

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

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

SP-46

## **Journal des débats (Hansard)**

SP-46

### **Standing Committee on Social Policy**

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

1<sup>st</sup> Session  
42<sup>nd</sup> Parliament  
Friday 14 May 2021

### **Comité permanent de la politique sociale**

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

1<sup>re</sup> session  
42<sup>e</sup> législature  
Vendredi 14 mai 2021

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Chair: Deepak Anand  
Clerk: Tanzima Khan

Président : Deepak Anand  
Greffière : Tanzima Khan

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## CONTENTS

Friday 14 May 2021

Advancing Oversight and Planning in Ontario's Health System Act, 2021, Bill 283, Ms. Elliott / Loi de 2021 visant à faire progresser la surveillance et la planification dans le cadre du système de santé de l'Ontario, projet de loi 283, Mme Elliott .....	SP-1049
College of Physicians and Surgeons of Ontario; CUPE Ontario; College of Medical Laboratory Technologists of Ontario .....	SP-1049
Dr. Judith Plante	
Dr. Nancy Whitmore	
Ms. Debra Maxfield	
Mr. Michael Hurley	
Ms. Kathy Wilkie	
Mr. John Tzountzouris	



LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON  
SOCIAL POLICY**

**COMITÉ PERMANENT DE  
LA POLITIQUE SOCIALE**

Friday 14 May 2021

Vendredi 14 mai 2021

*The committee met at 0900 in room 151 and by video conference.*

ADVANCING OVERSIGHT  
AND PLANNING IN ONTARIO'S  
HEALTH SYSTEM ACT, 2021  
LOI DE 2021 VISANT À FAIRE  
PROGRESSER LA SURVEILLANCE  
ET LA PLANIFICATION DANS  
LE CADRE DU SYSTÈME  
DE SANTÉ DE L'ONTARIO

Consideration of the following bill:

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

**The Chair (Mr. Deepak Anand):** Good morning, everybody. The Standing Committee on Social Policy will now come to order. We are here for the public hearings on Bill 283, An Act to amend and enact various Acts with respect to the health system. As a reminder, the deadline for written submissions is 7 p.m. Eastern Daylight Time today, Friday, May 14, 2021. Legislative research have been requested to provide committee members with a summary of oral presentations and written submissions as soon as possible following the written submission deadline. The deadline for filing amendments to the bill is 5 p.m. on Monday, May 17, 2021. Our Clerk, Ms. Khan, has distributed today's committee documents virtually via SharePoint.

We do have the following members participating via Zoom: MPP Jeff Burch, MPP Amy Fee, MPP Joel Harden, MPP Robin Martin, MPP Effie Triantafilopoulos, MPP Peggy Sattler, MPP Billy Pang, MPP Amarjot Sandhu, MPP Kaleed Rasheed, and MPP France Gélinas.

**The Clerk of the Committee (Ms. Tanzima Khan):** And MPP Babikian.

**The Chair (Mr. Deepak Anand):** And MPP Aris Babikian. I can't leave out MPP Babikian. He's my neighbour, too, so I'm going to be in trouble.

We are also joined by staff from legislative research, Hansard, broadcast and recording.

To make sure that everyone can understand what is going on, it is important that all the participants speak slowly and clearly. Please wait until I recognize you before starting to speak. Since it could take a little time for

your audio and video to come up after I recognize you, please take a brief pause before beginning.

As always, all the comments should go through the Chair. Once again, in order to ensure optimal sound quality, members participating via Zoom are encouraged to use headphones and/or microphones if possible.

Any questions before we start? Thank you for that nod, MPP Martin.

COLLEGE OF PHYSICIANS  
AND SURGEONS OF ONTARIO  
CUPE ONTARIO

COLLEGE OF MEDICAL LABORATORY  
TECHNOLOGISTS OF ONTARIO

**The Chair (Mr. Deepak Anand):** Seeing no questions, we will resume public hearings on Bill 283, An Act to amend and enact various Acts with respect to the health system.

We have one group of presenters today. Before we start and name those presenters, I want to state that each presenter will have seven minutes for their presentation, for a total of 21 minutes, and the remaining 39 minutes of the time slot will be questions from the members of the committee. The question will be broken down into two rounds of seven and a half minutes for the government, two rounds of seven and a half minutes for the official opposition, and two rounds of four and a half minutes for the independent members.

At this time, any questions? Again, thank you, MPP Martin, for that nod; I appreciate it.

We have members from the College of Physicians and Surgeons of Ontario. I would like to call the members. Please state your name for Hansard, and you have seven minutes. You may begin now.

**Dr. Judith Plante:** Good morning, and thank you for this opportunity to appear before the committee in relation to Bill 283. My name is Judith Plante. I am the council president of the College of Physicians and Surgeons of Ontario and a family physician from Pembroke. The council is the governing body or board of directors of the college. Joining me this morning is Dr. Nancy Whitmore, the college registrar and chief executive officer, who you will also be hearing from.

As you know, the College of Physicians and Surgeons of Ontario, or CPSO, regulates the practice of medicine in Ontario, serving in the public interest. Our work focuses

on four main areas: first, registering physicians so they can practise medicine in Ontario and verifying that they have the right credentials to do so; second, ensuring that physicians are providing quality care; third, investigating complaints and concerns brought forward by the public and taking disciplinary action where appropriate; and fourth, developing policies to outline specific expectations and reflect the relevant regulatory and legal requirements.

All of our regulatory work is guided by the philosophy of right-touch regulation. Right-touch regulation is based on a proper evaluation of risk. It is proportionate and outcome-focused and, importantly, it creates a framework in which professionalism can flourish and physicians can excel.

Our remarks this morning relate to schedule 3 of Bill 283, the schedule which would regulate physician assistants, or PAs, under our college.

CPSO is very supportive of the government's proposal to regulate PAs by making them a new class of registrant under our college. The question of whether PAs should be regulated and the manner in which this should be done has been pending for many years. We look forward to joining our fellow regulatory colleges in New Brunswick and Manitoba, which have been providing this type of oversight for decades, and in Alberta, which just last month took on this important responsibility.

There is no question that making PAs members of the CPSO is appropriate. It is in line with the CPSO's commitment to right-touch regulation, and it will help ensure safe, quality care for Ontario's patients.

Thank you. I'll ask Dr. Whitmore to continue our presentation.

**The Chair (Mr. Deepak Anand):** Dr. Whitmore, you have four minutes and 25 seconds.

**Dr. Nancy Whitmore:** Thank you. As stated, I'm Nancy Whitmore. I'm the registrar and CEO at CPSO. Along with Judith, I am happy to appear before committee this morning and offer our strong support to schedule 3 of Bill 283.

We are pleased that the legislation brings forward a comprehensive regulatory regime that will serve the public interest by enhancing the important role that PAs play in our health care system. Ontario has the greatest share of practising PAs across the country, and we are proud to be joining the ranks of other medical regulators that provide oversight to this important profession.

In spite of our support for the government's proposal to regulate PAs, we do have one significant concern with a section of the bill as currently drafted. In section (4)(b), the legislation states that a controlled act can be ordered by a physician. Ordering controlled acts is a concept that is used in multiple profession-specific acts under the RHPA. However, it is not a framework that best fits the important relationship between physicians and physician assistants. Instead, the existing supervisory relationship between a PA and a physician, usually referred to as delegation, is the model currently employed in Ontario as well as all three provinces that regulate PAs: Manitoba, New Brunswick and, as of April 1, Alberta. In this model,

the physician temporarily transfers their authority to a PA and, ultimately, the physician remains accountable and responsible for patient care. This model best reflects and supports how physicians and PAs work together. It protects patients' best interests and has functioned well in CPSO policy and practice to date. Even outside of Canada, in the United States, we see a similar framework of supervision and the performance of controlled acts as is currently in place in Ontario.

Throughout all of our discussions and planning as we prepared for the introduction of this legislation, we understood that the legislation would make PAs members of the CPSO and provide the college with direct oversight of PAs, that the currently relationship between physicians and PAs would be upheld, and that the legislation would further enable the current mechanism by which PAs provide health care.

We are deeply concerned that the introduction of an ordering framework and the apparent departure from the common model of regulation undertaken in other jurisdictions will create significant uncertainty, cause considerable confusion, both in practice and in regulation, and will compromise our ability to quickly implement the regulatory framework needed to support the enactment of this legislation.

#### 0910

CPSO urges the committee to consider an amendment to the bill that aligns with our understanding of government's intended approach to regulating PAs, as well as the oversight regime in other jurisdictions that regulate the profession. If subsection (4)(b), which would allow for a PA to perform a controlled act if it were ordered by a physician, were struck from the bill and subsection (4) and (4)(a) is kept as is, this will allow CPSO to nimbly develop the regulation necessary to both enact the regulatory structure needed today and to flexibly grow with evolving PA practice over the coming years. This approach would ensure consistency with other provinces that regulate PAs and is aligned with drafting and other profession-specific statutes within the RHPA.

In their remarks yesterday, CAPA, the Canadian Association of Physician Assistants, noted the importance of ensuring that the system of regulation in Ontario is aligned with other provinces and that CPSO and PAs must work together to develop the details of oversight. Today we echo these sentiments. Our written submission lays out this proposal in greater detail. CPSO's objective is to be in a position where we can move expeditiously to implement this new regulatory framework. Making the recommended change to the legislation will allow to us do that.

We thank the committee for their time, and we would be pleased to answer any questions.

**The Chair (Mr. Deepak Anand):** Thank you, Dr. Whitmore. We appreciate it.

We do have presenters from the Canadian Union of Public Employees, Ontario division. You have seven minutes for your presentation. Please state your name for Hansard, and you may begin now.

**Ms. Debra Maxfield:** Good morning, everyone. My name is Debra Maxfield. I'm chair of the health care

workers coordinating committee of CUPE Ontario. I'm also a personal support worker in long-term care. Speaking with me today is Michael Hurley. Michael Hurley is the president of the Ontario Council of Hospital Unions, CUPE, and first vice-president of CUPE Ontario. Also with me today is Doug Allan, our CUPE researcher.

The Canadian Union of Public Employees is the largest union in Ontario, with 270,000 members. The Ontario Council of Hospital Unions and CUPE are the bargaining council for 40,000 CUPE hospital workers. CUPE represents 30,000 PSWs in Ontario employed by long-term-care homes, home and community care organizations, and hospitals.

For some time, governments have sought to increase provincial oversight of personal support workers. CUPE has some concerns about this, knowing that such process may impose a double jeopardy on PSWs and that there may be issues with grandparenting, affordability and due process. Such regulation, however, may also increase the prestige of professionalism—and deserves much more respect, and may allow some professional self-regulation by PSWs. Unfortunately, the model proposed by Bill 283 does not achieve the potential benefits for the profession—does not impose the problems that we feared.

I'm going to pass it over to Michael.

**Mr. Michael Hurley:** Thank you very much, Debra, and thank you very much to members of the committee for allowing us to present this morning. We're very grateful for the opportunity.

I'd just like to say at the outset that personal support workers really have come through for the people of Ontario during the pandemic. Many have gotten sick, quite a number have died, and they have really tried to hold it together during the pandemic. And they are very disappointed with this legislative proposal.

Here are the issues we have with this bill. First of all: enabling legislation. The government has brought in what it refers to as enabling legislation. Much of the detail will be left to regulation, bylaws and policy. We believe that this is putting the cart before the horse, and a better process would be to work with stakeholders to develop a consensus on key issues like grandparenting, affordability, governance and especially due process.

On governance: In stark contrast with the self-regulation of nurses or other professions like physician assistants that we heard about this morning, personal support workers are completely and explicitly excluded from the board of directors of the authority. This suggests to us and to them that PSWs are seen by the government as second-class health professionals, not competent or responsible enough to be entrusted with their own governance, unlike every other regulated health professional. We note that the government has failed to protect PSWs during COVID-19, failed to recognize airborne transmission, failed to ensure appropriate protective equipment, failed to transfer sick long-term-care residents to hospital, and transferred patients from emptying hospitals to overcrowded long-term-care facilities, and now wants to establish a PSW oversight authority that it controls, with no voice for PSWs

other than on an advisory committee, which will have no power to compel anyone to follow its advice.

Unaffordability: PSWs are not well paid. Despite this reality, it appears that after an initial start-up period, PSWs will be expected to pay into the proposed oversight authority. It has become especially clear during the pandemic how much we depend on essential workers, and none more so than PSWs, who are at the very centre of the COVID-19 battle, with many sickened and some dying. So it is extremely concerning that even before trying to make any permanent improvement in wages and working conditions, the government proposes to add an extra financial burden on personal support workers—and we believe the reverse should occur.

Grandparenting: A key issue is, who is eligible to become a PSW registrant under the proposed authority? The need for PSWs is growing rapidly within our aging society—and a variety of other factors are discussed in our brief.

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

**Mr. Michael Hurley:** This creates an urgent need to recruit and retain more PSWs, but new barriers to entry may make this more difficult.

I want to go to due process. Under the proposed legislation, the board appoints a CEO with extraordinary powers to make unilateral decisions regarding regulation. We have consistently argued that in any disciplinary process there must be a right to a hearing with robust rules of evidence and procedures, knowing the [*inaudible*] to be met; the right to cross-examine witnesses; the opportunity to be represented by a lawyer or other representative; the right to written reasons; and a right to appeal to the courts. What is being proposed here is in stark contrast to the Regulated Health Professions Act, which sets out a very detailed right of due process applicable to each and every college.

Given these many issues, we cannot support this bill. We're asking that PSWs have a majority role on a board of directors; the rules and procedures should be specified in the legislation itself and nearer the procedural protections in the Health Professions Procedural Code—a right to a full hearing before a disciplinary committee; grandparenting; and increased wages and better working conditions for PSWs.

Much more is in our brief.

Thank you so much for the opportunity to present this morning.

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

At this time, we have the College of Medical Laboratory Technologists of Ontario. You will have seven minutes for your presentation. Please state your name for Hansard, and you may begin now.

**Ms. Kathy Wilkie:** Good morning. I'm Kathy Wilkie, registrar and CEO of the College of Medical Laboratory Technologists of Ontario. I'm joined this morning by my colleague John Tzountzouris, the director of registration and professional practice at CMLTO. I thank you for the opportunity to address the committee this morning regarding Bill 283.

Over the past year, the importance of laboratory testing in Ontario has become increasingly clear. Laboratory testing is performed by medical laboratory technologists, who are regulated by the CMLTO, and increasingly by unregulated medical laboratory assistants and technicians.

physician assistants who work alongside physicians, medical laboratory assistants and technicians work in collaboration with medical laboratory technologists, yet they aren't subject to regulatory oversight. The CMLTO believes that the public will be safer and can be confident of the accuracy of their lab tests where medical laboratory assistants and technicians are regulated. Medical laboratory technicians and assistants work in public, community and public health laboratories that collect blood and other samples from patients and process these samples for testing. These practitioners have a significant and increasing impact on quality patient care due to their expanding roles and broadened responsibilities in the clinical laboratory, particularly as labs face health human resource challenges. In many cases, they are a primary source of contact between the patient, the laboratory and other health care professionals in specimen collection centres, laboratories, point-of-care settings and long-term-care facilities. CMLTO's public consultations have shown that the public is surprised to learn and concerned that these medical laboratory practitioners are not regulated or subject to comprehensive professional oversight in Ontario.

**0920**

Since 2009, CMLTO council, its governing body, has made the regulation of medical laboratory assistants and technicians a strategic priority for the reasons outlined more fulsomely in our submission. However, the demand for lab testing, and COVID-19 testing in particular this past year, has underlined the ever-increasing importance of their professional practice.

I'd like to share two examples that highlight the need for regulation of medical laboratory assistants and technicians.

In February, we received a formal complaint from a member of the public about a medical laboratory assistant who was taking blood from her mother. She had concerns related to safety and competency, and when she contacted the college and learned that the medical laboratory assistant was not a regulated health professional, she remarked, "As a patient and health care consumer, this seems quite shocking that there was no public recourse mechanism related to this individual's professional practice."

Secondly, recently we also were contacted by a concerned medical laboratory technologist from a lab in northern Ontario. We were informed that unregulated medical laboratory assistants were performing the PCR test for COVID-19 and that MLTs are being expected to "supervise" their work and sign off on the results at a distance. The MLT is rightfully concerned about who is being held accountable and responsible for the laboratory assistant's work.

Regulation of medical laboratory assistants and technicians in Ontario would address these issues and many

more that we hear about on a regular basis. However, this public-interest issue has been largely unknown to the public at large, primarily because, based on feedback that we consistently receive from the public, they assume that all individuals drawing blood, taking ECGs and working in laboratories are regulated, but they are not.

I turn the presentation over to my colleague John Tzountzouris.

**Mr. John Tzountzouris:** Good morning. I'm John Tzountzouris, director of registration and professional practice. As Kathy had mentioned, CMLTO has been pursuing the regulation of medical laboratory assistants and technicians for more than a decade. We have continually engaged the government and the Ministry of Health in dialogue through this journey. In fact, as regulatory thinking in Ontario was changing six years ago, we developed a voluntary roster for medical laboratory assistants and technicians which was used as the model for the first PSW registry and no doubt has influenced what we see today in Bill 283.

We were also asked to provide our expertise to HPRAC in their discussion related to the regulation of applied behavioural analysts who are now being regulated under the current bill. The reasons and rationale for pursuing PSW oversight and regulation of PAs and ABAs under Bill 283 mirror those that support CMLTO's regulatory initiative.

I'm sure the committee can appreciate that [*inaudible*] initiatives such as these cannot be adequately summarized in our time today. However, we can assure you that CMLTO has made tremendous progress with this regulatory initiative to date in the absence of any regulatory authority to do so, including the development and public release of a CMLTO council-approved scope of practice, standards of practice and code of ethics for medical laboratory assistants and technicians in Ontario.

The CMLTO voluntary roster was launched in October 2015 and serves the public interest by confirming that medical laboratory assistants and technicians in Ontario have voluntarily met a certain level of education and professional practice criteria. However, as it is a voluntary registry, we cannot say that it is meeting the intended goal of comprehensive professional oversight expected by the public. The Ministry of Health has been aware of what we have been doing and supportive and complimentary on our proactive approach, which is also supported by stakeholders across the laboratory sector. As such, we were surprised to see that the regulation of medical laboratory assistants and technicians was not included in Bill 283.

The COVID-19 pandemic has highlighted some of the issues and risks to the public due to the unregulated individuals in the Ontario health care system, hence the current proposals in Bill 283. We believe it is simply a matter of time—

**The Chair (Mr. Deepak Anand):** Thirty seconds.

**Mr. John Tzountzouris:** —before the issue of unregulated medical laboratory assistants and technicians becomes apparent to the public, and we have been trying to address this issue in a proactive manner. It is our opinion

that the bill addresses the emerging health human resource needs of Ontario, and as such, we respectfully ask the committee to include the regulation of medical laboratory assistants and technicians as a new class of members with the CMLTO as an amendment to Bill 283 under schedule 3.

Thank you for your time.

**The Chair (Mr. Deepak Anand):** Thank you so much. That concludes the presentations from all the presenters.

At this time, we will be going to questions from the members of the committee. The time for questions will be broken down into two rounds of seven and a half minutes to the government, two rounds of seven and a half minutes to the official opposition, and two rounds of four and a half minutes to the independent members, if they join in time.

Moving over to the official opposition: Madame Gélinas, I will be giving you a time stamp around a minute or two before. Go ahead, please.

**M<sup>me</sup> France Gélinas:** For the member of the College of Medical Laboratory Technologists: I know that you've been pushing for this for a long time. It is difficult to add this kind of thing to an existing bill. We'll try our best. We know it needs to be done.

For the College of Physicians and Surgeons: I take it that in your written submissions you have specific amendments to the bill? Or do you just want to take this section out? It's in? Okay. We'll make sure that we file it as an amendment, and we'll try to help you.

The rest of my questions will be directed to CUPE. You've seen schedule 2, where we put in the authority for the PSWs. Was this a priority for your members, so that the long-term-care system and the home care system can recruit and retain a stable workforce? If you were to share with the committee, what are the priorities for the PSWs you represent?

**Mr. Michael Hurley:** Personal support workers would expect that after the contribution they've made and as the expectations of them grow, as the educational requirements for them increase, as their core competencies and skills grow so that they, to some extent, in terms of length of program, mirror what was in place for registered nursing assistants 25, 30 years ago, they would be looking at a proposal from government that would afford them the basic rights of any regulated health professional.

For example, if they were to be accused of violence or sexual impropriety against a person or a resident, under what is being proposed here, without recourse to the kind of rights that would normally fall to a regulated health profession, they could be stripped of their right to practise, and they would also have their reputation permanently damaged without any opportunity to defend themselves in a meaningful way under law. What a regulated health professional would enjoy in these circumstances, as I'm sure you all know—what is in place for nurses, for example, would be a right to a disciplinary hearing. It would be chaired by a quasi-judicial body which would be independent and neutral. There would be a right to counsel. There would be a right to call witnesses and to subpoena evidence and to cross-examine. In the end, there

would also be a right to appeal the decision to the courts, so that if there were issues, the personal support worker could defend themselves. None of this is present in this bill.

**0930**

This is an employer's dream, really. The workforce is going to be subject to arbitrary measures taken against them without recourse to the kind of rights which are normalized in a democratic society for regulated health professionals, and it's not acceptable.

I would just conclude by saying if it wasn't clear the contribution that personal support workers make and the amount of suffering that they have endured during COVID-19 as they've tried to hold it together for the people of Ontario; if they do not deserve to have some measure of dignity and respect in how they themselves are treated; if they are not treated with the same compassion that they show to the people they care for, the same kind of rights and standards, that is profoundly unfair. I think we have a right to expect much, much more for them than we're seeing in this legislation.

**M<sup>me</sup> France Gélinas:** Would you agree that the pressing issues for PSWs are that they want full-time, they want decent pay, they want benefits, they want sick days, they want an opportunity to have a pension, and they want a workload that a human being can handle? Would you agree with this, and is any of this in the bill?

**Mr. Michael Hurley:** Absolutely. The absence of full-time employment is a hallmark in the difference of approach between Ontario and Quebec as we reassess the pandemic. Quebec has moved to hire full-time permanent PSWs who have a guarantee of a living wage, with pensions and benefits. These are fundamental to ensuring we have a stable workforce.

It is very disappointing, Ms. Gélinas, not to see that recognized in the legislation, absolutely.

**M<sup>me</sup> France Gélinas:** Would you see a role for a minimum wage for PSWs across all sectors?

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

**Mr. Michael Hurley:** I think the unions have been universal in calling for a standard of employment which holds a minimum floor and also provides a basic pension and benefits to those people. Otherwise, in a labour market like you have in retirement homes and long-term care, people will simply be moving from the lowest-paid to a higher-paid environment. There has to be a standardization across the labour market for these conditions, and they have to be at a standard that would be attractive enough for people to do the work, which is so terribly gruelling and demanding.

**M<sup>me</sup> France Gélinas:** So you would see a floor to PSWs' wages that would go across hospitals, long-term care, home and community care, retirement homes—the whole spectrum of where most of the PSWs work?

**Mr. Michael Hurley:** Yes. That would apply in a province like British Columbia, where there is standardization across all of the health platforms. It doesn't matter which sector you work in. You choose to work in community health or long-term care or hospitals as a PSW or

as a nurse because you want to. All of the wages, the benefits, the pensions are standardized. And that is where Ontario should be going, absolutely.

**M<sup>me</sup> France Gélinas:** Is 70% minimum full-time jobs a right number?

**Mr. Michael Hurley:** Well, that was what the SARS Commission Justice Campbell identified as being a target for nurses. Obviously, the fact that we haven't had that kind of percentage applied to personal support workers was the underbelly of our vulnerability during the first wave of COVID-19—the fact that people were stitching together multiple jobs and possibly carrying the virus from one work environment to another in the early days of the pandemic.

The fact that people are not afforded the opportunity to work full-time and they must work part-time jobs is something that needs to be addressed. Justice Campbell thought 70% was a fitting target for registered nurses. It would be a fitting starting point for personal support workers and other workers as well.

**The Chair (Mr. Deepak Anand):** That concludes the time allocated to the official opposition. You will still have an opportunity for one more round.

I'll be moving over to members of the government. MPP Pang.

**Mr. Billy Pang:** Thank you, Mr. Chair. Through you, I have a couple of questions. The first one is to the CPSO. Thank you for sharing your insights regarding the regulations.

What would be the next steps for the CPSO to regulate physician assistants if this bill were passed? What would be the next step you are looking forward to?

**Dr. Nancy Whitmore:** If this bill were passed, particularly with the striking out of the section that we've requested, it would allow us to move quite nimbly forward to be able to regulate PAs under a framework that we've been working in advance. This would allow physicians and PAs to build an even better working relationship together and for PAs to be a regulated health professional within the college, so we're very much looking forward to it.

**Mr. Billy Pang:** So you're looking forward for this bill to be passed, right?

**Dr. Nancy Whitmore:** Yes, for the bill to be passed with the amendment we've asked for will allow to us move nimbly forward. Our concern is, if we do not strike out that section (4)(b), we will have difficulties in being able to move forward in a quick and proper manner, and we will have challenges in not being aligned with the other jurisdictions in Canada as well as in the United States in the way that PAs are regulated. I think it's a very important piece that government look to strike that section so that we are able to enable a framework that makes sense, because the relationship between physicians and PAs is unique, and it's a very important relationship. It is different than the ordering relationship that occurs with physicians and other regulated health professionals such as nurses or—

**Mr. Billy Pang:** Traditionally, how long has it been, that CPSO fights for PAs being regulated?

**Dr. Nancy Whitmore:** There has been conversation, I think, for a very long time for PAs to be regulated in our health care system. There have been many conversations about how that would move forward. The Canadian Association of Physician Assistants see the fit within CPSO. We can see that fit as well, so we're happy to move forward with this.

**Mr. Billy Pang:** My next question is for the College of Medical Laboratory Technologists of Ontario. You shared some of the risk to the public if medical laboratory technicians or assistants are not overseen by an authority at this time. Can you share more about, that you can see—I heard a couple of them. The risks to the public: Can you expand a little bit more? If the medical laboratory technicians or assistants are being overseen, what would be the benefits to the public and also to the technicians or assistants?

**Ms. Kathy Wilkie:** I'm going to turn this over to my colleague John.

**Mr. John Tzountzouris:** I'll try to put this into a story, for lack of a better word.

All of us in our various capacities have had access to the health care system and specifically the laboratory sector, whether it be going to a specimen collection centre to have your blood drawn—more and more, we're seeing with aging-at-home strategies and COVID-19 lockdown measures that assistants and technicians are going into private homes to perform phlebotomy.

To answer your question: I give that preamble, because if you imagine that you are going into a specimen collection centre, these are the individuals who have the touch onto the patients much more so than MLTs, who are working in the background in the laboratories, performing the laboratory testing that is vital to Ontario's health care system. The concern has always been, the risk to the public has always been that if there was something untoward that happened as a result of the professional practice of one of these unregulated health professionals, there's no comprehensive public recourse. What I mean by that is—and we have had complaints from the public with regard to the professional practice of these unregulated members. So what would happen in that case? It would be referred back to the employer, and the employer would have to [*inaudible*] their disciplinary process accordingly. However, that individual could very easily—worst-case scenario—be fired from that individual employer but then move down the street to another employer. There's no public record of any kind of issues with regard to their practice, and as I say, there's no comprehensive public recourse as a result of that.

A comprehensive regulatory framework as afforded by the RHPA would allow all of those things to be [*inaudible*], including a public register, including, on top of that, ensuring that individuals at the very least meet a certain entry-to-practice standard. This is a very heterogeneous group of individuals, and we have talked about that at the college over the last decade, including grandparenting clauses and so on and so forth. We've thought it through from start to finish. It would also implement

quality assurance requirements to ensure that these individuals have their continued competence developed over their careers.

We believe, for the public of Ontario, and council believes for the public of Ontario, this is a really important step forward. As I say, this has been something that we've been looking at since 2009.

0940

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

**Mr. John Tzountzouris:** I hope that answers your question, MPP Pang.

**Mr. Billy Pang:** Thank you. So from your point of view, it is a benefit for all directions, no matter whether it's the patients or the workers or the employers, right?

**Mr. John Tzountzouris:** I think the issue with regulation of a new health profession is sometimes—the mandate of a health college, as we all know, is public protection. It is difficult to speak on behalf of what benefit it would be to the individuals themselves.

What I can tell you is, because we have gone out over the last 10 years and spoken to literally thousands of MLTs, assistants and technicians in all parts of our great province—and what we have heard is, “We do support this.”

When questions come up about what is the benefit to [*inaudible*] it is difficult for a regulatory college to talk about that, because we don't want to do seem to be advocating on behalf of the profession. However, we see it as a natural, I suppose, trade-off that is part of being regulated. Maybe the profession's profile will be elevated; maybe not. But that's not the intent of what we're trying to do from the college's perspective—if that makes sense.

**Mr. Billy Pang:** I have no further questions.

**The Chair (Mr. Deepak Anand):** We have about 30 seconds, if any of the other members wants to take it, or we can move to the next set of questions. Okay.

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

**Mr. Joel Harden:** It's a pleasure to see everybody this morning.

I want to focus my time, before passing it to MPP Gélinas, on my friends from CUPE.

Michael, in particular, something you said this morning has stayed with me, and I want to ask you a question from a different angle. You noted the lack of due process and—implicitly, it would seem, in this bill—the lack of respect to personal support workers, given allegations of serious misconduct, that is afforded to other health professions that have proper regulatory colleges, that do function with collective agreements like the ones governing members you represent. I'm wondering why we have a different standard.

Where do we come, from a health care policy, to thinking that a voluntary registry was appropriate, that would expose personal support workers, as you've said, who have contributed a heck of a lot in tragic circumstances during this pandemic? Why do you think, from a health policy perspective, we're even debating a bill that doesn't give personal support workers the due process

they deserve when serious allegations are made about incidents?

**Mr. Michael Hurley:** Thank you very much for the question, Joel. It's nice to see you.

I think personal support workers have been made vulnerable, and this bill would continue to make them vulnerable. The advantage of that is that it leaves them open, effectively, to exploitation, which has been what the health care system has relied upon to deliver health care through years and years of effective restraint and funding cuts in real terms.

I think what the PSWs are looking at here is a future where they will continue to be vulnerable to a claim that may be without any merit, that they have done something wrong. They could lose their right to practise as a personal support worker for the rest of their lives, and they could have their reputation in the community damaged permanently, without any opportunity that would be afforded any other regulated health professional, to represent themselves and to make their case at law. The sacrifice that these people made—was it bogus when we said that they were heroes? Was that just so much hot air to keep them soldiering on in these understaffed working environments? Is that all it was? If there truly was empathy for their courage and their contribution and their heroism, why is it not reflected in terms of affording them the same opportunities that exist for everybody else who is regulated in Canadian and Ontario society to defend themselves against a claim which might not have any substance? Who benefits from that?

This is a huge workforce in the community sector and in long-term care, in particular, and if they're vulnerable—and they know if someone makes an accusation against them, they cannot only not work for that employer, they'll never work at that kind of job again ever, anywhere. They'll be blacklisted. So they're subservient. And, okay, we can have that kind of vision for the health care workforce, but I say two things about that: (1) It is not sustainable. You're going to see people leave. The work is just not that well paid and the conditions are horrible. (2) It is so profoundly unfair, after what they have contributed, that this would be their reward for that, that the government would propose a bill that effectively excludes them from all of the rights that other people enjoy. That is just shameful.

**Mr. Joel Harden:** I want to pass the microphone to MPP Gélinas.

**M<sup>me</sup> France Gélinas:** I want to go back to CUPE and my conversation about 70% full-time. I remember from SARS—I also read the report from the commission that recommends the same thing: 70% full-time. Why do you think that we are not there? Why do you think that the Auditor General showed us that only 22% of PSWs have full-time work? Why do you figure that is?

**Mr. Michael Hurley:** Ironically, it's not because it's less expensive. Everything I've ever seen in bargaining with the Ontario Hospital Association about—

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

**Mr. Michael Hurley:**—part-time work and full-time work shows it's actually cheaper to have full-time employees. So it begs the question: Why would you have part-time employees? I think this goes back to the prior theme, which is because part-time employees are more vulnerable. In order to achieve this flexibility, you've got people who are competing with each other for work: "Please give me that shift. Please."

That is one of the fundamental issues here—that there is no assurance for people that they're going to have full-time employment, that they're going to be able to feed their families, and so they're in a position of vulnerability. But that's not how you build continuity of care, that's not how you build quality of care, and that's not how you reflect the kind of compassion you want to see for long-term-care residents or community care people at home or the hospitals, in terms of how you're treating the people who care for them.

**M<sup>me</sup> France Gélinas:** If you were to put a floor as to the minimum wage for PSWs across the sector, do you have a number for that?

**Mr. Michael Hurley:** Doug Allan from our research department is—

**Mr. Doug Allan:** Michael, I believe that's something you're more familiar with than I am. Sorry.

**Mr. Michael Hurley:** Well, what Quebec has done is something in the neighbourhood of about \$50,000 a year, Ms. Gélinas, like as a floor, but they also combined that with full-time employment guarantees, and they also combined that with guarantees around benefits and pensions. They were able to recruit 10,000 PSWs. They're 40% smaller than us. Our target is only 6,500 in this province, even though everybody here would acknowledge that we have a huge shortage of personal support workers, so we're well, well behind them—

**The Chair (Mr. Deepak Anand):** Thank you so much. That concludes the time for the official opposition.

We have seven and a half minutes to the government. MPP Babikian.

**Mr. Aris Babikian:** Thank you very much to all our witnesses and presenters. I appreciate and value your input and your insights.

As all of us know, our health care system has been facing many shortfalls, and this is not happening overnight or in the last six months or year or two years. This has been going for a long time.

**0950**

The current government came to office—after hardly a year and a half in office, we were hit with the COVID-19 pandemic. It is a pandemic that is challenging not only to Ontario or Canada alone, but to the entire globe. To make some extreme statements today, here at this panel, about the government's attitude or the government's approach to address some of the shortfalls of the previous government is unfair and does not reflect the reality and what this government initiated to address many of these shortfalls in such a challenging time.

Mr. Hurley, I was wondering if you had a chance in the past, an opportunity to ask the previous governments to

address some of these issues that you brought to our attention today.

**Mr. Michael Hurley:** Absolutely, we have. This issue of regulation of personal support workers, for example, has been ongoing for quite some time, and we have been raising these same issues with respect to how personal support workers are treated and with respect to the kind of due process rights that they should have—grandparenting and regulation issues with them. We have talked about those extensively with the previous governments, sir, yes.

**Mr. Aris Babikian:** And what was the result?

**Mr. Michael Hurley:** There has not been, effectively, a result. A number of different proposals for regulation have come forward and they have all floundered in the face of the opposition over the weakness that they all shared, which was that none of them had at their core the protections under law that are afforded to other regulated health professionals. So they were objectionable to the personal support workers and the organizations that represented them.

**Mr. Aris Babikian:** I have one more question, and after that, I will pass the opportunity to my colleague MPP Martin.

My question is to the CPSO. How would the CPSO support the safe and competent practices of physician assistants?

**Dr. Nancy Whitmore:** The College of Physicians and Surgeons has been working for some time to bring the physician assistants into our college and regulate that profession. We would do that in a regulatory framework that aligns with the other jurisdictions across the country that are regulating PAs. By changing this bill and striking clause 4.1(4)(a), that would allow us to do this in a way that we have already prepared for, and it would allow the very close relationship that already exists between physicians and physician assistants and allow us to continue on the path that we've been preparing for.

**Mr. Aris Babikian:** I would like to pass the opportunity to my colleague MPP Martin for questioning.

**The Chair (Mr. Deepak Anand):** Go ahead, MPP Martin. You have three minutes and 30 seconds.

**Mrs. Robin Martin:** I want to say thank you to all the presenters for coming today and sharing your perspectives on the proposed legislation. It's really important that we have this opportunity to get your feedback. I'm hoping you're putting in written submissions as well, because that's also very helpful, especially when there are proposed changes.

I worked at the Ministry of Health, I'm afraid to say how many years ago, as a policy adviser to the minister. One of my areas of responsibility was regulated health professions and those who would like to be regulated health professions, of which there is always an ever-growing list. I was delighted to see that we are taking some steps to regulate some of the professions that are wanting to be regulated and have not been regulated up until this point, especially PSWs, who are, frankly, a huge workforce—100,000 people, I think—who have asked to be regulated, as well as the other professions.

I know that, like the medical laboratory technologists and the podiatric practitioners who were here the other day, there are many people who would also like to be regulated. One of the things that the ministry is looking at is whether this new authority can be a new model to help us to regulate other professions and some of them more easily. Obviously, it depends on the nature of the profession.

I just want to say that this new authority is being proposed for oversight of the PSWs because we perceive it as not posing unnecessary barriers in cost or onerous regulation to the PSWs who are currently working and those wanting to become PSWs. The last thing that the government wants to do is to disrupt our supply of PSWs, who are necessary, as we know, for the provision of vital health and supportive care services. We looked through a number of options and determined that this option had the right balance between public protection and the need for oversight. We thought that the RHPA college model was inappropriate due to the high costs and the very onerous job that it is to run a regulatory college. We're hoping that this new model will be a model we can use in the future. I know they use it in BC, and I think also in Britain.

Obviously, the oversight of PSWs is not intended to address working conditions or pay and really shouldn't be conflated with other efforts that we're making in that regard. Regulation of PSWs is a long-term project. We think that there are a lot of benefits to it, including better assurance of workforce education and training through defined registration requirements, improved PSW practice

quality, and improved ability to confirm the registration status of a particular individual through our online registry with this group. It's intended to keep the costs low for PSWs by using mediation tools for complaints and other things, and minimize the impact—

**The Chair (Mr. Deepak Anand):** Thank you.

**Mrs. Robin Martin:** Sorry, Chair, is there a minute?

**The Chair (Mr. Deepak Anand):** No, that's about it.

**Mrs. Robin Martin:** Oh.

**The Chair (Mr. Deepak Anand):** That concludes the time for questions.

I'd like to say thank you to the members of the College of Physicians and Surgeons of Ontario; the members of the Canadian Union of Public Employees, Ontario division; and to the College of Medical Laboratory Technologists of Ontario for your presentations.

With that, we conclude our business today.

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

The committee is now adjourned until 9 a.m. on May 19, 2021, for clause-by-clause consideration of Bill 283. Have a wonderful rest of the day. Thank you so much.

*The committee adjourned at 0959.*





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