



Legislative Assembly  
of Ontario  
Second Session, 38<sup>th</sup> Parliament

Assemblée législative  
de l'Ontario  
Deuxième session, 38<sup>e</sup> législature

## **Official Report of Debates (Hansard)**

**Monday 14 May 2007**

## **Journal des débats (Hansard)**

**Lundi 14 mai 2007**

**Standing committee on  
social policy**

Health System  
Improvements Act, 2007

**Comité permanent de  
la politique sociale**

Loi de 2007 sur l'amélioration  
du système de santé

### **Hansard on the Internet**

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

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

### **Index inquiries**

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

### **Copies of Hansard**

Copies of Hansard can be purchased from Publications Ontario: 880 Bay Street, Toronto, Ontario, M7A 1N8. e-mail: [webpubont@gov.on.ca](mailto:webpubont@gov.on.ca)

### **Le Journal des débats sur Internet**

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

### **Renseignements sur l'index**

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

### **Exemplaires du Journal**

Des exemplaires du Journal sont en vente à Publications Ontario : 880, rue Bay Toronto (Ontario), M7A 1N8 courriel : [webpubont@gov.on.ca](mailto:webpubont@gov.on.ca)

---

Hansard Reporting and Interpretation Services  
Room 500, West Wing, Legislative Building  
111 Wellesley Street West, Queen's Park  
Toronto ON M7A 1A2  
Telephone 416-325-7400; fax 416-325-7430  
Published by the Legislative Assembly of Ontario



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

## LEGISLATIVE ASSEMBLY OF ONTARIO

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
SOCIAL POLICYCOMITÉ PERMANENT DE  
LA POLITIQUE SOCIALE

Monday 14 May 2007

Lundi 14 mai 2007

*The committee met at 0906 in committee room 1.*HEALTH SYSTEM  
IMPROVEMENTS ACT, 2007LOI DE 2007 SUR L'AMÉLIORATION  
DU SYSTÈME DE SANTÉ

Consideration of Bill 171, An Act to improve health systems by amending or repealing various enactments and enacting certain Acts / Projet de loi 171, Loi visant à améliorer les systèmes de santé en modifiant ou en abrogeant divers textes de loi et en édictant certaines lois.

**The Chair (Mr. Ernie Parsons):** Good morning, everyone. We'll call to order the standing committee on social policy dealing with Bill 171, doing clause-by-clause.

I believe we are at amendment number 68, which is a PC motion.

**Mrs. Elizabeth Witmer (Kitchener–Waterloo):** I move that clause 75(1)(b) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 55 of schedule M to the bill, be struck out and the following substituted:

“(b) the inquiries, complaints and reports committee has received a report from the quality assurance committee, and approves of the appointment;”

**The Chair:** Discussion?

**Mrs. Witmer:** This is as a result of a request from CPSO, which believes that section 75 should reflect that it is the ICR committee, not the registrar, that gets the report. This would mirror the current provisions of who receives the report, but changes the executive committee to the ICR.

**The Chair:** Any other discussion?

**Mr. Peter Fonseca (Mississauga East):** Mr. Chair, we won't be supporting this. The reason is that we've been told by legal that it is incompletely drafted.

*Interruption.*

**The Chair:** Could we move the BlackBerries away from the mic.

**Mr. Fonseca:** If you want more clarification, we can bring up the ministry legal staff.

**Mrs. Witmer:** Right. They can talk to CPSO since you're going to reject it.

**The Chair:** Hearing no other discussion, I will call the motion.

Those in favour of the amendment? Those opposed? The amendment is lost.

Next is government motion number 69.

**Mr. Fonseca:** I move that clause 75(1)(b) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 55 of schedule M to the bill, be struck out and the following substituted:

“(b) the inquiries, complaints and reports committee has received information about a member from the quality assurance committee under paragraph 4 of subsection 80.2(1) and has requested the registrar to conduct an investigation; or”

**The Chair:** Discussion? If there's no discussion, those in favour? Opposed? It's carried.

Shall schedule M, section 55, as amended, carry? It is carried.

Shall schedule M, section 56 carry? It is carried.

That brings us to schedule M, section 57: NDP motion number 70.

**Ms. Shelley Martel (Nickel Belt):** I'm looking ahead and see that Mrs. Witmer has an amendment on this section and so does the government. I think the intention of all three is the same: to ensure that an investigator, if required, can go into a dwelling of a member if there was evidence that has to be sought. What I'll do is stand mine down. I'm not sure there is much difference between all three—the government's is arranged a little bit differently—so I'll withdraw it and let them move theirs.

**The Chair:** Okay. That brings us to PC motion number 71.

**Mrs. Witmer:** My motion is similar to the government's and Ms. Martel's. It accomplishes what is being looked for here, so I'll stand mine down.

**The Chair:** That brings us to government motion number 72.

**Mr. Fonseca:** I move that section 57 of schedule M to the bill be struck out and the following substituted:

“57. Subsections 77(1) and (2) of schedule 2 to the act are repealed and the following substituted:

“Entries and searches

“(1) A justice of the peace may, on the application of the investigator made without notice, issue a warrant authorizing an investigator to enter and search a place and examine any document or thing specified in the warrant if the justice of the peace is satisfied that the investigator has been properly appointed and that there are reasonable and probable grounds established upon oath for believing that,

“(a) the member being investigated has committed an act of professional misconduct or is incompetent; and

“(b) there is something relevant to the investigation at the place.

“Hours of execution

“(2) A warrant issued under subsection (1) may be executed only between 8 a.m. and 8 p.m. unless the warrant specifies otherwise.

“Application for dwelling

“(2.1) An application for a warrant under subsection (1) to enter a dwelling shall specifically indicate that the application relates to a dwelling.”

**The Chair:** Discussion? Hearing none, those in favour of the motion? Those opposed? It is carried.

Shall schedule M, section 57, as amended, carry? It is carried.

Shall schedule M, sections 58 and 59 carry? Carried.

That brings us to schedule M, section 60, and we have PC motion number 73.

**Mrs. Witmer:** I move that paragraph 2 of subsection 80.2(1) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 60 of schedule M to the bill, be amended by adding “or indefinite” after “specified” in the portion before subparagraph i.

Again, this comes from CPSO. They believe: “It would be helpful to expressly state ... terms, conditions or limitations imposed in this context.... The indefinite period of time may be required in cases in which the QAC wishes to impose restrictions until a member has shown that s/he has sufficiently remedied any deficiencies that it is safe for the restriction to be removed. It is unclear if this could be accomplished under the current wording of the amendment.” Therefore, by adding the word “indefinite,” it would be clearer.

**The Chair:** Any additional discussion?

**Mr. Fonseca:** Chair, we feel that the word “indefinite” and setting up that indefinite term would be inconsistent with our goal.

**The Chair:** I will call the vote.

Those in favour of the amendment? Opposed? It is lost.

Government motion number 74.

**Mr. Fonseca:** I move that paragraph 5 of subsection 80.2(1) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 60 of schedule M to the bill, be struck out.

**The Chair:** Discussion? I will call the vote.

Those in favour? Those opposed? Carried.

Shall schedule M, section 60, as amended, carry? Carried.

Schedule M, section 61: PC motion number 75.

**Mrs. Witmer:** I move that subsection 83(2) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in subsection 61(2) of the bill, be amended by adding “or failed to co-operate with the quality assurance committee or assessor or participate in the quality assurance program or a specified program or assessment”.

Again, this comes from CPSO. The proposed legislation “includes a narrow provision which would allow otherwise protected information to be disclosed by the QAC or a QA assessor to another committee, where relevant to a proceeding before that committee. Specifically, the information that may be disclosed includes only an allegation of giving false information to QAC or an assessor. The other existing provisions that limit the sharing of quality assurance information could act to prohibit this flow of information are absent this provision.”

This proposal by the college states that the exception allowing the disclosure of information must also explicitly include information related to an allegation of failure to co-operate with a QAC or assessor or to participate in the quality assurance program or a specified program of assessment. Without this important change, the college’s ability to do anything about a member who fails to co-operate with the QAC or assessor may be severely compromised, as it may not be permitted to share the information underlying the failure to co-operate.

**The Chair:** Other discussion?

**Mr. Fonseca:** The government doesn’t support this motion. It’s not necessary as we already permit this disclosure in subsection 61(1) of schedule M and subsection 83(1).

**The Chair:** If there is no other discussion, I will call the vote.

Those in favour of the motion? Those opposed? The motion is lost.

Shall schedule M, section 61 carry? It is carried.

Shall schedule M, section 62 carry? Carried.

The brings us to schedule M, section 63 and NDP motion number 76.

**Ms. Martel:** I move that section 63 of schedule M to the bill be struck out and the following substituted:

“63. Section 85.2 of Schedule 2 to the act is repealed and the following substituted:

“Reporting by facilities

“85.2(1) A person who operates a facility where one or more members practise shall file a report in accordance with section 85.3 if the person has reasonable grounds to believe that a member who practises at the facility is incompetent or incapacitated and such incompetence or incapacity is likely to expose a patient to harm or injury or has sexually abused a patient.

“When non-individuals have reasonable grounds

“(2) For the purposes of subsection (1), a person who operates a facility but who is not an individual shall be deemed to have reasonable grounds if the individual who is responsible for the operation of the facility has reasonable grounds.

“If name not known

“(3) A person who operates a facility is not required to file a report if the person does not know the name of the member who would be the subject of the report.”

Can I speak to that, Chair?

**The Chair:** Yes.

**Ms. Martel:** This concern was raised to all of us by the Ontario Nurses’ Association. I am going to take a

moment to read into the record their concerns around this particular section that I think are legitimate and underline why I have moved the motion: “ONA has serious concerns with respect to the proposed legislative changes ... which will require mandatory reporting in all situations where a facility operator has reasonable grounds to believe a member who practises at the facility may be incompetent or incapacitated.

“The proposed amendments to the code will, in future, obligate a facility operator to report to the college whenever it has reasonable grounds to believe that a member who practises at that facility is incompetent or incapacitated. The report must be made immediately if the facility operator has reasonable grounds to believe that such incompetence or incapacity is likely to expose a patient to harm or injury and there is an urgent need for intervention.

“We understand that the government has introduced these proposed changes in order to” ensure “public safety. However, ONA is of the opinion that the mandatory reporting obligation does not have to be so all encompassing in order to achieve that goal and will place an unnecessary stressor on health care professionals at a time when the focus should be on treatment and health.

“ONA has worked hard over the years to encourage employers to deal with concerns regarding incompetence or incapacity in a non-culpable fashion, if the member suffers from an underlying disability. As a result, in many cases where an employer raises concerns regarding a member’s incompetence or incapacity, the matter is resolved by the member acknowledging that there is an underlying disability. The member goes ... on sick leave and undergoes appropriate treatment. A member returns to work upon obtaining medical clearance, in some cases with restrictions, which are accommodated by the employer.

“Most of the cases are not reported to the college since the member is acting responsibly, co-operating with the employer and there is no public safety concern. The focus is on the member achieving good health and ensuring a safe return to work at the earliest possible time. This can be done in a direct and expeditious manner since it’s a matter between the employer and the member.

“However, in the cases where an employer has chosen to report to the college even though the member is proceeding responsibly and co-operatively, there has usually been a serious delay in returning the member to work after medical clearance has been obtained. This, in turn, has caused significant emotional and financial stress for the member.

“We’ve had several recent cases where the member has had to wait over six months after obtaining medical clearance for the college case to be concluded so the member could return to work. The result of the college case was to impose terms, conditions and limitations on the member’s certificate of registration consistent with the medical clearance, so an earlier return to work would not have endangered the public in any way. Unfortunately, the members, upon obtaining medical clearance,

were cut off disability benefits and endured significant financial hardship while waiting for the college matter to come to a close.

“We are also concerned that a mandatory report of all members will negatively impact our attempts to have members disclose their health condition and seek appropriate treatment. It’s often very difficult for members when confronted with concerns about incompetence and incapacity to acknowledge their underlying health problem. Most of the underlying health conditions which precipitate concerns about incompetence and incapacity are substance dependence or other psychiatric conditions. Unfortunately, there is still a stigma in our society with respect to individuals who suffer from these conditions. This makes it difficult for members to first make that acknowledgement and seek treatment—more difficult if the health care professional must share the intimate details of his or her health with the college as well as an employer.

**0920**

“The standing committee and the government also need to understand that a report to the college causes significant fear and stress for a healthy member, but for a disabled member who is confronting and dealing with a health condition, the fear and stress is magnified and detracts from time and energy better spent on getting well.

“While we understand and support the government’s mandatory reporting obligation where the public is at risk, we do not endorse a reporting obligation which extends to a member who deals with incompetence and incapacity concerns in a responsible fashion by acknowledging an underlying disability, withdrawing from practice, undergoing appropriate treatment and co-operating with the employer. A report to the college in these circumstances is unnecessary to protect the public and flies in the face of humane, prudent and expedient efforts to deal with the concerns underlying incompetence or incapacity in a non-culpable fashion, if there is an underlying disability.”

Finally, “we submit that the mandatory reporting obligation regarding incompetence and incapacity concerns should be amended to apply only to situations where the public is at risk. The language of the proposed legislative changes could simply be revised, so a facility operator would only be obliged to report to the college whenever it has reasonable grounds to believe that a member who practises at that facility is incompetent or incapacitated and such incompetence or incapacity is likely to expose a patient to harm or injury.”

**The Chair:** Any other discussion?

**Mr. Fonseca:** I’d like to thank Ms. Martel for her comments, but the government won’t be supporting this motion. We still find that it is too limiting and too narrow.

**The Chair:** If there is no other discussion, I will call the motion. Those in favour? Opposed? The motion is lost.

Still on the same section, we are dealing with government motion number 77.

**Mr. Fonseca:** I move that subsection 63(2) of schedule M to the bill be struck out.

**The Chair:** If there is no discussion, I will call the vote. Those in favour? Opposed? It is carried.

Shall schedule M, section 63, as amended, carry? Carried.

This brings us to schedule M, section 64, NDP motion number 78.

**Ms. Martel:** This related to the earlier motion that I moved regarding reporting by facilities. Since it's been voted down, I'll withdraw it.

**The Chair:** So I will ask, shall schedule M, section 64, carry? Carried.

We now have a new section. Government motion number 79.

**Mr. Fonseca:** I move that schedule M to the bill be amended by adding the following sections:

"64.1 Schedule 2 to the act is amended by adding the following sections:

"Reporting by members re: offences

"85.6.1(1) A member shall file a report in writing if the member has been found guilty of an offence.

"Timing of report

"(2) The report must be filed as soon as reasonably practicable after the member receives notice of the finding of guilt.

"Contents of report

"(3) The report must contain,

"(a) the name of the member filing the report;

"(b) the nature of, and a description of the offence;

"(c) the date the member was found guilty of the offence;

"(d) the name and location of the court that found the member guilty of the offence; and

"(e) the status of any appeal initiated respecting the finding of guilt.

"Publication ban

"(4) The report shall not contain any information that violates a publication ban.

"Same

"(5) No action shall be taken under this section which violates a publication ban and nothing in this section requires or authorizes the violation of a publication ban.

"Additional reports

"(6) A member who files a report under subsection (1) shall file an additional report if there is a change in status of the finding of guilt as the result of an appeal.

"Reporting by members re: professional negligence and malpractice

"85.6.2(1) A member shall file a report in writing if there has been a finding of professional negligence or malpractice made against the member.

"Timing of report

"(2) The report must be filed as soon as reasonably practicable after the member receives notice of the finding made against the member.

"Contents of report

"(3) The report must contain,

"(a) the name of the member filing the report;

"(b) the nature of, and a description of the finding;

"(c) the date that the finding was made against the member;

"(d) the name and location of the court that made the finding against the member; and

"(e) the status of any appeal initiated respecting the finding made against the member.

"Publication ban

"(4) The report shall not contain any information that violates a publication ban.

"Same

"(5) No action shall be taken under this section which violates a publication ban and nothing in this section requires or authorizes the violation of a publication ban.

"Additional reports

"(6) A member who files a report under subsection (1) shall file an additional report if there is a change in status of the finding made against the member as the result of an appeal."

**The Chair:** Discussion? Hearing none, those in favour of the amendment? Opposed? It is carried.

That brings us to schedule M, section 65, PC motion number 80.

**Mrs. Witmer:** I move that subsection 85.7(10) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in section 65 of schedule M to the bill, be struck out and the following substituted:

"Same

"(10) Funding may be used to pay for therapy or counselling that was provided at any time after the sexual abuse took place."

Again, this has come to us from CPSO. They believe that the proposed legislation would allow a person who has become eligible for funding to pay for therapy or counselling to use that funding to pay for therapy received before the person became eligible but after a complaint was filed. The current drafting of the legislation, according to them, would prevent an individual from accessing needed funding in this regard. Therefore, they believe, "The legislation needs to explicitly state that funding to pay for therapy or counselling is allowed to be made retroactively to the date of the sexual abuse, irrespective of whether or when a complaint or a report is made to the college.

"For example, criminal convictions against a member may have been made, a member may have died, and the victim may not wish to complain to the college, but should still be able to access funding for therapy, even if the therapy has already commenced. If eligibility requirements specified in the regulations are met, victims should be able to access funding for therapy they receive any time after the sexual abuse occurred, even if they choose not to complain to the college as they do not wish to go through a hearing again."

**The Chair:** Any other discussion? I'll call the vote, then. Those in favour of the amendment? Opposed? It is carried.

Shall schedule M, section 65, as amended, carry? It is carried.

Shall schedule M, sections 66 to 69, carry? Carried.

That brings us to a new section.

**Mr. Fonseca:** Chair, I ask that we open up this section, and I ask for all-party consent to do that.

**The Chair:** You need to move the motion.

**Mr. Fonseca:** I move a motion to ask to open up this section—

**The Chair:** No, no. You need to move your amendment.

**Mr. Fonseca:** Move our motion first? Okay.

**The Chair:** I will then rule it out of order. We can then proceed and ask for unanimous consent.

**Mr. Fonseca:** All right. I move that schedule M to the bill be amended by adding the following section:

“69.1 Section 85.9 of schedule 2 to the act is amended by adding ‘who are members of the college’ at the end.”

**The Chair:** Unfortunately, it’s out of order. If you wish, you may ask for unanimous consent to open up.

**Mr. Fonseca:** I ask for unanimous consent, Chair.

**The Chair:** Do I hear unanimous consent? It is agreed. Proceed.

**Mr. Fonseca:** I move that schedule M to the bill be amended by adding the following section:

“69.1 Section 85.9 of schedule 2 to the act is amended by adding ‘who are members of the college’ at the end.”

**The Chair:** Discussion? I will call the vote. Those in favour of the motion? Those opposed? It is carried.

Shall schedule M, sections 70 to 72, carry? Carried.

That brings us to schedule M, section 73, government motion number 82.

**0930**

**Mr. Fonseca:** I move that clause 94(1)(1.2) of schedule 2 to the Regulated Health Professions Act, 1991, as set out in subsection 73(2) of schedule M to the bill, be struck out and the following substituted:

“(1.2) prescribing information as information to be kept in the register for the purposes of paragraph 13 of subsection 23(2), designating information kept in the register as public for the purposes of subsection 23(4), and designating information kept in the register as public for the purposes of subsection 23(4) that may be withheld from the public for the purposes of subsection 23(5);”

**The Chair:** Any discussion? I’ll call the vote, then. Those in favour of the motion? Opposed? It is carried.

Shall schedule M, section 73, as amended, carry? Carried.

Shall schedule M, sections 74 and 75, carry? Carried.

Shall schedule M, as amended, carry? Carried.

That moves us now to schedule N. Shall schedule N, sections 1 to 6, carry? Carried.

Shall schedule N carry? Carried.

Shall schedule O, sections 1 to 16, carry? Carried.

Shall schedule O carry? Carried.

Shall schedule P, sections 1 to 3, carry? Carried.

That brings us to schedule P, section 4. We have PC motion 83.

**Mrs. Witmer:** I guess there are going to be lots of changes made here. I’m just going to read it into the record.

I move that paragraph 5 of subsection 4(1) of schedule P to the bill be struck out and the following substituted:

“5. Communicating a diagnosis subject to the limit that the diagnoses that can be communicated are those which are reached through considering the individual’s history, the findings of a comprehensive health examination, and where necessary, the results of laboratory tests and other investigations that the member is authorized to perform, and are reached after complying with mandatory indicators for referral and consultation developed by the college.”

Obviously, this comes from the Board of Directors of Drugless Therapy. There was a concern that in the future the current wording would be interpreted to restrict the scope of naturopathic practice. We therefore recommend that the section be struck out and substituted with the wording that I have provided.

**The Chair:** Discussion?

**Mr. Fonseca:** We will not be supporting this motion because the government will be bringing forward a motion to split the colleges.

**The Chair:** Any other discussion? I will call the vote. Those in favour of the motion? Opposed? The motion is lost.

Shall schedule P, section 4, carry? Carried.

Now we have a new section, which is PC motion 84.

**Mrs. Witmer:** Based on the fact that it appears that the Ontario Association of Naturopathic Doctors has worked out an arrangement with the government and the government is doing what both Ms. Martel and I are recommending—splitting of the college—I will withdraw this motion.

*Interjections.*

**The Chair:** We’re just chatting, trying to figure out what we’re doing. Any other discussion?

**The Clerk of the Committee (Mr. Trevor Day):** No, it wasn’t moved.

**The Chair:** It wasn’t moved? I’m very sorry.

**Mrs. Witmer:** No, I just withdrew it.

**The Chair:** You withdrew it.

**Mrs. Witmer:** Yes.

**The Chair:** Okay. Schedule P, section 5: That brings us to PC motion 85.

**Mrs. Witmer:** This motion, of course, speaks to the separation of the two colleges, the college of naturopaths and also now the college of homeopaths. Again, since the government has a motion to do exactly that, I’ll withdraw this motion.

**The Chair:** Thank you.

Shall schedule P, section 5, carry? Carried.

We’re now at schedule P, section 6, with PC motion 86.

**Mrs. Witmer:** Again, I would withdraw that based on the separation of the two colleges—the motion coming forward from the government.

**The Chair:** Thank you.

Shall schedule P, section 6, carry? Carried.

Shall schedule P, section 7, carry? Carried.

Bringing us next to schedule P, section 8, PC motion 87.

**Mrs. Witmer:** Likewise, I'll withdraw this one, based on the arrangement the government's made with the two associations.

**The Chair:** Okay.

Shall schedule P, section 8, carry? Carried.

Shall schedule P, sections 9 and 10, carry? Carried.

That brings us to schedule P, section 11, PC motion 88.

**Mrs. Witmer:** Likewise, I'll withdraw that motion.

**The Chair:** Thank you.

Shall schedule P, section 11, carry? Carried.

Schedule P, section 12: PC motion 89.

**Mrs. Witmer:** Likewise, I'll withdraw that motion.

**The Chair:** And PC motion 90.

**Mrs. Witmer:** I will also withdraw that one.

*Interjection.*

**The Chair:** We're actually ahead of Trevor, if you'd just give us a minute.

**Mrs. Witmer:** Oh, I'm not surprised.

**The Chair:** No, it's not the first time.

Shall schedule P, section 12, carry? Carried.

Shall schedule P, sections 13 to 19, carry? Carried.

**The Chair:** We're now at schedule P, section 20: PC motion 91.

**Mrs. Witmer:** Likewise, I'm going to withdraw this since we're going to have a new section P eventually.

**The Chair:** Shall schedule P, section 20, carry? Carried.

Shall schedule P, sections 21 and 22, carry? Carried.

Now for schedule P, we have NDP motion 92.

**Ms. Martel:** Chair, both myself and the government have moved amendments so we have the creation of two separate colleges, one for naturopathic medicines and one for homeopaths. Now, my understanding is that if I read this in and the government votes it down because there are two areas where there are differences, the government's going to have to read theirs in again too, right? So I'm going to save us a little bit of time—I'm tempted, but I'm going to save us some—and withdraw mine, and I'll make my comments about my concerns with the government amendment after theirs is moved.

**The Chair:** I think I love you.

**Ms. Martel:** You're welcome. You can send me a cheque. For money I will—

*Interjection.*

**Ms. Martel:** I'll put in an application, though.

**The Chair:** That moves us to government motion 93. If anyone wishes to go for coffee or lunch or anything, this is probably the ideal time.

**Mr. Bob Delaney (Mississauga West):** Thank you, Chair.

**The Chair:** There's no such thing as "dispense" at committee level, I understand.

**Mr. Delaney:** I move that schedule P to the bill be struck out and the following substituted:

"Schedule P

"Naturopathy Act, 2007

"Definitions

"1. In this act,

"college' means the College of Naturopaths of Ontario; ("Ordre")

"Health Professions Procedural Code' means the Health Professions Procedural Code set out in schedule 2 to the Regulated Health Professions Act, 1991; ('Code des professions de la santé')

"member' means a member of the college; ('membre')

"prescribed' means prescribed in the regulations; ('prescrit')

"profession" means the profession of naturopathy; ('profession')

"this act' includes the Health Professions Procedural Code. ('la présente loi')

#### 0940

"Health Professions Procedural Code

"2. (1) The Health Professions Procedural Code shall be deemed to be part of this act.

"Same, interpretation

"(2) In the Health Professions Procedural Code, as it applies in respect of this act,

"college' means the College of Naturopaths of Ontario; ('ordre')

"health profession act' means this act; ('loi sur une profession de la santé')

"profession' means the profession of naturopathy; ('profession')

"regulations' means the regulations under this act. ('règlements')

"Definitions in code

"(3) Definitions in the Health Professions Procedural Code apply with necessary modifications to terms in this act.

"Scope of practice

"3. The practice of naturopathy is the assessment of diseases, disorders and dysfunctions and the naturopathic diagnosis and treatment of diseases, disorders and dysfunctions using naturopathic techniques to promote, maintain or restore health.

"Authorized acts

"4. (1) In the course of engaging in the practice of naturopathy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

"1. Putting an instrument, hand or finger beyond the labia majora but not beyond the cervix.

"2. Putting an instrument, hand or finger beyond the anal verge but not beyond the rectal-sigmoidal junction.

"3. Administering, by injection or inhalation, a prescribed substance.

"4. Performing prescribed procedures involving moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.

"5. Communicating a naturopathic diagnosis identifying, as the cause of an individual's symptoms, a disease, disorder or dysfunction that may be identified through an assessment that uses naturopathic techniques.

“6. Taking blood samples from veins or by skin pricking for the purpose of prescribed naturopathic examinations on the samples.

“Additional requirements for authorized acts

“(2) A member shall not perform a procedure under the authority of subsection (1) unless the member performs the procedure in accordance with the regulations.

“Grounds for misconduct

“(3) In addition to the grounds set out in subsection 51(1) of the Health Professions Procedural Code, a panel of the discipline committee shall find that a member has committed an act of professional misconduct if the member contravenes subsection (2).

“College established

“5. The college is established under the name College of Naturopaths of Ontario in English and Ordre des naturopathes de l’Ontario in French.

“Council

“6. (1) The council shall be composed of,

“(a) at least six and no more than nine persons who are members elected in accordance with the bylaws;

“(b) at least five and no more than eight persons appointed by the Lieutenant Governor in Council who are not,

“(i) members,

“(ii) members of a college as defined in the Regulated Health Professions Act, 1991, or

“(iii) members of a council as defined in the Regulated Health Professions Act, 1991.

“Who can vote in elections

“(2) Subject to the bylaws, every member who practises or resides in Ontario and who is not in default of payment of the annual membership fee is entitled to vote in an election of members of the council.

“President and vice-president

“7. The council shall have a president and a vice-president who shall be elected annually by the council from among the council’s members.

“Restricted titles

“8. (1) No person other than a member shall use the title ‘naturopath’, a variation or abbreviation or an equivalent in another language.

“Representations of qualification, etc.

“(2) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a naturopath or in a specialty of naturopathy.

“Definition

“(3) In this section,

“‘abbreviation’ includes an abbreviation of a variation.

“Notice if suggestions referred to advisory council

“9. (1) The registrar shall give a notice to each member if the minister refers to the advisory council, as defined in the Regulated Health Professions Act, 1991, a suggested,

“(a) amendment to this act;

“(b) amendment to a regulation made by the council;

or

“(c) regulation to be made by the council.

“Requirements re notice

“(2) A notice mentioned in subsection (1) shall set out the suggestion referred to the advisory council and the notice shall be given within 30 days after the council of the college receives the minister’s notice of the suggestion.

“Offence

“10. Every person who contravenes subsection 8(1) or (2) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence.

“Regulations

“11. Subject to the approval of the Lieutenant Governor in Council and with prior review by the minister, the council may make regulations,

“(a) prescribing standards of practice respecting the circumstances in which naturopaths shall make referrals to members of other regulated health professions;

“(b) prescribing therapies involving the practice of naturopathy, governing the use of prescribed therapies and prohibiting the use of therapies other than the prescribed therapies in the course of the practice of naturopathy;

“(c) governing the performance of a procedure under paragraphs 1 and 2 of subsection 4(1) and prescribing the purposes for which, or the circumstances in which, the procedure may be performed;

“(d) prescribing the substances that a member may administer by injection or inhalation for the purpose of paragraph 3 of subsection 4(1) and prescribing the purposes for which, or the circumstances in which, the prescribed substances may be administered;

“(e) prescribing procedures that may be performed under paragraph 4 of subsection 4(1), governing the performance of the procedures and prescribing the purposes for which, or the circumstances in which, the prescribed procedures may be performed and prohibiting the performance of procedures other than the prescribed procedures;

“(f) prescribing naturopathic examinations for the purposes of paragraph 6 of subsection 4(1), prescribing the purposes for which, or the circumstances in which, the prescribed naturopathic examinations may be performed and prohibiting the performance of examinations other than the prescribed naturopathic examinations.

“Transition before certain provisions in force

“12. (1) The Lieutenant Governor in Council may appoint a transitional council.

“Certain members

“(2) Without restricting the generality of subsection (1), the Lieutenant Governor in Council shall appoint as members of the transitional council every person who is a member of the board of directors of drugless therapy under the Drugless Practitioners Act on the day this section comes into force, and every person who subsequently becomes a member of that board, and may set their terms of office for the purposes of this act.

“Registrar

“(3) The Lieutenant Governor in Council may appoint a registrar who may do anything that the registrar may do under the Regulated Health Professions Act, 1991.

“Powers of transitional council and registrar

“(4) Before section 6 comes into force, the registrar, the transitional council and its employees and committees may do anything that is necessary or advisable for the implementation of this act and anything that the registrar, the council, and its employees and committees could do under this act.

“Same

“(5) Without limiting the generality of subsection (4), the transitional council and the registrar and the council’s committees may accept and process applications for the issuance of certificates of registration, charge application fees and issue certificates of registration.

“Powers of the minister

“(6) The minister may,

“(a) review the transitional council’s activities and require the transitional council to provide reports and information;

“(b) require the transitional council to make, amend or revoke a regulation under this act;

“(c) require the transitional council to do anything that, in the opinion of the minister, is necessary or advisable to carry out the intent of this act and the Regulated Health Professions Act, 1991.

“Transitional council to comply with minister’s request

“(7) If the minister requires the transitional council to do anything under subsection (6), the transitional council shall, within the time and in the manner specified by the minister, comply with the requirement and submit a report.

“Regulations

“(8) If the minister requires the transitional council to make, amend or revoke a regulation under clause (6)(b) and the transitional council does not do so within 60 days, the Lieutenant Governor in Council may make, amend or revoke the regulation.

“Same

“(9) Subsection (8) does not give the Lieutenant Governor in Council authority to do anything that the transitional council does not have authority to do.

#### 0950

“Expenses

“(10) The minister may pay the transitional council for expenses incurred in complying with a requirement under subsection (6).

“Transition after certain provisions in force

“13(1) After section 6 comes into force, the transitional council shall be the council of the college if it is constituted in accordance with subsection 6(1) or, if it is not, it shall be deemed to be the council of the college until a new council is constituted in accordance with subsection 6(1).

“Registrar

“(2) After section 6 comes into force, the registrar appointed by the Lieutenant Governor in Council shall be deemed to be the registrar until a new registrar is appointed by the council constituted under subsection 6(1).

“Transitional, certain members

“(3) A person who was registered to practise under the Drugless Practitioners Act by the board of directors of drugless therapy immediately before section 6 came into force shall be deemed to be a holder of a certificate of registration issued under this act, subject to any term, condition, limitation, suspension or cancellation to which the person’s certificate of registration was subject.

“Same—investigation or discipline

“(4) Where, before section 6 comes into force, an investigation or proceeding respecting an allegation of misconduct, incompetence or other discipline matter was commenced under the Drugless Practitioners Act and its regulations by the board of directors of drugless therapy, on the day section 6 comes into force,

“(a) the investigation or proceeding shall be taken up and continued under this act so far as consistently may be;

“(b) the board of directors of drugless therapy, as it existed immediately before the coming into force of section 6, shall be deemed to be the appropriate committee under this act to deal with the investigation or proceeding until others are appointed in their stead; and

“(c) in the recovery or enforcement of penalties and in the enforcement of rights existing under the Drugless Practitioners Act, the procedure established under this act shall be followed so far as it may be adapted.

“Same—assets and liabilities

“(5) After section 6 comes into force, the assets owned by or under the management and control of, and the liabilities of the board of directors of drugless therapy under the Drugless Practitioners Act immediately before the coming into force are, without compensation, assets owned by or under the management and control and liabilities of the college.

“Complementary amendments and repeal

“Drugless Practitioners Act

“14(1) The Drugless Practitioners Act is repealed.

“(2) Regulation 278 of the Revised Regulations of Ontario, 1990 (General) is revoked.

“Health Care Consent Act, 1996

“15. Clause (s) of the definition of ‘health practitioner’ in subsection 2 (1) of the Health Care Consent Act, 1996 is repealed and the following substituted:

““(s) a member of the College of Naturopaths of Ontario, or’

“Health Insurance Act

“16. Subsection 37(4) of the Health Insurance Act is amended by striking out ‘the Drugless Practitioners Act’.

“Health Protection and Promotion Act

“17. Clause (f) of the definition of ‘practitioner’ in subsection 25(2) of the Health Protection and Promotion Act is repealed and the following substituted:

““(f) a member of the College of Naturopaths of Ontario.’

“Laboratory and Specimen Collection Centre Licensing Act

“18. The definitions of ‘laboratory’ and ‘specimen collection centre’ in section 5 of the Laboratory and

Specimen Collection Centre Licensing Act are repealed and the following substituted:

““laboratory” means an institution, building or place in which operations and procedures for the microbiological, serological, chemical, hematological, biophysical, immunohematological, cytological, pathological, cytogenetic, molecular genetic or genetic examination, or such other examinations as are prescribed by the regulations, of specimens taken from the human body are performed to obtain information for medical diagnosis, prophylaxis or treatment; (“laboratoire”)

““specimen collection centre” means a place where specimens are taken or collected from the human body for examination to obtain information for medical diagnosis, prophylaxis or treatment, but does not include,

“(a) a place where a legally qualified medical practitioner is engaged in the practice of medicine or surgery,

“(b) a place where a registered nurse who holds an extended certificate of registration under the Nursing Act, 1991 is engaged in the practice of nursing, or

“(c) a laboratory that is established, operated or maintained under a licence under this act; (“centre de prélèvement”)

“Personal Health Information Protection Act, 2004

“19. Clause (b) of the definition of ‘health care practitioner’ in section 2 of the Personal Health Information Protection Act, 2004 is repealed.

“Regulated Health Professions Act, 1991

“20(1) Section 33 of the Regulated Health Professions Act, 1991 is amended by adding the following subsections:

““Same

“(1.1) Subsection (1) does not apply to a person who is a member of the College of Naturopaths of Ontario.

““Naturopathic doctor

“(1.2) A member referred to in subsection (1.1) shall not use the title “doctor” in written format without using the phrase “naturopathic doctor” immediately following his or her name.’

“(2) The table to the act is amended by adding the following item:

“7.1	person registered under the Drugless Practitioners Act	member of the College of Naturopaths of Ontario’
------	--	--

“(3) Schedule 1 to the act is amended by adding the following:

“ Naturopathy Act, 2007	Naturopathy
-------------------------	-------------

“Commencement

“21(1) Subject to subsection (2), the act set out in this schedule comes into force on the day the Health System Improvements Act, 2007 receives royal assent.

“Same

“(2) Sections 1 to 20 come into force on a day to be named by proclamation of the Lieutenant Governor.

“Short title

“22. The short title of the act set out in this schedule is the Naturopathy Act, 2007.”

**The Chair:** Sorry, I missed that. Would you mind repeating it?

*Laughter.*

**Mr. Delaney:** Certainly, Chair.

**The Chair:** Any discussion? Ms. Martel.

**Ms. Martel:** We had also put in an amendment to ensure that there would be a separate college, as per the request of naturopaths. I just wanted to put on the record the differences between the amendment that we put forward and the one that the government has put forward.

First of all, references to “college”: In our amendment, we used the term that was provided to us by naturopaths, which is the College of Naturopathic Doctors of Ontario, versus what the government has in the bill, which is College of Naturopaths of Ontario. That follows throughout the whole amendment, wherever the college is referenced. The wording we are using is the wording that was provided to us by the association.

Secondly, the same follows with respect to a profession. Our definition was “the profession of naturopathic medicine.” The government’s definition is “the profession of naturopathy.” Again, we’re using the wording that was given to us by the Ontario Association of Naturopathic Doctors.

The two major differences are as follows. One occurs within the scope of practice. I want to put on the record that the scope of practice that is the preferred scope of practice by the association itself, which was not accepted today, is the following, and it is the amendment that we put forward:

“Scope of practice

“3. The practice of naturopathic medicine is the assessment of an individual, and the diagnosis and treatment of diseases, disorders and dysfunctions through the integrated use of naturopathic techniques to promote, maintain or restore health.”

There is a bit of a difference in that around naturopathic medicine and naturopathy. Again, ours was the one put forward by the association.

Finally, with respect to authorized acts, the association had requested an additional authorized act, which the government has not accepted. It is the following and it is in our amendment:

“7. Prescribing, dispensing, selling or compounding prescribed substances that are consistent with the practice of naturopathic medicine.”

I’d like to put on the record the reason for that request from the association. It is the following:

“Access to this controlled act is necessary for naturopathic doctors ... to be able to maintain their current scope and to preserve access to required natural substances while federal classification of these substances continues to undergo changes.

“The change in schedule L of Bill 171 deeming that natural health products ... are not considered drugs is insufficient because this only addresses that subset of natural substances (natural health products) intended for

over-the-counter self-care selection by consumers. There are many natural substances traditionally used in naturopathic medicine that do not fall within the definition or purview of the natural health products regulations (such as higher doses of folic acid) or are presently listed in restricted schedules (i.e. schedule F), or are combination products cross-listed as drugs.

#### 1000

“Compounding, as well as dispensing and selling, are necessary in order ... to provide the individualized preparations that are integral to naturopathic care.

“Access to this controlled act was recommended by HPRAC and is currently part of the scope of practice of NDs in Ontario under the Drugless Practitioners Act (DPA).

“NDs are prepared to work with the transition council to develop a schedule of natural substances designated as drugs suitable for use by NDs.

“Without this controlled act, NDs and their patients will lose access to natural substances that are currently available, effectively limiting the ability of NDs to practise to their full scope and likely resulting in a loss of care for patients.”

Based on that rationalization, the NDP amendment also included an additional controlled act, that is, “Prescribing, dispensing, selling or compounding prescribed substances....” I think those are the differences between our amendment and the government amendment in this schedule.

**Mr. Fonseca:** I thank Ms. Martel for her comments. Our wording for communicating a diagnosis is consistent with the Traditional Chinese Medicine Act, and the changes that were brought to the TCM Act also allow naturopaths to continue to have access to those natural health products that they currently use.

**Mrs. Witmer:** I appreciate that the government did divide the colleges into two. I had some of the same recommendations that Ms. Martel has just spoken to. I won't repeat them, but this is a positive move forward.

**The Chair:** If there's no more discussion, I will call the vote.

Those in favour of the amendments? Those opposed? It is carried.

Shall schedule P, as amended, carry? It is carried.

We have a new schedule, NDP motion 94.

**Ms. Martel:** I believe that the differences between the amendment I'm putting forward and the one the government is putting forward to establish a separate Homeopathy Act and a separate college are essentially the same. When the government has read in its motion, I will speak to the differences at that time. So I will withdraw my amendment to this schedule.

**The Chair:** That brings us to the new schedule, government motion 95.

**Mr. Delaney:** I move that the bill be amended by adding the following schedule:

“Schedule P.1

“Homeopathy Act, 2007

“Definitions

“1. In this act,

“‘college’ means the College of Homeopaths of Ontario; (‘Ordre’)

“‘Health Professions Procedural Code’ means the Health Professions Procedural Code set out in schedule 2 to the Regulated Health Professions Act, 1991; (‘Code des professions de la santé’)

“‘member’ means a member of the college; (‘membre’)

“‘prescribed’ means prescribed in the regulations; (‘prescrit’)

“‘profession’ means the profession of homeopathy; (‘profession’)

“‘this act’ includes the Health Professions Procedural Code. (‘la présente loi’)

“Health Professions Procedural Code

“2(1) The Health Professions Procedural Code shall be deemed to be part of this act.

“Same, interpretation

“(2) In the Health Professions Procedural Code, as it applies in respect of this act,

“‘college’ means the College of Homeopaths of Ontario; (‘ordre’)

“‘health profession act’ means this act; (‘loi sur une profession de la sante’)

“‘profession’ means the profession of homeopathy; (‘profession’)

“‘regulations’ means the regulations under this act. (‘règlements’)

“Definitions in code

“(3) Definitions in the Health Professions Procedural Code apply with necessary modifications to terms in this act.

““Scope of practice

“3. The practice of homeopathy is the assessment of body system disorders and treatment using homeopathic techniques to promote, maintain or restore health.

“College established

“4. The college is established under the name College of Homeopaths of Ontario in English and Ordre des homéopathes de l'Ontario in French.

“Council

“5(1) The council shall be composed of,

“(a) at least six and no more than nine persons who are members elected in accordance with the by-laws;

“(b) at least five and no more than eight persons appointed by the Lieutenant Governor in Council who are not,

“(i) members,

“(ii) members of a college as defined in the Regulated Health Professions Act, 1991, or

“(iii) members of a council as defined in the Regulated Health Professions Act, 1991.

“Who can vote in elections

“(2) Subject to the by-laws, every member who practises or resides in Ontario and who is not in default of payment of the annual membership fee is entitled to vote in an election of members of the council.

“President and vice-president

“6. The council shall have a president and a vice-president who shall be elected annually by the council from among the council’s members.

“Restricted titles

“7(1) No person other than a member shall use the title ‘homeopath,’ a variation or abbreviation or an equivalent in another language.

“Representations of qualification, etc.

“(2) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a homeopath or in a specialty of homeopathy.

“Definition

“(3) In this section,

“‘abbreviation’ includes an abbreviation of a variation.

“Notice if suggestions referred to advisory council

“8(1) The registrar shall give a notice to each member if the minister refers to the advisory council, as defined in the Regulated Health Professions Act, 1991, a suggested,

“(a) amendment to this act;

“(b) amendment to a regulation made by the council; or

“(c) regulation to be made by the council.

“Requirements re notice

“(2) A notice mentioned in subsection (1) shall set out the suggestion referred to the advisory council and the notice shall be given within 30 days after the council of the college receives the minister’s notice of the suggestion.

“Offence

“9. Every person who contravenes subsection 7(1) or (2) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence.

“Regulations

“10. Subject to the approval of the Lieutenant Governor in Council and with prior review by the minister, the council may make regulations,

“(a) prescribing standards of practice respecting the circumstances in which homeopaths shall make referrals to members of other regulated health professions;

“(b) prescribing therapies involving the practice of homeopathy, governing the use of the prescribed therapies and prohibiting the use of therapies other than the prescribed therapies in the course of the practice of homeopathy.

“Transition before certain provisions in force

“11(1) The Lieutenant Governor in Council may appoint a transitional council.

“Registrar

“(2) The Lieutenant Governor in Council may appoint a registrar who may do anything that the registrar may do under the Regulated Health Professions Act, 1991.

“Powers of transitional council and registrar

“(3) Before section 5 comes into force, the registrar, the transitional council and its employees and committees may do anything that is necessary or advisable for the implementation of this act and anything that the registrar, the council, and its employees and committees could do under this act.

“Same

“(4) Without limiting the generality of subsection (3), the transitional council and the registrar and the council’s committees may accept and process applications for the issuance of certificates of registration, charge application fees and issue certificates of registration.

“Powers of the minister

“(5) The minister may,

“(a) review the transitional council’s activities and require the transitional council to provide reports and information;

“(b) require the transitional council to make, amend or revoke a regulation under this act;

“(c) require the transitional council to do anything that, in the opinion of the minister, is necessary or advisable to carry out the intent of this act and the Regulated Health Professions Act, 1991.

“Transitional council to comply with minister’s request

“(6) If the minister requires the transitional council to do anything under subsection (5), the transitional council shall, within the time and in the manner specified by the minister, comply with the requirement and submit a report.

**1010**

“Regulations

“(7) If the minister requires the transitional council to make, amend or revoke a regulation under clause (5)(b) and the transitional council does not do so within 60 days, the Lieutenant Governor in Council may make, amend or revoke the regulation.

“Same

“(8) Subsection (7) does not give the Lieutenant Governor in Council authority to do anything that the transitional council does not have authority to do.

“Expenses

“(9) The minister may pay the transitional council for expenses incurred in complying with a requirement under subsection (5).

“Transition after certain provisions in force

“12. (1) After section 5 comes into force, the transitional council shall be the council of the college if it is constituted in accordance with subsection 5(1) or, if it is not, it shall be deemed to be the council of the college until a new council is constituted in accordance with subsection 5(1).

“Registrar

“(2) After section 5 comes into force, the registrar appointed by the Lieutenant Governor in Council shall be deemed to be the registrar until a new registrar is appointed by the council constituted under subsection 5(1).

“Complementary amendments

“Health Care Consent Act, 1996

“13. The definition of ‘health practitioner’ in subsection 2(1) of the Health Care Consent Act, 1996 is amended by adding the following clause:

“‘(g.1) a member of the College of Homeopaths of Ontario,’

“Regulated Health Professions Act, 1991

“14. Schedule 1 to the Regulated Health Professions Act, 1991 is amended by adding the following:

“

Homeopathy Act, 2007	Homeopathy
----------------------	------------

”

“Commencement

“15(1) Subject to subsection (2), the act set out in this schedule comes into force on the day the Health System Improvements Act, 2007 receives royal assent.

“Same

“(2) Sections 3 to 10 and 12 to 14 come into force on a day to be named by proclamation of the Lieutenant Governor.

“Short title

“16. The short title of the act set out in this schedule is the Homeopathy Act, 2007.”

**The Chair:** Thank you. Discussion?

**Ms. Martel:** Both the government and New Democrats put in amendments to have a separate college, based on the presentations that were made before us, so I’m pleased to see that we’re moving in that regard.

The two areas of differences are ones that I just want to highlight on the record. The first is, we had a different definition of “scope of practice” and we also had controlled acts included in the legislation that were recommended to us by the Ontario Homeopathic Association. So I’d like to put some of these on the record.

First of all, with respect to the scope of practice, the definition that was put forward in the NDP amendment is as follows: “The practice of homeopathy is the assessment of an individual’s state of health based on homeopathic techniques in accordance with the law of similars and other homeopathic principles and identification of appropriate homeopathic medicines, techniques and natural substances to restore, maintain and promote health on physical, mental and emotional levels.” That was recommended to us by the Ontario Homeopathic Association, and that is the difference between our amendment and the government’s.

The second has to do with access to controlled acts. The government does not give college members in this schedule access to any controlled acts. New Democrats had proposed that homeopaths have access to three controlled acts. They are as follows.

First of all, communicating a diagnosis: In its initial submission to HPRAC, the Ontario Homeopathic Association noted that diagnosis was “a vital and fundamental aspect of the homeopathic system of medicine. A homeopathic diagnosis is based on a patient’s physical, mental and emotional condition, objective and subjective symptomology, history, diagnostic test results and physical examination findings. An accurate homeopathic diagnosis is necessary to prescribe the correct homeopathic medicine and to identify and discuss treatment and conditions, including those that require urgent emergency medical treatment.”

The second controlled act that we recommended be provided to members is as follows.

“Administering, by injection or inhalation, a prescribed substance: Traditionally, homeopathic medicines were administered orally. However, scientific research being conducted in a number of medical centres in Europe has established that some homeopathic remedies are more effectively administered by injection. Based on that research, it is standard homeopathic practice in some jurisdictions to administer some homeopathic remedies by injection. Permitting a homeopath to perform the controlled act of administering a prescribed homeopathic substance by injection or inhalation in accordance with the appropriate regulations is in the public interest. This will allow the most effective homeopathic treatment under prescribed conditions that protect the public.”

The third controlled act that was put forward in the amendment by the NDP is prescribing, dispensing, selling or compounding a drug as defined in subsection 117(1) of the Drug and Pharmacies Regulation Act.

“Most homeopathic medications used in the practice of homeopathy in Ontario are defined as ‘natural health products’ pursuant to the Natural Health Products Regulations made under the Food and Drugs Act (‘Regulations’). This means they are not considered to be drugs as defined in the Drug and Pharmacies Regulation Act and homeopaths can prescribe, dispense, sell or compound them. However, there are some homeopathic medications contained in the accepted homeopathic pharmacopoeias which are not defined as natural health products. Homeopaths in Ontario cannot legally use these homeopathic medications in the practice of homeopathy because, absent being defined as ‘natural health products,’ they are defined as drugs. It is a controlled act to prescribe, dispense or sell a drug.

“In order to ensure that homeopaths and homeopathic patients in Ontario can benefit from the full range of homeopathic medications in the homeopathic pharmacopoeia, homeopaths require the authority to perform the controlled act of prescribing, dispensing, selling and compounding homeopathic medicines.”

Those were the three controlled acts that we moved should be accessed by homeopaths when the college is established. These were put forward on behalf of the Ontario Homeopathic Association.

**Mr. Fonseca:** Just to be clear, HPRAC did not recommend any of the controlled acts, and in regards to injections, homeopaths today don’t currently do this. They are not injecting today.

**Mrs. Witmer:** Just to put on the record, I won’t go into all of the amendments that we introduced, but certainly we support the separation of the college and had an amendment to that effect.

**The Chair:** If there’s no other discussion, I will call the vote. Those in favour of the amendment? Opposed? It is carried.

We’re now at schedule Q, section 1, NDP motion number 96.

**Ms. Martel:** I move that the definition of “college” in section 1 of schedule Q to the bill be struck out and the following substituted:

“college” means the College of Psychotherapists and Registered Mental Health Therapists of Ontario;”

**The Chair:** Discussion? I call the motion. Those in favour? Opposed? It is carried.

Shall schedule Q, section 1, as amended, carry? It is carried.

Schedule Q, section 2, NDP motion 97.

**Ms. Martel:** I move that the definition of “college” in subsection 2(2) of schedule Q to the bill be struck out and the following substituted:

“college” means the College of Psychotherapists and Registered Mental Health Therapists of Ontario;”

**The Chair:** Those in favour? Opposed? It is carried.

Shall schedule Q, section 2, as amended, carry? Carried.

Shall schedule Q, sections 3 and 4, carry? Carried.

That brings us to a new section: NDP motion number 98.

**Ms. Martel:** I move that schedule—

**Mr. Delaney:** It’s a PC motion.

**The Chair:** I’m sorry. My mistake. I do that once in a while to see if people are paying attention. PC motion 98.

**Mrs. Witmer:** I move that schedule Q to the bill be amended by adding the following section:

“Restricted classes

“4.1 The council shall create one additional class of psychotherapists and one additional class of mental health therapists, who shall not perform the act provided for in section 4, and who shall perform certain acts, as provided for by the council, only under the supervision of a fully qualified member.”

The Ontario Psychological Association has indicated that experiences from the implementation of the Psychology Act, 1991 provide evidence that “a differentiation can be made between a title and a class, and unless classes are defined in the enabling legislation, classes of membership cannot later be assumed simply because the titles of the members differ. Without a definition in the Psychotherapy Act, 2006 of classes of membership, neither class limitations nor terms or conditions can be imposed.

“The Ontario Psychological Association would argue, however that the new college will need to impose class limitations, because of the substantial heterogeneity of individuals seeking entry to the proposed college.

“The Ontario Psychological Association is supportive of the potential substantive heterogeneity of members of the proposed college and its potential to ensure public protection by bringing as many as possible of these health care professionals into a regulatory framework.”

1020

It has also been brought to my attention that the National Guild of Hypnotists are concerned that the proposed definition of the practice of psychotherapy, as set out in section 3 of schedule Q, will limit the boundaries of the National Guild of Hypnotists to practise non-therapeutic use such as time management, sports enhancement, self-esteem and performance improvement.

**The Chair:** Any other discussion?

**Mr. Fonseca:** First, on the motion: This motion would require the college to establish certain classes of members and place restrictions on those classes, in terms of access to the new controlled act related to psychotherapy. The government doesn’t support this motion because it restricts the college’s discretion in terms of how it regulates its members and the profession.

In regard to the hypnotists, Bill 171 is not here to address that. If it did become an issue and we needed expertise on it, it would be referred to HPRAC.

**The Chair:** Additional discussion? I’ll call the vote. Those in favour of the amendment? Opposed? The motion is lost.

Schedule Q, section 5: Now we have NDP amendment 99R.

**Ms. Martel:** I move that section 5 of schedule Q to the bill be amended by adding “and registered mental health therapists” after “psychotherapists” and “et des thérapeutes autorisés en santé mentale” after “psychothérapeutes”.

**The Chair:** Discussion? I will call the vote. Those in favour of the motion? Those opposed? The motion is carried.

Shall schedule Q, section 5, as amended, carry? Carried.

Shall schedule Q, sections 6 and 7, carry? Carried.

That brings us to schedule Q, section 8. The first amendment is PC motion number 100.

**Mrs. Witmer:** I move that subsection 8(1) of schedule Q to the bill be amended by adding “or any specialty subtitle established by the college before ‘a variation’.”

This was from the written submission of the Ontario Association for Marriage and Family Therapy. It was presented by Dr. Ruth Berman, who believes that subtitles may assist individuals, couples and families on various occasions to navigate the health system when trying to find the most appropriate specialist in the psychotherapy profession. There is importance for individuals, couples and families to access the practitioner who most closely matches their need at any particular moment. It is therefore recommended that the college be given the express consent to establish specialty subtitles.

**The Chair:** Any additional discussion?

**Mr. Delaney:** Just a clarification question on what is, I think, perhaps a typographic omission: Is it the intent that there be a closed quotes after the words “by the college”?

**Mrs. Witmer:** I believe there probably should be.

**Mr. Delaney:** Thank you.

**Mr. Fonseca:** I’d just like to say that the government does not support this motion because it restricts the college’s discretion in terms of how it regulates its members and the profession. Also, the transitional council may use this regulation-making authority to create different classes of members with particular titles.

**The Chair:** I will call the vote. Those in favour of the motion? Opposed? The motion is lost.

That brings us to PC motion 101.

**Mrs. Witmer:** I move that subsection 8(1) of schedule Q to the bill be amended by adding “or a member of a regulated health profession who is entitled to perform the controlled act of psychotherapy” after “member”.

Again, this was brought forward by the College of Physicians and Surgeons of Ontario. This is their recommendation.

**The Chair:** Discussion?

**Mr. Fonseca:** The government does not support this motion because it would extend the use of the title “psychotherapist” to members of other health-regulated colleges. The use of restricted titles is one of the key public protection features of the RHPA.

**The Chair:** I’ll call the vote. Those in favour of the motion? Opposed? The motion is lost.

That brings us to PC motion 102.

**Mrs. Witmer:** I move that section 8 of schedule Q to the bill be amended by adding the following subsection:

“Exception

“(1.1) Despite subsection (1), a member of the Ontario College of Social Workers and Social Service Workers may use the title ‘psychotherapist’ as long as he or she does so in conjunction with the title ‘social worker’ or ‘registered social worker’.”

This was recommended by the Ontario College of Social Workers and Social Service Workers in their written submission: “The title restriction provision set out in the Psychotherapy Act will prevent social workers who are qualified to provide psychotherapy services from using the title ‘psychotherapist’ or ‘registered mental health therapist.’” That was their concern, of course, at that time. “The holding out provision set out in the Psychotherapy Act will prevent a social worker from representing to members of the public that he or she is qualified to practise in Ontario as a psychotherapist... HPRAC recommended that social workers ... be authorized to use the title ‘psychotherapist.’ HPRAC also recommended that social workers ... be authorized to represent that they are qualified to practise psychotherapy in Ontario.” The OCSWSSW believes this will “be confusing to members of the public if those who are qualified to provide psychotherapy services cannot continue to describe themselves as ‘psychotherapists.’” That was the argument that they had put forward in their submission of April 2007.

**The Chair:** Any other discussion? I will call the vote. Those in favour of the amendment? Opposed? The amendment is lost.

That brings us to NDP motion 103.

**Ms. Martel:** I move that section 8 of schedule Q to the bill be amended by adding the following subsection:

“Others

“(1.1) Despite subsection (1), any person who may lawfully perform the act provided for in section 4 may use a title set out in subsection (1).”

I’ve heard some of the arguments that have been raised, but I want to point that this particular amendment is supported by the following: the Ontario Society of

Occupational Therapists, the Ontario Medical Association, the Ontario Psychological Association, and the Registered Nurses Association of Ontario. We strongly recommend that those regulated professions authorized to carry out the new controlled act also be authorized use the proposed protected titles.

**The Chair:** Discussion? I’ll call the vote. Those in favour of the motion? Opposed? It is lost.

PC motion 104.

**Mrs. Witmer:** I move that section 8 of schedule Q to the bill be amended by adding the following subsection:

“Exception

“(2.1) Subsection (2) does not apply to a member of the Ontario College of Social Workers and Social Service Workers as long as he or she complies with the Social Work and Social Service Work Act, 1998, its regulations and bylaws.”

Again, this is taken from the Ontario College of Social Workers and Social Service Workers’ submission. The proposed legislation, as originally drafted, will have a serious impact on Ontarians who currently receive psychotherapy services from the province’s social workers, considering that psychotherapy services are currently provided by social workers in Ontario, that social work is the largest single discipline providing psychotherapy services in North America and that psychotherapy services in the area of adult mental health, children’s mental health, marital, family and individual counselling, addictions, child welfare and hospitals are largely provided by social workers.

1030

**The Chair:** Any other discussion?

**Mr. Fonseca:** Nothing today prevents social workers from holding themselves out as social workers who provide psychotherapy services.

**The Chair:** If there’s no other discussion, I will call the vote: Those in favour of the motion? Those opposed? It is lost.

PC motion 105.

**Mrs. Witmer:** I move that section 8 of schedule Q to the bill be amended by adding the following subsection:

“Exception

“(2.2) Subsections (1) and (2) do not apply to a member of a regulated health profession who is authorized to perform the authorized act provided for in section 4.”

Again, this is from the Ontario College of Social Workers and Social Service Workers. The college believes the adding is necessary to ensure that the legislation authorizes social workers to continue to provide psychotherapy services, recognizes the psychotherapy services provided by social workers and treats social workers on an equal footing to regulated health professionals, as well as to ensure that social workers who provide psychotherapy services associated with the new controlled act will continue to be able to provide these important services in Ontario.

**The Chair:** Other discussion? Those in favour of the motion? Those opposed? It is lost.

NDP motion 106.

**Ms. Martel:** I move that section 8 of schedule Q to the bill be amended by adding the following subsection:

“Specialty subtitles

“(4) Specialty subtitles shall be designated under the protected titles of ‘psychotherapist’ and ‘registered mental health therapist’.”

**The Chair:** Any discussion?

**Ms. Martel:** Yes. This was put forward by the Ontario Coalition of Mental Health Professionals, and I just want to put on the record their concerns with respect to this section and why they wanted it moved in the Regulated Health Professions Act.

Section 95(1)(e) states that the council may make regulations “defining specialties in the profession, providing for certificates relating to those specialties, the qualifications for and suspension and revocation of those certificates and governing the use of prescribed terms, titles or designations by members indicating a specialization in the profession.”

The coalition wants to go beyond the authorization in the Regulated Health Professions Act, which leaves it open to council not to have specialty subtitles. This is a very big issue for some of the coalition partners, especially the marriage and family therapists who are regulated all over the United States and in Quebec as a distinct profession.

I would also point out that we certainly do have a concern about peer counsellors. I think that was made clear with respect to the presentation by the federation, and this would ensure that there do have to be designations.

**The Chair:** Discussion?

**Mr. Fonseca:** Colleges have the ability to make these classes, and we feel that we shouldn’t be forcing them.

**The Chair:** If there’s no other discussion, I will call the vote. Those in favour of the motion? Those opposed? It is lost.

I will now ask, shall schedule Q, section 8, carry? Carried.

Shall schedule Q, sections 9 and 10, carry? Carried.

Moving us to schedule Q, section 11, PC motion number 107.

**Mrs. Witmer:** I move that section 11 of schedule Q to the bill be amended by adding the following subsection:

“Consultation

“(2) The council shall not make a regulation under subsection (1) unless it has first consulted with other colleges whose members provide psychotherapy services.”

The supporting argument for this comes again from the Ontario College of Social Workers and Social Service Workers. They believe that the regulation authority under section 11 means that the nature of the practice of psychotherapy may be further delineated through regulations made under the Psychotherapy Act. The college believes there is no formal mechanism for other regulated professions who may be impacted by these regulations and may have important comments to make regarding them to participate in the process. Therefore, the college believes that a consultation process prior to regulations

being made under section 11 of the Psychotherapy Act, 2006, would inform any such regulations and promote consistency with respect to the delivery of psychotherapy services. The college notes that there is a precedent for a consultation process for regulations being required by legislation.

**The Chair:** Other discussion?

**Mr. Fonseca:** The government does not support this motion, because colleges are already expected to consult with all relevant stakeholders when making any regulations and, further, all regulations proposed by colleges are reviewed by the minister and require government approval.

**The Chair:** I will call the vote.

Those in favour of the motion? Opposed? It is lost.

Shall schedule Q, section 11 carry? Carried.

Shall schedule Q, sections 12 and 13 carry? Carried.

That brings us to schedule Q, section 14: NDP amendment 108.

**Ms. Martel:** I move that clause (q.1) of the definition of “health care practitioner” as set out in section 14 of Schedule Q to the bill, be amended by adding “and registered mental health therapists” after “psychotherapists”.

**The Chair:** I will call the vote.

Those in favour of the amendment? Opposed? It carries.

Shall schedule Q, section 14, as amended, carry? Carried.

Shall schedule Q, sections 15 to 18 carry? Carried.

That brings us to schedule Q, section 19: NDP motion 109.

**Ms. Martel:** I move that section 19 of schedule Q to the bill be amended by adding the following subsection:

“(1.1) Section 27 of the act is amended by adding the following subsection:

““Social workers

“(2.1) Subsection (1) as it relates to paragraph 14 of subsection (2) and the Psychotherapy Act, 2007 do not apply to a member of the Ontario College of Social Workers and Social Service Workers who is in compliance with the Social Work and Social Service Work Act, 1998, its regulations and by-laws, and for greater certainty, such a member is authorized to perform the controlled act set out in paragraph 14 of subsection (2).”

This amendment was given to the committee by the Ontario Association of Social Workers as their preferred method to be included in the bill, particularly under schedule Q.

**The Chair:** Any other discussion?

**Mr. Fonseca:** I ask that we look at motions 109, 110 and 111 together, because our wording has support from the social workers and the college association. I’d also like to read into the record that on May 7, 2007, Dan Andreae, president of the Ontario Association of Social Workers, said: “I wish to commend the Minister of Health and Long-Term Care for his exemplary work in preparing and introducing a key and necessary amend-

ment to Bill 171 that authorizes social work to perform the controlled act of psychotherapy.”

**The Chair:** Appreciate that we can't consider three motions.

**Mrs. Witmer:** I'm sorry. Could you go back to the first part? I was in conversation.

**Mr. Fonseca:** That we look at 109, 110 and 111 together, because it is addressed by the government in 111—our wording has been supported by the social workers and the college association.

**The Chair:** The only options available are to vote on this motion or withdraw it.

**Ms. Martel:** Chair, I'm assuming that we're all working to the same end here, so I will withdraw my amendment.

**The Chair:** Motion 109 has been withdrawn. We have PC motion 110.

**Mrs. Witmer:** If the government has assured me that Dr. Andreae is happy with motion 111, then I would withdraw motion 110. It really was to ensure that they be allowed to perform this controlled act.

**The Chair:** That brings us to government motion 111.

**Mr. Fonseca:** I move that section 19 of Schedule Q to the bill be amended by adding the following subsection:

“(1.1) Section 27 of the act is amended by adding the following subsection:

“Same

“(4) Despite subsection (1), a member of the Ontario College of Social Workers and Social Service Workers is authorized to perform the controlled act set out in paragraph 14 of subsection (2), in compliance with the Social Work and Social Service Work Act, 1998, its regulations and by-laws.”

**The Chair:** Any discussion?

**Mrs. Witmer:** I think this was an omission that has now been addressed. But if we take a look at the fact social work is the largest single discipline providing psychotherapy services in North America, and when you take a look at the psychotherapy services that it provides in so many areas—adult mental health, children's mental health, marital, family, addictions, etc.—certainly it is important that social workers continue to be included in the provision of psychotherapy services.

1040

**The Chair:** Any other discussion? I will call the vote. Those in favour of the motion? Opposed? It is carried.

That brings us to PC motion number 112.

**Mrs. Witmer:** I move that section 19 of schedule Q to the bill be amended by adding the following subsection:

“(1.1) Section 33 of the act is amended by adding the following subsection:

“Exception

“(2.1) Subsection (1) does not apply with respect to a member of the Ontario College of Social Workers and Social Service Workers who holds the title “doctor”.”

This—

**The Chair:** Before you proceed, I have to rule this is out of order. Section 33 is not open. You could ask for unanimous consent.

**Mrs. Witmer:** I'd like to ask for unanimous consent.

**The Chair:** Is there unanimous consent? Agreed.

**Mrs. Witmer:** Thank you very much. This is an issue of concern and interest, particularly to the Ontario Social Work Doctors' Colloquium. When universities today confer doctoral degrees, they do not qualify or limit how the recipients are going to use that title. The Social Work Doctors' Colloquium believes that by imposing restrictions on where and how the title can be used, the RHPA contravenes the legislation that authorizes universities to grant doctoral degrees, considering this restriction is specific to Ontario, with no other jurisdiction in Canada, the United States, the United Kingdom, Australia or New Zealand having such restrictions.

As well, the colloquium believes that by imposing the restriction on the use of the title, the entire profession is devalued. Considering that a profession whose practice for over a century has been integral to the provision of health services in Ontario in such areas as hospitals, prisons, psychiatric facilities, mental health clinics, homes for the aged, child welfare and family agencies and disability services, I would really strongly recommend that all of my colleagues consider and support this amendment regarding the doctor title for these individuals.

**Mr. Fonseca:** At this time we're still reviewing the HPRAC recommendations on this issue. We're not prepared to move on this at this time. We believe that consultation is still required. This bill still accomplishes quite a lot, and we feel that the professionals and patients will benefit from Bill 171.

**Mrs. Witmer:** Might I ask the government, then, if they are giving serious consideration to this issue of the “doctor” title or is this just an attempt to limit the discussion today? Will you be continuing the dialogue with these social workers?

**Mr. Fonseca:** Yes, we will.

**Mrs. Witmer:** So there is a very strong possibility that this amendment may well yet come into fruition?

**Mr. Fonseca:** Not under this legislation, no.

**Mrs. Witmer:** Okay. I see the minister's representative, who is here today, shaking his head. So you're saying there will be no consideration given to this issue of the “doctor” title for social workers?

**Mr. Fonseca:** It is under consultation now, but not as part of Bill 171.

**Mrs. Witmer:** Right, but you are considering doing it or—I see the minister's person shaking his head no.

**Mr. Fonseca:** HPRAC continues to review it.

**Mrs. Witmer:** I hope the government really would give very serious consideration. This restriction is only specific to Ontario. If you go anywhere else in Canada, if you go to the United States, the United Kingdom, Australia or New Zealand, there is no restriction on the use of the title as we currently have it in the province of Ontario. I hope we will respect social workers and grant them this request. Thank you very much for your consideration.

**Ms. Martel:** I support the motion that's been put forward by Ms. Witmer and I have motions that follow that are similar in terms of trying to arrive at the same

intent around the use of the “doctor” title. I think what was recommended by HPRAC in April 2006 around the use of the “doctor” title is something that the government actually should have adopted in this legislation. I regret that we are in a position now to deal with this issue, because the bill is opened, and we are not going to be dealing with it again. I would be very supportive of the use of the “doctor” title, not only with respect to social workers who have a doctorate, but also with respect to other health care professions when, as was noted by HPRAC, they have access to the same controlled acts. The amendments that I have would have done the same thing. Again, I regret the government is not doing this at this time because I’m not sure when this act will be opened again once it’s passed. I think we should have made the effort to do it now, especially given HPRAC’s directions.

**Mrs. Witmer:** Just further, when we consider that this act hasn’t been opened for 15 years, when we consider HPRAC’s recommendation, I have to say I am very disappointed that the government hasn’t moved forward in this regard. I hope they will consider some avenue in order to address the issue and support the amendment that I put forward and that has been supported by Ms. Martel.

**The Chair:** I will call the vote. Those in favour of the motion? Those opposed? The motion is lost.

NDP motion 113.

**Ms. Martel:** I move that section 19 of schedule Q to the bill be amended by adding the following subsection:

“(1.2) Subsection 30(1) of the act is amended by striking out ‘physical’ and substituting ‘bodily’.”

I would need to ask for unanimous consent for it to be—

**The Chair:** Exactly. It is out of order, so there is a request for unanimous consent to open subsection 30(1). Do I hear unanimous consent?

**Mr. Fonseca:** Agreed.

**The Chair:** Proceed.

**Ms. Martel:** Thank you. If you look on page 55 of the report by HPRAC, *New Directions*, there is specific mention of the harm clause. HPRAC made a very

specific recommendation around serious bodily harm. So the change that was put in here by striking out “physical” and substituting “bodily” was actually a change that came from a recommendation made by HPRAC under the section relating to the harm clause.

**Mr. Fonseca:** Just to clarify, the government does not support this motion to replace the word “physical” with the word “bodily” in subsection 30(1) of the RHPA because the amendment has already been proposed by the government in section 6 of schedule M of Bill 171.

**The Chair:** Any additional discussion? Those in favour of the motion? Opposed? The motion is lost.

NDP motion 114.

**Ms. Martel:** This would have put in place the use of the “doctor” title. It was what was proposed by HPRAC, but given the discussion that we’ve had on this, I will withdraw the amendment.

**The Chair:** This is out of order, so we’ll require unanimous consent.

**Mrs. Witmer:** She’s withdrawing it.

**The Chair:** Oh, she withdrew it. Trevor, you’re getting me into trouble.

Unfortunately, this is the last one: NDP motion 115.

**Ms. Martel:** As well, this amendment was put forward in relation to the use of the “doctor” title. We’ve had that discussion and the government’s not moving forward, so I’ll withdraw it.

**The Chair:** That completes the amendments. Now, we stood down—

*Interjection.*

**The Chair:** Okay, we’ve got to do these first.

Shall schedule Q, section 19, as amended, carry?

Shall schedule Q, sections 20 and 21, carry?

Shall schedule Q, as amended, carry?

We stood down the main body of the bill, so we will return to the beginning.

Shall sections 1, 2 and 3 carry? Carried.

Shall the title of the bill carry?

Shall Bill 171, as amended, carry?

Shall I report the bill, as amended, to the House?

Thank you very much. We’re adjourned.

*The committee adjourned at 1051.*

## CONTENTS

Monday 14 May 2007

**Health System Improvements Act, 2007, Bill 171, *Mr. Smitherman* / **Loi de 2007**  
sur l'amélioration du système de santé, projet de loi 171, *M. Smitherman*..... SP-1885**

### STANDING COMMITTEE ON SOCIAL POLICY

#### Chair / Président

Mr. Ernie Parsons (Prince Edward–Hastings L)

#### Vice-Chair / Vice-Président

Mr. Khalil Ramal (London–Fanshawe L)

Mr. Ted Chudleigh (Halton PC)

Mr. Peter Fonseca (Mississauga East / Mississauga-Est L)

Mr. Kuldip Kular (Bramalea–Gore–Malton–Springdale L)

Mr. Jeff Leal (Peterborough L)

Mr. Rosario Marchese (Trinity–Spadina ND)

Mr. Bill Mauro (Thunder Bay–Atikokan L)

Mr. John O'Toole (Durham PC)

Mr. Ernie Parsons (Prince Edward–Hastings L)

Mr. Khalil Ramal (London–Fanshawe L)

#### Substitutions / Membres remplaçants

Mr. Bob Delaney (Mississauga West / Mississauga-Ouest L)

Ms. Shelley Martel (Nickel Belt ND)

Mr. Mario G. Racco (Thornhill L)

Mrs. Elizabeth Witmer (Kitchener–Waterloo PC)

#### Clerk / Greffier

Mr. Trevor Day

#### Staff / Personnel

Mr. Ralph Armstrong, legislative counsel