



No. 26B

N° 26B

ISSN 1180-2987

Legislative Assembly
of Ontario

First Session, 38th Parliament

Assemblée législative
de l'Ontario

Première session, 38^e législature

**Official Report
of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Monday 5 April 2004

Lundi 5 avril 2004

Speaker
Honourable Alvin Curling

Président
L'honorable Alvin Curling

Clerk
Claude L. DesRosiers

Greffier
Claude L. DesRosiers

Hansard on the Internet

Hansard and other documents of the Legislative Assembly can be on your personal computer within hours after each sitting. The address is:

<http://www.ontla.on.ca/>

Index inquiries

Reference to a cumulative index of previous issues may be obtained by calling the Hansard Reporting Service indexing staff at 416-325-7410 or 325-3708.

Copies of Hansard

Information regarding purchase of copies of Hansard may be obtained from Publications Ontario, Management Board Secretariat, 50 Grosvenor Street, Toronto, Ontario, M7A 1N8. Phone 416-326-5310, 326-5311 or toll-free 1-800-668-9938.

Le Journal des débats sur Internet

L'adresse pour faire paraître sur votre ordinateur personnel le Journal et d'autres documents de l'Assemblée législative en quelques heures seulement après la séance est :

Renseignements sur l'index

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7410 ou le 325-3708.

Exemplaires du Journal

Pour des exemplaires, veuillez prendre contact avec Publications Ontario, Secrétariat du Conseil de gestion, 50 rue Grosvenor, Toronto (Ontario) M7A 1N8. Par téléphone : 416-326-5310, 326-5311, ou sans frais : 1-800-668-9938.



LEGISLATIVE ASSEMBLY
OF ONTARIO

Monday 5 April 2004

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Lundi 5 avril 2004

The House met at 1845.

ORDERS OF THE DAY

COMMITMENT TO THE FUTURE
OF MEDICARE ACT, 2004

LOI DE 2004 SUR L'ENGAGEMENT
D'ASSURER L'AVENIR
DE L'ASSURANCE-SANTÉ

Resuming the debate adjourned on April 1, 2004, on the motion for second reading of Bill 8, An Act to establish the Ontario Health Quality Council, to enact new legislation concerning health service accessibility and repeal the Health Care Accessibility Act, to provide for accountability in the health service sector, and to amend the Health Insurance Act / Projet de loi 8, Loi créant le Conseil ontarien de la qualité des services de santé, édictant une nouvelle loi relative à l'accessibilité aux services de santé et abrogeant la Loi sur l'accessibilité aux services de santé, prévoyant l'imputabilité du secteur des services de santé et modifiant la Loi sur l'assurance-santé.

The Acting Speaker (Mr Joseph N. Tascona): The Chair recognizes the member from Niagara Falls.

Mr Kim Craiton (Niagara Falls): It's a pleasure to have the opportunity to speak on Bill 8. I will be sharing my time with the member from Mississauga East. I want to make a couple of comments, which I think are very significant to the people of Ontario and, of course, to my riding of Niagara Falls.

The bill itself: There are a number of key components of the bill, but I want to touch on some of them before I share some information about my experiences when I toured the province with the committee studying the bill. One of the most important features of the bill is that it's banning two-tier health care and making health care institutions and government collectively accountable for protecting medicare and for delivering results. Coming from a community and sitting on a hospital board and a foundation, that's something that I'm aware of and know is significant. The other thing I want to mention about the bill is that labour unions are not subject to, and never will be subject to, any accountability agreements.

I kept hearing over and over from the opposite side that nobody ever supported this bill, that everyone spoke against it. That's all we heard. I toured the province and

did hearings here in Toronto. I just want to read into Hansard some of the comments from a number of the stakeholders who attended the meetings and presented evidence.

When the Capital Health Alliance came, they commented that they supported the overarching principles of this bill. Another comment from the Headwaters Health Care Centre: We support "the principle of ensuring accessibility." Another one from the Toronto District Health Council was that they strongly supported the accountability focus in this bill and that accountability measures must be complemented at the community level. Here's one from the Montfort Hospital: We're "not afraid of accountability.... members of the board of trustees of the only francophone teaching hospital in Ontario, as well as" the hospital's "management, have always been accountable to our community.... We can't afford not to be accountable. We are the beginning and the end of the health care stakes for" all francophone Ontarians. As well, here is a comment from Halton Healthcare Services: We support "the concept of accountability agreements being developed between the minister and the board."

One of the other things I was pleased to see that the Minister of Health did shortly after we started having our public meetings was that there were some concerns expressed by the stakeholders and the presenters to our committee about the bill, and the minister immediately took the initiative to address some of those. He presented to us and to the public the minister's "proposed framework," he called it, dated February 19. He suggested some proposed changes or amendments to the bill. I wanted to comment on some of the responses we heard from some of the groups who had the opportunity to listen to those proposals that were being considered.

The West Lincoln Memorial Hospital, just up the street from my riding of Niagara Falls: "We agree with the direction of the changes proposed" by the minister. We had, as well, the Ontario Dental Association, which was pleased that the minister intends to exclude physicians and groups, practices and associations, from part III of the bill. As well, we had the Ontario Association of Medical Laboratories, who said: We welcome the proposed amendments, particularly with respect to the "limitations on the ability of the general manager of OHIP" and the minister "to collect personal health information."

So for those on the other side who have constantly said to this House that no one supports this bill and it's

the worst bill they've ever seen, they obviously weren't listening to the comments by many of the stakeholders, who said it's a step in the right direction.

I'm pleased to have the opportunity to speak for a few minutes on the bill, to indicate my support. I'm pleased to turn my remaining time over to my colleague.

1850

Mr Peter Fonseca (Mississauga East): I'd like to thank my colleague the member for Niagara Falls for speaking so eloquently on a bill that is so important to Ontarians. This is a bill, really, that is transforming health care here in Ontario. Medicare has been seen as the best expression of Canadian values. These values fuel our determination, improve health care and are really going to put us on a sustainable path to benefit future generations.

Tough decisions have to be made and that is because of the sustainability of health care, that we continue to deliver universal health care. We have come from previous governments that have worked with different models, models that have been ones of slash and burn or tax and spend. We know those models just do not work.

Our government believes in medicare, and there are obviously pressures right now on the health care system. We have an aging and growing population. There's more demand for access to new technologies, emerging public health threats from an increasingly connected world. All these threats are causing strains on our health care system, as were so evidently seen in many of the crises we experienced last year.

But this is a remarkable time for Ontario and for health care. Over the last few years we've had review after review, study after study. They've only served to reinforce the notion that we want and need universal health care. But they also concluded that, within that framework, major reform is required, and that's what this bill is bringing. Bill 8 is bringing that major reform that is required to have universal health care, not just for us but for future generations.

We've spoken on subjects loud and clear. Roy Romanow has also come forth, talking about accountability, knowing that that is the sixth pillar he has brought forth that is needed within our health care system to make sure that—

Mr Jeff Leal (Peterborough): Has he endorsed our bill? Is Roy supporting our bill?

Mr Fonseca: This bill is built on what Roy has said. As the member for Niagara Falls mentioned, there are many citizens who have come forth in support of this bill, knowing its importance. The most important thing here is that on October 2 the people said, "We want reform." People voted for real, positive change. Now is the time to deliver, and we are delivering as a government. We are taking on these challenges that were not taken on by previous governments. Hard decisions have to be made, but they are being made. We're committed to restoring the foundations in things like nursing. Nursing is the heart of health care and we want to make sure nursing is there, unlike the previous government, which slashed

12,000 nurses once they came into power. This is about building a system.

The Acting Speaker: Questions and comments?

Mr John Yakabuski (Renfrew-Nipissing-Pembroke): I want to comment on the comments of the members from Niagara Falls and Mississauga East, but particularly the member from Niagara Falls, who cited example after example of stakeholders who were in support of this bill.

It was a pretty weak statement of support. It was one of those basic things when you go to a hearing: "Yes, we support the principle of accountability in the health care system." Well, who doesn't? "We support the principle of accessibility in the health care system." Of course, everyone supports those principles. The problem with this bill is, it doesn't address the problems in the health care system. It doesn't address how we're going to deal with waiting times for MRIs, heart surgery, hip surgery or knee surgery. It doesn't address the needs in the health care system. What it does do is put an excessive amount of power into the hands of the Minister of Health. That's what it does.

I also want to talk about the federal government when it comes to health care and how they have not owned up to their responsibility for dealing with health care in this country. That's another part of the problem in health care. Until we can get better agreements with the federal government, we're going to find funding health care in all provinces more and more difficult as time goes on, because the demand is going to continue to grow as new technologies offer new kinds of health care.

Yes, we support accountability in the health care system, but we don't support draconian measures in the health care system that mean all of the hospitals in this province will be run by the Minister of Health, as opposed to the boards drawn from their communities to operate those hospitals and work with the CEOs, the nursing staff and the medical staff to operate those hospitals more efficiently. We don't want to see the Minister of Health as the de facto CEO of every hospital in this province. That's the real fear in this bill, Bill 8.

As far as the approvals of stakeholders, those kinds of approvals are pretty easy to get. But there are far, far more detailed submissions by people who are unhappy with this legislation, not the "Hi, how are you doing, we're pleased to meet you at the committee" kind of response that you're going to get from everybody who's making a submission.

Mr Michael Prue (Beaches-East York): I rise to comment on what the members for Niagara Falls and Mississauga East had to say.

Quite frankly, it is all well and good to quote two or three stakeholders and a couple sentences each on what they had to say, but—

Interjection.

Mr Prue: I'm going to get to Roy in a minute—I will tell you that the overwhelming majority, in fact, almost all of the stakeholders, said the very opposite of what you're saying here today. Countless numbers of them who were there said that this bill is not going to do what

you claim it's going to do. It is not going to stop two-tier medicine in this country. You have actually cherry-picked the statements. The response you have given from them is very weak and tepid. The reality is that you will not stop that.

You constantly talk about Roy Romanow, but I want to tell you that before Roy Romanow gave his excellent report that you pay lip service to in this House, there was another guy by the name of Michael Kirby. Do you all remember him? He's sort of a liberal guy, a senator who actually talked at great length about what the real Liberal position is in Ottawa and, I would suggest, what the real Liberal position is in this House. It's quite different from Roy Romanow. It includes all kinds of concepts that you are toying with, like two-tier medicine, all kinds of concepts about taking democracy out of the hospitals, all kinds of concepts about user-pay and having the poor shoulder the burden. All those were contained by Michael Kirby and all of those ideas are still floating around. You can talk about Roy Romanow all you want; I do not believe that you embrace that very great man's views. I think you are parroting the views, saying you support him, but the reality is that you actually support Michael Kirby. The reality is that this remains a bad bill in spite of what you are saying about Roy Romanow. Thank you very much.

Mr Khalil Ramal (London-Fanshawe): I'm privileged to rise again in this place.

Interjection.

Mr Ramal: No. I've never heard it before. Just somebody, I guess, from Ottawa. Anyway, Mr Speaker—

The Acting Speaker: Order over here, please. Thank you.

Mr Ramal: I listened last week for a long time to debates about Bill 8. I had the privilege to listen to the Ministry of Health talk about how they tied accountability to funding and supporting hospitals. I guess the member from Renfrew-Nipissing-Pembroke didn't read the bill very well or read what the bill entails. When we talk about how we can enhance delivery and health care in the hospitals, we tie it automatically to improvement in the hospitals' efficiency, and also how it can be accountable using the taxpayers' money well in order to enhance the hospitals and minimize the waiting list, and also timing lists, I guess, if you go back to it.

Also, to have more information about it, I had the privilege to meet with many CEOs in London, Ontario, to talk to them about Bill 8 and listen to those professionals who provide health care for the people of this province, and they told me about Bill 8. They had a little bit of concern; I agree with you on that concern. Do you know why? When the government comes out with a bill, they always tie it to a past memory, to the past government, how they treated people in health care. That's why, after we talked to them and explained what we intended to do, do you know what? The issue was clear. I believe that our government and Bill 8 are on the right track to enhance health care and deliver good health care to the people of this province, for the first time ever in the history of this province.

1900

Mr John O'Toole (Durham): It's a pleasure to get up and speak this afternoon on Bill 8. For the record, I want to start by saying that the former Minister of Health, the honourable Elizabeth Witmer, tried in many respects to work out agreements with all health care providers. I should say that I did sit through the clause-by-clause review of this 46-page or so bill on the last day and found that not a single amendment was accepted by the government. That probably demonstrates clearly why this bill is going to experience some difficulty—not just in passing, because they'll ram it through, and that's the point.

The speakers today are mouthing the platitudes given to them by George Smitherman and the government—Mr McGuinty and the Premier's office—who are basically running it. I saw the members of the government sitting on the committee—hostages really—being told what to say by the whip, by the House leader, by the minister and by the Premier's office. Clearly, they heard from the people of Ontario, as I'll be saying in the next few minutes.

We know this bill hasn't got it right. As Ms Witmer has said, this bill should be sent out for public hearings, because, I can tell you, the hospitals are upset. The doctors, because they're in negotiations on their fee schedule with the Ministry of Health, are inside the tent; they're not saying very much at the moment.

This pulls all the power back to the centre, back to the Premier's office, back to—I don't know whether the Premier is Greg Sorbara or Dalton McGuinty—one of those two people. It's clear the finance minister and the now acting Premier are not listening to the people of Ontario, as we are in the opposition. I encourage those viewing tonight to wait, because I will be speaking in a few minutes and I want to review certain sections of the bill that give exemplary power, almost draconian power, to the Minister of Health.

The Acting Speaker: The Chair recognizes the member for Mississauga East in response.

Mr Fonseca: The previous government hid \$1.52 billion in the hospitals, not being open and transparent—we were having conversations about being open and transparent. What we are doing is revitalizing the health care system, which the other government didn't do. The previous government was about silos. We're about breaking those silos, those impenetrable, artificial walls that they allowed to exist. We are here to make sure that universal health care will be with us forever, something the previous government didn't believe in. The previous government didn't care for health care. The previous government wasn't here to build the system.

We are here to build a system, and that's why Bill 8 is needed. Bill 8 is about sustainability. It's about transforming health care. Actually, what we're looking at is what is seen as sick care, and we are bringing in health care. Accountability will be the watchword of our renewed health care system. Let us be clear today that we, as government, are here to share responsibility in that accountability, and we know whom we are accountable

to. We are accountable to 12 million Ontarians. That's whom we are accountable to.

Yes, we are setting priorities, which haven't been set in the past. In the past there were 100 different priorities. What we're saying to hospitals is, "We want you to reduce wait times." We want to improve access to family physicians. We want to make Ontarians healthier. That's what we're here for.

The Acting Speaker: Further debate?

Mr O'Toole: It's a pleasure to get up and speak this afternoon. It's so seldom I get a chance to speak in the House, to put a voice to the people of Durham.

I do that out of respect. I would say that the very first thing I want to put on the record is the voice of the people. You'd be happy to know that my riding of Durham is a wonderful riding that's made up of rural and urban. It's a place I'm pleased to live in and happy to serve.

But I'm disappointed, because the volunteers have been struck down and their voice has been neutralized. In Bill 8, Mr Smitherman, the Minister of Health, has refused to accept input from even the most modest in health care. I'm going to read a couple of things here, with your indulgence, that need to be on the record. This is a press release, not by our office but by Lakeridge Health—their theme and motto is to put patients first. I completely support that. In fact, I can say with some reflection that I know many of the members, both present and past, who have served voluntarily on the Lakeridge Health board. I'm going to put their names on the record because I think it's important that their voice be given articulation here in the House, the Legislative Assembly of Ontario.

Anne Wright from Port Perry serves as chair. She's a chartered accountant by profession and her special interest is health care. That's why, when she moved to Durham, she offered her services to Lakeridge Health.

Marion Saunders of Newcastle is the first vice-chair. Marion is a former high school English, history and Latin teacher who has taught at George Brown College in the volunteer management program. She's a very willing and very capable volunteer.

David Kimmerly of Oshawa is the second vice-chair. Dave is employed by Durham Regional Police Services and currently holds the position of director of employment services. You see here the mix and talent that's being compromised or neutralized by this bill. I need to put face and faith that these boards have served the people of Ontario well.

Christopher Cartwright, a former resident of Brooklin, now a resident of Toronto, is treasurer. Chris is Hydro Vaughan's director of finance, so he brings a lot of that perspective voluntarily to the committee.

Judith Spring of Oshawa is past chair. Judy's been a trustee since the five Lakeridge Health sites were amalgamated in 1998 and has indeed served as chair. Judy combines her leadership role at Lakeridge Health with her role as Durham College's dean of the School of Integrated Studies, so again bringing great talent and respect.

Robert Amos of Oshawa has been on the board of trustees since 1998. Bob is a co-manager and co-founder of Oshawa Funeral Service, and is actively involved in Oshawa minor hockey and the Kiwanis Club of Oshawa.

Normand—I know him as Rusty—Beauchesne of Balsam has been a trustee since 2001, a member of the Law Society of Upper Canada and a licensed funeral director. Rusty is involved with the National Parole Board and previously provided legal advice to the chief of police and members of the Toronto service board. His list of community involvement is too long to mention, but it does include another board that I'm on, which is the physician recruitment board at the Port Perry site of Lakeridge Health.

Dave Broadbent, from Oshawa, is a retiree from General Motors. In fact, he was president of the CAW. He's a good friend. In my time in labour relations at GM I worked with Dave Broadbent. Dave is a member of the Durham College board of directors as well. A retired volunteer, a former union organizer and a respected individual who, now in retirement, voluntarily gives his time.

Rudy Chernecki of Oshawa is a business administration professor at Durham College and Trent University. He is currently chair of the planning, priorities and performance committee and has given generously of time and talent to the board.

Rick Gay, of a well-known family, five generations in Oshawa, has served on the board since 2000. He's been involved in property construction as well as development. He's been on the Oshawa General Hospital property committee for many years.

Katherine Jackson of Oshawa is currently administrator of the Wynfield long-term-care facility and has worked for 25 years as a health care administrator and consultant in long-term care. She holds a management certificate from the University of Toronto, and York University and is also a registered nurse. The list of talent here is worthy of mentioning. This is the talent that's being ignored, rescinded and taken back—centralized control from the Ministry of Health.

Ann McGuire of Whitby is a nursing professor at Durham College, with a masters in health sciences. The depth of talent is actually staggering.

Bryan McLellan of Courtice, which is in my riding specifically, joined the Lakeridge Health board in 2001. His role is vice-president of finance and administration with Johnson & Johnson medical. He's involved with health care systems across the country through servicing hospitals' medical device needs and has worked in the health care field for many years.

Frank Pinguet of Uxbridge is a retired banking executive. Frank has served his community hospital since 1970—26 years as a trustee—mostly in Port Perry, another very important part of my riding that I have a great deal of affection for. I have lived there over the past period of time.

Jennifer Tredinnick-Moir of Whitby is a senior planner at Humber regional hospital in Toronto. Jennifer

is currently working toward completing her Canadian College of Health Service Executives. A former member of the Memorial Hospital board in Bowmanville, Jennifer is a great contributor to the board.

The list goes on. Leslie Wilkinson of Port Perry is a special education teacher. Leslie has been a member of the board since 1998.

Nicole Zwiers is a litigation lawyer with the Toronto office of Fasken Martineau. Nicole was born in Oshawa and raised in Whitby and is a member of the law society in good standing, planning, I'm sure, a young family.

I look at the list here of people who give, and these are faces and names of people whom your minister is actually eliminating, basically, if you look at Bill 8. It's tragic. It's a tragic loss of talent and commitment that integrates health care not just in Durham, my wonderful riding, probably one of the great places of Ontario. It saddens me, really, when I think of it, because I have a couple of sisters who are nurses. There is a lot of consternation.

I was reading an article here. The union fears the bill will lead to job losses. But it goes much deeper than that. They build communities. These are nurses and front-line health care professionals who provide services to the people, the patients. These aren't clients; these are patients.

Lakeridge Health has up to 1,500 visits on any given day. So this is an essential service that's being micro-managed from the centre, from the Ministry of Health. That is just not appropriate. I can tell you that Brian Lemon, who has been the chief executive officer of Lakeridge Health since 1998, was part of the team that merged the hospitals in Durham under the Health Services Restructuring Commission. We've tried to minimize and yet maximize the governance model in health care.

You would know that Duncan Sinclair, the associate dean of medicine at Queen's, led the health services restructuring committee, which looked at all the 230-plus hospitals in Ontario and said, "We've got to do the right thing." So they did minimize the governance model. In fact, it was with some pain that they merged all the hospitals by region, and we will be following orders as soon as possible.

The key thing is that I wanted to put a face and a name to the people who serve in a voluntary capacity on boards. Now what do I see? What I see now is that the minister, with the stroke of a pen on any day, at any hour, can just absolve, force them, exempt the rules. In fact, if you look at the bill, there's a section in here that says it will be deemed to have been in concurrence with a ministerial order if they don't respond within a certain period of time. How arrogant. Just that line alone—the arrogance, the smugness. In all sincerity, this is the one section that, at the end of the day, exempts the minister. It's frightening.

What I'm saying to you is that I am so frustrated that it is time now to adjourn the debate. It's unfortunate, but debate has been shut down. I'm adjourning the debate.

The Acting Speaker: The member from Durham has moved adjournment of the debate. Is it the pleasure of the House that the motion carry? I heard a no.

All those in favour of the motion, say "aye."

All those opposed, say "nay."

In my opinion, the nays have it.

Call in the members. It will be a 30-minute bell.

The division bells rang from 1914 to 1944.

The Acting Speaker: Order. The member from Durham has moved adjournment of the debate.

All those in favour of the motion, please rise.

All those opposed to the motion, please rise.

Would the members take their seats, please.

Deputy Clerk (Ms Deborah Deller): The ayes are 2; the nays are 40.

The Acting Speaker: In my opinion, the motion is lost.

Further debate? Questions and comments? The member for Durham.

Mr O'Toole: Mr Speaker, I would move adjournment of the House.

The Acting Speaker: Take your seat. Questions and comments?

Mrs Linda Jeffrey (Brampton Centre): I'm happy to speak tonight in support of Bill 8, the Commitment to the Future of Medicare Act. This bill is especially important to my riding, and the issue of improving medicare has been the most important issue in Brampton for decades. The Honourable Bill Davis stood in this House and in 1960—

Interjection: What Bill Davis?

Mrs Jeffrey: Premier Bill Davis talked in his 1960 maiden speech about the need for a new hospital in Peel and called upon the then Minister of Health for assistance. More than 40 years later, we're still waiting for that hospital to be built.

Since being elected MPP for Brampton Centre, I've received numerous phone calls and letters and I've spoken to many organizations and people regarding the privatization of health care. What this bill is going to do is hugely important to my riding. It's going to make it illegal for people to pay to get faster medical service for insured services. It's going to give providers and consumers whistle-blowing protection should they report an abuse of the system. It's going to ensure that all health care providers covered by OHIP are responsible for OHIP billings made under their OHIP number. It's going to establish a health care quality council which will monitor and protect Ontario's public health care system. It's going to entrench accountability. What could be more important than entrenching accountability? We need to be accountable to the people who elect us. We need to provide health care. This bill is one that I'm happy to support. It's one that is going to set the stage for our future and our children's future, for all those who come after us.

Mr Frank Klees (Oak Ridges): I'm pleased to participate in this debate and I want to compliment my

colleague for his comments and challenge to the government to strengthen this bill.

We will be supporting it because it is the right thing to do. We have some difficulty. Probably this will be the only time over the next three and a half years that we'll be able to support any bill that this government presents. What I want to—

Interjections.

The Acting Speaker: Order. Can we have some order? The member for Oak Ridges, please continue.

Mr Klees: I think in light of the fact that members don't want to listen to me, I'd prefer to just adjourn debate, or adjourn the House. Why don't we adjourn the House? I so move.

The Acting Speaker: That's not in order. Continue with your questions and comments, if you wish.

Mr Klees: I'm happy to do that. As I say, I have no doubt that this will be the only time I will stand in my place and support a bill presented by this government, because it is the right thing to do.

Applause.

Mr Klees: I thank the members opposite for their applause. I want to thank the member for Durham for his brilliant debate on this issue and I look forward to his response to the comments that we have made in the House in support of him tonight.

1950

Mr Prue: I must confess I was at a complete loss on how to comment on the statements made by the member from Durham. I listened to him at some length and actually could not figure out what he was talking about during his 10 minutes.

I always want to try to comment and be positive about what is said, but it has now become crystal clear to me, having heard Mr Klees and what he had to say about this bill and what the Conservatives are going to do, what this bill is. This is a Tory bill that is being proposed by the Liberals. This is from the former government, which voted not to give seniors a bath. This is from the former government, where the Premier called nurses redundant like Hula Hoops. Now we see that they are supporting this government in a bill that has to be one of the most bizarre bills that has ever been before this House. It is a bill that purports to save medicare in some form and does nothing of the sort.

There are huge issues out there related to medicare. There are huge issues out there related to hospitals. I need only talk about a few of them: the 8,000 nurses this government promised to produce; the receipt of foreign doctors' credentials—we have about 10,000 in this province who cannot do what they're supposed to do; the funds for hospitals that are not there; the undoing of privatization in P3 hospitals; the funds to train nurses for northern development. All those things need to be talked about, but we are talking about this bizarre little bill, and now it has all become crystal clear to me why.

Mr Mike Colle (Eglinton-Lawrence): It's evident that we have a drifting opposition, drifting from supporting Bill 8 to opposing Bill 8. As the member from

Beaches-East York said, you couldn't really understand anything the member from Durham was saying. No wonder the member from Oak Ridges is voting contrary to the member from Durham. I think we have just seen an illustration of how confused this Conservative opposition is—utter confusion. Maybe someone will stand up and explain the confusion. One member who is running for leader of this party—

Interjections.

Mr Colle: Is he running for leader? Well, I think he's just lost it—the member from Durham agrees. The member from Oak Ridges has just lost any credibility, because he doesn't even know what bill is before us, or maybe he does support Bill 8. I think it demonstrates that the Conservative opposition is more interested in shutting down debate and playing games. The member from Durham, for the third time, shut down debate here.

Interjection: Why would he want to do that?

Mr Colle: Because he's so entrenched in the ways of Mike Harris and the whiz kids. For eight years that's all they did: They shut down debate.

Someone talked about amendments. Well, we had more amendments in the standing committee on finance and economic affairs—more amendments in that one committee—than the former government had in eight years. We have gone out to the people already on first reading on this bill.

Interjection.

Mr Colle: Let's try and clear up this mass confusion, member from Simcoe North. Who's in charge over there? I'd like to know.

The Acting Speaker: I thought the member wanted to talk about the St Michael's Majors hockey team, but I guess not.

We'll recognize the member from Durham in response.

Mr O'Toole: The response I've had over almost 10 minutes is shameful. The opposition doesn't realize that the frustration I was trying to outline is that you may have had more consultations, but you didn't listen. The people of Ontario aren't—

Interjections.

Mr O'Toole: I got a letter on March 17 from Anne Wright, of a community hospital network serving 365,000 patients: "We believe we have no choice but to state our objection to Bill 8 as amended at the standing committee on March 9." There it is, very clear. There is simply no support for this bill.

In fact, if I pay attention to a couple of sections in here, it exempts the minister from any kind of reprisals. Section 30 of the bill says, "No compensation or damages shall be payable by the crown, the minister or an employee or agent." It exempts the minister from any liability or risk. It's the minister's way or the highway. Minister Smitherman has exempted and usurped the power of the boards.

Bill 8 is a shameful embarrassment. I'm surprised. They're all laughing at the volunteers I outlined earlier this evening. They're laughing, barracking and ridiculing

the very volunteers who build communities, who give of their time and professional characteristics to make our community stronger. This government refuses to listen. With all respect, Elizabeth Witmer, the former Minister of Health, has called on you repeatedly with numerous peaceful amendments. They rejected them. She calls for further consultation. I move that we adjourn the debate, adjourn the House.

Mr Klees: On a point of personal privilege, Mr Speaker: I want to clarify for the House. This is very important, Speaker. I am sure you agree. I was advised that we were dealing with Bill 31. Under no circumstance—it's important, Speaker, that any support that I would have expressed in my response was for Bill 31. I am absolutely opposed to Bill 8.

The Acting Speaker: That's not a point of privilege.

Mr Gilles Bisson (Timmins-James Bay): On a point of order, Mr Speaker: I don't think it's in order to have a member try to apologize that they don't know what bill is in the House. I'd like you to rule on that.

The Acting Speaker: That's out of order. House leader?

Hon Dwight Duncan (Minister of Energy, Government House Leader): In terms of your ruling with respect to that, I must share his position. The one member spoke about one bill and he responded to another bill. The apparent confusion could cause concern with Hansard. I just think it's important to note the point of order that it's out—

The Acting Speaker: Thank you, House leader. OK. It's out of order. Is the third party going to speak to the bill? The Chair recognizes the member for Beaches-East York.

Mr Prue: It is my privilege to actually talk to Bill 8 here tonight. It is important for me, though, to preface my remarks to this government before I get to Bill 8. This is a bill that is tepid; it is weak and does almost nothing in terms of protecting medicare or stopping P3 hospitals. There are so many things that need to be done. Roy Romanow set them all out, as one of the previous speakers had to say.

But I keep thinking that this party is not listening to Roy Romanow; I keep thinking that they're listening to Michael Kirby. That is the reality of what is happening here tonight, because Michael Kirby wanted to send you on a whole different track, and that is in fact where you are going.

During the election, the Liberals had a lot to talk about in terms of medicare and the health system and what needed to be done. I don't ever remember them talking about what is contained here in Bill 8. I don't ever remember them talking about accountability agreements or a health quality council. That really wasn't part of their main message. Their main message out there about medicare was very simple: They were going to introduce bills and put forward money that was going to hire 8,000 new nurses in this province, at least 2,000 in the first year of their mandate.

I know that the budget is not up yet and I know that we're all hoping for next month, but they've been here

for six months and no new nurses have been hired. In fact, their only action to date has been to cancel the program that allowed nurses who were willing to go and work in far northern developments and communities that did not have them. Their only answer was to cancel that. There was a lot of talk about—

Interjections.

Mr Prue: I've got a lot of people muttering around me, so I must be hitting some nerves.

They talked a lot about our foreign doctors. I would like to correct the record. In my statement I was getting a little carried away and I believe I said 10,000, but there are at least 1,000 foreign doctors in this province who want to work, who have been trained and who have excellent credentials.

2000

In my own community there's a Dr Lang. I asked a question in the House before Christmas about Dr Lang. Dr Lang is a Canadian-born individual who lives in my community. In his last year of medical school he went to Germany to study some really good medical procedures that that country had to offer and got his medical degree in Germany. That individual, Dr Lang, who has lived in this country for all but a couple of years of his life, is not recognized. He is not recognized in our community in spite of the fact that he went to the public school in my neighbourhood. In fact, he went to East York Collegiate. He went to the University of Toronto for his pre-doctoral studies and he finished his doctoral degree in Germany. We don't recognize him. Our community, even a community as large as Toronto, needs him, and there's nothing in this bill that is going to work for that.

There's nothing in this bill that's going to properly fund hospitals, at least not that I see; there's nothing in the bill that's going to undo privatization; there's nothing in the bill that's going to give more money for community care access centres; and there's nothing in this bill that is going to go so far as the Liberals when they promised an increase of 25% in the budget for our community services.

What is in this bill, Bill 8, is an outside promise to stop two-tier medicine. In the previous House we had a minister who was called Two-Tier Tony, because Two-Tier Tony was absolutely adamant in proposing everything he could to privatize medicine. But in this bill we see nothing to undo any of that. What we're looking forward to is a bill that does. What a disappointment when we saw what was here today, what we saw that has been before this Legislature for the last number of weeks.

People came from all across Ontario to make deputations. Although there were two, three or four good comments—I'm sure the member opposite, when he was gleaning Hansard, had to search high and low to find a few sentences that were favourable—the overwhelming majority of what was said by virtually every deputant was that this bill does not do what it is supposed to do, and that is to stop two-tier medicine. In fact, it does nothing of the sort. The only two things that are left in the bill, after it's been amended and amended because it

was so bad to begin with, are on the issue of the accountability agreements and, second, on the issue of the health quality council.

I don't think I can say it any better than the legal memo that was written by Sack Goldblatt Mitchell. They wrote to the Legislature. I'd just like to quote it—it's a couple of paragraphs long—because it says in a nutshell what really is wrong with this bill.

"The overall accountability regime is still a fundamental feature of the bill, and may well be used to facilitate increased centralization, regionalization, and privatization and divestment, of hospital and other health care services.

"Thus, while it has been amended, the power of the minister to control and direct the operation and restructuring of the health care system through accountability and performance agreements—entered into voluntarily or not—with health resource providers and their chief executive officers, is cause for significant concern.

"This regime vests unprecedented centralized power in the minister and cabinet to oversee and compel fundamental restructuring in the delivery of hospital services, with limited public scrutiny and oversight. Of at least equal significance, one of the potential effects and purposes of the entire accountability scheme is likely to encourage or require the 'rationalization' of services, including payroll, food services, maintenance and house-keeping. Hospitals and CEOs, having entered into or been required to enter into accountability agreements providing for this rationalization, can be expected to seek concessions at the bargaining table in order to implement this restructuring through privatization, contracting out, divestment or otherwise.

"Moreover, to the extent the accountability provisions are relied upon to enforce centralization of hospital services, this may well lead to potential disputes over the applicability of collective agreement protections and representational rights. In short, while the power to override collective agreements through direct ministerial fiat has been removed, there will likely be indirect pressure exerted on collective agreement protections as a result of the bill's accountability provisions."

So there it is: flawed

The only other thing that's left is the Health Quality Council. I want to tell the members here, if ever you set up an institution, this has to be one of the great toothless beasts of our times. This cannot do anything. This council will not even have the authority to make recommendations to the minister and it will have no staff component to help them in their deliberations. It is, in fact, a totally toothless beast.

So I go back to where I started: What should we be doing? Should we be talking about a bill that does virtually nothing? Should we be talking about a bill that is not stopping P3 hospitals? Should we be going back to talk about 8,000 nurses or recognizing foreign-trained doctors or other individuals in the health care system? Should we be going back to talk about funding hospitals? Should we be going back to talk about undoing all of

those things that are wrong with privatization? Should we be going back to look at more funds for training nurses for remote communities, or money for the CCACs, or the 25% increase the Premier promised for community services in the upcoming budget? It is my submission to this House that we should be doing all of those things.

Instead, we are spending hour after hour on a bill that will accomplish virtually nothing. It is mere window dressing by a party that has promised to do something about health care and is doing virtually nothing about it.

In the end, the only thing that will be accomplished here is squeezing out the workers who work there and, in fact, putting a hammer lock on those who volunteer to work in the hospitals, particularly on the board of directors. They are very fearful of the provisions of the bill. They are very fearful about what is happening to the hospitals in Ontario. I would suggest that the kindest thing this government can do is withdraw it and, if not withdraw it, at least hold some more public hearings.

Hon Mr Duncan: It is interesting to hear the member speak about this bill in the context of health care reform. When he talks about governments who took draconian actions to strip hospital workers of their rights, whose party was it? Was it the Mike Harris Conservatives that brought in the social contract and the expenditure control plan? Was it the Ernie Eves Conservatives? I don't think so. It was your party, the NDP, without any consultation, without any kind of pre-warning. Which party first proposed charging seniors user fees for their drugs? It was the New Democrats, according to Thomas Walkom.

We had quite a debate in this place for almost three years. One budget they were for user fees, the next budget they were against them. They not only toyed with the idea, they brought it forward in legislation and were prepared to impose it on people. So the member opposite ought not forget his history.

I was particularly pleased the day that Shirley Douglas was here on introduction of Bill 8. We all know Shirley Douglas, the daughter of Tommy Douglas, a great social activist in this country, a well-known New Democrat. She came and supported the principles of Bill 8.

Finally, I would think the member for Beaches-East York would want to acknowledge the parts of the Romanow report that called for accountability, real accountability. There is one government in this country that has responded affirmatively to the Romanow report. Was it Saskatchewan? No. Was it Manitoba? No. It was Ontario. Not Kirby, Romanow. This bill, which has had a lot of hearings—may even have more hearings—is important. We've entertained amendments. We're proud of the amendments.

2010

The record of the member for Beaches-East York and his party is shameful when it comes to public health care, and it's well documented, in both Hansard and the literature of the time.

Mr Klees: I'm going to take the next two minutes to absolutely confirm my rejection of Bill 8. Members know that I spent a great deal of time on the road with the

committee that reviewed Bill 8. As I have said many times in the House here, had I not had it confused with Bill 31 in my earlier comments, I would have re-asserted—

Hon Mr Duncan: On a point of order, Mr Speaker: My understanding of the rules is that on these responses, you're supposed to respond to the other member. You're not supposed to stand up and respond and criticize your previous speech. You should be directing your comments to the member who just spoke. Is my understanding of the rules correct?

The Acting Speaker: It's noted. I'll use discretion. Thank you, House leader.

Hon Mr Duncan: On a point of order, Mr Speaker: I believe the standing orders are very clear about this, that the responses are for responding to the speaker.

The Acting Speaker: Thank you. The member for Oak Ridges, go ahead.

Hon Mr Duncan: On a point of order, Mr Speaker: Once again, I must insist. The standing orders are very clear with respect to responses. There are a number of rulings that have found favour. If the member wants to recant, we can have—

The Acting Speaker: Mr House leader, it's been heard. We'll listen to the member for what time he's got left.

Mr Klees: I do, with regard to Bill 8, want to thank the member from Beaches-East York, because he succinctly articulated my views relating to Bill 8; that is, that it should be withdrawn. The fact is that it is an affront to health care in the province of Ontario. The House leader opposite knows full well that he should be embarrassed, his entire government should be embarrassed for having brought this bill forward, and I should be embarrassed for having confused it with Bill 31, and I am.

Mr Bisson: I was glad to know that the Tories finally admit to being confused. I think that's a pretty interesting one.

I just want to put on the record, I agree with my colleague Mr Prue, the member from Beaches-East York, that this bill purports in the title to be the bill that basically saves medicare. But when we take a look at the content of the bill, it doesn't do any of the major things that we need to do in order to make sure that our public health care system works well: making sure that we rehire the 8,000 nurses that Mike Harris put out the door; making sure that we find a place for the 1,000 doctors who are foreign grads living now in Ontario who would like to be able to practise medicine in places like Timmins, Kapuskasing or elsewhere, who can't get a job; and the list goes on.

But there are other reasons. I have a letter here from the James Bay General Hospital. It's signed, I believe, by the hospital board chair, Stella Wesley—yes, it is signed by her. It basically says that they are not in support of Bill 8. I better get my bills straight here tonight. They're saying, "The central problem with Bill 8 is that it gives Queen's Park the power to impose anything it likes on any individual hospital."

This is the same thing that the Conservatives did to education. While in power, the Conservatives, basically in the name of restructuring, restructured all the school boards and how school boards operated, and centralized all of the decision-making at Queen's Park when it came to education. Now we've got the hospital board chair of the James Bay General Hospital, who says what you're doing is centralizing control of hospitals at Queen's Park.

I have a letter here from Timmins and District Hospital that's signed by their board chair and, I believe, also by the executive director, which says, "The central problem with Bill 8 is that it gives Queen's Park the power to impose anything it likes on any individual hospital. The government can bypass hospital boards, the people who know the most about the hospital and the services it provides to the community." They are losing the ability to make decisions locally.

So I've got to say, unlike my Conservative friend, Mr Klees, I will vote against this bill.

Mr Kuldip Kular (Bramalea-Gore-Malton-Sprindale): I stand before the House to join the debate on Bill 8. We not only inherited a deficit of \$5.6 billion, we also inherited from the previous government fewer nurses per capita than any other province in Canada. We are the ninth province out of 10 for number of family doctors in this country.

I say that this government, the McGuinty government, firmly believes that public health care is the best kind of health care we have in our province. We believe the health of our people is our most precious resource. I support Bill 8, the Commitment to the Future of Medicare Act, because it will provide enduring protection for publicly funded and publicly accountable universal medicare in this great province of ours. Bill 8 is the cornerstone bill that will protect our commitment to universal medicare for the people of Ontario.

The Acting Speaker: The Chair recognizes the member for Beaches-East York in response.

Mr Prue: It was a pleasure as always to hear the comments of my colleagues, the minister for Windsor-St Clair, the member for Oak Ridges, the member for Timmins-James Bay and the member for Bramalea-Gore-Malton-Sprindale.

I am always reminded that when there is a weakness in argument in this House, when someone doesn't have anything positive to say about their own bill or their own proposals, they always go back into history and point out things that happened five, 10 or 15 years ago, or they talk about other governments—even for members like myself who were not here at that time—as a weakness in the argument that I might have presented. That, I would suggest to the member opposite, is a weakness in your own argument. If you don't have anything positive to say about yourself, please don't use the history of another government, another Parliament. The reality is that you are the government, you are the ones who are making the decisions. It is my job, quite frankly, to criticize you when you're wrong—and you are wrong.

There is a real problem here about the "enduring protection." I heard the last speaker for Bramalea-Gore-

Malton-Sprindale talk about the “enduring protection.” Where is the protection for the Canadian public when you are doing nothing about P3 hospitals in this bill? Where is the protection when there are not enough funds? Where is the protection when there are not enough nurses being hired? Where is the protection when there are 1,000 medically trained doctors in this province who want to work, but can’t?

Those are the fundamental issues that need to be debated in the House, not to talk about setting up a toothless commission, a toothless body that can’t even advise the minister. That’s what we’re debating; that’s not what we should be debating. The real issue, I hope, is in the days and weeks ahead.

The Acting Speaker: The Chair recognizes the member from Etobicoke Centre.

Mrs Donna H. Cansfield (Etobicoke Centre): I’m extremely pleased to speak today about Bill 8, a bill that intends to make universal public medicare the law in this province. I represent the riding of Etobicoke Centre, which, you may or may not know, has the highest percentage of seniors of any riding in the province. I can tell you that many of my constituents are very concerned about the privatization of the health care system that we have seen over the past several years. Even seniors well able to pay routine medical bills fear that a two-tier system will become onerously expensive for them. They are also concerned that they will be left behind if others are able to pay their way to the front of the line, for even well-to-do seniors cannot compete with the kind of money-driven system they have in the United States, for example. Seniors on modest fixed incomes would suffer greatly if Bill 8 is not enacted.

I’m going to be sharing my time with my colleague from Kitchener Centre, who I’m sure will expand on many things that I’ve got to say.

I have some personal experience in the health care field. I’ve been a volunteer for many years. It’s critical that each member of our society has an equal right to quality health care based on need and not on income. I also know from experience, some of it bitter, that we need accountability in our institutions and systems, including health care. We need both a national and a provincial health care council that will oversee and plan for a system as it evolves into the future.

2020

I predict that most health care institutions will welcome the accountability agreements, because they bring a unifying force to the key areas of access, quality and safety. I doubt the government will have to impose any remedies—or, if any, very few, since accountability agreements will be negotiated in a fair and open manner between the boards and the minister.

Not only is our government committed to voluntary governance, but you know what? So are most hospital boards and their communities. But voluntary governance always works better when there are clear expectations of what should be delivered to whom and when. We have some of the best hospital trustees imaginable in this

province, and they will do even better with this improved guidance.

It is difficult to provide oversight and planning that serves the public in privately-owned and -controlled hospitals. Look at the wide disparity of hospitals in the United States and the ways in which many members of the public are denied service, some shunted from one to another depending on their insurance coverage.

Ontario is rich in experience, expertise and sensitivity when it comes to persons who can serve on the Ontario Health Quality Council. We have no worry about the quality of people we will find to serve on this council, and the nation is well served by health care specialists and planners who will no doubt make up the national health care centre as well.

It is exciting to contemplate what these councils will bring to our system. I can tell you that we need these councils to provide oversight and to bring us together. We need more accountability throughout the system, and I don’t think anyone is opposed to accountability.

Having worked with nurses and with organized labour in health care, I know that these groups share our desire for a strong medicare in Ontario, and I will do my best to make certain that these groups understand their protections are enhanced and not reduced by Bill 8.

Bill 8 will bring innovation to accountability and organization in the system. It will also guarantee innovation throughout our health care system. Institutional planners will be able to move ahead with new projects without looking over their shoulder at creeping privatization. I know several projects that are now under way that will benefit from this clear path into the future of health care. Seniors, parents with small children and the rest of us are going to breathe sighs of relief, knowing that the council is taking a close look at factors like waiting times. No doubt this will result in reduced waiting times and schedules for treatments that we can all count on.

Bill 8 is a step, but only a step, forward in health care in Ontario. We have inherited fewer nurses per capita than any other province in Canada, ninth place for the number of family doctors per capita, eighth place for family health care expenditures per capita, and other problems.

Bill 8 will help, but we have a long way yet to go to fully fund and protect medicare. We will succeed. I quote from the preamble of the bill when I say that this government recognizes “that medicare—our system of publicly funded health services—reflects fundamental Canadian values and that its preservation is essential for the health of Ontarians now and in the future.” I believe this strongly and I will work with my colleagues to build a system that is among the best in the world. Bill 8 will do more to ensure our system becomes even better. This is a bill for seniors, for children, for all of us.

Mr John Milloy (Kitchener Centre): I want to thank my colleague from Etobicoke Centre and pick up on a few of the points she made.

I think that when I’ve been listening to the debate tonight, the opposition has lost track of the basic thrust of the bill, which is to ban two-tier health care.

It reminds me of the election campaign. I was invited to go to an all-candidates meeting, which was actually sponsored by the Ontario Health Coalition. There was a panel and then the candidates. In the course of the evening, this little old lady put up her hand and said that this was her first political meeting. She was very nervous to be there. She was very nervous to ask a question, but what she couldn't understand was what the problem was with private health care. I listened to the chair of the meeting, the gentleman from the Ontario Health Coalition, and he started to quote studies. He started to talk about work that had been done in the United Kingdom about the cost of private health care versus public health care, and in the United States, and he gave this long, convoluted answer. It was my turn to speak, and I stood up and said, "Wait a minute. This isn't about studies; this isn't about statistics. This is about ownership. This is about the simple fact that all of us own our health care system, from the richest to the poorest."

It means that all of us—all of our constituents and everyone here in this Legislature this evening—have a stake in its future. We're going to fight for it, we're going to direct our taxes toward it and we're going to elect representatives who will support public health care. All of us are going to fight extremely passionately for our health care system.

I would argue that the greatest protection for our health care, what is going to protect it and augment it and improve it for us and our children for generations and when we're in the final days of our lives, when you spend most of your time in the health care system, is the fact that a millionaire with a broken arm sitting in an emergency room behind a homeless man is going to have to wait for that homeless man to be treated if that homeless man's injuries are more serious. That is the greatest protection of our health care system. We all have to work to fight to preserve public health care, which is why I'm supporting Bill 8.

The second goal of this bill is accountability. It's to help our minister implement a new approach to health care. As I said this afternoon when I was speaking on Bill 31, we unfortunately have a system where, too often, different aspects of our health care system compete with each other as opposed to complementing each other, as opposed to working together. One of the key ingredients of Bill 8 is an accountability framework which is going to ask the boards of directors of health institutions to come forward with plans so we can ensure that every cent spent by this government on health care goes to bring results, goes to bring better patient care. It's that kind of framework. I've spoken to the directors and CEOs of the hospitals in my riding. They're excited about this. They're willing to put their money where their mouth is and improve patient care and access and make sure our system works.

Our health care system is under a tremendous amount of pressure, and unless we have these types of agreements, unless we can, as the Minister of Health has said constantly, break down these silos and get different facets

of the health care system to work together, we're not going to have a bright future for health care. But I'm confident that through Bill 8, through a series of measures this government is taking through the leadership of the Minister of Health and the Premier, we're going to see a health care system that is second to none.

Bill 8 is an excellent piece of legislation that went forward to committee. The committee members worked with the various stakeholders to bring forward amendments to make sure it reflected their concerns. It's a package that I believe is going to make a difference. That's why I support Bill 8.

Mr O'Toole: Again, I'm surprised. They did have hearings on this. As I said before, our point person on the committee was the former health minister, Elizabeth Witmer, the member for Kitchener-Waterloo. Not one of her amendments—and Ms Martel, who is the critic for the NDP, moved a number of very acceptable and accommodating amendments; not one was accepted.

I encourage members of the public to read section 3 of the bill, which deals with accountability. In fact, sections 21 through to about 24 are mandatory reading.

Do you know what this does? In simple English, it gives the minister the ability to make regulations where he can force health care providers to do certain things in compliance. Under the accountability section, if they aren't in compliance or they're working on compliance and they fail to comply in 60 days, it's deemed to have been agreed to. Then, in section 24, I think, any person who has been wrongfully accused or had problems working through the agreement—it exempts the Minister of Health from any liability or exposure from the legal system, even to the point of having any legal action taken in any forum.

2030

It really forces the chief operating officer—for instance, of Lakeridge Health in Durham—if they don't comply and lay off the nurses, the minister can fine them up to \$50,000, I believe it is. There are a number of hip and knee replacements that won't be provided because Mr Smitherman won't listen.

I believe some of this accountability is very important, but what I want you to do, and I'm begging you this evening, is to hold further hearings on this bill and try to get it right. You are stampeding and running roughshod over the nurses, running roughshod over all the health care providers. I'm embarrassed for you.

Mr Prue: I rise to give my two minutes of comments, particularly to the member from Kitchener Center, because what he had to talk about was how the bill is going to help the health care system.

With respect, I think what we see in this bill, as we see in so many government bills, is the whole predisposition that by centralizing power in the minister's office, by making the minister accountable only to this Legislature, somehow things are going to be better in the hospitals, things are going to be better in the community care access centres, things are going to be better in the health centres and the long-term-care centres.

The reality is quite the opposite. As we centralize more and more power in the minister's office, in Queen's Park or in the bureaucracy located here in Toronto, that huge amount of resource, that huge amount of common knowledge in the local municipalities and local hospitals, is lost. We see that happening every day in municipalities. We are now going to see it, as a result of this bill, happening in our hospitals, our CCACs, our health centres and our long-term-care facilities. The reality is that this bill is going to give the minister power that he did not have before the bill, power to overtake and overrule the locally appointed hospital boards and commissions, the people who know the realities of their own communities, the people who know who are in the hospitals, who know the doctors and the needs of their communities. All of that is going to be centralized in the minister's office.

With respect, that is not the direction in which we should be heading. We should be giving people more and more say in how things happen in their local neighbourhoods.

Mr David Orazietti (Sault Ste Marie): I rise this evening to give a brief two-minute comment on the member from Kitchener Centre, who very eloquently made remarks to the House with respect to our Commitment to the Future of Medicare Act, Bill 8. I just want to clarify for the viewing public this evening that we are discussing Bill 8, the Commitment to the Future of Medicare Act. Let me be absolutely clear: This is a very key component to our commitment to moving forward to improve health care in this province.

The Canada Health Act highlights a number of key principles: accessibility, comprehensiveness, universality, portability and administration. It doesn't address accountability. I have heard a number of Conservatives remark that this is a bill they would like to support and hopefully will support, and I am very pleased that our government is moving forward on this commitment, as well as many other commitments that our government has made, certainly during the election campaign.

If you take a look at the very brief six-month record, we have hired more water inspectors—

Mr Bisson: Broken promises.

Mr Orazietti: No, not broken promises; all kinds of promises followed through on.

Interjections.

Mr Orazietti: Listen: changing the Planning Act to give more decision-making to local municipalities; Bill 31, keeping our records safe; banning the school closures. Your government was closing schools. Releasing the report on mental health.

You wasted millions of dollars on self-promotional advertising. Our government introduced a law to ban partisan advertising.

Interjections.

Mr Orazietti: I think I've hit a nerve here, Mr Speaker. I wonder why.

We've allowed the auditor to examine school boards, colleges, universities, hospitals and other crown corporations.

I'm very pleased with our government's record—

The Acting Speaker: Thank you.

Mr Yakabuski: I'm pleased to respond to the comments by the members from Etobicoke Centre and Kitchener Centre. I appreciate their contributions to the debate.

I have a letter here from the Arnprior and District Memorial Hospital in my riding of Renfrew-Nipissing-Pembroke.

Interjections.

Mr Yakabuski: Yes.

Mr Garfield Dunlop (Simcoe North): They love Bill 8.

Mr Yakabuski: No, they don't. Sorry. It's addressed to the minister:

"Dear Minister Smitherman:

"I am writing to express the Arnprior and District Memorial Hospital Corp's concern about Bill 8.

"As currently written, Bill 8 appears to grant government the power to bypass hospital boards, the people who know the most about the hospital and the services it provides to the community."

What we've been saying all along, Garfield, as a matter of fact. One thing that separates us from the people on the other side is—

Mr Dunlop: Accountability.

Interjection: Numbers.

Mr Yakabuski: —the willingness to admit when we've made an error. My good colleague from Oak Ridges engaged in the debate this evening and was erroneously speaking on the wrong bill, but he immediately stood up at the first opportunity and said, "You know what? I made a mistake." That is what this government needs to do with regard to Bill 8. It's not too late, ladies and gentlemen. Get up and say, "We've made a mistake. We're willing to swallow our pride and start this over."

But let me finish with the letter from the Arnprior and District Hospital Corp.

Interjection.

Interjection: Alfonso apologized.

Mr Yakabuski: "We believe further changes should be made to the bill to sufficiently safeguard the critical role of community governance of hospitals.

"Our specific concerns are:

"Although a reference to negotiated accountability agreements has been included, the legislation still permits these agreements to be imposed after a period of 60 days."

"Imposed," that's the word.

Mr O'Toole: Forced.

Mr Yakabuski: Forced. Yes, I'm sorry, forced.

Mr O'Toole: Forced compliance.

Mr Yakabuski: Mr Speaker, I'm not going to be able to finish this letter, but I will get to it at another time. Thank you for the indulgence, sir.

The Acting Speaker: Response?

Mr Milloy: I want to thank my colleagues for their various comments, especially my colleague from Sault Ste Marie.

Reference was made to the committee process. I had the pleasure of sitting in as a substitute on the committee for one day and saw a group of individuals who were willing to work, listen to stakeholders and move forward with the types of amendments which would meet their concerns. I think the impressive list of amendments that were returned by the committee is testament to that.

I myself had a chance to meet with hospitalists in my riding; that is, individuals who work part-time at the hospital treating patients who don't have a family doctor. They are paid partially by OHIP and partially by the hospital. They had concerns about Bill 8. I brought them to the minister and the minister's office explained that wasn't the intention of Bill 8 and, further, in committee the amendments were brought forward. It's that type of accommodation, that type of improvement contained within the bill which I think is a real testament to the committee process and this government's willingness to move forward.

The second issue that was brought forward, particularly by the member from Beaches-East York and the member from Renfrew-Nipissing-Pembroke, had to do with this whole interfering with local hospitals, this myth that this bill is somehow designed to do that. Rather, I would say this bill should be characterized as a challenge to local hospitals and local health institutions to do better, deliver responsibly and work out a plan for the future.

Our health care system is in a very tenuous situation, and without the planning and agreements we're talking about, we are not going to see it survive or thrive and flourish. That's what is so key about this bill, that these types of agreements are an opportunity, as I said earlier, for these institutions to put their money where their mouth is and move forward with a real plan.

The Acting Speaker: Further debate?

Mr O'Toole: Read the letter. I want to hear that letter.

Mr Yakabuski: I gave it in. I'm going to have to get it back. I don't have it right now, but when I retrieve that letter, I will read the rest of it, John.

Interjection.

Mr Yakabuski: Yes, I do, Mike. Bill 8, right?

Interjection: That's it.

2040

Mr Yakabuski: A number of speakers on this bill have noted how hard it is to know where to start. For someone looking for flaws or dangers in a piece of legislation, Bill 8 is like striking the motherlode. There is an embarrassment of riches here.

However, I also have to give the minister some credit here. He obviously has a fine sense of humour. When he stood up on the day this bill was introduced and promised that it would make medicare the law in Ontario, how can we not laugh at that? The minister knows full well that publicly funded and administered health care is already the law in Ontario, just as it is everywhere else in

Canada. It is called the Canada Health Act. I urge the minister to read that someday.

An Ontario law that replicates the federal law is meaningless except as a piece of political theatre. What this government has done is set up a straw target, an easy political objective they can rant and rave about and appear to be resolving. It makes them look good in the public eye and allows them to avoid the difficult and expensive work of tackling the real challenges in health care.

If this minister and his government were truly serious about preserving and protecting medicare in Ontario, they would be prepared to take some real action. They would be setting standards for themselves for levels of funding and other resources and for health care outcomes. They would be taking responsibility and making themselves accountable. Instead, we have empty words and silly legislation. Bill 8 is simply wallpaper over the holes in the wall.

My honourable friends across the way are also making a fundamental error when it comes to two-tier medicine. They are assuming it is a disease in Ontario's health care system, when it is actually the symptom. If you want to eliminate two-tier medicine, you must eliminate the need for it. It doesn't exist in a vacuum. Private clinics in the US and elsewhere have Ontario clients for a reason. Ontarians sometimes pay for care because they feel they have no choice. People across Ontario report that they cannot get access to a family physician. You hear Ontarians everywhere complaining about the waiting lists for diagnostics and treatment. When you can't get the medical care you need when and where you need it, you are being denied access to the health care system. That is against the principles of the Canada Health Act, the law that is supposed to guarantee all of us and our families the access we need.

However, there is a large and growing gap between the theory of that law and the reality for individuals and families. The lack of access is the single biggest factor driving people to other jurisdictions for health care. It is also behind the growing public acceptance of the idea of two-tier medicine. You will find more and more people to at least consider this concept because they feel the public system is failing to meet their needs. They simply can't get the care that is required.

So if the minister wants to be the superhero and defeat this two-tier monster, which we are all in favour of, he won't be able to do it with a press release. The minister is acting like the ancient king in the legend who tries to command the sea to roll back. He can yell as loud as he wants, but it won't keep the tide down. If this minister truly wants this legislation to protect medicare, he is going to have to tackle the real, substantive reasons behind this problem and do something to improve access to health care. This bill does not address it. We don't need a second law making medicare the system of choice; we need real support for the existing law, the Canada Health Act. We don't need more regulation and more power for the minister; we need more funding and

more effective use of public resources: more doctors and nurses to treat Ontario families, more hospitals and clinics where the demand is greatest.

There is nothing, not a word or an idea, to address these changes in Bill 8. There is nothing in this legislation to address the waiting lists that are the most common form of access denial. There is nothing here to hold the government accountable for providing sufficient funding and support. There is nothing that would actually increase access to health care. It seems that this legislation is so obsessed with cracking down on any extra payments or the slightest hint of two-tier medicine, the government so focused on this one side of the equation that it has completely forgotten the other side: increasing access.

Bill 8 has an entire section dedicated to health care accessibility, but all it contains are new regulations to clamp down on health care providers and administrators, and broad new powers for the Minister of Health. It contains nothing about ensuring that the public system has the resources it needs to do the job.

When the Ontario Medical Association looked over Bill 8, they saw the same credibility gap between the words used by the minister and the actual contents of the legislation. The association pointed this out in its presentation to committee, and I quote: "This bill has nothing to do with improving accessibility since it ignores the real problems in the system: chronic underfunding and a lack of resources."

I think that sums it up very well. Bill 8 has nothing to do with improving accessibility. Bill 8 ignores the real problems in the system. Again, Bill 8 ignores the great contribution to the system by our hospital boards.

I haven't got my letter back, but I also have a letter here from the chief executive officer of the Arnprior and district hospital:

"Dear Mr Yakabuski,

"This is concerning the Arnprior and District Memorial Hospital's concerns about Bill 8.

"As you probably know, the government is proposing measures in Bill 8 that have the potential to undermine local voluntary hospital governance that may or may not be in the public interest.

"Accompanying this are letters from our board chair describing ADMH's specific concerns and from the Ontario Hospital Association presenting a broader provincial perspective."

In respect for those volunteers at the Arnprior hospital board, at Deep River and all of the boards that I have spoken to in my riding, I move for the adjournment of debate—adjournment of the House.

The Acting Speaker: The member for Renfrew-Nipissing-Pembroke has moved adjournment of the House. Is it the pleasure of the House that the motion carry? I heard a no.

All those in favour of this motion, say "aye."

All those opposed, say "nay."

In my opinion, the nays have it.

Call in the members. There will be a 30-minute bell.

The division bells rang from 2047 to 2117.

The Acting Speaker: All those in favour of the motion, please rise.

All those opposed to the motion, please rise.

The motion is lost.

Further debate?

Mr Yakabuski: The 30 minutes have given me the opportunity to regain my composure. I was quite upset—upset, but honoured to stand here and fight for volunteerism across the province.

Let me finish the letter from the chairman of the board of the Arnprior and District Memorial Hospital Corp:

"The bill gives the minister extensive powers to issue a broad range of compliance directives and orders against the board without referring the matter to third-party dispute resolution.

Mr Fonseca: Still on Bill 8.

Mr Yakabuski: This is Bill 8.

"This bill provides the government with the authority to issue orders directly against hospital leaders, which undermines the role of the board. This is not acceptable.

"We urge you to reconsider the bill in its current form and implement these suggested changes.

"Sincerely,

"Harold Camblin, Chair."

Those people are the backbone of the organizations which make our hospitals among the finest in the world. This bill is to say to those people, "You're no longer necessary. We want you there but only if you're going to do our bidding, and if your goals are not in perfect step with my goals as the Minister of Health, then I'm going to tell you, Madam and Mr Board, you're going to be overruled. You're going to be overruled because the Minister of Health has the ultimate power in this province." That is quite a message to volunteers. Is this volunteer month?

Mr Dunlop: Yes.

Mr Yakabuski: That is quite a message to volunteers across this wonderful province. This bill needs to be seriously reviewed or withdrawn.

Interjection.

Mr Bisson: That was funny. That was good. If only the members watching in the audience could know what the little heckles are on the side. Sometimes they're quite amusing.

I just want to put on the record a couple of points that I think need to be put in regard to this bill. The title of the bill talks about trying to protect medicare. As a New Democrat, I'm all in favour of the title of the bill. All Canadians, as all Ontarians, believe that medicare is probably one of the programs that define us as Canadians. At the end of the day, all political parties in this Legislature should do all we can, as in the federal House, to protect the principles of medicare.

But the problem is, as I look at the bill, that there is nothing in here really to enhance the principles of medicare. For example, remember the Tories? They were there for eight years: 1995-99 and 1999-2003. It was like a bit of a bad dream, but I remember. I was there. These

guys tried to privatize hospitals. Remember the P3s? Remember the government went out and did these private-public partnership things, where they tried to say that a public hospital was going to become a private hospital? I look at this Bill 8 that the Liberal government has brought forward, and there's nothing to prevent P3s from being created. The government, as I see it, is trying to call P3s anything else, but in reality they're still P3s.

I look at other principles of this bill, and one that gets me is they want to create these quality control councils—I think that's what they're called; I may have the term wrong—but there are no teeth within the legislation to give the council the ability to hold the Minister of Health accountable to the principles within the medicare act we have federally. It's really nice to have a title of a bill that says, "Feel good; feel warm; health care is such a great thing." But I think you should put something in the bill that makes it go that way.

The other point I just want to make very quickly in the last couple of seconds I have is that the hospital boards and administrators are upset about this bill—I think for good reason—and we should listen to what they have to say.

Ms Jennifer F. Mossop (Stoney Creek): I am proud to speak in support of Bill 8. I am also very glad to have the opportunity to help inform the member for Beaches-East York that we are moving very aggressively to hire nurses; in fact, 400 to 500 full-time positions have already been created, and that is just a start. We are also moving aggressively to help foreign-trained doctors to practise in Ontario, among other professionals.

But Bill 8 is about accountability, something Ontarians want, expect and are demanding. We are talking about \$30 billion a year that is spent on health care. That is a huge amount of money. It's the single biggest expenditure of this government. The people obviously want to have accountability for any money that is spent, but when you're talking about \$30 billion, that's pretty obvious.

This bill is not an attack on hospital boards; it is not an attack on workers. Everybody in this House, most of all the government side of this House, appreciates the hard work of everybody in our hospitals and everybody in our health care system, particularly the boards as well. So this is not an attack. What this is is a support for our system, a clarification and an understanding. It's an understanding that we're developing so that everybody is on the same page: we all know what we want, and we're all heading for the same goal. That's something that's happening in businesses all over the place. Sometimes they're called mission statements. Whatever it is, it's an understanding that we all have the same goals and we are working toward those.

If this bill is still at all flawed, I know our government has proven that it's open to input. We've taken it on the road. We've made amendments, and, if necessary, we'll do that again.

Mr Dunlop: I am pleased to rise this evening to say a few words on the comments of my friend Mr Yakabuski, who made some very important comments.

I think one of the most important comments I heard just came from the last speaker, Jennifer Mossop. The member from Stoney Creek mentioned that you are now a government that is about to spend, this year, \$30 billion. We talk about the slashing and burning of the Tories. We came to power with \$16.9 billion: in 1995 \$16.9 billion was being spent on health care, and now we're at \$30 billion a year.

The fact of the matter is, we tried to make numerous changes, but at the same time over \$10 billion a year has been added to health care spending. That, ladies and gentlemen and people in the province of Ontario, is with the fact that our buddy, the guy who is running the country right now, Mr Paul Martin, slashed billions of dollars out of the health care system in our country. That is how he balanced the federal deficit, and we've never been back to that level. Mr Romanow pointed that out, that we need more money from the federal government, and we're expecting it.

I am sorry he disappointed you this year in the budget. Only \$700 million flowed; it should have been \$3 billion or \$4 billion from the federal side. That's what's happened here. We just have not had that money come from the federal government.

Mr Speaker, I really appreciate the opportunity. We will not be supporting Bill 8. Okay? I speak for Mr Klees as well.

Mr Prue: I hear the dichotomous arguments coming out of my friends from the Conservative Party. I listened to the member from Renfrew-Nipissing-Pembroke.

I was trained politically many years ago that in every speech you listen to you can always hear in 10 minutes at least one kernel of truth. In fact, I did hear one kernel of truth, and that was when he got into the whole argument of what is happening with the volunteer boards of directors in some of the hospitals. That is the kernel of truth, and I think the Achilles heel of this whole bill, because we as a Legislature should be protecting that great resource. We should be telling them how great they are from their communities, how they understand their neighbourhoods and the local needs of the hospitals or of the CCACs. We should be saluting and upholding that, not taking away the rights and giving them to ministerial prerogative.

When I heard that, I thought he had something to say. I do know about the history of that party from before, and we all know about what they tried to do.

Ms Monique M. Smith (Nipissing): It was a nightmare.

Mr Prue: It was a nightmare. But then I had to listen to the comments, and I heard the member from Stoney Creek, who said succinctly what this bill really is. I don't think she believed that she was doing any harm when she made the statement, but she said this bill is a mere mission statement. For those who wonder what a mission statement is, it's sort of a direction that you are heading in, but it really doesn't mean much. It's ethereal, airy-fairy, it doesn't mean anything; in fact, that's the reality of this bill: it doesn't mean anything. It is a mere mission

statement of where this government wants to go. It is no different than a throne speech.

The Acting Speaker: Response from the member for Renfrew-Nipissing-Pembroke.

Mr Yakabuski: I want to thank the members for Timmins-James Bay, Stoney Creek, my colleague from Simcoe North and, as usual, the gentleman from Beaches-East York for their comments this evening—and I'm grateful that he could find a kernel of something in anybody's speeches but his own. I'm agreeing with him, because it is a point that must be reiterated over and over again. We're here fighting for volunteers. Small communities are built on their volunteers. It's not just our hospital board volunteers but all of those volunteers from all of those other organizations that support those hospitals in our small communities: the members of the Lions Club and the Rotary and the Kiwanis and the Civitan and the Legion, those veterans who fought for

our country, who now want to make sure that our communities are better communities to live in. They support our hospitals, and they support those members of our hospital boards. They want the members of those hospital boards to take ownership of those hospitals on their behalf, because communities own those hospitals. We will not release that ownership to the Minister of Health simply because he's on a power-hungry mission to control the province. We will not do that. Those community boards must be left with their dignity so that they can stand and continue to serve their communities, because without those hospital boards our health care system is far more threatened than we even thought before.

The Acting Speaker: It being 9:30 pm, this House stands adjourned until 1:30 pm tomorrow.

The House adjourned at 2131.

**STANDING COMMITTEES OF THE LEGISLATIVE ASSEMBLY
COMITÉS PERMANENTS DE L'ASSEMBLÉE LÉGISLATIVE**

Estimates / Budgets des dépenses

Chair / Président: Cameron Jackson
Vice-Chair / Vice-Président: Elizabeth Witmer
Wayne Arthurs, Ted Chudleigh, Kim Craiton,
Caroline Di Cocco, Cameron Jackson,
Kuldip Kular, Shelley Martel, Phil McNeely,
John Milloy, Elizabeth Witmer
Clerk / Greffier: Trevor Day

**Finance and economic affairs /
Finances et affaires économiques**

Chair / Président: Pat Hoy
Vice-Chair / Vice-Président: John Wilkinson
Toby Barrett, Mike Colle, Bruce Crozier, Pat Hoy,
Judy Marsales, David Oraziotti, John O'Toole,
Tim Peterson, Michael Prue, John Wilkinson
Clerk / Greffier: Katch Koch

General government / Affaires gouvernementales

Chair / Président: Jean-Marc Lalonde
Vice-Chair / Vice-Président: Vic Dhillon
Marilyn Churley, Vic Dhillon, Jean-Marc Lalonde,
Jeff Leal, Jerry J. Ouellette, Ernie Parsons, Lou Rinaldi,
Maria Van Bommel, Kathleen O. Wynne, John Yakabuski
Clerk / Greffière: Tonia Grannum

Government agencies / Organismes gouvernementaux

Chair / Président: Vacant
Vice-Chair / Vice-Président: Deborah Matthews
Lorenzo Berardinetti, Gilles Bisson,
Michael A. Brown, Deborah Matthews,
Ernie Parsons, Shafiq Qaadri, Laurie Scott,
Monique M. Smith, Joseph N. Tascona
Clerk / Greffière: Anne Stokes

Justice and Social Policy / Justice et affaires sociales

Chair / Présidente: Kevin Daniel Flynn
Vice-Chair / Vice-Président: Jim Brownell
Jim Brownell, Kim Craiton, Brad Duguid,
Kevin Daniel Flynn, Michael Gravelle,
Frank Klees, Peter Kormos, Richard Patten,
Jim Wilson, Kathleen O. Wynne
Clerk / Greffière: Susan Sourial

Legislative Assembly / Assemblée législative

Chair / Présidente: Linda Jeffrey
Vice-Chair / Vice-Président: Mario G. Racco
Donna H. Cansfield, Ernie Hardeman, Linda Jeffrey,
Jeff Leal, Rosario Marchese, Bill Mauro,
Norm Miller, David Oraziotti,
Mario G. Racco, Mario Sergio
Clerk / Greffier: Douglas Arnott

Public accounts / Comptes publics

Chair / Président: Norman W. Sterling
Vice-Chair / Vice-Président: Julia Munro
Laurel C. Broten, Jim Flaherty, Peter Fonseca,
Shelley Martel, Bill Mauro, Julia Munro, Liz Sandals,
Monique M. Smith, Norman W. Sterling, David Zimmer
Clerk / Greffière: Anne Stokes

**Regulations and private bills /
Règlements et projets de loi d'intérêt privé**

Chair / Président: Tony C. Wong
Vice-Chair / Vice-Président: Khalil Ramal
Bob Delaney, Rosario Marchese, Jerry Martiniuk,
Ted McMeekin, Phil McNeely, Carol Mitchell, Bill Murdoch,
Khalil Ramal, Tony Ruprecht, Tony C. Wong
Clerk / Greffier: Trevor Day

CONTENTS

Monday 5 April 2004

SECOND READINGS

Commitment to the Future of Medicare Act, 2004, Bill 8,

Mr Smitherman

Mr Craitor	1283
Mr Fonseca.....	1284, 1285
Mr Yakabuski.....	1284, 1294, 1295, 1298
Mr Prue	1284, 1288, 1289, 1291, 1293, 1297
Mr Ramal	1285
Mr O'Toole ..	1285, 1286, 1288, 1293
Mrs Jeffrey	1287
Mr Klees.....	1287, 1289, 1290, 1291
Mr Colle	1288
Mr Bisson.....	1289, 1291, 1296
Mr Duncan	1289, 1290, 1291
Mr Kular.....	1291
Mrs Cansfield.....	1292
Mr Milloy	1292, 1295
Mr Oraziotti.....	1294
Ms Mossop.....	1297
Mr Dunlop.....	1297
Debate deemed adjourned	1298

TABLE DES MATIÈRES

Lundi 5 avril 2004

DEUXIÈME LECTURE

Loi de 2004 sur l'engagement

d'assurer l'avenir de l'assurance- santé, projet de loi 8, <i>M. Smitherman</i>	
Débat présumé ajourné.....	1298