Bill 171 - Third Reading Debate May 28, 2007

**Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care):** I want to say what a privilege it is and that I will be sharing my time with the excellent member from Mississauga East. I want to thank him for the work he's done on helping to give steerage to this bill.

Bill 171 is a bill that I am enormously proud of. I must say that, as the longest-serving Minister of Health in the province of Ontario since Medicare -- I'm long-serving; that makes all of you long-suffering -- I'm very privileged to have a chance to bring to third reading debate the 10th bill I have had the privilege to bring in as minister.

This bill is the culmination of an enormous body of work that was influenced by a dramatically large, impressive and powerful cross-section of stakeholders and folks who are out there to try and help influence positively the health care system that we have in the province of Ontario.

I want to welcome many groups to the Legislature today. First and foremost, I want to welcome the McEachern family. I know that we've had a chance in this House before to speak somewhat of the implications of leadership from a very young man named Chase McEachern. I know that Bruce Crozier, the member from Essex, wishes that he could be with us today. It was his work in bringing life and recognition to Chase's important impact on our society that really brought a much greater focus to the need to have associated with the greater deployment of defibrillators in environments the necessity of offering the appropriate legal structure that would make sure that any good Samaritan in any environment was not penalized. We want to welcome Chase's parents, John and Dorothy, his brother Cole and his grandmother Jean. We welcome them all to the Legislature today. We're so grateful for your being here.

We have Dan Andreae from the Ontario Association of Social Workers, who worked very closely on a key amendment.

Dr. Sheela Basrur, who is not able to be with us today, has been an enormous influence on the work that is here inasmuch as this piece of legislation really does continue apace with the substantial rebuilding of Ontario's public health capacity.

We want to thank as well, in that very same light, the late Justice Archie Campbell, for his imprint is decidedly here. We all owe him a very great debt of gratitude.

We've got representatives from Ornge. This is the Ontario medical transport capacity that will be dramatically enhanced as Bill 171 is considered and, if passed, will see the introduction of land-based critical care transfer capacity that has been long overdue in Ontario.

We want to acknowledge the many regulated health professions that have been involved in giving us advice around this. That includes the College of Physicians and Surgeons; the Ontario Association of Optometrists, and I believe Christine Parsons is representing it today; the College of Dental Hygienists, where Fran Richardson has provided so much leadership; the Ontario College of Pharmacists, Gerry Cook and Della Croteau. The four new regulated health professions have been crucial: kinesiology, psychotherapy and registered mental health therapists. We have representatives like Judith Ramirez, Annette Dekker and Naseema Siddiqui. From homeopathy, there are so many folks it's hard to mention all the names, and similarly with naturopathy. We've had really an extraordinary outpouring of interest from these very dedicated health care providers.

Bill 171 is about further transformation of the health care system. It has in various elements of it initiatives that will enhance accountability, dramatically expand protection for our patients, advance public health, and increase access to services for all Ontarians.

The bill promotes greater accountability. As an example, one of the rare moments of all-party support saw, a good time ago now, the restructuring of the system with respect to checking physicians' billings. We brought in a very fine gentleman, former Supreme Court Justice Cory, who gave us a good body of advice. This is an example of those initiatives which are contained in Bill 171.

At committee, through the good work of all committee members from all sides, we were able to enhance the protection for patients from the standpoint of the regulatory college complaints procedures by giving patients increased access to information and improved communication expectations from the college to the public. In a time when "transparency" is a word that we all use very much, this is a bill that goes very much further from the standpoint of the protection of patients and giving good-quality information to them about the circumstances related to regulated health care providers in the province of Ontario.

The bill -- a very substantive bill indeed -- also addresses substantively the promotion of public health. The government intends to establish, as is well known, the first-ever Agency for Health Protection and Promotion, a centre for public health excellence that will provide research, scientific and technical advice and support modelled after the Centers for Disease Control in the United States. This is one more of the elements that are brought to life as a result of the bill that is before us today.

We increased patient access to services by enhancing the services that some of our health care providers are able to provide. By expanding the scope of practice for our optometrists and dental hygienists, we create greater capacity for them to serve more patients and to serve those patients even better. At the same time, I'm very excited to be associated with the historic advancement on the number of regulated health professions that we have in the province of Ontario. Building on the support that the Legislature offered not so long ago for the introduction of traditional Chinese medicine as a regulated health profession, we're adding four new ones in this bill: naturopathy, homeopathy, kinesiology and psychotherapy. This is historic because, other than these five -- the traditional Chinese medicine and the four that are contained in this bill -- there had been no progress on this front indeed since 1991, so we're very proud of that.

We're very proud as well, as I spoke about a moment ago, of the capacity that this bill provides for the creation of a new land ambulance capacity for our medical transport system. Ontario enjoys one of the best medical air transport systems in the whole world, but that capacity sometimes creates a real challenge for municipally run land-based systems. When a very critical patient needs to be transferred from an air service to a local hospital, we think it would be great to have the integrated capabilities of Ornge there. If this bill enjoys support from the Legislature, then our government will move forward with the introduction of 15 additional critical care land-based ambulances that will be an integrated element of the Ornge medical transport system. We think that will be good. It will provide faster transfers, but it really will enhance the consistency and the quality of care for our patients, and it has very meaningful assistance in the sense that because our sickest patients very often require a lot of personnel, sometimes drawn from the hospitals, we're going to take pressure off those hospitals and at the same time alleviate some of the most difficult transfers from those municipal land-based services.

I spoke a minute ago about the Chase McEachern Act and about the sheer common sense associated with the idea that defibrillators more broadly disseminated across our province into those environments where a lot of us are -- that's for all of us. That a man, still a young boy, was able to bring influence to that, that his life has influenced this initiative which will invariably extend and add life for other Ontarians, is a remarkable tribute to a remarkable young man. Again, we thank the member from Essex, who brought this initiative to our attention.

I previously mentioned that Justice Campbell played an extraordinary role. SARS was a scorching incident. Human life was lost, including that of our health care providers, and, if we're honest about the circumstances that some of our health care providers faced during those days, we will know that some trust was broken. They depended upon Justice Campbell not just to be a good listener but to be a profoundly deep thinker in terms of the quality and quantity of the advice that he offered to us as a government following on the heels of SARS. We determined from the get-go that it was our obligation as the government in this jurisdiction, dealing with SARS in the aftermath or in the retrospective, to learn and apply those lessons well. It has been an extraordinary body of work, and appropriately so, because the events associated with SARS were so scorching.

In his final report on SARS, Justice Campbell concentrated on the safety of our front-line health care workers. He directed our attention to the need to protect our nurses and our doctors. The province, accordingly, is adopting the precautionary principle when dealing with infectious disease outbreaks, and that means safety first and foremost for our health care workers. I know, because they have told me in no uncertain terms, so many of them, that Justice Campbell is a very important source of justice for them.

Accordingly, we were all very sad when his recent and untimely death was announced. But we say to his family and to those like Doug Hunt, who worked alongside him on this work, that we are so incredibly grateful for his steadfast effort, even in the face of difficult circumstances on his own part. Ontario and the health and safety of Ontarians, and especially our health care workers, will be another important part of the legacy of Justice Campbell -- indeed a gentleman with a very profound impact in so many ways over time.

We also have moved the amendment that where there is a risk of an infectious or communicable disease outbreak, our chief medical officer of health will need to consider the precautionary principle in issuing directives to health care facilities regarding personal protection equipment for our doctors, our nurses and other front-line health care workers. This is the first time ever in the history of our province, as best I know, where the precautionary principle has been included in a health statute -- a part and parcel of the respect that we have for our front-line health care workers and for the legacy of advice and leadership that is associated with Justice Campbell. Our doctors, our nurses and other health care workers were the heroes of SARS. We owe it to them to never forget their sacrifice. Never again should they have to step into danger without the best protection we can muster. Indeed, that is embedded here in the bill.

Over the next number of months, of course, a bill of this magnitude asks much of those who work on it. There are many people in the ministry to whom I'm very grateful for the work they've done. They, alongside this impressive array of health care providers and associations that represent them, will have a tremendous amount of work to do on the details and implementation. Of course, legislation very often leads to substantial regulation, and accordingly there will be a lot of work for all of us to do as we move forward and implement this bill, not presuming but hopeful for support from this chamber.

The new Ontario public health agency, the one for health protection and promotion that I spoke of earlier, will be an important new part of the arsenal that helps us battle these public health threats, which I know are of great concern. We've had great advice in Ontario from the Walker report, the Naylor report, the Campbell report and the chief medical officer of health's first annual report. They all called for the creation of such an agency. This agency will be a crucial resource in supporting the important work that is done all the time by our chief medical officers of health.

I want in particular to take just a moment to acknowledge the contribution that the member for Nickel Belt has made to this particular schedule of the bill. We're glad to be able to accept some of her amendments to put worker safety on the agency's agenda. I

would want to say that even before we had this nice thought embedded into my notes, given the historic news that the member from Nickel Belt made in the last week or so, she has from a very young age made an important contribution around here. As a minister, I've enjoyed the opportunity to work with her, sometimes to be speared and sometimes just to spar. But never was there any doubt about her values and the very clear intent that was always there from the standpoint of wanting the best for patients and indeed the best for health care workers. So as she has the opportunity to pursue just a little more quality time with her family, we're at once both a little bit jealous but mostly just really happy for that circumstance. We wish you well. We know that your impact has been felt by many and that the appreciation for that rings in very many circles.

We established a tradition where pretty much every health bill, except the one I think that we agreed on in the Legislature with respect to the MRC process for physicians, has gone out to committee and has been enhanced by the committee process. I said before that I want to thank all of the members, but when I look at this bill, Bill 171, in terms of the areas where the bill was improved as a result of the work at committee, I think that we really have dramatically enhanced the transparency of information for patients.

I want to thank the colleges for their support for that, but I especially want to thank them in acknowledging that we have, in so doing, added some burden to their already challenging efforts. For the first time in Ontario, all findings of malpractice and professional negligence against regulated health professionals will be made available on the college websites. We're lighting up the path to disciplinary findings, and previously these have been shrouded in quite a bit of secrecy.

If passed, this bill would require regulated health colleges to post the following things on their websites: all matters referred to a discipline committee; every disciplinary proceeding; and every suspension or revocation of a member's certificate to practise. Where a health care professional has been found guilty of any criminal offence, that professional will be required to report this to their regulatory college. If the offence affects the health care professional's suitability to practise, the regulatory college would then make the offence public on its website. We would also require the posting of decision summaries on the college's website. Now the public will also have access to the content of a decision.

These are difficult things to balance out. We have tremendous respect -- 300,000 women and men, not all of them regulated health professionals, but a goodly number of them, suit up every single day in a lot of challenging environments, and they do their best for folks. But in human nature is the opportunity and the potential for human error. Accordingly, in a democratic environment, in a publicly funded health care environment, it's absolutely crucial that we maximize the transparency that is available to patients. This is the bottom-line expectation that is emerging in our society. That list of things that I spoke to would no longer be automatically removed after six years. It would remain as long as the decision is relevant to the health care professional's suitability to practise.

I'm also proud to say that any findings in a civil suit that related to a health professional's ability to practise will also have to be reported to the college and posted on the website. We accepted a Progressive Conservative Party motion to further allow colleges to investigate a former member who lets his or her certificate of registration expire in order to avoid being investigated -- a further example, notwithstanding the way the Legislature sometimes is reflected, that the committee process really does provide a good opportunity for a variety of folks to work well together. These changes will create a new world of transparency for the regulated health colleges.

We're also pleased to welcome four more health professions, as I said before. When we came to office, one of the things that I was really actually a bit astonished by is that

HPRAC, the body that I have depended upon in a very, very considerable way for advice with respect to the regulation of health bodies, was basically dead. I think the first thing we had to do was find a new chair and a board, and the first thing they had to do was bring HPRAC into compliance with the Legislature by filing two or perhaps three annual reports from my predecessor's time in office. Since that time, Barbara Sullivan and a really, really dedicated crew of folks have done just an extraordinary body of work. If we're frank about it, these are not easy-to-resolve issues, for on the other side of any scope-of-practice issue tends to be another college or association with a view which is not always aligned. And it is a body like HPRAC and the dedicated folks who serve there who really provide so much advice that we depend upon. It would be appropriate for me to go on longer in acknowledging the leadership of the former member of this Legislature from Halton, Barbara Sullivan, for the great leadership that she has provided.

This legislation solidifies our government's commitment to alternative health therapies following on the passage of the Traditional Chinese Medicine Act. At the heart of it, we have 13 million Ontarians, and they're not exactly all alike in their personal, ideological and philosophical determinations about the kind of health care advice that they want. We see increasingly a good number of people who are receiving health care advice on a complementary basis from a blend of traditions. Our regulatory health bodies were asked to try to keep up with that trend.

In closing, I want to focus on one particular amendment and I want to acknowledge -- as I had a chance to say under, I believe, hard questioning from one of my critics of a good number of months back -- that we could have done a little better in terms of getting this right proactively. I know that all members of the Legislature heard from social workers in their community offices. I don't want to talk about numbers for fear of giving them too much credit for what percentage of all the social workers that are out there let us know about their concerns, but it really is an example of a good-quality response from a well-organized association. It had always been our intention to exempt them from the controlled act so that they would continue to be able to provide care to their patients. We intended to do that through a regulation of another bill that exists. That might have made a lot of sense except that we weren't particularly transparent about our approach, and as a result we caused a lot of unsettling circumstances for too many. I just want to say mea culpa; I'm sorry. We are just really grateful that folks worked so hard to make sure that we got that fixed up.

I promised in a letter that in the legislation we would acknowledge their contribution to providing psychotherapy services, and our government moved an amendment that said that. We also accepted an amendment from the New Democratic Party to rename the college the College of Psychotherapists and Registered Mental Health Therapists.

I have spoken longer than I intended. It was because I wanted to stop in a variety of places and say thank you. In the instance that I haven't done it well enough, I'm just going to take a few more seconds to say it one more time. Ontario is a big place, and the people who live in Ontario have a lot of different viewpoints and a lot of different interests. We do have rather a lot of different regulated health bodies and those folks who would seek to be regulated. Bill 171 is a powerful reflection on the complexity of the health care system in the province of Ontario. This is a bill that does many, many things, and it does those only because it has been informed by the fantastic leadership and efforts of many, many people. Recognizing that many of them are here and others might have the opportunity to hear wind of it, I want to thank them, not only for all they've done to date, but in recognition that as this bill is brought forward in the hopes that it passes, we will all be called upon to do much more work as we seek to further enhance the people's health care system.

It's a privilege to be able to bring my comments to third reading of this important bill. I close by saying that I will be supporting it and that I recommend it to all members of the Legislature.

**The Acting Speaker:** Further debate?

**Mr. Peter Fonseca (Mississauga East):** I'd like to thank the Minister of Health and Long-Term Care and congratulate him for being the longest-serving Minister of Health and Long-Term Care since Medicare came into being.

*Applause.*

**Mr. Fonseca:** Congratulations. We know it's a daunting task to take on the Ministry of Health. It makes up almost half of our budget. It now has a budget of about $39 billion and touches everybody in this large province of 13 million people. So once again, George, congratulations on that and for bringing forward this piece of legislation that will touch, I believe, everybody's life here in Ontario.

I'd also like to acknowledge the committee members, the stakeholders, the McEachern family, presenters and all the ministry staff who worked so hard, tirelessly, to help make the necessary positive changes to this legislation to improve our health care system. All the while, from the top at the minister's office straight through to all stakeholders and the many people who sent us e-mails and letters etc. about this piece of legislation, I know that one thing we all continued to focus on was putting the patient always at the centre of this work.

Bill 171 has many components to it, as were established by Minister Smitherman. For this remaining time, I'm going to speak to the great progress that this committee has made in listening to and responding to the practitioners of non-medicinal therapy. I'll also speak briefly on the other components of the bill like public health agencies and the introduction of four new licence-granting colleges. These two different components are intended to keep Ontarians safe from any infectious disease and give people the knowledge that alternative medicine practices are licensed. This bill introduces the creation of the first ever arm's-length public health agency. This agency would operate in parallel to the Centers for Disease Control -- the world-renowned Centers for Disease Control -- in the United States of America. This centre, known as the Ontario Agency for Health Protection and Promotion, would be a centre for specialized research and knowledge of public health, specializing in the areas of infectious disease, infection control and prevention.

This centre was called for in the Naylor and Campbell reports after both SARS and legionnaires' disease 2005 outbreaks. This new health agency would be accountable to both the people and the government by way of reporting directly to the minister and the board. It will have a public representative also on its board. Furthermore, it will be responsible for the constant public reporting via reports on the health of Ontario, public health performance and infection control, and other issues pertinent to public health, which is so important to the transparency and accountability of our health care system. An annual report will have an audited financial statement for tabling here in this Legislature. An annual business plan, which would include, amongst other things, a three-year rolling budget, will be presented to the Ministry of Health and Long-Term Care. Finally, this new agency would act in unison with a purpose of strengthening disease control and improving public health administration.

It's imperative to have this new agency in our province. It allows our province to continue to be a leader in medical research and innovation. It allows for the people to have this

independent voice when it comes to responding to health pandemics such as Norwalk and SARS -- not voices coming from different directions, but one voice.
A particular component of Bill 171 is the proposed creation of four new regulated health professions, which will make changes to the current Regulated Health Professions Act of 1991, as the minister said, which for too long sat dormant. These new colleges, as many of the members here know, will bring non-medicinal therapy, which has become a really popular choice with Ontarians, with the knowledge that it is the government's job and the job of all parties to ensure the well-being and safety of patients' usage of alternative therapy.
In addition, based on the advice provided by the Health Professions Regulatory Advisory Council, we suggested that there be a legislative change to include the regulating of four more professions. This is why our government moved to create new colleges for the following areas: naturopathy, homeopathy, kinesiology and psychotherapy. In addition to the creation of these new colleges, we also made some changes that would ensure a smooth transition from the current board of drugless practitioners to the new college.
For those who have not tried some of these practices, here is a quick overview. Naturopathy is a holistic approach to health care through the integrated use of therapies and substances that promote the individual's inherent self-healing process. Homeopathy practitioners believe that human beings naturally function in a state of harmony between mind, body and spirit. Kinesiology is the assessment of movement and function, and the rehabilitation and management of disorders to maintain and enhance movement in the areas of recreation, work and activities of daily living. Kinesiologists apply their skills for both preventive and rehabilitative processes. Psychotherapy is an alternative to psychiatry without the use of pharmaceuticals. Instead, it is an intense client-therapist relationship that examines deep emotional experiences, destructive behaviour and mental health issues.
During the committee meetings we had on this particular bill, chaired by the member from the riding of Prince Edward–Hastings, Ernie Parsons, we heard from many people who are part of the growing community of non-medicinal alternative therapy. Either as practitioners or administrative liaisons, we listened to their concerns regarding the issue of the regulation they would be placed under. Most of the four alternative practitioners didn't want to be lumped together with other practices. This committee, with all three parties, came together and answered those concerns which the homeopaths and naturopaths had. With all three parties working together at committee -- and it was great to see -- we came to an agreement to split the two colleges of homeopathy and naturopathy. This was something the homeopaths and naturopaths wanted, and our government listened. I must give credit to my fellow committee members Bill Mauro, the member for Thunder Bay–Atikokan; Elizabeth Witmer, former Minister of Health and the member for Kitchener–Waterloo; and Shelley Martel, the member for Nickel Belt. It was great to hear the minister speak of Ms. Martel's devotion to health care but also to her riding, and her commitment to the people of Ontario and to public service. It is always amazing to see someone like Ms. Martel, with her history and experience and the knowledge she has -- knowledge through the many experiences she has had as an MPP and as a former minister and through her own life experiences that she brings forward in this Legislature. We all congratulate her for that. Also on the committee: Khalil Ramal, the member for London–Fanshawe, and John O'Toole, the member for Durham. I would like to thank them all for working together. The member for Bramalea–Gore–Malton–Springdale, Dr. Kuldip Kular, who is here with us today, was a particularly strong advocate for the splitting of the two colleges. I thank him for his dedication.
However, there was great debate on a number of issues between the parties when it came to particular amendments, especially the amendment of the controlled act of

communicating a diagnosis and the scope-of-practice statement. With respect to the new Naturopathy Act and the controlled act of communicating a diagnosis, the government's motion states that when communicating a diagnosis, it must be in the context of naturopathy. We see in the government motion that the use of the word "diagnosis" in conjunction with "naturopathic" will not limit naturopaths from making the kinds of diagnoses they currently do. This is consistent with what happened with the Traditional Chinese Medicine Act, where diagnosis is done in the context of traditional Chinese medicine because these modalities are separate and distinct from each other and western medical techniques. This is a significant amendment to Bill 171 because the communication of a diagnosis is very important on the road to recovery. By distinguishing these therapies from each other, the public will not be confused when they are given information on their condition and the proper treatment options. That is what this bill really comes down to: the public interest and public safety.

All parties at committee were trying to reach the same goal of two distinct colleges for naturopaths and homeopaths. There were some areas of disagreement on how to reach the objective, and the practice statement, or the mission statement, if you will, was an area where we disagreed. When reviewing the statement of practitioners of naturopathic medicine, we as the government wanted to make sure that the statement included the term which was consistent with the act itself. The same applies for the new Homeopathy Act.

One of our key concerns when drafting this legislation was to ensure that these health professions can continue to practise the same way they have for generations. We worked closely with the stakeholders to determine what kinds of treatments they are doing now and how that would fit into a new regulatory scheme. For example, the government amendment to create the new naturopathic college did not include the controlled act to prescribe. The simple reason for this was that by working closely with the Association of Naturopathic Doctors, we determined that the change was already made to the DPRA in the Traditional Chinese Medicine Act. Then, naturopaths will continue to be able to use the same natural health products with the products within the controlled act.

The creation of the colleges and the splitting of naturopaths and homeopaths from one another was a big task. We are making the transition from profession, from the Drugless Practitioners Act to the RHPA, as seamless as possible, so we have set forth a motion that will do the following: The current regulator, the Board of Directors of Drugless Therapy, is included on the transitional council of the colleges. Complaints and discipline processes under way by the current regulator can transition to the new college when the new act is proclaimed. The registrants with the current regulator will automatically become members of the new college.

The transition amendment is key to a successful change. In respect to the issue of homeopathic care, the government motion did not include any controlled acts, while the NDP's response was that they wanted to give certain controlled acts to homeopathic practitioners who never had these measures in the first place. Homeopaths currently do not administer an injection or prescribed medicines, and HPRAC did not recommend any controlled acts for this profession. This proposed government motion will not impact homeopaths' current scope of practice or their ability to continue to provide the services that they currently provide to their patients. Should the changes happen at the federal level to limit any access to certain substances, then the province may make regulations under the RHPA or the Drug and Pharmacies Regulation Act to enable homeopaths and naturopaths to continue access to those substances.

Once again, I want to thank all the members of the committee, I want to thank all of the stakeholders -- all those who were involved in making this piece of legislation that much better. Now I'll hear from some of the other members.

**The Acting Speaker:** Questions and comments?

**Mr. Norm Miller (Parry Sound–Muskoka):** I'm pleased to hear the speeches from the Minister of Health and Long-Term Care and the member from Mississauga East on Bill 171. I would like to make clear that the PC Party supports this bill. We will very shortly, with the next speaker, hear from our health critic, who will go on at length about the bill. I would just like, at this opportunity I have, to bring up a couple of health issues from the riding of Parry Sound–Muskoka. Today in petitions I did a petition to do with the doctor shortage, particularly in the south Muskoka area of my riding. That is an issue that's very important to the riding of Parry Sound–Muskoka. I know that the town of Gravenhurst, Mayor John Klinck, has been working actively trying to come up with a home for some family doctors and trying to entice family doctors to south Muskoka, and I've certainly heard from many constituents who are very concerned about attracting more doctors to south Muskoka. In fact, my mother lives in Gravenhurst over the wintertime, and this past year she was without a family doctor. There are many other people like her who don't have a family doctor in the south Muskoka area. It's a very important issue that needs to be addressed in south Muskoka.

The other health concern I have from the riding is a long-term-care concern, particularly in the Huntsville area, where we have a shortage of long-term-care home beds and we have gridlock in the emergency department because there are people occupying acute care beds who would prefer to be in a long-term-care home, but we don't have enough beds around. As well, in the Huntsville area we have some older homes that are really in need of redevelopment, particularly Fairvern, that could do now with redevelopment. It's something that needs to be addressed.

**Ms. Shelley Martel (Nickel Belt):** It's a pleasure for me to make some comments here. I'm going to keep them very general because I hope to have a chance to start my debate this afternoon. I guess that will remain to be seen -- on how long the Conservatives go. In any event, I do have some concerns that I still want to raise with respect to some of the schedules, so I'll leave it for that time.

I want to thank all of those who came to the committee to make presentations in the two days that we held public hearings. The room was very hot, it was very crowded and it was not a lot of fun to do the work that had to be done. So I wanted to thank those people who persevered through the couple of hours that we were in committee on the two days of public hearings for having done that.

There were many people as well who sent in written submissions. I know my colleagues received those. People took a great deal of time to express either their support or their concerns, or to offer suggestions and to offer amendments to the committee. I appreciate that people did take the time to do that. They took the work very seriously. Legislative counsel Ralph Armstrong went above and beyond the call of duty, as he did on Bill 140, for Ms. Witmer and I. I do want to say on the record that I appreciate the support that he provided for this bill, for Bill 140, for Bill 50 and for other bills in the past. He certainly did yeoman's service on this bill to get the amendments to all of us in time. I want to thank as well the Hansard staff, the clerk and all of the staff who were involved in supporting the committee. I particularly want to thank the ministry because they were very good to work with in terms of suggested amendments. It was a process whereby there was not confrontation and people were in support, so there was some give and

take with respect to amendments that were moved both by Ms. Witmer and myself that were accepted by the government. I appreciated that the government took the time to do that.
Finally, I want to thank both the Minister of Health and the member for Mississauga East for their very generous comments on the public record here today. I can tell you that the decision that I've made has not been an easy one. It will be difficult to be away from this place after 20 years, but I won't be going very far.

**Mr. Kuldip Kular (Bramalea–Gore–Malton–Springdale):** I'm also very pleased to participate in this third reading of Bill 171. I want to thank the Minister of Health and Long-Term Care. I also want to congratulate him on being the longest-serving Minister of Health and Long-Term Care for our province.
As you know, I'm a family doctor turned politician. Bill 171, if passed, is going to help streamline and improve transparency in the complaints process that would apply to all health professional regulatory colleges, including the one of which I'm an active member at the present time, the College of Physicians and Surgeons of Ontario.
I want to quote the Royal College of Dental Surgeons registrar: "This is a prime example of government taking appropriate steps to protect the public interest and improving on self-regulation. In doing so, it was consultative, collaborative, but never lost sight of its goals."

**Mr. Richard Patten (Ottawa Centre):** Something you can sink your teeth into.

**Mr. Kular:** That's right.
I fully support this bill and urge members on both sides of the House to support this bill so that it gets passed and will help the safety of the people of this province.

**Mrs. Elizabeth Witmer (Kitchener–Waterloo):** As the member for Muskoka–Parry Sound has just indicated, we are going to be supporting this bill.
It was an interesting adventure. There were parts of the bill that we certainly had very strong support for. There were other parts that we felt the government had overlooked. Some of those corrections have now been made. And there were yet other parts where we had amendments and, regrettably, they were not accepted by the government.
But in many respects, I think we owe a great deal of gratitude to the people who work behind the scenes. I want to congratulate Barbara Sullivan. I think she's been an outstanding chair of HPRAC. She's done an excellent job in bringing forward recommendations. Some of her recommendations actually were not supported by this government, but many of them were.
I want to thank the staff at the Ministry of Health and Long-Term Care. Staff do really all of the work. Having been minister myself, they do most of the work on your behalf. They make all of the changes and listen very carefully to what the opposition does say, and I appreciate all of their hard work. Also the staff who worked with Shelley and I -- Shelley has made reference to those individuals. Obviously we're not the ones who draft the amendments. They do a lot of work putting into amendment form the suggestions that we give them, which I certainly appreciate.
I think that most importantly on this bill we received a lot of communications from stakeholders. There were a lot of stakeholders who were impacted by this legislation, Bill 171. We heard from these people via fax, e-mail, phone, letters, stopping on the street -- and congratulations to those people who participated.

**The Acting Speaker:** The member from Mississauga East has two minutes for a response.

**Mr. Fonseca:** I would like to thank the members for Parry Sound–Muskoka, Nickel Belt, Bramalea–Gore–Malton–Springdale and Kitchener–Waterloo for their comments.
I know that all of us here in this House listened to many stakeholders, but the stakeholders that I and everybody here say are the most important are the people on the street, the people at the door. When we go to them, health care still continues to be the number one issue in my riding and, I know, in just about every riding in this province. What many of our stakeholders ask for is, they want transparency, they want accountability. They want to make sure that we have continuous improvement in our health care system. They want to make sure that we're not so closed-minded that we don't open up to other alternative medicines, and that we make sure that those alternative medicines are being brought forward to the public in a safe manner, where people can be assured of safety but also of efficacy. That's what Bill 171 does.
I have to agree with the members' statements when they say that we all worked very hard on this legislation with all the different stakeholders and people in the ministry. Only because of that can we all come here and feel very good about what we're doing and how we're moving forward with this bill.
There are many enhanced services. We now have enhanced services to professions like optometry, dental hygiene and pharmacy. These advanced services will only make our health care system that much better at the local level.

**The Acting Speaker:** Further debate?

**Mrs. Witmer:** Today in some respects, as we debate Bill 171 in third reading, is a bit of an end of an era. I've had the opportunity now for almost four years to participate in health policy that's been brought forward, along with the minister, who was here earlier, and of course Ms. Martel, the member from Nickel Belt. I think at the end of the day, Shelley and I were able to hold the minister accountable and there were some changes that were made. We certainly appreciated the opportunity to work together. I in particular want to pay tribute to the member from Nickel Belt. I've had the opportunity of working with her now for some 17 years and I was personally very saddened to learn that she was going to be stepping down. But I think as a mother and as a wife, I can also understand it. I know that it was difficult for her and her family to come to this decision. I would say she is a women who I believe has had a tremendous impact on policy and legislation that has been passed in this House. She has been a fierce and tireless advocate for many people in Ontario. She has certainly been a very strong advocate for her own constituents in the Nickel Belt area. I know that in any opportunity I've had to interact with her, she has always conducted herself in a very professional manner, and she's going to be a big loss to this House. I feel I'm not just losing a colleague; I feel I'm losing a friend. I've enjoyed the opportunity to be the critic with her, as we've had some fun with the Minister of Health on occasion.
Having said that, we have Bill 171. I did indicate, I think, that people have all played a very significant role. Certainly I thought the committee went quite well once we heard from the stakeholders. Regrettably, not all of the stakeholders were able to make a verbal presentation. I think that's one of the things you have when you have a huge bill. This was an omnibus bill. It dealt with a lot of different components. I think many of the stakeholders actually didn't even realize until almost when we got to committee that indeed there was a bill out there that had some application to them; or came to the realization that maybe if they did want some changes made, now was the time for the

changes be made. Anyway, it was a good process, and many of the initiatives in the bill were long overdue. For others, it's unfortunate that they didn't make it into the bill, because the act hadn't been opened for many years. So I want to talk a little bit today about some of what I think went well and some of what I believe could have gone better. We know that there were over 100 requests from the public to make oral submissions, and we certainly received written submissions from hundreds of other people who simply could not be accommodated, so in many respects this bill didn't have the opportunity to be given as thorough a hearing as the Traditional Chinese Medicine Act had when we created only one college.

As I said before, I was surprised that some of the recommendations deviated from the recommendations of the Health Professions Regulatory Advisory Council, but some of them were subsequently changed.

The first schedule, of course, is schedule A, the Ambulance Act. It's going to facilitate the implementation of a new integrated air and land ambulance system to manage transfers of patients between health care facilities. Obviously, we hope that this newly rebranded ambulance service will continue to deliver the high calibre of care to many of our sickest patients in the province, and we certainly do support that change.

Schedule B involves some amendments concerning health professionals. It will enhance the services that optometrists, dental hygienists, pharmacy technicians and interns provide. This schedule actually does flow from recommendations that have been made and published by HPRAC over the years, and again, I think it will help put the interests of Ontarians first by allowing the public to have more choice and enhancement of health services. In some ways, obviously, it can relieve some of the pressure on the health system as people look for other ways to access health services.

Schedule D: This is the Health Protection and Promotion Act, the Ontario Water Resources Act, and the Safe Drinking Water Act, 2002. Schedule D proposes the transfer of legislative responsibility of five categories of nonresidential and seasonal residential drinking water systems from the Ministry of the Environment to the Ministry of Health and Long-Term Care. On March 26, I indicated that schedule D didn't seem to have much in the way of substance. In addition to this, I said that without further clarification regarding the costs associated with the testing of water, it would be difficult to support this initiative without receiving some confirmation from the Minister of Health that the costs of testing water would be borne by the province and not Ontario's overburdened boards of health or municipalities. I'm very pleased to report that during the first day of clause-by-clause proceedings, the member from Mississauga East did assure me that the Minister of Health had indicated in a letter to all public health units dated April 3 of this year that if this legislation is passed, "provincial support would be provided on a 100% basis for start-up costs, including an initial planning period, followed by a two-year period of conducting the initial site-specific risk assessments." So it appears that at least in the short term, in the near term, there will be provincial support, and obviously, then, we'll need to continue to monitor that. I appreciated Mr. Fonseca's bringing that information forward.

We know that safe drinking water continues to be a very serious issue; Walkerton reminds us of that. We now have become aware of the presence of lead in some of the municipal systems. This issue regarding water safety is one that we need to continue to take very seriously and that we need to continue to address. I am concerned now about the issue related to lead and what appears to be a lack of action on the part of the government.

Schedule F: This is the Health Protection and Promotion Act. I did put forward an amendment that would have made some changes. Obviously, there is some regret that

our amendment, which was put forward at the request of the Ontario Medical Association, was not accepted.

We are very concerned about the fact that we don't have enough medical officers of health in Ontario. The OMA has indicated they are concerned as well with the fact that these MOH vacancies are not being filled. Certainly, we need to do a much better job. In fact, the Ontario Medical Association indicated in their written submission to the standing committee on social policy, "It has become evident that section 62(2) of the Health Protection and Promotion Act is not sufficient to cause MOH vacancies to be expeditiously filled."

I'm concerned by what was omitted by the government's amendment to our amendment. We currently, today, have one third -- 12 of the 36 -- of the MOH positions not filled. Our amendment was not accepted. All we got was a government amendment speaking to the fact that there should be an annual report indicating the number of vacancies. I think we need to identify the vacancies, but we also need to identify the activities that are going to be undertaken to fill those vacancies. Our amendment to do so was not accepted, and my colleague from Nickel Belt had a similar amendment. We talk about SARS; we talk about Walkerton. I think if we genuinely are concerned about the protection of the public, public safety, it is important that all 36 of those positions be filled. I think it's important that we currently have at least 12 of them that are not filled, because it does have an impact. So we need to address this. This issue of the fact that one third of the medical officers of health positions are not filled is, I think, really a grave concern, and certainly it leaves us somewhat vulnerable, when we have a local outbreak of infection, as to how we're best going to manage that. So I think there was a lost opportunity on the part of the province and the ministry in not adopting our amendment to ensure that not only would we identify the number of vacancies, but we could also identify ways in which these vacancies could be filled.

The OMA has indicated for a long time now that they are concerned about the capacity of our public health system, and that's why they provided some of these recommendations. In fact, let me read from their November 2005 policy report, where they say, "Public health, like many other health care specialities, must be ready to go 'from 0 to 60' at any given time -- and that time is unpredictable. Similar to an emergency department or an intensive care unit, volumes and the nature of cases can be trended over a period of time, using historical data, current trends and an understanding of the environment. However, activity levels can change quickly and the system must be properly resourced with skilled professionals for the unexpected at any and all times."

I go on to quote from them: "We have learned many lessons from SARS, but one of the most profound was the corroboration of what we already knew -- SARS was only an example of an outbreak of disease -- it was destined to happen, and it is destined to happen again. For those health care professionals who worked in the greater Toronto area, this knowledge has been transferred from an intellectual understanding to a chilling reality at a visceral level. We have not increased our medical officer of health capacity since the SARS outbreak and do not currently have an adequate number of public health experts to respond effectively to another outbreak....

"The Walkerton experience provides an opportunity to examine and learn important lessons relating to accountabilities within the public health system. The incident draws our attention to the need for sound governance, properly credentialed full-time medical officers of health, strong, independent leaders with executive authority, and a system that empowers the medical officer of health to perform his or her fiduciary role without constraint or influence from the political arena."

That's taken from the Ontario Medical Association health policy report of November 2005 entitled Guarding the Health of Citizens: The Crucial Role of the Medical Officer of Health.

I just want to stress how regrettable it is that we currently, today, still have vacant almost one third of the medical-officer-of-health positions. This does not seem to have been a priority for the government. They didn't accept our amendment that would have looked at ways to ensure that those vacancies were filled.

I think there are other areas here. We had other motions that looked at protecting the public. If you take a look at schedule F, it makes numerous amendments to the Health Protection and Promotion Act. Among them, the act is amended to allow reporting by medical officers of health to health facilities in regard to communicable diseases acquired at facilities and to allow for the issuances of orders against institutions or public hospitals for the purpose of dealing with communicable disease outbreaks. SARS showed us that there is no easy way to deal with new infectious diseases, and obviously there was a need for strong leadership.

The Ontario Hospital Association had a submission regarding an appeal and review process. Again, they wanted the medical officer of health to be able to take "definite and immediate action in emergency situations." They recommended that "an appeal mechanism be built into the legislation that would provide appropriate due process in instances where a public hospital or other institution has concerns regarding an order that impacts its ability to deliver care." They were concerned that "the order may request resources deemed critical by the planners of another facility and while solving the problem in one facility" might cause "the same or a similar problem in another."

They said, "There needs to be a process by which additional clarification as to the rationale for the issuance of the order or appealing an order can be made, since public hospitals are accountable to meeting the needs of their communities and ensuring the safety of their staff. In addition, clear time limits on an order would effectively trigger a review of the necessity to continue with an order beyond its expiry date." That was from the Ontario Hospital Association submission.

We've talked about Justice Cory. I think Justice Cory's recommendations for the most part have now been adopted. Regrettably, they were much slower to be adopted than had been originally anticipated. It was actually 22 months later, after his report was introduced. So again, I think that's noteworthy.

We've got the creation of this new agency in schedule K, the Ontario Agency for Health Protection and Promotion. There is a need for this agency, we would agree. However, I would also indicate that the government has taken a different approach than was recommended by Supreme Court Justice Archie Campbell, who said that an arm's-length agency fails to take into account the major SARS problem of divided authority and accountability. He said in his report, Spring of Fear, "An important lesson from SARS is that the last thing Ontario needs, in planning for the next outbreak and to deal with it when it happens, is another major independent player on the block....

"The commission in fact recommended a much different arrangement in its first interim report, and warned against creating ... another autonomous body, when SARS demonstrated the dangers of such uncoordinated entities...."

We have schedule L, the Drug and Pharmacies Regulation Act, here. We have a letter here regarding schedule L that was sent to my office regarding that change: "The OCP very much supports Bill 171 and considers that passage of this bill will provide regulatory health colleges with the ability to more effectively and efficiently regulate our professions in the public interest."

I think some of the changes are seen as good news for people in the province. It will permit pharmacists in Ontario to fill prescriptions authorized by prescribers licensed in

other Canadian jurisdictions. This is good news for patients in the north and the east who obtain their medical services and prescriptions from physicians in Manitoba and Quebec. Currently, they can't have them filled in Ontario. It will bring Ontario into line with the practice that is already in place elsewhere.

Certainly the college indicated they were also supportive of amendments that would permit the college to take quick action to close down a pharmacy where there is compelling evidence that continued operation of that pharmacy could put the public at risk. We had an example in Hamilton in 2005 when a counterfeit product was being dispensed from a pharmacy. The college was able to close the pharmacy, but it took five business days and it had to go to the provincial courts to obtain the right to do so under the current legislation. Again, there's support for that.

We introduced a motion -- it was our motion 65 -- concerning schedule M, the Regulated Health Professions Act. There were some motions we introduced here that I was disappointed were not adopted by the government, because it's been 15 years since the bill was opened. There was an opportunity to make some changes that were actually supported by the college, recommended by the colleges. In fact, any amendments that we brought forward were not our own. Obviously, they're always as a result of stakeholders.

One of the recommendations was a proposal that was brought forward by the College of Physicians and Surgeons of Ontario to appoint a legal chair to chair their discipline panels. For the benefit of the people watching, I just want to read a portion of the college's written submission as to why they wanted a legal chair to be able to head up the discipline panels:

"The college's current discipline process has become increasingly litigious and procedurally demanding, as it faces growing pressure from defence lawyers and the courts. Contested hearings are prolonged as discipline panels confront issues and arguments that are progressively complex and strongly challenged.

"Independent legal advice as currently structured is not designed to direct the panel, such that the panel is left to make procedural technical decisions without the requisite expertise. For example, when objections occur during the course of a case, the panel must receive advice from ILC, followed by submissions of counsel for both parties on the advice of ILC, and then make a decision in an area of expertise outside their own. Each ILC has a different approach to how directive they will be, with the result that there can be inconsistencies, thereby causing further confusion for the panel members. The panel then must be able to be write written reasons that will withstand judicial scrutiny." This despite the fact that these people are not lawyers.

"As a result" -- and this is why the college was making the recommendation -- "the college recommends that a small pool of three or four retired judges and/or experienced litigators be appointed by the Lieutenant Governor in Council to the colleges' discipline committee. When appointed by the discipline committee to chair specific panels, the jurist would add value by making procedural decisions in consultation with the panel and by assisting with writing decisions. These individuals would be public non-council appointments, ensuring that the existing ratio of professional/public members on college discipline panels is maintained."

They go on to say: "A legal chair would bring additional expertise to the discipline panel that would (1) enhance collaborative decision-making and build greater capacity within a panel; (2) allow the medical panel members, at the same time, to focus on the medical care and professional conduct issues; and (3) enable the panel to be more proficient at deciding procedural issues and arguments during hearings, and at preparing its reasons."

“This approach has successfully been in place in other jurisdictions, including Nova Scotia, Quebec and Saskatchewan.”
That recommendation was respectfully submitted by the College of Physicians and Surgeons of Ontario. I think it is very regrettable that the government did not accept the recommendation that we have a legal chair for discipline panels. If you listen to either the professionals on some of the discipline panels sitting in on the hearings or if you look at the public members, they simply don’t have the expertise, and of course people on the other side are bringing in their lawyers. So I think this is certainly something that could have and should have been adopted but was not.
We also brought in other amendments as well. There was a motion 51 concerning providing notice to a member who is subject to a complaint. We put that motion forward on the recommendation of the College of Physicians and Surgeons of Ontario: “The college believes that the RHPA currently does not specify a set time period for the provision of notice to a member who is subject to a complaint. While the college it supportive of a general provision imposing a time limit, it stresses the importance of allowing for exceptions in certain cases where at least some investigation needs to be done prior to notifying the subject member.”
They pointed out that, for example, “A sexual abuse, fraud or serious prescribing complaint may require the college to obtain an appointment of investigators by the ICR committee, and in some cases perhaps even a search warrant, to obtain original medical records prior to notifying the member of the complaint out of concern for the preservation of the integrity of evidence. That is why in these types of cases, if the member under investigation is aware that a complaint against him/her has been submitted to the college before the investigation commences, the integrity of evidence may be jeopardized.
“The appointment of investigators and the obtaining and execution of a search warrant will generally take more than 14 days and therefore there needs to be a mechanism to allow for an exception to the 14-day general notice provision for these types of cases.”
Again, a recommendation made by the College of Physicians and Surgeons of Ontario.
Obviously we’re thrilled that schedule N, the Chase McEachern Act, which promotes the use of automated external defibrillators, is moving forward. I know my colleague from Simcoe, Mr. Tascona, was strongly supportive of this initiative. We’re really pleased that it’s going to make it much easier for the use of AEDs in public.
Our party has always supported this type of initiative. In fact, we spent around $9 million on the heart defibrillator initiative that equipped and trained 4,500 paramedics in Ontario with such devices. We had the chance to hear from Chase’s father, John, during the public hearings. He certainly made some very moving remarks. I think we all applaud him for having the courage to come forward to speak to the committee. Statistics show that every minute someone goes into cardiac arrest, their chances of survival without treatment decrease by 7%, so we strongly support that initiative.
We supported schedule O, the new college for kinesiologists. It provides a level of care that people in this province expect. All three parties agreed to schedule P, taking a look at the Naturopathy and Homeopathy Act. There was concern about a joint college. We received a lot of letters from people on that particular issue. They were looking for separate colleges. They both believed that their distinct and unique system of medicine deserved protection under a separate college. These groups also proposed that their professions boast sufficient numbers to warrant separate colleges. I’m very pleased that we all agreed that there should be two colleges instead of one so they can preserve and maintain the distinct tenets of naturopathy and homeopathy. We certainly received a lot of communication from people in those two fields. I think this was a case where pressure paid off.

Schedule Q, the Psychotherapy Act: I think we were all surprised that the government initially excluded social workers from the regulation of psychotherapy. Everybody in this province knows that social workers do a tremendous job in delivering a wide array of programs and services to literally thousands of Ontarians. They have a significant impact on the lives of many individuals and many families. I think of the folks at home who work for different agencies and service deliverers; they do just a tremendous job. We were pleased that we were able to give them recognition in 1998, when we introduced the Social Work and Social Service Work Act, because until that time, Ontario had been the only province that didn't regulate social work. Since that time, they've continued, as I say, to be outstanding health professionals. We did include a substantive amendment to Bill 171 to include Ontario social workers under the proposed regulation of psychotherapy; the other parties did as well. I'm really pleased that this amendment has been accepted and that we're going to continue to see social workers being able to deliver key services in so many different areas -- probation, mental health, services for people with developmental handicaps and children's aid societies.

**Mr. Patten:** Counselling.

**Mrs. Witmer:** Counselling; they do a tremendous job in counselling. I think of the services at home –

*Interjection.*

**Mrs. Witmer:** Pardon?

**Mr. Patten:** We need some counselling; politicians need some counselling.

**Mrs. Witmer:** Oh. Richard says that when he retires he's going to need some counselling.

They truthfully do. I would say the group that probably lobbied hardest, longest and loudest for changes to Bill 171 was the social workers. They were the first ones out of the gate. As I say, it took some of the health professionals a long time to even become aware of the fact that changes were being made and that they might have an opportunity to impact some of the changes. But I will tell you, social workers were certainly the first ones to send lots of communications to my office and to come and see me. I had people here in the Toronto office, I had people in the Waterloo office. We've got some great social work students and professors in my own community, we've got great programs in schools, and I have to commend them for the leadership that they provided, because I certainly think it was thanks to them that all three parties agreed that a very, very substantive amendment needed to be made to include social workers under the proposed regulation of psychotherapy.

However, having said that, although the government was responsive in this respect, they did not move forward with the other concern that some of the social workers had regarding the use of the title "doctor" in the province of Ontario. Regretfully, Ontario is going to remain the only jurisdiction in Canada -- that's pretty significant -- that confines the use of the title "doctor" under the Regulated Health Professions Act. Unfortunately, the government did not agree to a motion that we put forward to address the restriction on the use of the title "doctor" by Ontario's social workers.

I just want to read a memo that I received from Nancy Riedel Bowers, MSW, RSW, PhD, dated May 27: "Re Hansard response to the Bill 171 amendment put forward by E.

Witmer and S. Martel, May 14, 2007, in the social policy committee." I'm going to quote directly from her letter. This is what she writes:
"Having attended and presented with two colleagues of the doctor of social work task force at the social policy committee hearings for Bill 171 on May 7, I have now read the decision as to whether to allow our request for section 33 of the Regulated Health Professions Act to be amended to include social workers with doctoral degrees. The Hansard clearly identifies that the committee will give the matter consideration but with absolutely no clarity as to why the matter is not going forward at this time."
That's what's key, and this is what she underlines: "absolutely no clarity as to why the matter is not going forward at this time."
She goes on to say:
"I, along with other senior colleagues with doctoral degrees in social work, have been waiting for a review of this act. We have been part of meetings for four years to prepare for this review and we have been part of much consultation with the Ontario association of social work and social service workers, the Ontario College of Social Workers, and with lawyers.
"I was hired by our committee to conduct international research on the matter and found, as you are well aware, that we are the only location in the entire world, including all the provinces, the United States, Britain, Australia, China and many other countries, where we are not able to use our deserved, earned degree in a health-mental health capacity.
"Quebec has the only model of inclusion that could work swiftly to amend the Ontario RHPA; that is, to allow for the use of title 'doctor,' with professions denoted after the name, along with academic degrees.
"My colleagues in the United States who conduct child and play therapy to situations of trauma and very serious issues are aware of this intended blocking of the social work profession in Ontario from using their well-earned titles.
"In the United States, social workers, along with psychologists and medical doctors, amongst others with senior degrees, are all permitted to use their titles. Some of these colleagues were called upon to intervene with the children who were in schools in and around Ground Zero the day that the twin towers were hit. Their expertise was valued in that crisis situation and some have indicated that with the restriction on the use of title 'doctor' in Ontario, they would not relocate to this province."
Listen to this: They're not going to relocate to this province if we're going to put a restriction on the use of the title "doctor." Ironically, Ontario has the largest number of doctoral programs in social work, hires the largest number of mental health professionals and publishes the largest amount of academic work in children's and adult mental health. Despite all this, the largest number of doctoral programs in social work, the hiring of the largest number of mental health professionals, the publication of the largest amount of academic work in children's and adult mental health, we are still restricting the use of the title "doctor" in Ontario, unlike the rest of the world that has moved forward and where they are entitled to use their deserved, earned degree in a mental health capacity.
She goes on to say -- and this is in bold letters. She's speaking to all of us in this House. She's speaking to the Minister of Health, she's speaking to Premier McGuinty, she's speaking to the government, who has the majority, who has the power, and she says:
"I beg of you at this time, recognizing that decisions are being made imminently, to reconsider the decision of the social policy committee of last week. The implications for the profession of social work, as well as the expertise for the treatment and therapy of children and adults, is greatly affected by this wish to hesitate when no good reason has been given to do so.

“The HPRAC review has recommended, by implication, the inclusion of social workers with doctorates along with the listed five professions of section 33. Their research, along with mine, the opinion of lawyers and the research completed by the government should be sufficient at this time for inclusion of the amendment by Mrs. Witmer and Ms. Martel.” She goes on to say, “Thank you for your reconsideration of this very important matter.”
I urge the government to reconsider the decision that was made at committee. I urge you to make changes in order that we can move forward and include social workers and allow them, as they have asked, to basically be recognized as they are in other countries. She suggested that Quebec has a model of inclusion that could work swiftly to amend the Ontario RHPA, and that would be to allow for use of title “doctor” with professions denoted after the name along with the academic degrees.
I urge the government -- this is the one amendment that there has been absolutely no reason, no clarity provided as to why the issue is not moving forward at this time. Both Ms. Martel and I did make amendments, and I would just urge the government to ensure that they will address this issue. I don’t know why they’re blocking the social work profession from using their well-earned titles. That, to me, is one of the biggest issues that has not been resolved, when you consider the expertise we have in this province and the need for these individuals to meet the needs of children and families in our community. I hope that the government, within the time that remains, gives this very serious consideration. I know that they would receive unanimous support to introduce that amendment from all parties in this House. Surely, there has to be a way at this point in time that we can consider an avenue to address that issue and make the appropriate amendment.
I just want to also indicate that at the end of the day the Ontario Association of Hypnotherapists had some concerns as well that they feel have not been addressed and that they feel could have an impact on mental health services in the province of Ontario. They wanted hypnosis to be specifically excluded from the Psychotherapy Act, and they were looking for support in creating a framework for voluntary self-regulation for hypnotherapists in Ontario.
That concludes my remarks. As I say, it’s a huge bill; it’s an omnibus bill. The government certainly got some parts right; after public hearings, we have more parts that are right. There are still a few outstanding concerns, particularly the one regarding the “doctor” title for social workers. That’s the issue that I have continued to receive correspondence on, and I think there is extreme disappointment that the issue wasn’t addressed. The government didn’t give any reason as to why they weren’t going to address it at this time. As I say, the act hadn’t been opened for 15 years, and this was the opportunity to get it done. I really want to conclude by beseeching all members of this House to do what they can to encourage the minister and the government to move an amendment that would provide the “doctor” title to those social workers in our province who certainly deserve it.
Anyway, it has been a great opportunity to work with all of my colleagues in the House. We are nearing the end of our four-year term, and I guess this is going to be the last health bill that we all have a chance to debate -- in a few weeks, I guess we’ll all be leaving here -- but there are certainly many provisions within this bill that are long awaited. I’m pleased at the end of the day that, working co-operatively, we were able to make a lot of amendments that are going to benefit the health professionals and make other changes but that, most importantly are going to respond to the needs of people, in the province of Ontario and provide more accessibility to health care providers. There are initiatives here that are going to increase people’s chances of living a healthier and longer life as well. Thank you very much.

**The Acting Speaker:** Questions and comments?

**Ms. Martel:** I wanted to follow up from where the member from Kitchener-Waterloo left off, which is around the issue of the "doctor" title, because she is correct. Both she and I moved an amendment that essentially went back to an HPRAC recommendation. The amendment that was moved is essentially the language that was provided by HPRAC around this issue in its document called New Directions. HPRAC made a very significant recommendation regarding the "doctor" title, which sections of the RHPA should be repealed and what should be substituted. When I have a chance, I will be reading more into the record in terms of what they had to say around this issue.

But, really, I didn't understand the government's rationale for not moving on this matter at this time. It is highly unlikely that we're going to get another opportunity in the very near future to open up these acts and make necessary changes. I think that Barbara Sullivan has done a wonderful job at HPRAC, and I regretted very much that, with respect to this particular issue, the government was not compelled to move on it. I think that we have an opportunity now, and by not doing so it will be a long, long time before the situation ever gets rectified in the way that it should, which is to allow others who have equivalent educational credentials to also use a doctor title. So I regret that that didn't happen during the course of these public hearings.

I do want to say as well that there were a number of amendments that were moved by both Mrs. Witmer and myself with respect to CPSO. The government accepted some of them, and others around hearings and the formation of tribunals -- I guess that's one of the words you could use -- were not accepted. That was not an uncommon problem. We also had this raised with us by the royal college, who expressed their concerns about their ability to find panel members if you had different panels that were sitting at the same time, and that was going to cause them some serious difficulties. I think those could have been resolved in the manner that had been put forward by CPSO or in the manner that had been put forward by the royal college, and I regret that the government didn't do that.

I think we're going to have ongoing problems not just at those two colleges but at a number of others as a result of our inability to agree on how to fix problems that were identified by colleges that have been in place for some long time now and have a clear understanding of some of the pitfalls of the current legislation and what needs to be done to rectify these matters.

Finally, if I might, I want to thank the member from Kitchener–Waterloo for her very, very generous comments with respect to our being here together for a very long time now. Some days, it seems longer than others. She has been here for 17 years, and my 20th anniversary will be on September 10. I certainly appreciated working with her in the last couple of years as health critic for her party, and I've been health critic for mine. I just want to wish her well in the next election. I don't have to run again; she does. I hope she does all right.

**Mr. Patten:** I'm pleased to react to the member from Kitchener–Waterloo and her comments. As usual, I think she has done a thorough job of analyzing the scope of this omnibus bill and the range of significances that are here as well. Because I only have about a minute and a half, I'd like to respond to a couple of areas. Certainly, we received a great deal of response from putting together, in the initial drafting, the naturopathic and homeopathic schools. That is now separated out, and I hope that everybody is happy -- certainly, with the social workers, as was pointed out as well.

There's great resistance in the existing medical field. Let's face it: That's where the pressure comes from. Other than the medical doctors, they don't want anyone else to

use the title, by and large. My reaction is, “Get over it.” There’s a new day of new understandings, of new therapies that have a rich and extremely important role to play in the healing process. It’s not all based on western medicine -- that model and the arrogance that is very often there -- which is a good model, but it’s not the answer to everything.

I’ll tell you that when I had cancer seven years ago, the therapy that was the most helpful to me was that of the naturopaths, who helped me to look at healing as part of my own responsibility and all the things that one can do in terms of diet, in terms of your spirit, in terms of your mental attitude, in terms of some special supports with minerals and vitamins and omega oils and things of that nature, which are very helpful to get your immune system up. The regular medical model didn’t even look at that. Anyway, I’ll leave that as it is.

I would like to congratulate my friend -- I hope we’ll have another opportunity -- from Nickel Belt, who recently announced that she was not going to be running again. I have great respect for her. She’s a very diligent member and will be missed by this House. I’m sure that the member from Kitchener–Waterloo will be running again and be back again. I want to wish you all the very best too.

**Mrs. Christine Elliott (Whitby–Ajax):** I appreciate the opportunity to add just a few comments with respect to Bill 171. I would like to start by commending my colleague the member for Kitchener–Waterloo for her dedicated and meticulous work on this bill, with the result that the amendments that she has brought forward, along with the considerable work that the member from Nickel Belt has done on this bill, have led to some significant changes and amendments to this bill that will make it even stronger. I think they should be commended for their excellent work on this.

This is a massive bill, as everyone has commented. It is a huge omnibus bill that deals with improving health systems in Ontario. There are some 18 schedules to it dealing with a large and very diverse group of issues. I would like to just comment on two of the particular schedules that are contained in this bill, because they are issues that I have heard directly from some of my constituents who have met with me in my community office to make their representations known with respect to this bill, which I have passed along to my colleague.

One is schedule P, the one that deals with naturopathy and homeopathy. I understand that in the course of the hearings on this bill they were separated out into two separate colleges, which I think is going to serve the professions well as we move forward because they are two very different types of health professions. I think we should commend the government for making those changes. I did hear a lot from constituents about that.

Secondly, with respect to schedule Q, dealing with the psychotherapy aspect, I did have a number of social workers who came to meet with me who spoke about the need to engage in psychotherapy, that being one of the essential tenets of their profession. Again, I commend the government for accepting that and for making those amendments.

**Mr. Dave Levac (Brant):** Just before I get into the comments of the member from Kitchener–Waterloo, I just want to add my own personal thanks to the member from Nickel Belt. I personally have spoken to her. I’ll do that at another place and another time, but I want to echo the joy that I’ve had in getting to know her and watching her do her work in this place. More importantly, she made the decision, and I know, because she told me, that it was a very difficult decision, because you are engaged in this province, you are engaged in your riding, and you have a family. I know there are priorities in life, and you’ve chosen that one. I congratulate you and I thank you for that

decision. I preach a lot about that in this place in terms of family first, the individual, the human first, so I appreciate that decision and how difficult it was.
The other is the Chase McEachern situation. The McEachern family came to Brantford before we even discussed this bill, and with the Heart and Stroke Foundation, Walter Gretzky and the city, we started doing the defibrillator. I got to meet the family and I can tell you that I am so impressed with their passion. That this family wanted to turn the crisis and the disaster into a positive thing tells us again, one more time, how important our families and people are and the impact they can have in the province. So I want to thank them.
I also want to say thank you to the teaching profession, because they were the first ones who came through with the blue pages that said all of the things they had to do -- the discipline -- and they didn't make it a secret. I have to tell you, at first it was a novelty to look through the pages to see who got disciplined. But now it has turned into an actual format in which the public gets to see exactly what is going on in the profession. I would say that the secrecy of health is now hopefully going to be ripped open, because there are some cultures in there that everything must be kept secret from the people that it's all about. So I'm proud about that moment.
Also, the fight that has gone on before in the long term between the MRC -- that took a long time for us to change.
Now I come back quickly to the member from Kitchener–Waterloo. Fifteen years in the making -- a lot of governments have gone and come, so there could have been some more work done by each one of the governments that led to this point. So I'm glad we're all on the same page and I thank you very much for those comments.
I look forward to the member from Nickel Belt giving us the final hurrah, at least on this topic and this bill. I think you're going to get some time.

**The Acting Speaker:** The member from Kitchener–Waterloo has two minutes in which to respond.

**Mrs. Witmer:** For people who are watching, I think they've just heard four people speak who do an outstanding job in this House. I think you can see, based on the remarks that have been made, the ability of people in this House to come together, to reach agreement, to reach consensus, to appreciate the work of others.
I want to thank the member for Nickel Belt. We've heard how she will be departing.
I want to thank the member for Ottawa Centre. We're going to miss you, Richard. It's not going to be the same without you here. You've always been a hard worker.
We've heard from my colleague in Whitby–Ajax. She's probably the newest member of our team. When you hear her speak, you know that she's going to be an outstanding individual and make a wonderful MPP, really here for the right reasons: to advocate on behalf of the people. And of course my good friend the member from Brant is always positive, always wanting to work in co-operation with other people.
For people watching, this House has the opportunity to work very well if we always continue to put at the top of our minds the people who are going to be impacted by the legislation, a desire to work in co-operation to try to reach consensus and put aside some of the other things that sometimes happen in here.
We have Bill 171. It is moving forward. It will be the last health bill this government introduces during this term. I'm just glad I had the opportunity to be a part of it. I want to thank the stakeholders, because without their input and their strong advocacy, we wouldn't have seen the bill we've ended up with. It's a good, strong bill.

**The Acting Speaker:** Further debate.

**Ms. Martel:** It's going to be hard to get gunned up for 10 minutes, and then have to shut it down and come back another day, but let me say that I am pleased to participate in the debate and I do intend to go for an hour. I'm not sure how that will be divided up and when I'll get to do the rest of it, but I am doing the lead-off for the NDP and there are some things I want to say with respect to the bill.

Before I get there, though, I should say something to Mr. Patten, because of course it's been public for some time that he's leaving. He, Mrs. Witmer and I have been sitting on a committee together to select the new chief medical officer of health and assistant deputy Minister of Health to replace Dr. Sheela Basrur, and it's going to be a very difficult task indeed to find anyone to replace Dr. Basrur.

During the course of those meetings I've been talking to Richard about what he plans to do next, and there's been some discussion, all the while knowing that he wasn't the only one going, but the time and place for me to announce hadn't come yet. I really wish you well. It's been a pleasure to serve with you over many years in this House. I don't know what you'll end up doing next; I know you've got some possibilities. I'm not looking, so I'm not even there yet, but I really wish you well in whatever you do next, Richard.

I want to thank all those folks who made presentations and who provided written submissions. People did take this work seriously. There were so many different views with respect to some of the schedules, how they should be dealt with and how people's concerns should be responded to. The process in terms of going through many different schedules that had many different aspects of health and trying to find some common ground wasn't easy all of the time, but people worked together to do that, recognizing that these are issues we need to move forward on. We wanted to come out of it with a better bill, and I think we have.

I want to thank legal counsel Ralph Armstrong again for all the work he did in trying to make the time set out for amendments to be placed -- he worked very hard to do that -- and the other staff: the committee clerk, Trevor Day; the research staff; the Hansard staff -- all of the people who worked in two days of public hearings in a committee room that was very hot, very stuffy and very full of people -- in fact, there were people in an overflow room for both of those days -- who then came back to do clause-by-clause for a number of hours to wrap it all up. I appreciated all that work and all of their efforts.

Finally, thank you to the ministry staff and my colleagues in the other parties. I think the work moved along very well. There was a good spirit of co-operation; there was acceptance of both NDP and Conservative amendments during the process. I appreciated that the government, because in many cases we were all thinking the same thing, was prepared to make some small changes to allow some of those opposition amendments to be adopted. I want to thank everybody who decided that was the way to approach it rather than maybe doing something differently.

I want to focus on those schedules where some of the ongoing concerns I raised on second reading still have not been met. I want to indicate at the outset that, yes, we will be supporting the bill, but I think it's important that I put on the record the areas that are still outstanding and how I wish there could have been some other resolution to those areas.

I want to deal first with schedule B. Schedule B is amendments concerning other health professions. In this regard there were a number of changes that were made to health professions that were regulated under the NDP from 1990 to 1995, changes that, because we were opening up the act for the first time, were being made, and some others that I wish had been made. Specifically, the ones I want to focus on with respect to schedule B are those that involve the Nursing Act, 1991.

We heard from both the Ontario Nurses' Association and from the Registered Nurses Association of Ontario that the proposed changes in Bill 171 with respect to the Nursing Act did not go far enough. Certainly, there was an appreciation that there is a protected title of nurse practitioner, but there were other changes that have been recommended to the government for some long time now, over a year in fact, by the College of Nurses which would allow registered nurses to participate in the health care system to their full scope of practice. In that regard, I want to read a little bit from the presentation that was made to the committee by the registered nurses' association with respect to those changes that they would have liked to have seen around prescribing. I'm quoting from their submission:

"The proposed change to the Nursing Act in Bill 171 with respect to prescriptive authority falls far short of open prescribing. It proposes moving the process from a drug-specific list to one of a category of drugs. In the end, this may prove to be more time-consuming and challenging to implement than the current model.

"CNO" -- that's the College of Nurses of Ontario -- "proposes open prescribing for registered nurses in the extended class. In a context of rapid technological change and evolving roles, there is compelling evidence that the current list-based approval process for the registered nurse extended class, diagnostic and prescriptive authority, is untenable. The current list-based system results in treatment delays, unnecessary duplication and misallocation of resources.

"Open prescribing for diagnostic tests and pharmaceuticals already exists in several Canadian jurisdictions, including Saskatchewan, Manitoba and British Columbia. As of 2000, in the United States there were 25 states that gave full prescriptive authority to nurse practitioners, including four controlled substances." Therefore, the RNAO, based on legislative amendments that had been put to the government over a year ago, proposed a number of changes to expand the RN scope of practice, including:

"(1) communicating to the individual, or his or her personal representative, a diagnosis;

"(2) setting or casting a fracture of a bone or a dislocation of a joint;

"(3) applying a form of energy prescribed by the regulations under this act; and

"(4) dispensing a drug as defined in subsection 117(1) of the Drug and Pharmacies Regulation Act."

As the RNAO said, "RNs should have the authority to perform these acts within the nursing scope of practice based on knowledge, skills and experience. This will ensure timely access to care, reduce the need for delegation and support progression of care management in a timely way."

It was for that reason that I put forward, on behalf of our party, amendments to the Nursing Act, 1991, which flowed from the presentation that we heard from the Registered Nurses Association of Ontario and flows from legislative changes that the College of Nurses of Ontario has had before the Ministry of Health for almost a year now.

I moved that section 14 of schedule B to the bill be amended by adding the following subsection:

"3. Prescribing or dispensing a drug.

"3.1 Setting or casting a fracture of a bone or dislocation of a joint.

"3.2 Applying or ordering the application of a form of energy prescribed by regulation."

These would have allowed for much more open prescribing, as we were encouraged to do, and put in place two other controlled acts that nurse practitioners don't have right now, which would certainly have assisted them in the provision of their duties, be it in a community health centre or an acute care setting.

It is regrettable that the government did not move on these changes. I do not think this act will be opened again for some long time. We had an excellent opportunity with Bill

171 to take a look at changes to a number of health care professions, and indeed, the government made a number of changes to the various health care professions that had been regulated under the New Democrats. I think we missed a golden opportunity with respect to the Nursing Act in not agreeing to move on those changes that have been put forward to us both at the committee stage and to the ministry well over a year ago. I think those changes would have allowed nurse practitioners in particular to respond in a much more timely way to the health care needs, both in the community and acute care settings. It would have been much better for patients and would have really ensured that nurse practitioners could practise to their full scope of practice. I don't know when the government's ever going to get back to this. This would have been the opportunity, and I regret certainly on behalf of nurse practitioners that these changes didn't occur, which would have allowed them to really work to the full scope of practice, as they should do and as they need to do in Ontario now to provide the best possible health care to Ontario patients.

On that note, since I would like to be on a different schedule on another day, I will stop at this time.

**The Acting Speaker:** In the spirit of co-operation which I have seen here today, I think it's close enough to 6 of the clock. This House stands recessed until 6:45 this evening.

*The House adjourned at 1755.*

*Evening meeting reported in volume B.*