

QP Briefing: May 18, 2017

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Q P B R I E F I N G

May 18, 2017

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Articles

1). Doctors and province strike tentative deal on binding arbit

By: Geoff Zochodne

The provincial government and the Ontario Medical Association have struck a tentative agreement on binding arbitration, removing one of the biggest obstacles to a new contract with the doctors.

News of the tentative deal leaked out Thursday via a communiqué from OMA president Dr. Shawn Whatley.

"Further to my update last week on the progress on a binding arbitration framework, I am very pleased to report that earlier this week, our negotiations committee reached agreement with the government over a binding arbitration framework," wrote Whatley. "The committee unanimously recommended the agreement to the Board at its meeting that took place over the last three days. The Board carefully reviewed the agreement and has unanimously supported recommendation of it to the membership, for a vote."

Binding arbitration was a big sticking point for some physicians, a majority of whom shot down

an attempted contract between the province and OMA last summer. The doctors have been without a contract for four years, and relations with the province turned ugly over the Liberals' initially tight-fisted collective bargaining approach, legislative reforms to the health-care system, and the government's attempts to crack down on high-billing specialists.

However, after the OMA's executives resigned in February following a confidence vote on their leadership, the government and the doctors resumed negotiations, with the Liberals declaring that agreeing to an arbitration process was the "first order of business."

Premier Kathleen Wynne has said that binding arbitration "is the way we should go."

"Today we are pleased to announce that a tentative agreement on a process for binding interest arbitration between the Ontario government and the Ontario Medical Association has been reached," said Wynne in a statement on Thursday. "Rebuilding a strong and productive relationship with Ontario's physicians is essential to increasing access to care, reducing wait times and improving the patient experience."

The agreement must still be approved by the OMA's membership, but Whatley, a frequent critic of the government, who was elected to his position earlier this month, said the framework lays out how the organization and the Ministry of Health and Long-Term Care will negotiate the province's Physician Services Agreements.

"If the parties are not able to reach an agreement, the OMA and MoHLTC will begin mediation and if this doesn't result in an agreement then a binding arbitration process will ensue," said Whatley.

Binding arbitration typically involves calling in a neutral third-party to decide terms. Whatley said there will be both interest arbitration – which would hammer out the terms of the doctors' contract – and rights arbitration, which would be used for interpreting the contract.

The OMA president also said that the deal could come with "significant benefits for the professions" and that details would soon come on how the doctors could vote electronically on the tentative agreement. A general meeting is also supposed to be held on June 17, where the physicians can cast a ballot as well.

"Over the coming days you will be hearing about a variety of means that we are putting in place to ensure that all members have a full understanding of the content," Whatley said. "We will be sure that you can connect with the OMA in ways that suit your preferences so you can have your questions answered."

The OMA represents more than 40,000 physicians and medical students in Ontario. The province's annual physician services' budget is about \$12 billion.

"I'm pleased that we've reached a tentative agreement on a framework for binding arbitration," said Health Minister Eric Hoskins in a statement. "I'm optimistic that, working collaboratively, we will reach a physician services agreement that respects doctors, provides fair growth in compensation and builds a stronger health care system for Ontarians."

<http://www.qpbriefing.com/wp-content/uploads/2017/05/binding.png>

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2). Gender-neutral birth certificates could be available by 201

By: Sabrina Nanji

Ontarians may be able to choose a gender-neutral option on their birth certificate by 2018, the minister of government and consumer services said Thursday.

"I'd like to see it happen as soon as we can make it happen ... It could be in 2018," Minister Tracy MacCharles told reporters at Queen's Park.

Her ministry has been working on introducing a gender-neutral option for people who do not exclusively identify as male or female, the only identifiers currently on birth certificates.

People in Ontario can choose an "X" in the sex field on their driver's licence, and identifiers have been totally removed from health cards, but there is no third option for birth certificates.

MacCharles said the government plans to hold "targeted" consultations this summer to glean feedback on non-binary birth certificates, after which legislation or regulatory updates would potentially be required.

"It's a very foundational document so we wanted to get that right," she said. The province is also working with Ottawa to ensure birth certificates can be used in a "smooth way" for other forms of identification, such as using it to apply for a passport. Ottawa is working on a gender-neutral option for Canadian passports.

"Ontarians would hope that if they have a solid piece of identification that is going to meet the requirements for ID for other jurisdictions," she said. "When we do this in Ontario it will work well."

The government recently consulted with the trans and non-binary community to help develop an Ontario Public Service-wide policy, which will also inform the birth certificate issue, MacCharles added.

Non-binary birth certificates made headlines last week, when Joshua M. Ferguson, who identifies as neither male or female and uses the pronoun "they," applied for a corrected birth certificate at Service Ontario.

NDP MPP Cheri DiNovo, the legislature's only LGBTQ issues critic, raised Ferguson's story in Thursday's question period.

"It's difficult to get a health card or driver's license if you can't get a birth certificate," she said. "Ontarians should have the right to have their birth certificates accurately reflect the correct sex designation."

Because gender identity and gender expression have been in Ontario's Human Rights Code since 2012, DiNovo said the government is breaking its own laws.

"Applying for a birth certificate with non-binary designation is entirely legal under Toby's Law, but sadly, Joshua may not be afforded rights. This should not be an issue. Trans and non-binary rights are human rights," she said.

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3). Health providers call for conscience rights in assisted dying

By: Christopher Reynolds

Doctors are demanding a clear conscience.

A diverse group of physicians, nurses and pharmacists called on the Ontario government Thursday to cement conscience rights in legislation on doctor-assisted dying.

The demand came hours before a vote on a second reading of Bill 129, a Progressive Conservative private member's bill that seeks to make clear that participation in the assisted-dying process is voluntary for all health care providers.

Following an afternoon debate on the floor, MPPs opted to push the vote to Thursday night.

"We are Christians, Muslims, Jews, Sikhs, Hindus and secular humanists," said Dr. Kulvinder Gill, president of Concerned Ontario Doctors. "We are all standing here today united in our support for Bill 129 and the protection of fundamental conscience rights."

Assisted dying has been legal in Canada since last summer. As of April, there had been 365 assisted deaths in Ontario, according to the provincial government.

Currently, the College of Physicians and Surgeons of Ontario requires physicians who refuse to participate in assisted death to refer patients to a doctor who will. The regulatory body's

policy on assisted dying states that it “does not consider providing the patient with an effective referral as assisting in providing medical assistance in dying.”

Several health-care and religious groups oppose this “effective referral” process, which some see as making medical professionals complicit in euthanasia.

“The decision starts a cascade of events, like dominoes, that leads to the death of another human being,” said Dr. Douglas Mark, interim president of Doctors Ontario and a family doctor in Scarborough.

“So a doctor or other health-care provider who is conscientiously opposed to the act of medically assisted death moving forth to start the ball rolling could end up suffering a life sentence of emotional trauma.”

No Canadian jurisdiction outside Ontario has “mandatory effective referral,” said Gill, a Brampton pediatrician and allergist. She said several colleagues had stopped taking on new palliative care patients due to the apparent lack of legislated protection from fines, suspension or possible licence revocation by the College of Physicians and Surgeons.

Mark added that his coalition is not opposed “to our society’s acceptance of medically assisted dying, but we are opposed to the violation of a health care provider’s human right of freedom of conscience, which is missing in Bill 84.”

The government voted last week to pass Bill 84, which tweaks existing legislation and rules to accommodate assisted dying. The Medical Assistance in Dying Statute Law Amendment Act includes a variety of regulatory measures tied to medically assisted dying, such as providing legal protections for those who offer the service.

The bill also makes it illegal to deny benefits such as insurance payouts to someone who is contractually entitled to them, despite receiving medical assistance in dying.

The Ontario government has created a clinician referral service to help doctors make the referrals. The province is also working on a “care co-ordination service” - parallel to self-referral models in Alberta and B.C. - that would act as a ferryman for patients seeking health professionals to steer them through end-of-life services.

The health ministry has not given a concrete timeline for when care co-ordination will be rolled out.

Health Minister Eric Hoskins said Thursday during debate that “the legislation, as it sits, achieves that appropriate balance” between the right of patients suffering from a grievous and irremediable medical condition to an assisted death and the right of health professionals to exercise free conscience.

Hoskins has accused the Tories of twice voting down amendments that would “reinforce and reiterate, as the federal legislation did, conscience rights for health care providers.”

Progressive Conservative health critic Jeff Yurek, behind Bill 129, said current law “intrude(s) upon health care providers’ conscience rights and beliefs.”

He said the two amendments proposed by the Liberals applied only to the preamble rather than legal binding legislation, and were thus weightless. He also accused the College of Physicians and Surgeons of “telling doctors what to think and what to believe.”

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4). Seen: Nuclear emergency plan panned by public interest gr

By: Geoff Zochodne

Ontario’s plan for nuclear disasters doesn’t come close to making the grade, according to more than 40 environmental and public interest organizations.

As QP Briefing reported earlier this week, the province is updating its nuclear emergency

response plan, or PNERP. On Thursday, representatives from Greenpeace, the Canadian Environmental Law Association and the Registered Nurses' Association of Ontario came to Queen's Park to argue that the proposed changes won't make the public any safer.

"We think it would be negligent of the government to implement these proposals as is," said Greenpeace senior energy analyst Shawn-Patrick Stensil. "They need to be drastically rewritten. There are too many gaps and weaknesses."

Among other things, the groups say the PNERP must use the Fukushima nuclear disaster in Japan as the bare-minimum scenario for emergency planning, increase the evacuation zone to at least 20 kilometres around a nuclear facility, and prepare alternative sources of drinking water in case the Great Lakes are irradiated, as Ontario's nuclear plants are located near Lake Ontario and Lake Huron.

Community Safety Minister Marie-France Lalonde praised the safety record of Ontario's nuclear industry Thursday, telling reporters that the PNERP has never actually been activated for an emergency.

"I think this is something we should be proud of," said Lalonde, who added that the government had learned much from the 2011 nuclear disaster in Fukushima and that the plan considers the possibility of a similar-sized accident.

Lalonde said, in the event of any contamination of a Great Lake, the government would distribute bottled water through local organizations.

For the first time ever, Lalonde noted proudly, the government is conducting a public consultation on the PNERP, which will last for 60 days. A group of experts is being brought in to consider that feedback, and will report back in the fall with their recommendations.

The groups were skeptical their concerns would be acted on.

"To be frank, these proposals are probably weak because the government decided to not consult with the public from the get-go, but instead consult with reactor operators behind closed doors over the past six years," said Stensil.

The groups also say that potassium iodide pills should be pre-stocked in all schools within 100 kilometres of a nuclear station. Right now, the limit for mandatory KI pills is within 10 kilometers of a nuclear station, but residents living in a 50-kilometre radius can request them.

Lalonde said the 10-kilometre zone was based off the government's risk assessment.

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5). Revamped growth plan sets higher intensification, density

By: Sabrina Nanji

Ontario has updated its growth plan with an eye to further curbing urban sprawl.

On Thursday, Municipal Affairs Minister Bill Mauro released four of the updated land-use plans – for the Greenbelt, Oak Ridges Moraine, Niagara Escarpment and the Greater Golden Horseshoe – which will come into effect this summer.

Among other things, the revamped plan significantly increases intensification targets for municipalities, from 40 per cent to 60 per cent by 2031. By 2022, cities will have to make sure 50 per cent of residential development happens on land that's already been built on.

The plan also ups density targets – development on new lands will have to house 60 residents and jobs combined per hectare by 2022, with the eventual goal of 80 residents and jobs combined per hectare by 2031. The province will require minimum density targets around major transit stations, too.

Cities will also be required to consider a mixed bag of housing units for apartments, condos, and townhouses "to accommodate a diverse range of household sizes and incomes,"

according to a government backgrounder.

The Greenbelt, an 800,000-hectare parcel of green space that's shielded from development, is being slightly re-mapped to address accuracy and landowner requests, the backgrounder adds. Major urban river valleys and coastal wetlands are being added to the Greenbelt, which the government is looking at expanding along the outer edge, and will undertake a "process," including public consultation, "in the near future."

Certain wetlands, woodlands and rivers are also getting the Greenbelt treatment and will have to be protected in official municipal plans.

The growth plans also require cities to write climate change policies into their official plans, develop storm water management plans, and conduct climate change vulnerability risk assessments for infrastructure projects.

Minister Mauro said the plans are a "smarter approach" and make a more "efficient" use of land and resources.

The new land-use plans come after lengthy review, which began in February 2015, and included an expert panel headed up by former Toronto mayor David Crombie.

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6). Seen (again): Speaker rules Liberal hydro plan ads not in contempt

By: Sabrina Nanji

Speaker Dave Levac ruled for a second time Thursday that advertisements pumping up the Liberal government's hydro affordability plan are not, as the Tories contend, in contempt of parliament.

"The advertising and other messaging...is conditional in nature and explicitly recognizes the need for the bill to first pass in the Legislature," Levac said before Question Period.

On Monday, Progressive Conservative MPP Steve Clark charged the Liberals committed a prima facie case of contempt for broadcasting ads on social media and the radio that promoted the overall 25-per-cent hydro price cut before Bill 132, the Fair Hydro Act, is the law of the land.

The ads presupposed the will of the legislature "by outlining a clear timeline and result of the legislation," which undermines due process, he said. The Speaker disagreed.

However, it's not the first time Levac has had to make a judgement on the matter. Clark's point doubled down on PC house leader Jim Wilson's in March, that said the ads presumed the so-called Fair Hydro Plan would become law before the legislation was even introduced. When the bill was tabled last week, Clark decided to raise the matter again.

Government House Leader Yasir Naqvi has defended the promos by saying there is "no temporal link" between them and Bill 132.

Government communications since the legislation was tabled have clearly stated the caveat, "if passed," people will soon see a reduction on their hydro bills. That "has been accepted as appropriate deference to the role of the legislators in this house," Naqvi said earlier this week.

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