

Second Session – Forty-First Legislature
of the
Legislative Assembly of Manitoba
Standing Committee
on
Legislative Affairs

Chairperson
Mrs. Sarah Guillemard
Constituency of Fort Richmond

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MANITOBA LEGISLATIVE ASSEMBLY
Forty-First Legislature

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LEGISLATIVE ASSEMBLY OF MANITOBA
THE STANDING COMMITTEE ON LEGISLATIVE AFFAIRS

Monday, April 3, 2017

TIME – 6 p.m.

LOCATION – Winnipeg, Manitoba

**CHAIRPERSON – Mrs. Sarah Guillemard
(Fort Richmond)**

VICE-CHAIRPERSON – Mr. Jeff Wharton (Gimli)

ATTENDANCE – 11 QUORUM – 6

Members of the Committee present:

*Hon. Messrs. Fletcher, Gerrard, Goertzen,
Hon. Ms. Squires*

*Mrs. Guillemard, Mr. Lagimodiere,
Ms. Marcelino, Messrs. Marcelino, Nesbitt,
Wharton, Wiebe*

PUBLIC PRESENTERS:

*Bill 13–The Regulated Health Professions
Amendment Act*

Ms. Gigi Osler, Doctors Manitoba

Mr. Matt Maruca, Doctors Manitoba

*Ms. Anna Ziomek, College of Physicians and
Surgeons of Manitoba*

*Ms. Catherine Tolton, College of Physicians and
Surgeons of Manitoba*

*Mr. George Fraser, Remedial Massage
Therapists Society of Manitoba Inc.*

MATTERS UNDER CONSIDERATION:

*Bill 13–The Regulated Health Professions
Amendment Act*

*Bill 14–The Emergency Medical Response and
Stretcher Transportation Amendment Act*

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Madam Chairperson: Good evening. Will the Standing Committee on Legislative Affairs please come to order.

Our first item of business is the election of the Vice-Chairperson.

Are there any nominations?

An Honourable Member: I would like to–

Madam Chairperson: Mr. Lagimodiere.

Mr. Alan Lagimodiere (Selkirk): I would like to nominate Mr. Jeff Wharton.

Madam Chairperson: Mr. Wharton has been nominated. Are there any other nominations?

Hearing no other 'enominations', Mr. Wharton is elected Vice-Chairperson.

This meeting has been called to consider the following bills: Bill 13, The Regulated Health Professions Amendment Act; Bill 14, The Emergency Medical Response and Stretcher Transportation Amendment Act.

We have a small number of presenters registered to speak tonight, as noted on the list of presenters before you. On the topic of determining the order of public presentations, I will note that we have one out of town presenter in attendance, marked with an asterisk on the list.

With this consideration in mind, in what order does the committee wish to hear the presentations?

Mr. Matt Wiebe (Concordia): I think it's been our practice that we would hear the out-of-town presenter first, and then we can move on numerically down the list.

Madam Chairperson: Is this agreed to by the committee? [*Agreed*]

And how long does the committee wish to sit this evening?

Mr. Wiebe: I think we'd be happy to sit as long as it takes to complete the work of the committee this evening.

Madam Chairperson: Is that agreed by the committee? To sit as long as it takes to complete the work? [*Agreed*]

Before we proceed with presentations, we do have a number of other items–of points of information to consider. First of all, if there is anyone else in the audience who would like to make a presentation this evening, please register with staff at the entrance of the room. Also, for the information of all presenters, while written versions of presentations are not required, if you're going to accompany your presentation with written materials,

we ask that you provide 20 copies. If you need help with photocopying, please speak with our staff.

As well, in accordance with our rules, a time limit of 10 minutes has been allotted for presentations, with another five minutes allowed for questions from committee members. If a presenter is not in attendance when their name is called, they will be dropped to the bottom of the list. If the presenter is not in attendance when their name is called a second time, they will be removed from the presenters list.

We have received a request for Dr. Anna Ziomek to make her presentation jointly with Catherine Tolton. Does the committee agree for Catherine Tolton to present jointly with Dr. Ziomek? *[Agreed]*

Prior to proceeding with public presentations, I would like to advise members of the public regarding the process for speaking in committee. The proceedings of our meetings are recorded in order to provide a verbatim transcript. Each time someone wishes to speak, whether it be an MLA or a presenter, I first have to say the person's name. This is the signal for Hansard—the Hansard recorder, to turn the mics on and off.

Thank you for your patience.

Bill 13—The Regulated Health Professions Amendment Act

Madam Chairperson: We will now proceed with public presentations.

I will now call on Dr. Gigi Osler, from Doctors Manitoba.

Dr. Osler, do you have any written materials for distribution for the committee?

Ms. Gigi Osler (Doctors Manitoba): I do.

* (18:10)

Madam Chairperson: Please go ahead with your presentation.

Ms. Osler: Thank you, Madam Chair and honourable members.

I'm here on behalf of Doctors Manitoba, which is the provincial association which represents Manitoba's doctors, physicians, surgeons, residents and medical students.

My name is Gigi Osler and I'm a surgeon. I chair the Physician Health and Wellness Committee for

Doctors Manitoba, and I am the next president-elect of the Canadian Medical Association.

While we agree with the intent of Bill 13, we don't agree with its current draft. We respectfully submit that a physician's personal health information should only be publicly available if it is found to be related to a disciplinary proceeding and the public's interest outweighs the physician's privacy.

The stigma of mental illness is real and particularly so amongst physicians. The culture of medicine values self-sufficiency, stoicism and perfectionism. We reward workaholics and self-sacrifice, and often doctors are not encouraged to talk about their illnesses or struggles.

Along with the stigma of seeming weak, doctors still fear losing their medical licence and their professional livelihood if their illness is reported to the college. Not helping the matters are the work demands, the stress, the burnout and the emotional aspects of dealing with sick patients.

Medicine has the highest rate of suicide amongst all professionals, and for doctors, public humiliation and shame are the leading triggers for suicide. Compared to the general public, doctors are twice as likely to kill themselves and female physicians, in particular, have up to four times higher the suicide rate compared to female members of the general public. Up to 10 per cent of medical students report suicidal thoughts, and while mental illness is a major factor in physician suicides, only 25 per cent of doctors seek help.

I am certain that should a doctor's private and personal health information become publicly available on the Internet, the impact on doctors would be to increase the stigma of disclosure to the college, increase the fear of disciplinary action or loss of licence, hinder doctors from seeking support, and it may encourage doctors to practise while sick or unwell.

The evidence shows that doctors who care for themselves do a better job of looking after their patients and are less likely to commit errors, be impaired or leave medical practice, all of which have long-term impacts on our health-care system.

We at Doctors Manitoba and at the CMA will continue to support doctors' health, but we strongly feel that this needs to be coupled with protection for those doctors who disclose their illnesses or mental health problems. We kindly refer you to the last page

of our submission, page 13, for our recommendation for the amendment.

Thank you.

Madam Chairperson: Thank you for your presentation.

Do members of the committee have questions for the presenter?

Hon. Jon Gerrard (River Heights): First of all, let me congratulate you on being recently chosen as the Canadian Medical Association president-elect for next year, so that's quite an honour.

Now, perhaps you could tell us what this bill would do. Is it the same or different from the current practice? And, if it's different, what's that difference and how is current practice working?

Ms. Osler: Madam Chair, may I ask our legal counsel, Matt Maruca, to go into the specifics about the differences between the two bills?

Madam Chairperson: Okay, does the committee agree to allow—sorry, what was the name and can you spell it? Can you spell the name into the microphone, please?

Ms. Osler: First name, M-a-t-t; last name, M-a-r-u-c-a.

Madam Chairperson: Okay, thank you.

Mr. Maruca? Okay, you may come forward.

Mr. Matt Maruca (Doctors Manitoba): Thank you, Dr. Gerrard. Sorry, what was the nature of your question? *[interjection]*

Madam Chairperson: Sorry. Mr. Gerrard.

Mr. Gerrard: Well, we have current practice. Does this bill change the current practice and, if it changes current practice, you know, what is—what has been the outcomes from the current practice? If it's the same as the current practice, why do you want to change it? *[interjection]*

Madam Chairperson: Sorry. Mr. Maruca.

Mr. Maruca: My apologies.

As it stands right now, the current practice under The Medical Act is that a physician's—as it stands right now under The Medical Act, a physician's personal health information can be made public if it

relates to a disciplinary proceeding and the interest in releasing that information is germane, obviously, and it outweighs the physician's privacy interests.

Under the—under this proposed bill, the minister would be allowed to exempt a college, in this case, the College of Physicians and Surgeons of Manitoba, and allow them to otherwise disclose information even if it does not have anything to do with a disciplinary proceeding.

So, in our view, this is a change in practice, and all we want is to be consistent with existing practice and make sure that a physician's personal health information is only disclosed under that specific clause that represents the status quo under The Medical Act, and that is, it relates to a—it's relevant to a disciplinary matter and the interest in disclosing that information to the public far outweighs the physician's privacy interests.

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): Thank you both for coming here this evening and spending time on a beautiful spring Manitoba evening to be at the Legislature. Certainly, the intention of the bill was to ensure that the current practice essentially remains the same.

So I think in law, we might say that, out of an abundance of caution, you're looking for something additional to ensure that that's the case. So we will have discussions with you and our legal counsel and look possibly to a—an amendment at report stage if there isn't that assurance that the current practice isn't remaining the same.

Mr. Matt Wiebe (Concordia): Yes, I, too, wanted to thank you for coming out, presenting to us this evening and bringing your particular expertise to bear in looking at the real-world implications of this particular piece of legislation. I think you've made a well-thought-out and well-reasoned argument and been very constructive in terms of the way that you presented it. So I simply just wanted to take the opportunity as well to thank you, and look forward to seeing the changes reflected in future drafting of the bill. Thank you.

Madam Chairperson: Are there any other questions from the members? Seeing no other questions, thank you very much for your presentation.

I will now call on Dr. Anna Ziomek, College of Physicians and Surgeons of Manitoba, to make a presentation with Catherine Tolton.

Do you wish for Ms. Tolton to join you?

Ms. Anna Ziomek (College of Physicians and Surgeons of Manitoba): If—Ms. Tolton can come up if there are any questions.

Madam Chairperson: Okay. Do you have any written materials for distribution to the committee?

Ms. Ziomek: Yes, being distributed.

Madam Chairperson: Thank you.

Okay, please proceed with your presentation.

Ms. Ziomek: Good evening, and thank you for the opportunity to present on behalf of the College of Physicians and Surgeons. I am the registrar of the college and the president of the national Federation of Medical Regulatory Authorities of Canada.

So Bill 13, the health professions amendment act, amends two significant areas that have been of great concern to the college. The first is around the standards of practice. So what this bill will do is allow the college to add standards of practice to our current bylaw in the way that it exists now rather than have to have everything go through government regulation. In respect to how fast some of our standards change, I think this is a very positive change for us.

* (18:20)

Transparency is the other issue, and that is the second part of Bill 13. Under The Medical Act, the current legislation governs physicians, physician assistants, clinical assistants and trainees, and the college can publish discipline on its own website. Section 28 of the RHPA requires the college to keep a register of all members, and the details that—of the members are outlined on that register.

The required information includes disciplinary proceedings and conditions imposed on the registration or certificate of practice of the individual. The only physician health information that is tangentially made available is information that arises through serious disciplinary context—in the case of an inquiry when certain conditions may be put on the licence of the member.

In addition to the RHPA section 28, under section 129, the indication there is that an investigated member who suffers from an ailment, emotional disturbance or addiction that impairs their ability to practise medicine safely, the college cannot publish that information unless the college is

satisfied the public interest outweighs the privacy concerns of the investigated member.

When the RHPA was first enacted, provision 28(4) prohibited any information related to this ailment, emotional disturbance or addiction that the member might suffer from. None of this could be put onto the Internet. The counsel of the college had significant issue with the lack of transparency that would occur if this was not amended.

We have three sources of information for the public so that all the data that we can make public about a member either is on the public register at the college, it is—it can also be put onto the Internet. If there is a discrepancy between what is available on the Internet and what is available to the public when a member of the public or the media sits on an inquiry, the question will arise, how come, if I call the college or go to the college, I can get information, but that information is missing, not on the Internet. In today's time, the Internet is the way people communicate. It would be very difficult for us to explain why the media who attend an inquiry could publish the results of the inquiry on whatever Internet—as—and—so could any public member, but we, the college, cannot do that. It is a lack of transparency in today's time when we look towards making regulation, self-regulation, as transparent as possible. The fact that there are, in quotation marks, two sets of information, two sets of books, is just not tolerable for the college.

We were very pleased when, in 2017 in March, when government introduced what is the amendment, Bill 13. In this amendment, the precluding of publishing on the Internet does not apply to certain colleges. Our college was one of the ones that is excluded. So we can publish the same information on the register as on the Internet. And, really, the—this amendment brings us back to exactly where we used to be under The Medical Act.

We do not publish any physician health information unless there is a need to do so through discipline, and in that case it is for the protection of the public. It is—and there is some value to education and deterrence for physicians, but it is a, really, a matter of doing this so that we can, in fact, be transparent and honest with our information.

So, in summary, I'd like to just point out that what we are asking for through this amendment is essentially a status quo. We would be able to publish what we publish now; it's only in the context of serious misconduct that we would consider

publishing physician health information. I think any of you who have looked at our publications on the website where there are inquiry panel decisions would understand that it is important to put context into some of these decisions, and it's unfortunate that the context may, in fact, be the physician's health condition. But it is done only in exceedingly rare occasions and only when we feel that the public need to know outweighs the privacy rights of the physician. Thank you.

Madam Chairperson: Thank you for your presentation.

Do the members of the committee have questions for the presenter?

Mr. Gerrard: Can you clarify what you've just said in the context of what Dr. Osler said a few minutes ago. Do you agree or disagree with the suggestion that there needs to be a further amendment to this bill as it's brought forward?

Ms. Ziomek: We would—Catherine is our lawyer; she can certainly come up and comment on that. I believe that we do not need to amend the amendment, that it addresses the needs we have. Although the only thing that I would—the only comment I would make is not—similar to what Matt was talking about, but really that the exemption applies only to certain colleges, not all colleges. But I disagree with the position that—of Doctors Manitoba; there are provisions in the act in section 129 that would not allow any undue information about physician health to be released.

Ms. Catherine Tolton (College of Physicians and Surgeons of Manitoba): There are protections built into the RHPA, so it's very important to read these amendments in the context of the entire act. In particular, there are—the only time your personal health information would come out would be in a disciplinary context. This amendment actually precludes in the context, for instance, of censures, which is a lesser one where you cannot in the censure make public anything to do with an ailment, affliction, health issue of the physician.

So that is built in; that's part of this amendment. And, before the disciplinary decisions, the inquiry ones, those are ones that today are available, and they're often very important to both the public and the members who you were trying to educate and deter from following down the same path, that they understand the context and they get the information.

So section 129(3), why it's so important, it builds in a balancing act. It requires—it says the college cannot publish in the disciplinary hearing any information pertaining to a mental health or an affliction, addiction unless they have weighed and believe that the public interest outweighs the member's privacy in this case. And then the member still has the right to appeal that to a court before it can even get published. So there's lots of safeguards built into the act.

Mr. Goertzen: Yes, thank you for your presentation. It's always great to have lawyers and doctors present to committee; it's very articulate presentations. I think everybody is sort of trying to land in the same place but maybe just in different ways. Everyone agrees, I think both the college and Doctors Manitoba, that we don't want—we want the status quo to remain, and that we don't want things to change as they were under the act previously.

So you referenced section 129(3). Doctors Manitoba presentation spoke about a reference to section 129(3) as well, so I think everybody is in agreement of what's trying to be achieved. But, as often happens, when we get lawyers into a room, there's different questions about how locked down a particular provision is.

* (18:30)

And so I've certainly given you and Doctors Manitoba the assurance that we want the provisions to be the same as they are now, status quo, essentially. And so we'll review it just to make sure that that is clear, and if there's a way to give that additional assurance in legislation, we can look at that, but that is certainly the assurance that we are providing today.

Madam Chairperson: If there's no other questions from the committee, we thank you for your presentation. Thank you.

I will now call on George Fraser, Remedial Massage Therapists Society of Manitoba Inc.

Mr. Fraser, do you have any written materials for distribution to the committee?

Mr. George Fraser (Remedial Massage Therapists Society of Manitoba Inc.): I do. I do. I think they're being circulated at present—

Madam Chairperson: Excellent.

Mr. Fraser: —and once you have a chance to receive them, you'll notice that I'm outlining who I am, and

also with me this evening is Garry Melnyk, who is a massage therapist. I want to make it perfectly clear I'm not a massage therapist. I am an association manager, and that's been my profession for most of my life, except for one venture I made, which we won't speak about tonight.

We have—in our presentation, we have some comments about where we stand as a non-regulated profession and where we stand in our desire to become self-regulated. And, in fact, that decision was made by the previous government, and we're 14 months beyond that, and there has been nothing that has happened. So we have—the first section is full of frustration, and I'll leave that for nighttime reading.

So we will go to the amendments. And we're also providing you with some late-night reading or appendices that might help you because I know some of you are new to this, and Dr. Gerrard, I think, probably he and I have been at it the longest, some 14 years of talking back and forth to each other, you sitting in that chair and me here.

So the—I'll just refer to ourselves as the society. We're an advocate group for registered massage therapists. We don't represent the overall membership of the profession; we're here and we will be here until such time as the profession is regulated; we can guarantee you that.

So the society would like to deal with the repeals, particularly as the college has indicated. The first one that we think is an easy pass for the committee is 82(3), and that's where the reference was made to a document adopted by reference under section 2 and must've been created by a body recognized by the council and must not be a document created by the college. And the College of Physicians and Surgeons is absolutely correct: that needs to be come out to make it much more efficient for any regulatory college under the RHPA to get business done.

So, next the society would like to bundle the remainder of the amendments into related comments around the theme, minister may exempt colleges. And we've added a bracket from the name-and-shame provision, which Doctors Manitoba made reference to, which was introduced by the nurses union at the time of the RHPA approval in June of 2009; direct reference to Internet publication of discipline. And this amendment attempts to deal with a—that prior amendment of 2009 that was never part of the original RHPA draft act; it was presented by

then-minister of Health Theresa Oswald, on June the 2nd of 2009, as a late-night amendment response to the name-and-shame concerns expressed by the Manitoba Nurses Union during representations at third reading of the new RHPA act.

Our appendix 4, and we do this on behalf of the nurses union, is a copy of that presentation and it would be in harmony with what Doctors Manitoba have said here tonight. And this is a serious issue. We're not trying to downplay this, but our opinion is that perhaps it is time to press the pause button and consider whether the original amendment was appropriate or not. If not, the amendment is redundant and the original should be repealed and this amendment is not necessary and I think the college might agree with that.

There was no prior consultation with other regulated health professions nor the public in 2009. It was on the fly on that amendment, and no public consultation has occurred on this new amendment except the three groups that are here tonight and you as committee members—a weakness.

In addition, the original amendment clause has not been utilized by a regulatory body to date, and this is important. So there is no indication whether the original 2009 amendment was functional, was of any use to manage the nurses union concerns, whether it achieved its purpose to protect health professionals or not.

Eight years have passed since it was introduced, and there are no reports on application of the clause or any outcomes, no evidence of success or influence.

Interestingly, the College of Registered Nurses of Manitoba appear not to have adopted this requirement and, of course, have not made the transition to the RHPA, nor have the doctors, so they don't have to comply. They follow their current acts—their current practices. But they may be among the first to apply to the minister for an exemption once this clause is adopted and they transition to the RHPA, which is their goal.

Would the minister support such a request to be exempted?

There is also a lingering question on this amendment: Does the minister have the College of Registered Nurses' opinion on this amendment?

Other questions haunt this hearing: Why are they not here tonight to add to the discussion, as Doctors

Manitoba said, very important public discussion? So why isn't the nurses union here again to bring caution to the adoption of the exemption amendment? Were they consulted? None of us know, I don't think.

The society reminds the members of this committee, again, that the only regulatory body that the amendment applies to at present is the audiologist and speech pathologist. If it passes this evening, they remain the only ones to which it will apply. It will not apply to nurses, doctors, dentists, physiotherapists or any others in the group of 20 who still await transition to the RHPA.

It is an arbitrary action at present that has no regulations giving guidance to anyone. Nothing has been tabled for review and discussion on this important matter. Only the minister will decide who is exempt and that is all that is known.

There are no guarantees that all regulated health professions will or won't be permitted to make their final reports available on the Internet under the conditions outlined—ailment, emotional disturbance, addiction.

What will they be permitted to publish and what will not be permitted? A much broader discussion on this is required. Surprisingly, there is also no public comments here tonight at all from any other patient advocates.

Also, the RHPA in Manitoba contains no clear definition on what constitutes an ailment, an emotional disturbance or an addiction, and no guidance is given on how that should impact the complaints and discipline process of the RHPA.

Now, what about the Internet? And there was some discussion here about that. In our modern society, a lot has happened in the past eight years since the RHPA has been approved, and use of modern smartphones and other devices have become more prevalent. Manitoba citizens, like others around the world, use these devices in greater numbers to get their news and relevant information on a wide range of services and products, including health care.

They do want access to information on their health-care providers, too, and, in fact, it can be argued that the RHPA, passed in 2009, anticipated this with references to website information postings and the introduction of provider profiles.

* (18:40)

Other provinces are fully engaged in this public demand too. The province of Ontario, and there's an

appendix coming up for your to read, over the past couple of years, led by their Ministry of Health, has initiated in—an aggressive program—initiated an aggressive program to make health profession information, including disciplinary decisions, more transparent, not less.

Madam Chairperson: One minute remaining.

Mr. Fraser: All regulatory colleges in that province are adjusting their websites and electronic information to meet that demand.

The action has been driven by the Ministry of Health in response to high profile cases where important information was not shared with the public and the media completed investigations on behalf of the public which resulted in pressure to review current practices. This same environment is predictably present here in Manitoba as these amendments are being reviewed today.

Would it not be relevant and useful to everyone here in Manitoba to review these initiatives before providing an exemption to this important process of public access to information or, the other option, to simply continue with the untested amendment of 2009, keeping in mind nobody has tested this?

Those involved in self-regulation—

Madam Chairperson: Mr. Fraser, sorry to interrupt. Your time has expired for the presentation.

So thank you for that presentation.

Floor Comment: If I can just finish—

Madam Chairperson: We'd have to ask leave of the committee.

Is there leave for Mr. Fraser to continue?
[Agreed]

Okay, go ahead.

Mr. Fraser: Thank you very much. Those involved in self-regulation in the quasi-judicial complaints and discipline process of an RHPA realize that, eventually, based upon investigated findings, prior sanctions, attempts to remediate et cetera, a health-care professional will be found unfit to practise their profession due to an ailment, emotional disturbance, addiction et cetera, and that individual have their privilege to practise ended in the public interest, like the courts of our country do when all the facts are presented if the same health professional is charged with a matter that is criminal or civil in nature. The RHPA was not designed as a human resources

manual, it was designed to protect the public, sometimes under very difficult circumstances.

In addition, the government recently announced it will proceed with a complete review of the FIPPA act and its regulations, access to information and privacy and those of The Personal Health Information Act, which massage therapists are—well, they're not regulated, are part of that regulation. It would seem reasonable that public consultation around these important acts and regulations, which is needed, could also include the review of the proposed exemption amendment here, today, in the context of the 2009 nurses union amendment of the RHPA on this matter. There is a working relationship between the RHPA and both acts which needs review.

Therefore, our society is in favour of this broader consultation rather than a piecemeal approach before the amendment goes forward in this legislative session. Not the process presented here this evening; this is a slippery slope that may not be of benefit to anyone in the RHPA process. So this evening we support the repeal of 82(3), but we don't support the current process.

And we end off by saying our final comment is that everything associated with the RHPA transition is taking too long and needs to be addressed. And we've got an appendix article for you to look at in that.

Thank you for the extension.

Madam Chairperson: Thank you, Mr. Fraser, for your presentation.

Do members of the committee have questions for the presenter?

Mr. Gerrard: Thank you, Mr. Fraser, for coming and presenting.

I've two questions that I'd like you to comment on. One is what needs to be done to speed up this process of registering professions, because we now only have the audiologists and speech pathologists who are under the act. And second, you had mentioned looking at provider profiles in other provinces, and one of the things that I've been concerned about, and still am, is that provider profiles in physicians, for example, focus on negative aspects, but there could also be the potential for provider profiles to provide positive aspects. If somebody has been the physician of the year, or

whatever. And can you tell us what's happening in other provinces?

Mr. Fraser: Well, I've been watching Ontario, and I think Ontario—from a Canadian context—is always the big elephant in the room. And they've had the pressure of transparency to the greatest extent. I'm not excluding other provinces, but everyone watches that province. And the public have been demanding—you're absolutely right, the attraction is toward the negative side, absolutely.

The—I think the important answer to your question is that while regulatory colleges necessarily are also involved in the negative aspects of this, each regulatory college across the country is probably, in all the memberships—and I'm sure it's equal to what we see with the doctors here in Manitoba and every other profession here—we're talking about less than 1 per cent of all of the practitioners in each of the professions that actually ends up in this situation. And we're talking about the more serious decisions with respect to the complaints and discipline process—the final sanction, the loss of the ability to practise, that sort of thing.

I would say you're absolutely correct; it's focused on the negative at present. Can it achieve the positive side? That might be difficult for a regulatory college. Under the responsibility it has, under way The Regulated Health Professions Act is written and all the directions that are given—fair, balanced and a duty to support the public interest.

And, if there's any discrepancy that occurs for Health ministers across this country, is they are always intervening when a regulatory college leans too heavily towards the professional side. And the duty of the Health Minister is to draw back and move it into balance and, particularly, to move it into the public interest side—difficult to write.

I think, personally, that's the role of advocates, associations and others. Doctors Manitoba would be better suited to do that than a regulatory college. That would be my observation.

Mr. Goertzen: Thank you, Mr. Fraser, for being here this evening. I share some of your frustration on the lack of speed with which certain professions are transitioning into the RHPA. Part of that is a resource issue in terms of the ability to draft legislation and regulations and, you know, we have some thoughts on that.

Part of it is the very thing you're advocating for, is consultations, and nurses in particular. There was a

fair bit of consultation work that went into that. And that took time. There was a desire to have those consultations, because there are professions that work together and they have different views and opinions about things. And trying to get those smoothed out as much as we can takes consultations, but it also takes time. But I do appreciate that, and I share some of that frustration.

The—you asked why the college of nurses isn't here tonight. Can't speak to why they're not here—they were consulted. My understanding is that they supported the legislation; maybe that's why they're not here. But this is, in our Legislature, part of the consultative process. It's not perfect. Sometimes we've had 300 people show up to be part of that consultative process, sometimes we've had none, and often we have something in between that.

But, certainly, the nurses were consulted on this amendment. And I share your—and I take your admonishment on the speed with which things are transitioning under the RHPA.

Mr. Wiebe: Well, Mr. Fraser, I want to thank you for educating me as not such a new member, but, certainly, new to the file of Health. And I haven't had the opportunity to hear directly from you in the past. So this has been a very interesting and very informative presentation that you've brought to us today.

I did just want to ask briefly whether there had been any kind of consultation at all in terms of informal communication at all either from you or with the minister's office directly or the Department of Health. Has there been any consultation with your group that you're aware of?

Madam Chairperson: Prior to—sorry—prior to recognizing Mr. Fraser, I just want to note that the time is up, but I will allow you to answer this last question. Thank you.

Mr. Fraser: Thank you.

Clarification—on the amendments or on the frustration that we share with the minister?

*(18:50)

Mr. Wiebe: It's your time, so whichever you'd like to talk about, but what I was looking for is in particular on the amendments that are before us here.

Mr. Fraser: My knowledge on the amendments are that the consultation—formal consultation occurred with the regulatory bodies who are together in an

alliance. My understanding is that that alliance did not take a position, and they did not consider that moment as being one of consultation. And they're still reflecting on this. They're not here. They had the opportunity to be here. And I'm not defending them, but I emphasize—and I—the first presenter and the nurses union spoke to a very important topic about the name and shame, which has been labelled, okay, but that particular area of discipline that has to occur at all levels.

And it's an important discussion. And we require broader thought than just myself and the two parties that are here today. It's in your ballpark right now, and you're going to have to decide. And I would say you need to be—perhaps the education level has to pop up for everybody, or step back, as I'd said, because we're heading into very important discussions on FIPPA, Personal Health Information Act, and PHIA. And all of them are interrelated, including this decision tonight.

And, unless the minister can come up with a plan to move 20 regulated health professions over to the RHPA tomorrow morning and is prepared to deal with the applicants—outstanding applicants, paramedics and massage therapists—you have some time. And I would say the doctors have told me that they're—they think that they will make the transition next year. And I know that there are other professions who have put their aspirations on park to move from their current act to the RHPA because they know, as the minister said, resources are not available to do all of the writing that has to be done.

And we may even have to—those that are sitting outside and waiting, paramedics and massage therapists, we may even have to consider some form of pay-to-play to get the job done.

Madam Chairperson: I'm sorry. Time for questioning is over. Thank you very much for your presentation.

That concludes the list of presenters I have before me.

Are there any other persons in attendance who wish to make a presentation?

Seeing none, that concludes public presentations.

Madam Chairperson: In what order does the committee wish to proceed with the clause-by-clause consideration of these bills, 13 or 14?

Ms. Marcelino—oh, Mr. Wiebe.

Mr. Wiebe: I would suggest that the committee considers them numerically.

Madam Chairperson: Is that agreed by the committee? *[Agreed]*

During the consideration of a bill, the preamble, the enacting clause and the title are postponed until all other clauses have been considered in their proper order. Also, if there is agreement from committee, the Chair will call clauses in blocks that conform to pages, with the understanding that we will stop at any particular clause or clauses where members may have comments, questions or amendments to propose. Is that agreed? *[Agreed]*

**Bill 13—The Regulated Health
Professions Amendment Act**
(Continued)

Madam Chairperson: We will now proceed with Bill 13, The Regulated Health Professions Amendment Act.

Does the minister responsible for Bill 13 have an opening statement?

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): Only very briefly. I would like to put comments on the record. At second reading, I know none of the lawyers bit on the portion about incorporation by reference in the bill, which is too bad, because it's always very interesting. Most of it related to the disclosure portions of it, and I take those comments seriously, and I just want to restate that, again, our intention has always been to keep the application essentially the same as it is now. It's requested by doctors as a profession, generally. And we'll have some reflection and thought on—and assurance that that is the case in the bill.

Madam Chairperson: We thank the minister.

Does the critic from the official opposition have an opening statement?

Mr. Matt Wiebe (Concordia): Also very briefly, wanted to once again thank those in attendance for presenting here today. I think we've heard some concerns and certainly some different perspectives on the real-world application of the clauses presented today. So I do think I hear from the minister that there will be work to make sure that 'everybody'—everybody is heard, that there is a proper

consultation done with those who have presented issues here today and that those concerns will be taken into consideration in any future amendments.

And, you know, we certainly appreciate that the bill has come forward, I think, in good faith, and trying to work with the various groups affected, but now, this is where the rubber meets the road, and so we do hope that the changes that will be made will reflect what we've heard tonight and from others in the community and those affected. Thank you.

Madam Chairperson: We thank the member.

Clauses 1 and 2—pass; clauses 3 through 6—pass; clause 7—pass; enacting clause—pass; title—pass. Bill be reported.

**Bill 14—The Emergency Medical Response and
Stretcher Transportation Amendment Act**

Madam Chairperson: We will now proceed with Bill 14.

Does the minister responsible for Bill 14 have an opening statement?

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): I would defer an opening statement in that we had a fairly significant speech at second reading. If members of the committee would really like me to repeat that speech, I'm more than welcome to, but otherwise I would refer them to Hansard.

Madam Chairperson: We thank the minister.

Does the critic from the official opposition have an opening statement?

Mr. Matt Wiebe (Concordia): I do not.

Madam Chairperson: We thank the member.

Clauses 1 and 2—pass; clauses 3 through 5—pass; clauses 6 and 7—pass; clauses 8 through 11—pass; clauses 12 and 13—pass; clauses 14 and 15—pass; clauses 16 and 17—pass; enacting clause—pass; title—pass. Bill be reported.

The hour being 6:58 p.m., what is the will of the committee?

Some Honourable Members: Committee rise.

Madam Chairperson: Committee rise.

COMMITTEE ROSE AT: 6:59 p.m.

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