming. Two of these programs, one in Pikangikum and one in Fort Albany, attracted over 250 indigenous and First Nations young people—

**The Speaker (Hon. Dave Levac):** Thank you. Supplementary?

**Hon. Eleanor McMahon:** I look forward to more in my supplementary.

**The Speaker (Hon. Dave Levac):** You certainly will.

**Ms. Sophie Kiwala:** Thank you, Minister, for your response. It's fantastic to hear how wide-reaching, comprehensive and successful our government's investment in indigenous sport and recreation has been. The CARA Program's community development model is considered across government as a best practice for First Nations programming.

I know the Mohawks of the Bay of Quinte, outside of Kingston, are a CARA community that have benefited tremendously from the CARA Program. As the MPP for Kingston and the Islands, I'm very encouraged by this.

Mr. Speaker, through you to the minister, can you please tell the members of this House about other ways Ontario is engaging and welcoming young indigenous athletes into organized sport?

**Hon. Eleanor McMahon:** Again, thanks to the member for Kingston and the Islands. And I want to thank and

recognize my colleague the Minister of Indigenous Relations and Reconciliation for his strong advocacy and his leadership on behalf of indigenous Ontarians, both in sport and more broadly.

Our government continues to provide funding to the Aboriginal Sport and Wellness Council of Ontario to oversee grassroots physical activity and participation, coordinate sport development and coaching initiatives, and represent Ontario's indigenous people at the national level. In July 2016, the council hosted the first Ontario Aboriginal Summer Games in partnership with the Six Nations of the Grand River, welcoming athletes, coaches and volunteers from across our province.

This summer I'm very excited that Toronto will, for the first time, host the North American Indigenous Games. These games promise to be one of the most exciting sporting events in Canada. They will represent all 13 provinces and territories and 5,000 athletes from across North America, leveraging the investments we made in the Pan Am Games and all the facilities that they—

**The Speaker (Hon. Dave Levac):** Thank you. New question.

#### ECONOMIC DEVELOPMENT

**Mr. Monte McNaughton:** My question today is for the Premier. Many groups and organizations are simply ignored when they come to Queen's Park to meet with this government, so I strongly urge the Premier and her government to listen and act upon what is being said here today at the Legislature.

As a past president of the Strathroy and District Chamber of Commerce, I can tell you that the members and leaders of chambers of commerce are some of the most active, engaged and involved people in our communities. It's a vital organization here in the province. But only 24% of the Ontario Chamber of Commerce membership is confident in the Ontario economy.

Speaker, how can the Premier stand here and say that the economy is on track when three out of four members of the Ontario Chamber of Commerce lack confidence in the economic outlook in the province of Ontario?

**Hon. Kathleen O. Wynne:** Minister of Economic Development and Growth.

**Hon. Brad Duguid:** Let me begin by welcoming the Ontario Chamber of Commerce here to Queen's Park today. I don't know if this government has a partner that we've worked with more closely than our friends at the Ontario Chamber of Commerce.

When it comes to developing the economic strategies that have taken Ontario to the forefront in Canada in economic growth, the Ontario Chamber of Commerce has been with us every step of the way. They supported and actually urged us to make the investments in infrastructure—the \$100 billion we've invested over the last 10 years, the \$160 billion we'll be investing over the next 12. They've urged us and supported us in making investments in our people, in building one of the best education systems anywhere in the world today. And, Mr. Speaker,

they've urged us and supported us in our commitment to innovation that's building the next-generation economy here in Ontario so we're in a position to lead the world—

**The Speaker (Hon. Dave Levac):** Thank you.

*Interjection.*

**The Speaker (Hon. Dave Levac):** Member from Hamilton East–Stoney Creek, second time.

Supplementary?

**Mr. Monte McNaughton:** Back to the Premier: The results of the business confidence survey indicate that Ontario business is in a delicate position. Chamber members are unsure of the stability of the provincial economy and critical of the impact that Liberal policy will have on their organization. This lack of confidence is causing businesses to hold off on hiring, investment, and ultimately growth here in Ontario.

The most recent example is Fiat Chrysler, which is now planning to wind down its transport operations in Windsor, affecting nearly 300 jobs. All of this stems from the burden of input costs that this Liberal government is placing on businesses.

The Ontario Chamber of Commerce is our largest and most inclusive and credible business network. Why does the Premier refuse to listen to Ontario's business leaders, like the Ontario Chamber of Commerce?

**Hon. Brad Duguid:** There has never been a time that I can recall when our business community should have been more confident in our economy here in Ontario than today.

We're talking about an economy whose unemployment rate is at a level not seen for over a decade. It's at the lowest level it has been in 10 years. We're talking about an economy that has seen the creation of 700,000 net new jobs across this province. We're talking about an economy that is not only leading the country in growth; it's leading the G7 in growth. We're talking about an economy that's attracting more foreign direct investment here in this province than any other jurisdiction in North America.

Our business leaders are confident in this economy. They're investing in this economy in record amounts. They are creating jobs in this economy, and they're doing it in partnership with our government, in sync with our economic development strategy. This is a great time to create jobs, a great time to invest in—

**The Speaker (Hon. Dave Levac):** Thank you.

*Interjections.*

**The Speaker (Hon. Dave Levac):** Be seated, please. Be seated, please.

New question.

#### TENANT PROTECTION

**Ms. Andrea Horwath:** My question is for the Premier. This weekend, a young woman named Niloofar Golkar told the media that she was evicted from her home because her landlord told her he was moving in. It turned out that her landlord just wanted to cash in on Toronto's red-hot rental market, because just a few weeks after she moved out, Speaker, he was advertising the apartment for \$500 more than Niloofar was paying.

**1130**

Does the Premier think it's about time to tighten up the rules and make sure that people like Ms. Golkar are protected from economic evictions like this one?

**Hon. Kathleen O. Wynne:** Minister of Community and Social Services.

**Hon. Helena Jaczek:** Of course we are very aware that there are many Ontarians who are faced with housing costs that continue to rise dramatically. Evictions do occur, obviously, from time to time. We're very aware that families on tight budgets are feeling the pinch in a rental market that is struggling to keep up with demand.

That's why we've been developing a plan to address unfair rises in rental costs by delivering substantive rent control reform in Ontario as part of an ongoing review of the Residential Tenancies Act. We have been taking action through this time. We've been consulting very, very broadly, and some of the initiatives that we've been taking I will expand upon in the supplementary.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Ms. Andrea Horwath:** Speaker, the Ontario Landlord and Tenant Board has seen a 23% spike in these types of evictions just since 2013. It's a sign that renting in Toronto is becoming more and more uncertain and expensive.

Closing the loophole that allows buildings built after 1991 to be exempt from meaningful rent control is a very good first step in addressing this growing problem and this growing insecurity that families are feeling.

Some 45% of people who live in Toronto are renters. Does the Premier think that extending rent control protection to 45% of Torontonians is actually the right thing to do?

**Hon. Helena Jaczek:** Some of the initiatives that we've been taking are: working with our municipal partners to make secondary suites a quick way to provide affordable housing in our communities, passing inclusionary zoning legislation that will empower municipalities to require the construction of affordable units in new residential developments, and freezing the municipal property tax on apartment buildings to provide relief to renters.

Lest we forget, of course, it was our government that eliminated automatic evictions. Under the previous PC government, automatic evictions were granted unless the tenant filed a notice within five days. We certainly do believe that eviction is a remedy of last resort, and that all tenants are entitled to a hearing at the Landlord and Tenant Board to decide this issue. We wish to ensure fairness for all parties.

#### LEGAL AID

**Mr. Peter Z. Milczyn:** My question is for the Attorney General. Access to justice continues to be a challenge for many people in Ontario. Legal Aid Ontario plays an important role in addressing this challenge and makes a positive impact in many people's lives. Every

day they help almost 4,000 people access legal services, regardless of their ability to pay.

People are often marginalized, vulnerable and living with limited means. That's why our government has made historic investments in Legal Aid Ontario to ensure that more people have access to legal representation.

I understand that on April 1, Ontario is providing even more people with affordable access to legal services by increasing the financial eligibility threshold for legal aid by another 6%. Can the Attorney General tell us more about our government's investments and how raising the financial eligibility threshold will ensure people can access legal services?

**Hon. Yasir Naqvi:** I appreciate the question from the MPP from Etobicoke–Lakeshore on this very important issue. The member is correct in saying that access to justice is a serious challenge facing Ontario's justice system. That is why, Speaker, our government has made historic investments in Legal Aid Ontario. I'm pleased to let this Legislature know that we increased Legal Aid Ontario's funding by \$153 million over the past four years, so that more low-income and vulnerable Ontarians across the province can have access to legal services, regardless of their ability to pay.

The member is also correct that on April 1, Ontario is providing even more people with affordable access to legal services by increasing the financial eligibility threshold for legal aid by another 6%. This is the fourth time that our government has boosted the eligibility threshold by 6%. This increase will have a real, positive impact on people's everyday lives. Effective April 1, about 140,000 more people will be eligible to receive the legal aid services they need.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Mr. Peter Z. Milczyn:** I want to thank the Attorney General for his answer. Community and legal clinics, such as the South Etobicoke Community Legal Services, play an integral role in Ontario's justice system. I know my constituents will be pleased to hear that our government's commitment to raise the financial eligibility threshold will ensure that about 140,000 more people will be eligible to receive the legal services they need, regardless of their ability to pay, on April 1.

Mr. Speaker, increasing the eligibility threshold builds on our government's commitment to improve access to justice for people all across Ontario. This is part of our 2014 commitment to expand access to legal aid services to an additional one million Ontarians in 10 years. Can the Attorney General tell us more about our government's commitment and what the next steps are after the increases are complete?

**Hon. Yasir Naqvi:** The member from Etobicoke–Lakeshore is right. Our goal is to expand the access to legal aid services provided by LAO to an additional one million Ontarians in 10 years.

Speaker, I have some very good news. With this fourth threshold increase, more than 500,000 people in total are now eligible for legal aid services. This is im-

portant because it means that Ontario is now more than halfway to our goal to expand access to legal aid services to an additional one million people.

I would also like to recognize the community and legal clinics that play an integral role in delivering legal aid. We value the work they do to ensure that people with lower incomes have access to justice. On behalf of our government, I would like to thank LAO for their work, as well as the services provided by community and legal clinics. We look forward to continuing to support them and to work with them to improve access to justice for all Ontarians.

## SKILLS DEVELOPMENT

**Mr. Lorne Coe:** During the Ontario Chamber of Commerce's consultation process of their 2016 report on the skills mismatch, they said, "Many small business owners validated the concern"—

**The Speaker (Hon. Dave Levac):** Question to whom, please?

**Mr. Lorne Coe:** To the Premier.

**The Speaker (Hon. Dave Levac):** Thank you.

**Mr. Lorne Coe:** "Many small business owners validated the concern that there is a serious mismatch between the nature of job vacancies and the qualifications of those seeking work." In fact, the report says that 39% of employers had difficulty filling a job opening over the last year. This number was up 11% from 2014.

The government's own Highly Skilled Workforce Expert Panel report also showed that the skills mismatch is a significant problem. Speaker, when will this government start taking the skills mismatch seriously and implement the recommendations from the Highly Skilled Workforce Panel report?

**Hon. Kathleen O. Wynne:** Minister of Economic Development and Growth.

**Hon. Brad Duguid:** I really appreciate that question. I think it's a very valid line of questioning. In many ways, the highly skilled workforce was our task force, and we set it up for that very reason: to give us advice. In a fast-changing economy where we have many of our sectors migrating and automating and changing the way they do work, we've got to make sure that our workforce, our education systems and our skilled training systems move with them.

That's entirely why, under the leadership of Sean Conway, our minister Deb Matthews appointed that task force. The recommendations that they brought forward are extremely important as we put forward our strategies to stay at the cutting edge of skills development and education in this world. So a very valid question, and we're on it, we'll continue to be on it and we'll certainly see it as a priority.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Mr. Lorne Coe:** Back to the Premier, Speaker. The Conference Board of Canada estimates that the skills mismatch costs the economy of Ontario up to \$24.3

billion in gross domestic product and \$3.7 billion in tax revenues each year. Weeks ago, I asked the Minister of Advanced Education when this government will address the skills mismatch by adopting the recommendations from the Highly Skilled Workforce Expert Panel report. The minister's response provided no deadlines and vague commitments to implementing the recommendations from the report.

Will the Premier step in and demonstrate that the skills mismatch is being taken seriously, or will we be given yet another vague response?

**Hon. Brad Duguid:** Mr. Speaker, the Premier doesn't have to step in to make sure that our efforts to enhance skills in this province are taken seriously. That's part of the DNA of our Premier and it's part of the DNA of this government. It's part of the reason why we've been successful in building a strong economy and we'll be successful in building a new economy here in Ontario, based on the fast-changing innovation that's taking place around the world.

This is an issue we take extremely seriously. It's absolutely crucial that we continue to work with our education leaders—and we have a great education minister here who is highly engaged in that—we continue to work with our post-secondary partners, we continue to work with our labour leaders and we continue to work with our businesses to ensure that we're producing the most highly skilled workforce anywhere in the world today.

We're close to being there now, but it's a fiercely competitive global environment. We're continuing to be there in the future as well.

**The Speaker (Hon. Dave Levac):** The time for question period is over, and there are no—

**Hon. Dipika Damerla:** Point of order.

**The Speaker (Hon. Dave Levac):** Point of order, the minister.

**Hon. Dipika Damerla:** Thank you, Speaker. I just want to take a minute to wish my seatmate to the right, the MPP for Cambridge, a very happy birthday.

*Applause.*

**The Speaker (Hon. Dave Levac):** There being no deferred votes, this House stands recessed until 1 p.m. this afternoon.

*The House recessed from 1141 to 1300.*

## INTRODUCTION OF VISITORS

**Mr. Jack MacLaren:** I have the great pleasure to introduce guests here today who have come to see a petition presented on the controlled act of psychotherapy. They are here with us in the members' gallery. They are: Connie Rowley, Scott Sanderson, Royce Hamer, Richard Archambault, Gordon Rodrigue, Gary Page, Barbara Kostenuk, Christine Massey, Sonja Wesholowski and Richard Tufts.

**The Speaker (Hon. Dave Levac):** Welcome. Thank you for being here.

## MEMBERS' STATEMENTS

### JAY WOOLLVEN

**Mr. Jim McDonell:** On Monday, March 20, the Williamstown area in my riding of Stormont–Dundas–South Glengarry lost an outstanding volunteer and an inspiration to our communities. Jay Woollven worked tirelessly to make our region the best place to call home. He volunteered for organizations as diverse as the Williamstown Fair board, the Stormont–Dundas–South Glengarry business development centre, the Aultsville Theatre movie series and St. Lawrence College, just to name a few.

Everywhere he went, he brought a contagious passion and an inspiring dedication to his fellow residents. I heard past students say that he made a difference in their lives.

Jay was an accountant by trade, yet we remain wondering whether that was his true profession. What energy could Jay possibly have to spare for accounting after all his community work?

Jay wasn't just a worker but a lively character, with smiles and enthusiasm that he shared with everyone he came across. In the minds of many visitors to the Williamstown Fair, he will always be remembered for his trademark "Good morning, Williamstown" call over the loudspeaker, which I could hear at home over a kilometre away, and of course his trademark yellow knee socks.

We should all strive to be more like Jay: good listeners, hard workers, always upbeat, and always ready to lend a hand and share a kind word—yellow socks optional.

Rest in peace, Jay. You will certainly be missed by everybody.

### KELSEY MELLAN AND MATTHEW BEDARD

**Mr. Michael Mantha:** It's always an honour to stand and speak in the House on behalf of the good people of Algoma–Manitoulin. Today, I'd like to speak to the hard work of two remarkable athletes from my riding, Kelsey Mellan and Matthew Bedard, who competed this month at the Special Olympics Winter Games in Austria. Both Matthew and Kelsey competed in snowshoe races at the winter games.

For Kelsey, this was her second winter games, and she did great. Kelsey put up two great times in both the 100-metre and 200-metre snowshoe races.

For Matthew, this was his first winter games, and he's coming back not with one but two silver medals in the 800-metre snowshoe race and the 4x400-metre race.

Algoma–Manitoulin couldn't be prouder to have had these two incredible athletes representing Canada.

Today, I'm really proud of our Canadian athletes. Canada sent 148 Special Olympics athletes to Austria. As the member from Hamilton–Stoney Creek would say, "Wow." And 35 of those athletes were from Ontario.



What an incredible achievement, and thanks to all of our Ontario athletes who represented us.

On behalf of all of Algoma–Manitoulin, Matthew and Kelsey, congratulations. Your hard work paid off. Algoma–Manitoulin could not have had two better athletes represent us at the winter Olympic games.

*Applause.*

**The Speaker (Hon. Dave Levac):** I know we're all very proud of our Special Olympians representing Ontario and Canada. So thank you for that statement.

#### BANGLADESHI COMMUNITY

**Mr. Arthur Potts:** I am delighted today to extend warm greetings to members of the Bangladeshi community as they commemorate the Independence Day of Bangladesh, which was celebrated yesterday. Beaches–East York is home to an incredible community of Bangladeshi Canadians and I'm delighted that they have made me feel so welcome in their community.

The occasion brings us together to reflect on Bangladesh's declaration of independence from Pakistan in 1971 and to celebrate the country's rich culture and heritage. Bangladeshis champion and continue to champion the mother language day movement, aimed to protect and preserve the culture they were raised in.

I want to take this opportunity to pay tribute to the Bangladeshi community in becoming an integral part of our multicultural success story. Members of this dynamic community continue to help make Ontario even stronger.

Last year, we hosted the first Bangladeshi flag-raising event down here at Queen's Park. Today, I am happy to announce that at 4:30 we'll be hosting the second annual flag-raising event, and there will be over 250 people from the Bangladeshi community coming to the front lawn. Among those joining us will be: Amit Chakma, president and vice-chancellor of the University of Western Ontario; Hasina Quader and Mahbub Reza, who are community leaders in my riding of Beaches–East York—they run a group called Bangladesh Centre and Community Services; and Nasima Akter of Bangladeshi-Canadian Community Services. We will also be joined by some very special guests: a group of veterans from the Bangladeshi war of independence.

I'm grateful for the many enduring contributions this community has made to the social, economic and cultural life in our province. Please accept my best wishes.

Abhinandana. Congratulations.

#### MAPLE LEAF SCHOOLS

**Mr. Norm Miller:** I rise today to tell the members of this Legislature about an exciting opportunity for the town of Gravenhurst. For many years, Gravenhurst has been seeking a partner to redevelop the old Muskoka Regional Centre. They have found a great partner in Maple Leaf Schools. Maple Leaf Schools is a Chinese educational company that offers bilingual education in English and Mandarin, leading to a dual Chinese and Canadian high school diploma. Right now, they have

25,000 students attending school in 14 cities in China, and they're planning to develop a flagship school here in North America. They are particularly interested in the Muskoka Regional Centre because Gravenhurst is the birthplace of Dr. Norman Bethune, the Canadian doctor who is so well-known and respected in China.

This project fits with the town's official plan for this site and is supported by the town, by the residents, the cottagers and by the business community. It would create 200 construction jobs during development and then 200 permanent jobs. In a town of 12,000, that's a lot of new jobs.

I know that the Minister of Infrastructure has met with the town of Gravenhurst, and I want to thank him for taking that meeting and to reiterate just how important this project is to the town. I hope the minister and Infrastructure Ontario will move quickly to make this school a reality.

#### STELCO

**Mr. Paul Miller:** It is vital to this province's continued economic health that we preserve steel manufacturing both in northern Ontario, in Sault Ste. Marie, and in southern locations such as Hamilton and Nanticoke.

The restructuring of Stelco has entered a new phase with a proposed sale of the company being put to a vote of creditors in April. Some 20,000 workers, retirees and their families are deeply concerned. Based on past, painful experiences, they are skeptical of the good faith of foreign investors and doubtful of the ability of Canadian governments to enforce agreements made by these investors.

The rights and interests of all Stelco workers and retirees must be protected. The promises of pensions and health benefits to Stelco retirees, earned through decades of labour, must be honoured. They want to know why this government is allowing the pension plan to be taken off the balance sheet in this proposed sale. Why is it not considered a liability of the company? This company will have almost \$300 million in cash at the end of May. Why have the post-employment benefits of retirees, so desperately needed, not been fully restored?

Never again should a foreign company buying one of this province's major manufacturers be allowed to escape its obligations and commitments through a secret renegotiation and agreement with the federal government. We need to know that this government will hold any new buyer fully accountable for every promise it makes to the workers, retirees and governments.

#### HÔPITAL MONTFORT MONTFORT HOSPITAL

**M<sup>me</sup> Nathalie Des Rosiers:** Ça me fait plaisir de me lever aujourd'hui pour célébrer un événement qui est arrivé la semaine dernière dans le comté d'Ottawa–Vanier. C'était le 20<sup>e</sup> anniversaire de la bataille pour sauver l'Hôpital Montfort.

L'Hôpital Montfort est un établissement hospitalier qui est bien connu dans la région et qui a survécu, grâce à la solidarité franco-ontarienne, des coupures qui avaient été proposées par le gouvernement Harris.

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La semaine dernière, ce que nous avons fait, c'est célébrer encore une fois cette solidarité franco-ontarienne, et nous avons permis, évidemment, que Montfort continue de rayonner et de pouvoir bien servir toute la communauté.

Today, I think Montfort Hospital is a great hospital that offers community health to all the regions—French- and English-speaking patients are well served there—and it is also a university hospital.

Cette soirée a été aussi magnifique parce qu'on a eu l'occasion à la fin d'entonner la chanson « Notre Place » que cette Chambre a déclarée tout récemment comme étant l'hymne des Franco-Ontariens. C'était une très belle soirée dans Ottawa–Vanier. Merci.

**Le Président (L'hon. Dave Levac):** Merci beaucoup.

#### WATER QUALITY

**The Speaker (Hon. Dave Levac):** Members' statements. The member from—

**Ms. Lisa MacLeod:** Thank you very much, Mr. Speaker. My statement today is about Lynnwood mobile home park's water quality, just outside of Edwards in the city of Ottawa.

Beginning around 2006 and 2007, I started advocating for this community with then-city councillor Doug Thompson and today's city councillor George Darouze. Not only is the water of poor aesthetic quality, but it is not potable. Over the years, we have tried to find different solutions, whether that was the trickle system coming out of Carlsbad Springs or signing onto a water pump from the neighbouring municipality of Russell, all of which has been rejected. So it was up to us, as local politicians, to try to get the property management, Killam Properties of Nova Scotia, to do something about the poor water quality there. Now, let me make this statement abundantly clear: This is Third World water in the nation's capital of a G8 country, yet this company, Killam Properties, is okay with allowing the residents on its property to have substandard water.

Today, I'm calling on Killam Properties to stand up and do the right thing for the constituents of Nepean–Carleton who live in Lynnwood mobile home park, who are living in affordable housing units and who cannot afford to move out. Killam Properties should be publicly shamed, Speaker, and that is why I'm here today as the member of provincial Parliament. I am fed up, after 11 years of representing these people in Lynnwood mobile home park, that they now have a 30-plus-years water quality problem.

Enough is enough. Time is time. Killam Properties better stand up and do the right thing.

**The Speaker (Hon. Dave Levac):** Thank you. That was the member from Nepean–Carleton. I didn't get a chance to introduce her.

**Ms. Lisa MacLeod:** You've called me many things over the years, Speaker.

**The Speaker (Hon. Dave Levac):** I call you nice things.

#### VIETNAMESE COMMUNITY

**Mrs. Cristina Martins:** I rise today to inform the House about an event I had the pleasure of attending this weekend, an event that was hosted by the Vietnamese Women's Association of Toronto in my riding of Davenport.

The wonderful event that I attended on Saturday commemorated the struggle of the Trung sisters and their brave stand against nations who occupied Vietnam nearly 2,000 years ago. It is celebrated annually by Vietnamese communities both here in Ontario and all around the world.

The Trung sisters' story of fighting for freedom and independence became a symbol of resistance for the Vietnamese people and has inspired generations of Vietnamese women and girls. Their determination and strong leadership qualities are a testimony to the respected position of freedom and strength of women in the Vietnamese community.

As the member of provincial Parliament for Davenport, I have seen first-hand the amazing work the Vietnamese community does. Ontario has always been a welcoming place for people from all around the world who choose to live in our province. Over 56,000 people from Vietnam live in the GTA, with many choosing Davenport to be their home. That diversity, along with the strong contributions made by this community, represents one of Ontario's key strengths.

I am proud to support such a fierce and hard-working community in our province and in my riding and hope that more women from all across the world can be inspired by the Trung sisters.

I also want to thank Binh-Minh Hoang, chair of the Vietnamese Women's Association of Toronto, for the invitation to attend this wonderful event.

#### ECONOMIC DEVELOPMENT

**Mr. Bill Walker:** This past month, Grey county residents were treated to some exciting news when it was announced that their region was voted as one of the world's top seven intelligent communities for 2017 by an international network of cities and regions known as the Intelligent Community Forum. This group focuses on communities that use technology to enhance economic development and quality of life.

In Grey county's case, it was just that: Years of hard work, collaboration, and smart, strategic investments in the game-changing SWIFT—SouthWestern Integrated Fibre Technology—initiative was the key to this big win. In my supporting the SWIFT project, I had the pleasure of collaborating with project lead and now SWIFT CEO Geoff Hogan, as well as county CAO Kim Wingrove and

Warden Alan Barfoot, as they worked hard to advocate for the connection of 350 communities with over 3.5 million people from the Bruce Peninsula to Orillia and down to Lake Erie to ultra-high-speed and high-quality fibre optic Internet.

These ongoing efforts in broadband connectivity, knowledge workforce and innovation and marketing will ensure new jobs and new investments for my riding of Bruce–Grey–Owen Sound. They will put us on a level playing field.

Grey county's winning streak does not stop there. The county has also received the Planning and Building Initiatives Award and the Promotional Award for its tourism marketing efforts by the Economic Developers Council of Ontario. Over the past year, Grey county leaders have worked hard to build their region into a success story. From the new state-of-the-art marine emergency duties training and research centre at Georgian College in Owen Sound to the Specialist High Skills Major programs through the Bluewater District School Board to the library-based technology trading at the Owen Sound and North Grey Union Public Library, there's no shortage of examples highlighting innovation and growth in our region.

These efforts in broadband connectivity, knowledge workforce, innovation and marketing will ensure new jobs and new investments for my riding of Bruce–Grey–Owen Sound. With a list of such successes, my constituents should be proud for being recognized as true leaders here in Ontario and around the world.

Thank you, Speaker, for allowing me the time to speak about these exciting developments in my riding and to say congratulations to Grey county once again.

**The Speaker (Hon. Dave Levac):** I thank all members for their statements.

## INTRODUCTION OF BILLS

### END THE PUBLIC FUNDING OF PARTISAN GOVERNMENT ADVERTISING ACT, 2017

### LOI DE 2017 VISANT À METTRE FIN AU FINANCEMENT PUBLIC DE LA PUBLICITÉ GOUVERNEMENTALE PARTISANE

Ms. Jones moved first reading of the following bill:

Bill 112, An Act to amend the Government Advertising Act, 2004 / Projet de loi 112, Loi modifiant la Loi de 2004 sur la publicité gouvernementale.

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

*First reading agreed to.*

**The Speaker (Hon. Dave Levac):** The member for a short statement.

**Ms. Sylvia Jones:** First and foremost, I want to acknowledge and very much thank my colleague from

Parry Sound–Muskoka for his assistance in preparing and drafting this legislation.

The Building Ontario Up Act (Budget Measures), 2015, made numerous amendments to the Government Advertising Act, 2004. Among the amendments made were changes to the rules that apply when the Auditor General reviews government advertising. The bill amends the act to reverse those amendments so that the act reads substantially as it did prior to the 2015 amendments.

## MOTIONS

### COMMITTEE SITTINGS

**Hon. Laura Albanese:** Speaker, I believe you will find we have unanimous consent to put forward a motion without notice regarding Bill 84, An Act to amend various Acts with respect to medical assistance in dying.

**The Speaker (Hon. Dave Levac):** The Minister of Citizenship and Immigration is seeking unanimous consent to put forward a motion without notice. Do we agree? Agreed.

Minister?

**Hon. Laura Albanese:** I move that, notwithstanding any other order of this House relating to Bill 84, the Standing Committee on Finance and Economic Affairs be authorized to meet for an additional hour, from 1 p.m. to 2 p.m., on Thursday, March 30, 2017, for the purpose of public hearings; and

That the committee be authorized to meet on Tuesday, April 11, 2017, from 9 a.m. to 10:15 a.m. and from 3 p.m. to 6 p.m. for the purpose of clause-by-clause consideration of the bill.

**The Speaker (Hon. Dave Levac):** Madame Albanese moves that, notwithstanding any other order of this House relating to Bill 84, the Standing Committee on Finance and Economic Affairs be authorized to meet—

**Interjection:** Dispense.

**The Speaker (Hon. Dave Levac):** Dispense? Dispense.

Do we agree? Carried.

*Motion agreed to.*

## PETITIONS

### HYDRO RATES

**The Speaker (Hon. Dave Levac):** It is now time for petitions. The member from—let me see now—Wellington–Halton Hills.

**Mr. Ted Arnott:** Thank you very much, Mr. Speaker. I appreciate your goodwill.

I have a petition to the Legislative Assembly of Ontario. It reads as follows:

“Whereas the price of electricity has skyrocketed under the Ontario Liberal government;

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“Whereas ever-higher hydro bills are a huge concern for everyone in the province, especially seniors and others on fixed incomes, who can’t afford to pay more;

“Whereas Ontario’s businesses say high electricity costs are making them uncompetitive, and have contributed to the loss of hundreds of thousands of manufacturing jobs;

“Whereas the recent Auditor General’s report found Ontarians overpaid for electricity by \$37 billion over the past eight years and estimates that we will overpay by an additional \$133 billion over the next 18 years if nothing changes;

“Whereas the cancellation of the Oakville and Mississauga gas plants costing \$1.1 billion, feed-in tariff (FIT) contracts with wind and solar companies, the sale of surplus energy to neighbouring jurisdictions at a loss, the debt retirement charge, the global adjustment and smart meters that haven’t met their conservation targets have all put upward pressure on hydro bills;

“Whereas the sale of 60% of Hydro One is opposed by a majority of Ontarians and will likely only lead to even higher hydro bills;

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

“To listen to Ontarians, reverse course on the Liberal government’s current hydro policies and take immediate steps to stabilize hydro bills.”

I agree and have affixed my signature as well.

#### EMPLOYMENT STANDARDS

**Mr. Paul Miller:** A petition to the Legislative Assembly of Ontario:

“Whereas a growing number of Ontarians are concerned about the growth in low-wage, part-time, casual, temporary and insecure employment; and

“Whereas too many workers are not protected by the minimum standards outlined in existing employment and labour laws; and

“Whereas the Ontario government is currently engaging in a public consultation to review and improve employment and labour laws in the province;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to implement a decent work agenda by making sure that Ontario’s labour and employment laws”—there are many requirements, Speaker, but I’ll just name a few:

“—require all workers be entitled to a starting wage that reflects a uniform, provincial minimum, regardless of a worker’s age, job or sector of employment;

“—promote full-time, permanent work....;

“—protect workers who stand up for their rights;....

“—make it easier for workers to join unions; and

“—ensure all workers” in this province get “at least \$15 an hour.”

I agree with this and put my name to it.

#### GO TRANSIT

**Mrs. Cristina Martins:** I have a petition that’s addressed to the Legislative Assembly of Ontario.

“Whereas Cambridge, Ontario, is a municipality of over 125,000 people, many of whom commute into the greater Toronto area daily;

“Whereas the current commuting options available for travel between the Waterloo region and the GTA are inefficient and time-consuming, as well as environmentally damaging;

“Whereas the residents of Cambridge and the Waterloo region believe that they would be well-served by commuter rail transit that connects the region to the Milton line, and that this infrastructure would have positive, tangible economic benefits to the province of Ontario;

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

“Direct crown agency Metrolinx to commission a feasibility study into building a rail line that connects the city of Cambridge to the GO train station in Milton, and to complete this study in a timely manner and communicate the results to the municipal government of Cambridge.”

I agree with this petition. I will affix my name to it and have page Zara bring it to the table.

#### GOVERNMENT ADVERTISING

**Mr. Norm Miller:** I have a petition. It reads:

“To the Legislative Assembly of Ontario:

“Whereas since 2006, the Auditor General of Ontario had been responsible for reviewing all government advertising to ensure it was not partisan; and

“Whereas in 2015, the Wynne government watered down the legislation, removing the ability of the Auditor General to reject partisan ads and essentially making the Auditor General a rubber stamp; and

“Whereas the Wynne government has since run ads such as those for the Ontario Pension Plan that were extremely partisan in nature; and

“Whereas the Wynne government is currently using taxpayers’ money to run partisan hydro ads; and

“Whereas the government did not feel the need to advertise to inform the people of Ontario of any of the many hydro rate increases; and

“Whereas history shows that the Wynne and McGuinty governments have increased ad spending in the year preceding a general election;

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

“To immediately reinstate the Auditor General’s authority to review all government advertising for partisan messages before the ads run.”

I’ve signed this and support it, and I will give it to Kishan.

### SCHOOL CLOSURES

**Ms. Peggy Sattler:** I'd like to thank the Ontario Alliance Against School Closures for collecting signatures from Ontarians from both urban and rural communities across the province. This petition reads:

"To the Legislative Assembly of Ontario:

"Whereas under the current Pupil Accommodation Review Guideline (PARG), one in eight Ontario schools is at risk of closure; and

"Whereas the value of a school to the local economy and community has been removed from the PARG; and

"Whereas the PARG outlines consultation requirements that are insufficient to allow for meaningful community involvement, including the establishment of community hubs; and

"Whereas school closures have a significant negative impact on families and their children, resulting in inequitable access to extracurricular activities and other essential school involvement, and after-school work opportunities; and

"Whereas school closures have devastating impacts on the growth and overall viability of communities across Ontario, in particular self-sustaining agricultural communities;

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

"To place an immediate moratorium on all school closures across Ontario and to suspend all pupil accommodation reviews until the PARG has been subject to a substantive review by an all-party committee that will examine the effects of extensive school closures on the health of our communities and children."

I agree with this petition, will affix my name to it and will give it to page Laura to take to the table.

### HYDRO RATES

**Mr. Lou Rinaldi:** Speaker, I have a petition here to the Legislative Assembly of Ontario.

"Whereas electricity prices have increased and in too many cases become unaffordable for Ontarians;

"Whereas Ontario is a prosperous province and people should never have to choose between hydro and other daily necessities;

"Whereas people want to know that hydro rate relief is on the way; that relief will go to everyone; and that relief will be lasting because it is built on significant change;

"Whereas the Ontario fair hydro plan would reduce hydro bills for residential consumers, small businesses and farms by an average of 25% as part of a significant system restructuring, with increases held to the rate of inflation for the next four years;

"Whereas the Ontario fair hydro plan would provide people with low incomes and those living in rural communities with even greater reductions to their electricity bills;

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

"Support the Ontario fair hydro plan and provide relief for Ontario electricity consumers as quickly as possible;

"Continue working to ensure clean, reliable and affordable electricity is available for all Ontarians."

I will affix my signature and send this to the desk with Jace.

### HYDRO RATES

**Mr. Monte McNaughton:** I have an important and well-written petition to the Legislative Assembly, and it reads as follows:

"Whereas the price of electricity has skyrocketed under the Ontario Liberal government;

"Whereas ever-higher hydro bills are a huge concern for everyone in the province, especially seniors and others on fixed incomes, who can't afford to pay more;

"Whereas Ontario's businesses say high electricity costs are making them uncompetitive, and have contributed to the loss of hundreds of thousands of manufacturing jobs;

"Whereas the recent Auditor General's report found Ontarians overpaid for electricity by \$37 billion over the past eight years and estimates that we will overpay by an additional \$133 billion over the next 18 years if nothing changes;

"Whereas the cancellation of the Oakville and Mississauga gas plants costing \$1.1 billion, feed-in tariff (FIT) contracts with wind and solar companies, the sale of surplus energy to neighbouring jurisdictions at a loss, the debt retirement charge, the global adjustment and smart meters that haven't met their conservation targets have all put upward pressure on hydro bills;

"Whereas the sale of 60% of Hydro One is opposed by a majority of Ontarians and will likely only lead to even higher hydro bills;

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

"To listen to Ontarians, reverse course on the Liberal government's current hydro policies and take immediate steps to stabilize hydro bills.

I support this petition and send it to the table with the page.

### PRIMARY HEALTH CARE

**Miss Monique Taylor:** I'd like to read this petition to the assembly. It was written and collected by a nurse practitioner in my riding, Beth Gerretsin.

"To the Legislative Assembly of Ontario:

"Whereas primary care is the foundation to the Ontario health care system, this is where the average Ontarian will utilize most of their access to health care services, where prevention and health promotion start and where retention of primary care providers like nurse practitioners can significantly influence the continuity of care" or the service "the public receives;

"Whereas research shows that the greatest overall health impact including lower mortality and better

population health and the most cost-saving benefits to the entire health system occurs when there is high quality accessible primary health care services;

“Whereas if the Ontario government has placed a priority on putting patients first in our health care system, then the priority on health care funding needs to focus on building strong interprofessional primary care team models;

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“Whereas some Ontario primary care nurse practitioners received a small increase in compensation in 2016-17 it still leaves them at rates below what was recommended in 2012;

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

“For the Minister of Health and Long-Term Care to invest additional \$130 million in primary care in the 2017-2018 budget to ensure primary health care teams including nurse practitioners receive fair and equitable wages in Ontario.”

I agree with this petition, I’ll affix my name to it and give it to page Kishan to bring to the Clerk.

#### ELEVATOR MAINTENANCE

**M<sup>me</sup> Nathalie Des Rosiers:** I table this petition.

“To the Legislative Assembly of Ontario:

“Whereas elevators are an important amenity for a resident of a high-rise residential building; and

“Whereas ensuring basic mobility and standards of living for residents remain top priority; and

“Whereas the unreasonable delay of repairs for elevator services across Ontario is a concern for all residents of high-rise buildings who experience constant breakdowns, mechanical failures and ‘out of service’ notices for unspecified amounts of time;

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

“Urge the Ontario government to require repairs to elevators be completed within a reasonable and prescribed time frame. We urge this government to address these concerns that are shared by residents of Trinity–Spadina and across Ontario.”

I agree with this petition, I sign it, and I send it with page Ethan.

#### MENTAL HEALTH AND ADDICTION SERVICES

**Mr. Jack MacLaren:** We have 10 guests here today who are practitioners of alternate systems of psychotherapy in the members’ gallery with us to hear this petition.

I have a petition that I’ve been asked to present, signed by 25,000 people, concerning a bill passed in 2007 called the controlled act of psychotherapy.

“Whereas the Ontario health care system is experiencing massive cutbacks in services...;

“Whereas the safe natural treatment industry saves the health care system \$7-10 billion annually;...

“Whereas the elimination of natural, holistic, spiritual care and energy treatments from the public domain has already commenced with ... cease demands by the College of Registered Psychotherapists;

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

“Take action to end all efforts by the Minister of Health to proclaim the controlled act of psychotherapy.”

I support this petition, I affix my signature, and I give it to page Keira.

#### EMPLOYMENT STANDARDS

**M<sup>me</sup> France Gélinas:** I have this petition that comes from all over Nickel Belt and Sudbury. I’d like to thank Stephanny Campbell from Coniston, in my riding. It goes as follows:

“Fight for \$15 and Fairness...”

“Whereas a growing number of Ontarians are concerned about the growth in low-wage, part-time, casual, temporary and insecure employment; and

“Whereas too many workers are not protected by the minimum standards outlined in existing employment and labour laws; and

“Whereas the Ontario government is currently engaging in a public consultation to review and improve employment and labour laws in the province;....”

They petition the Legislative Assembly as follows:

“—require all workers be paid a uniform, provincial minimum wage regardless of a worker’s age, job or sector of employment;

“—promote full-time, permanent work with adequate hours for all those who choose it;

“—ensure part-time, temporary, casual and contract workers receive the same pay and benefits as their full-time, permanent counterparts;

“—provide at least seven (7) days of paid sick leave each year;

“—support job security for workers when companies or contracts change ownership;

“—prevent employers from downloading their responsibilities for minimum standards onto temp agencies, subcontractors or workers themselves;

“—extend minimum protections to all workers by eliminating exemptions to the laws;

“—protect workers who stand up for their rights;

“—offer proactive enforcement of laws, supported by adequate public staffing and meaningful penalties for employers who violate the law;

“—make it easier for workers to join unions; and

“—require a \$15 minimum wage for all workers.”

I fully support this petition, will affix my name to it and ask my good page Laura to bring it to the Clerk.

**The Acting Speaker (Mr. Ted Arnott):** I regret to inform the members that the time for petitions has expired.

Once again, I would remind members that you don't have to read the entire petition's contents; you can abbreviate it. Then, more members would get on.

## ORDERS OF THE DAY

### PROTECTING PATIENTS ACT, 2017 LOI DE 2017 SUR LA PROTECTION DES PATIENTS

Mr. Hoskins moved second reading of the following bill:

Bill 87, An Act to implement health measures and measures relating to seniors by enacting, amending or repealing various statutes / *Projet de loi 87, Loi visant à mettre en oeuvre des mesures concernant la santé et les personnes âgées par l'édiction, la modification ou l'abrogation de diverses lois.*

**The Acting Speaker (Mr. Ted Arnott):** I look to the minister to lead off the debate.

**Hon. Eric Hoskins:** Mr. Speaker, I will be sharing my time with the member for Ottawa South.

Today I rise in support of the Protecting Patients Act. This is a bill intended to fulfill one of the most basic obligations we have as a government, which is to protect people, keep them healthy and keep them safe. If passed, the Protecting Patients Act will help do exactly that. This is a multi-faceted piece of legislation, one that, if passed, would make a significant number of improvements to health care for the people of Ontario.

My colleague the member from Ottawa South and I will be addressing different parts of this legislation. For my part, I'm going to speak to how this proposed legislation would strengthen and reinforce the zero-tolerance policy that we have as a government and as a province for the sexual abuse of patients by regulated health professionals.

My top priority as minister is to protect the safety and well-being of Ontarians. Sexual assault and other forms of sexual abuse by anyone, including health professionals, is absolutely and unequivocally unacceptable. Our government has a zero-tolerance policy for sexual abuse.

The legislation that is before us today is informed by the important work done by the task force on the prevention of sexual abuse of patients. My colleagues may remember that I appointed Professor—now Senator—Marilou McPhedran to chair this task force in the wake of troubling and high-profile cases of patient sexual abuse. Sheila Macdonald, a registered nurse and highly experienced in this field, was also appointed as a member of the task force. They provided me with a report that contained 34 recommendations for improving the prevention of and response to patient sexual abuse in this province. I want to thank the task force for their important work. It has greatly informed the work we did on this piece of legislation, the Protecting Patients Act.

I should also note that we were mindful, as we did that work, of Ontario's Action Plan to Stop Sexual Violence and Harassment, which is helping to ensure that everyone in the province can live in safety, free from the threat, fear or experience of sexual violence and harassment. We're proud to be supporting that plan with this proposed legislation.

Finally, in preparation for drafting this bill, we consulted with many stakeholders: Ontario's health regulatory colleges, regulated health professional associations, patient advocacy groups, victim support groups, the Premier's Roundtable on Violence Against Women, the Office of the Patient Ombudsman and the Office of the Information and Privacy Commissioner of Ontario, as well as many other experts and concerned stakeholders. I thank each and every one of them for their input.

Before I begin describing the proposed legislation and explaining how it would protect patients, let me return to one extremely important concept: zero tolerance for sexual abuse. As Minister of Health and as a physician, I can tell you that the relationship between a patient and a health professional is based more than anything else on trust—trust that the patient has in the person to whom they have turned for help, for their expertise, for compassion.

**1340**

Sexual abuse of patients by health professionals is a fundamental betrayal of that trust. It is a violation, it is unacceptable, and we will not put up with it. This legislation is our government taking concrete action to uphold and reinforce a zero-tolerance policy on sexual abuse of patients by any regulated health professional.

We're proposing a number of legislative amendments to the Regulated Health Professions Act, 1991, which my colleagues know is the act that sets out the governing framework for the regulated health professions in this province.

These proposed amendments would strengthen existing sexual abuse provisions in the RHPA. They would enhance supports available to individuals throughout the complaints, investigations and discipline processes. They would improve the complaints, investigations and discipline processes, both for sexual abuse matters and in general. They would modernize regulatory college governance. They would increase the transparency of health regulatory colleges' operations, and they would improve health human resources planning.

That's all very high-level, Mr. Speaker, so let me be a little bit more specific.

The first thing we would do through our proposed amendments is strengthen the sexual abuse provisions in the legislation. We propose to prohibit sexual interactions between regulated health professionals and former patients for a minimum period of one year after the end of the patient-provider relationship, and each college would have the authority to extend this period of time with respect to their own members.

Mr. Speaker, there is a list of acts of sexual abuse right now that result in mandatory revocation of a regulated

health professional's certificate of registration. We propose to make that list longer, adding additional acts to those already set out.

Mr. Speaker, if passed, this bill would also introduce a new mandatory penalty of suspension for all findings of sexual abuse that do not involve conduct for which mandatory revocation is required. This change would further strengthen the existing penalties for all findings of professional misconduct by professionals involving the sexual abuse of a patient.

The bill also proposes to increase the maximum first-time fines for failure to report an incident of sexual abuse to a health regulatory college, increasing that fine to \$50,000 for individuals and \$200,000 for organizations.

The bill also proposes to strengthen the sexual abuse provisions in the RHPA.

If passed, the bill would prohibit the colleges' ability to impose so-called gender-based or gender-specific restrictions on a professional's certificate of registration. These sorts of prohibitions do not have any place in a culture of zero tolerance for the sexual abuse of patients by regulated health professionals.

Mr. Speaker, in addition to strengthening sexual abuse provisions in the RHPA, our proposed amendments would also enhance the supports provided to patients throughout the colleges' complaints, investigations and discipline processes. To better encourage the reporting of incidents of sexual abuse by regulated health professionals, we need to provide patients with the right supports to enable and empower them to come forward. If the Protecting Patients Act is passed, individuals alleged to have been sexually abused would have more timely access to funding for therapy and counselling to assist them.

We're proposing to allow for the further improvement overall of the complaints, investigations and discipline processes that colleges are now required to follow. We also propose to allow the Inquiries, Complaints and Reports Committee to more expeditiously impose terms, limits and conditions on, or even suspend, a member's certificate of registration if they are of the opinion that the member exposes or is likely to expose his or her patients to a risk of harm or injury.

Under the proposed legislation, we would create additional mechanisms to permit the modernization of college governance and establish requirements regarding the composition of committees that every college is required to have, as well as the composition of panels of such committees for various purposes.

We propose to increase the transparency of health regulatory colleges' activities. If our legislation is passed, we would expand the minimum requirements for information that colleges must provide on their public registers with respect to their members. Why is this important? Because it means that relevant information about regulated health professionals would be available to the public, because they have the right to know.

Finally, we propose to improve health human resources planning. If passed, this legislation would allow for

health human resources planning data collected from and by regulatory colleges to be disclosed to organizations outside of the ministry for the purpose of health human resources planning, as well as for research.

Lastly, Mr. Speaker, I think it's important to make a few points of clarification. First, I want to provide context surrounding the protection of private information for health professions. Let me be clear: This amendment is primarily intended to support my duty under the RHPA to ensure that health professions are regulated and coordinated fully in the public interest and for the public good.

It is also important to note that the proposed amendments expressly state that any reports and information provided to the minister must not contain any private information or private health information about members if other information would be sufficient for those purposes. In addition, if the reports and information provided by a college to the minister do contain any private information about members, the proposed amendments clarify that the reports and information provided to the minister must not contain any other information than is absolutely necessary to meet that mandate of public interest, public good and public safety.

These limiting principles were included in the proposed amendments in recognition of the inherently sensitive nature of private information. In fact, we have consulted extensively with the Information and Privacy Commissioner on these exact proposals to ensure consistency with the personal health information act. The IPC recommended some changes to limit the collection of information; we made those changes and incorporated them into Bill 87.

Mr. Speaker, the second point I want to clarify is regarding the composition of committees. We are proposing an amendment that would allow our government to reconsider the composition of committees that each college is required to have. We're doing this because we want to ensure that all committees are balanced. Specifically, we want to ensure that all committees have a balanced representation of the public to protect patient interests. We recognize that it will also be important to have other health professionals represented on these committees, but with this amendment our government would have the ability to ensure a more even distribution and allow for better patient representation on committees, such as disciplinary committees, in order to best represent the public interest.

#### 1350

We look forward to an important debate in the House and a thorough public consultation through the legislative committee process to ensure that we get this important piece of legislation correct. This includes hearing from all health care professionals about their concerns and suggestions, while making sure we respect victims' rights. It is absolutely critical we strike the proper balance between patient and professional.

Taken together, these various proposed changes would strengthen both our ability to prevent and our ability to



respond to the sexual abuse of patients by regulated health professionals. Going forward over the course of this year, we will continue to consult with key partners, including patients, to make policy and program changes throughout the health system to uphold and reinforce a zero-tolerance policy on sexual abuse of patients by regulated health professionals.

The end goal is to bring about a series of improvements that empower patients in the health regulatory system—improvements that strengthen leadership and accountability throughout the health system. There will be increased transparency in the health regulatory system. The complaints, investigations and discipline processes will offer more supports to patients, and we will be enhancing knowledge and education on the issue of patient sexual abuse.

We know we have a great deal to do in this regard, but it really does start with the proposed legislation we are discussing today. I know my colleagues on all sides will have a lot more to say in just a moment and over the coming days about other aspects of this bill, but I want to say that, first and foremost, the Protecting Patients Act does just that: It protects patients. I would urge all of my friends and colleagues to think about what they will be accomplishing if, together, we pass this legislation.

They would be adding to the list of acts of sexual abuse that would result in the mandatory revocation of a regulated health professional's certificate of registration.

They would be increasing fines for health professionals and organizations that fail to report an allegation of patient sexual abuse to a college.

They would be increasing transparency by adding to what colleges must report on their public registers and websites.

They would ensure that there would be a minimum time period after the end of the patient/provider relationship during which sexual interactions between that former patient and that provider are prohibited.

And they would be increasing timely access to funding for therapy and counselling for patients who are alleged to have been sexually abused by a member of a health regulatory college.

Speaker, I'm quite certain that everyone in this chamber agrees with me that these are important goals. I am also confident that when they hear my colleagues discuss the other aspects of the proposed legislation, they will agree that this legislation gets us one step closer to a truly patient-centred health care system.

Thank you. I would like to turn the discussion over to my colleague the member from Ottawa South.

**The Acting Speaker (Mr. Ted Arnott):** I recognize the member for Ottawa South.

**Mr. John Fraser:** I'm pleased to join my colleague the Minister of Health and Long-Term Care to rise in support of the Protecting Patients Act. This legislation's intention is to put patients first. It's a piece of legislation intended to improve the lives of Ontarians.

The Protecting Patients Act would, if passed, help seniors stay healthy, active and engaged in their com-

munities by making improvements to the elderly persons' centres that support more than 100,000 seniors per year. I know the Minister of Seniors Affairs will have more to say on this as we go forward.

We also heard from the Minister of Health that the Protecting Patients Act would, if passed, uphold and reinforce our zero-tolerance policy when it comes to the sexual abuse of patients at the hands of a regulated health professional. We have a bill that sets out to protect and support people, some of those who are vulnerable and need our help.

This bill also looks to address another vulnerable population: children. If passed, the Protecting Patients Act would help patients make informed decisions about immunizing their children and make it easier for them to keep track of the vaccines their kids are required to get.

Immunization, as my colleagues well know, is a key component of Ontario's public health system and is one of the most cost-effective health interventions that exists. Vaccines prevent disease. For more than 200 years, they've been saving lives around the world. Smallpox has been eliminated, thanks to vaccines. Measles, rubella and many others are simply nowhere near the threat they once were.

The way we can continue to ensure that these diseases are not a threat to our children is by maintaining a strong public vaccination program. We want to continue protecting our children by making our immunization system better and easier to understand.

Ontario currently funds 23 different vaccines that protect against 17 diseases. Beginning last fall, we expanded our routine HPV immunization program to include all boys and girls in grade 7. We're always looking at ways to improve that system, and the Protecting Patients Act, if passed, would do that.

The amendments we are proposing are part of Immunization 2020, the strategy we launched in December 2015 to modernize the publicly funded immunization program and make Ontarians healthier by reducing health risks related to vaccine-preventable diseases.

The proposed amendments would, if passed, strengthen requirements to obtain vaccine exemptions for non-medical reasons—I repeat: non-medical reasons. If parents want their children to be exempted from the requirement that they be immunized, the parents would have to participate in an education session delivered by their local public health unit.

Speaker, I'm not here to speak to the reasons some parents might have for wanting their children to be exempted from vaccination requirements in schools. What I will say, though, is that if our legislation is passed, parents will be better positioned to make an informed decision for their child's health and understand the risks for their child and for the larger community should they choose not to vaccinate their children. I cannot emphasize enough the importance of parents having that information about what the risks are to not immunize your child.

The amendments would also streamline information reporting by having health care providers report vaccina-

tion records for the designated diseases under the ISPA directly to public health. Currently, parents have to report the records themselves to a local public health unit. I know that in my community of Ottawa, every year we seem to have this challenge where there are thousands of children whose immunization records are not available to school boards, so parents are caused undue stress and children are caused undue stress, and this provision in the bill will help to eliminate that.

I know that there are also innovations, like immunize.ca, that came out of Ottawa and will help in the reporting of immunization. This change would ease the burden on parents and also reduce unnecessary suspensions due to out-of-date immunization records.

Our proposed amendments also advance the Immunization 2020 vision of a modern, publicly funded immunization system, resulting in improved uptake of vaccines, reduced risk for disease outbreaks, and better health for all Ontarians.

One of the key commitments that our government has made to Ontarians through our Patients First: Action Plan for Health Care is that we would provide faster access to the right care. The Protecting Patients Act proposes to do that by recognizing the expanded role of nurse practitioners within our health care system.

As many of my colleagues know, our government has been committed for more than a decade to expanding the role and scope of work for nurse practitioners because we have known that it improves outcomes for patients. You just have to look at the 50,000 patients who are receiving faster access to excellent primary care in 25 nurse practitioner-led clinics across the province. Those clinics were born out of our understanding that there was more that nurse practitioners could and should be doing. That same understanding led to an expansion of the services offered by nurse practitioners, who are now admitting and discharging patients from hospital, ordering laboratory tests, and prescribing medication.

What the Protecting Patients Act would do, if passed, is ensure that health products prescribed by nurse practitioners, such as blood glucose drips and nutritional products, are covered benefits under the Ontario Drug Benefit Program. The act, if passed, would also allow nurse practitioners to submit an application on behalf of an Ontario drug benefit recipient to have a drug product funded under the Exceptional Access Program, the ministry's case-by-case review program.

#### 1400

The point here is that the Ontario Drug Benefit Act was enacted before the role and scope of nurse practitioners began to evolve here in Ontario. These proposed legislative changes, if passed, reduce a barrier to nurse practitioners exercising their current scope of practice. If a given substance or a drug is covered by the ODB program when prescribed by a doctor, it would now be covered when it is prescribed by a nurse practitioner.

The bill also includes proposed technical and house-keeping amendments that remove obsolete provisions and enhance the operation of the legislation.

This is a continuation of the public drug program's efforts to increase patient access to drug products and provide program efficiencies, and it aligns perfectly with the Protecting Patients Act's commitment to access.

Speaker, the last of these measures I wanted to speak about involves the community laboratory sector in Ontario. Community laboratories are independent corporations that provide lab testing and test reporting services at the request of health care providers. Approximately 47% of all medical laboratory testing for the province is done by community laboratories. We want to modernize this sector, and in the process improve access and quality for patients, and deliver the kind of value that would sustain the health system for generations to come.

Some of my colleagues may remember our government convened a three-member Laboratory Services Expert Panel back in 2015 to conduct a review of Ontario's community laboratory sector and to provide recommendations to improve and modernize laboratory sector funding and services.

A key theme in the expert panel's report, which was delivered in late 2015, was that the current status quo is not sustainable and that there is potential to extract greater value from the community laboratory sector. We accepted the expert panel's report and wanted to move ahead on modernizing the sector and the funding model for community laboratory services to achieve better value.

That is what our legislation, if passed, would do. It would open up the market to greater managed competition by allowing existing suppliers to compete more effectively based on their current market shares; it would improve value for money by realigning the pricing of services to reflect advances in technology; and it would enhance access by paying community laboratory suppliers and rural and northern hospitals for the true cost of collecting specimens.

Patients would benefit through a standardized quality of care and through access points, particularly in rural and northern communities. They would also benefit from improved access at specimen collection centres, thanks to enhanced performance and accountability measures in agreements between the ministry and suppliers.

I want to emphasize that we are not proposing a complete redesign of the community laboratory system, but a reorganization of a system to more effectively drive competition and derive value. This would optimize access and would ensure that Ontarians receive the best quality in laboratory services. It would also result in greater efficiency and better value for money, helping us protect and sustain our health care system.

The Protecting Patients Act is a big piece of legislation: from zero tolerance for sexual abuse of patients to supporting seniors in their communities to informing patients about immunization to improving access to services provided by nurse practitioners and, finally, to modernizing labs—all of it with the same objective of improving health care in Ontario, protecting patients and putting patients first.

I am pleased to have had the chance to speak to this bill and will be giving the proposed legislation my full support. I look forward to the debate.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Ms. Lisa MacLeod:** It's my pleasure to rise and debate today for I believe third reading—

**Hon. Eric Hoskins:** Second.

**Ms. Lisa MacLeod:**—second reading, sorry—of Bill 87, the Protecting Patients Act.

I was writing a letter today to some of my constituents who were concerned about cuts to radiology in the province of Ontario, and I noticed it embodied some massive health care cuts since 2015 that were well above and beyond the cuts to radiation. I was concerned because I look around and today in Ontario, we have now, since 2015, lost 50 medical spots, and I believe it's 1,400 nurses. The Liberals have made serious cuts to seniors' physiotherapy, and there are other health care cuts across the board.

As you know, Speaker, in order for us to protect patient care, it's to ensure that we don't ration it to the people who need it the most.

One of my big concerns is that we had in front of this House not too long ago a motion by my colleague Michael Harris, who wanted to see us look into rare diseases and have a select committee on that. The government didn't pass it. I then had a motion calling for a compassionate and catastrophic care fund for the province of Ontario, to deal not only with rare diseases but exceptional circumstances. Although that did pass, the government has not moved forward on meeting those criteria in order to protect patients.

So while we are here today and discussing this, I think it's important, when we're talking about protecting Ontario patients, that we talk about some of the flaws in the system and some of the gaps that have caused many members of this assembly to bring it to the floor of the House.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Ms. Peggy Sattler:** I am pleased to rise to offer some thoughts on Bill 87, the Protecting Patients Act.

In particular, I wanted to focus my brief two minutes on the section of the act that deals with amendments to the Regulated Health Professions Act and, in particular, around protecting patients from sexual abuse by regulated health professionals. These are welcome provisions. It's too bad that we had to wait as long as we did to see these amendments finally come into place.

When I was a member of the Select Committee on Sexual Violence and Harassment, we had a number of women come forward to speak to the select committee about their experience of being sexually abused by a health care provider in whom they had placed their trust. Just as with a teacher or any other person who is in a position of authority, the breach of that trust can be even more devastating to the victim than in other cases of sexual abuse.

Certainly, we read in the Toronto Star about women who had been groped by their physicians. A loophole existed in the Regulated Health Professions Act which meant that that physician was able to continue to practise. There was no mandatory revocation of licence even after that groping had occurred, because the groping didn't meet the definition of "sexual abuse."

So there are many issues that have to be dealt with. This act is a good first step, but the broader context of sexual abuse is something that we need to do so much more on, in so many different ways.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Ms. Ann Hoggarth:** I was interested in speaking to this bill because I'm particularly interested in the section dealing with amendments to the Immunization of School Pupils Act.

The benefits of immunization in our health care system are clear and proven through evidence-based research findings: better health care, less trips to the hospital. Our flu shots and vaccines improve the quality of life as well as reduce wait-lists and save the system money. Every year, vaccines prevent serious illness, including many that are easily spread in schools and daycare centres. As a former teacher, I can tell you that this is true.

We are fortunate that in this province, vaccines on Ontario's routine immunization schedule are provided for free. Immunization is a key component to Ontario's public health system and is one of the most cost-effective medical interventions that saves lives by preventing disease.

**1410**

The ministry continuously reviews it's programs and considers any changes in available scientific evidence and identified best practices. The ministry also works closely with Public Health Ontario, which provides scientific and technical advice. Public Health Ontario found that as a result of a vaccination program introduced in 2004, children who visited the hospital for chicken pox dropped 71% after the public immunization program. Admissions to hospital also fell 59%. The evidence is clear. We know the value of immunization programs not only from a value-for-money perspective but, most importantly, ensuring the health and safety of our children.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Mr. Bill Walker:** It's a pleasure to speak to this bill. I want to start off by saying that I have a great deal of respect for the Minister of Health. I believe, as a physician, he brings a lot to the table. However, I do have some concerns, and I'm going to share those. I'm going to do 20 minutes after my great colleague from Elgin–Middlesex–London, who I believe is going to do his hour leadoff here shortly.

**Interjection:** Great.

**Mr. Bill Walker:** He's a great guy, that guy from Elgin–Middlesex–London, yes.

Where I do agree with the Minister of Health is on protecting people, and I think I can quote what he said in

his opening remarks: keeping people healthy, keeping them safe. There's no one here, I don't think, who upholds that same principle more, and we certainly want to do that. I can't agree more with him on, certainly—again, I'm going to quote—the “zero tolerance policy for sexual abuse.” There's absolutely no way that any of us won't defend that.

There have been concerns raised, though, and I think that's where we want to bring some thoughts to the bill. Certainly, in my 20 minutes I'm going to talk about this. The College of Physicians and Surgeons of Ontario specifically has a concern that I share, and that is that we jump too quickly when there's an allegation made. That could impugn someone's career; that could impugn their whole life. So I want to make sure that we talk about that and we actually truly debate it. I hope this bill isn't going to be rammed through without lots of dialogue and lots of debate, because that is a serious consequence. I will use the good doctor himself. Someone could come up with an allegation. If we jump too quickly through that hoop, then his whole career, his family and his life are going to be impacted. That's one that I certainly want to look at.

I think we want to ensure, again, with the minister, that we always look at all avenues. We want to hear the feedback, we want to look at the funding and we want to make sure that all of the legislation is debated in this House and not left to a lot of regulation that is done behind closed doors—in many cases, which we found with this government, without consultation with true stakeholders. That forces us, as opposition, to come in and truly be overly critical of them at times. Our job is to hold their feet to the fire as the official opposition, but I think we can do it in a way where, as long as there is open dialogue and lots of opportunity for debate and listening to our amendments, then we can find good legislation. I look forward to more dialogue on this bill later this afternoon.

**The Acting Speaker (Mr. Ted Arnott):** That concludes our questions and comments.

The government can reply. I recognize the Minister of Health and Long-Term Care.

**Hon. Eric Hoskins:** I greatly appreciate the comments from the members from Nepean—Carleton, London West, Barrie and Bruce—Grey—Owen Sound.

We recently had a debate on medical assistance in dying in this chamber that I—and, I think many others—would describe as enlightening, nonpartisan, constructive and highly professional. I think there will be elements of this legislation that will be subject to vigorous debate, but I suspect and I'm confident that particularly that aspect that deals with the sexual abuse of patients by regulated health professionals—I anticipate a debate which is incredibly important to have and a debate that I believe will be constructive. I will be listening carefully to all of the comments and concerns.

We spent a great deal of time consulting with every stakeholder, patient advocate, family member, regulated health profession and association imaginable. But, as with many pieces of legislation, it is often difficult to get

legislation precisely right. I look to members, frankly, from all sides of this House over the coming days to provide that constructive and instructive advice on how we can make sure that we are honouring the goal that we are attempting here, which is the principle of zero tolerance and truly respecting and providing dignity and support and safety to those individuals in this province who, unfortunately, through no fault of their own, end up being subjected to violence and sexual assault and sexual abuse by regulated health care professionals.

I look forward to the debate, and I appreciate all of the comments that have been made thus far.

**The Acting Speaker (Mr. Ted Arnott):** Further debate? I recognize the member for Elgin—Middlesex—London.

*Applause.*

**Mr. Jeff Yurek:** Thank you, Toby.

Thank you, Mr. Speaker, and good afternoon. Thank you, pages, for being here today, and minister, and Ottawa South John, and France from Nickel Belt. I will be speaking hopefully for the full hour, so I thought I'd get my introductions out earlier before I begin debate on Bill 87.

First and foremost, I would like to say that the PC Party fully supports zero tolerance when it comes to sexual abuse. I want to make sure, through all of the debates and committee, that we are going to hold true to that part of this legislation.

Bill 87 is a very large omnibus bill. The minister has focused on the sexual abuse content of this legislation. I would have hoped that we could have had that as a separate piece of legislation so we'd have ample opportunity to really have a great discussion and debate on this piece of legislation. However, this government has put together four or five different pieces of legislation at one time in order to push it through.

Given the fact that this is such a large piece of legislation and it was introduced back in December and it's now March 27 and we're just starting debate, I am very hopeful that this government doesn't use its majority to stifle debate on this topic and push it through the Legislature. I hope it gives it its due course and the time that is needed at this second reading level before it heads to committee. I am imploring the government, as we go forward: Don't abuse your majority by limiting debate on this piece of legislation.

As I begin debate on Bill 87, although the minister had just noted that he had much consultation, we're getting plenty of feedback from different organizations that were not consulted on this legislation. We find that when the government omits consultation on legislation, unintended consequences arise. We're hoping that, by what we bring forward in debate from what we've heard from stakeholders and in discussion in committee and what the third party brings forward, the government will actually sit back and listen to our amendments and support our amendments when it hits the committee. We have found in the past two years, almost three years, of this government that very few of the amendments from the oppos-

ition sides are actually listened to at committee, let alone voted on and supported. We're hoping that we get that going forward.

Another point, just cleaning up this discussion: The government is continually saying, "If this legislation is passed." I just want the people at home listening to know that they hold a majority. This legislation will pass one way or the other. I just want to make sure they're not thinking that the opposition parties have any way of holding up this piece of legislation.

Mr. Speaker, what we did here, though—plenty of the groups representing the doctors were not consulted on contributing to this legislation. Maybe just to lay some context as to why, perhaps, the doctors were left out of this piece of legislation, we've just looked over the history of what has happened between this government and the various different doctors within our province. Back in 2015 and onward, the government has unilaterally cut over \$1 billion from patient services. They didn't take the blame for their own financial mismanagement causing them to act without negotiating with the doctors; they purely just blamed the doctors.

Last year, I was sitting in my office. It was probably about January. The minister came on with a press conference, and I thought that this was the opportunity where he was going to offer an olive branch to the doctors to get back to negotiation. But my jaw just dropped when he came out with these charts, in my terms, giving false information regarding their billings.

**The Acting Speaker (Mr. Ted Arnott):** I don't believe that language is parliamentary. I'd ask the member to withdraw.

**Mr. Jeff Yurek:** I withdraw, sir. I was trying to figure out a way to politely say that.

*Interjections.*

**The Acting Speaker (Mr. Ted Arnott):** The member for Beaches–East York is not in his chair, and his intervention was not helpful. I would ask him to go back to his chair and withdraw.

**Mr. Arthur Potts:** I withdraw.

**The Acting Speaker (Mr. Ted Arnott):** Okay, back to the member for Elgin–Middlesex–London.

**Mr. Jeff Yurek:** I only have an hour to debate, and I hope the member from Beaches–East York doesn't use too much of that up.

I guess I would say that they've laid out their side of the story with regard to doctors' billings. I'm sorry if I didn't come to that earlier. But basically, the public was led to believe that the doctors' complete billings represented their take-home pay. It was unfortunate that the government knows better, that doctors use their gross billings in order to pay for their staff, pay for their rent, pay for their hydro, pay for their supplies and take some money home—whatever is left over after paying the taxes.

1420

That time, the government started the war with the doctors, and they went to work trying to vilify the profession. Only recently, mainly because there is an election in

15 months, the government decided to offer an olive branch and return to the bargaining table. But they've totally mismanaged this file. I imagine negotiations are not going to be easy for this government, but I'm glad that both sides are back at the table. I hope they do come to some resolution, because at the end of the day, it is affecting the patients, and what we're trying to focus on is patient care. Waging war with a health care profession in this province does not lead to better patient outcomes. I'm hoping they find a situation that is going to fix that.

We do have to wonder how the government is going to deal with the \$2.8-billion hole that the Financial Accountability Officer has found that is going to have to be cut from the health care file in order for them to maintain a balanced budget. But we'll see when those come forward in April.

Either way, Mr. Speaker—I'll get to the bill—that is the history of why, probably, the doctors were not consulted on this piece of legislation. But unfortunately, we are where we are at today.

Bill 87 affects 10 different acts:

- Animals for Research Act;
- Elderly Persons Centres Act;
- Health Insurance Act;
- Immunization of School Pupils Act;
- Laboratory and Specimen Collection Centre Licensing Act;
- Not-for-Profit Corporations Act, 2010;
- Ontario Drug Benefit Act;
- Pay Equity Act;
- Public Hospitals Act; and
- Regulated Health Professions Act, 1991.

As I said, it's a fairly intensive, complex piece of legislation. As I mentioned earlier, I hope the government does not lead to a path of stifling debate during second reading.

This bill intends to strengthen and reinforce Ontario's zero-tolerance policy on sexual abuse of patients by any regulated health professional.

The five schedules of this bill include:

- schedule 1, Immunization of School Pupils Act;
- schedule 2, Laboratory and Specimen Collection Centre Licensing Act;
- schedule 3, Ontario Drug Benefit Act;
- schedule 4, Regulated Health Professions Act; and
- schedule 5, Seniors Active Living Centres Act.

I thought I'd go through each bit of the schedules, give comment to what the bill will do, and then pose some questions and some thoughts on the matters of each piece of the legislation.

Schedule 1, the Immunization of School Pupils Act: The schedule would require parents seeking to exempt their children, in both public and private schools, from the immunization requirements against designated diseases for non-medical reasons—statements of conscience or religious belief—to attend an education session delivered by a medical officer of health and/or his or her delegate, before the exemption may be filed.

Health care providers will now have to report vaccines administered to children for diseases designated under the ISPA to their local medical officer of health in addition to providing records to parents via yellow immunization cards and printouts. Currently, parents are responsible for reporting the vaccines to their local public health unit.

Medical officers of health and their delegates are responsible for providing the education sessions to parents who wish to continue with their exemption. After that exemption is given, parents will still have to swear and affirm a statement of conscience or religious beliefs in front of a commissioner for taking affidavits, in addition to this new educational session requirement.

Parents with existing exemptions are not affected. This is only going to apply to new exemptions coming forward.

It sounds great to transfer the reporting responsibilities to health care professionals. It's quite a reasonable move. It's interesting that we are in the 21st century, the age of technology, but at the end of the day, health care professionals are still going to have to utilize a fax in order to transmit this information.

You may ask why. Well, Mr. Speaker, the government has been a failure with regard to technology in the health care sector. Panorama does not work properly. eHealth, after \$8 billion, still cannot connect a doctor's office with the Panorama software at the health unit.

Panorama was the provincial immunization registry program, and it has followed down the same footsteps—actually, it was before the footsteps of the SAMS, which occurred in community and social services. It cost \$160 million, which was \$86 million more than budgeted. Unfortunately, poor planning and a lack of accountability have left the province's immunization coverage information unreliable, and it's potentially putting Ontarians at risk. They're unable to track all the immunizations ongoing in the province to this day.

In fact, in 2014 the Auditor General released a report on Panorama. In her report, Panorama originally had a price tag of \$79 million and was supposed to be ready in 2011. As of June 2015, the tracker had cost \$165 million and was still not fully implemented, nor was it compatible with eHealth. The government spends \$250 million each year on the vaccination program.

"Panorama will not provide the data needed to identify areas of the province with low immunization coverage rates" until it is registered by health care providers, rather than having parents report their children's vaccinations to local health units. That's what this bill is going to fix. However, the doctors are still going to have to fax the information and have somebody input the information at the other end.

The audit also found questionable flu immunization billings from 2013-14, including about 21,000 instances where the ministry paid doctors and pharmacists more than once for administering the flu vaccine to the same patient.

Mr. Speaker, I mentioned eHealth. eHealth is in the process—it was started back when we were in govern-

ment in 2002, under the name Smart Systems, and then was rebranded as eHealth when the Liberals took power. By 2009, documents show that untendered contracts were being provided to consultants who were making \$3,000 a day, on top of bloated travel and catering expenses. By September 2009, eHealth had spent over \$1 billion with little progress, resulting in the resignation of the chair and the Minister of Health.

In 2015, an arbitrator ruled that the Ontario government must pay CGI Information Systems \$24.4 million for the cancelled contract for the diabetes registry.

We're at \$8 billion spent on creating our electronic digital records and interaction with our hospitals, with our pharmacies and, hopefully, with our health units, and we don't have an end date for that. We don't have an end date for when this will be occurring.

Right now, the government is transferring the reporting from parents to the health care professionals who provide the vaccination; however, it's going to be difficult to show how those pieces of information are going to be coordinated and kept.

I mentioned the diabetes registry as an offshoot. The government was going to create a registry for diabetic patients in the province, which was another good idea. I can't say that the government has all bad ideas. They actually have some good ideas, but they're unable to roll that out into an effective piece of policy, an effective piece of action.

eHealth was sued by CGI Information Systems for \$102 million for a terminated contract to design and build an online registry for diabetes patients—\$46 million for the value of the contract plus \$56 million in damages.

In their statement of claim, CGI blamed eHealth for delays: "The delays caused by eHealth resulted in significant damages to CGI ... notwithstanding the delays, CGI substantially completed the project in the summer of 2012."

In their statement of defence, eHealth claims the diabetes registry was supposed to go live June 30, 2011. Hence, they went through the lawsuit, and \$51.3 million was the total cost to taxpayers at the end of the day.

As I mentioned earlier, the government is now going to be creating more paperwork for health care professionals, and it's unfortunate that this has occurred over a failure for this government to utilize \$8 billion and create a system that actually is functional. From my speaking with numerous doctors, for every four patients receiving immunization in their offices, it will create about an hour's worth of paperwork on top.

The other aspect that I'd like to raise in how this is going to be coordinated and how an electronic system may be beneficial is that family doctors aren't the only ones who will be giving immunizations, as expanded scopes continue to roll out.

Schools are giving vaccinations. My daughter is in grade 7 this year. She has received so many vaccinations that, when she drinks water, water comes out of her arms from so many pinpricks that she has been receiving.

Specialists give vaccinations. Health care professionals, such as pharmacists, have an expanded role. I know

that the Ontario Pharmacists Association is quite thankful to the government for expanding that role.

**1430**

Hospitals will continue to give vaccinations at emergency departments. How are these all going to be tracked? If we had a functioning eHealth system, it would be so easy to add that information and send it to a central repository that could be accessed.

We're still going to have the problem of missed vaccinations and of tracking those missed vaccinations and/or duplications. For instance, if a doctor at emergency needs to give a vaccination, they would be unable to access any information from Panorama to see what that patient has, and vice versa.

The other question it raises up and that was brought forward is mandatory classes for these populations, those who want to not receive vaccinations due to conscientious beliefs. My one question is: Do you think these classes will change someone's religious beliefs? I don't know. It's hard to tell with that.

The other part is that I think it's about 2%—I don't know if the minister has the number or not—of the population that refuses vaccinations. I think that's the number that came my way. But a lot of those people have researched it themselves. I myself believe in vaccinations, so I'm thinking those people are misinformed with their belief of vaccinations causing harm, but having a discussion with these people to change their mind—their mind is pretty much set because they are more believing what they've read online or what they've read from their favourite movie star or organization who has come out against it.

So I don't know if these classes are going to make the difference, but that is something we'll find out. I've actually spoken to a few medical officers of health who are also questioning the use of this time that may be used in the health unit for these classes and thought that the money would be better spent elsewhere.

I did ask the ministry, during my discussion with them, what their plan is: Is it all going to be classroom-based? Their line of thought is that it would be online-based, which makes sense in Toronto and the GTA, but I did offer them the question that in my area of my riding, unfortunately quite a few people don't have access to high-speed Internet. That's a sad state of affairs for Canada as a whole, that we still have large segments of our population—I'm sure in the north it's probably quite the same. For them to access these courses online is going to be quite difficult—or impossible.

Their response was that they didn't have an answer on how they were going to deal with it and it's something they would think about down the road. But being a representative of a rural riding, that's a concern we'd like to see addressed before the regulations are enacted. I'm hoping the government will have some form of solution for rural Ontario to access these classes, because I'm also assuming that in certain areas of the province, to get access to a health unit to take a course would also be hard to do.

Mr. Speaker, I also asked the government at the time if there would be funding committed to creating these educational courses for the health units. They said that no new money would be there, but they do have a fund that they could access to help create a program. But that raised a concern to me, because for the majority of health units in this province, particularly in rural Ontario, their budgeting, their funds, have been frozen for the foreseeable future.

We've seen what happens when this government freezes funding in the health care sector. We've seen it with the hospitals, where they've frozen funding for a number of years: Care became rationed, services were reduced and staffing was also reduced. I'm hoping the government has a better plan of action as we take a look at, maybe, how these courses are actually being created.

I get the idea of trying to educate someone to get the vaccinations. I think it's a steep hill. I think the majority of Ontarians are following through. If they had discussed with family doctors and pediatricians having an amendment allowing their doctor to do an educational portion of their visit, would that help offset having to create these other programs? It's something we can talk about, but again, without proper consultation, unintended consequences are arising.

Schedule 2 of the legislation is the Laboratory and Specimen Collection Centre Licensing Act: amendments to modernize community laboratory services and provide the ministry with more flexibility in regulating and funding the community lab sector. It aims to improve the patient experience, quality of care, and access to laboratory services. When the minister is considering whether it is in the public interest to issue a licence, the minister would be able to consider any matter relevant to the determination.

A provisional licence is up to one year; non-provisional licences can be up to five years. A director can suspend a licence, in addition to revoking and refusing to renew a licence. Directors also hold power to issue an emergency suspension of a licence if they believe there is an immediate threat to health and safety.

In respect to prosecutions, there is now an option for having prosecutions heard by a provincial judge instead of a justice of the peace. The minister would be allowed to publish details about an offence for anyone convicted.

The minister can enter into arrangements for the payment of remuneration to health facilities rendering insured services to insured persons on the basis of other than a fee for service.

The Public Hospitals Act: The amendments would allow for hospitals to be designated to provide community laboratory services in addition to the laboratory services they provide to admitted in-patients and registered outpatients.

Mr. Speaker, I haven't had too much response back from the laboratory community other than they're hoping that when the government comes to terms with their next contract, it is a long-enough term that they are able to make the investments they need in communities in Ontario in order to provide the services that are accessed.

However, what has come up—because there is some lack of clarity in the legislation that I’m hearing from some family doctors and also some specialists who provide some form of laboratory service in their offices—is whether or not doctors will be exempt or will have to comply with this piece of legislation. Of course, it raises concerns to those doctors who offer blood collection services in their offices because the closest lab is an hour round trip in order for a patient to access those services, and/or specialists providing thyroid biopsies. Is this just to standardize procedures? Is there going to be a cost of licensing? Is there going to be a cost for lab techs possibly being hired? And, at the end of the day, will there be the unintended consequence of doctors changing their scope of what they offer as a service to the people in their area because they are unable to reach that licensing cost and/or structure that would have to be created?

I’m sure we’ll hear at committee whether or not there will be an exemption for doctors. I’ve heard through different contacts that, yes, there will be an exemption and, no, there won’t be an exemption, so we’ll wait to see what the government has to say at the end of the day, at the end of this debate.

Schedule 3, the Ontario Drug Benefit Act: “registered nurse in the extended class” is added to prescribe a non-drug therapy listed on the formulary, in addition to the physician.

The amendments allow products, such as diabetes testing strips and nutritional products, prescribed by nurse practitioners to be reimbursed under the Ontario Drug Benefit Program. Doctors and/or registered nurses in the extended class may apply to the ministry to have an unlisted drug product funded for a specific patient. This would enable nurse practitioners to submit a funding application to the Ministry of Health and Long-Term Care for drug products for specific ODB recipients under the Exceptional Access Program.

I think it’s a great addition. Nurse practitioners have had an expanded scope of practice, and why would we inhibit them from ensuring that patients can access the medication and/or device they need to receive?

I was also hoping that the government would be coming out with their plan to digitize this whole process, because currently it still has to go through a fax machine, and in 2017, I think our health care sector is probably the only one that is dependent upon the fax machine. We need to turn that corner and ensure that changes are made so that these applications can be made with more timely access. The wait times, I’m hearing, for access to EAP are great. However, hopefully when you add nurse practitioners as being allowed to apply, the drug benefit has the necessary resources to go through these applications at a quicker pace, because you will be expanding the amount of prescribers prescribing these medications and/or devices.

Schedule 4: Regulated Health Professions Act. Where the minister requires a council to provide reports and information, the reports and information may contain personal information and personal health information about a member.

New regulation-making powers include the minister’s authority regarding selection and appointment of members to committees that a college is required to have; specifying the composition of panels selected from committees; prescribing additional information to be contained in a college’s register; prescribing conduct in relation to findings of sexual abuse for which mandatory revocation of the certificate of registration of a member would apply and, if guilty, result in mandatory revocation; clarify how a college is required to perform its functions for matters involving matters of sexual abuse; prescribe additional functions of the patient relations program of a college; prescribe additional purposes for which funding may be provided by a college in connection with allegations of sexual abuse; and that the minister is to govern the relationship between regulations and college bylaws.

#### 1440

The purpose of the sexual abuse provisions is to encourage reporting of patient sexual abuse, to provide funding for therapy and counselling in connection with allegations of sexual abuse and eradicate sexual abuse of patients by members.

The college is required to post on its website information regarding upcoming meetings of council, including dates and agendas, also to highlight if it intends to exclude the public and why.

The composition of committees is to be in accordance with bylaws of individual colleges and any regulations made by the minister.

It is meant to encourage reporting of patient sexual abuse, and to provide funding for therapy and counselling in connection to allegations; and to eradicate sexual abuse of patients by members. The composition of college committees is to be in accordance with bylaws of said college and any regulations made by the minister. The minister has increased power and control of committees through regulation.

New information to be contained in the college register: names of former members if they have died; information regarding their death; a notation of every caution that a member has received from a panel of the Inquiries, Complaints and Reports Committee; a notation of every matter that has been referred to the discipline committee; a copy of the notice of specified allegations against the member that has been referred to the discipline committee and not yet resolved; a notation of any acknowledgements or undertakings in relation to professional misconduct or incompetence that a member has entered into with the college.

The registrar may withdraw a complaint at any time prior to action being taken at the complainant’s request. And the registrar may suspend or impose terms, conditions or limitations on a member’s certificate if the ICRC believes the member’s conduct or mental or physical state exposes the patient to harm or injury.

The member’s certificate of registration is suspended immediately if the panel finds that the member has committed an act of professional misconduct.



There is mandatory revocation of the member's certificate of registration if the member has touched a patient's genitals, anus, breasts or buttocks and other conduct that may be prescribed in regulations to be made.

A person is eligible for funding for counselling and therapy if it is alleged in a complaint or report that the person was sexually abused while that person was a patient.

Members who do not report to the college a belief that another member has sexually abused a patient are liable for a \$50,000 fine, and facilities that didn't report a belief that one of their members has sexually abused a patient in their facility are liable for a \$200,000 fine.

The government can require, if it's in the line of action of an inquiry, to obtain the personal and private information of a health care professional.

Mr. Speaker, I am proud to belong to party that has taken strong initiatives in order to deal with sexual abuse. Sexual violence is an umbrella term, covering behaviours ranging from unwanted sexual advances or sexual touching to stalking and rape. It can also be psychologically conveyed through verbal threats and various forms of social media.

One in three Canadian women will experience sexual assault in their lifetime, the majority of victims being under the age of 25.

My colleague from Haliburton-Kawartha Lakes-Brock has been a key driver in trying to deal with human trafficking in this province, and we recognize human trafficking should be included in all conversations. It is an alarming example of sexual violence and harassment, and it's in our own neighbourhoods and towns.

The current criminal justice system and support services do not adequately help victims/survivors report crimes, find help and move forward in safety.

Bill 132 addresses these issues. It builds on the government's *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment*, introduced in 2015.

As I said, our member from Haliburton-Kawartha Lakes-Brock, on behalf of the caucus, initiated the motion for the provincial government to strike a Select Committee on Sexual Violence and Harassment, which took place in November 2014. On December 10, 2014, the select committee, of which the member from Haliburton-Kawartha Lakes-Brock was the Vice-Chair, presented their final report.

Although the PC caucus supported Bill 132 and the steps taken in the right direction to address sexual violence and harassment, the select committee's report highlights the severity and prevalence and the broad scope that must be considered, including education.

The government needs to take this issue more seriously. There is still so much work that needs to be done to create a culture of safety and security.

Mr. Speaker, why did this part of the bill come forward? I've brought a couple of copies of media out there, but it's clearly that the College of Physicians and Surgeons, in this case, failed in its duty to protect the public. The system, in the way it was set up and func-

tioning, was not doing the best for the patient and the victims.

I came with one report of a doctor who was found guilty last year by a panel of the discipline committee of the college, the CPSO, of sexually abusing four female patients by groping their breasts. He was suspended for six months. "The committee failed to recognize that changing social values around sexual abuse by physicians" require stricter penalties, CPSO's own lawyer said. The point is, the discipline committee is not responding to changing social values.

The appeal of this discipline committee highlighted the fact that under current Ontario law, only certain forms of sexual abuse by doctors lead to mandatory revocation of their licence—basically a loophole—and the CPSO failed to act quickly.

This is a quote from the member for Nickel Belt: "I think we have come to a place where a lot of people have lost confidence in the colleges, and every college's main mandate is to protect the public, this is why they exist." I agree with that point.

One of the lawyers mentioned this legislation: "I have always said that the government is trying to have it both ways. The changes that they recommend would provide the option for them to become more involved in regulating the profession, but without taking over the responsibility of actual regulation...."

"My guess is that the government simply wants the threat that they might get involved to change behaviour at the college. I would be surprised if they did actually implement any regulations."

Mr. Speaker, the CPSO had tried to revoke a licence, but their own system, the committee set-up, failed the public and failed the patients. This is why this piece of legislation is here.

As I mentioned earlier, I was hoping that this piece of legislation could be a stand-alone piece of legislation, because of its importance to all patients and because it affects all health colleges in Ontario. I'm hoping that in debate, we can have a focus on this part of the legislation but that we don't lose sight of the other parts as well, because each piece of this legislation is important to Ontarians, and it's unfortunate that we put it together as an omnibus bill.

I mentioned as I started off that the PC Party of Ontario fully supports zero tolerance of sexual abuse. However, the bill is creating some uncertainty in the medical profession. This bill does not speed up the process, and it does not create a system of a quick, effective process. I believe there has been a communication failure with the medical professionals on what this bill actually does and how it is supposed to protect patients.

There are other issues raised by certain doctors that I've met with—that they will have to add more infrastructure to their offices in order to ensure that they protect the patient and themselves from reports of sexual abuse. If that has to happen, that has to happen. I know a number of doctors who already ensure that there is someone in the room with them when undergoing certain

office meetings, to ensure that people can get diagnosed with the condition that they may or may not have. This is going to have to expand, and there is going to be a change in how doctors view the profession.

I'm hoping, when this bill becomes law, that the government is there to support these doctors in their transition of practice in order to protect the patient, because ensuring that the doctor has the necessary infrastructure supports in place in order to provide care to patients—we need to ensure that the government and the doctors are on the same page with regard to improving patient care. Being at war with one another is not serving the patient.

Mr. Speaker, the government is also making changes such that the minister will have the ability to appoint members to committees—and/or how the committees are structured. The public is already part of the membership of the committees, and if the government feels that this is their necessary step forward because the discipline committee of the CPSO failed in protecting patients—however, it also brings the question that maybe we should have a discussion: Is self-regulation really what's going to be continuing on in our health care professions, or is there another term? Because right now, the way this bill stands and the way it will pass is that much of the control will be switched over to the Ministry of Health, which is fine if this is the role that the government wants to take, but let's be honest and have a good discussion on if that's the way we want to take our health care professionals.

**1450**

There has also been quite a concern with regard to access to the personal health information of our health care professionals. This government has a history of wanting to collect everyone's personal health care information. Bill 119 was the start of it, where the ministry had access to individual doctors' health care information. Bill 41 carried that through, granting access to the LHINs to access personal health care information. Now Bill 87 allows the access of personal health care information of health care professionals. No reason has been given as to why it's being collected or how it's going to be utilized.

Health care professionals, particularly doctors, are experiencing a high burnout rate now, and a high suicide rate. Out of fear of the government accessing their medical records, health care professionals, like doctors, might stop seeking help for their problems, which is only to the detriment of the patients.

I like to use the reference that, when I'm going on vacation and I get on that airline to fly somewhere, I expect that pilot to be at the top of their game and that, if they are having problems, their corporation, the business that they're working for, has the necessary access for them to get the help they need without fear of accessing that help and ensuring that they're at the top of their game.

I think Ontarians expect that of their health care professionals. They want to make sure that, if their health care professionals do have a problem which may be

leading to addictions and/or depression or burnout and other mental health conditions and illnesses, they have access and they will seek it without fear of intimidation or that other people have access to their health care records.

We build up health care professionals on a pillar—the average Ontarian. We expect them to be tough as nails. We expect them to be as smart as anybody we've ever met. We don't expect them to be human. But the fact is that they are, and they do experience the same problems and stresses that every Ontarian experiences. We want to make sure that this bill isn't going to inhibit those health care professionals from seeking the help and attention that they deserve, so that they are able to provide the professional, optimum care that Ontarians do receive from our health care professionals in the province.

I'm hoping we can have a discussion about why we are accessing this health care information, what we are going to do with it and how we can alleviate the fears of health care professionals so they will seek the care that they need.

Schedule 5, on the Seniors Active Living Centres Act: “An operator that is not an individual can obtain funding from the minister responsible for seniors affairs to establish, maintain or operate a program if a director appointed by the minister approves both the operator and the program.” The director can approve a program on the basis “that its purpose is to promote active and healthy living, social engagement and learning” for seniors through activities and services.

“If the operator operates the program in a municipality, any one municipality is required to make a contribution to the operator ... broad regulation-making power under the act, including the power to make regulations governing contributions.”

The intention is to give centres more flexibility to use the resources in ways that make sense for local seniors. If we're going to make local communities able to have that flexibility and local organizations that look after what the local people have—why not? We're supportive of that piece of the legislation.

Different stakeholders have reached out and voiced some of their concerns. I thought that I'd take the time right now just to read some of them out in the Legislature. I'm sure they'll come up in committee and further debate, as we look forward to creating a strong piece of legislation that not only protects the patients but ensures we have a system that ensures that all involved in the health care system are working towards the betterment of our health care system.

The College of Physicians and Surgeons have reached out and have sent a letter to the ministry that we were copied on. Their response focuses mainly on schedule 4, on the Regulated Health Professions Act:

“The college shares the government's objectives of strengthening the sexual abuse and transparency provisions in the Regulated Health Professions Act (RHPA), and improving the complaints, investigation and discipline processes.”

CPSO has advocated in the past for legislative changes in 2015 as part of their own sexual abuse initiative to protect patients from sexual abuse and enhance transparency.

The CPSO's review of the bill is grouped into four themes: strengthening sexual abuse provisions and supporting patients; enhancing transparency; improving the complaints, investigations and discipline processes; and new ministerial regulation-making powers.

The new changes to the funding model for therapy and counselling allow patients the eligibility to receive therapy and counselling as soon as they make a complaint or are the subject of a mandatory report alleging sexual abuse. The college believes this removes the Patient Relations Committee's discretion to award funding for therapy in accordance with the criteria that are found in the college regulation. The bill removes any ability of the PRC to evaluate and consider an application for funding for therapy and counselling, as it provides automatic access with no evaluative process.

CPSO believes the five-year limit in which a patient must use the funding granted to them should be eliminated. A patient should be able to receive counselling or therapy whenever it suits their needs.

The bill includes a definition of "patient" for the purpose of sexual abuse allegations but leaves an additional regulation-making power to allow the minister to develop regulations specifying further criteria defining a patient for the purposes of sexual abuse. There will be a one-year time period included in the definition where that definition could change after the bill has passed.

Issues also creep into patient-doctor dating rules. Typically, a doctor is not to date a former patient for up to one year since their last visit. Psychotherapy doctors are never to date their patients. If the definition of "patient" changes a year after the bill passes, what will these dating rules look like?

Immediate suspension of members where they have been found guilty of sexual abuse or any other finding triggering mandatory revocation is allowed with Bill 87. However, the college requests an amendment that extends the suspension power to cover all professional misconduct such as being convicted of a prescribed offence or an offence at a different health regulatory college.

The college suggests the release of third-party records are ordered and produced in a similar manner as in the Criminal Code. The higher threshold is appropriate, because it is important that a physician cannot access the patient's medical records, which they could potentially use in court against the patient. This instance would cause the patient to not go forward with a hearing or any repercussions towards the accused doctor.

Currently, the college only has the discretion to provide information to police about members but believes it is important to share relevant information about non-members in appropriate circumstances where it is in the public interest to do so. Examples include fraud and opioid diversion activity.

Currently, the CPSO cannot share with police information where they are aware of patients frequenting different pharmacies to access multiple doses of drugs or opioids. I think that point in itself is probably a shock to many Ontarians: the fact that if the College of Physicians and Surgeons, in their investigation of a doctor, finds out that a patient could go to multiple pharmacies and divert opioid medications during an opioid crisis in this country, the CPSO can't give that information to police to investigate. That's shocking. I think probably the majority of Ontarians would think they had that power to do so.

The college believes non-council public representatives should be appointed to sit on the college's ICRC and discipline committees to meet the need for public representation. Currently, some members are contributing more than 150 days per year, and the college is concerned about public member burnout.

The minister is granted sweeping powers to make regulations with respect to the composition of eligibility requirements for discipline and ICR committees. The college believes these powers should be explained in statute as opposed to regulations. Powers are broad and undefined. So basically, the college is asking for some clarity on what the minister intends to do with his new sweeping powers that they're creating for themselves.

The Ontario Medical Association has also been in contact on schedule 4 of the Regulated Health Professions Act. A proposed amendment would require a council of a health profession's college to include in its report to the minister personal health information. The OMA strongly objects to this provision. First, it is entirely unclear how this provision advances the goal of enhanced public safety. Second, there's no explanation of what specific type or amount of personal health information would be required for the minister to assess whether or not the college is fulfilling its duties and carrying out its objects.

Next, there are no real parameters on the disclosure requirement. The proposed legislation only states that personal health information will not be disclosed if other information will suit the purpose and that no more information than is necessary should be included.

#### 1500

OMA is "not reassured in any way that this will control the amount of highly sensitive, private personal information that is disclosed." They "believe it is entirely inappropriate and unnecessary to leverage physicians' personal health information for the purposes of advancing the bureaucratic goal of increasing regulatory oversight.

"Furthermore, the medical profession maintains a highly effective physician health program that manages fitness to practise of practitioners. This program has been successful in large part because it is built on principles of mutual trust between the individual physician, the program and the regulatory college. We are concerned that this program will be jeopardized if personal health information is vulnerable.

"Finally, how does the minister intend to assess the personal health information he or she receives from a

regulatory college? The proposed use of personal information is equally as important as its disclosure.”

The second note from OMA: “There are a number of proposed regulation-making powers in this bill that gives the minister significant influence over regulatory college processes.

“Notably, the minister may:

—require a college to collect information from members for health human resources research, and

—make regulations respecting composition of college committees and panels.

“While the stated goal of instituting these regulation-making powers is to enhance the regulatory process and bring additional transparency to college processes,” the OMA notes “that these changes fundamentally impact self-regulation. There may be benefit to the public and the profession of having new accountability frameworks; however, a comprehensive review and discussion of the current self-regulatory landscape is required in order to properly assess where changes can and should be made.

“With respect to the composition of college committees, the OMA would object if committees such as the College of Physicians and Surgeons of Ontario’s ... discipline committee were composed entirely of lay people. Self-regulation demands professional representation on committees. This ensures that the committee benefits from physicians’ contextualized knowledge and experience. We also note that current legislation limits a physician’s ability to challenge the composition of a committee that will adjudicate upon his or her case.”

Mr. Speaker, I believe a mix between the public and health care professionals on their committees is a good solution.

“Transparency: There are a number of provisions in the bill that are geared towards improving college transparency. Specifically, the bill enables the minister to require additional information be contained in a college’s public register (website).

“Many of the transparency provisions are already in place at the CPSO. The OMA has been in consultation with CPSO about these changes for a number of years.” They “understand that the minister’s goal is to have consistency across the profession when it comes to member information that is publicly available.

“Nevertheless, in contemplating transparency, the government must consider the fact that posting additional specific member information may undermine the intrinsic value of college processes (i.e., education, quality assurance, and quality improvement). It may be appropriate for a citation to be public if it denotes a pattern of substandard behaviour. However, when the information provides no benefit for the patient or the public, disclosure is purely punitive in nature and negates the potential benefits of the process.

“There are certain transparency-related items in the bill that the CPSO has not yet adopted; for example, posting information about allegations referred to its discipline committee.” The OMA objects “to this change. Publicly posting details about an allegation before there

is a finding of incompetence or professional misconduct is highly”—excuse me.

**Mr. Shafiq Qaadri:** Prejudicial.

**Mr. Jeff Yurek:** Thank you—“prejudicial. The damaging effect of posting information on a public website is long-lasting, even after the information is removed. We are not convinced that publishing more practitioner-specific information will achieve the goal of enhancing public trust in medical self-regulation.”

Mr. Speaker, we also reached out and spoke to other colleges. The Ontario College of Pharmacists: “As always, the college supports actions that provide better patient protection and strengthen our role to serve and protect the public. The proposed regulatory changes of Bill 87 also align with the college’s commitment to transparency and support many of the actions the college has already undertaken in this regard to share more information with the public.

“As with any changes to established processes, some clarity will be required around how the college may provide input on changes related to these regulatory amendments and how any new responsibilities or priorities will be balanced with existing ones.”

The college of dental surgeons is fully supportive of Bill 87 as well. Other colleges are still studying the legislation. I believe the College of Nurses will be submitting their ideas and intentions at committee. We look forward to hearing from them.

Mr. Speaker, the opposition welcomes the government on this bill, and we will be working with them to deal with the sexual abuse of patients by health care professionals. Changes were long overdue, and this bill starts the process of making these changes occur. However, we do need to look at how we can make the system quicker and more effective.

I look forward to the continuing debate on this bill. It is my hope that the government considers the amendments that will be brought forward from various stakeholders, including both opposition parties. The amendments would help strengthen the good intentions of this bill and remove the uneasiness and uncertainty that health professionals are feeling.

Many portions of this bill would be determined by regulation and are not forthcoming in the schedules. It is imperative that amendments are made to clarify the uncertainties of Bill 87. It is imperative that this government communicates not only with the public but also with the health care professionals who will be affected by the changes in the legislation. It’s imperative that this government communicates and works with existing colleges. If the government wants to end self-regulation or change it substantially, then let’s have an open and honest discussion of what route they’re taking. Right now, there’s a lot of confusion out there in the colleges.

I look forward to the ongoing debate from each and every one of the members here, if we get the opportunity. I know we all won’t, but as I said earlier, it’s a pretty large piece of legislation, introduced back in December, and it’s now March 27 and we’re just beginning debate,

so I'm hoping the government doesn't time-limit debate and doesn't time-limit committee and lets everyone who has the opportunity, in the time allotted for normal debate on legislation—that they each get their opportunity to bring their issues forward.

Again, as I reach out to the government with regard to committee: As I said, we're almost at three years, and I'm finding it increasingly difficult to get any amendment supported by the government benches at committee. I'm sure the third party is experiencing the same situation at the committees that I have sat at. If it truly is in the best interest of the public, it truly is in the best interest to listen to the opposition's amendments and support the ones, going forward, that are going to strengthen the bill.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Ms. Jennifer K. French:** I'm glad to be able to stand and raise a few, I hope, thoughtful comments in response to the very thorough hour-long analysis by our colleague from Elgin–Middlesex–London as we're discussing Bill 87, the Protecting Patients Act.

I'll just say, Mr. Speaker, that when I first saw the schedule and saw that this bill would be coming up for discussion, I have to admit that I was looking forward to the debate, because, as I'm sure is true of all of our offices, we have a number of our constituents who come through our doors with various concerns and in various states of distress, crisis or questions. Many of them are patients, or people who need us to advocate for them on various health-related issues. I imagined what the bill might be about, and here we are with many very important personal issues to debate, but all in one, which, as the member said, is a bit disappointing. Each one of these pieces—and there are about five—could have been a stand-alone piece of legislation, each one deserving of the debate that we know would happen in this House.

That's one piece, right out of the gate, as a bit of a challenge to the government: Why couldn't we have taken the time with each one of these issues? Why do we have to cram it all in, a "get 'er done" kind of thing, without having the chance to have that feedback from the province? We're going to have a lot of feedback from stakeholders and individuals across the province on this bill.

Some of the issues that the member raised were about the education classes for those parents who might want to opt out of vaccinations for their children—what will that look like? He talked about mandatory revocation of licences for doctors when we're talking about sexual assault. These are big topics, so I look forward to the debate we're starting here today.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**M<sup>me</sup> Nathalie Des Rosiers:** Ça me fait plaisir de me lever pour discuter du projet de loi 87. Ce projet de loi, évidemment, contient cinq parties.

I want to say first that as a mother, I am actually supportive of the bill's decision to look at, if passed, providing better information to parents who, on religious

and conscientious grounds, refuse to have their child immunized. I think the bill, if passed, does propose a balance between the right to object to immunization and at the same time ensuring that it's done with all the right information, because we know that on the Internet there's lots of information that can lead someone to make the wrong decision for his or her own child and for other children.

**1510**

I also welcome, as a mother, the ability of this information being sent directly to the public health units, as opposed to having to look for one's little yellow booklet for one's child every year. I think that's an improvement, in 2017, to have this possibility.

I also welcome, as a patient, the ability of the nurse practitioner to actually fully exercise their scope of competence. I think I understood, from the members from the party opposite, that this is something that they support as well.

I understand that there's some debate as to the minutiae of how indeed we will proceed on preventing sexual abuse. But as a long-time scholar on the issue, I think it's a very important step that we have a fair process, but also one that is responsive to the victims' wishes.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Mr. Toby Barrett:** As we know, the Ontario Medical Association has commented on Bill 87, the Protecting Patients Act. They've commented on the sections with respect to sexual abuse of patients, where the bill introduces a number of changes that strengthen patient protections against sexual abuse by health care providers. Of course, as our critic has pointed out, we support zero tolerance with respect to sexual abuse.

But the OMA indicates that specific acts that constitute sexual abuse should be clearly set out in the legislation. I do bring forward a word of caution on that front. I have before me the front page of one of our local newspapers. This is Thursday, March 9, of the Haldimand Press. The headline: "43% of Sex Assaults Deemed 'Unfounded.'"

"Between 2010 and 2014, Haldimand County OPP closed an average of 43% of sexual assault allegations as unfounded, which means the police do not believe a crime occurred or was attempted," considerably higher than the national average of a little over 19%. It's a Globe and Mail survey of national statistics. And 84 cases in Haldimand out of 196 were unfounded. It does raise the issue with respect to professionals, whether it be physicians—teachers, for example. There was legislation recently on that front. The concern is where a patient can be seen as a potential threat to the livelihood or the reputation of a physician.

**The Acting Speaker (Mr. Ted Arnott):** We have time for one last question or comment. I look to the member for Hamilton Mountain.

**Miss Monique Taylor:** I'd like to congratulate the member from Elgin–Middlesex–London for the time that

he put into this debate and the research and the work that had to go into preparing him for today's debate. My understanding is that it was announced just late last week that this legislation was coming before us today, which doesn't give a lot of time to prepare. Yes, the bill may have been tabled on the last day of the Legislature before we hit Christmas break, but a lot has happened since that time. With the government not providing enough time for the opposition to ensure that they put forward thoughtful comments, it's unfortunate, but it's a good thing that we can take it on this side of the House.

I look forward to hearing our NDP lead, the member from Nickel Belt, and her thorough thoughts on the bill because, quite frankly, there's a lot in this bill that should be individual measures and has been lumped together. It concerns me in many forms, one being relating back to what we just went through in committee the other day on Bill 89, which is a full act being changed. We are repealing the Child and Family Services Act and enacting the Child, Youth and Family Services Act, which is a 300-page bill, full legislation. The government was really narrowing down the number of public consultations we could have into two days. We were fortunate that we were able to get a third day back in, but still not enough time for that amount of legislation.

Now we have five major schedules that are coming before us in this bill. Again, it's going to be the government's same old tricks of making sure that things are pushed through and not enough consultation happens.

**The Acting Speaker (Mr. Ted Arnott):** That's four questions and comments, so we now return to the member for Elgin–Middlesex–London for his reply.

**Mr. Jeff Yurek:** Thank you, Mr. Speaker. I'd like to thank the members from Oshawa and Hamilton Mountain. The member from Ottawa–Vanier: Welcome to the Legislature. You're still the newest, aren't you? Yes? Great. And of course, the member from Haldimand–Norfolk for his words.

As I said, we have time to have some robust debate and discussion on this legislation. The key that has been mentioned numerous times is trust, and I think the trust has been lost between the public and the health colleges over some of the problems that occurred during the discipline committees and/or penalties awarded. This bill needs to be strong enough—put in place to ensure that trust is created again with the public.

I also think we have to look at the stakeholders in establishing the trust with the health care professionals again that has been lost with this government's treatment of various health care professionals. I honestly don't think there would be such an uproar from the Ontario Medical Association about access to personal health information if, in fact, the government, for the past two and a half years, hadn't been vilifying doctors in the media continually.

I'd also like to point out that we need to work at the technology. Eight billion dollars this government has spent, and we are still yet to have the technology needed to implement many of the points in this legislation. I

hope they get their act together and in fact make it easier for health care professionals, once they give the immunization to the patient—that that information is sent to a repository which can be accessed through various access points throughout the system in order to ensure that patients are being immunized and are not missing therapy or getting duplicates.

**The Acting Speaker (Mr. Ted Arnott):** Further debate?

**M<sup>me</sup> France Gélinas:** I, too, will be using my full hour to do the lead on Bill 87. Like my colleague from Hamilton Mountain just said, it is clear that Bill 87 is really a collective of five bills. The title of Bill 87 is An Act to implement health measures relating to seniors by enacting, amending or repealing various statutes. It doesn't say much, does it?

It is supposed to be an act for protecting patients. Let me tell you that in some of those five parts, the protection of patients has nothing to do with it.

Let's start with section 5. Section 5 of the bill is basically put there to completely change the act that we used to have. We used to have the Elderly Persons Centres Act. This act will no longer exist. A brand new one will be put in its place, and the brand new one will be called the Seniors Active Living Centres Act. Wouldn't you say, Speaker, that this deserves a bill in itself? There are people in northern Ontario who have been waiting for a long time for the Elderly Persons Centres Act to finally be open so that we can do some corrections to some of the problems we have with this act, but they have been lumped into a bill that is called the Protecting Patients Act. How many seniors do you figure will make the link between elderly persons centres, which are centres that elderly persons, seniors, go to to be active, to be connected, to have social events, to learn about all sorts of programs and services? They are great, but they have nothing to do with protecting patients, yet they have been lumped in. I find this so disrespectful.

**1520**

How can you say in one breath that seniors are important to this province, that the province cares about the programs and services available to seniors, that seniors are a thriving group within our community who are connected, that the government wants to hear from, but then you change a bill that is specifically targeted to them and you put it under the title of protecting patients, which has nothing to do with them?

I too am worried about what the public deputations will look like. I know that a lot of seniors and seniors groups are interested in being heard, with the changes coming to the Seniors Active Living Centres Act—not that they are that opposed to the changes that are coming, more that they have ideas to make it even better. The idea that there will be a director who will approve programs based on promoting active and healthy living, social engagement and learning for persons who are primarily seniors by providing them with activities and services—who would vote against that? Everybody wants this in all of their communities. This is where seniors get engaged. I

I can talk to you about my riding of Nickel Belt. I have many seniors groups. Some of them are huge and very active, have hundreds of active seniors participating in their programs and their services, and they receive zero dollars from the provincial government because there haven't been any new centres put forward under the Elderly Persons Centres Act for—I don't know, since before I was born; for a very long time, Speaker.

In my riding, you have a lot of francophone seniors groups that came after. It used to be that everybody was together, and then it used to be that we had bilingual centres, and then the francophones kind of saw the light and said, "Well, maybe we can do that on our own," and they did. They went on their own. Le Club d'Âge d'Or de la Vallée is a fantastic club that works in French only; the same with a club in Chelmsford, le Club 50; the same with the club in Azilda. I have very many throughout my riding, all of them big; very few of them—I think I have one—receive money through the Elderly Persons Centres Act because they separated after the funding was done, and they don't have any.

So they come to me and say, "This is not fair. We came after, because we did not want to be part of a big bilingual club anymore, we wanted to have our own French club. That means we don't get any money?" So when they see that finally the Elderly Persons Centres Act is going to be opened, they want to make sure this act will look at seniors centres that are based on culture or language or other ways that communities define themselves. But they are lumped in with one great, dominating part of the bill, and this is sexual abuse.

Once you bring in, we'll say, a physician who abused clients, patients, you suck the air out of the room. Nothing else matters. So how would you expect seniors all the way from Nickel Belt to be heard, to make changes to that bill, when you will have a plethora of health care providers with their lawyers and their big machines behind them that have been able to do a line-by-line analysis of the bill coming one after the other? And then you will have Madame Tantarpiion d'Azilda, who wants to be heard on the elderly persons' centres? Give me a break, Speaker. This is disrespectful. This has to be taken out of that bill. This has to be recognized for what it is. It is great news that we're going to have the Seniors Active Living Centres Act. I hope that there will be money coming with this new act. I'm looking forward to this budget, which is making itself scarce. But really, why do we have this in with sexual abuse by health care providers? That makes no sense. Let's be respectful. Let's make actions follow our words.

We all agree that seniors are important. We all agree that this bill is going to be something good for our seniors. Let's take it out of this piece of legislation. Let's let it stand on its own two feet. Let us celebrate it for what it is and give an opportunity for seniors to be part of this Legislature. That was the first part of the bill that irked me to no end: Why is it that you put good news, something that everybody can support, something that we can build on to do something good, within a bill that is

called "protecting patients"? An elderly persons' centre or a seniors' active living centre has absolutely nothing to do with the protection of patients. There are no patients that go through an elderly persons' centre or a seniors' active living centre. Those are healthy, thriving, connected, interested-in-learning seniors who go there, and they should not be lumped in with a bill that protects patients. This is disrespectful. That was step one.

Let's look at schedule 1, the Immunization of School Pupils Act. Well, you'd have to live in a cave way down in Chile—remember when the miners were stuck underground?—to not know that this is a very polarized issue. You have an ever-growing number of young mothers, mainly, but some dads, who oppose vaccination of their children, to the point that in some of the schools in this province, 20%, 30% or even 40% of the kids are not vaccinated. I never thought that in my lifetime I would see something like this in Ontario. We all know that vaccination is a very effective way to keep people healthy.

Why did we lump pupil immunization in with a bill that has zero tolerance for sexual abuse by health care professionals? I don't know. Those are two groups—

**Interjection:** Worlds apart.

**M<sup>me</sup> France Gélinas:** —within our society that are worlds apart. But they deserve to be heard. They deserve to have a chance to bring their issue forward, so that we as legislators listen to them and act upon what they have to say to us.

But then again, those good people, mainly young moms and dads who have issues with vaccinating their babies and their young kids, will be coming forward, mixed in with seniors who want changes to the elderly persons' centres, and mixed in with a whole bunch of health professionals who want or don't want the changes in the bill toward zero tolerance for sexual abuse. Why are we doing that?

We already know that this is very polarized. We already know that the people who are opposed have read everything on the Internet known to mankind that doesn't like vaccination, and they will come with pictures and Internet research that supports their views. We have to be ready for this. We have to create a place where those conversations can take place in a respectful way, so that we end up with something worthwhile.

Right now, the bill has two parts when it comes to immunization. The first part is that some people cannot have their children vaccinated because the child has a medical condition. So some cannot get their child vaccinated, and there's no problem with that. It's always been like this.

**1530**

But in order to protect those kids who, for medical reasons, cannot be vaccinated, we need what we call herd immunity. We need all of us to do our part and get vaccinated, so that we protect them. They are often children with serious diseases or disability who cannot get vaccinated; that's fine. But the second part is this growing number of moms and dads who refuse to have

their children vaccinated for other reasons. Now they will have to take an education session led by the public health unit. I have nothing against this. I think this is a very good idea. I think we should have had this a long time ago, so we don't have 40% of our kids in some schools who are not vaccinated.

But we have very little to give them. Is this going to be online? Is this going to be available everywhere? In my riding, the Sudbury and district public health unit covers a huge geographical area. You are talking hundreds of kilometres. Are we going to ask those good moms and dads who want to get this exemption to drive all the way to the Sudbury health unit to get their briefing? It's not going to put them in a very good mood now, Speaker, is it, spending an entire day missing work so that they can do this?

How is this going to roll out? How come we don't have that kind of information? When you know that you're going into a situation where things are polarized, where people have a hard time communicating, have all of this information up front. Have it easy to access. Have it flexible enough so that if good ideas come during consultation, you're ready to accommodate this and show that they have been listened to, they have been heard and they have been acted upon.

But none of that is available to us. What we know is that if a nurse practitioner or a nurse or a physician gives immunizations, they will have to report it to the health unit. This is where it really falls apart because the health unit's electronic health record is not connected to anybody else. So everybody thinks, "Oh, it's going to be so easy. My physician already has an electronic health record. I can see her, she clicks the thing and I get my prescription. It comes out of the printer, sometimes it's even sent"—yes, but it doesn't work with the health unit. Your health care providers will say, "Your physician will give you your immunization, then she will tick that into her electronic health record, then she will print it. Then a poor schmuck will fax it to the health unit. Another poor schmuck at the health unit will scan it and put it into a record."

They're not poor schmucks, they're really hard-working support staff who work in primary care and in public health, but I was making the case that this makes no sense. Why is it that in 2017, we're not able to have a medical health record, in a community health centre that is five minutes' walk away from the health unit, able to send information to one another? But they are not. We have spent billions—yes, that's "billions" with a "b"—on consultants of all sorts, most of them very well connected to the Liberals and most of them very big donors to the Liberal Party. But we have not got an electronic health record that is able to accept a vaccination from an electronic health record at the primary care doctor or nurse practitioner, and send it to the health unit.

Even once we send it to the health unit, Panorama—how can I say this?—it doesn't work that well. I'm trying to be gentle. It doesn't work that well, to the point where, if your name has an "é" like mine, but the nurse enters it

without the "é" like my name, then they cannot find you. And if you live on 40 Main Street, but you happen to be French, so you said, "I live on 40 rue Principale," well, you don't exist either. Should I continue? You get the point, Speaker. It don't work that good, and a lot of people that do have immunizations end up getting this nasty little note from the health unit that says that they don't know that their child has been vaccinated.

We need to do better than that, so when those people come forward and explain to us all of the problems they have had, where their kid has been suspended from school because their vaccination was not up to date because they happened to move from one apartment to the next and the little yellow card stayed with the husband who has now gone to work—then the kid is off school for 20 days because you cannot find the little yellow card, although the physician knows that your child has been vaccinated. Everybody thinks this information has been sent to the health unit, and the health unit seems to know that it has received it, but it cannot find your record; therefore, your child is suspended. Then starts the backtracking to try to find your child's immunization record.

I'm all for the Immunization of School Pupils Act, but I would like it to be a bill on its own. I would like the government to realize that this is an important issue. If we want to be successful at changing this path where more and more young families choose not to have their child vaccinated, we have to be open to them. We have to listen. We have to act upon their recommendations. They have to become part of the solution. They have to be—nothing done to them, but with them.

What we have here is not going to allow us to do that at all. What we have here with those five bills put together will just make—well, it has a chance of making matters worse, not better. How can you feel like you're being heard when you come to a deputation where the person ahead of you is a health professional talking about sexual abuse, then you come, then the next one is elderly and is talking about an elderly persons' centre, then the next one is talking about changes to the lab, and then the next one talks about prescribing for nurse practitioners?

I want this to be a success. You have taken some good steps. I support having the health unit in charge of doing teaching so that parents make decisions based on good information. I support all of this. I think you're going in the right direction, but let's increase our chances of success. Let's make it a bill on its own that people can understand, that people can talk to, so that they feel that their government listened to them, that their opinion mattered and that they had a chance to be heard. This in itself will go a long way towards having this part of the bill be a success. The way we have it set up now, I feel like we're asked to swim across a long distance with an anchor on our foot. That's not a good way to go for a swim. Putting this part of the bill within a bill that talks about sexual abuse is not a good idea. Let's separate this.

Schedule 2: Laboratory and Specimen Collection Centre Licensing Act. This part of the bill is a little bit



puzzling to me. I will ask for more briefings as to exactly what you intend to do.

When my good hat and my rose-coloured glasses are on and I read this part of the bill, I see an opportunity for a hospital where I come from, a hospital in northern Ontario, to become a hub in providing lab services, where not only will they provide lab services for their in-patients and the people that are outpatients of the hospital, but they will become a community lab like they used to be when I was working in hospitals many decades ago, where the community hospitals were the labs.

**1540**

Now, we all know that community lab services in Ontario have been taken over by the private sector. They dominate everywhere. They decide who gets access and who doesn't. Our hospital has been limited to hospital patients, in-patients and outpatients, for their lab services.

With my pink-coloured glasses on, I see this bill as allowing us to go back to the way things were before, where, in communities, where it makes sense, the hospital will not only service their in-patients and outpatients, they will service the entire community and they will be reimbursed to provide that service. Then I put my not-so-pink-coloured glasses on, I read this and I say, "Oh, my God. This is another Liberal privatization of anything that is not acute hospital care."

The way that this will work is that it could very well be completely in reverse. Rather than having our good, not-for-profit 152 hospitals becoming able to offer community lab services, it will be the exact opposite. It will be the for-profit lab company that will come into the not-for-profit system and continue to make more money on the backs of health care.

I have no idea which way this bill will go, but I can tell you that schedule 2 causes me—how can I say this—a lot of anxiety.

**Mr. Wayne Gates:** Heartache.

**M<sup>me</sup> France Gélinas:** Heartache, yes, thank you.

I will seek further briefing on this part of the bill. The government offered me a briefing, which I took on December 18, and I thank you for that. It's only once I had had the time to read the bill itself that I realized it could just as well turn into the privatization of more and more lab services, where those private, for-profit labs will actually move into our hospitals. Then it could go the other way around, where our hospital would move into the community sector, which is presently dominated by the for-profit. Where will it really go?

Of course, like many, many bills, most of it is left to regulation. Regulation is not something that we as MPPs get to look at—only the Minister of Health and his team look at this—but I can tell you that, if there is a chance that the for-profit companies are going to expand into our hospitals, I will put amendments forward. I don't want any part of that. I want health care—whatever has not been privatized—to stay in the not-for-profit sector and for the not-for-profit to take back the place that it justifiably belongs in, in our health care system.

That was for schedule 2. I'm now moving on to schedule 3. Schedule 3 is a good-news story. After

waiting and waiting and waiting, nurse practitioners will finally be allowed to do a urine dip—yay! It took a very long time, but it looks like we're going to get there, Speaker—not quickly, not without some problems, but we will get there. This is good.

Under the amendments to the Ontario drug benefit, blood glucose test strips and nutritional products will be reimbursed, if it's your nurse practitioner rather than a physician who prescribes them to you. Same thing with the Exceptional Access Program: The Exceptional Access Program is basically for people who are on ODB, the Ontario Drug Benefit Program. If you're going to use a drug that is off-label; if you're going to use a drug that is not covered or that has to go through the Exceptional Access Program and your primary care provider is a nurse practitioner, right now you have to go through the rigmarole of getting a physician to sign and fill out—and then when the ministry connects back with the physician, who probably don't know you very much—anyway, this is going to be solved. This is good news.

What does it have to do with protecting patients? It escapes me.

**Ms. Cindy Forster:** Nothing.

**M<sup>me</sup> France Gélinas:** It has nothing to do with protecting patients, as my colleague would say, and I would agree with her.

This part is not a huge part of the bill. It is an important one, and it is a good-news one. I'm happy it is there. We have waited a long time for it. We're still waiting for nurse practitioners to have open prescriptions so they can prescribe narcotics and other controlled substances, but if they were the ones signing off for your blood glucose test strips or your nutritional products, you would not get reimbursed or you could not pick it up without paying. This, at least, will put that aside.

Why it has been put in the Protecting Patients Act, I don't know. I could live with this part staying there because it is a small bill and because it is not contentious. We finally have everybody on board saying, "Yes, this is a good idea and it should move forward." So I'm not opposed to having it there; it's just weird that it is there.

But the other three parts of the bill, whether we talk about the first part of the bill that has to do with immunization, the second part of the bill that has to do with labs and specimen collection, and the fifth part of the bill that has to do with elderly persons' centres, they do not belong in this bill. They have to be moved out.

When we talked about labs, my colleague from the PCs put it on the record, but I think it's worth repeating, that it seems to open the door that every collection centre would have to be licensed to the same degree that labs are licensed, with the quality improvement and everything else that goes with it. A lot of physicians have collection centres in their offices. Every nurse practitioner-led clinic has a collection centre. Every community health centre has a collection centre. Every aboriginal health access centre has—all of those don't follow the same rules as a lab simply because they are not a lab, they're a collection centre where you draw blood, you

spin it, you cool it and you wait for somebody to come and pick it up and bring it to the lab.

But it looks a bit like those collection centres may be burdened with quite a few new rules that would make it, first of all, expensive; second, demand a lot of time, effort and energy to meet those new rules, which will lead to a lot of primary care providers saying, "I'm not in this business anymore." Most physicians, community health centres, aboriginal health access centres, nurse practitioner-led clinics or family health teams provide labs simply for convenience for their clients. For them, it makes no difference if you got your lab tests done at MSL or if you got them done in their clinic. All they want is the result, but they do this because usually they are more convenient for their clients. Most of the clients choose their primary care providers for some reason. Those reasons include easy access. If we are to burden those collection centres, treat them as collection centres and burden them with a lot of regulations, a lot of time, effort and energy to be able to do this, then I know for a fact that a lot of them will give that up.

Where I come from, where the distances are really large between actual lab collection centres, it would be very detrimental to access. It would be very detrimental to patient care. I already know what the labs are going to say. They're going to say, "Oh, but we make home visits. Don't worry. We will drive out to Onaping Falls—

**Ms. Cindy Forster:** Thirty bucks.

1550

**M<sup>me</sup> France Gélinas:** Yes. "All you have to do is give us 30 bucks for the first 10 kilometres, and then so many dollars for every kilometre extra."

That's not access, Speaker. This is a barrier to access that I would never stand for. Right now, we have a network of primary care providers that provide specimen collection, draw blood and do other tests. I want to keep those accessible, without fees.

Remember that I said I'm worried about this part of the bill? I am worried on many levels about this part of the bill and cannot wait to have clarification.

That brings us, with about half my time on the clock, to the reasons for the bill. The reason for the Protecting Patients Act is basically because a lot of people in Ontario have lost faith in our college system's ability to protect them.

We have 26 colleges in Ontario for 28 health professions. I will put them on the record, because a lot of people don't know them all.

They are the College of Audiologists and Speech-Language Pathologists—they're two different professions, but they're under the same college; the College of Chiropractors; the College of Chiropractors; the College of Dental Hygienists; the College of Dental Technologists; the Royal College of Dental Surgeons; the College of Denturists; the College of Dietitians; the College of Homeopaths; the College of Kinesiologists; the College of Massage Therapists; the College of Medical Laboratory Technologists; the College of Medical Radiation Technologists; the College of Respiratory

Therapists; the College of Naturopaths; the College of Nurses; the College of Occupational Therapists; the College of Opticians; the College of Optometrists; the College of Pharmacists; the College of Physicians and Surgeons; the College of Physiotherapists; the College of Chiropodists and podiatrists; the College of Psychologists; the College of Registered Psychotherapists; and the College of Traditional Chinese Medicine. So it's 26 colleges and 28 professions. This is who we're talking about.

All of the colleges run the same way. They exist for one reason and one reason only: to protect the public. They are funded through their own members. Everybody who practises one of those professions, whether you're a physiotherapist or a physician or a massage therapist, needs to have a licence. Your licence is given to you by one of those 26 colleges.

The colleges exist to protect the public. They do this by charging a fee to each of their members. There are about 300,000 professionals in Ontario who pay fees to those 26 colleges. They are there to protect you.

I must say that the system in itself has served us well. The system of having different colleges that look over the different health professions and make sure that they act, in their view, to protect the public has served us well most of the time. But there have been some glaring mishaps in there that have really shaken the confidence of the Ontario public in the ability of the colleges to self-govern and to protect them.

The main idea behind the Protecting Patients Act is to rebuild that confidence that was lost, and to give those 26 colleges new tools to make sure that they are there for the number one reason of keeping each and every one of us safe, and, when something derails, as in when one of their members crosses the line, does not offer good-quality care and, more specifically, engages in sexual abuse, that they have the tools to effectively do that.

Right now, we can all read the papers. We have all seen some of the awful situations that have occurred here in Ontario, most of them with physicians who had sexually abused their patients and got out of it with a slap on their wrist. That is not acceptable. That has to change. It has to change for all 26 colleges and 28 professions.

Zero tolerance of sexual abuse is something that every college agrees to do. How do you get there? How do you get there when you are part of a society where only 3% of sexual abuse ever gets reported? How do you do this when you are part of a society where, even when one in 20 does report, the chances of getting a guilty verdict are so minimal that the victim gets discouraged?

Put yourself into the shoes of a victim. You are a victim. It is your word against the word of the health professional. If we take physicians—because they are the ones who have been in the paper the most—they are defended by a team of lawyers that is impressive, no matter who you are. Here you are, your word against the word of somebody who has all of the powers, all of the privilege, all of the resources. You have nothing, except for having lost your trust in the health care system, having been abused.

I know that it's not easy, but it is feasible. We must do this. This is at the core of Bill 87, the Protecting Patients Act. It's actually the only part of the bill that the Minister of Health talked about. I was here today when he did his lead on the second reading of Bill 87, and he only touched on that. He only touched on the zero-tolerance policy within the bill. He left the other four parts of the bill to another member to talk about.

It is the most important part of the bill and should have been dealt with as such. There should have been a bill that was focused solely on: How do you improve Ontarians' comfort and trust in the cases of sexual abuse by health care provider? We have missed the first step by lumping this in with a whole bunch of stuff that has nothing to do with sexual abuse by health care providers. I don't know why you have done this. It is a bad idea, but it is not too late to tear it apart. This part needs to be aired out by itself. This is how you build confidence: when people have an opportunity to be heard respectfully and they see that the changes are meaningful and will lead to something better.

**Ms. Catherine Fife:** Pull it.

**M<sup>me</sup> France Gélinas:** Yes, pull it.

The Regulated Health Professions Act, 1991, will be changed. One of the first changes is that it will allow a college—remember, one of those 26 colleges—to make an interim suspension of a member's registration as soon as a complaint is received, instead of waiting for the matter to be referred for disciplinary proceedings. If you make a complaint and the college feels that the sexual assault complaint has validity, they will have the power to immediately suspend this health professional's licence, which means that, without a licence, you cannot practise. Whether you're a nurse, a physician, a physiotherapist or a chiropractist, it doesn't matter: You need a licence to practise in Ontario.

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Now, when the complaint is received, if the complaint looks valid, it will give the college the opportunity to do this. Why? Because history has proven to us that the process can be going on and on and on, and during all of that period of time, the victim has no recourse and the health practitioner continues to practise, putting other people at risk. Unfortunately, as we saw in many media reports, some of them have reoffended while an investigation was going on. No more of that. If there is a good reason that the public needs to be protected, the college will be able to put in an interim suspension and go on with the process of going through the process to see the validity of the claim.

It would also end the practice of imposing a gender-based condition on the member's ability to practise. That happens most of the time with physicians. They will no longer allow physicians to continue to practise on patients of the same gender in cases where the alleged sexual abuse is of a patient of another gender. What happens most of the time is that a male physician who abused female patients will have the right to continue to practise on males only. No more of that. If you have

committed an act of sexual abuse, you will lose your licence. Think about it long and hard before you go down the path of sexual abuse, because you will not be allowed to practise for a minimum of five years. Not being allowed to practise means that you lose your livelihood. This is a very important penalty because it is a very important abuse.

The third change: It will expand the grounds for the mandatory revocation of a member's registration to include additional inappropriate physical contact. We had a list that was quite limited. We saw a whole bunch of abuse taking place that did not fit the exact list that was there, so now the government has put forward a new list.

I'm always worried, Speaker, when we talk about lists, because the creativity of people who want to do wrong seems to be endless. They will find a way to describe what they've done in a way that does not fit on this little list—and remember, we often talk about people who have deep pockets, who can hire lawyers who will read the word “black” but will convince everybody that it says “white.” I don't know how lawyers do that, but they do. Having a list is always problematic, because things evolve, but the list would be more encompassing than what we had before. The member from London West, though, has already found weaknesses in that list, so it is a bit problematic to go with a list, no matter if you add a sexual act to this list.

It would also require members to report to the register if there has been a finding of professional misconduct or incompetence against them by a professional body outside of Ontario, and requires members to report to the register if they are charged with an offence. This is something that was not there before. So somebody who had a licence to practise in Quebec and was going through this long process to be found guilty of something would apply for a licence in Ontario and start practising in Ontario. The case would finish its work in Quebec, but they would never say that they were found guilty of sexual abuse in Quebec, because they had gotten their licence in that grey period in between the two.

And it works the other way around with physicians or health professionals in Ontario going through a process of looking at their competence or their actions. When they know they're going to be found guilty, they apply for a licence in another province and move on. Now, if you live in Ontario, you will have to declare, and if you have been charged, not by a college but by the police, you will you also have to declare. This information will be available to the college. It will be available on the websites of the 26 colleges as well.

Then we have: “The mandatory program for colleges to provide funding for therapy and counselling for patients who were sexually abused by members is expanded to apply to persons who are alleged to have been sexually abused” by members. Although the idea behind that is okay, what they want to do is that you don't have to have proven guilt. If you allege to be a sexual assault victim, you will be allowed therapy and counselling.

There are many problems with that. The first one is that they have limited it to five years. I don't know why we have done that, because in the case of a child who gets sexually assaulted or in the case of many people who live through sexual assault, they don't always need the therapy five years in a row. They will seek therapy, work with it, feel better, and then they have a relapse and need help again. And then things get better and then something happens in their life and they need support again. Don't limit it to five years.

Also, don't limit it to just people found guilty through their college, because sometimes it happens through the court. It may very well have been a regulated health professional who assaulted you or sexually abused you, but you never thought of making a complaint against his or her college because you didn't even know that a college existed. So those people should still have those resources.

And it should not be just therapy and counselling. If they need medications to feel better, they should be covered for those medications. If they need things like child care in order to be able to attend therapy and counselling, that should also be covered.

I think what the government meant to do is going in the right direction, but what is in the bill right now is problematic in the way that the bill is worded. A law is a law. You have to read what's there on the piece of paper. What is there on the piece of paper—although the goals are good, what is written is problematic and will need to be changed so that you are more responsive to how it really works—whether you're a child or a younger person who will need support for more than five years; or if you need other things than just support and counselling, that you actually need medication or child care or whatever else.

It also says that the college will be required to post information regarding upcoming meetings of their council. I would say, by now, pretty much all 26 of them do that. We have an opportunity to go further. Some of them have started to post not only their meetings and their council agenda, but they also post the background information that goes with every item on their agenda. If there is something that is legal or is going to be dealt with in camera, they don't post that. But for everything else—if they've done a piece of research that they're going to share with their council—you can go on their website and it's there and is available. I can read it, and so could everybody else.

I would encourage the government—I think we're past just the date of the meeting and the agenda. I think we could at least leave the legislation open to posting the supporting documents that go with that.

The bill also increases the penalty on health care providers and facilities that fail to report the suspected sexual abuse of a patient. Right now, as an individual, if you do not report, there used to be up to a \$25,000 penalty; this will double to \$50,000. If you're an organization, it used to be a \$50,000 penalty; it now could be up to \$200,000, which is four times the amount. I fully support this. I don't think anybody would argue.

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It allows the minister to gain greater access to information held by the college in order to determine if the college is fulfilling its duty or if the minister needs to exercise additional power. Although this looks pretty good, Speaker, it is not. This is another opening up of the law for personal information and personal health information to be accessed by the minister. The risk of this is too great. You know what? At the bottom of every health professional is a human being, and human beings are all the same. If there's a chance that your personal health information is going to be shared, it's going to change your attitude as to how you seek care and what kind of relationship you have with your care providers.

In every single bill that this minister has brought forward that had to do with health care, there is always an opening of FIPPA and PHIPA that allows the minister to gain access to personal information or personal health information, and this is wrong. There is no valid reason to give the minister access to personal health information—never, ever. The consequences of this are too great. There have to be other ways to make sure that the college is doing a good job. When we say “the minister,” the minister may be very nice man, a physician and all of that, but it is his office. It is a whole bunch of people within the government that will gain access to the personal health information of the health practitioner, and this is wrong. It does not need to happen. It does not need to be there. It needs to be taken out.

We cannot drill peepholes into patients' health information ever, ever. This is wrong. Don't go there. Find another way to make sure that the college is doing a good job. Don't request personal health information. Physicians and physiotherapists and nurses and everybody else: They are human beings, and sometimes they need help just like the rest of us. Don't tell me that in 300,000 people you would expect all of them to be at the top of their game every day. It doesn't happen. They are people just like everybody else. They need to have their health information protected. Don't put that in.

It extends the power of the minister to make regulations regarding the composition of college committees and panels, including their executive committee; discipline committee; Inquiries, Complaints and Reports Committee; and fitness to practise committee. There are six mandatory committees that every college has. The minister has given the ministry the right to change the composition of the committees, and they have crafted that under the fact that, “We need more patients to sit on those committees. We need more patients to sit on the discipline committee, on the Inquiries, Complaints and Reports Committee and on the fitness to practise committee,” and I would tend to agree with that. I don't have any opposition to bringing more patients to sit on those committees.

But I do have a problem when the minister gives himself the right to change the executive committee. The executive committee of a college acts as the college when the council itself is not in session. In between council

meetings, it is their executive committee that carries the duty and the responsibility of the college. The minister should not be allowed to tinker with how those executive committees work. If you want to add patients to the different working committees, then say so in the legislation. Don't leave this wide open to be interpreted in regulation and then changed.

The member from the PC caucus has brought this: that if your goal is to say that we will change the self-governing colleges, then say so and let's have this conversation in the open. Don't use a back door, through regulations, to go and change a system that is so important to our health care system. Right now, the bill is written so that we support the 26 colleges, and we are giving them more power to do their job. Don't put into this legislation a back door that allows you to destroy all of this through regulation. This is not necessary.

If the government thinks that the system of self-regulated colleges does not protect us, then they need to say so, and they need to bring something forward in the open that will be debated and that will be agreed upon. I don't want any of those back doors to be put into legislation, because you never know where this back door is going to lead. There's too much in the balance right now.

It will also allow the minister to request information from the college for the purpose of health human resources planning or research. Here, again, in theory it looks good. We will have to see exactly—actually, I've seen exactly how it is written. It is written a little bit too broadly, for my liking, as to what the minister can mandate the college to gather information on from their members and then share with the minister.

I would like this part of the bill to be a whole lot more fleshed out. I don't want to leave this to regulation either, because you can start to mandate colleges to demand information that has nothing to do with good human resources planning but is fishing for how many of your practitioners have a mental health illness, or how many of your practitioners have a drug addiction. That has nothing to do with human resources planning. As far as I'm concerned, health care professionals have a right to the integrity of their information, just like everybody else.

I just noticed that there are 30 seconds left on the clock.

This is a big bill—a big bill that, in the core of it, focuses on protecting patients through schedule 4. The other three schedules, frankly, should not have been lumped together. I will have more to say about the part about laboratories soon.

**The Acting Speaker (Mr. Paul Miller):** Questions and comments?

**Hon. Kevin Daniel Flynn:** Thank you for allowing me to join the debate, and thank you to the member from Nickel Belt for her comments on Bill 87. She's a member I've enjoyed working with in the past on some non-partisan issues, and, when she speaks about health care, I listen to what she has to say.

We put an awful lot of faith in our health providers. You establish a relationship with those people that you probably wouldn't establish with most other people—on the street, certainly, and within your own families. You will talk to a health care provider in a way, perhaps, that you wouldn't talk to people from other professions, and you'd probably share things. But I think in the past, when you had that type of a relationship, it could make one half of the relationship a sort of vulnerable half.

People have thought in the past that the protections that were in place weren't rigorous enough. There were protections in place, Speaker, but people have come forward to the government and said, "You know what? We can do better than this. There have got to be ways of improving this."

Specifically, when it comes to sexual abuse, sexual misconduct, any type of criminal behaviour, it's something that this government just won't tolerate.

When I see the provisions that are being outlined in the Regulated Health Professions Act, all the points that are given to me in this bill are ones that I've heard from other people, in consultation with the colleges themselves, health care professionals, patients and regulators. It really is that it better defines the patient-provider relationship; expands the list of acts of sexual abuse that could result in a mandatory revocation of a licence or a certificate of registration—and a host of other things where it seeks to improve upon the current system.

It's all stuff that I think is going to make the professions much more accountable to the patients that they provide—it's going to strengthen that relationship, that sense of trust that people put in the excellent health care professionals that we are so fortunate to have in the province of Ontario.

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**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Mr. Jack MacLaren:** There are several sections here. Schedule 1 is about the immunization of school pupils. This would require parents to take an education session from the medical officer to be sure that they understand the ramifications of what they are doing by withdrawing immunizations for their children. It's kind of a sad, sorry thing that in our society today when we know vaccinations over the last two generations have saved so many children from suffering or death—or polio, which is crippling—and yet we have people believing that these vaccinations are a problem, which is misinformation, in my mind.

Schedule 2, the Laboratory and Specimen Collection Centre Licensing Act, is meant to facilitate and give more flexibility to the minister in regulating and funding community labs. That's, of course, a good idea.

Schedule 3, which allows nurse practitioners to prescribe certain things, such as diabetes strips and nutritional products, is a great thing. I think we need to make better use of our registered nurses and nurse practitioners in our health care system, as we struggle with delivering better service at lower cost, and that's one way to do it.

One of the things that I found here which was a big imposition on people's privacy was in schedule 4—and the member from Nickel Belt identified it well; she did an excellent job—on the privacy of doctors and how important that is, and how this would require more information than is necessary for the benefit of the public or patients, and would threaten the integrity of doctors. They are humans after all, as she identified very clearly, and they could have a bad day or a bad moment which has nothing to do with their ability to provide good health care and good professional service. That is an area that should be removed and treated very carefully.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Mr. Wayne Gates:** I want to first start by congratulating my colleague. It's not easy to stand up in the House and speak for a complete hour. I have trouble doing it for just a washroom break, so an hour is a long, long time.

But she did touch on a number of important issues. She talked about privatization, which is running rampant in the health care system. She talked about medical records and the privacy of medical records. She talked about the college and it being self-regulated. She talked about using regulations to get in through the back door.

She talked about so many issues, but the one that I focused on a little bit was schedule 5, the Seniors Active Living Centres Act, 2016. I don't understand why it's here in the bill; that's a whole other issue. But the reality is Coronation 50 Plus, in my riding of Niagara Falls, a seniors centre; Douglas Heights Seniors Centre in Fort Erie; the community centre in Niagara-on-the-Lake; and we also have Beachcombers, which is in Ridgeway. It's a very important part of the bill, although I don't understand why it's here.

But then I took a look at what these clubs do, and I thought it was very interesting—I thought I would read a little bit. They have groups. They do crafts. They do knitting and sewing—I know Mr. Bradley likes that. They have a computer club for seniors, bridge clubs, euchre clubs. They also have cribbage.

Now I want you to listen to this, because this is interesting. They have pool. They have chess. They have darts and shuffleboard. They have dance classes, which are fun—I've seen them and participated in them—and choir classes, which I haven't participated in. They have fitness classes.

Beyond that, they do movie nights, which are good. They bring the seniors together. It brings them to talk. They have bingo events. I can tell you, in Niagara Falls—I go to their kitchen quite regularly; you can get a really good meal for \$5.

But I want to ask: How does any of what I just said have to do with putting patients first? I don't understand.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Hon. Jeff Leal:** I must say to the member from Niagara Falls, perhaps he was talking about the member for St. Catharines today—sewing and knitting. We will certainly raise that with the honourable member from Niagara Falls.

I want to thank the honourable member from Nickel Belt for a very thoughtful and very detailed presentation this afternoon on Bill 87.

I just want to talk about a portion of Bill 87 that has been of particular importance in my riding of Peterborough. On Simcoe Street, we have a VON 360 clinic there that's operated by nurse practitioners. I know that for the longest time, one of the points they made to me in our meetings—and we have them very frequently at the Morton medical centre in Lakefield, Ontario, which houses two practitioners—is the ability to expand their scope of practice. Nurse practitioners now, with all the great training that they receive, the extensive training that they receive—there are opportunities to expand their scope of practice, for example, with such tests as blood glucose test strips and additional products, etc. Nurse practitioners, with their background today—and I know the honourable member from Nickel Belt talked about this: By giving them that scope of practice, it provides a broader range of health care services, particularly for that clinic on Simcoe Street in Peterborough, which our government funds. They deal with street people. They deal individuals in the lower income area. All those people in Ontario deserve the highest quality of medical care, like we all enjoy.

This opportunity to expand that scope of practice will be very helpful, particularly for those individuals who come in to see the nurse practitioner. Now, with that change in scope of practice, it will provide them with the best possible medical care, and that's an important result of Bill 87.

**The Acting Speaker (Mr. Ted Arnott):** That concludes our questions and comments. The member for Nickel Belt can respond.

**M<sup>me</sup> France Gélinas:** I'd like to thank the Minister of Labour, the member from Carleton-Mississippi Mills, my colleague from Niagara Falls, as well as the Minister of Agriculture, Food and Rural Affairs and small business for their comments.

There's one part of the bill that defines who is a patient. We talked about the 28 types of professional members of 26 colleges and how you define a patient when it comes to sexual abuse. We have the common definition of who is a patient, but for sexual abuse we will have a different definition. The different definition basically adds that are you a patient one year after your last, yet-to-be-defined interaction with a health care professional.

This cookie-cutter approach looks simple, and you say, "Well, that's perfect. You'll give it a year before any sexual activities can take place," but that doesn't always make sense. There are types of relationships that are really ongoing, really profound, and that last for a long time. You can think of some of the work that is done in mental health and psychiatry, where even a year after your last interaction, it would still be completely inappropriate to have a sexual relationship with your patient.

On the flip side, you have radiologists. I'm from northern Ontario. The radiologist is someplace in Toron-

to, looking at an MRI or an X-ray or whatever of a patient. If they happen to meet that person, they have no idea who they are, but they will still have a year where they will be vulnerable, where people could bring them to court and they lose their licence. So the definition of “patient” needs work.

**The Acting Speaker (Mr. Ted Arnott):** Further debate?

**Hon. Helena Jaczek:** I'm pleased to rise in the House today to offer a few remarks on Bill 87, the Protecting Patients Act. I will be sharing my time with the member for Ottawa–Vanier, the Minister of Citizenship and Immigration and the member for St. Catharines.

I am going to concentrate my remarks on the area with which I am most familiar, and that is the amendments to the Immunization of School Pupils Act. As the medical officer of health for the regional municipality of York for some 18 years and having been in general practice for many years before that, I am completely in favour of the provisions that we see here. The benefits of immunization in our health care system are clear. The benefits are based on evidence-based research findings.

Certainly, in my experience, it's been most unfortunate that there has been the circulation of certain misinformation regarding immunization. I think many people will recall the purported connection between autism and the measles vaccine. I remember this extremely well. I was actually on the board of a school sponsored by York region for children on the autism spectrum, and certainly the parents I interacted with in that regard were most alarmed. Of course, every parent wants to do the very best for their child. Their children had been immunized against measles, and the thought that they had in some way contributed to their child's difficulties in terms of autism was something that was of great importance to them.

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I remember well researching the study that apparently had shown some link. It was totally inadequate; it was based on a very small number. The physician who had been involved in that research has subsequently been shown to have been totally incorrect. That type of misinformation led to a number of children not receiving the measles vaccine.

In my earlier days, in fact, as an intern at SickKids, I remember, just following my graduation from medicine, I still saw children with measles in those days when vaccination was not that common. It was absolutely tragic to see children blind, deaf, with brain damage, because they had not received the vaccine. This is an incredibly important area where we need to ensure that all parents understand the harm of not having their child immunized. The way to have some educational programs delivered through public health units, I think, is extremely important. Parents will still be able to receive a non-medical exemption once they have completed the education session. I think they'll find it incredibly reassuring, and I think it's very important that we have this amendment.

Consultations were broad. A number of stakeholders were consulted in the preparation for the introduction of this bill, and the consensus was that this was a very good way of ensuring that as many children as possible receive immunization and that parents understand that any potential harm is extremely rare in terms of immunization.

Another aspect, which I think parents will find very useful, is the amendment to require health care providers to report any vaccines they administer to students, so that there is a central record of all immunizations actually given. At present, there is an onus on the parent to maintain what is popularly known as the yellow card, so they keep track of their child's immunizations. This provision will make things much smoother and more efficient in terms of having the knowledge of who has been immunized and who hasn't.

It really is an important public health measure, the type of amendment that we've seen here. We know that there will be certainly far fewer hospitalizations for children who are not immunized. There have been studies done that show that actually, just since the chicken pox vaccine was introduced through a public immunization program, admissions to hospital fell by some 59%. We have lots of evidence related to each of the components of the immunization program for school pupils. This is an excellent step forward and I'm hopeful that all members of this House will support this important bill.

**The Acting Speaker (Mr. Ted Arnott):** The member for Ottawa–Vanier.

**M<sup>me</sup> Nathalie Des Rosiers:** I will touch on some of the issues that were raised this afternoon with respect to the bill. Primarily, I'm going to focus first on the necessity in moving forward on many of the issues in the bill. Each one of these appendices represent an ability to move some files forward in times where sometimes it is necessary to take action. Certainly, I think there's some consensus that empowering nurse practitioners to actually make some prescriptions is long overdue; therefore, it's probably a good idea to move this part forward.

I think we've heard eloquently about the need to have a good framework for immunization and to prevent parents from exercising the right to object to immunization without full information, and this is the purpose of this section.

The third section that has been discussed here in this House has been about the modernization of the governance of labs. There was an issue as to whether this was meant to reach the physicians that do some testing in their offices. The answer is no; I think the object is not there. That's not the intent of the bill.

Finally, I want to talk a little bit about some of the concerns that were raised with respect to the very important work that needs to be done to ensure that sexual abuse of patients is treated seriously by all colleges. There have been some concerns that, indeed, maybe too much information would be provided to the Minister of Health. But it has to be reminded that, when we look carefully at the bill that is proposed, that the information

is only when it is necessary to ensure that the minister can ensure that health professions are regulated.

Personal health information should not be disclosed unless there is no other way that this can be provided. The bill is quite clear on this, and I think we will see through debate how we may be able to improve on it. The intent is certainly that the health information is simply to allow the minister to complete his or her duty under the act. Indeed, the privacy commissioner was consulted on this and insisted, reasonably, on such limitations.

The second part that I wanted to discuss is the way in which the interim orders, the interim suspensions, are being framed. Essentially, when a patient alleges that he or she—but more often than not, it's a she—has been violated, there's a possibility that immediately she could have access to funding for therapy. As well, if—and I think that's very important to recognize—if it's the opinion of the complaints committee that the conduct of the member—that is, of the member of the order, so the physician or a member of another health profession—if “the conduct of the member or the member's physical or mental state exposes or is likely to expose the member's patients to harm or injury,” it's only in that context that suspension would be immediately provided. Further, there is the addition that from then on, the audience must take place on an expeditious basis.

In my view, I think it provides a good balance between recognizing the potential harm to the community at large and the responsibility of colleges to protect the public interest and to ensure that no other patient is being harmed by that physician. Nevertheless, it does protect the rights of the physician or the member of any college to indeed proceed speedily to bring the evidence that is required.

Indeed, I think it may be an appropriate way because it changes the incentive. Now the incentives are that if there's no immediate punishment, some member may take one's time to provide the information requested and may make the process take longer than it should. These provisions, I think will tweak a little bit the process in a way that will make it a little bit more expeditious for everyone concerned.

It does also have many other features that I think we'll have the occasion to debate. I am very happy that we are moving forward with this bill.

**The Acting Speaker (Mr. Ted Arnott):** The Minister of Citizenship and Immigration.

1640

**Hon. Laura Albanese:** I'm glad to add my voice to Bill 87.

You know, Mr. Speaker, often governments are criticized for not acting quickly enough. Actually, we are at times accused of moving at the speed of government, which means that we are moving too slowly to address the needs of the people in a timely manner. That is why this bill aims at addressing a number of issues and would make several improvements in different areas of health care for the people of Ontario at the same time.

Governments need to learn to be more versatile, and I hope that is what we are doing with this bill.

Because the bill encompasses different schedules, I would like to specifically focus on one of them, and that's schedule 5, the Seniors Active Living Centres Act, which will update the current Elderly Persons Centres Act, preserving the strengths of the current legislation and positioning the government for future program delivery by adding clarity, flexibility and appropriate authority to meet the changing needs of modern-day seniors. We've been asked to do this by a number of seniors' and elderly persons' centres.

Originally, these elderly persons' centres were established in 1966, under the Ministry of Health. Then in 2014, the Ministry of Health transferred the programs to the Ontario Seniors' Secretariat. The Ministry of Seniors Affairs invests about \$11.5 million every year in the elderly persons' centres to support their services.

These are like community hubs. I'm sure we all have some in our ridings. They're used as access points to reach a number of programs in the community, information and services, and also to promote cultural diversity. They serve as a place to belong, I would say, and they provide vital connections for over 100,000 seniors annually. I could name a few that are very active in my riding. The York West Active Living Centre, the St. Clair West active living centre and Syme 55+ all do a very wonderful job for our seniors.

Since the population of our seniors is going to grow to 4.5 million, I think, by 2021—that's in the next four years—we need to have these centres that provide and expand opportunities for our seniors. Yes, I know that some members were saying that they provide programs such as fitness, dancing and yoga, but we all know that a healthy body means a healthy mind. Especially for seniors, being active is a way to promote their well-being, both physically and mentally. That's the most important thing, and I see that as an aspect of health—maybe health promotion, but it certainly helps them age well, and that's what we want and what we promote as a government.

I also want to add very briefly that there was a review in 2015, conducted by the Ontario Seniors' Secretariat in regard to this program. There was an online survey. There were 12 province-wide in-person consultations. There was input from the Ministry of Health, from AMO, from different municipalities, the city of Toronto; the centres that provided services were consulted. So all of the changes that we're putting forward are a result of what we heard during those consultations.

**The Acting Speaker (Mr. Ted Arnott):** The member for St. Catharines.

**Mr. James J. Bradley:** I'm pleased to speak briefly on this particular piece of legislation, which I hope will receive the support of all members of the Legislature. I want to zero in on a couple of areas.

First of all, I was pleased that our government appointed what was called a Patient Ombudsman. Of course, the person the government chose was Christine



Elliott, who I actually thought would have been a good leader of the Progressive Conservative Party back when you were having your contest. You are neutral because you're in the Chair; I thought she would have been an outstanding person, and as a government member I would have been very much afraid were she leading the Conservative Party. We're not talking about that. But I did want to emphasize that I think that kind of appointment was good, and I think Christine Elliott is seen as an impartial and very concerned person, so I thought it was an astute appointment from the point of view of the qualifications, the person and her record.

I want to zero in on immunization. I've been alarmed, as I think many members of the Legislature have, by the recurrence of some diseases that all of us of a certain vintage thought were wiped out. It's happened for a variety of reasons, but the main reason is probably because people were neglecting immunization. You're not always going to get 100% immunization records, but when you have, say, 99%, for instance, that means others are essentially protected from a disease recurring.

The former medical officer of health for York region, now a minister of this government, mentioned, I think appropriately, the consequences of measles, for instance. There were people who would be blind or deaf or have brain damage as a possible result of measles. And there are other diseases out there. Whooping cough came back, and a few others that we saw that, as your children grew up, you were trying to protect them against. I think the regime that we're putting in place is going to be beneficial in encouraging people and requiring people to have their children appropriately immunized.

By the way, another thing I should mention which I think is of benefit is that our government has chosen to pay the cost of immunization for far more immunizations than would have been the case in the past. I know that saves people a lot of money, but that wasn't the main reason. It was there to encourage people to engage in that particular process. What we're doing, essentially, that I think is of benefit to parents is that the proposed amendments would strengthen the requirement for school vaccine exemptions to make sure parents seeking non-medical exemptions for their children have received evidence based on information about immunization so they're able to make an informed decision.

There's a lot of information out there today that is not accurate. With social media, people can put virtually anything they want on social media. There are certain truths that all of us would agree to, probably. There may be opinions after that; that's fine. But there are certain basic facts we agree with. When you see some of these distortions taking place and you ask a person, "Where did you get that information?" and they say, "Well, on Facebook"—it's just not necessarily accurate information.

The amendments would also streamline the information reporting by having health care providers report their records directly to public health. That's going to ease the burden on parents, who currently have to report the records themselves and whose children may face suspen-

sion due to out-of-date immunization records, even though they may have had that immunization.

It also advances the Immunization 2020 vision of a provincial registry to record and track all immunizations for all Ontarians, which would improve service delivery and is a key component of a modern immunization system. I think on that aspect alone—I wanted to zero in on that, even though Ms. Jaczek did as well. I wanted to make sure that we zeroed in on that because I think that's exceedingly important.

I know all of the members in the Legislature were probably alarmed when they saw some of these cases recurring in Alberta and even some in Ontario, because this has great consequences for the children out there. We have the ability to protect them from these diseases; we should be using that ability. I think that that aspect of this legislation will go a long way in assisting us to have those children appropriately immunized and protected from very dangerous diseases, which they might have had to face in the past before these vaccines were available.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Mr. Jack MacLaren:** I'd like to address schedule 4, the Regulated Health Professions Act amendments. I'd like to read a sentence here, because I am concerned that this goes overboard and will be extraordinarily hard—overly harsh—on doctors, to the detriment of health care in general, and certainly to the detriment of doctors in many cases: "A zero-tolerance policy on sexual abuse of patients by any regulated health professional."

Any time you hear the term "zero tolerance," I find that dangerous, because there always has to be consideration of leniency, of understanding and of tolerance. We are a tolerant society, so now to prescribe that we want to be, by law, intolerant, I think, is a very wrongful way to go, and we are doing ourselves a great disservice as a society, and to our people and to the patients of Ontario.

**1650**

I commented earlier on being concerned that too much information about doctors and health care professionals could be made public, when it would be of no particular benefit to better care for patients, and yet it would be unnecessary and possibly hurtful for doctors. We need to not go down that road; we need to protect and respect the privacy of doctors.

Also, the bill goes on and on at length about how much more scrutiny there will be, about penalties, about being able to suspend licences etc. on doctors. Again, we get into a situation where, almost, the person is guilty, when we should all be considered to be innocent before being proven guilty.

We're going to make a situation where it's such an unpleasant place and unfriendly towards doctors in Ontario. Of course, we've had pay cuts for doctors in the last couple of years. There's going to be an incentive for them to go to greener pastures where they can make more money and they're more appreciated.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Mr. Wayne Gates:** I actually wasn't going to speak to this two-minute hit. I was going to allow my colleague from Welland, who is a nurse, to say a few words.

But I'm absolutely shocked that any member sitting in this House—all 107 of us—and particularly the last member who spoke, the PC member, who talked about schedule 4 and zero tolerance around sexual assault and sexual abuse—I have three daughters and a wife. There should be zero tolerance, no matter what job you have—not just a doctor, not a lawyer, not an auto worker, not a teacher.

To the PC member who said that: I'm concerned that you actually feel that way, as a male, and quite frankly, I'm hurt and saddened that you feel that way.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Hon. Kevin Daniel Flynn:** It's a pleasure to join the debate and to speak for a short while on the comments made by the Minister of Community and Social Services, the member for Ottawa–Vanier, the Minister of Citizenship and Immigration and, of course, our chief government whip.

When people come to you, as a government, and they ask you to improve things, I think a smart way of approaching that is to go out and talk to the people who live in those worlds, the people who have the expertise that sometimes you don't have as a politician yourself.

When people came in and said they had a concern about the way we were dealing with sexual abuse, and the way they thought it was perhaps a growing problem, what we did as a government—the minister, I thought, was very, very wise about it. He went out and he got advice, and he got some recommendations from people who really know what they're talking about in this regard. He assembled a task force, and on that task force we had a human rights lawyer, Professor Marilou McPhedran; a former Chief Justice of Ontario who wouldn't be any stranger in this chamber, the Honourable Roy McMurtry; as well as an educator and registered nurse, Sheila Macdonald. They went out and did an incredible report, formulating some good advice for government.

As the first phase of dealing with that expert advice, the amendments that are being brought forward at this time really are an excellent first step. I think we're charting the way we should be going, and it really reflects the expertise and the recommendations that were brought forward by the task force itself. They're going to strengthen the existing legislation. They're going to uphold and further reinforce what the member from Niagara Falls was talking about: a zero-tolerance policy on patient sexual abuse by any regulated health professional.

Speaker, I think this is a great movement forward, and I would hope all the members of the House would support it.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Mr. Randy Pettapiece:** I'm pleased to stand up and offer my comments on this bill.

I was interested in what the member from St. Catharines was saying about outbreaks of some diseases we've seen recently. I think mumps is one of them that has shown up in this area. I watched an article on television about that, where some professional hockey teams are going through that right now.

I grew up at a time when immunization wasn't there. I think I had every disease going at one time. I had mumps, measles, chicken pox and the whole deal, as did my siblings. In fact, my mother actually had polio, so she went through that business.

Vaccines and immunizations certainly are important. As the member from St. Catharines pointed out, we need to try to ensure that everybody knows the correct reasons, I guess, as to why you should consider this.

I agree. I have actually seen where immunization cards were lost and kids weren't allowed in school, and that's wrong, because it wouldn't have been too hard to get these records fixed.

I do have some issues with schedule 4 of the Regulated Health Professions Act. I think it would be appropriate, if personal information was going to be given out, that patients should be involved. To me, if I thought the reason was good enough, as a patient, I may consider my information being given out to these panels. I think that's something the government should consider: to involve the patient a little bit more here. I think it is dangerous to have access to personal records, especially health records, without any patient involvement.

**The Acting Speaker (Mr. Ted Arnott):** The Minister of Community and Social Services can reply.

**Hon. Helena Jaczek:** I'm glad that a number of members did make some comments in regard to our remarks on this side of the House. The member from Carleton–Mississippi Mills made a comment that I'm going to have to take issue with right now, as our colleague from Niagara Falls did. We are absolutely determined to further reinforce a zero-tolerance policy on patient sexual abuse by any regulated health professional. Acts of professional misconduct involving the sexual abuse of a patient are always unacceptable. Of course, we want to ensure that we have the relationship between the patient and their regulated health professional built on a foundation of trust, confidence and safety. The type of consultation we've done, I believe, shows a very balanced approach.

I also want to thank my colleagues the Minister of Labour and the member for Perth–Wellington as well for their comments. We certainly did listen in terms of the task force on the prevention of sexual abuse that my colleague the Minister of Labour referred to. We listened very carefully and had some absolute experts in the field. The proposed amendments being brought forward at this time are the first phase of our government's response to the task force report.

In terms of privacy, again, we consulted with the Information and Privacy Commissioner. These proposals do ensure consistency with the Personal Health Information Protection Act.

We look forward to an important debate, as we continue through the House and through public consultation and the legislative committee process, to ensure we get all of this bill absolutely right. We continue to listen as we go forward.

ROYAL ASSENT  
SANCTION ROYALE

**The Acting Speaker (Mr. Ted Arnott):** Before I call for further debate, I beg to inform the House that in the name of Her Majesty the Queen, Her Honour the Lieutenant Governor has been pleased to assent to a certain bill in her office.

**The Clerk-at-the-Table (Ms. Valerie Quioc Lim):** The following is the title of the bill to which Her Honour did assent:

An Act to amend the School Boards Collective Bargaining Act, 2014 and make related amendments to other statutes / Loi modifiant la Loi de 2014 sur la négociation collective dans les conseils scolaires et apportant des modifications connexes à d'autres lois.

1700

REPORT, INTEGRITY COMMISSIONER

**The Acting Speaker (Mr. Ted Arnott):** I also beg to inform the House that the following report was tabled: The report of the Integrity Commissioner of Ontario concerning the review of allowable expenses under the Cabinet Ministers' and Opposition Leaders' Expenses Review and Accountability Act, 2002, section 14(b), received in the December 2016 submission complete as of March 23, 2017.

PROTECTING PATIENTS ACT, 2017  
LOI DE 2017 SUR LA PROTECTION  
DES PATIENTS

**The Acting Speaker (Mr. Ted Arnott):** Further debate?

**Mr. Bill Walker:** Before I start, I'd just like to commend my colleague and friend from Elgin–Middlesex–London, Jeff Yurek, our critic for health. As a health practitioner, Jeff leads this file at all times with a great deal of credibility. He does his homework, he comes back and updates all of us in caucus to understand the bills and make sure we're ready to debate when we come in here. So I'd like to commend him very much for all of his efforts.

I also want to put on record, as well, that there is zero tolerance for sexual abuse across the PC caucus, from every individual. Someone else said in here, I think, from their perspective, that every one of us who stands here has no tolerance for sexual abuse. I just want to put that on the record. There is no argument about that, Mr.

Speaker. It's a case that we all need to understand and certainly be supportive of in this House.

It's a pleasure to stand and speak to Bill 87, the Protecting Patients Act, 2017. There are four schedules. I will name them, and then I'm going to speak to them individually: schedule 1, the Immunization of School Pupils Act; schedule 2, the Laboratory and Specimen Collection Centre Licensing Act; schedule 3, the Ontario Drug Benefit Act; and schedule 4, the Regulated Health Professions Act, 1991.

Next month we will mark National Immunization Awareness Week in Canada. As a supporter of immunization and someone who has spoken multiple times in this House on this important issue, I am pleased to share my thoughts on schedule 1, as it concerns the vaccination of children. To me, immunization is one of the greatest achievements in public health of the 20th century. It prevents illness and disability, and most importantly, it saves lives. Consider that vaccines have resulted in the control and near elimination of numerous infectious diseases like polio and measles, to name a few. Mr. Speaker, I'd like to truly commend all of the volunteers over many, many, many years, through Rotary International, who virtually have eradicated polio from the face of our planet.

Yet, despite this advancement, we are now seeing preventable illnesses like measles and mumps making the news in record numbers. This year, we have 41 confirmed cases of mumps across Ontario, with 31 of them here in Toronto. How can that be in today's age? The mumps vaccine has been in use in Canada for 48 years. Since it was introduced in 1969, the number of confirmed cases has decreased by more than 99%. However, just two years ago, we had 20-plus confirmed cases of measles in Ontario, while Quebec had 119. So there is the reality of that happening, Mr. Speaker. We cannot become complacent. We need to always follow the best doctrine in regard to what's best for the masses of our great province and our great country.

Again, with a free immunization program, how could this happen here? The province's Auditor General looked at this problem and she found that Ontario had a poor reporting and tracking system. Even though, by law, children must be immunized to enrol in school, unless their parents obtain exemptions for medical, religious or conscience reasons, many children were going unvaccinated because no one was tracking and reporting. In other words, we as a society have gotten lazy and complacent, and have started taking vaccines for granted.

But I also believe a big problem with this is that we don't actually have a program in place that truly allows us—and with today's technology and automation, there's really no reason why we shouldn't have that. I'm going to talk about that in a bit more length here shortly, Mr. Speaker.

Sadly, I think we have sometimes forgotten the suffering and the debilitating impact that these illnesses had on people before immunization. For this reason, I am pleased to see that Bill 87 will enforce immunization

reporting, namely by mandating that health care providers, and not parents, report to the health units when they have vaccinated a child. This type of tracking and reporting is really the only way to help prevent future outbreaks and identify vulnerable people during an outbreak.

Of course, a fully functional eHealth system would be ideal, as it would ensure a truly comprehensive immunization registry system that would allow us to accurately track vaccines, but 13 years and \$8 billion later, this Liberal government hasn't figured that one out yet. Again I'm going to reference, as I sat and listened to my colleague from Elgin–Middlesex–London, our critic for health: He pointed out that this government doesn't necessarily have a great track record when it comes to these things. So \$8 billion was spent on a registry, and yet we have nothing to show for it. People are actually having challenges because we can't track—we don't know who's there.

He brought examples, and I'm going to reiterate them. The diabetes registry: \$102 million was spent on that registry that was promised to people with diabetes, and yet there's nothing to show for it. A company by the name of CGI, I believe, was given a \$46-million contract, and then there was \$54 million spent on a lawsuit when they cancelled that. Again, I want to overemphasize, there is not a diabetes registry in place where we can do the tracking and the accountability, and it has cost the taxpayers of this province \$102 million.

SAMS, the program that the government developed for the community and social services sector—and I was critic at the time when this was launched: \$160 million this has cost us, and it still has challenges. It was proposed that it would be out for \$86 million, which is what I believe the original budget was. They were told not to; they held off implementing it. They held off a second time, but finally they came forward, knowing that it still had bugs in it. Again, we've spent onerous amounts. That came back to municipalities, which actually had to pay all of the overtime for those people who had to do things like manual checks and go back into the system to try to figure it out. Those municipalities then don't have that money to put into the programs and services they were originally planning because they spent that kind of money. I trust there are unaccounted costs that we're still paying for because of that type of a boondoggle.

The Panorama system we spoke about: It was very similar. It was supposed to be a \$76-million cost; it ballooned to \$160 million. It's still not fully implemented, still not able to track, and it's not fully automated with all doctors' offices.

Another prime example is 21,000 instances of billing to the same person for the flu vaccine. A person was actually being billed as if they had received the flu vaccine more than once. Mr. Speaker, if we had today's technology in place, if we had eHealth—which, I believe, was supposed to be a \$2-billion cost and that actually cost the province of Ontario, the taxpayers watching and

listening at home and our youth here in front of us, our pages, \$8 billion. What could we do with that other \$6 billion if we had it in the bank and could give it out to those needy people for the various programs and services they come here for?

This \$8 billion, I want to reference as well, is only what we've tracked so far. What about the inadvertent costs that we never see come up in numbers through the Auditor General or wherever else because of that waste, that duplication, that tracking, money spent on those types of things that aren't now put out into our health sector particularly, to our education sector and to our community and social services sector? There are all kinds of things we could have if we had that \$6 billion.

We still need that automated system to be able to track, to be able to enforce and ensure that there isn't some kind of an outbreak down the road that is going to have negative health consequences for the people whom we're given the privilege to serve.

Secondly, I am pleased to see that Bill 87 will provide clarity around exemption rules for parents who want to skip vaccines for conscience or religious beliefs. Firstly, it will require any new parents seeking exemption to first have a consultation with a medical officer of health before deciding if not vaccinating against an illness is in their child's best interest. I believe vaccines are designed to protect the young, the old, the vulnerable and, frankly, everyone in between. They allow us to protect people before they become patients. As a recreation practitioner, I'm always a believer in being proactive. Let's keep people healthy rather than trying to fix them once we allow them to become unhealthy.

Thanks to vaccines, it is almost unheard of that a child will die here of a preventable disease. But as I said, we cannot become complacent. We cannot take for granted how well we've done and start slacking off, because if even one child dies when we could have prevented it, we have not done our jobs, both as legislators and health practitioners across our great province.

Thanks to vaccines, our hospitals no longer need to treat the devastating effects of polio with iron lungs. We can protect our seniors against shingles and pneumonia. It is one of the best measures we can take to protect ourselves and our loved ones from diseases and illness, and a cost-effective public health system measure that reduces the burden on Ontario's health system through fewer hospital admissions and reduced medical care expenses. For all of these reasons, I am fully supportive of this section of Bill 87.

I do, however, urge the government—and I talked a fair bit about the eHealth boondoggle. I do urge the government to make it a priority to have the ability to track and record and avoid the waste that they have sadly created, going forward. It's unconscionable to spend \$8 billion, stand up to the people who actually elected us and say, "I've got nothing to show for that." I'm not certain how, if I was campaigning today on that side of the House, I could actually defend spending \$8 billion when people are going without across many of our critic

areas, across a lot of our portfolios, particularly health, education and community. Those less fortunate than us are going without because of this type of waste.

1710

I'm going to bring up a very specific one. This government has a priority at times—a little while ago they brought out a program, and I believe they spent about \$12 million promoting an energy policy and a program that was available to people. I ask, why could they not do the job well in the first place so they didn't have to come along and spend money to tell people how wonderfully they had fixed the problem they had created? Just over \$9 million of that went to consultants and, I believe, \$1.2 million or \$1.5 million went to advertising.

Just in the last week, they've come out with more government advertising to say how wonderful a 25% rebate is. They don't add, in any of those ads, that in most cases those bills went up and increased by 200% to 400%. They want them to be happy that they're getting a 25% rebate—of their own money, by the way. They fail to put in there that it's going to cost, particularly the pages in front of you, our children and grandchildren, \$25 billion. All they've done is actually taken the time they have to pay for it, borrowed money and put it over to 10 years more. That's not fixing the problem; what that is is putting a Band-Aid and hoping that people will fall for it.

My job is to hold the government to account and to make sure that the people understand all of the facts and the details that are out there. Twenty-five billion dollars: What could we do in our great province for health care, for education, if we were to have that kind of money?

I'm going to move on from that topic. I may come back to it at some point, but it really does fit back to this bill because it is about the choices we make. This bill is making some choices, and I try to make sure I contrast and understand when we make choices.

I'm going to move on to schedule 2: the Laboratory and Specimen Collection Centre Licensing Act. I understand this section aims to modernize lab services by making regulations more flexible. And flexible is good, Mr. Speaker. We all need to find better ways. If we can find a more flexible, better way to provide better patient care, certainly, it is the job of every one of us in this House to try to find a way and forget partisan—partisan anything. If it's for the betterment of people, then we should be trying to work together and do that.

There is also a provision here to allow hospitals to provide community or out-patient lab tests for blood sugar, kidney function and other tests. Particularly in areas like those you and I represent, Mr. Speaker, in those small, rural communities, the hospital truly is the hub. That might be the only game in town, so why would we not maximize?

What I want to say there, though, is that we have to make sure the funding formulas for our rural hospitals are there to make sure we're supporting the need, as opposed to following old, outdated funding formulas, which again—and certainly, I'm having some challenges in my

riding with those hospitals being able to find a balanced budget because the funding formula has not kept pace with today's needs.

I think changes like this would be helpful to communities where there are no other lab services, as I've just mentioned, or where other lab services have reduced access. Sometimes, again, due to changes, the private sector may not be able to provide all—they've decided that there's not enough business. I think it's a great use of a public service like our hospitals to be able to provide these services. Again, the whole focus should be on the most timely access for the patient, the timely access to get that lab result back to the doctor, back to the specialist, so they truly get the best diagnosis for their health concern that they can. I believe most of us—and I certainly try to be supportive of any efforts to increase access to health care in our communities, and I would suggest this appears to be one of them.

Schedule 3: the Ontario Drug Benefit Act. I support the move to enable nurse practitioners to seek funding for Ontario drug benefit patients under the Exceptional Access Program. We talk about this a fair bit. I'm a big proponent that nurse practitioners have been a great enhancement to our system. They are doing wonderful things in our community, providing wonderful services. The scope of practice for them—I think we always have to, again, be flexible and maximize wherever they can provide that. In many of our small and rural communities, the nurse practitioner is the main provider of health care, so I think it's great that we've done that.

There's one really good reason for this: Not a month goes by that I don't hear about the Liberal government's cut to diabetes testing strips. Most recently, a woman, from Etobicoke, actually, wrote to me about her mum's ailing health following the Liberals' move to cut access to these life-saving test strips. I'm not certain why she didn't go to her member down here. Perhaps that member didn't want to listen or wouldn't listen. But they made the choice to cut those, so maybe she felt it was better to come out to us, to actually bring it to someone who will listen and actually try to bring that to the House.

Her mother is 82 years old, suffers from Alzheimer's and diabetes, and is currently living in a long-term-care home in Etobicoke. She said her mum was promised to be provided her medication, so up until she was placed in the long-term-care home, all of her medication was provided at no cost by the pharmacist. A month after placing her in the home, the family received invoices from a company charging for all kinds of things, including diabetes test strips, as the Liberal government's annual allotment of 200 test strips is not enough. The daughter wrote:

"I still can't get over how the Liberal government can deny a diabetic senior citizen in a long-term-care home a basic necessity of having their blood sugar level checked every day? Is that something that is now considered a 'luxury' for aging seniors? My parents worked very hard as minimum-wage labourers just so they could provide food and education for us, their children, and were never

a burden on the government. Because they were factory workers they did not have any extra money to put into RRSPs. Their sole source of income after retirement is their minimum pension. For my mother, 90% of her pension goes towards paying for the long-term-care home and whatever is left is used to pay for her foot care at the home as recommended by the LTC home doctor for diabetic patients.

“How are we expected to find money to pay for the needed test strips?”

“To say the least, this is a very stressful time for my family. The last thing we need is to add to our already stressful life in dealing (fighting) with the Liberal government over such basic access to health.”

This is one of many families who have written to ask the Liberals to return to open access to diabetes test strips and give better care to seniors in nursing homes.

Earlier today, the Minister of Health said his total focus is on protecting people, keeping them healthy and keeping them safe. I would suggest that here’s an opportunity for him to come back and re-implement test strips the way they used to be, so that people can truly have that proactive health care they deserve.

I want to reflect again on this very specific example—how infuriated this daughter, this family must be when they see this Liberal government spending money on partisan ads that the Auditor General said would not have met the criteria to be using government money. Except this same Liberal government stripped the ability for the Auditor General to actually have oversight, to actually say whether it is truly legitimate spending or is partisan spending. I can’t fathom how upset this family must be—and how upset, frankly, I am about it.

I’m going to move, in my last few minutes, to talk about schedule 4, the Regulated Health Professions Act. I believe, again, my colleague from Elgin–Middlesex–London, the critic for health, stated right off the bat that this is a very significant piece of legislation. It truly should have been a stand-alone piece. The other three we can talk about, but this one is one where I think there are a lot of things that need to be addressed in it. One of the big, key pieces is giving the Minister of Health authority to put his people or appoint members to serve on the college board.

We want those boards to truly be objective, to be arm’s-length, to truly be there to do the job, not to feel that they’re under any guise that they have to be representative or they have to answer to the Minister of Health. So I have big concerns with that. The clear perception of partisanship and cronyism of appointing people that are going to be beholden to you—we hear that all the time. Partisanship is one of the things that I think people across our province and across our country don’t want, particularly involved in health care.

The second component to the schedule concerns the reporting of patient sexual abuse in an effort to eradicate sexual abuse of patients by members. As I said earlier, I truly believe that there is no tolerance. If someone truly is convicted—and I think the one concern that is out there

is how some of the legislation could be done through regulation in the case of an allegation. You can ruin—I said this earlier when the minister did his opening remarks—a person’s career, their life, their family’s life through an allegation where you can’t rewind the tape. So I think we have to be very cautious. That’s why it should have been a stand-alone bill that we could debate on the merits of all of that whole context. I believe a number of the commenting parties have drawn that as one of their key points.

I also want to talk a little bit about schedule 5, the Seniors Active Living Centres Act. This section really is a bit of wordsmithing, changing the name from “elderly persons centres,” a name that’s been in use since the 1960s, to “seniors active living centres, which is more in tune with our modern time. That’s wonderful, Mr. Speaker, but does it really change the lives of people? I have tried to focus more on what’s really truly making a difference.

I do want to point out, though, that I have one such centre in my riding: the Active Lifestyles Centre Grey Bruce. Co-directors Mike and Jerrie Traynor and their team of volunteers are doing great work in our area of Bruce–Grey–Owen Sound through the range of social, cultural, learning and recreational programs for seniors in Bruce–Grey–Owen Sound. I hope the Minister of Seniors Affairs will actually come to the table and do some things that are more important than just a name change, but that truly touch people on the ground.

I want to summarize by saying, again, there should be absolutely zero tolerance for anyone in this House—anybody in our society—about sexual abuse. There should be, unequivocally, nothing that we ever should talk about other than it has to be punished, it cannot be allowed. It has to be truly zero tolerance. We want to make sure that all this legislation is always putting the patient first. We want proper consultation. We want proper debate. We want democracy to work the way it should: that all of us should be able to come to the table to truly debate this and create legislation that is truly going to serve every single person across our province to the best of our ability, so that their health care is first, foremost, paramount and the absolute priority.

1720

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Ms. Catherine Fife:** It’s a pleasure to stand up and share some thoughts on Bill 87 in reaction to the member from Bruce–Grey–Owen Sound, who, I must tell you, started off his 20 minutes by emphasizing the zero-tolerance piece. But the member prior from Carleton–Mississippi Mills—it was incredible that he actually said that he has concerns about zero tolerance.

When you look at the coverage of the growing number of medical issues, where breach of trust has occurred between doctors and their patients, and if you look at the growing body of evidence of how difficult it is for victims to come forward, especially when there is such a profound power imbalance between a doctor and a

patient or, as Robyn Doolittle recently reported, between police officers and their victims, and how difficult that journey is to take—this legislation is supposed to strengthen it. It's buried in a very large piece of legislation, and I think we all should pull this schedule, as our critic from Nickel Belt asked of this government. Pull it and deal with it separately. It deserves its own attention. It is such an important issue in the province of Ontario, and it took a long time for the government to actually bring it to the fore.

I think the member from Bruce–Grey–Owen Sound should talk to the member from Carleton–Mississippi Mills, and they should get on the same page, because zero tolerance is the place to start, and then pull this schedule out of Bill 87.

But on the issue of contracting-out around the diabetes registry, the excessive cost of \$102 million, the SAMS at \$160 million, eHealth at \$8 billion, with no finished product after all of these years, there is a credibility issue with this government and the way that they spend money in the health care file. We would share the concerns of the member there. But we need to get the schedule around sexual abuse and violations and the breach of trust—we need to get that right, at the very least.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments? The member for Etobicoke North.

**Mr. Shafiq Qaadri:** Thank you, Speaker. With your permission, I would like to speak not only as a parliamentarian, but also as a physician.

Vaccinations and immunizations, as you will appreciate, have been one of the great successes of medical science of the last probably at least 100 years.

I can remember way back in 2009, for example, when neurologists from the department of pediatrics at the Hospital for Sick Children came to the government to actually give a presentation on why we should start immunizing children, broad-scale, against meningitis, which, as you know, is a brain infection. One of the neurologists gave probably the most compelling testimony I have heard ever in this Legislature.

First of all, a quick background: One of the consequences of untreated and unaddressed meningitis, along with things like death, can actually be lifelong deafness. His own daughter—a neurologist at the Hospital for Sick Children, a pediatrician—ended up going deaf because of meningitis. He said, “The reason I am here is because one of the last things she said to me at that moment was, ‘Daddy, why are you pretending to speak to me?’” I can tell you, those of us who heard that went nuclear on the whole meningitis front and were very quick and, I think, expeditious to get it.

I just highlight that because these vaccinations—and I would plead with the public, for those who have various levels of objections. As I say, come to my office and visit individuals who come from other jurisdictions, and see polio patients and see the struggles that they actually go through, or, by the way, deal with victims of things like hepatitis. When they go to a tropical country, they do not have, for example, adequate vaccinations against

hepatitis. They come back, and essentially the thing cooks and percolates and leads to liver cancer. The other thing: Mumps contracted by a male adult can actually lead to infertility or infertility issues.

So these are very, very important vaccines, Speaker.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Mr. Toby Barrett:** I made mention before that the OMA questions the proposed amendment that would require a panel to suspend a member's licence where that member has committed professional misconduct by sexually abusing a patient, and the specific acts that constitute sexual abuse should be clearly set out in the legislation according to the OMA. Again, we support zero tolerance. There is need for caution.

I made mention of OPP statistics in my local Haldimand county just released this week: 43% of unfounded sexual assault OPP cases.

Norfolk county, the other side of my riding, has a five-year average of 34% of unfounded cases through OPP investigations, so 91 cases out of 289. Brant county, 33%; Elgin county, 31%. This is from the Medical Post. They indicate:

“In their eagerness to be seen as the defender of patients,” the Premier and the health minister “bulldoze three principles of law”—and we're dealing with law here, Speaker obviously:

“Innocent before being proven guilty,

“The punishment should be is proportional to the crime, and

“The Blackstone Principle that ‘it's better that 10 guilty persons escape than have one innocent man suffer.’”

Something to consider with respect to Bill 87: Rather than let one guilty offender go free, even before hearing of their defence, it's better to punish all innocent physicians by removing their licences and ruining their reputations. Bill 87, according to this piece, and the commentary with the Medical Post, converts every patient into a potential threat to livelihood and reputation—something to think about.

**The Acting Speaker (Mr. Ted Arnott):** We have time for one last question or comment.

**Ms. Cindy Forster:** I just want to weigh in on nurse practitioner prescribing in schedule 3. It's a great idea to have NPs working up to their scope. However, there may have been petitions floating around this House recently. I know some have come to my office.

In our family health teams and in our community health centres where we are employing nurse practitioners, social workers, dietitians and all of those health professionals, the government is not providing enough funding to family health teams or community health centres to actually pay nurse practitioners, social workers and those other health professionals their actual worth. In many cases, they are earning 30% less than their counterparts in hospitals. The family health teams are having a really hard time keeping these people working for them when they can go elsewhere and find a job—go into the

hospital to work. Here, we have the government moving everything into the community but not making sure the family health teams and the community health centres are funded appropriately.

If you haven't seen those petitions, I would be happy to share them with you. They've been out on social media and on Twitter, but I think the government needs to turn its mind to—if they're going to move everything into the community and out of acute-care facilities, then they need to provide the funding dollars to go along with that.

With respect to the bill in general, we support each one of these schedules, but they would have been better supported independently in their own bills, particularly the sexual abuse piece—a very important initiative that should have been done a very long time ago. The immunization of students has had its own controversy over the years.

**The Acting Speaker (Mr. Ted Arnott):** That concludes our questions and comments for this round, and I return to the member for Bruce–Grey–Owen Sound for his reply.

**Mr. Bill Walker:** Thank you very much, Speaker. It's my pleasure again. I thank the member from Kitchener–Waterloo. I would have hoped that she would have spent her time and went to the member she's concerned about and had a conversation to make sure she interpreted correctly and understood that side. You would think that, rather than partisan games over words, maybe her constituents would want her focusing on things like she did finally come to, the \$102 million wasted on the diabetes registry, the \$160 million wasted on the SAMS program and the \$8 billion on eHealth.

The member from Etobicoke North brought up a very good point. Certainly, vaccination, immunization and meningitis—he touched me with that story, and I think that if most people could see it from that perspective, they would truly see that we have to support across-the-board vaccination and immunization.

1730

The member from Haldimand–Norfolk talked a fair bit about the OMA and concerns in regard to the clarity of the legislation. I think he finished on a point that was actually raised in some of the research.

This is from the Medical Post commentary: They're concerned that Health Minister Dr. Hoskins, in their view, has bulldozed the principle of law, the key tenet being that you're innocent before being proven guilty. I had talked about that, that you don't want to make up allegations that could truly impugn a person's integrity, their career and, more importantly, their family and their lifestyle. I think we have to be very cautious. We have to be very clear; there can't be ambiguity in that. If you're not proven guilty, there should be nothing out in the public until that is actually proven, like we do in a court of law.

My colleague from Welland, I think, brought up a very good point about nurse practitioners, particularly in family health teams and community health centres, being underfunded.

I want to go back to my main points in my speech. If the Liberal government had not wasted \$8 billion on eHealth, we'd have more money for those nurse practitioners and, more importantly, the patients. If they hadn't wasted \$25 billion just recently with an announcement on hydro rates that they created the mess with—they're bringing a pail to the fire that they started.

At the end of the day, this legislation will help.

**The Acting Speaker (Mr. Ted Arnott):** Further debate?

**Ms. Cindy Forster:** It's a pleasure to rise to speak a bit about Bill 87, the Protecting Patients Act.

I find it interesting that parts of it don't even relate to patients. It relates to seniors in active living centres, or it relates to laboratory collection, or it relates to immunization of students, who could be patients. But in our opinion, the parts all had merit on their own and should have been dealt with independently.

I want to thank the member from Nickel Belt, who gave her hour lead today. She did a fantastic job raising a lot of the concerns that our caucus has, and I'm not going to spend my time repeating them.

But I am going to talk about some of the other things where patients need protecting in this health care system that we live in today.

As you know, I was a registered nurse for probably 40 years: 20 years as a front-line nurse, and 20 years representing nurses in public health, in hospitals, in the community sector, in family health teams and CHCs, and in developmental agencies like Bethesda.

I thought that the system would work for me and for my family when the time came that I actually needed some health care, but I found that the system has become greatly flawed in the years since I was actually doing front-line nursing.

The system has become siloed. It's like piecemeal—contract work, precarious jobs—and patients today are treated somewhat like widgets instead of patients. Their care is very siloed. Much of the care has moved into the community, but as I said, the dollars haven't followed with that.

When we talk about, “Well, we've invested more money in the system for community care”—in fact, people don't want necessarily more money for more patients, strictly. They want that, but they also want more hours for those patients, and for those seniors who are only getting an hour or an hour and a half, or three hours at best, because they're not getting enough care to live at home independently. The patients being discharged from the hospital are more acutely ill, and they're not getting the care that they need, so those patients find themselves being readmitted to the hospital.

As the PCs closed thousands of beds back in the 1990s, and the Liberals continue to close more beds in rural areas, in the north and in small communities in every county across this province, they haven't re-invested all of the dollars in savings from closing those hospital beds. Then they froze budgets for four more years, and that money, as well, was never reinvested.



I want to spend a little bit of time talking about a health care issue that happened to my family this past year. I talked about it for a few minutes back in December when I was here, but I only had about five minutes on the clock. I certainly have my husband's permission to actually talk about this.

My husband found himself diagnosed with a blood clot back in April. Unfortunately, at the end of the day, that wasn't his diagnosis. He went into the local hospital. He had an ultrasound. They said he had a blood clot and they sent him off with some blood thinners. It turns out—only because we pursued it further with our family doctor—that he had a huge lymphoma wrapped around his femur. He ended up breaking his leg while he was in the hospital for a few hours. He had to live with an unstable spiral fracture at home, in the middle of the living room, in a hospital bed, because they couldn't fix his leg, because now he needed chemotherapy.

So I learned over this past year how broken the system actually is. I want to share a little bit about that with you. I want it on the record because if it happened to me, somebody who actually knows the system, somebody who worked in the system, then what happens to those people who have no one to advocate for them or if those advocating for them don't know where to turn next?

Transportation is a huge issue for people, actually. Just like the member from Nickel Belt talked about labs—if you can't get to the lab, it costs you \$30-plus every time you have a home visit. That is not covered by OHIP. That is out of your pocket. I can tell you, I had a lot of labs, and I had a lot of bills at the end of the day, and nobody pays for it. Our Green Shield, our Great West insurance doesn't pay for it here at the Legislature. I had another plan with the Ontario Nurses Association; it doesn't pay for it. For people who can't afford those bills, they are kind of out of luck if they can't get to a lab.

*Interruption.*

**Ms. Cindy Forster:** I'm sorry, I can't turn my phone off. Where is it vibrating? It's in here.

The issue of transportation if you need accessible transportation is a huge issue. I want to give kudos first to the Niagara region, which has put in a specialized transportation system that is second to none to get around the region. The problem is that once you get from one city to the next, you're in competition with the city's transportation, so then you have to find your own way once you're there. A trip on Niagara Specialized Transit is only, I think, about \$4 or \$4.50 each way within the Niagara region. If you have to go to Hamilton, it's \$15 each way. But it was as much as \$63.

For people who don't know that that transportation is available or for people who live in communities where you have no specialized transportation, there is a company called Spectrum out there. You'll often hear the member from Nickel Belt talk about Ontario patient transport, and I think Spectrum has the majority of the contract.

I needed one day to actually get Brian to the Hamilton hospital. Niagara Specialized Transit hadn't started to

operate that early in the morning, so I called up Spectrum, because they're a non-profit and they move patients all over this province. Well, they wanted \$351 to take my husband from Welland to the Hamilton hospital, one way. I called a cab company; it was \$100. This is a non-profit that is receiving government funding, in many cases through our hospitals. Patients are being transported between hospitals, patients are being transported home from hospitals and they were going to bill me \$351 for a one-way trip to Hamilton.

Anyway, at the end of the day, I found another ride and I was able to accommodate it. But imagine people who don't have any money having to try to provide this transportation for themselves. I anticipate that I spent, out of pocket, about \$1500 in transportation costs over this past year, that none of my insurers want to pay for. I guess I'll write some of it off on my income tax. But it's something that the government needs to think about as they move people into the community out of hospitals, because a lot of people cannot afford those out-of-pocket expenses.

The other thing that was problematic was the issue of coordination. Many of our services out of the Niagara region actually are provided out of Hamilton. It has gotten somewhat better with the new north Niagara hospital where we now have at least cancer treatment, radiation and chemotherapy, but it's problematic because nobody coordinates your appointments.

**1740**

So you go to Hamilton, where they have pre-op at McMaster hospital, which is the children's hospital, but you need to see a hematologist for your pre-op and he's over at Juravinski. Now, if you're able to drive and the person that you're transporting can get in and out of a vehicle—which, in my case, he couldn't—it wasn't too bad. So you got yourself to Juravinski, but then all of a sudden, you had to pay \$25 or \$30 for a cab to get yourself over to the next site to finish that treatment.

The issue of CCAC: I got to experience the CCAC first-hand—

**Ms. Catherine Fife:** Up close and personal.

**Ms. Cindy Forster:** —up close and personal, as a recipient. My husband was in the St. Catharines hospital, and he was there for about three weeks. He was very sick. He had his first chemo treatment, and they were getting ready to discharge him home. I asked to meet with a case manager from the CCAC. I asked to meet with a discharge planner from the hospital. At the end of the day, I met with no one, and my husband just kind of arrived home one day. The doctor said, "We're sending him home." He arrived home by ambulance. They didn't know whether or not they could even get into my house.

He arrived home with nothing but a bed and a wheelchair; no commode chair, no transfer board, no bedpan, no urinal, none of those things were in place. When I called the CCAC to talk about these things, they said, "We only provide two pieces of equipment." I said, "Well, it would have been nice had we had this meeting, that I had called you about several times, so that we could have planned for those things in advance."

And then, for three weeks, I had no personal support workers. The case manager from the CCAC called my home, and I asked if she was going to be sending a personal support worker. She basically said, “Well, no. You offered to take him home, you agreed to take him home, and we’re not going to be providing you with any personal support.” For three weeks, I looked after him 24 hours a day, with the exception of an RN or an RPN coming in to give him his IV antibiotics.

After three weeks, the case manager changed and suddenly another case manager appeared who was totally shocked that I had no services in place. If this is happening to me, as the MPP of the riding, how many other people is this actually happening to?

So that went on. They said, “We’re going to have a supervisor call you. We’re going to get to the bottom of this. This shouldn’t have happened.” I heard from the supervisor, but then I never heard from her again.

The services then started to be provided, which was fine. But the problem is that—I had Saint Elizabeth, which is a non-profit agency, and Saint Elizabeth probably only has 15% or 20% of the contract in the Niagara region and in the Stoney Creek area. Many of these personal support workers are dying for hours, so they’re working at more than one place. When they’re hired, they’re told that they’re going to have full-time hours, which I think is 32 hours a week or something, but at the end of the day, they don’t end up getting those hours, because everybody needs care. A lot of people need care at the same time.

There were many no-shows in the evening; there were many weekend no-shows. There were never any notifications that there was going to be a no-show. They just didn’t show. When you tried to actually call and get a supervisor, there were only two. One would be off that one weekend, and one would be working, and I’m sure that she had a lot more important issues perhaps to be dealing with than the no-show at my house.

In my opinion, certainly the tendering out, way back when, of these contracts, where we lost all of our VONs across the province, has led to this—

**Ms. Catherine Fife:** Patchwork.

**Ms. Cindy Forster:**—patchwork, five or six agencies all servicing in the same area, very few full-time employees, and it’s very hard to keep people working in that situation.

The last thing that I wanted to talk about is wait-lists. Protecting patients is about moving them up the wait-lists as well. In our particular situation, my husband had to run his chemo for six or seven months. Then he had to wait a month, and then he had to have his leg fixed in Hamilton. Then he needed radiation. He got cleared for radiation, I think, on December 7. This was after being in the whole process for almost a year at this point, or eight or nine months.

The surgeon cleared him for radiation on December 7. He didn’t start his radiation until January 25—a lack of communication between hospitals. He initially was referred to Juravinski. We waited three weeks for an

appointment there. We saw that doctor, and he said, “What are you doing here? Why aren’t you having radiation in Niagara?” So then we got referred back there, and then they treated you as if you were a new patient, so you were on the wait-list again.

For seven weeks, this fellow, who had been very sick for many, many months, had to have more delays in his treatment because of the waiting lists around the radiation departments in this province.

I learned so much from this experience. I tell you, it doesn’t need to be this way. Unfortunately, governments seem to be so focused on stats and data and outcomes. We hear that all the time when we hear the government talking about how much money they’ve added to the home care file, and how many more patients are getting home care, how many more seniors are getting home care. But at the end of the day, they’re not getting better care, and we’re not actually protecting those patients. To give a senior who is 90 years old one hour a day of care, or an hour in the morning and an hour in the evening, and then leave them sitting in their house by themselves for the other 22 hours just doesn’t work. I heard a lot about this from the personal support workers who were in my home. I can tell you, it was a revolving door for many weeks.

You’ll often hear the member from Nickel Belt talk about a different personal support worker coming in each day to bathe one of her constituent’s family members. We kind of felt that way as well. For the first two or three weeks, it was like every day a different person coming through the door, and every day you’re having to explain what needs to be done. It’s really no relief for any family member that maybe is trying to get a break for an hour while somebody comes in to do a shower or to do personal care.

I think that we really need to start focusing on protecting patients by doing way better coordination of health care between hospitals and the community and our primary care physicians.

At the end of the day, my husband was told that he never had a blood clot to start with. He was on blood thinners for six months that he didn’t need to be on. If you ever watch the TV ads about blood thinners and how many side effects there can be, they’re sometimes way more dangerous when taking them if you don’t need them, and, in some cases, even if you do need them.

My husband said to me three or four times in the last eight months, “You know, the health system is trying to kill me, but I’m not going.” Every time we entered a hospital, something happened. If it was one small error over a period of 10 months, you could say, “Okay, things happen.” But every time you enter a facility and you have things happen to you—it was a nightmare for him and it was a nightmare for me to find out that had we not intervened on our own, had we not pursued our family doctor to do further testing, the results might have been much more horrific than they were.

**1750**

On a good note, he has finished his treatment. He has had his leg fixed, although it isn’t quite healed yet, and

he is mending. But it was a real eye-opener to actually experience what we experienced and find out that the things we hear from our constituents as they come into our offices are actually happening.

It isn't a one-off—I heard from health systems, “Well, this is just a one-off.” It isn't. I have people coming into my office with their medical records weekly and monthly about the errors and the injustices that happened to their loved ones along the way.

I wanted to share that with you today. I know that the bill is about many different things, but I think that we need to make sure that we truly are protecting patients. I wanted you to know my experience. I will have many more stories about constituents who have come into my office in the coming weeks.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Hon. Steven Del Duca:** As always, I'm very happy to have an opportunity to provide some comments regarding this particular legislation, Bill 87, the Protecting Patients Act.

I want to begin by commending the member from Welland for her contribution this afternoon. Very often in this chamber, all of us, from all three caucuses, fall prey—myself not being an exclusion in this regard—to the notions of the cut and thrust of partisan commentary. There's nothing wrong with that; it has its place, of course. But the member from Welland did speak very eloquently, and I think very importantly, about her own personal perspective on this legislation and the improvements that we aspire to make with the passage of this legislation. I find in this place that it is always very helpful when members provide that kind of first-hand commentary, whether they're hearing about it from constituents or, in this case, it's a fairly profound personal experience that she's had. So I just wanted to say, off the top, that I appreciate her sharing that particular perspective.

I know there has been much debate over the course of this afternoon, and there will continue to be debate about this. I think it's particularly important in this regard, because we all, regardless of our partisan stripe, share a very significant desire to make sure that, amongst all of the things that a provincial government must touch, when we're talking about health care and we're talking about our health care system, we take great care, to make sure that we are getting it right.

I know from our perspective, our Minister of Health and our Premier are very committed to making sure that we do get it right. I sincerely hope that this bill will pass, but I do look forward to hearing the contributions of members from all three caucuses as they relate to this—because of course we share the passion, as I know they do, for making sure that we are collectively putting patients first, that we are protecting patients and, with respect to health care, that we are absolutely getting it right.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Mr. Randy Pettapiece:** I rise to comment on this bill, and certainly the thoughtful speech that the member from Welland gave us. As you may know, Speaker, that member is my neighbour on the third floor, and I missed her for quite a few months. When I found out what was going on, certainly I knew that she had to stay at home and look after her husband.

One of the things she brought up was family health teams and the pay scale the nurses at the family health team compared to their counterparts at the hospital are enduring. They have been without any wage increases—I think it was 2009 when the wage freeze was imposed.

My family health team, which I met with about a month ago, gave me a chart. They charted out the savings to the health system that the family health team system in Listowel—this is one in Listowel, where I live. They charted a 30% savings in health care costs due to the family health team system. That says to me that they are doing a really good job, but the ministry is taking that money and not giving it back in any way for wage increases. I would pass that on to the minister—the chart and what's going on with the family health team system. I hope he looks at it and takes it very seriously, because I would think that anybody who manages money that way should have some reward for it, and certainly the nurses at the family health team do deserve that.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Ms. Catherine Fife:** A sincere thank you to the member from Welland for sharing a real lived experience of our health care system. Certainly, because we are close, I walked the journey along with her, and I will never forget the day that she called to tell us that not only was Brian misdiagnosed with a serious illness, but when he was in hospital, his injury and his illness were compounded by a stressed-out health care system. I think I'm going to be generous when I say that, because his leg was broken while he was in the hospital.

I think that when she talks about the frayed and patchwork system that is the health care system in the province of Ontario, there are some indicators that we have seen for quite some time in those voices we have brought to Queen's Park, and a lot of that has to do with the contracting out of health care services in our health care system. For some reason, the focus has been on transportation, as she mentioned, and the for-profit companies who, of course, are in the business of making a profit. They are not in the business of delivering health care services. If it's a not-for-profit, you have to wonder where the money is going, and why charging \$362 when a taxi could do the same job for \$102—how is this disconnect happening? Because we are certainly not seeing true transparency and accountability of where the money is going, and there seems to be a complete turnaround.

We have forgotten—this government has forgotten—that we are dealing with people's lives. There's no doubt in my mind that the member from Welland saved her husband's life this year—no doubt about it, and imagine if she was not there.

**The Acting Speaker (Mr. Ted Arnott):** Questions and comments?

**Hon. Jeff Leal:** It was a very thoughtful presentation this afternoon by the member from Welland. You know, there's no substitute in this House for when a member can stand up based on their experience, both professionally and what they might go through on a personal basis on any given day. I think that adds a great deal of credence to the arguments that are being advanced on any particular bill, and I think that's very important to us all.

I do know, of course, that there's great news in Welland these days. GE Canada is building a brand new, state-of-the-art manufacturing operation in Welland, Ontario, which will be of substantial benefit to everybody in the Niagara Peninsula.

But certainly Bill 87, particularly from the nurse practitioner perspective—I said earlier this afternoon that I had the opportunity to meet with the good folks of the Morton health care centre in Lakefield, Ontario, which is in the northern part of the Peterborough riding, and the VON 360 clinic, which is in the heart of downtown Peterborough. Their ability, through changes in scope of practice, will be so helpful for consistent delivery of health care service to their patients that they have on any given day, particularly for the VON 360 clinic, which in our community is particularly targeted to people who are homeless—chronic homelessness—and, secondly, to those people who find themselves on the lower-income scale.

We all know that the hallmark of the province of Ontario is to make sure that everybody has a fundamental right to health care. That's why improving the scope of practice for nurse practitioners will be very helpful to deliver health care to those audiences.

Just as an aside, about four months ago I was getting my hair trimmed at Friendly Corner Barber Shop on McGill Street in Peterborough, Ontario, and the gentleman prior to me—

*Interjections.*

**Hon. Jeff Leal:** I want to have a bit of a minute here. He had just undergone a double lung transplant from Toronto General Hospital, and four months later he was back on the—

**The Acting Speaker (Mr. Ted Arnott):** Thank you. The member for Welland can reply.

**Ms. Cindy Forster:** Thanks, Speaker, and thank you to all the members for their comments.

I want to be clear: There was no intent on my part to blame any front-line worker for anything that I had to say today. I think that the issues that I faced were because of government policy and agency policy. I can tell you that I raised these issues with the Niagara Health System in a face-to-face meeting months ago. They have never gotten back to me on any of the issues that I experienced in the hospital. As I said, I had many PSWs wandering through my house. Although they got wage increases, at the same time they got wage increases, their hours got rolled back. They got no travel time. They get very limited mileage.

I think that a lot of it lies at the feet of the agencies and the policy that governs them. Certainly, in seven months, I saw a CCAC case manager once—with a really acutely ill patient. I saw a supervisor from Saint Elizabeth, the providers, only once in seven months, so personal support workers were basically on their own for that entire seven-month period.

So I think what the member from Kitchener–Waterloo just said to me is totally correct, that quality is compromised in many ways by for-profit agencies who are actually trying to make a buck, as opposed to using that money in the public system for such an important file as health care.

*Second reading debate deemed adjourned.*

**The Acting Speaker (Mr. Ted Arnott):** Thank you very much. It being 6 o'clock, this House stands adjourned until tomorrow at 9 a.m.

*The House adjourned at 1802.*

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**ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO**

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Deputy Clerk / Sous-greffier: Trevor Day  
Clerks-at-the-Table / Greffiers parlementaires: Tonia Grannum, Valerie Quioc Lim, William Short  
Sergeant-at-Arms / Sergente d'armes: Jacquelyn Gordon

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
<b>Albanese, Hon. / L'hon. Laura (LIB)</b>	York South–Weston / York-Sud–Weston	Minister of Citizenship and Immigration / Ministre des Affaires civiles et de l'Immigration
Anderson, Granville (LIB)	Durham	
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Baker, Yvan (LIB)	Etobicoke Centre / Etobicoke-Centre	
<b>Ballard, Hon. / L'hon. Chris (LIB)</b>	Newmarket–Aurora	Minister of Housing / Ministre du Logement Minister Responsible for the Poverty Reduction Strategy / Ministre responsable de la Stratégie de réduction de la pauvreté
Barrett, Toby (PC)	Haldimand–Norfolk	
Berardinetti, Lorenzo (LIB)	Scarborough Southwest / Scarborough-Sud-Ouest	
Bisson, Gilles (NDP)	Timmins–James Bay / Timmins–Baie James	
Bradley, James J. (LIB)	St. Catharines	Deputy Government House Leader / Leader parlementaire adjoint du gouvernement
Brown, Patrick (PC)	Simcoe North / Simcoe-Nord	Leader, Official Opposition / Chef de l'opposition officielle Leader, Progressive Conservative Party of Ontario / Chef du Parti progressiste-conservateur de l'Ontario
Campbell, Sarah (NDP)	Kenora–Rainy River	
<b>Chan, Hon. / L'hon. Michael (LIB)</b>	Markham–Unionville	Minister of International Trade / Ministre du Commerce International
<b>Chiarelli, Hon. / L'hon. Bob (LIB)</b>	Ottawa West–Nepean / Ottawa-Ouest–Nepean	Minister of Infrastructure / Ministre de l'Infrastructure
Cho, Raymond Sung Joon (PC)	Scarborough–Rouge River	
Clark, Steve (PC)	Leeds–Grenville	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Coe, Lorne (PC)	Whitby–Oshawa	
Colle, Mike (LIB)	Eglinton–Lawrence	
<b>Coteau, Hon. / L'hon. Michael (LIB)</b>	Don Valley East / Don Valley-Est	Minister of Children and Youth Services / Ministre des Services à l'enfance et à la jeunesse Minister Responsible for Anti-Racism / Ministre délégué à l'Action contre le racisme
Crack, Grant (LIB)	Glengarry–Prescott–Russell	
<b>Damerla, Hon. / L'hon. Dipika (LIB)</b>	Mississauga East–Cooksville / Mississauga-Est–Cooksville	Minister of Seniors Affairs / Ministre des Affaires des personnes âgées
<b>Del Duca, Hon. / L'hon. Steven (LIB)</b>	Vaughan	Minister of Transportation / Ministre des Transports
Delaney, Bob (LIB)	Mississauga–Streetsville	
Des Rosiers, Nathalie (LIB)	Ottawa–Vanier	
Dhillon, Vic (LIB)	Brampton West / Brampton-Ouest	
Dickson, Joe (LIB)	Ajax–Pickering	
DiNovo, Cheri (NDP)	Parkdale–High Park	
Dong, Han (LIB)	Trinity–Spadina	
<b>Duguid, Hon. / L'hon. Brad (LIB)</b>	Scarborough Centre / Scarborough-Centre	Minister of Economic Development and Growth / Ministre du Développement économique et de la Croissance
Fedeli, Victor (PC)	Nipissing	
Fife, Catherine (NDP)	Kitchener–Waterloo	
<b>Flynn, Hon. / L'hon. Kevin Daniel (LIB)</b>	Oakville	Minister of Labour / Ministre du Travail
Forster, Cindy (NDP)	Welland	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Fraser, John (LIB)	Ottawa South / Ottawa-Sud	
French, Jennifer K. (NDP)	Oshawa	
Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
<b>Gravelle, Hon. / L'hon. Michael (LIB)</b>	Thunder Bay–Superior North / Thunder Bay–Superior-Nord	Minister of Northern Development and Mines / Ministre du Développement du Nord et des Mines
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	
Hardeman, Ernie (PC)	Oxford	
Harris, Michael (PC)	Kitchener–Conestoga	
Hatfield, Percy (NDP)	Windsor–Tecumseh	
Hillier, Randy (PC)	Lanark–Frontenac–Lennox and Addington	
Hoggarth, Ann (LIB)	Barrie	
Horwath, Andrea (NDP)	Hamilton Centre / Hamilton-Centre	Leader, Recognized Party / Chef de parti reconnu Leader, New Democratic Party of Ontario / Chef du Nouveau parti démocratique de l'Ontario
<b>Hoskins, Hon. / L'hon. Eric (LIB)</b>	St. Paul's	Minister of Health and Long-Term Care / Ministre de la Santé et des Soins de longue durée
<b>Hunter, Hon. / L'hon. Mitzie (LIB)</b>	Scarborough–Guildwood	Minister of Education / Ministre de l'Éducation
<b>Jaczek, Hon. / L'hon. Helena (LIB)</b>	Oak Ridges–Markham	Minister of Community and Social Services / Ministre des Services sociaux et communautaires
Jones, Sylvia (PC)	Dufferin–Caledon	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Kiwala, Sophie (LIB)	Kingston and the Islands / Kingston et les Îles	
Kwinter, Monte (LIB)	York Centre / York-Centre	
<b>Lalonde, Hon. / L'hon. Marie-France (LIB)</b>	Ottawa–Orléans	Minister of Community Safety and Correctional Services / Ministre de la Sécurité communautaire et des Services correctionnels Minister Responsible for Francophone Affairs / Ministre déléguée aux Affaires francophones
<b>Leal, Hon. / L'hon. Jeff (LIB)</b>	Peterborough	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales Minister Responsible for Small Business / Ministre responsable des Petites Entreprises
<b>Levac, Hon. / L'hon. Dave (LIB)</b>	Brant	Speaker / Président de l'Assemblée législative
<b>MacCharles, Hon. / L'hon. Tracy (LIB)</b>	Pickering–Scarborough East / Pickering–Scarborough-Est	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs Minister Responsible for Accessibility / Ministre responsable de l'Accessibilité
MacLaren, Jack (PC)	Carleton–Mississippi Mills	
MacLeod, Lisa (PC)	Nepean–Carleton	
Malhi, Harinder (LIB)	Brampton–Springdale	
Mangat, Amrit (LIB)	Mississauga–Brampton South / Mississauga–Brampton-Sud	
Mantha, Michael (NDP)	Algoma–Manitoulin	
Martins, Cristina (LIB)	Davenport	
Martow, Gila (PC)	Thornhill	
<b>Matthews, Hon. / L'hon. Deborah (LIB)</b>	London North Centre / London- Centre-Nord	Chair of Cabinet / Présidente du Conseil des ministres Deputy Premier / Vice-première ministre Minister of Advanced Education and Skills Development / Ministre de l'Enseignement supérieur et de la Formation professionnelle Minister Responsible for Digital Government / Ministre responsable de l'Action pour un gouvernement numérique
<b>Mauro, Hon. / L'hon. Bill (LIB)</b>	Thunder Bay–Atikokan	Minister of Municipal Affairs / Ministre des Affaires municipales
McDonell, Jim (PC)	Stormont–Dundas–South Glengarry	
<b>McGarry, Hon. / L'hon. Kathryn (LIB)</b>	Cambridge	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
<b>McMahon, Hon. / L'hon. Eleanor (LIB)</b>	Burlington	Minister of Tourism, Culture and Sport / Ministre du Tourisme, de la Culture et du Sport
McMeekin, Ted (LIB)	Ancaster–Dundas–Flamborough– Westdale	
McNaughton, Monte (PC)	Lambton–Kent–Middlesex	
Milczyn, Peter Z. (LIB)	Etobicoke–Lakeshore	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
Miller, Norm (PC) <b>Miller, Paul (NDP)</b>	Parry Sound–Muskoka Hamilton East–Stoney Creek / Hamilton–Est–Stoney Creek	Third Deputy Chair of the Committee of the Whole House / Troisième vice-président du comité plénier de l'Assemblée législative
<b>Moridi, Hon. / L'hon. Reza (LIB)</b>	Richmond Hill	Minister of Research, Innovation and Science / Ministre de la Recherche, de l'Innovation et des Sciences
Munro, Julia (PC) <b>Murray, Hon. / L'hon. Glen R. (LIB)</b>	York–Simcoe Toronto Centre / Toronto-Centre	Minister of the Environment and Climate Change / Ministre de l'Environnement et de l'Action en matière de changement climatique
<b>Naidoo-Harris, Hon. / L'hon. Indira (LIB)</b>	Halton	Minister of the Status of Women / Ministre de la condition féminine Minister Responsible for Early Years and Child Care / Ministre responsable de la Petite enfance et de la Garde d'enfants
<b>Naqvi, Hon. / L'hon. Yasir (LIB)</b>	Ottawa Centre / Ottawa-Centre	Attorney General / Procureur général Government House Leader / Leader parlementaire du gouvernement
Natyshak, Taras (NDP) <b>Nicholls, Rick (PC)</b>	Essex Chatham–Kent–Essex	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du comité plénier de l'Assemblée législative
Oosterhoff, Sam (PC)	Niagara West–Glanbrook / Niagara- Ouest–Glanbrook	
Pettapiece, Randy (PC)	Perth–Wellington	
Potts, Arthur (LIB)	Beaches–East York	
Qaadri, Shafiq (LIB)	Etobicoke North / Etobicoke-Nord	
Rinaldi, Lou (LIB)	Northumberland–Quinte West	
<b>Sandals, Hon. / L'hon. Liz (LIB)</b>	Guelph	President of the Treasury Board / Présidente du Conseil du Trésor
Sattler, Peggy (NDP)	London West / London-Ouest	
Scott, Laurie (PC)	Haliburton–Kawartha Lakes–Brock	
Sergio, Mario (LIB)	York West / York-Ouest	
Singh, Jagmeet (NDP)	Bramalea–Gore–Malton	Deputy Leader, Recognized Party / Chef adjoint de parti reconnu
Smith, Todd (PC)	Prince Edward–Hastings	
<b>Sousa, Hon. / L'hon. Charles (LIB)</b>	Mississauga South / Mississauga-Sud	Minister of Finance / Ministre des Finances
Tabuns, Peter (NDP)	Toronto–Danforth	
Takhar, Harinder S. (LIB)	Mississauga–Erindale	
Taylor, Monique (NDP)	Hamilton Mountain	
<b>Thibeault, Hon. / L'hon. Glenn (LIB)</b>	Sudbury	Minister of Energy / Ministre de l'Énergie
Thompson, Lisa M. (PC)	Huron–Bruce	
Vanthof, John (NDP)	Timiskaming–Cochrane	
Vernile, Daiene (LIB)	Kitchener Centre / Kitchener-Centre	
Walker, Bill (PC)	Bruce–Grey–Owen Sound	
Wilson, Jim (PC)	Simcoe–Grey	Opposition House Leader / Leader parlementaire de l'opposition officielle
<b>Wong, Soo (LIB)</b>	Scarborough–Agincourt	Deputy Speaker / Vice-présidente
<b>Wynne, Hon. / L'hon. Kathleen O. (LIB)</b>	Don Valley West / Don Valley-Ouest	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Première ministre Leader, Liberal Party of Ontario / Chef du Parti libéral de l'Ontario
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Yurek, Jeff (PC)	Elgin–Middlesex–London	
<b>Zimmer, Hon. / L'hon. David (LIB)</b>	Willowdale	Minister of Indigenous Relations and Reconciliation / Ministre des Relations avec les Autochtones et de la Réconciliation
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Soo Wong  
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