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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 6 May 2019

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 6 mai 2019

The House met at 1030.

The Speaker (Hon. Ted Arnott): Let us pray.

Prayers.

The Speaker (Hon. Ted Arnott): This being the first sitting Monday of the month, I wish to acknowledge this territory as a traditional gathering place for many Indigenous nations, most recently the Mississaugas of the New Credit.

We have with us in the Speaker's gallery the Etobicoke School of the Arts from the riding of Etobicoke–Lakeshore to help us sing O Canada. Please join them in the singing of our national anthem.

Singing of O Canada.

The Speaker (Hon. Ted Arnott): Thank you very, very much. Members may take their seats.

NOTICE OF REASONED AMENDMENT

The Speaker (Hon. Ted Arnott): I beg to inform the House that, pursuant to standing order 71(b), the member for Guelph has notified the Clerk of his intention to file notice of a reasoned amendment to the motion for second reading of Bill 108, An Act to amend various statutes with respect to housing, other development and various other matters. The order for second reading of Bill 108 may therefore not be called today.

INTRODUCTION OF VISITORS

The Speaker (Hon. Ted Arnott): I am pleased to inform the House that in the Speaker's gallery this morning are the family of page captain Zoe McCabe: her parents, Dorothy McCabe and Janek Jagiellowicz; sister Tessa Jagiellowicz; aunt Patricia Parsons; and cousin Becca Jivcoff. Welcome to Queen's Park today. We're delighted to have you with us.

Ms. Laura Mae Lindo: I'm excited to welcome Rhonda Vanderven, who is here from Our Choice Matters self-advocacy group in St. Thomas. She's the cousin of my constituency office assistant, Carly Pettinger. Welcome to Queen's Park.

Ms. Jill Dunlop: I have a few guests to introduce this morning: my LA Will Dandie, and he is accompanied by Dan Hickman, Mel Hickman and Rick Hickman from Manchester, England. Welcome to Ontario.

As well, I would like to introduce my daughter Rachel Rynard, who is also a former page. Thank you for being here today.

Mr. Jamie West: Two quick introductions: First, I'd like to introduce and welcome Nicholas Ntaganda from

the riding of Sudbury. He has been shortlisted in the grade 11 and 12 category for the Speaker's Award for Youth Writers.

As well, I'd like to welcome representatives from CUPE's education workers to the Legislature today: Laura Walton, Darcie McEathron, Dan Crow, Wynne Hartviksen, Michel Revelin, Mary Unan, Sylvain Piché and Mike Maguire. Welcome.

Mr. John Fraser: I'd like to welcome Community Living to the Legislature today, especially Steve Andrews, James Janeiro, Brad Saunders and the rest of the Community Living Toronto team. Welcome to Queen's Park.

Hon. John Yakabuski: I'd like to welcome to Queen's Park today, for their very first visit, the parents of my MPP liaison, Lindsee Perkins: Paul and Shellee Perkins.

Mrs. Lisa Gretzky: It is my pleasure to welcome folks from Community Living Ontario: Chris Beesley, who's the CEO; Gordon Kyle, the director of policy; and Jim McNamara, president of the board of directors, who I had a wonderful meeting with this morning.

I'd also like to welcome the members from Community Living Essex, along with the Ontario Disability Coalition members: Sherry Caldwell, Ajay Thames, Dante Wellington and Sharon Gabison. Welcome to Queen's Park.

Mr. Randy Pettapiece: I would like to welcome Trish Van Boekel and David Sheldon to the Legislature this morning. Trish and David are the proud parents of page captain Thomas Sheldon, a grade 8 student at Stratford Central. They're here with Thomas's sister Laura as well as grandparents Thea and Jerry Van Boekel, and Tony and Leslie Anne Sheldon.

Mr. Michael Mantha: I want to welcome David Timeriski, who is a first-class paramedic from the city of Elliot Lake here today.

Ms. Christine Hogarth: Thank you, Mr. Speaker, and good morning to you.

I just want to welcome the very talented students from Etobicoke School of the Arts who sang O Canada for us today, and are part of the many talented people living in Etobicoke–Lakeshore. Welcome and enjoy your day.

Ms. Jill Andrew: Good morning, Mr. Speaker. It's with great pleasure that I welcome Katie Stokes, a musician from our riding of Toronto–St. Paul's. She is here today to join us for our opposition motion on health cuts.

Hon. Bill Walker: It's my pleasure to introduce Michele Bell, executive director of the Bruce Peninsula Association for Community Living; Amber McCartney, a family support worker; and Diane Chavarie, Tara Sadler, Cheryl Craig, and Valerie Tigert, all self-advocates from Warton.

Ms. Marit Stiles: I'm pleased to rise today to welcome representatives from the Ontario Student Trustees' Association: Ryan Brown, Sophia Trozzo, Sean McCloskey, Joel Ndongmi, Amal Qayum, Lindsey Keene and Amin Ali. OSTA-AECO is here today, at the start of Education Week, to mark the release of an important new report, The Students' Vision for Education. Welcome to Queen's Park.

Mr. Norman Miller: I am pleased to welcome Jo-Anne Demick, who is here from Community Living Parry Sound. She's the CEO. We had a good meeting this morning to learn about all the great things that they are doing in the area of Parry Sound. Welcome, Jo-Anne.

Mrs. Jennifer (Jennie) Stevens: Today I'd like to welcome a very special birthday girl, Laura Mae Lindo, from Kitchener Centre. Happy birthday, Laura Mae.

1040

Hon. Lisa M. Thompson: I too would like to welcome the Ontario Student Trustees' Association. Thank you for being here, and I look forward to working with you.

Mr. Sol Mamakwa: I'm glad to welcome Chief Eno Anderson and Dora Anderson from Kasabonika Lake First Nation.

Mrs. Belinda Karahalios: Good morning. I have two introductions this morning. First, I'd like to introduce a long-time Conservative supporter in the members' gallery, a constituent of mine, Prakash Venkataraman. Welcome to the Legislature.

My second introduction—

The Speaker (Hon. Ted Arnott): The member for Davenport again—oh, second. Sorry.

Mrs. Belinda Karahalios: Thank you. I'd like to welcome everyone from Community Living Ontario and its member agencies to Queen's Park today. I invite my colleagues to join us at their lunch reception in rooms 230 and 228.

The Speaker (Hon. Ted Arnott): Thank you. I apologize for interrupting.

Once again, the member for Davenport.

Ms. Marit Stiles: I'd be remiss if I didn't acknowledge the amazing students of Oakwood Collegiate Institute who are coming today. I don't think they're here in the room yet, but I want to welcome them to Queen's Park.

Ms. Suze Morrison: I know they've already been welcomed today, but I also would like to extend a warm welcome to the students from Etobicoke School of the Arts. As a fellow alumni of ESA, it's certainly a pleasure to have you here, so thank you and welcome.

Mr. Sam Oosterhoff: I wish to welcome today to the Legislature the executive director of Community Living Grimsby, Lincoln and West Lincoln, France Vaillancourt. Thank you very much for being here today.

NOTICES OF REASONED AMENDMENTS

The Speaker (Hon. Ted Arnott): I beg to inform the House that, pursuant to standing order 71(b), the member for Timmins has notified the Clerk of his intention to file

notice of a reasoned amendment to the motion for second reading of Bill 107, An Act to amend the Highway Traffic Act and various other statutes in respect of transportation-related matters. The order for second reading of Bill 107 may therefore not be called today.

I also beg to inform the House that, pursuant to standing order 71(b), the member for Timmins has notified the Clerk of his intention to file notice of a reasoned amendment to the motion for second reading of Bill 108, An Act to amend various statutes with respect to housing, other development and various other matters. The order for second reading of Bill 108 may therefore not be called today.

FIRE IN BIG TROUT LAKE

The Speaker (Hon. Ted Arnott): Two members have informed me they wish to raise points of order. I'll first recognize the member for Kiiwetinoong.

Mr. Sol Mamakwa: Meegwetch, Mr. Speaker. On a point of order, I seek unanimous consent for a moment of silence to support Kitchenuhmaykoosib Inninuwug, also known as Big Trout Lake, in their time of sorrow and to honour the lives of Geraldine Chapman, age 47; Angel McKay, age 12; Karl Cutfeet, age nine; Hailey Chapman, age seven; and Shyra Chapman, age six, who died in a tragic house fire on May 2, 2019.

The Speaker (Hon. Ted Arnott): The member for Kiiwetinoong is seeking the unanimous consent of the House to observe a moment's silence in memory and recognition of the family that lost their lives in Big Trout Lake. Agreed? Agreed.

The House observed a moment's silence.

The Speaker (Hon. Ted Arnott): Thank you very much.

THERESA LECCE

The Speaker (Hon. Ted Arnott): The government House leader has a point of order.

Hon. Todd Smith: A very sad note that I would like to pass along to the Legislature: It was just before Christmas that our member from King-Vaughan, our deputy House leader, Stephen Lecce, introduced his parents to the Legislature. They were in our members' gallery. Theresa and Ray Lecce were here. You could see the pride and you could see the joy in their faces as they watched their son take his seat in the Legislature for the first time ever.

Sadly, yesterday morning, we lost Stephen's mother, Theresa Lecce, after a brief battle with cancer. I would ask for unanimous consent to pay tribute to the Lecce family. That includes Michael and Nicole, his brother and sister-in-law, and Valentina and Vivienne, the grandchildren, as well. Our thoughts and prayers go out to Ray and Stephen at this time.

The Speaker (Hon. Ted Arnott): The government House leader is seeking unanimous consent to have a moment's silence in memory of Mrs. Lecce. Agreed? Agreed.

The House observed a moment's silence.

The Speaker (Hon. Ted Arnott): I understand the member for Ottawa South has a point of order.

Mr. John Fraser: I seek unanimous consent to ask a question on behalf of the member from Thunder Bay–Superior North.

The Speaker (Hon. Ted Arnott): The member for Ottawa South is seeking the unanimous consent of the House to ask a question on behalf of the member for Thunder Bay–Superior North. Agreed? Agreed.

ORAL QUESTIONS

PUBLIC HEALTH

Ms. Andrea Horwath: Speaker, before I get started, on behalf of New Democrats, I just want to extend our sincere condolences to the family and friends of Theresa Lecce and to the member for their loss.

I also want to mention that the Premier and I were both in the Muskokas on the weekend, looking at some of the horrifying and heartbreaking damage that the floods have created. I certainly want to mention Major Scott Graham of the 7th Toronto Regiment, RCA, and Lieutenant-Colonel Graham Walsh, commanding officer of the Toronto Scottish Regiment, and all of their folks and others who are doing their very, very best to help people out at a horrifying and heartbreaking time.

My question this morning is for the Premier. Last week in the Legislature, the Premier responded to concerns from Mayor John Tory about cuts to public health by saying the mayor needed to “wake up, smell the coffee and start driving efficiencies.”

Over the weekend, we learned that the mayors and regional chairs of Ontario have joined municipal leaders representing millions of Ontarians, from Prescott to north-western Ontario, to call for a reversal of these cuts. Does the Premier think all of these leaders also need to wake up and smell the coffee?

Hon. Doug Ford: Through you, Mr. Speaker: There are a lot of politicians in the province that need to wake up and smell the coffee, stop the spending and start being responsible with taxpayers' money. It's easy for the Leader of the Opposition to continue to spend because there's no fiscal responsibility.

I'll tell you, first of all, that the figures that the city is throwing out there are completely inaccurate—100% inaccurate. The decision to eliminate any child care space is the responsibility of the city of Toronto. It's not the responsibility of the province.

1050

Our changes: What we're asking is for the city to find savings of 5% in administration alone. The administration, Mr. Speaker—can you imagine?—is \$30 million, on just administration. That is absolutely ridiculous—\$30 million. The auditor general from the city of Toronto said there is waste when it comes to child care, and that they can find efficiencies on the administration costs.

Our total budget is \$433 million that we're giving the city of Toronto.

The Speaker (Hon. Ted Arnott): Supplementary?

Ms. Andrea Horwath: In my books, what's ridiculous is asking municipalities to cut back after they already passed their budgets over a month ago.

It's not just municipal leaders who are raising concerns. Doctors, nurses and front-line health care workers are all making it clear that cuts to public health units will mean more hallway medicine.

To put it in the words of two emergency room doctors just last week, “Premier Doug Ford's public health cuts will mean more people are sick, more strain on the limping ER system, and more hallway medicine for you and your loved ones.”

Is the Premier ready to admit that these cuts will leave people waiting longer in the emergency room, or does he think the front-line medical professionals sounding alarm bells should just wake up and smell the coffee?

Hon. Doug Ford: Minister of Health.

Hon. Christine Elliott: I think it should be noted, first of all, that we are putting \$1.3 billion more into our health care system. That's going to make a big difference in ending hallway health care.

But to suggest that public health units can't find any efficiencies, as we're making these changes over a few years, with respect to the city of Toronto, that makes absolutely no sense, as the Premier has said. In fact, in the city of Toronto, they have had surpluses in their public health accounts over 10 years, amounting to \$52 million. To say now that they can't find a cent in savings—no one believes that.

We are going to make those changes to make sure that those programs protecting what matters most are going to continue. Child nutrition programs are going to continue to be provided for, with the province's share under the Ministry of Children, Community and Social Services. Vaccination programs are going to continue. Assisting children with special needs—all of those programs are going to continue, because the \$114 million that the city of Toronto is going to get from the province of Ontario is more than enough to provide those programs.

The Speaker (Hon. Ted Arnott): Final supplementary.

Ms. Andrea Horwath: Speaker, to suggest that we will eliminate hallway medicine while not even increasing our health care budgets to cover off inflation—nobody believes that.

The problem for the Premier is that in order for the Ford government to be right, doctors, the Ontario Medical Association, the Ontario Nurses' Association, front-line medical workers, Chief Medical Officers of Health and mayors from across Ontario, including the mayor of Toronto—who used to lead the Premier's party—all have to be wrong.

No one believes the Premier when he says his cuts won't impact public health—no one. So will the Premier wake up and smell the coffee and put an end to these health care cuts today?

Hon. Christine Elliott: Once again, it needs to be pointed out that there is an additional \$1.3 billion going into health care. It is greater than the rate of inflation. It is going to provide great assistance across the board to doctors, nurses, hospitals and so on.

But I think some of the information that has been pointed out on the city side is inaccurate. The changes are far smaller than what has been suggested by one Toronto councillor. I think it's really important for the people of Ontario to understand that this is an increase overall in the health care budget.

The changes that we are bringing in with respect to public health are manageable by the public health units and are being brought in over three years. It needs to be done over that period of time, to make sure that they can amend, find their priorities and make sure that they put their money into things that are actual public health priorities.

That's what we want to do. That's what we're expected to do, on this side of the House, and we're simply asking public health units to do the same.

CHILD CARE

Ms. Andrea Horwath: My next question is also for the Premier, Speaker. But when you don't fund to cover off inflation, that means serious cuts. That's what this government is putting this province through, and people are going to pay the price in their reduced access to health services. That is what's happening.

In another stealth cut from the Ford government budget, families are now learning that child care costs are about to skyrocket. The city of Toronto reports that Ford government cuts are putting child care spaces and subsidies at risk. For some families, losing these subsidies could mean child care costs shooting from \$3,600 a year up to \$23,000 a year. Does the Premier think it's fair to hit families with a \$19,400 hike in the cost of child care?

Hon. Doug Ford: Well, through you, Mr. Speaker: We have a great child care program—much, much better than the previous administration, and I just want to—

Interjections.

Hon. Doug Ford: What I didn't hear—and by the way, I met with the mayor on Thursday and had a good chat with him. He understands efficiencies have to be found. But what I'm not hearing from the city of Toronto—as they're so desperate for child care spaces, last year 16% of Toronto's child care spaces were left sitting empty. They were empty; 16% were just empty while they were in desperate need for child care.

Through the CARE tax credit, families will receive \$6,000. That's \$6,000 per child under seven. They'll receive \$3,750 for a child over seven to 16 years of age, and then \$8,250 for a child with a severe disability, and they have their choice. Before, they didn't have a choice; now they have a choice on who is going to take care of their children.

The Speaker (Hon. Ted Arnott): Supplementary question.

Ms. Andrea Horwath: This Premier is so out of touch that he doesn't realize people can't afford child care at \$24,000 a year. Six thousand bucks is not going to make child care affordable, and those spaces will still stay empty.

But here's what Toronto's deputy mayor, Michael Thompson—who has been an ally to the Premier in the past—said. He spoke out on Friday on the need for the government to reconsider these cuts. He was joined at his press conference by one working mother who relies on child care supports provided by the city of Toronto, and she said this: "If they cut the subsidy, what should I do? Should I quit my job?" she asked. Does the Premier have an answer for her?

Hon. Doug Ford: Minister of Education.

Hon. Lisa M. Thompson: I'm pleased to rise in the House today and continue on this discussion, because we have to get all the facts out on the table.

We know for a fact that the city-run daycare centres are 30% higher in cost than any other centres across this province. Even the city's own auditor general—

Interjections.

The Speaker (Hon. Ted Arnott): Order.

Hon. Lisa M. Thompson: Even the city's own auditor general has raised warning flags about the manner in which the city of Toronto has managed and administered their daycare centres. For instance, they have city administrators go around and monitor things, like how much greenery is on trees. They also have city administrators go around to make sure the seasonal decorations are in place in daycares. Honestly, Speaker, is that the best use of taxpayer dollars?

I think the city of Toronto can find 5% in administration efficiencies. We need to get it right for the families, and we look forward to the city of Toronto working with us to make sure this happens.

The Speaker (Hon. Ted Arnott): Final supplementary.

Ms. Andrea Horwath: Well, Speaker, I don't know and I have not met a single parent in this province who wants their kids playing on concrete instead of grass. But once again, the Premier is insisting that there's nothing to see here while families see services they rely on vanish before their eyes. The Premier's reckless cuts could leave a family earning \$45,000 a year with a \$23,000-a-year child care bill. This is wrong, Speaker, absolutely wrong.

The deputy mayor of Toronto has called on the Premier to discuss these plans with municipal leaders before imposing them with no idea of the consequences yet again. Will the Premier do that?

Hon. Lisa M. Thompson: Speaker, all I can say is that the members opposite and the leader would be well advised to stop fearmongering, because people are stepping up. In fact, I want to share this one quote: "The reaction by some municipal officials has been totally over the top," says Andrea Hannen, executive director of the Association of Day Care Operators of Ontario. "It's like they want families to start panicking. The fact of the matter is there has been a lot of waste in the system for a very, very long

time. The Minister of Education is quite right when she says that the changes don't need to result in service cuts to Ontario families.”

1100

Speaker, again, we want to work with the city because we feel there is a lot of room to find some efficiencies—5% in efficiencies—because guess what? We want the dollars to be going where they're needed most: to families that have children who need to be in daycare. It's shameful that they left, last year, 16% vacancies on the table. That is disgusting. The city of Toronto needs to pull up their socks.

FLOODING

Ms. Andrea Horwath: My next question is to the Premier, but I would say that this government needs to get a reality check, because people cannot afford child care. That's why spaces are left empty.

Anyway, this weekend, the Premier and I both had the opportunity to see first-hand the heartbreaking devastation caused by flooding in communities across Ontario. The Premier has admitted that climate change is real. He admits that floods aren't happening once in a century; that they're happening once a year. If the Premier truly believes that, and it's more vital than ever to protect communities against flooding, then why has the government slashed funding by half for conservation authorities for flood management programs?

Hon. Doug Ford: Minister of the Environment.

Hon. Rod Phillips: Mr. Speaker, through you to the member: Thank you for the question. I commend her, as well as the Premier, as well as many others, for visiting the sites of flooding. I was in Ottawa myself this weekend visiting with families that are affected.

Our Made-in-Ontario Environment Plan talks specifically about these issues. We put the focus, yes, on mitigation, yes, on dealing with greenhouse gases, but we also put the focus on making sure that our communities are prepared. In the case of Muskoka, that's why we introduced the Muskoka watershed management initiative, an initiative that will bring five million government dollars and five million other dollars, from the federal government and elsewhere, to support understanding the watersheds and making sure that we protect families. That's why we talk, in our Made-in-Ontario Environment Plan, about the building code and modernizing the building code, to make sure that we're protecting the buildings, the critical infrastructure and the homes against this.

This is our focus. It's a focus when the emergency is happening—that's why the Premier was there—and it's a focus going forward.

The Speaker (Hon. Ted Arnott): Supplementary?

Ms. Andrea Horwath: Speaker, the Ford government is not just cutting flood management programs. They scrapped the 50 Million Tree Program, which, among other things, mitigated flood risk while fighting climate change; they scrapped most of the province's climate programs; they fired the Environmental Commissioner; and

they're leaving cash-strapped municipalities scrambling to deal with the mess.

How can the Premier look in the eyes of those families devastated by flooding and turn around and cut programs designed to protect those very people?

Interjections.

The Speaker (Hon. Ted Arnott): Members please take their seats.

Hon. Rod Phillips: To the Minister of Natural Resources.

Hon. John Yakubuski: The Leader of the Opposition has covered an awful lot of ground there. I'm not sure what she specifically wants to talk about, but we can talk about the 50 Million Tree Program.

Quite frankly, Speaker, I can tell you that across the province of Ontario, the forest industry plants 68 million trees on average every year. We've been working with Forests Ontario to ensure that the tree planting that is designed and scheduled for this year will go on as planned.

We were left, from the previous government, a \$15-billion deficit. We were elected on the mandate to clean up the Liberals' mess that they left us. So we have to make choices. We have ensured that our forestry industry, which is a bedrock industry in this province, will be properly supported by ensuring that the forest access road program will be funded for this year. The forest industry said that that was a number one priority.

But I say to the member opposite: If you would just recall that we were left a mess, and we are going to clean up that mess.

FLOODING

Mr. Dave Smith: My question is for our excellent, caring and compassionate Premier. Over the past week, we've seen the impact of flooding in communities across Ontario. It's continuing in many areas. I want to thank all the volunteers, first responders and the Canadian Armed Forces for their hard work protecting people and property. Water levels appear to have crested in many areas and are starting to go down, but there's still plenty of work that lies ahead.

The Premier has visited many of our communities that experienced flooding. On Friday, he was in Muskoka to see first-hand the impacts that floods have had there. Can the Premier inform the House on what steps we're taking to prepare for the future?

Hon. Doug Ford: Through you, Mr. Speaker, I want to thank the member from Peterborough–Kawartha for the great question. What a great representative he is. I've been up in Peterborough; he's an all-star up in Peterborough, I'll tell you.

Mr. Speaker, I had an opportunity to go back up into the Bracebridge area and visit Graydon Smith, the mayor of Bracebridge. The mayor of Muskoka Lakes was there as well. We had a great conversation. We've agreed that we're putting a task force together, to support the local people, first of all, but to find out how this starts. It starts up by Huntsville. The water flows down. There are three

catch basins, be it Lake Muskoka, Lake Rosseau or Lake Joe. There's just not enough area in those lakes to hold on to the water that's flowing.

We're going to come up with a plan so that we can make sure we can control the water system coming down, north of Huntsville. It's going to be a great plan because we're getting the community involved, we're getting experts involved from the Ministry of the Environment, Ministry of Natural Resources, and local people, especially our great MPP Norm Miller. We know that—

The Speaker (Hon. Ted Arnott): Thank you. Supplementary question.

Mr. Dave Smith: Through you, Mr. Speaker, I'd like to thank the Premier for that answer. I'd also like to remind everyone to remain cautious and avoid fast-flowing creeks and rivers. The last thing we want to see right now is someone floating their fanny down the Ganny.

I know the people back home in the riding of Peterborough–Kawartha appreciate a Premier they know they can count on to take action in a time of need. It's been great to see the Premier taking this issue seriously and committing to use all the tools at our government's disposal to help Ontarians.

Can the Premier update the House on his meetings with the mayors of Bracebridge and the township of Muskoka Lakes, and what our government will be doing to help deal with flooding in the future?

Hon. Doug Ford: Through you, Mr. Speaker: Again I want to thank the member for his question. When I went up there, one of the other areas that I visited was actually the Ontario Chamber of Commerce. The Ontario Chamber of Commerce, taking care of commerce across Ontario—it was just over the top. I had a standing ovation when I walked in; and after a speech, another standing ovation. People were so excited. Small business owners, medium business owners, large business owners: They finally see this province turning the corner.

I did have an opportunity—after that meeting, actually—to sit down with the mayor of Muskoka Lakes and meet the mayor of Bracebridge, as well, with our local MPP. We sat down and we've agreed to come up with a solution. The first solution was that the Minister of the Environment allocated \$5 million. That's \$5 million to protect the watershed, and that's just the beginning, Mr. Speaker. We've put our money where our mouth is. We're up in Muskoka, supporting the people, and there are so many other areas that we haven't even touched on, where we're supporting the people who have been flooded out, be it in Ottawa or in the Muskokas.

GOVERNMENT ADVERTISING

Mr. Taras Natyshak: Good morning, Speaker. My question is to the Premier. The Ontario Chamber of Commerce has joined the chorus of Ontarians calling on the Ford government to back away from their scheme to levy a \$10,000-a-day fine on every gas station that refuses to display their partisan campaign stickers. To quote the current president of the chamber, former PC candidate Rocco

Rossi, the sticker scheme is “unnecessary red tape,” “an increased cost to business” and a violation of business owners' rights and freedoms.

Speaker, is this Premier finally ready to throw in the towel on this poorly-thought-out scheme?

Hon. Doug Ford: Minister of Energy.

Hon. Greg Rickford: We are committed to making sure that every person in Ontario starts to understand how much this job-killing, regressive carbon tax costs. It's not just at the pumps. Stickers on ordinary products, services and programs across this province are soon, if not already, going to reflect how much this is costing.

You know, in the riding of Kiiwetinoong, there's a saw-mill up there. They did the tabulations from the beginning of April until the end of 2019. The carbon tax alone is going to cost \$1.2 million. That's just the carbon tax. They cut board foot, garden sheds, homes—you name it. That cost is going to be translated to the consumer. It's not going to be reflected in the \$307 that the federal government is spending millions of dollars to tell Canadians they will get back as a rebate.

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Mr. Speaker, we will use every tool at our disposal to stand up and make sure Ontario knows how much this is costing us.

The Speaker (Hon. Ted Arnott): Supplementary?

Mr. Taras Natyshak: The minister's answer suggests he's not only happy to stick it to the Liberals; he's happy to stick it to small business owners and taxpayers in the province of Ontario.

Speaker, you know what? It takes a lot of work—

Interjection.

The Speaker (Hon. Ted Arnott): Government House leader, come to order.

Interjection.

The Speaker (Hon. Ted Arnott): Government House leader, come to order.

The member for Essex.

Mr. Taras Natyshak: Thank you very much, Speaker. It takes a lot of work to come up with an idea so bad that it unites everybody from Greenpeace to the chamber of commerce against it. It's unbelievable, but we leave it to this Premier to succeed in that endeavour.

The Premier can't find funding for schools and health care. In the midst of record cuts to funding, he has cut funding for flood management, but he is ready to spend millions of dollars fining business owners \$10,000 a day for failing to display his campaign advertising.

How many people have to tell this Premier to abandon this scheme before he admits it's wrong?

Hon. Greg Rickford: If the member opposite is looking for political parties for us to stick it to, we'll stick it to the NDP. Because it isn't just about board foot that's being cut in Ear Falls; it's about those family vehicles that are produced in Essex. We know that those families who are buying those vehicles are coming to the gas pumps and seeing how much more they're paying; when they go to the grocery store, how much more fruits and vegetables

are costing; and how much more it's costing at the hardware store for these products to be produced. We will not lose an opportunity to make sure the people of Ontario understand how much this job-killing, regressive carbon tax is costing them, period.

HOUSING POLICY

Ms. Jane McKenna: My question is for the Minister of Municipal Affairs and Housing. Speaker, on this side of the House, we know that the Liberals, heavily supported by the NDP, left Ontario in a housing crisis. Our most vulnerable were left with broken, unlivable community housing stock that was only getting worse. Individuals were penalized for trying to go to school and become self-sufficient.

But in April, our government announced a path forward for community housing in Ontario. The minister provided tangible solutions that protect the most vulnerable from criminal activity, clear the wait-list for affordable housing and simplify the overly complex rent-geared-to-income rules.

Mr. Speaker, can the minister please explain to this House what real change looks like for community housing in Ontario?

Hon. Steve Clark: I want to thank the member for Burlington, who has continued to work hard for her constituents on this file.

The member is right: Instead of providing solutions, the previous Liberal government, supported by the NDP, really put us on the hook, not only for a \$15-billion deficit, but also an inefficient housing system that really didn't meet people's needs.

About a month ago, I was pleased to announce our government's Community Housing Renewal Strategy. We're investing over \$1 billion in 2019-20 alone to sustain, repair and grow Ontario's community housing system. We're going to be doing a number of things, as the member mentioned. We're going to make it easier to both predict and calculate rent for tenants and for landlords. We're going to ensure that individuals who are seeking opportunities to go to work or go to school aren't penalized by the system. We're going to be doing a number of initiatives that make the system more effective and more efficient. But most importantly, Speaker, we need to meet people's needs. That's the number one—

The Speaker (Hon. Ted Arnott): Thank you. Supplementary?

Ms. Jane McKenna: Thank you to the minister, because you're definitely finding the needs for the people and the most vulnerable, and they have reached out over and over again.

Speaker, this minister has been incredibly busy these past few weeks. He introduced our Community Housing Renewal Strategy a month ago. Then, last week, he announced a comprehensive plan to increase market supply across Ontario, so that individuals and families can find that home that fits their life and their budgets. This plan provides hope to so many new couples who are

looking to buy their first home, or the families who need more than 700 square feet, or young adults who need a place to rent near work.

Mr. Speaker, can the minister please highlight this plan and legislation that brings more homes and more choices to the people of Ontario?

Hon. Steve Clark: Again, I want to thank the member for Burlington for that question. Our government believes that everyone—and I mean everyone—deserves a place to call home. As the member said, last Thursday, I was in Scarborough with our amazing Minister for Seniors and Accessibility to launch More Homes, More Choice: Ontario's Housing Supply Action Plan. Later that day, on Thursday, I was able to present our legislation the More Homes, More Choice Act here in the House.

This plan and legislation, if passed, will put affordable home ownership in reach for many Ontario families, and provide more people with the opportunity to live closer to where they work. It's a responsible plan, it's a sustainable plan and it will help reduce red tape and increase a housing supply that is desperately needed in this province.

We're moving forward, Speaker. The bill, if passed, will help Ontarians, and I look forward to support from the other side of the House as well.

TREE PLANTING

Ms. Judith Monteith-Farrell: My question is for the Premier. The government's decision to cut the 50 Million Tree Program is hurting local businesses. This weekend, it was reported that Ferguson Tree Nursery in Kemptonville will be destroying more than three million tree seedlings because of the cancellation of the program. The CEO, Ed Patchell, told the media that the trees were primarily for planters, conservation authorities, private contractors and stewardship groups in southern Ontario. Not only will these cuts hurt Mr. Patchell's business, but they will have a negative impact on the environment.

Why is the Premier hurting businesses like Mr. Patchell's?

Hon. Doug Ford: The Minister of Natural Resources.

Hon. John Yakabuski: I thank the member for the question. It's clear that there is obviously some misinformation being bandied about across the province. Let's be clear: We were left with a massive \$15-billion deficit by the previous government and we've made it clear that we're going to deal with that.

But on the issue of Forests Ontario and the tree planting program: They began planting trees in 2008. They were supposed to have 50 million trees done by 2020. They have not met those goals. We indicated to them that we would be winding down the program. But every tree that is contracted to be planted this year will be planted, and we've worked with Forests Ontario to ensure that that will happen.

Speaker, I think it needs to be clear that—and Mr. Patchell, I'm sure, when he examines what's really happening, will want to change his statement on that. We are

making sure that we are responsibly getting back to balance, but we're going to ensure that for any contract that was in place, those trees will be planted this year.

The Speaker (Hon. Ted Arnott): Supplementary question.

Ms. Judith Monteith-Farrell: My question is for the Premier. When Daniel Enright called the Premier to voice his opposition to the Premier's cuts to the 50 Million Tree Program and the layoff of a friend, who was a public servant, Daniel was shocked to hear the Premier didn't know what was going on inside his own government. The Premier told him he only learned of the cuts to the program that morning and had to call his people to find out what the program was about.

Now that the Premier is aware that the 50 Million Tree Program has been cancelled, will he direct his minister to reverse this terrible decision and reinstate funding?

Hon. John Yakabuski: I thank you for the supplementary. I want to reiterate that we've told Forests Ontario that the program would be wound down and their funding would end. Forests Ontario has also indicated clearly that they're going to go to the private sector and that they believe they will be able to sustain this program going forward, because there are people in the private sector and there are organizations who are willing to finance it.

Let's be clear: The taxpayers of Ontario told us clearly last year that they wanted us to clean up the financial mess left to us by the Liberals, which was supported by the New Democrats every step of the way. We're going to do that. There will be trees planted in this province. The forest industry plants an average of 68 million trees every year.

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So, let's be clear: There's a lot of fearmongering going on out there, but stick to the facts. We're going to clean up the financial mess, and the trees that are contracted for this year will be planted.

FUNDRAISING

Mr. John Fraser: My question is for the Premier. It has been more than one year since the Premier seized the Conservative leadership. One year ago, his campaign was declared debt-free to Elections Ontario. Since then, the Premier has continued to raise money through his leadership campaign, funnelling more than half a million dollars into the Conservative Party coffers.

The Premier knows his debt is paid, and he is now using it so that he can dodge individual annual contribution limits. The Premier knows that the intent of this law is to pay down the leadership debt and not to line his party's coffers.

Interjections.

The Speaker (Hon. Ted Arnott): Government side, come to order.

Mr. John Fraser: Speaker, through you to the Premier: Will the Premier stop fundraising for his leadership campaign and funnelling it into Conservative Party coffers? Yes or no?

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock. The government side has to come to order. Just because you're at that end of the chamber, you can't shout down the member who has the floor.

Start the clock. The question is to the Premier.

Hon. Doug Ford: Through you, Mr. Speaker, I'm going to answer two questions here, one from the other member.

As you can tell, at 11:15 at night, I'm still returning constituent calls. Let's try to do that on the other side. It doesn't happen. The only Premier in the history of this province that actually gives out his number, that returns calls—if they like me or dislike me, at least they're going to get an answer.

As for the Liberal member—at least people are enthused. We were elected for change in this province. We were elected to be fiscally responsible. We were elected to knock down that \$15-billion budget and balance it in a reasonable, responsible and thoughtful manner, and that's exactly what we're doing.

We're following the rules. Just because there are sour grapes on the other side that they can't raise a penny and we're raising millions of dollars because people are encouraged to actually support us—and, by the way, Mr. Speaker, with \$5 donations and \$25 spaghetti dinners around the province. That's who our donors are. We aren't with the big, super-rich guys that the Liberals courted for 15 years—

The Speaker (Hon. Ted Arnott): Thank you.

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock. Order.

Start the clock. Supplementary.

Mr. John Fraser: I hope I get an answer in the supplementary. Since January 2019, the Premier's leadership campaign has raised \$221,000. Twenty-eight contributors doubled their annual contribution limit, exceeding the \$1,600. The Premier knows that no other party in this Legislature—not the NDP, not the Greens, not the Liberals—has this advantage.

The Premier knows that the intent of the law is to pay down leadership debt and not to be used to line his party's coffers. Last week, I introduced a private member's bill to—

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock. The government side will come to order.

Start the clock. I apologize to the member for Ottawa South.

Mr. John Fraser: Last week, I introduced a private member's bill to end the Premier's dirty double-dip. Speaker, through you, will the Premier do three things—

The Speaker (Hon. Ted Arnott): I'm going to ask the member for Ottawa South to be cautious with his language. Intemperate language is not helpful. Please finish your question.

Mr. John Fraser: Thank you, Speaker. Will the Premier do three things: Stop fundraising for his leadership campaign, return the money that exceeded annual contribution limits, and pass my private member's bill, or make

that change to election law that's needed and that he said he was willing to do about two weeks ago—but he doesn't seem to have that in his answer?

Hon. Doug Ford: To the Minister of Finance.

Hon. Victor Fedeli: Thank you very much for the question. You know, I have to say, it's rather rich from that party, who held so many pay-to-play funders that the rules needed to be changed. I have to tell you, the reason they ask these kinds of questions is because they have absolutely no policy ideas, no policy concepts.

Let me tell you a little bit about policy. I realized we needed to stop the \$40 million a day more than you were taking in that you were spending. But let me tell you, we are bringing relief to families—\$26 billion in relief. That's what you should be talking about. You should be talking about the LIFT program, Low-income Individuals and Families Tax Credit, that's returning \$2 billion to the low-income earners in Ontario. You should be talking about the CARE program, bringing relief to child care—to 300,000 child care programs over the course of this year.

Speaker, that's why they want to talk about something idle like that rather than the \$26 billion that families are seeing back in their pockets.

ONTARIO ECONOMY

Mr. Amarjot Sandhu: My question is for the Minister of Economic Development, Job Creation and Trade.

This week, the minister travelled to India to bring our open-for-business message to the world's largest democracy. The minister was there to meet with business leaders and promote Ontario as a destination for investment and jobs.

Since being elected, we have been doing everything we can to create an environment where our job creators can thrive, because we know that when businesses thrive, people thrive, and when people thrive, communities thrive. We've been cutting red tape, lowering taxes and fixing the Liberals' hydro mess. These measures are giving businesses the confidence that they need to once again invest in Ontario.

Could the minister outline for the House the importance of bringing our open-for-business message to international investors?

Hon. Todd Smith: Thanks very much to the member from Brampton West for the great question and the great work that he's doing for his community.

Let me tell you, Mr. Speaker, it was my first trip to India. India is buzzing with excitement. It's an unbelievable country. Not only is it the world's largest democracy—and they are in the middle of their national elections right now; 900 million people are expected to vote, with the results coming later this month—but it's one of the fastest-growing economies as well, at 7% to 8% year over year.

There are many, many companies, about 60 of them in all, from India that are currently operating here in Ontario, and many more that are looking at opening up in North America. We think that Ontario is the best entry point for

those companies that want to embark in the North American market. That's why we went there to meet directly with businesses and tell them what we're doing here in Ontario. We've been creating jobs already—123,000 of them in the last several months—and we know and now they know that Ontario is the best place to—

The Speaker (Hon. Ted Arnott): Thank you. Supplementary question.

Mr. Amarjot Sandhu: Thank you to the minister for his response. After 15 years of Liberal government, businesses are finally looking to invest in Ontario again. They have confidence in their government because businesses know that we understand the challenges they face and we understand that pro-business policies are pro-people policies.

We're providing \$3.8 billion of corporate income tax relief through the Ontario Job Creation Investment Incentive. The incentive will encourage businesses to invest in their facilities and create tens of thousands of jobs.

We're cutting red tape by 25%, saving businesses \$400 million a year in compliance costs.

We're making Ontario open for business and open for jobs.

Could the minister tell the House the response that he received from businesses in India?

Hon. Todd Smith: Thanks again to the member from Brampton for the question. You wouldn't believe the response actually, Mr. Speaker. These businesses are excited to invest here in Ontario. They know this is the great place to be in North America. I met with too many businesses to name, probably about 50 of them in all, during the trip.

I met with Hygge Energy and Sabran Bioentri and Advanced Enzymes to promote Ontario's agri-food sector.

I also sat down with Mahindra and Mahindra, Tata, Mahindra Aerospace, Mahindra Tractors and Aditya Birla Carbon. They're all part of the booming India automotive sector.

I also met with Larsen and Toubro, which is part of the construction companies there that are looking to do infrastructure projects.

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I spoke with Paytm. They're an Indian tech company, and their North American head office is here in Toronto right now. I'm proud to tell you that they're looking at creating over 100 more jobs here in Ontario over the next year. Paytm is excited about the work that our government is doing. I wish the NDP was as excited as the folks in India seem—

The Speaker (Hon. Ted Arnott): Thank you.

PUBLIC TRANSIT

Ms. Jessica Bell: My question is to the Deputy Premier. Last week, the Conservative government took another step forward in the Premier's scheme to take over the TTC. The legislation hands over total control of all new transit projects to the province, without any input or say from the people of Toronto or any compensation for

the people who built and paid for the TTC system for generations. That means the Premier can choose what gets built when and how, allowing him to cater to his developer friends but not transit riders or the people of Toronto.

How can the Premier justify snatching Toronto's transit system away from the people who use and invest in the TTC every day?

Hon. Christine Elliott: To the Minister of Municipal Affairs and Housing.

Hon. Steve Clark: I want to thank the member for the question. On behalf of Minister Yurek, who tabled the Getting Ontario Moving Act last Thursday, I'm pleased to be able to answer the question.

The reason we introduced this legislation is, there are a number of proposed measures. This is a very, very important bill for our government to move forward. The people of Ontario have waited long enough for transit improvements and investments. Amending the Metrolinx Act to upload responsibility for new subway projects from the city of Toronto to the province would mean that new subways are built faster and on time for the people of Ontario.

There are a number of other components of this act: things that deal with school bus safety, and a number of measures.

But the item that the member asked—I think, again, that most Ontarians are concerned that subways aren't being built faster. This uploading is desperately required. The bill, if passed, would provide that necessary relief.

I'd be more than happy to answer further questions in the supplemental.

The Speaker (Hon. Ted Arnott): Supplementary question.

Ms. Jessica Bell: Back to the Deputy Premier: In the back-of-the-napkin scheme, the Premier says he can build new subways faster by opening up the process to the private sector.

Okay, we've heard this claim before. Let's look at the Union Pearson Express. Let's look at Presto. Let's look at the Eglinton Crosstown. We've had years of delays, and it has gone millions of dollars over budget. In fact, the private consortium building the Eglinton Crosstown extracted an extra \$237 million from taxpayers to stick to its original contract. That is the largest payout on a public-private partnership in Ontario's history.

Will the Premier admit that he is wrong and stop the hostile takeover of the TTC?

Hon. Steve Clark: To the Minister of Infrastructure.

Hon. Monte McNaughton: Let's face it, Mr. Speaker: If the NDP were in power today, there would hardly be any transit built in the province of Ontario.

We have a great track record in the province of Ontario when it comes to public-private partnerships. In fact, we've delivered, through Infrastructure Ontario, 109 public-private partnerships in the province of Ontario since 2005. Some 95% of all of those projects—95% of 109 projects—were delivered on budget. We take pride in the partnerships with the private sector on this part.

I was pleased to join the Minister of Transportation, our Premier and a number of our MPPs to announce a historic investment into subway expansion in Toronto totalling

\$28.5 billion. I will put our Premier's track record, our government's track record, against the—

The Speaker (Hon. Ted Arnott): Thank you. Next question.

LAND USE PLANNING

Mr. Roman Baber: My question is for the Minister of Municipal Affairs and Housing. The Local Planning Appeal Tribunal was broken from the beginning. The Toronto Region Board of Trade estimates that approximately 100,000 housing units are caught up in cases at the LPAT. Many units could be built, but with so many caught up at the tribunal, what help are they to the people of Ontario, who are seeing skyrocketing prices for homes and rentals? This kind of red tape is increasing delays in unlocking potential housing, harming both people and communities.

Can the minister please share with the House how his proposed changes will speed up the LPAT so that more houses and rentals can get on the market faster?

Hon. Steve Clark: I want to thank the honourable member for that excellent question. As I think most members in this House know, Ontario is in a housing crisis. We all know that that was caused in part by years of mismanagement by the previous government. They just didn't get that file right. There are not enough homes for families and individuals. We need to have some big changes in terms of housing supply.

I appreciate the question regarding the LPAT. Currently at the Local Planning Appeal Tribunal, there is a tremendous backlog of legacy Ontario Municipal Board cases. The backlog has slowed down the approval process. It is at a crisis point itself. I want to thank the Attorney General for all the support. We're currently adding 11 new adjudicators to the LPAT, which is a 40% increase that would work significantly on that backlog. There are a number of other proposed changes that I think take the best of the OMB and the LPAT system and really will be able to move forward to create and unlock 100,000 units.

The Speaker (Hon. Ted Arnott): Supplementary question.

Mr. Roman Baber: Thank you, Minister, for that answer. Housing is not going to build itself, and we need real solutions to solve the housing shortage in our province.

Mr. Speaker, there's some concern among my constituents that the changes announced will return the LPAT to an OMB-style decision-making body. There are also some concerns that the proposed changes to the LPAT fees are going to add more expense for individuals and community groups, thereby making the process less accessible. Could the minister please clarify the impact of these proposed changes and how the updated LPAT process will be different from the old OMB process?

Hon. Steve Clark: Again, I want to thank the member from York Centre for that question. He really gets it.

Speaker, from our consultations through the Housing Supply Action Plan, of the over 2,000 submissions we received, over 85% were from the general public. Essentially, the current process, as the member notes, just wasn't working. We're proposing changes to the LPAT that

would make sure they have all the necessary information to make a decision. We want to ensure that they have the powers and the resources that are available to make those timely decisions.

I talked, in my first answer, about the significant increase in adjudicators. But we also want to allow the tribunal to make those best planning decisions not just in place of council, but we also want to be able to charge different fees and move towards a cost-recovery model while still allowing community groups and residents to maintain affordable access to the appeals process.

Again, Speaker, I think we're taking the best of the OMB and LPAT to move forward. I'm convinced that these adjudicators will create a change in the backlog. Many other—

The Speaker (Hon. Ted Arnott): Thank you very much. The next question.

HOUSING POLICY

Ms. Suze Morrison: My question is to the Premier. Last Thursday, the government tabled a bill that reads like it was written by the Premier's developer friends and campaign donors. It's not a housing bill; it is a bill of rights for developers seeking to pave over prime farmland and wetlands with impunity. Bill 108 guts the inclusionary zoning laws that affordable housing advocates fought so hard for, while doing nothing to stop unethical landlords from gouging their tenants or illegally evicting them so that they can raise the rent. Why is the Premier putting the interests of developers above the rights of all Ontarians to have a safe and affordable home?

The Speaker (Hon. Ted Arnott): I look to the Acting Premier.

Hon. Victor Fedeli: Minister of Municipal Affairs and Housing.

Hon. Steve Clark: I can't express, Speaker, through you, how disappointed I am in the premise of that question and what we're trying to accomplish. Our government believes that everyone deserves a place to call home.

You know who my friends are, Speaker? My friends are that couple in their twenties or thirties who, right now, don't have that dream of home ownership within their grasp. You know who my friends are? It's that couple with a couple of kids in a 700-square-foot apartment with a small storage locker who don't see an opportunity for them to get the home they need.

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You know who are my friends, Speaker? They're the hundreds of thousands of people who, over this announcement and over our consultation, have come forward to unanimously say that we need to intensify around transit. That's where people want to live. It's the senior who wants to downsize who doesn't seem to have that option. It's the person who wants to create a second unit in the house. Those are my friends, Speaker. Those are the people who speak to this bill. Those are the people who we want to provide a safe and stable—

The Speaker (Hon. Ted Arnott): Thank you.

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock.

Restart the clock. Supplementary?

Ms. Suze Morrison: Bill 108 not only eviscerates Ontario's inclusionary zoning laws, but it puts a cap on funding for growth-related services like libraries, community centres and day cares. It stops cities from ensuring that new developments include parks and public spaces. It encourages more sprawl while shortchanging residents seeking a new home in densifying urban communities like downtown Toronto. It stops environmental or human rights groups from appealing a decision that harms our natural heritage or that blocks new housing choices for low-income people.

Why won't the Premier fund affordable housing instead of giving away the province to developers?

Hon. Steve Clark: Again, Speaker, I really hope this member takes advantage of the briefing we've offered her today, because she can't be more away from the truth.

In terms of the community benefits authority—

The Speaker (Hon. Ted Arnott): I'm going to have to ask the member to withdraw.

Hon. Steve Clark: I withdraw.

Again, she needs to understand that the announcement that we made on Thursday was our intention to consult. I had to make the same correction with Councillor Matlow; I had to make the same correction.

Rather than grandstanding, why doesn't the member just acknowledge, like groups like the Association of Municipalities of Ontario have, that our community benefits authority consultation recognizes that growth pays for growth? At the same time, people who want to build homes need that certainty.

The intention to consult was there. If the member reads the legislation properly, she'll realize that inclusionary zoning, we feel, is best toward transit. That's where everyone—

The Speaker (Hon. Ted Arnott): Thank you. The next question.

CHILD CARE

Ms. Andrea Khanjin: My question is to the Minister of Education. Last week, I was disappointed. I was disappointed to see that the city of Toronto was once again spreading misinformation when it comes to the support our government is giving for child care.

I know that our government has always been clear that we need to take clear action to protect what matters most, while providing relief to families and individuals today. Can the minister please tell the House more about the supports we're providing for the city to ensure that parents are getting the most out of their child care?

Hon. Lisa M. Thompson: First of all, I'd like to thank the member from Barrie-Innisfil for the great question. You're doing a wonderful job in your riding and it shows every day. I wish the city of Toronto was doing equally as good a job because, quite frankly, even their own auditor general has been waving the warning flags. We're going to be watching.

This year alone, we're going to be giving the city of Toronto \$433 million for child care services. We're challenging them.

Hon. Todd Smith: Please spend it wisely.

Hon. Lisa M. Thompson: We're challenging them to spend it wisely and invest where it needs to be done.

It's unacceptable that 16% of child care spaces were left vacant last year. Families in Toronto need their city council to be working with them, because guess what? We think they could reduce the cost of delivering child care in the city of Toronto by 5%.

There are opportunities to find efficiencies, and we want to work with the city of Toronto to make sure that happens, because again, our focus is on the parents. We're putting them first, not government. Parents should be deciding—

The Speaker (Hon. Ted Arnott): Thank you. Supplementary?

Ms. Andrea Khanjin: Thank you to the minister for her detailed response. It is great to have someone provide accurate information, rather than misinformation that's being spread by the city.

Under the previous government, parents were often forgotten, suffering under the weight of increased taxes and increased expenses with no relief in sight. Thankfully, our government is reversing this trend and bringing relief back to the people of Ontario. With the budget, I was excited that our government is proposing thoughtful solutions that respect parents and provide them with the support they need. Could the minister please explain more about how the government is supporting parents with a child care policy that works?

Hon. Lisa M. Thompson: Of course I'm pleased to stand in this House any time to talk about what we're bringing forward, because it's demonstrating that not only has our government listened, but we're caring as well.

It was my pleasure to be with the Minister of Finance just a few weeks ago in the amazing riding of Pickering, which is represented by the President of the Treasury Board, because we've invested \$2 billion to support child care initiatives across this province, and that's this year alone. The fact of the matter is that we need to make sure that parents have choice: accessibility, affordability and also flexibility, given their schedules.

We're creating 30,000 new spaces; 10,000 alone will be situated in schools. Our plan is going to help 300,000 families. Let me tell you, our CARE program, our tax credit, will cover up to 75% of their expenses that will go to in-centre, home or camp. Again, we're putting parents at the centre of the decision-making—

The Speaker (Hon. Ted Arnott): Thank you. Next question.

SOCIAL ASSISTANCE

Mrs. Lisa Gretzky: My question is to the Premier. In November, the Minister of Children, Community and Social Services announced potentially devastating changes to the Ontario Disability Support Program. Despite the fact that ODSP rates already force people with disabilities to

live in poverty, the minister slashed a planned increase by 50% and increased the clawback on earned income to 75%.

Most disturbingly, the minister announced future changes to the definition of disability, which is used to determine ODSP eligibility. Experts, advocates and recipients are rightly concerned that this Conservative government is moving towards a more narrow definition that would exclude thousands of people. Will the Premier confirm whether the government will be adopting a more restrictive definition like the federal CPPD definition? Yes or no?

Hon. Doug Ford: Minister of Municipal Affairs.

Hon. Steve Clark: I want to thank the honourable member for that question. Our government for the people is moving forward with social assistance reforms that would restore dignity, encourage employment and empower the province's most vulnerable to break free from the poverty cycle. I think Minister MacLeod has spoken many times in this House when she pledges that she believes the best social program is for our government to be able to provide jobs and job opportunities for those most vulnerable.

Our plan is effective, it's sustainable, and I think, on behalf of Minister MacLeod, the most important thing that we can do is to provide that hope and opportunity for people and to provide that outcome that I think she most desperately wants. As a first step, our government worked very closely with the municipal sector on the transformation of our system. We continue to work with our stakeholders, and we appreciate some of the suggestions that they have.

I look forward to more from the member.

The Speaker (Hon. Ted Arnott): Supplementary question.

Mrs. Lisa Gretzky: Back to the Premier: Ontarians with disabilities and their families are extremely anxious about what changes to ODSP eligibility might mean. Those with episodic disabilities, like multiple sclerosis, cancer or mental health concerns, will almost certainly be excluded from accessing vital income support if Ontario moves to a definition of disability like the CPPD. Cuts to ODSP are just one of the many ways that this Conservative government is hurting people with disabilities and their families. Not only are ODSP recipients living in poverty; they're also waiting decades for supportive housing. They're languishing on wait-lists for support through the Passport Program.

This government is wreaking havoc on people's lives with their careless and dangerous decisions. Will the Premier be moving toward a more exclusionary definition of disability so fewer people can qualify? Yes or no?

Hon. Steve Clark: Again, to the member opposite—she mentioned a number of things. I want to take the opportunity, given her reference to supportive housing and mental health—this week is Mental Health Week in Ontario, and also children's mental health. We were at an announcement this morning with a number of ministers, with Minister Elliott. Especially because of my portfolio

in housing, I very much want to say to the member that supportive housing is a very important aspect of the supports that not just my ministry but many other ministries provide.

The best social safety net, I think, is a compassionate society. I know that when it comes to supporting people with disabilities with dignity, the system redesign wants to hear from those who are providing services. We want to use a whole-of-government approach among a number of ministries.

I appreciate what the member has to say. I know that the minister is right on top of this file. She is working collaboratively with many of our ministerial colleagues, and I know she'll have more to say in the future.

The Speaker (Hon. Ted Arnott): That concludes our question period for this morning.

NOTICE OF DISSATISFACTION

The Speaker (Hon. Ted Arnott): Pursuant to standing order 38(a), the member for Ottawa South has given notice of his dissatisfaction with the answer to his question given by the Premier concerning Ontario's election finance law. This matter will be debated Wednesday at 6 p.m.

This House stands in recess until 1 p.m.

The House recessed from 1151 to 1300.

INTRODUCTION OF VISITORS

Hon. Bill Walker: This is a bit of a repeat. I don't normally like to do that, but my guests from Warton are here. I want to introduce Michele Bell, executive director of the Bruce Peninsula Association for Community Living; Amber McCartney, a family support worker; and Diane Chavarie, Tara Sadler, Cheryl Craig and Valerie Tigert, all self-advocates from Warton. Welcome to Queen's Park, and I hope you enjoy your day.

MEMBERS' STATEMENTS

ONTARIO LIBRARY SERVICE–NORTH

Ms. Judith Monteith-Farrell: Another day, another cut: this time, libraries. Ontario Library Service–North is losing half of its budget. The OLS–North staff of 11 did a big job for libraries across the north. Five staff are losing their jobs, and one is being reduced to part-time. So much for Premier Ford's no-job-cuts pledge. My heart goes out to each of these workers and their families.

Cutting the OLS–North budget is going to hurt a lot of people and hurt communities, especially rural northern Ontario communities. Sometimes people stop at their local library to check out a book, but often they come for other reasons. On a cold winter afternoon, folks who live off the grid come to stay warm, save on firewood and use computers. Seniors with limited mobility come to gather with others. Students come after school.

The Ontario Library Service–North helped northern libraries serve their communities, like the Atikokan Public Library and the Oliver Paipoonge Public Library in my riding. Library budgets depend on the cost-effective services that the OLS–North provided, like a computerized catalogue service, ebook subscription services and staff development.

I hope that the government is listening. We deserve better. The north deserves better. Rural communities deserve better.

GEORGIAN BAY HUNTERS AND ANGLERS

Ms. Jill Dunlop: Last weekend, I had the great honour to attend the Georgian Bay Hunters and Anglers annual conservation wild game dinner. On the menu this year we were served bear sausages, smoked wild turkey and a dish that I think you would enjoy, Mr. Speaker: a moose-and-bear tourtière. I would like to use this opportunity to thank Georgian Bay Hunters and Anglers for the wonderful feast full of many delicious wildlife surprises.

Most importantly, I want to thank them for a nearly century-long dedication to our community and local heritage. Funds from the wild game dinner and many other GBHA fundraisers go directly into programs, facilities and events that support the youth, conservation and communities of Simcoe North.

In regards to conservation, the GBHA have spear-headed massive inroads in the region. Their conservation efforts over the last decades have included wild turkey reintroduction, stream restoration, and restocking projects with the Eastern Georgian Bay Stewardship Council. Since 2003, their award-winning junior club has engaged local youth in outdoor activities with a goal of helping young people find their place in the outdoors. All year long, the junior club runs programs such as tree-planting projects, firearms safety and wood duck nesting.

Thanks to the amazing leadership of our Minister of Natural Resources and Forestry, Georgian Bay Hunters and Anglers and similar organizations across Ontario can rest assured that they have a partner at Queen's Park.

HOMOPHOBIA AND TRANSPHOBIA

Ms. Suze Morrison: Last week, constituents in the heart of my community, in the Church-Wellesley Village, were exposed to homophobia and transphobia as men trying to preach hate entered the community and took up space, screaming hateful things at members of my community. Many brave constituents stood their ground and tried to challenge the preachers in a way that made it clear that their speech and their hate was not welcome in our neighbourhood.

I want to be crystal clear: Hate, bigotry, homophobia, and transphobia have no place in our society and absolutely no place in the Gay Village in my riding.

Interjections.

Ms. Suze Morrison: Thank you.

This government has done absolutely nothing to help protect queer and trans folks in Ontario. Instead, their party has adopted a stance that trans people are not valid. Instead, the Premier still refuses to denounce his affiliations with a known right-wing racist and homophobic celebrity. We can do better. Ontario deserves better.

I am so proud of my constituents, the folks who stood up and said no to hate. I am with you. My caucus is with you. And in the words of Rita Mae Brown, an army of lovers shall not fail.

MILTON GOOD NEIGHBOURS COMMUNITY DAY

Mr. Parm Gill: Mr. Speaker, every year, Miltonians get together on one Saturday morning to pick up trash and keep our town beautiful. This past Saturday was that day, and I was proud to see over 1,000 Miltonians participate in this year's good neighbours day. This year marked the 27th year of the community day.

I was out with my team doing our part, and you wouldn't believe some of the items people found. One of the town councillors even found a \$10 bill while picking up garbage in the ditch. See? It really does pay to clean up.

I want to thank all of the organizers and volunteers who made this happen and kept everyone safe while picking up trash along the roadways by providing yellow vests. Special thanks to the town of Milton and Diego and Carlanna from Tim Hortons for their generous contributions.

This day wouldn't be possible without the support from the many other sponsors, including the TD Friends of the Environment Foundation as well as the Rotary Club of Milton, the RCMP and Halton Regional Police Service.

As the town councillors learned this year, picking up trash can find you some cash.

BARB DETER

Mr. Taras Natyshak: On behalf of myself and my colleagues from Windsor–Tecumseh and Windsor West, Percy Hatfield and Lisa Gretzky, it's an honour to rise today during Nursing Week to recognize this year's winner of the Lois Fairley award, chosen by registered nurses in my area. This year's recipient is Barb Deter. Barb is currently the president of the nurses' union at the Windsor-Essex county public health unit. Unfortunately, 80 nurses there have been on strike for more than two months, demanding fairness and equality for their profession.

Barb began her career 46 years ago at Hôtel-Dieu hospital. She worked in all departments there before moving over to the Victorian Order of Nurses. Barb spent 12 years with the VON. She went back to university, got her bachelor of science in nursing and joined the health unit.

Barb runs the Healthy Babies Healthy Children Program as well as the healthy families department. She has been the president of her union for nearly 20 years.

Barb is described by her peers as a leader, a mentor and a pillar of strength who demonstrates patience, compassion and professionalism.

Speaker, the Lois Fairley award honours someone who has demonstrated a commitment to serving the community through excellence in patient care. The RNO has partnered with the Fairley family on this award for the past 12 years. Lois Fairley was a highly regarded nurse who led by example. She gave back to her community, her profession and especially to her patients.

As I mentioned, Barb has been on strike for more than two months, fighting for respect and improved public health policy—this, at a time when public health in Ontario is on the chopping block with Conservative cutbacks and consolidation.

I want to congratulate Barb Deter. You've set an example for the nursing profession in Ontario, and we all are better for it.

PADDLE THE DON

Ms. Kathleen O. Wynne: Yesterday, my partner, Jane, and I had the opportunity once again to share in one of the best outdoor experiences that Toronto has to offer. We paddled the Don River.

For 26 years, Paddle the Don has offered people who love Toronto and who love the natural world a chance to blend the two in a completely unique way. It's the only time of year you can view the Millwood bridge or the Bloor viaduct from the vantage point of a canoe. The towers of Thorncliffe Park in my riding of Don Valley West take on a whole new grandeur from the river, and the quiet of nesting mallards is a beautiful antidote to the roar of the Don Valley Parkway.

This year, the weather was perfect and the shores of the river were teeming with activity. Toronto marathoners, Riverdale cyclists, Cabbagetown hikers for hospice, birdwatchers, cyclists and parents with kids in strollers shared the route along the Don.

But apart from being just a fantastic 10-kilometre trip from Ernest Thompson Seton Park right down to Lake Ontario, Paddle the Don is a great reminder that it is possible to repair damage that has been done by humans. Just a few decades ago, the Don River was declared dead by environmental groups. Now it is thriving again. It's a resurrection story of thousands of volunteers, determined, patient environmentalists, the Toronto and Region Conservation Authority with the support of all three levels of government, and the private sector, particularly Manulife, who worked for years to bring back the Don.

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Jane and I started paddling the Don in 2004, and even in that time we've seen a huge difference: less garbage, more wildlife, a cleaner river. Colleagues from the Legislature Rima Berns-McGown and Chris Glover were fellow travellers, along with federal and municipal politicians.

We all have a responsibility to continue this work. So thank you to the volunteers. Thank you to the visionary folks at TRCA and all the private and professional environmentalists who have worked so hard for decades to resurrect this precious water. Miigwetch. Marsi.

LEONARD PATRICK (RED) KELLY

Mrs. Belinda Karahalios: It's with a heavy heart that I rise today to pay tribute to Leonard Patrick Kelly, most lovingly known as "Red." Red, who was also a long-time family friend of the Karahalios family, passed away on May 2 at the age of 91. He was a former MP, an avid hockey player and a dedicated coach. He played for the Detroit Red Wings and the Toronto Maple Leafs. Red wore many jerseys throughout his life and career, but while serving as an MP and playing for Toronto, he went on to help the Leafs win not one but two Stanley Cups. In 2017, he was named one of the 100 greatest NHL players in history—truly a hockey legend, winning a total of eight Stanley Cups.

I remember Red visiting my father-in-law's restaurant, Black Cat Fish and Chips on Avenue Road, for many years, especially every Good Friday. My husband, Jim, and I had the honour of Red being a guest at our wedding.

My sincere condolences go out to Red's wife, Andra, their four children, Casey, Patrick, Conn and Kitty, and their eight grandchildren during this difficult time.

Eternal rest grant unto him, O Lord, and let perpetual light shine upon him.

ONTARIO BUDGET

Ms. Sandy Shaw: I rise today in the House to speak about this government's budget cuts and the very real impacts they have in my community of Hamilton West–Ancaster–Dundas in particular.

The city of Hamilton, as are many municipalities, is in the dark and they're fearful of the impact of millions of dollars—in fact, almost \$10 million—being pulled out of Hamilton child care programs and public health, including addictions counselling services. The only sure thing in this is the announced complete axing of the Addiction Services Initiative, which was a pilot program providing much-needed assistance to Ontario Works recipients looking to rejoin the workplace.

The Solicitor General stood in this House last week and stated, and I quote, "When people choose to use and abuse drugs, it has an impact."

Mr. Speaker, I'm asking: Is this government really serious about improving the lives of those most vulnerable by funding addiction counselling, or are they content to demonize individuals by using words like "choose to use and abuse"?

The results of this budget have real impacts on individuals looking for help in battling their addictions. It has an impact in our schools with children having to start their learning day without school breakfast programs. It has an impact on seniors who rely on public health units to provide dental coverage.

So, Speaker, I ask: How can the Solicitor General stand by while her government cuts the very programs that help those who are most in need, and how can this government continue to show such a tone-deaf attitude when it comes to the realities that people are facing every day in this province of Ontario?

MANDARIN MS WALK

Mr. Stephen Crawford: It's an honour, as always, to speak here. Over the weekend, I had the pleasure of attending the Mandarin Multiple Sclerosis Walk in Oakville. The walk is an annual event that takes place to raise money for MS research, and in 2018 the country-wide event raised over \$8 million with help from 31,000 donors, participants and volunteers. It was great to see so many people from the community involved and working to raise money to help fund research in the hopes of finding a cure.

For those unfamiliar with multiple sclerosis, MS is an autoimmune disease of the central nervous system that affects one in 385 Canadians, making it one of the highest instances in the world. The disease attacks myelin, the protective covering of the nerves, causing inflammation and often damaging myelin. Myelin is necessary for the transmission of nerve impulses through nerve fibres. If damage to myelin is slight, nerve impulses travel with minor interruptions. However, if damage is substantial and if scar tissue replaces the myelin, nerve impulses may be completely disrupted and the nerve fibres themselves can be damaged.

MS is unpredictable and can cause symptoms such as extreme fatigue, lack of coordination, weakness, tingling, impaired sensation, vision problems, bladder problems, cognitive impairment and mood changes. Its effects can be physical, emotional and financial. Currently, there is no cure, but each day our researchers are learning more about what causes MS and zeroing in on the cure.

Again, I would like to give my heartfelt thanks to everyone involved in the Oakville event this weekend.

LEONARD PATRICK (RED) KELLY

Mr. Toby Barrett: Our thoughts and prayers go out to a man—a legend—who taught me how to skate. Hockey Hall of Famer Leonard "Red" Kelly passed away May 2. It was just a year or so ago that Red visited Queen's Park.

Red Kelly was a born and raised Woodhouse township farm boy, destined to be one of the greatest hockey players in history. Over his stellar 20 seasons, Red was able to enjoy holding the Stanley Cup on eight different occasions, as I understand it, four with Detroit and four with Toronto.

Red was a devoted, motivated, accomplished man with his heart and soul in hockey. He was a man who could do it all. While serving as a member of Parliament for York West, Red simultaneously played centre for the Leafs and led them to the Stanley Cup in 1964.

Red Kelly's home farm is at the intersection of Red Kelly Line and the Blue Line in Haldimand–Norfolk. Red grew up playing on the farm ponds of Norfolk county. He has touched the lives of so many, including local boys who have gone on to play professional hockey. Like I say, in my case, a young lad who really didn't play hockey but was taught by Red how to skate on the Backus mill pond—taught by Red Kelly, a true gentleman.

ANSWERS TO WRITTEN QUESTIONS

The Speaker (Hon. Ted Arnott): The member for Davenport has a point of order.

Ms. Marit Stiles: On a point of order, I want to note that I had submitted an order paper question on March 26 that is now overdue. It was asking the Minister of Education to advise on the total cost of the 2018 education reform consultation to the provincial government. I have yet to receive a response, and I believe it was due at the end of April.

The Speaker (Hon. Ted Arnott): The member for Davenport has a valid point of order. I need to remind the minister that she is required, under standing order 99(d), to file a response within 24 sessional days. A response is now overdue, and I would ask the minister to give the House some indication as to when the response might be forthcoming.

Hon. Lisa M. Thompson: I'm glad to be here for that question. Order paper questions are to be respected, and I will get my team to address it before the end of this week. Thank you very much.

VISITORS

The Speaker (Hon. Ted Arnott): Point of order: the Minister of Infrastructure.

Hon. Monte McNaughton: Thank you, Mr. Speaker. I'm sorry I didn't do this at the beginning of the afternoon session, but I'd like to welcome from Middlesex Community Living today Mary Verbeer, Jesse Sparrow and Vicky Pearson, as well as those from Chatham-Kent Community Living. Welcome to Queen's Park.

The Speaker (Hon. Ted Arnott): And I'm pleased to acknowledge the presence in the House today of Yvonne Spicer from Halton region. It's great to see you here again, Yvonne.

MOTIONS

ADJOURNMENT DEBATE

Hon. Bill Walker: I seek unanimous consent to put forward a motion without notice regarding the parliamentary assistant responding to the late show scheduled for Wednesday, May 8, 2019.

The Speaker (Hon. Ted Arnott): The Minister of Government and Consumer Services is seeking the unanimous consent of the House to put forward a motion without notice regarding the parliamentary assistant responding to a late show scheduled for Wednesday, May 8, 2019? Agreed? Agreed.

Again, I recognize the minister.

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Hon. Bill Walker: I move that, notwithstanding standing order 38(b), the parliamentary assistant for the Minister of Finance may respond to the late show scheduled for Wednesday, May 8, 2019, in place of the parliamentary assistant to the Premier.

The Speaker (Hon. Ted Arnott): Mr. Walker moves that, notwithstanding standing order 38(b), the parliamentary assistant to the Minister of Finance may respond to the late show scheduled for Wednesday, May 8, 2019, in place of the parliamentary assistant to the Premier. Is it the pleasure of the House that the motion carry? Carried.

Motion agreed to.

STATEMENTS BY THE MINISTRY
AND RESPONSES

COMMUNITY LIVING DAY

Hon. Steve Clark: Speaker, today is Community Living Day. On behalf of myself and the Honourable Lisa MacLeod, the Minister of Children, Community and Social Services, it gives me great pleasure to welcome our guests from Community Living Ontario, and many of its local agencies from across the province who are here today at Queen's Park.

The month of May, as you know, is Community Living Month in Ontario, and it's marked across the province with special events in every community.

For 67 years, Community Living organizations have been committed advocates for people with developmental disabilities. From a small group of families who fought for their children's right to attend public school, Community Living has greatly expanded its size and scope. Today, there are over 12,000 members in more than 100 local Community Living associations.

Speaker, our government stands with Community Living as being firm champions for better lives and better outcomes for people with disabilities. Currently, we are transforming program delivery to achieve both objectives, and I know that together we will succeed. We have no choice but to do better on behalf of those 77,000 adults in Ontario with developmental disabilities and, of course, their families.

We have come a long way, Speaker, in a very short time. Earlier this spring, we marked the 10-year anniversary of the closure of Ontario's last remaining institutions for people with developmental disabilities. Today, we pause to reflect on this unfortunate approach to caring for people with disabilities and remember all those who spent years institutionalized. We know now that people with disabilities deserve to live in the community. That's such an important aspect that I want to make sure we touch on today. They deserve to feel valued and empowered to thrive. This truly is our government's goal, and we must achieve it if we're going to deal with the challenge that is before us.

The number of people with disabilities continues to grow. In fact, the number of people who are eligible for developmental services has grown about 6.1% every year for the last four years. We know that many of these people remain in the system for many decades—up to 40 years.

Speaker, we also can't underestimate the challenges that families impacted by developmental disabilities face.

Many find accessing services confusing, and supports that are inflexible and not tailored to meet their unique needs. Many people struggle to find the right services to meet their needs across their lifespan, particularly when transitioning from high school to services for adults.

Many struggle to find employment or a place where they can contribute or participate in public life.

Even though this province invests \$2.6 billion to support adults with developmental disabilities, our work requires that there needs to be more government investment, and not just government investment. It requires fair, sustainable supports throughout people's lives, supports that give them hope and give them opportunity, and it requires changes in public attitudes to embrace the value and the unique gifts that people with disabilities have. We are promising, Speaker, to protect those critical services. Our people's government makes a very responsible and very transparent approach to the improvements we're making, and I know that if Minister MacLeod were able to be here today, she would talk about those.

Compassion, economic sustainability, modernization and partnership: These themes are guiding us in our decision-making—and to be able to promise to protect those critical services that matter most to our families. In order to do that, we need to consider the most efficient approaches that put people—that put people—at the centre of everything our government does. It's our responsibility to make sure that more people are getting the right services that they need, when they need them. But we can't work alone. We can't work alone, Speaker.

The best way to move forward is a compassionate and caring society where everyone, not just government, is part of the solution. People with disabilities deserve a full life that looks beyond the disability. We all have a responsibility to make sure we have the best key services for generations to come.

I would like to commend the Community Living movement for its support as we work together on this. As we continue to transform the developmental services sector, we look to our partners to help us make that change better for everyone.

On this 19th Community Living Day here at Queen's Park, and during Community Living Month in May, let us cherish the valuable advice and the input that governments of all political stripes have received from Community Living and vow to work together for better lives and better outcomes for Ontarians with developmental disabilities.

CHILD CARE

Hon. Lisa M. Thompson: When it comes to making decisions that best fit the needs of the family, nothing is more important than child care. And when it comes to child care, this government is absolutely, 100% committed to increasing accessibility, affordability and flexibility. Choice is so, so important.

We understand and we see every day that the former concept of one size fits all just doesn't work. We need flexibility in programming so that family child care services

needed in rural Ontario get addressed as well as in urban Ontario and northern Ontario. Again, one size fits all just doesn't work.

Every family in this province has unique needs, challenges and priorities. Every family has different hours of work, different ages of children and different priorities. Child care decisions are based on a number of factors, including geography, cost and even program delivery. Our government believes that no matter what kind of child care a family chooses, they must feel supported and they must have access to high-quality and affordable care.

I would like to point out the fact that our government is investing a historic amount in child care and early years that has never been done before. To begin with, we're investing up to \$2 billion to support child care and early years this year alone. That's good news, and it's for the people.

We continue to support families in need of fee subsidies and to provide funding to municipalities for this very specific purpose. We're supporting child care workers through the Wage Enhancement Grant, and we're creating up to 30,000 new child care spaces across the province. Of those 30,000 new spaces, 10,000 will be specifically in schools. And notably, we have introduced the Childcare Access and Relief from Expenses Tax Credit, otherwise known as CARE. The CARE tax credit will be one of the most flexible child care incentives ever introduced in Ontario. It is a plan to put parents and not the government at the centre of the child care decision-making process. Again, it's up to the parents to decide what's best for their kids.

The CARE tax credit—and this is very, very important to recognize—that we're bringing forward would be on top of the existing child care expense deduction and would focus benefits on low- and moderate-income families. Families could receive up to \$6,000 per child up to the age of seven, and \$3,750 per child from the ages of seven to 16.

It's important to recognize as well: No one is going to get left behind by this government. Our government gets it, and families with children with severe disabilities will receive, on an annual basis, \$8,250 a year.

Interjections.

Hon. Lisa M. Thompson: Yes, thank you.

This new CARE Tax Credit would provide approximately 300,000 families with up to 75% of their eligible child care expenses and would allow families to access a broad range of child care options, including care in centres, in homes and during summer camps. Starting in the 2019 tax year, the CARE tax credit would support families with incomes of up to \$150,000 and help them across a broad range of child care options.

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Our government understands the commitment and dedication of our child care workers as well. These employees have some of the most important jobs as they work to shape the future leaders of this province. We're protecting what matters most through support for child care professionals that will ensure our province provides

the very best child care options for parents and families. Eligible staff working in a licensed child care program or agency will continue to see a wage increase of up to \$2 an hour—no matter what the other parties tend to fearmonger about—while home child care providers working with a licensed child care agency will be eligible for up to a \$20-a-day grant. Again, I want to revisit that: Just a few short weeks ago, there was fearmongering, and the fact of the matter is, we want to make sure that people hear us loud and clear. We want to be crystal clear that eligible staff working in a licensed child care program or agency will continue to see a wage increase of up to \$2 an hour, again, while home child care providers working with a licensed child care agency will be eligible for a grant of up to \$20 a day. It's all about making sure we're leaving money in the pockets of parents across this province. This investment will help strengthen Ontario's child care system by retaining more registered early childhood educators, and other qualified professionals as well.

Our government has passed Bill 66, the Restoring Ontario's Competitiveness Act. Through this bill, we made changes to child care that created more flexibility for parents to make important decisions for their families. This has been well received, Speaker. We have made home child care more accessible to families by providing home-based child care providers with the option of caring for three children under the age of two instead of two children. This change is incredibly important because we know that only 3% of licensed child care spaces are currently for infants. As a result, this change would increase a provider's ability to offer this urgently needed care.

Our government has also made changes that will allow authorized recreation programs to serve all school-age children, which will give parents additional flexibility in before- and after-school care. We've listened to parents loud and clear. Prior to us bringing in this change in Bill 66, if parents had two children and one was in JK and the other was in grade 1, they would have to drop their grade 1 student off at the before-school program, but they would have to find alternative care for their JK student. That just doesn't make any sense whatsoever. What we're doing is making sure parents have the flexibility to make decisions that best fit their family. It's been well received as well, the decision to authorize recreation programs to serve all school-age children. Again, simply, it's all about giving parents the flexibility and the choice and letting them be the centre of decision-making that is important to their families.

Ontario is investing in a child care and early years system that puts families first. We are increasing access to child care by creating new spaces and empowering child care operators to offer more services. It wasn't too long ago—and I mentioned it earlier just this morning—that the Minister of Finance and I were at a child care centre in Pickering, which is incredibly well represented by the President of the Treasury Board, I might add. The changes we introduced were welcomed by our President of the Treasury Board, of course, but also by Herb and Penny, because they've been in the business 40 years, and they

were ready for our government to finally get child care back on track in Ontario. That was absolutely a number one priority for us during the campaign last year, and, ladies and gentlemen, I'm pleased to say that it was another promise that we made and another promise that we kept.

We're increasing access to child care in so many different ways, but let's talk about affordability now as well. We're increasing affordability of child care by investing up to \$2 billion in this sector and introducing the CARE tax credit, which will provide 300,000 families with coverage in terms of tax credits. Our tax credit, known as CARE, is going to be covering 75% of their eligible child care expenses. Again, no matter what we hear from the party opposite, this is something that's being incredibly well received across Ontario.

Finally, we are increasing flexibility by extending the options for how and when child care can be used.

We have already taken a number of important steps to improve child care across this province, but there's still more to do. I am proud to say that we're listening, we are hearing our parents, and we're going to be putting forth a plan that always puts parents first and, as I said earlier, at the centre of all decision-making for their child's care. Going forward, we'll continue to do so and provide parents with the accessibility, affordability and flexible options that allow the parents to make the best decisions for their families.

The Speaker (Hon. Ted Arnott): Responses?

COMMUNITY LIVING DAY

Mrs. Lisa Gretzky: It's my pleasure to rise today and say a few words in recognition of Community Living Day. I want to begin by welcoming all of the Community Living representatives and self-advocates from across the province who came here today to create partnerships with their MPPs and to advocate on behalf of their sector and the individuals and families they support every day.

For over 65 years, Community Living has served Ontarians with developmental disabilities and their families, helping them to live full lives and participate in the communities in which they reside. I think it's important to remember that full inclusion of people with disabilities in our communities doesn't only benefit the individual; it benefits all of us.

People with developmental disabilities are active, contributing members of our society. They have ambitions and interests too. Many attend school. They work, and they volunteer.

For decades, Community Living has understood that including people with disabilities makes our communities so much richer.

The Community Living members and workers who are here today deserve our sincere thanks and appreciation for the incredible work that they do to ensure support and inclusion. But over the last few years, things have really only gotten harder in this sector. For 11 years, there has

been no base funding increase for developmental services and the community agencies.

The Ford government had the chance to show some leadership and to change that in this year's budget, but they didn't. And the Conservatives just keep dragging us backwards. They cut the planned increase to ODSP by 50%, and plan to change the definition of disability so that more people are excluded. I'm disturbed by the fact that they haven't truly committed to building new units of supportive housing. I'm frustrated that they've made things worse by bungling the revamp of the Ontario Autism Program, and provided no details on the future of SSAH or Passport, despite explicitly promising answers in the budget.

I think it's wonderful that we have Community Living here today. I'm glad that today members from all parties are able to come together and honour the work that they do. But I also think that the minister's words of congratulations ring hollow unless we acknowledge the reality of the situation in developmental services. This Conservative government often claims that they have compassion for people with disabilities, but compassion requires action to make their lives better. So far, all that this government has done is made life harder for vulnerable people, their families and the agencies that work to support them. It's long past time for the Minister of Children, Community and Social Services and this government to do better.

CHILD CARE

Ms. Marit Stiles: I'm very pleased to rise today in response to the Minister of Education's statement on child care, on behalf of the official opposition.

I must say, Mr. Speaker, though, that I find it a bit rich that the minister would choose to talk about child care today when we've only just learned in recent days that the government is actually slashing funding to child care to such an extent that there will be 6,000 fewer subsidized spaces in the city of Toronto.

Interjection: Shameful.

1340

Ms. Marit Stiles: It is really shameful.

As well, I want to mention all the amazing education workers who have been in the House today. ECEs in this province are receiving surplus notices across the province, because of this government's cuts to education.

For years now, affordability has been severely compromised, as fees have skyrocketed and spaces have not kept up with need. Here in Ontario—and we all know this—parents pay the highest fees anywhere in Canada, the result of government inaction and failure to invest. Increasing child care costs mean too many people are just one paycheque away from financial emergency, choosing between whether or not they have to return to work or can return to work, or even having another child. This should not be a luxury. This should simply not be a luxury.

Speaker, the last election presented an opportunity for a new government to tackle this issue head-on by actually investing in our children. Instead, this government has moved us in exactly the wrong direction. The minister

talks about increasing flexibility; let me tell you what that means. That is code for increasing spaces for private, big-box child care operators in this province, who have got a terrible reputation all around the world. That is code for deregulating home child care and putting the youngest of our children at risk. It is absolutely shameful.

Mr. Speaker, I'm going to wrap by saying that this government's so-called rebate is really—she describes a choice—no choice at all if we do not have the spaces for people to put their children in child care in this province.

COMMUNITY LIVING DAY JOURNÉE DE L'INTÉGRATION COMMUNAUTAIRE

Mr. John Fraser: It's an honour and a pleasure today to rise in the Legislature to speak about the great work that Community Living Ontario is doing for families across Ontario.

Speaker, we all belong. We all deserve to have a sense of belonging, and that is what's at the heart of community living and creating a caring and inclusive society. Community living—family is what's at the core of it. La famille est, et a toujours été, au coeur du mouvement.

Community Living Ontario provides housing supports. They provide day programs. They provide work supports. As a matter of fact, I want to give a shout-out to a friend and a constituent, Will Green. I ran into Will's dad on the plane coming in today, and he told me that Will is starting his first job today at a local grocery store, so I want to give a shout-out to Will. Will, I want to wish you good luck. That's where I got my first job when I started, just a little bit older than you, but not that much older.

Again, to get back to Community Living Ontario, there are 12,000 members in more than 100 local Community Living associations. I want to thank Community Living Ontario for their advocacy, education and programming that they provide across this province.

I heard the Minister of Municipal Affairs in his remarks, and I take those to heart. I believe that those words are important to the minister. But one of the things that we have to do here in this Legislature is to make sure that words match deeds, so one of the things I would like the other side to do is to let Community Living know what their budget is. They and organizations like Community Living do not know what their budgets are for this year. We're a month and a half into the fiscal year. They would like to know whether those enhancements that were put forward in 2018 are still going to continue.

There are questions around things like the Passport Program, Special Services at Home and all those things that support those families, children and adults with exceptionalities. I call on the government to make good on the words that we heard here today and make sure that those organizations have the resources and that they know what those resources are.

Again, I want to thank Community Living for the support that they give to families.

CHILD CARE

The Acting Speaker (Ms. Jennifer K. French): I recognize the member from Don Valley West.

Ms. Kathleen O. Wynne: I want to thank you and thank the House for the opportunity to rise today to respond to the minister's statement on child care, Madam Speaker. I think we can all agree that there are many, many things that need to be improved in our child care system. I'm pleased that the government is continuing on what was our plan to build 100,000 new child care spaces—that was the plan that we had in place—and 30,000 spaces this year. That's a very good thing. There's a need for more spaces in the province.

But I think we need to look at the whole story in terms of what the government is putting forward. They're claiming that they are going to be making child care more accessible and more affordable for people in this province. In fact, the announcement of the cuts to child care subsidies that we have recently learned about is evidence that child care costs are going to increase for people across the province. With the loss of subsidies, fewer people are going to have access to child care than before. Even with the tax credit that the government has indicated they're going to put in place, that tax credit is only going to go to a percentage of families, and it's not going to be \$6,000 for all those families; it's going to be \$1,200 for most of the families that will qualify. So, Madam Speaker, I think we need to look at the whole story.

The general point I want to make about these cuts and about the challenges that people are going to face around child care is that they are a result of a lack of consultation. The reality is that whether it's cuts to flood planning for conservation areas or public health cuts that the government has announced or the cutting of development fees or cuts to inter-library lending services—all of those cuts that are downloading onto municipalities costs that municipalities will have to pick up have been done without consultation with the people who are most involved, with the people who are on the front line. I know that the only way that good public policy is developed is if you're talking to the people on the front line and you understand their concerns. You know, I think that there is a good chance that they would be happy to tell the government what they think—

The Acting Speaker (Ms. Jennifer K. French): Thank you.

VISITORS

The Acting Speaker (Ms. Jennifer K. French): I recognize the member from Chatham–Kent–Leamington on a point of order.

Mr. Rick Nicholls: It gives me great pleasure this afternoon to introduce a group from my riding of Chatham–Kent. It's Community Living Chatham–Kent. They're located over here in the members' east gallery. Welcome to Queen's Park.

PETITIONS

AFFORDABLE HOUSING

Mr. Faisal Hassan: I have a petition given to me by the great folks from the great riding of York South–Weston about affordable housing.

“Whereas for families throughout much of Ontario, owning a home they can afford remains a dream, while renting is painfully expensive;

“Whereas consecutive Conservative and Liberal governments have sat idle, while housing costs spiralled out of control, speculators made fortunes, and too many families had to put their hopes on hold;

“Whereas every Ontarian should have access to safe, affordable housing. Whether a family wants to rent or own, live in a house, an apartment, a condominium or a co-op, they should have affordable options;

“We, the undersigned, petition the Legislative Assembly of Ontario to immediately prioritize the repair of Ontario's social housing stock, commit to building new affordable homes, crack down on housing speculators, and make rentals more affordable through rent controls and updated legislation.”

I fully support this petition, and I'll be affixing my signature to it and providing it to page Tabitha to deliver to the table.

EMERGENCY SERVICES

M^{me} France Gélinas: I would like to thank many people from northern and rural Ontario for this petition. It reads as follows:

“911 Emergency Response.

“To the Legislative Assembly of Ontario:

“Whereas, when we face an emergency we all know to dial 911 for help; and

“Whereas access to emergency services through 911 is not available in all regions of Ontario but most Ontarians believe that it is; and

1350

“Whereas many Ontarians have discovered that 911 was not available while they faced an emergency; and

“Whereas all Ontarians expect and deserve access to 911 service throughout our province;”

They petition the Legislative Assembly as follows:

“To provide 911 emergency response everywhere in Ontario by land line or cellphone.”

I fully support this petition, will affix my name to it and ask Nailani to bring it to the Clerk.

LEGAL AID

Ms. Bhutla Karpoche: “Ensure that Low-Income Ontarians Have Access to Justice.

“To the Legislative Assembly of Ontario:

“Whereas the government of Ontario has cut the funding for Legal Aid Ontario by almost one third;

“Whereas provincial funding for the immigration and refugee law program at Legal Aid Ontario has been completely cut;

“Whereas access to legal aid is essential to low-income Ontarians who are facing legal proceedings such as in immigration ... family, mental health, poverty law and child protection cases;

“Whereas vulnerable populations like refugees will be left to represent themselves in a complex and already overburdened legal system, where a negative decision leads to deportation to countries where lives may be at risk;

“Whereas the cuts will lead to backlogs and delays throughout the justice system, causing chaos in the courts and costing taxpayers more, not less;

“We, the undersigned, petition the Legislative Assembly of Ontario to reverse the cuts to Legal Aid Ontario that have already begun to impact the most vulnerable people in Ontario, including immigrants and refugees.”

I fully support this petition and will affix my signature to it.

LONG-TERM CARE

Ms. Catherine Fife: This petition is entitled “Conduct a Full Inquiry into Seniors’ Care in the Province of Ontario.

“To the Legislative Assembly of Ontario....

“Whereas upwards of 30,000 Ontarians are on a wait-list for long-term care (LTC); and

“Whereas wait times for people who urgently need long-term care and are waiting in hospital have increased by 270% since the” former “government came into office; and

“Whereas the number of homicides in long-term care being investigated by the coroner are increasing each year; and

“Whereas, over a period of 12 years, the government has consistently ignored recommendations regarding long-term care from provincial oversight bodies such as the Ontario Ombudsman and the Auditor General; and

“Whereas Ontario legislation does not require a minimum staff-to-resident ratio in long-term-care homes, resulting in insufficient staffing and inability for LTC homes to comply with ministry regulations ...

“We, the undersigned, petition the Legislative Assembly of Ontario to act in the best interests of Ontarians and conduct a full public inquiry into seniors’ care with particular attention to the safety of residents and staff; quality of care; funding levels; staffing levels and practices; capacity, availability and accessibility in all regions; the impact of for-profit privatization on care; regulations, enforcement and inspections; and government action and inaction on previous recommendations to improve the long-term-care system.”

It is my pleasure to affix my signature to this petition and give it to page Tarun.

SERVICES FOR PERSONS WITH DISABILITIES

Mr. Percy Hatfield: I’d like to thank Scott Meadows from Riverside Drive in Windsor for this petition.

“To the Legislative Assembly of Ontario:

“Whereas when children living with developmental disabilities turn 18, support from the Ontario government drastically changes;

“Whereas families in Windsor-Essex and across Ontario are met with continuous waiting lists and other challenges when trying to access support under the Passport Program;

“Whereas waiting lists place enormous stress on caregivers, parents, children and entire families;

“Whereas it is difficult to access safe and affordable housing, adequate supports and respite services without immediate access to Passport funding;

“Whereas all Ontarians living with developmental disabilities are entitled to a seamless transition of services from childhood to adulthood;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario ...

“To take immediate action to eliminate the current waiting lists for Passport funding so that people living with developmental disabilities and their families can access the support they deserve.”

I fully agree. I’m going to sign this petition and hand it over to Wolfgang to bring down to the table.

DRIVER EDUCATION

Ms. Marit Stiles: It gives me great pleasure to introduce this petition that was sent to me by some great cycling advocates on Manitoulin Island, so thank you very much. It reads:

“Protect Cyclists: Teach the Reach.

“To the Legislative Assembly of Ontario:

“Whereas hundreds of Ontario cyclists are injured every year in collisions with car doors; and

“Whereas the Dutch reach helps ensure people exiting a vehicle take a clear look for passing cyclists before opening their door; and

“Whereas teaching drivers the Dutch reach can help reduce injury and death while supplementing other measures, like separated bike lanes and vulnerable road user legislation; and

“Whereas state Legislatures in Illinois, Massachusetts and Washington and the UK Department for Transport have adopted the Dutch reach method in driver training;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to:

“Pass Bill 89, the Teach the Reach Act, so that the Dutch reach is taught in drivers’ education in Ontario.”

I’m very happy to affix my signature, and I’m going to pass it over to Cameron to table with the Clerks.

EDUCATION FUNDING

Ms. Suze Morrison: I have a petition here from Ryerson University students with 1,994 signatures on it. It reads:

“To the Legislative Assembly of Ontario:

“Whereas students in Ontario pay some of the highest tuition fees in the country and carry the heaviest debt loads, even with the recently announced 10% reduction; and

“Whereas many students will now be forced to take on more loans rather than previously available non-repayable grants; and

“Whereas the Ontario government has failed to take action on the chronic underfunding of colleges and universities; and

“Whereas students must have an autonomous voice that is independent of administration and government to advocate on our behalf; and

“Whereas the proposed ‘Student Choice Initiative’ undermines students’ ability to take collective action;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to:

—provide more grants, not loans;

—eliminate tuition fees for all students;

—increase public funding for public education;

—protect students’ independent voices; and

—defend the right to organize.”

I wholeheartedly support this petition. I will be providing it to page Jadon to deliver to the Clerks.

NORTHERN HEALTH SERVICES

Mr. Jamie West: I have over 1,000 signatures on this petition to the Legislature.

“To the Legislative Assembly of Ontario:

“Whereas the planned cut to more than 150 full-time-equivalent staff at Health Sciences North, including nurses, health professionals and vital patient support staff, is unsafe and puts both patients and staff at unacceptable risk;

“Whereas Sudbury has already seen three hospitals closed and replaced with only one hospital; and

“Whereas people already are left waiting for days on stretchers in hallways and other inappropriate places because there is not enough capacity in our remaining hospital to meet local and regional needs; and

“Whereas wait times are already too long and our hospital is virtually always running at more than 110% capacity—meaning that there are not enough staff for patients and not enough resources to provide for needs; and

“Whereas Sudbury’s hospital funding per patient is lower than the rest of the province and Ontario already has the lowest funding in the country;

“Therefore we, the undersigned, petition the Legislative Assembly to immediately stop the proposed cuts at Health Sciences North, to improve funding to meet the average of other provinces in Canada, and to restore and

rebuild our local public hospital services to meet public need for those services.”

It’s very timely, with the motion today. I’ll affix my signature and give it to page Tarun.

SOCIAL ASSISTANCE

Ms. Judith Monteith-Farrell: I have a petition here called “Reverse Doug Ford’s Cuts to Low-Income Families.

“To the Legislative Assembly of Ontario:

“Whereas” Premier “Doug Ford eliminated the Basic Income Pilot project and slashed the new social assistance rates by 1.5%, and did so without warning;

“Whereas cuts to already-meagre social assistance rates will disproportionately impact children, those with mental health challenges, persons with disabilities, and people struggling in poverty;

“Whereas the decision to cancel the Basic Income Pilot project was made without any evidence, and leaves thousands of Ontarians without details about whether they will be able to access other forms of income assistance;

“Whereas the independently authored Income Security: A Roadmap for Change report, presented to the government last fall, recommends both increases to rates and the continuation of the Basic Income Pilot project as key steps towards income adequacy and poverty reduction;

“Whereas the failure to address poverty—and the homelessness, hunger, health crises, and desperation that can result from poverty—hurts people, families and Ontario’s communities;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to immediately reverse” Premier “Ford’s callous decision to slash increases to social assistance rates by 50%, and reverse his decision to cancel the Basic Income Pilot project, decisions that will undoubtedly hurt thousands of vulnerable people and drag Ontario backwards when it comes to homelessness reduction and anti-poverty efforts.”

I will gladly sign this petition and give it to page Wolfgang to bring to the Clerk.

1400

VETERANS MEMORIAL

Mrs. Jennifer (Jennie) Stevens: “Whereas during the war in Afghanistan, Canada lost 159 military personnel;

“Whereas those brave souls were driven along the Highway of Heroes between CFB Trenton and the coroner’s office in Toronto;

“Whereas since Confederation, 117,000 Canadian lives have been lost in military conflict;

“Whereas there is a recognized and celebrated plan to transform the Highway of Heroes into a living tribute that honours all of Canada’s war dead;

“Whereas that plan calls for the planting of two million trees, including 117,000 beautiful commemorative trees adjacent to Highway 401 along the Highway of Heroes;

“Whereas this effort would provide an inspired drive along an otherwise pedestrian stretch of asphalt;

“Whereas the two million trees will recognize all Canadians who have served during times of war;

“Whereas over three million tonnes of CO₂ will be sequestered, over 500 million pounds of oxygen will be produced and 200 million gallons of water will be released into the air each day, benefiting all Ontarians in the name of those who served our country and those who gave the ultimate sacrifice; and

“Whereas there is a fundraising goal of \$10 million;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario as follows:

“That the current government of Ontario put its financial support behind this fundraising effort for the Highway of Heroes Tree campaign.”

I will be affixing my name to support the Highway of Heroes Tree campaign and giving it to page Sarah.

LIBRARY SERVICES

Mr. Michael Mantha: I'd like to thank the good people of Athens, Portland, Elgin, Perth, Lombardy, Smiths Falls and Carleton Place for providing the following petition:

“Support Ontario's Public Libraries.

“To the Legislative Assembly of Ontario:

“Whereas, according to the statement of public library funding dated Thursday, April 18, 2019, by the Minister of Tourism, Culture and Sport, the Honourable Michael Tibollo, we appreciate that base funding for public libraries will be maintained, we call into question the statement that the Ontario Library Service agencies ‘have no involvement in day-to-day operations of Ontario's public libraries’;

“Whereas Ontario Library Service—North and Southern Ontario Library Service provide the support for inter-library loan, staff and board training, bulk purchasing, collaborative programming, technological supports, our shared electronic book collection and our shared catalogue database itself;

“Whereas we question how involved the agencies need to be in order to be considered crucial for the day-to-day operations of all provincial libraries, but even more specifically for small, northern, First Nations and rural libraries;

“Whereas value for money and respect for taxpayer dollars are the umbrella under which the agencies operate—allowing libraries to share resources and expertise in an efficient and cost-effective manner—while also allowing them to best serve their individual communities;

“We, the undersigned, therefore petition the Legislative Assembly of Ontario:

“—for the reinstatement of funding to the Ontario Library Service (north and south) agencies to, at minimum, the 2017-18 funding levels, in order for these agencies to continue the day-to-day support of Ontario public library services;

“—to continue to maintain base funding for Ontario public libraries.”

I wholeheartedly agree with this petition and present it to page Thomas to bring it down to the Clerks' table.

ANSWERS TO WRITTEN QUESTIONS

The Acting Speaker (Ms. Jennifer K. French): I recognize the Minister of Education on a point of order.

Hon. Lisa M. Thompson: Thank you very much, Madam Speaker, and thank you for raising the order paper question to my attention earlier today. I've checked with my team, and they're going to ensure that you get the response that you require by end of day.

OPPOSITION DAY

PUBLIC HEALTH

SANTÉ PUBLIQUE

Ms. Andrea Horwath: I move the following motion for debate:

Whereas the Ford government's retroactive cuts to provincial public health funding have raised concerns for municipalities across Ontario and came without consultation after municipalities had already approved their 2019 budgets; and

Whereas public health units provide critical, life-saving services to the residents of Ontario every day; and

Whereas public health officials across Ontario have raised concerns that the Ford government cuts will not only impact their ability to run immunization, student nutrition programs and other vital services, but may also compromise their ability to deal with outbreaks of infectious diseases like measles, SARS and Ebola; and

Whereas the cuts to public health will have a disproportionately negative effect on Black, Indigenous and other racialized groups whose experiences of systemic racism are known to produce adverse health outcomes, and will also hinder research into those challenges; and

Whereas the Northwestern Ontario Municipal Association membership passed a resolution calling on the province to maintain or enhance existing funding and continue with local public health units instead of the proposed consolidated regional structures; and

Whereas the Eastern Ontario Health Unit has noted that the Ford government cuts may also negatively impact the ability to respond to emergencies such as flooding and other natural disasters; and

Whereas mayors from 28 large urban Ontario municipalities have called on the government to halt these changes and allow for proper discussion with municipalities and local residents;

Therefore the Legislative Assembly calls on the Ford government to reverse their cuts to provincial public health funding so that Ontarians have access to the important services they need.

The Acting Speaker (Ms. Jennifer K. French): Ms. Horwath has moved opposition day number 4. I return to the member.

Ms. Andrea Horwath: I am honoured to rise and speak to this motion today. I don't think that MPPs have any responsibility more important than keeping people who call Ontario home healthy and safe. That should be our primary responsibility. It's our duty to do what we can to protect them from illness and disease and to promise that when they do get sick, there is a world-class, compassionate, equitable health care system ready to care for them.

I've had the privilege of holding health care town halls all over this great province over the last number of weeks. I've listened to people about what's going well in the health care system and what's broken and hurting their families. I've heard their vision for health care and public health, and I've listened to them as they share their concerns about this government's cuts to health care and public health, about how these cuts are ripping prevention, care and the best chance at good health away from the people that they love, Speaker.

Everywhere I travel to in Ontario, people want the same things. They want a province where we fully fund high-quality public health care, an Ontario where nobody has to wait for hours in an emergency room and patients are never left in a crowded hallway. They imagine what it would be like to have enough staff so that health care workers aren't run off their feet and so they aren't forced year after year to do even more with less. And they imagine an Ontario where people aren't only treated when they are sick, Speaker, but upstream solutions are also in place to help keep people healthy.

After all—you would think that this government would get this piece—an ounce of prevention is worth a pound of cure. The best way to save someone's life is to prevent them from getting sick in the first place. That's the critical, life-saving work that public health units do every single hour of every single day in every single corner of our great province.

Public health immunization programs prevent the kinds of measles outbreaks that plagued previous generations of children.

Nutrition programs ensure that kids have something healthy to eat during the school day when their family can't afford it, so that they can focus in class and grow up healthier and stronger and with many opportunities.

The restaurant inspection programs keep deadly food-borne illnesses at bay, and the water inspection programs mean we can drink the water from our taps at home without fear of parasites or disease.

We've also learned that early detection is critical. That's why public health provides for breast cancer and cervical cancer screening programs: so that women have the best chance of catching those insidious cancers early and surviving that experience.

That's why public health provides dental checks for children at school: so that little ones' dental problems are spotted early on, before they become big, painful, expensive problems.

1410

That's also why public health is responsible for preventing outbreaks and taking swift action when Ontarians may have been exposed. Whether your child's daycare has been exposed to measles or your mom's long-term-care home has a norovirus outbreak or your city is under siege by SARS, public health units are the ones that step in, identify who may have been exposed and stop the spread.

When it comes to health care, Ontarians have been let down for decades, with funding freezes, with cuts, with a hallway medicine crisis that was caused by the last government. We're having this debate today because our world-class health care system is hanging by a thread, and if we don't stop him, this Premier will take us from bad to worse, and it will be on the head of every single government MPP who's abandoning their constituents to this wrong-headed plan.

Mr. Ford has already cut \$330 million in mental health funding. He's slashing paramedic and emergency services from 59 down to 10. He has cooked up a massive health care upheaval that will usher in a new era of privatization, turning our health care system into a cash cow for private, for-profit corporations. And now his budget makes deep cuts to public health.

This government is cutting the number of public health units to just 10 from the current 35 and shuttering several public health laboratories. And the Conservative government is clawing back its share of funding for public health—75% of public health unit funding comes from the province—to just 70% for regional boards responsible for caring for fewer than one million people and just 60% for regional boards responsible for caring for more than one million people.

As he often does, the Premier has singled out the city of Toronto, targeting it for the worst attack. He's devastating Toronto Public Health, cutting the provincial contribution to 50%. That's something that those Toronto MPPs on the Conservative side can go and talk to their constituents about: a 50% cut to their public health services.

Province-wide, that money will be ripped out of prevention and care. For Toronto alone, over the next 10 years, Ford's cuts will amount to him taking away \$1 billion. And that's just public health, let alone all of the other cuts that the cities and municipalities have to deal with.

As if we learned nothing at all from Walkerton—Walkerton, which happened while the Conservative government was in office. You'd think they would have learned from that tragedy, Speaker, where people lost their lives.

As if we learned nothing from the SARS outbreak—these guys just don't believe it's their job to keep people healthy. That's what they don't believe. Keeping people healthy means investment in public health, not ratcheting away at our public health services.

Interjection.

Ms. Andrea Horwath: I just heard an MPP on the other side say, "Oh, as if those things were our fault." Well, it's your fault if you take away the funding and cause

the opportunity for these things to happen again. That will be your fault. It will be on your head, the head of your Premier and the head of every single one of the MPPs in the government bench.

They're telling municipalities and Ontario families that they are on their own.

Apparently, they don't believe it's their job to end hallway medicine, either. In fact, this cut to public health is guaranteed to make the hallway medicine crisis even worse.

Dr. Hasan Sheikh and Dr. Raghu Venugopal are Toronto-based emergency physicians. In the Toronto Star, they explained what the impact is of this cut:

"What ERs desperately need is a robust Toronto Public Health department that focuses on disease surveillance and prevention. This reduces the demand on the ER in the first place.

"Premier Doug Ford's public health cuts will mean more people are sick, more strain on the limping ER system, and more hallway medicine for you and your loved ones."

The Premier ran a campaign promising to get rid of hallway medicine. Well, guess what? The cuts to public health are just going to make hallway medicine worse. That's not just the official opposition saying so; that is experts in the field. So shame on every one of you Conservative MPPs, who are doing exactly the opposite of what the people of this province want, which is a fix to the overcrowded ERs and hallways—not making things worse.

Speaker, this government will claim that we can't afford spending on health care. Their priorities seem to be elsewhere. But of course, this cut will end up costing us not only people's health, not only our safety and our well-being, but also billions and billions of dollars.

Dr. Mike Benusic is a family physician and a resident in public health and preventive medicine at the University of Toronto. In the Ottawa Citizen, Dr. Benusic pointed out that an analysis of the impact of local public health showed that for every one dollar spent in public health dollars, four dollars are saved. I quote: "From the child who never had to go to the emergency room with measles because they were vaccinated, to the senior who was never hospitalized with food poisoning because of restaurant inspections, public health works silently in the background." Dr. Benusic says public health is saving us money every day and that it may be the best solution we have to fixing hallway medicine.

Instead of doubling down on the cuts, the freezes and privatization that have done so much damage already, the official opposition is going to defend our world-class public health care system and push to expand it. We are going to do that for our constituents, and we're going to do that for the government-side MPPs. We're going to fight for their constituents as well. We're going to fight for the health of all Ontarians. We're going to keep fighting for more investments in front-line care and expansion to medicare that includes pharmacare, dental care and public health units that keep us safe, that keep us healthy, that

keep us out of the hospital and that quietly go about the work of saving lives each and every day.

As leader of the NDP and the official opposition, I know we won't get to that brighter future that we envision unless people are at the heart of every decision. I know that we can rebuild Ontario's world-class public not-for-profit health care system. I know that we cannot just stop our province from backsliding, but we can actually move forward together. And we can start today by passing this motion.

Speaker, thank you so much. I look forward to hearing the rest of the debate and hearing these MPPs on the government side stand up for their constituents and their health.

Interjections.

The Acting Speaker (Ms. Jennifer K. French): Thank you. Order. Further debate—but I would remind all members to direct your remarks to and through the Chair and to refer to all members by their titles or ridings. Thank you.

Further debate?

Hon. Lisa M. Thompson: I'm very pleased to stand here today and join the debate with this opposition day motion that has come forward, because it gives us a chance to set the record straight and properly identify all of the amazing things that our government has taken charge of in the short last nine and a half months since we were elected. It's interesting, because we need to also take a look at what's happening around this province, Madam Speaker, because there are so many shining lights, so many beacons of best practices. I think we should be embracing them.

There are regions in this province that are leading by example. I want to give a shout-out to the counties of Huron and Perth. The great member from Perth—Wellington is here, and he knows what I'm going to be speaking about. A couple of years ago, our counties—the county of Huron and the county of Perth—recognized that in order to be their best, they should cut out redundancies, join forces and do the best they can in terms of putting their best foot forward in addressing public health. That's why I'm so pleased to share with you—maybe the opposition members across the hall did not know that—that counties in rural Ontario are already working together to find efficiencies and amalgamate so that they can focus their services in an efficient, effective way throughout the region. That's good news.

Another thing that is important to recognize: Not only are Huron and Perth coming together and leading by example, but the counties of Bruce and Grey got it together a long time ago. Under the leadership of the various medical officers of health, they have done amazing things.

Again, we are listening to what is happening out there. We are taking note of what's working out there. Instead of imposing ideologies and social experiments, we're actually embracing what is working well. We encourage more people and more regions of Ontario to take advantage of the openness that I know both Grey-Bruce and Huron-Perth have in sharing their stories and how they're realizing efficiencies and moving together in a very effective way.

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I'd also like to join the debate here today and begin by saying that once again here we have another opposition day motion, and yet another day from the government's perspective to dispel the fearmongering that's happening at a rampant pace coming from the party opposite. Last week it was education; this week it's about health care. The sky seems to be falling on the opposition party day in and day out, but I can tell you honestly: They're missing their mark yet again.

Just last week—as I said, there are so many examples of where their fearmongering has gotten it wrong. Weeks ago, they were saying that we were getting rid of kindergarten. That was wrong. Weeks ago they were saying that the sky was falling for one reason or another, and time and time again we proved the opposition party wrong.

The fact is, in terms of daycare, which they're trying to fearmonger about just today again, we are investing. We're investing a record \$2 billion this year in child care to make sure that families, parents, are at the centre of the decision-making and they have the opportunity for accessible, affordable and flexible care for their children.

It's a fact that our government is increasing health care spending as well, to \$63.5 billion—historic, Speaker. While many of the members present on the government and opposition benches here right now were around during the previous government's time as well, they might recall the previous government really getting off the tracks and being the impetus for what we are trying to address in hallway health care issues. The previous government just turned a blind eye to what was going on, but the government of Ontario, under the PC Party, will not. We have such wonderful leadership through the Minister of Health and Long-Term Care. I have to share with you that she's doing great work.

The Leader of the Opposition, moments ago, said, "We're standing up." Well, really, we're actually doing the work and standing by Ontarians. I'm so pleased to share with you that today the Minister of Health and Long-Term Care actually, based on listening and based on consulting, has introduced an additional, over and above what we're already doing, \$174 million in mental health and addictions services. I am very proud of the work our government is doing. We're taking it very seriously.

We promised 15,000 new long-term-care beds, half of which we've already seen allocated. We're putting forward another \$384 million in additional operating funds for hospitals, and a \$27-billion commitment for hospital infrastructure over the next 10 years. We're also increasing home and community care by \$267 million, and of course there's the \$90-million investment that we've made to cover dental care for 100,000 low-income seniors. Speaker, we're walking our talk after listening and consulting. It's nice to hear that the opposition party is just getting out there now to consult, because the fact of the matter—they're behind. They're behind, because when it comes to what matters most, our government is already getting it right.

Again, I am thrilled today to share with you that the Minister of Health and Long-Term Care was busy just

earlier today announcing—I'm going to share this again, because this is news, late-breaking. We're announcing an additional \$174 million in health and addictions services. This additional money, over and above what we've already committed, will be critical to close the gaps in Ontario and support patients and families living with mental health and addiction challenges. Over the last 15 years, there was an absolute failure on the part of the previous government in getting it right. Too many people who were brave enough to come forward and say they needed help were left on wait-lists. Well, as of our minister's announcement today, that is going to be addressed, and those wait-lists are going to be a thing of the past.

I'd also like to recognize—I'd be remiss, actually, if I didn't take a moment and recognize—that today marks the kickoff of Education Week as well as Mental Health Week. I'm really pleased to share with you that again, historically, like never, ever before, we are having a collective approach to addressing mental health for our young people throughout Ontario.

The Minister of Children, Community and Social Services, the Minister of Health and Long-Term Care and myself are working together like never before to make sure that the money that's needed to address local issues when it comes to students' mental health gets flowing in the proper direction.

I'd also like to give a shout-out to some organizations that people should be familiar with when they think about our supports in place for our students. At home, in Huron county, there's the Tanner Steffler Foundation. In Bruce county and Grey we have WES for Youth. Another organization that really touches hearts in the Wellington area is Get in Touch for Hutch. And of course we have the Kids Help Phone, an important organization that is available 24/7 online or via phone.

So, ladies and gentlemen, while we have existing organizations that are very important to our local communities, it's important to recognize that there's so much to do. We have a plan that we can be proud of.

Instead of working with us and moving this plan forward in a timely manner, unfortunately, what does the opposition do today? Once again, they just choose to use their time to fearmonger, and the rhetoric from the other side on this issue has been absolutely shameful. This motion repeats misleading claims that say school—

Ms. Andrea Horwath: Speaker—

The Acting Speaker (Ms. Jennifer K. French): Stop the clock. The minister will withdraw.

Hon. Lisa M. Thompson: I withdraw.

This motion that we heard today is wrong when it claims that school nutrition programs and vaccination programs are at risk. That claim is wrong, and it's absolutely shameful that you're perpetuating it. Our government will continue to fund school nutrition programs through the Ministry of Children, Community and Social Services; and all Ontarians, of course, continue to have access to publicly funded vaccines.

Speaker, the previous government's reckless mismanagement left us with a system that was on life support.

Our government, under the leadership of Premier Ford, is demonstrating our commitment for the people of Ontario. We are taking necessary steps to strengthen and fix our public health care system to improve patient experience and strengthen local services, while ensuring all the while that health care dollars are being spent on front-line priorities and services in a system that is centred around the patient, not the bureaucracy.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Ms. Bhutla Karpoche: I want to begin by getting into the record that there is overwhelming opposition by the people of Ontario to this Conservative government's cuts to public health, opposition that spans across Ontario: small and large municipalities; northern, rural, urban areas; ridings represented by MPPs of all political stripes, including the Conservatives. My office has received hundred of emails calling for these cuts to be reversed. I'm sure the Conservative MPPs are hearing the same. We also had tens of thousands of Ontarians protest these cuts on the lawns of Queen's Park just last week. No one asked for it; no one wants it.

Speaker, as a public health professional, an epidemiologist and researcher, I feel a special sense of duty to speak out against these cuts to public health and call on the Ford government to reverse them.

Public health units are responsible for the health and well-being of all Ontarians. Every single one of us comes into contact with the work of public health throughout our day, every day, but we rarely think of it. And that's a good thing. It means that our public health system is working. Every breath of air we breathe, every drop of water we drink, the food we eat, all of it is done without worrying about getting sick—that's public health in action.

Make no mistake, Speaker, these cuts to public health will put people's lives at risk. Cuts have consequences. In this case, cuts to public health will impact our public health units providing immunizations, which is critical right now as we see a rise in outbreaks like measles and other diseases that immunization programs can address.

Cuts to public health will hurt student nutrition programs. The TDSB alone serves more than 210,000 meals a day to hungry children to reduce the impact of poverty on education and increase student achievement and well-being.

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Cuts to public health will hurt harm-reduction and overdose prevention services. Most lives of people who use drugs will be lost to preventable overdose deaths—and many, many more. Public health keeps people alive.

The last time the Conservatives were in power, there were major public health crises which highlighted the importance of public health: the E. coli outbreak in Walkerton in 2000, where seven people died and 2,300 became ill, and the SARS outbreak in 2003, where there were 438 cases and 43 deaths. The Ford government going ahead with these cuts tells us that either they have not learned from past mistakes or that they have but they simply don't care about putting people's lives at risk. I ask the Premier: Which is it?

As I've said countless times in this House, and I'll say it again: Prevention is better and cheaper than cure. This government claims that it wants to end hallway medicine. But if you were serious about ending hallway medicine—and reducing the deficit, might I add—you would be investing in public health, investing in keeping people healthy so that they don't end up in hospitals, which is going to cost a lot more. That's right: You pay a little bit up front in prevention to avoid paying a lot more later in hospitalization. In doing that, you not only keep people healthy; you also have productive workers for the economy. It's a great return on investment.

Public health is the most cost-effective way to deliver better health outcomes. And yet, with no warning, no public consultation and after municipalities had already passed their budgets for the year, the Conservative government retroactively downloaded the costs onto the municipalities. What this government does not seem to understand is that we're going to pay for these cuts anyway, either through increased social costs or health care costs.

The government may think that they can simply cross a line item off of their budget, but this carries tremendous costs that will be borne elsewhere on the public books. When there's an outbreak, when people are sick, they're going to end up in the hospitals, and the provincial government is going to have to pay. That's how short-sighted it is. But there is a difference, and it's a key difference. It's a big one; it's a serious one: This time, the government is putting people's lives at risk, and we cannot allow that.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Ms. Effie J. Triantafilopoulos: I'm pleased to join the debate today on this motion from the official opposition on public health. It's a great opportunity to set the record straight and, indeed, to correct some of the misinformation and scaremongering that we have heard from the opposition—

Interjection.

The Acting Speaker (Ms. Jennifer K. French): I'm standing.

I'll ask the member to withdraw.

Ms. Effie J. Triantafilopoulos: I withdraw, Speaker.

The Acting Speaker (Ms. Jennifer K. French): Stop the clock. I will remind all members that you cannot—

Interjection.

The Acting Speaker (Ms. Jennifer K. French): I'm standing.

We're bound by the standing orders, and we do not suggest that any honourable member would be anything less than honourable, directly or indirectly.

Please continue.

Ms. Effie J. Triantafilopoulos: Our government's vision on our health care system is one that is centred on the patient. We are committed to ending hallway health care and building a holistic system that patients and families can easily navigate—a system that truly protects what matters most: patients and their families and our front-line-care workers.

The Liberals, with the help of the NDP, had 15 years to fix our health care system, including public health—something they didn't do and a mess they left for us to clean up. Let's remember their record: Thousands of people are stranded on waiting lists, more than 1,000 people a day are receiving health care in hallways and broom closets, and the average wait to get into a long-term-care home is 156 days.

This is unfair to patients and their families. This is unfair to seniors who need to move to long-term care but who must remain in hospital beds they shouldn't be in. This is frustrating to doctors and nurses and other front-line care workers, who want to give their patients high-quality care in a setting that protects their health and their dignity. That is why our government is fixing the system, under the leadership of our Premier and the Minister of Health and Long-Term Care.

Public health has an important role to play here. We are making vital changes to ensure that public health units are better able to meet local needs for patients and families. And we must remember that the Health Protection and Promotion Act makes it clear that the municipalities are responsible for funding public health. The act specifically defines the term "obligated municipality," requiring them to pay the expenses of the board of health of the health unit and the medical officer of health. It also requires them to pay for particular health programs and services.

People should know that the legislation has placed the onus on each municipality to pay. It is part of their function and responsibility as a local government. This means that public health services are not in jeopardy in Ontario. It is simply a question of how much extra support municipalities should receive from other levels of government who are not legally obligated to pay.

Our government is not the first to review the size and responsibilities of public health units. The former Liberal government conducted a study that reported in 2017. It concluded that the number of health units should be reduced from the current 35 to 14. Many of the smaller units have had long-standing problems recruiting staff. This is the expert opinion of Dr. Rob Cushman, the former Ottawa medical health officer. The 2017 review stated that the current structure, particularly smaller health units, faced real challenges recruiting and retaining key skilled public health personnel. This made it difficult to deliver equitable services across the province. Everyone in Ontario is entitled to a high-quality health care system, and this holds true for public health as well. We cannot have a system where some parts of the province can offer excellent public health services while other communities cannot even recruit the staff they need.

Our goal as we modernize the public health system is to establish structures that allow flexibility based on the needs of local communities, structures that ensure that more money is spent on front-line health activities and less on administration. Our current system has 35 public health units, 35 boards of health, 35 medical officers of health and five governance models. Our new system will have 10 regional public health entities, 10 medical officers of

health and only one governance model. By reducing the number of health units in Ontario while still leaving them under local leadership, we can achieve economies of scale and re-invest funds that would otherwise have gone into administration costs.

We can also ensure that the new health entities are each large enough to provide fair and equal services to every part of the province. Cost-sharing will be based on the local ability to pay for the services, with municipalities and larger entities paying a higher percentage of the costs. The current cost-sharing model is up to 75% funded by the Ministry of Health, and 25% funded by the municipality. The new model will be a 50-50 split for the city of Toronto, a 60-40 for six regional public health entities with populations of over a million people, and a 70-30 split for regional public health entities under a million. The new model will expect the city of Toronto to pay a higher percentage for public health. We believe this is reasonable as Toronto is indeed the largest city in the province. Essentially, the financial impact of our government's funding updates will amount to only one third of a percentage point of the city's annual budget. And contrary to what some have claimed, there is no threat to school lunches or vaccines.

Our government will continue to fund school nutrition programs through the Ministry of Children, Community and Social Services, and all Ontarians, including school-aged children, will have continued access to publicly funded vaccines.

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Reporting shows that Toronto Public Health has run a surplus of millions of dollars over the past several years. I'm confident that Toronto and other municipalities will be able to afford modest increases for public health, which, we must remember, is a program they are legally required to pay for.

Our government has set an example of eliminating wasteful spending to ensure that we have the funds to support the services that matter most to Ontarians. When our government took office, among the first things we did was establish a public inquiry into government spending and a line-by-line audit of all spending. We faced a \$15-billion deficit, one that we have already begun to deal with in a prudent fashion.

The Liberals, you will recall, were spending \$40 million more a day than they were bringing in, while our economy output was below the national average and lower than six provinces of our country. It's outrageous.

What did we get for all of these extra billions in Liberal spending? We got \$1.1 billion for two cancelled gas plants, billions more for eHealth and smart meters, and millions for salaries for hydro executives while hydro prices went up.

I believe it is clear that no matter how much the Liberals spent, they never got value for money. Billions of dollars were wasted, money that we will never get back. Not only did every dollar of this add to our debt; it is money that failed to provide the services people needed.

This is why, when our government took office, we started inquiries into all government spending, to find out

where the previous government was wasting money, not simply to save money but so that we can spend the hard-earned dollars of Ontarian taxpayers on the things that matter most to them, as we have in this year's provincial budget: \$1.3 billion more this year on health care, and \$700 million more this year on education.

In the Ministry of Health, where I have the honour to serve as parliamentary assistant, we are proud of the financial investments that our government made for health in the budget. Let me just go over a few for your own reference:

- \$90 million that will cover 100,000 low-income seniors for free dental care;

- \$384 million in additional funding of hospital operational funding;

- \$27 billion over 10 years for hospital infrastructure spending;

- \$267 million to increase in-home and community care;

- 15,000 new long-term-care beds over five years—and, Speaker, we've already reached half of that target; and

- an additional \$174 million in funding, announced today by the Minister of Health and Long-Term Care, for mental health and addictions services, to address critical gaps in the system and provide stable long-term-care funding every year. Of that, \$30 million will go towards child and youth mental health services and programs, and an additional \$27 million to fund mental health supports in the Ontario education system, to help schools, teachers and students.

This cross-government approach breaks down ministry silos and will better solve Ontario's mental health and addiction challenges.

All of these investments are part of building a system centred on patients and their families, a system that works for people and spends tax dollars wisely. We will treat the tax dollars of Ontario with respect, because it's not our money; it's the taxpayers' money.

I am certain that people across Ontario want their government to fund public health programs. I am also certain that they want us to do it efficiently and cost-effectively, protecting what matters most.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Mr. Jeff Burch: It's an honour to rise and speak to this bill to reverse cuts to public health. This government is endangering lives by stubbornly forging ahead without the knowledge or public and stakeholder consultation necessary to know the facts.

Speaker, most health budget base funding is 75% by the ministry and 25% by municipal contributions. As we've pointed out, this formula arose after the SARS crisis and the Walkerton outbreak, as well, which revealed that downloading of public health funding to municipalities from 1998 to 2002 crippled public health sector capacity to protect the population from health threats.

We also know that, due to a freeze in provincial funding in 2015, 2016 and 2017, public health has already

maximized efficiencies and reduced services. Further funding reductions will erode the work that keeps people healthy and out of the health care system.

My colleagues from St. Catharines and Niagara Falls and I met with doctors and regional officials from public health in Niagara on Friday, and we heard a story of three years of funding freezes and service cuts already, before this downloading will take effect. Some of the effects were: a reduction of three sexual health nurses, in a time of rising sexually transmitted infections, with 27 fewer hours per week for at-risk youth, at a time when youth suicide is on the rise, and several services no longer offered—Pap testing for age 29 and older and testing for treatment of several STIs; a reduction of two dietitians, lessening the capacity of programs to combat unhealthy eating; a reduction of nurse and home visits for at-risk young mothers; a reduction of a staff member who screens children with developmental problems; a reduction of a health promoter who works with our schools. Those are all things that have already happened in the last three years. There is no fat to cut, if there ever was.

This government is going to download, and they're going to cause tax increases or service cuts. There is no way out of it. And they're doing it after municipalities have already determined their budgets. Most of us are from municipal backgrounds. We all know what kind of work and time goes into municipal budgets. We're supposed to be treating municipalities as partners. What kind of partners treat each other like that? After all of the work of going through their budget deliberations, they say, "You might as well go back to the drawing board because we're cutting your funding." That's not the way partners behave.

If you talk to them, most people in the health care sector know that these changes are not going to work.

I was dealing with collective agreements in the Humber River regional and Sunnybrook hospital merger agreements. The time it took for IT and HR system changes alone, not to mention collective agreement administration—it's very, very expensive, and that's not accounted for by the government.

The government obviously has not consulted. They don't know the facts, and yet they're forging ahead in a way that's going to put people's lives at risk. It's irresponsible.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Mr. Will Bouma: It's an honour to be able to stand again and speak in support of what our government is doing to modernize our public health system and to ensure that the critical services that public health units provide are delivered in the best and most effective way possible.

Contrary to what the opposition motion claims, we are making investments both in our public health system and in our health system more broadly. I am proud to support the modernization program that we are undertaking and our efforts to make Ontario's public health system, and its health care system, the best, most modern and effective that it can be.

Interjection.

Mr. Will Bouma: Thank you. That's awesome.

When our government came into office, we made a commitment to make health care better, to make a system that works for patients and their families. It was a commitment to end the health care crisis that we currently have here in Ontario—a crisis that resulted from the mismanagement and reckless spending of the previous government. The people of Ontario deserve better than that. We've already taken strides to ensure that we have the modern health care system that our province needs for service providers, for patients and for their families, but there's still more to be done.

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One of the most important components of a well-functioning health care system, one in which people cannot only regain health but also stay healthy, is a good public health apparatus. Ontario's public health units do so much for Ontarians. They run vaccination programs. They prevent and control infectious diseases. They assist in combatting the opioid epidemic, and they promote healthy behaviours. In fact, public health units and their programs are so important precisely because they keep people healthy and out of clinics and hospitals. So not only is it good for Ontario's families to have a strong public health system but it's also fiscally responsible.

We are committed to putting our province back into a position of fiscal health, to reducing the deficit, to reducing the debt and to making sure that we are getting the best value out of every tax dollar spent. Keeping people out of the hospitals and out of the ER in the first place is one of the most effective ways of saving money, ending hallway health care and improving efficiency in our health care system. Our government realizes that, and we are just as committed to a strong public health system now as we were 11 months ago.

We will be working to improve that system so that it works for everyone, and we won't take a top-down approach to public health. We will ensure that municipalities have the authority and the voice to meet the local health needs of communities across our province. Essentially, what we will be doing is modernizing our public health system so that the regions and local communities make the important decisions on the ground, not some central, far-off provincial government.

Speaker, as a result of all the value of local decision-making and the importance of our public health to our overall health care system, we will be modernizing our public health system across our province. This will be a benefit to all Ontarians, to their families and to their communities. And as we implement this modernization program, we have also committed to working with public health units, municipalities and service providers across the province to ensure that no one falls through the cracks.

Moving forward, our province's health care system will be better organized, more sustainable, more resilient and better able to meet local and regional health needs. We will simplify the system by introducing one model of governance for each of the regional public health entities. In addition, we will streamline the leadership of these

entities. This will result in a more efficient, more effective and more flexible public health system than we currently have. It will not compromise our public health units, as the opposition claims; rather, it will give them the ability to respond to local health concerns as needed in a flexible manner.

Ms. Sandy Shaw: Really?

Mr. Will Bouma: Absolutely.

As we move to modernize the system over the next three years, we will continue to work with and consult with public health units across the province to ensure that the critical programs and services that they deliver will continue to be provided in an effective and responsible way.

Interjections.

Mr. Will Bouma: Obviously my speech is working, from the comments coming, Madam Speaker.

We have every expectation that our public health units will continue to be sufficiently funded during and after the modernization program, and as I've already stated, we value the input of municipalities and public health units as we move forward with these changes. We will ensure that no public health unit that doesn't benefit from a large budget or a large population will experience any major cost increases as we shift the cost-sharing model. This includes rural and small municipalities. Our government has monthly meetings with the Association of Municipalities of Ontario to discuss this public health transformation and many other important topics. In addition to this, we are also working hard to meet with each of Ontario's 35 public health units.

Speaker, our government clearly realizes the incredible value that our public health system brings to our province and the families who live here. As I have said over and over, we will ensure that it remains world-class as we move toward a more modern and more integrated system, with a strong role for municipalities and local communities, and that we are focused on making not just our public health system stronger but also our whole public health care system as a whole. We made that commitment to the people of this province and we've already made real, concrete steps in ending hallway health care, integrating our system and modernizing our approach to health care.

I keep hearing from the members next to me that we are cutting funding to health care. But do you know what, Madam Speaker? That's just the opposite. We are investing in the health of Ontarians. Rather than making cuts, as the opposition claims, we will be increasing health care spending next year, totalling \$63.5 billion. This includes real investments that will benefit Ontarians, keeping them healthy and out of the hospital, ending hallway health care and boosting the long-term-care system.

To begin with, we're putting \$90 million into dental care for low-income seniors. Currently, many low-income seniors have treatable dental problems that, if left untreated, result in them having to visit the hospital. This puts unnecessary strain on our health care system and results in wholly unnecessary pain for Ontario seniors. This investment will go to help 100,000 low-income

seniors, helping to give them the dental care that they need.

We will also be making significant investments in hospital funding and infrastructure. I hear from constituents time and time again that Ontario's hospitals need updating and repairs. To that end, our government is investing—

Interjections.

The Acting Speaker (Ms. Jennifer K. French): Stop the clock.

I apologize to the member, who has the right to make his debate. I am unable to focus on the member speaking due to the constant side conversations.

I return to the member. The House will come to order.

Mr. Will Bouma: Thank you, Speaker.

I hear from constituents time and time again that Ontario's hospitals need updating and repairs. To that end, our government is investing \$27 billion over 10 years to go towards hospital infrastructure spending, ensuring that our hospitals are some of the most modern and most sophisticated health care facilities in the world.

As we just heard previously, we're investing \$174 million in mental health and addictions services. This investment is especially critical at a time like right now, during our opioid crisis, which is especially true in my community of Brantford. Strong mental health and addictions supports, combined with a strong public health system and a strong health care system, will go a long way in mitigating the crisis and helping Ontarians who are struggling with mental health and addiction issues.

Finally, our government has made a commitment to ending hallway health care. We have committed to creating 15,000 new long-term-care spaces in the province of Ontario, half of which have already been allocated.

Speaker, I could go on, but my time is short. There are still some other people who have to speak, so I'll just end with this: Public health units provide a critical role to communities across our province. We're improving public health to make it better integrated, better organized and better able to respond to local health needs. As we move forward, we will ensure that no vital public health service is compromised. This is the responsible thing to do.

Again, our goal is to create a modern, integrated and sustainable health care system that works for every single Ontarian. Having a strong, organized and modern public health system is critical to realizing that goal.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

M^{me} France Gélinas: We are here today because the government has announced that we will go from 35 public health units to 10, and that they will change the funding so that the government won't be paying their fair share anymore and expects the municipalities to pick up the slack.

For us in northern Ontario, we can expect to have one health unit to cover all of the northeast—this is an area bigger than the country of France—and apparently, this is supposed to be better. I can assure you, Speaker, that there is no body of evidence that exists anywhere that shows that making a health unit responsible for an area the size of

France is going to make things better for the people of the northeast, and it will be the same for the rest of the province.

The opposition are quick to say, "Oh, we will continue to have vaccination, and we will continue to have inspection of daycares and restaurants and food," but what they don't talk about anymore are the healthy public policy departments that exist in every one of our 35 health units. Those healthy public policies are there because they can put a health lens on everything that goes on so that we maximize the opportunities for people to be healthy.

I'd like to point to one, Healthy Streets: Design Features and Benefits, which was done by Toronto Public Health. The Minister of Health criticizes this document on a regular basis, but really, what this showed us is that if a municipality is to redevelop a street, then take the time to look at: How do you make it safer? How do you make it in a way that people do physical exercise? How do you make it safer for mental health? All of this is feasible. First, you put in sidewalks so people can walk. You put in a bike lane so that people use their bikes. You have areas to stop and gather so that people talk. And, as you have more people on those streets, it is safer for all of us. This is what healthy policy brings to the table, and this is what made many communities—I can talk about Capreol and I can talk about Chelmsford, where they listened to our health unit and they made changes, and the changes are for the better because the health unit is there to keep us healthy.

1500

On est ici aujourd'hui, madame la Présidente, parce que le gouvernement a décidé de changer les choses par rapport aux services de santé publique. Un service de santé publique—oui, c'est là pour nous donner des vaccins et faire les inspections des restaurants, mais ça fait beaucoup plus que ça. Si tu regardes aux changements qui sont faits pour amener des trottoirs ou pour amener une place pour les vélos, ce sont toutes des idées qui nous viennent du service de santé publique.

À Sudbury, ils ont travaillé très fort pour avoir des règlements par rapport aux lits de bronzage pour que certaines personnes qui ont une peau très sensible ne développent pas de cancer de la peau. Ça, c'est parce que le service de santé publique y a travaillé très fort. Même chose avec la cigarette dans les restaurants et dans les bars : c'était le service de santé publique qui nous a amené tout ça. Et tout ça, en ce moment, c'est à risque parce que le gouvernement veut faire des changements derrière lesquels il n'y a aucune preuve.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Mr. Stan Cho: I'm pleased to be able to rise today to speak to this incredibly important issue because I believe it gets to the heart of a great number of debates taking place today: a difference of opinion between our philosophy on the government side and the philosophy of our colleagues in the opposition benches, but a difference not of what is important, but how best to achieve the outcomes we all agree are important.

Madam Speaker, I understand that it's politically beneficial for the opposition to call every attempt at reducing government spending callous or cruel, but I can assure you that every member of this House believes that public health is paramount.

The health and safety of my constituents is certainly my priority. That's why our government is increasing spending on health care by \$1.3 billion in 2019-20 alone. That's why we're investing \$90 million in free dental care for low-income seniors. That's why we're investing \$384 million in additional hospital operational funding. That's why we're investing \$27 billion over 10 years in new hospitals, \$174 million for mental health and addiction services, \$267 million more for home and community care, and creating 15,000 new long-term-care beds. I'm sure every member agrees that these things are vital.

But where we disagree, Madam Speaker, where there is a huge difference between this government and the previous Liberal government, the difference between this government and the opposition party that propped that government up, is that we believe in measuring our success on outcomes and not the number of dollars spent. We've seen the results of governments that threw more and more money at problems but didn't solve them.

In health care alone, we have a system that's bloated with administration, rife with duplication and filled with waste. And while this government is taking bold action to transform the system, to ensure every dollar is being spent in the best possible way, to ensure we're measuring our success on patient outcomes—if people are actually getting healthier at the end of the day—the opposition wants to spend more money on senior vice-presidents and duplicative HR departments. It's not just about adding more fuel to the tank, Madam Speaker. It's about plugging the holes in that tank. I believe that on the opposition motion before us, like on a wide range of issues, this difference in philosophy is really the crux of our disagreement.

Our government was elected because Ontarians understand what the previous government didn't: Their pockets aren't bottomless and the credit card is maxed out, and worse still, the members opposite have maxed out the credit cards on the backs of our children.

One of the important findings of the line-by-line review of government spending that we undertook shortly after taking office was that we found that the operating expenditures in ministries had remained relatively flat over the last 15 years. But operating expenditures through transfer payments to entities like municipalities, school boards and agencies had grown by \$46 billion over the last 15 years, or 99.8% of total real growth in government operating expenditure. For every dollar spent in the Ontario public sector, the previous government spent \$9 through more than 55,000 transfer payments, with little oversight or accountability for how those taxpayer dollars were spent.

If we have any hope of alleviating the debilitating debt the members opposite have left for our children, we need every single agency, every municipality and every transfer payment recipient to be more efficient, to treat every tax dollar as if it were their own.

Madam Speaker, we're doing our part here at Queen's Park, finding ways to reduce spending while protecting what matters most to Ontarians, and we need the partners we support with funding every day to do the same. That is why we're asking municipalities to find administrative savings in the programs we support and will continue to support financially.

While the opposition seems to believe that every city of Toronto program is perfect and operating as efficiently and as effectively as possible, we know, and the city's own auditor general knows, that there are indeed savings to be found, not by cutting important services that people rely on but by reducing duplication, merging back-office administrative functions and transforming program delivery to achieve better outcomes.

This has been our government's approach to transforming the health care sector in Ontario into a modern, integrated, patient-centric public health system.

Madam Speaker, I believe it was Albert Einstein who said that the definition of insanity is doing the same thing over and over again and expecting a different result. What the opposition doesn't seem to understand is that not only are we increasing funding to health care, despite the unwarranted claims otherwise, but we're also doing things differently. We're creating a system measured on outcome, not on dollars spent.

Our transformation of public health units across Ontario is an example of just that. There are currently 35 public health units, with 35 boards of directors and 35 CEOs and vice-presidents. They operate under different governance models, duplicate work and, in some cases, divert resources away from the much-needed front-line care.

Toronto Public Health, for example, spent money studying a controversial bike lane project in my riding of Willowdale, a project that many in our community oppose. They commissioned a report to ban energy drinks and, every year, fund an entire department devoted to government advocacy. These are resources that can and must be better spent on front-line health services.

On top of all of that, Toronto Public Health has historically run surpluses. Even with that waste, they're still not spending all the money that past governments have given them.

So, while the members opposite would like to claim they're looking out for the health and safety of Ontarians, what they're really doing is protecting high-paid administrators who are duplicating work instead of streamlining the system to ensure more money is going to help Ontarians stay healthy.

I understand that the opposition might prefer to continue spending more and more of their constituents' money on an inefficient system, the same way the Liberals did. I understand that it would be easier to say that the system is perfect as it is, and all we have to do is write a bigger cheque. But, Madam Speaker, that cheque would bounce.

We know that the system can be better. Our government is doing the hard work of thinking big, of doing things

differently, to deliver the best outcomes at the lowest cost. It won't be easy, but it is the right thing to do, to protect what matters most to Ontarians—most importantly, for the generations to come—in a sustainable way.

It's long past time we stopped measuring the success of governments by the numbers of dollars spent. We know there's a better way. We've done it, and we're continuing to do it here at Queen's Park. We're asking all of our transfer payment partners to work with us, to transform their programs to deliver better outcomes and to respect the taxpayer.

1510

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Ms. Laura Mae Lindo: James Baldwin, an American novelist, playwright and activist, once wrote, “Not everything that is faced can be changed. But nothing can be changed until it is faced.” I invite everybody in this chamber to face one of my constituents, Amanda Trites, an Indigenous woman who lives in Kitchener Centre.

I want you to join me in imagining that you're studying law, but the jobs in your field are being cut—jobs like legal aid and Indigenous support workers. You're raising two children, one of whom is on the autism spectrum, so you've been embroiled in the cuts to autism. You're on OW to make ends meet. You're seeking treatment for cancer, which requires that you drive one hour outside of Kitchener, because the treatment isn't available there, so you've got to get somewhere else for a five-minute appointment. Then you find out that your OW has been cut nearly in half and that your OSAP is being put into immediate repayment. The Conservative cuts to social services have led to your only job offer being rescinded. I would like to know if anybody in this chamber believes that Amanda could actually be expected to remain healthy under those conditions.

In short, what I'm talking about is something that Dr. Onye Nnorom taught our caucus, when she came to speak on behalf of the Black caucus, about the social determinants of health. The government of Canada defines social determinants of health as “a specific group of social and economic factors within the broader determinants of health.” They also mention that “experiences of discrimination or historical trauma are also important social determinants of health.” The Canadian Mental Health Association goes a little bit deeper. They explain that things like your status as an Aboriginal person, gender, gender identity, race, sexual orientation or social exclusion actually impact, negatively or positively, your health outcomes.

When the members of the official opposition stand up and request that the government reverse their decisions around the cuts to public health, what we're asking you to pay attention to are the social determinants of health. It's—

Interjections.

Ms. Laura Mae Lindo: Thank you.

It's community health clinics—like, in my riding of Kitchener Centre, the Kitchener Downtown Community

Health Centre, or Sanctuary, which provides trauma-informed care to refugees who have come seeking asylum right here—that know how to work with the most marginalized. Putting money into hospitals will not end the kind of health care crisis that we are in. It's important to make sure that we fund all aspects of the health care system—that is 100% true—but we can't download the expense of the particular nuances of care that are needed for marginalized populations on municipalities, when we know that various people who move into particular neighbourhoods will actually require that certain municipalities pay more than their fair share.

And so this notion that the government is going to be fighting to ensure that there is equal versus equitable services means that the government that has way more money than everybody else is not willing to put their money into the services that Ontarians actually need.

So what I ask is this: I ask that we ensure that the resources be readily allocated not just to the public health care system and our community health clinics, but also to the collection of race-based data to ensure that we know what's happening in some of the most marginalized communities.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Ms. Jill Dunlop: I would like to thank the opposition for presenting this motion on health care to the House to debate today. Over the past few weeks, I've been attending local breakfasts and community events across my riding of Simcoe North to speak with residents about budget 2019 and to open the floor to any questions they may have. The most frequently asked question is about our government's recently passed health care reform—and for good reason. Each and every Ontarian relies on our public health care system to keep their families safe and well. It is the pride of our province and the key to our past and future economic prosperity.

Unfortunately, due to a number of baseless reports that have been circulating over the past months, many constituents have asked me for the facts. I use these moments to correct misconceptions and present real facts to the people of my riding. The facts are that these reforms build upon and improve our public health care system by better integrating and connecting patient care. When presented with facts and not headlines, constituents begin to understand how these updates will improve their health care.

After one of these events, a constituent emailed me and said, “I just returned from a public breakfast meeting with ... MPP Jill Dunlop. This past week as I've been watching social media [I have concerns]. Jill did an excellent job this morning presenting the facts that support the decisions the Conservatives have made regarding the budget, and to present the counterfactuals not represented in the media. My concerns have returned to confidence.”

This motion today, presented by the honourable opposition, offers one more opportunity to set the record straight when it comes to health care. I thank the opposition for that.

As outlined in budget 2019, our government is making historic investments in Ontario's health care system,

increasing spending on health care for the next years for a total of \$63.5 billion. These investments will go straight to front-line workers to reduce our waiting times, improve our mental health and addictions services and end hallway medicine. I want to thank the opposition members for allowing me and all of us on the governing side the opportunity to assure Ontarians that we are protecting what matters most to them, to identify contradictions where they are blatant and to counter false reports.

Despite what this motion implies, our government has been consulting Ontarians, municipalities and stakeholders on the health care issues that affect our communities. While in opposition, we hosted round tables and town halls and held open consultations across the province. During the last election, we consulted Ontarians at their doorsteps, asking them how the health care system has affected their families. I know every member opposite heard the same message from their constituents that I heard from mine: that our health care system is on life support and families are bearing the burden of it. I would like to use this debate today to assure all Ontarians that we have listened to their concerns, we have heard their calls and we are taking action.

Since taking office last June, we had consultations with Ontarians, municipalities and health care stakeholders. Our Minister of Health and Long-Term Care established the Premier's Council on Improving Healthcare and Ending Hallway Medicine, which consists of public health experts, rural doctors, hospital executives and clinical physicians. The council's interim report, released last January, offered professional expertise on the matters plaguing our public health care.

I would like to offer one example of my own consultations that I conducted in the lead-up to the budget. As part of these submissions, a constituent sent me a letter describing her and her family's struggles with the health care system. After the constituent's mother fell and broke her arm, the doctor at a local hospital requested services to assist her in the care of her mother. Days and weeks went by before a personal support worker came to assess her mother. A week after the PSW came to the house, another worker from a different agency came to assess. In this letter, the caregiver asked me—and reasonably so—why she needed two workers to assess her family's needs. Why can't we have one team reviewing the needs of the family and getting services in place in a timely manner?

Submissions from everyday Ontarians like this one shaped what has become our government's health care legislation, The People's Health Care Act. They sparked our decision to break down the silos of care and replace them with a connected and integrated approach to health care that treats the patient as a whole person.

I want to assure every Ontarian that our health care plan was based on your real lived experiences and stories. We used these stories, as well as countless expert opinions, to craft a sustainable health care system responsive to a patient's needs. Despite what this motion implies, the government consulted widely, thoroughly and with compassion. The people were heard, and now we are taking action.

At the crux of this motion is a claim that our government is cutting funding to the health care budget. This is wrong. As seen in budget 2019, the government of Ontario is not reducing funding for health care in this province. To ensure clarity, I'll say it one more time: We are not cutting health care funding in Ontario.

Interjection: One more time.

The Acting Speaker (Ms. Jennifer K. French): Order.

1520

Ms. Jill Dunlop: We are not cutting health care funding. Rather, we are making unprecedented investments in the future of patient care, infrastructure and mental health and addictions treatment. In specific terms, we are investing \$27 billion over 10 years for hospital infrastructure, \$384 million in additional funding for hospital operations, \$174 million for mental health and addictions service, and we are creating 15,000 new long-term-care beds.

My riding of Simcoe North has already seen the benefits of this increased investment. Earlier this year, the Ministry of Health approved the construction of Westmount Lodge in Orillia, which will add 160 new long-term-care beds to our community. Additionally, the Villa Care Centre, located in Midland, will receive 54 new long-term-care beds, and 109 of its existing beds will be redeveloped. As a result of our proactive funding, meaningful change is being felt and benefitted in all of our communities.

I would like to turn to one specific claim made in the motion regarding health care funding and vulnerable communities. The motion states that cuts to public health will have a negative impact on marginalized groups in Ontario and will produce adverse health outcomes. As a member of a riding with two First Nation communities and a large Métis population, I have heard from constituents who have experienced this inequality first-hand. These are real and felt problems, but it is false to claim that our actions are exacerbating them.

I am proud to belong to a government that acknowledges the inequities that have plagued our health care system and have produced massive discrepancies in care between groups. Most importantly, I am proud to say that our government is taking much-needed steps to address this problem. The People's Health Care Act creates an Indigenous health council to advise the minister about health and service delivery issues related to Indigenous communities. We are committed to engaging with Indigenous groups in the planning, design, delivery and evaluation of health services in their communities. This is in line with our goal to recognize and reflect the diversity of Ontario when creating and delivering health service. The implication inferred from this motion that Indigenous communities—and the specific health care problems they face—are neglected are false. There is still work to be done, and this government is eager to work directly with Indigenous communities across Ontario in addressing these issues directly.

In the past, the party that is now the official opposition stood alongside us to decry band-aid solutions and to

champion integrated care. In previous election campaigns, the leader of the New Democratic Party agreed with us that we must rid Ontario of the unaccountable and overly bureaucratic LHINs and channel their funds directly into patient care. We agreed that in their place there ought to be a system premised on accountability. As the member for Nickel Belt said to this assembly in 2009, “We wanted a system that was responsive, a system that was transparent, a system that was accountable to the people that it intended to serve, but here we are, three years later, and most of the LHINs have failed to become the responsive, community-based health care body they were intended to be.”

The opposition motion today, in speaking to health care funding, is referencing the plan we put forth under The People’s Health Care Act.

I want to thank the opposition today for allowing me the chance to correct what has been wrongly claimed for the past number of months, and I will now pass it on to my colleague.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Mr. Jamie West: It’s my pleasure to stand in the House today and speak in favour of this motion calling for the reversal of the government’s cuts to public health funding. For the residents in my riding of Sudbury and probably all across Ontario, these cuts will leave our communities less protected, less safe and less healthy.

In my riding, the Sudbury and districts public health unit provides a variety of services that help the young and old and everyone in between. They run family health clinics, parenting classes, workplace health programs, senior fall-prevention programs and so much more. Last year, the public health unit’s Northern Fruit and Vegetable Program served almost 20,000 students. Sudbury’s public health is currently conducting research on the impact of climate change on the health of the people of my area, and a feasibility study on the creation of an overdose prevention site.

By providing programs that work on health care prevention and education and by intervening early and doing so in a way that responds to the unique needs of our community, our public health unit saves lives. But this government’s cruel and callous cuts will mean significant changes to all this vital work. With the government’s cuts to the number of local health units from 35 to just 10, as my colleague from Nickel Belt said, we will be left with one in the north and northeast, and Public Health Sudbury and Districts will be facing a massive funding cut—or it might be eliminated altogether. What I’m hearing from my community in Sudbury is they don’t know how a new, larger unit could be able to meet our local needs.

A one-size-fits-all strategy for this province won’t work. The people of the north need northern health care that considers the unique public health challenges of our community. These cuts will make our hallway medicine crisis much worse, and public health provides preventive care to keep Ontarians healthy and out of our hospitals.

Public health was designed to reduce the strain on our hospitals. When I spoke to people at the door during the election campaign, like everybody in the Legislature, the number one priority was the hallway medicine crisis. That hasn’t changed. I often hear new stories of someone going into a hospital and waiting in a hallway with a loved one for treatment because there simply aren’t enough beds. But instead of doing more to tackle this, this government is taking away our first line of defence in combating the hallway medicine crisis.

Most importantly, all of these Conservative cuts are being put in place without any consultation with our municipalities, who are going to be left to foot the bill. Ultimately, we’re going to pay for this in our ridings by higher property taxes. Mayors from more than two dozen municipalities, including the mayor of Sudbury, are speaking out and calling on the government to reverse these callous cuts. I’m proud to support this motion calling for the government to reverse their cuts to public health.

Before I wrap up, I just want to say a statement here from Dr. Andrew Pipe, who is the chair of the Heart and Stroke Foundation of Canada, but started his career in the Levack area, which is in greater Sudbury. What he has to say:

“Pipe has harsh words for the government of Ontario, which is cutting funding to health promotion programs and to public health.

“At a time when so much cardiovascular disease can be prevented, to cut budgets for health promotion and public health disease prevention ’is absolutely, indescribably stupid.” That’s coming from a doctor.

Finally, I am proud to support this motion calling for the government to reverse their cuts to public health. Ontario has learned from events like SARS and the Walkerton water tragedy that public health units are essential for keeping us safe and healthy. We can’t afford to let the government take that away from us.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Mr. Parm Gill: It is a pleasure to rise in this House today and speak to the NDP motion.

There is no doubt that we take pride in our public health care system. It is one of the greatest assets we have in this country. It is important, though, that in order to keep a world-class system, it needs to change with the times, with the growing technology, population and information.

The People’s Health Care Act, introduced by the Minister of Health and Long-Term Care, will improve access to services and patient experience by organizing health care providers to work as one coordinated team, focused on patients and specific local needs.

It is so important to reiterate that the plan focuses on the needs of individual municipalities. Every part of Ontario is different, and each corner of our province has very different issues that health care providers need to focus on. It is important that a health care plan is inclusive for the entire province and, at the same time, caters to each individual locality. This plan does just that.

Speaker, across Ontario care is uneven, with patients, families and caregivers left to navigate their own way

through the health care system with limited information. Patients experience frequent gaps in care and are asked to reiterate their health care concerns over and over and over. This is just unacceptable. These people are the ones who helped Ontario reach where it is today and these people are the ones who pay their taxes and help the economy of our great province. They deserve more.

With the passing of The People's Health Care Act, Ontario's government for the people is building a public health care system that is focused on improving the patient experience and on better connected care, which will help reduce wait times and hallway health care.

1530

I understand the opposition needs to ratchet up tensions and continue their daily fearmongering tactics. Unfortunately, they have nothing else to offer in the way of actual policy. They protest, they incite others to protest and they never offer a policy that actually delivers on what Ontarians voted for in the last election. Perhaps the NDP could craft a motion that is actually meaningful.

Speaker, subsection 72(2) of the Health Protection and Promotion Act actually stipulates that—and I'll read it:

“(2) In discharging their obligations under subsection (1), the obligated municipalities in a health unit shall ensure that the amount paid is sufficient to enable the board of health,

“(a) to provide or ensure the provision of health programs and services in accordance with sections 5, 6 and 7, the regulations and the public health standards; and

“(b) to comply in all other respects with this act and the regulations.”

Our government is adjusting the cost-sharing to increase municipal contributions to incentivize regionalization. To provide some stats, the current cost-sharing model is up to 75% funded by the Ministry of Health and Long-Term Care, and the other 25% is funded by the municipality. Our new model will be 50-50 for the city of Toronto, 60-40 for six regional public health entities with populations over one million and 70-30 with a population of less than one million.

Currently, there are 35 public health units with 35 boards of health, five governance models and 35 medical officers of health. To clean up the system and create efficiencies, the new system will have 10 public health boards, one governance model and 10 medical officers of health. This plan will enable greater flexibility on services based on the local priorities of the communities in Ontario.

Let me be clear: The government will not leave the people of Ontario on their own. We will continue to do our part and have every expectation that public health will continue to be properly funded. Our government will continue to meet our financial commitments as we slowly shift the cost-sharing funding model over the next three years.

The municipalities also have to continue to do their part for the people of Ontario. There will be no impact to local programs or on local patients. Our analysis shows an impact of \$33 million for 2019-20, growing to \$42 million per year once the slow shift in the cost-sharing funding

model is complete. The Health Protection and Promotion Act will ultimately enable a better matching of public health needs with local realities.

Our government wants to work directly alongside our health care partners and municipalities as we modernize Ontario's public health units. Let's talk about Toronto Public Health for a minute. Reports show that Toronto Public Health has historically run a surplus of millions of dollars over the past several years. Speaker, how has that surplus been used, you might ask? It was being used to study bike lanes and to study banning energy drinks.

Ontarians voted for a party that will clean up the waste and mismanagement of the previous Liberal government for the past 15 years. Our government is relentlessly focused on directing all available resources to front-line care, and we will continue to do so.

The facts are very clear: Our government for the people announced in our budget an increase in spending on health care for the next year totalling \$63.5 billion—that's with a B, Madam Speaker—and we are delivering on that promise.

Let me highlight a few key investments that our government is making.

We're investing \$90 million that will cover 100,000 low-income seniors for free dental care. That's 100,000 seniors in the province, and \$90 million to help pay for their dental care.

We're investing \$384 million of additional funding in hospital operational funding; \$27 billion over 10 years for hospital infrastructure spending; \$174 million for mental health and addiction services; and a \$267-million increase in home and community care.

We also made a commitment when it comes to long-term-care beds, on which we're delivering. We're creating 15,000 new long-term-care beds, half of which have been allocated already.

As we modernize public health care in Ontario, public health units that don't benefit from the population size or annual budget that would help effectively respond to this year's shift in the cost-sharing funding model will be protected from major cost increases.

The previous Liberal government had 15 years to fix the health care problems faced by Ontarians, and they failed to do so. Instead, their reckless mismanagement has left us with a system broken and in need of serious reform. There are patients who are forgotten on waiting lists, and more than 1,000 patients are receiving care in hallways each and every day.

As we continue to implement our modernization agenda, our government will continue to focus on health care investments where they will have the most impact: on front-line services that directly support patient care.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Ms. Suze Morrison: It's an honour to rise this afternoon to speak to our opposition day motion to reverse the cruel and unnecessary cuts to public health.

It seems that every week, if not almost every day, there are new cuts emerging from this government, one more

callous than the next. I have to say, even for this government, cutting public health is a new low, as it will inevitably put people's lives at risk.

Public health has three major goals: prevention, screening and education. I truly struggle to imagine which one of these three goals has to be cut so that public health can find so-called efficiencies in their programs.

Perhaps it should be prevention. Should we be vaccinating fewer people, leaving us at risk for a measles outbreak or another health crisis like SARS? Or maybe we should be cutting screening—should we be limiting screening for breast and cervical cancers?—or cutting dental exams for children. Does that sound like an efficiency to you? Or should we be looking at the education stream, so that we no longer target at-risk demographics to teach them about the spread of HIV/AIDS or to teach women about using birth control?

These cuts are going to hit the safety and health of our communities, and Toronto is one of the communities that will be hit the hardest. Even Toronto's Conservative mayor has publicly stated how much these cuts will hurt our city.

To quote Toronto's medical officer of health, Dr. Eileen De Villa, "Whether it is providing school immunization programs, protecting people from measles, influenza, the next SARS and other outbreaks, helping keep our water safe to drink, inspecting our restaurants, pools and beaches, investments in public health keep our city and residents safe, healthy and strong."

I am proud to represent the heart of downtown Toronto. My very small riding covers just seven square kilometres. It's so densely populated that it could very well be ground zero for any major disease outbreak, simply given the fact of how many people live so close to each other.

1540

We know that these cuts will disproportionately affect Black and Indigenous folks, queer and trans folks, women, poor and working class people and, generally speaking, marginalized people. In an urban context, the disparities run high and the cost of eliminating programs that exist to tackle inequities in health care could mean someone's life.

Speaker, communities all across Ontario will be affected by these cuts, from large urban centres like my riding of Toronto Centre to Ontario's smallest municipalities. These cuts will affect us all, and people are noticing.

I would like to read a quote from a Toronto Star article from just this morning. It says: "Resistance to the unexpected scheme to restructure public health, including a reduction in provincial funding and cutting the total number of public health boards from 35 to 10, now transcends Ontario's urban-rural political divide, extending deep into the heart of bedrock conservative areas of the province."

I truly believe that in our province we can and we must do so much better. Today, I am truly grateful that, as the official opposition, we've been able to table this motion, even though I'm sure the government members will undoubtedly be voting it down. It is imperative that we continue to stand up against these cuts and propose real

solutions to end the hallway medicine crisis and improve all of our constituents' overall health. Speaker, I urge every member of this Legislature to vote in favour of this motion and reverse the cuts to public health.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Ms. Judith Monteith-Farrell: Cuts to public health put people's lives at risk, and this government is cutting public health funding. The PC government doesn't want to talk about that, but it's true. The PC government is taking money out of public health, and all of us will suffer. They are also merging 35 health units across Ontario into 10. What will that mean for northwestern Ontario is unknown, but when you combine "merger" with "funding cuts," it will most likely mean a vast service area without enough resources.

Public health units do so much important work in our province, yet in spite of all the crucial cost-effective, life-changing and life-saving services they provide, this government is proposing cuts. They are downloading costs onto municipalities without funding in place, and after their budgets have been passed. This will hurt the people of my riding, who are covered by two public health units, the Thunder Bay District Health Unit and the Northwestern Health Unit. Both units face cuts that will be significant. For example, the Thunder Bay District Health Unit's financial report for 2017 showed that they received over two thirds of their money from provincial funding. Any provincial funding cut will be hard to absorb without cutting vital services.

As Mr. James McPherson, the Thunder Bay District Board of Health chair, put it, "There are many questions and the full extent of the changes, the financial details and the specific timelines for this are not yet known; however, we are anticipating the impact of this to be very significant."

Kenora councillor Sharon Smith, who is also an executive member of the Northwestern Health Unit board, spoke on the issue. As Councillor Smith said, "It feels like the rug is being pulled out from under us. We fear the additional financial pressure of downloaded costs for public health and other programs like EMS not yet fully understood will be a burden property taxpayers will not be able to bear."

The services that the Thunder Bay District Health Unit and the Northwestern Health Unit provide are cost-effective and critical to the people of my riding, who will be put at risk. As Dr. Janet DeMille, medical officer of health, put it, "Public health provides fundamental programming and services that help keep people and communities healthy and protect against disease. There is a significant and proven return on investment with public health. It is unfortunate that the government is taking this position."

I call on all members of the House to support this motion. The government must reverse their cuts to provincial public health funding so that all Ontarians have access to the important services they need.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Mr. Gurratan Singh: For the past year, I've been raising in this House the hallway medicine crisis that is gripping Brampton. Brampton is ground zero for hallway medicine. This is a crisis in the clearest sense.

So many Bramptonians have shared with me the struggles that they've faced when going to the hospital: the long wait times, the overcrowded conditions. I've shared these stories in this House—stories of people being treated in hallways without the dignity of being treated with privacy, with people having to share deeply personal medical information in hallways.

I have seen and experienced this crisis first-hand, when my father had a stroke last year and had to attend Brampton Civic. Despite the amazing care from front-line workers, there was no bed available for him. For days, he was treated in the emergency ward.

Our health care system is failing Brampton. Brampton is the ninth-largest city in this country. We are one of the fastest-growing cities in this country. This crisis isn't going to fix itself. As more people move into our city, if we do nothing, the hallway medicine crisis will get worse, and is getting worse.

But what we're seeing from the Conservatives is that they're not even maintaining the status quo in an already tough situation. They're taking things from bad to worse by cutting essential funding to our health care.

The Conservatives campaigned on ending hallway medicine. They made a promise to the people of Ontario and Brampton, and they broke that promise. Since getting elected, every decision this Conservative government has taken has hurt our health care system. They've already voted down adequately funding Brampton Civic. They voted down converting Peel Memorial from a health centre to a 24-hour hospital. And they voted down building a new hospital in Brampton. It's not enough that the Conservatives voted down ending hallway medicine; on top of it all, their budget does not make a single mention of investing in Brampton's health care.

They have made cuts to health care across the province, including severe cuts to public health, which is vital to Ontario's health care and directly impacts our hallway medicine crisis.

Prevention is the key to our city's health. Prevention means that a child doesn't have to go to the emergency room because they were already vaccinated or that a senior wasn't hospitalized with food poisoning because the restaurant was properly inspected. It means that programs around mental health and well-being prevent a young person from having to face a mental health crisis and go to the emergency room. Prevention is one of our best tools in combatting the hallway health crisis in Brampton.

In spite of this, we see cuts being brought to public health. This is not how we build a healthy city. This is not how we build a safe city. Cuts to our health care will hurt us collectively. Brampton deserves better. Ontario deserves better.

We in the NDP understand this. We get it. We understand that you have to look at health holistically, that

prevention plays a huge role in ending hallway medicine and making our cities healthy and strong.

We do not need further cuts. We need investment now that will once and for all address this drastic, terrible issue of hallway medicine gripping Brampton and give Bramptonians the ability to access health care with the dignity that they deserve.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Mrs. Lisa Gretzky: It's my pleasure to rise to speak to our opposition day motion to reverse the public health cuts being brought in by the Conservatives.

I just want to take some time to focus on my region specifically. When this government's plan was announced to cut public health—that results in a \$1.5-million cut to public health in Windsor and Essex county. With a population of just over 300,000, approaching 400,000, between Windsor and the county, \$1.5 million is a massive cut when it comes to public health in our region—and it's not just because they're taking more money out of public health in our area. Our public health system in Windsor and Essex county was already one of the lowest-funded public health systems in the province, so we were already behind when it came to funding. We're already near the bottom when it comes to funding, and yet this government thinks that there's another \$1.5 million that the people of Windsor and Essex county can give up when it comes to public health. I'm not sure how they can justify that when we were already behind on funding.

1550

When they're talking about a \$1.5-million cut to my area and they're talking about efficiencies and our public health units being able to be more efficient—they haven't consulted with the municipalities and they haven't talked to front-line workers in public health to find out what's really going on. Because if they had, if they had come to Windsor and they had spoken to all the municipalities that will be affected by the cuts in our region, if they talked to the front-line workers, if they came down and spoke to the 86 public health nurses who are currently on strike, they would know that there is nowhere else to cut, because, in fact, the need in my area, the need for public health services, is growing. The board at the health unit will tell you that they need to expand services in order to reach more people and provide more service. Taking money out of the system is not going to allow that to happen.

What we are going to see is a reduction in services. We're going to see that the vital inspections that need to be done in our health care facilities, in our restaurants, in our public spaces, are not going to be taking place. What we're going to see is more people getting sick from foodborne illnesses. What we're going to see is fewer immunizations taking place and outbreaks like measles. What we're going to see is less oversight of our water, and we all know what happened the last time the Conservatives cut oversight of water. I'm sure everybody in this House remembers Walkerton, and how seven people died and 2,300 people became ill. It's important to point out that there are still people in that area who are suffering the

effects of the last Conservative government making cuts to public health. We saw a SARS outbreak here in Toronto in 2003. I was pretty young at the time, but I remember how devastating that was.

Speaker, this government talks about how they want to be open and transparent, or that's what they say they are, but when people come forward and express concerns, what they do is that instead of listening, they attack. They say it's fearmongering and they attack, but we have had expert after expert, doctor after doctor come forward and say that they are very concerned with the direction this government is going when it comes to many things, including our public health.

One particular comment that is very alarming to me that I want to highlight in this House, because this government talks about how they're actually consulting and talking to the public, how they're talking to the health care professionals, how they were talking to the municipalities—if they were talking to the municipalities, they wouldn't have announced a cut when the municipalities have already passed their budgets and need to figure out how they are going to adjust for this cut.

But one particular incident is alarming. When Dr. Rosana Salvaterra, the medical officer of health for Peterborough, raised concerns on behalf of herself, her community and other health professionals, the member for Peterborough—Kawartha, rather than explaining to her—which is what she was asking for; she was asking for this government to explain how their plan is actually going to make health delivery better and keep people healthier—launched into a personal attack on Dr. Salvaterra. She has over 10 years' experience as a medical officer of health, and he said she's "fearmongering" and she's only trying to take care of her own salary. That's not indicative of a government that is really open to listening to the people in this province or the experts, and that's shameful, Madam Speaker.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Mr. Terence Kernaghan: I'm proud to support today's motion to reverse the government's cuts to Ontario's public health funding. Simply put, cuts to public health jeopardize people's safety. Public health units across Ontario keep us informed, healthy and safe through their public education campaigns, advocacy and medical support.

Despite the vital role that public health units play, the government is reducing their number from 35 to just 10, and cutting their investments in public health from 75% to just 60% or even 50%.

Scissors in hand, the government continues to tell Ontarians that they aren't making cuts to our health care system. Well, tell that to the people of London. Our public health unit, the Middlesex-London Health Unit, stands to lose \$2.5 million as a result of government cuts.

Cuts have consequences. If the government continues down this road, our chief medical officer of health, Dr. Chris Mackie, predicts that the Middlesex-London Health

Unit could face a deficit of \$7 million by next year. Hospitals will be even more overwhelmed.

Cuts will have serious consequences on family health, such as not ensuring that young students are immunized, and the ability to take a proactive approach to disease prevention.

Make no mistake, Speaker: Public health is our future health.

Staff at the Middlesex-London Health Unit do incredible work on a daily basis to keep Londoners safe. Dr. Chris Mackie, with the Middlesex-London Health Unit team, alongside Brian Lester and the harm reduction workers at Regional HIV/AIDS Connection, are leaders in this province when it comes to fighting Ontario's opioid crisis. They have been essential in providing housing and rehab services to those struggling with opioid addiction, and raising awareness about overdose prevention. These are services sorely needed in London. London has seen the third-highest rate of hospitalizations from opioid poisoning in the entire country. Cutting funding from public health at the height of the opioid crisis isn't just irresponsible; it callously puts lives at risk.

Public education efforts from the Middlesex-London Health Unit have literally saved lives. Just last week, bystanders in London saved three people suspected of overdose, thanks to readily available naloxone kits. The Middlesex-London Health Unit's work empowered ordinary Londoners to administer naloxone before EMS arrived. Constable Tanya Alexander credited a growing awareness about overdose symptoms as the reason these Londoners are still alive today. She said, "With the education piece becoming more prevalent in our community, I think more citizens are becoming aware of what an overdose looks like or what the signs are and in turn they are able to help out."

Naloxone kits are available for free at the Middlesex-London Health Unit and local pharmacies because of our investment in public health. This is a clear indication that public health saves lives.

Through investing in public health, Middlesex-London Health Unit is able to keep Londoners informed and healthy. Front-line workers and staff are there to remind London families to immunize their children to prevent outbreaks of measles and the other diseases we see happening in the United States. They are there to remind Londoners to get their flu shots. Earlier this year, London experienced its first flu-related death. In fact, Dr. Alexander Summers credited the significantly lower flu-related deaths this year to more Londoners proactively getting their flu shots.

This is the power of public health.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Ms. Sandy Shaw: I'm pleased to rise here to speak in support of this motion, and particularly present the point of view from the people of Hamilton.

This government talks a lot about partnering with municipalities. That is not how it's seen in the city of Hamilton. They recognize that this is a government that is

just downloading costs. They're just dumping their costs on the city of Hamilton. In fact, these are retroactive cuts that they're having to deal with.

In the city of Hamilton, these are real cuts. This year, it's \$2.4 million, and the next year, it's \$3.3 million from our public health care budget. So they've put the position of the city councillors—they have two choices: They can raise taxes, or they can cut services.

We've heard time and time again that this government is not interested in consulting. There's no evidence that they listen to the people that are on the front lines. That is certainly how it has felt in the city of Hamilton.

I'd like to quote city councillor Brad Clark, who actually served as a cabinet minister in two Conservative governments, under Mike Harris and Ernie Eves. City councillor Brad Clark has this to say: He is "very distressed by the absolute lack of consultation—all we hear is talking points from every member of this government—they are no longer listening to what our concerns are. This is not a dialogue—it's a sales job."

1600

Despite what Premier Ford says, public health does more than put little stickers on restaurants.

In Hamilton, public health provides services to our front line in the opioid crisis.

They provide student nutrition programs; in fact, we've served over 35,000 children in about 120 schools in Hamilton. I have volunteered in those programs, and every day I see the impact that that has had on children in low-income neighbourhoods.

One of the things that city of Hamilton public health was on the front line for was a rabies outbreak. In 2015, Hamilton experienced the first confirmed case of a raccoon strain of rabies in southwestern Ontario. Not only does public health rally around assessing and treating bites and scratches; they raise public awareness about the risk. They also partner with veterinarian clinics to allow families to afford to make sure that their pets are vaccinated.

These are some very real things that public health does in the city of Hamilton.

We've heard about the remarkable statement that came from Ontario's big-city mayors. I'd just like to say that this letter signed by the mayor from the city of Brantford, the mayor from the city of Burlington, the mayor from the city of Hamilton—it's also signed by the mayor from the town of Oakville, the mayor from the town of Richmond Hill and the mayor from the town of Whitby. So mayors that you represent are in disagreement with the cuts that you are making here to public health.

I just would like to say that one of the things that is really disconcerting—and we've heard it time and time again—is that this is a government that thinks they have all the answers. They do not listen to people. We hear that not only are you not listening to the mayors of big cities and experts alike; you're not listening to doctors, you're not listening to nurses and you're not listening to front-line workers, emergency room doctors. You're certainly not listening to medical officers of health.

I just would like to close by saying that this morning the Minister of Health made quite a callous argument when she said that she invites the medical officers of health to put "money into ... actual public health priorities." This is the kind of callous statement that people are offended by from this government.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Mr. Faisal Hassan: It is an honour to rise, on behalf of the good people of York South–Weston, to support this motion to reverse cuts to public health.

Toronto Public Health and similar programs across the province are indispensable to the well-being of all who visit and call Ontario home. They run prevention programs that help keep us safe from air pollution and infectious diseases, screening programs that keep our kids' smiles bright and healthy, and education campaigns that help all of us to stay healthy and active.

Madam Speaker, after 15 long years of Liberal rule, we have yet another case of the Ford Conservatives making things worse for the hard-working people of this great province. It is clear that this government is yet again turning its back on the people of Ontario.

Public health units across this province have made it abundantly clear that programs families rely on are now in jeopardy. The delivery of school breakfasts serving over 200,000 students and young people, dental care for seniors, food and restaurant inspections, child care and long-term-care inspections are now at risk. Programs designed to confront systemic racism are now also at risk. We are moving backwards under the leadership of this Premier, and it is an absolute shame. To add insult to injury, these cuts come as municipalities across this province have already passed budgets for the upcoming fiscal year.

The last time that this Premier's party was in power—we know that history—seven people died and 2,300 fell ill due to an E. coli outbreak in Walkerton. Forty-three people in the greater Toronto area lost their lives in 2003 from a SARS outbreak, a figure that surely would have been higher if it were not for the heroic efforts of public health officials.

We must learn from our past to make sure that history does not repeat itself. With experts having identified large numbers of children and teens who haven't been vaccinated in pockets of the province, creating the threat of a measles outbreak, and challenges brought about by flooding across the province, cuts to public health are unconscionable.

Investments in the public health system are vital in keeping Ontario strong and healthy.

"Wake up and smell the coffee," says our Premier. Through you, Madam Speaker: I ask that he opens his eyes to the needs of families across this province. Enough with these slogans. Ontarians want action, and they need action now.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Ms. Andrea Horwath: Speaker, I'm going to be utilizing my right of reply.

I want to just let the members across the way, who are not going to support this motion, know what people are saying when they hear about the cuts to public health. In fact, one prominent municipal leader said to me that the restructuring and modernization language this government is using to describe their efforts on public health is simply a cloak—a cloak to hide the cuts that are going to hurt people very, very much.

Those cuts mean a withdrawal of provincial funding that has historically been 75% or so of the funding that municipalities rely on to provide public health services, down to 70%, 60%, and in the case of Toronto, 50%. Of course, many communities have no idea what the impact of the cuts are going to be yet because the government hasn't provided the details in terms of the mega-agencies that they're putting together.

The member for Brantford–Brant and the member for Milton both claimed that somehow this wrong-headed scheme is going to create greater access for people, improved access and improved equity for folks, enhancing their ability to obtain services. I have to say I don't know how that's going to happen when you're taking 35 public health units down to 10. In fact, it will not; it will not improve access or equity. In fact, it will do quite, quite the opposite.

I want to thank our team for doing such a great job in describing the cuts and how they're going to hurt people and municipalities. Let's face it. As one of my city councillors in Hamilton, a former Conservative cabinet minister, said, "All that government members do is make baseless claims. Talking points and sales jobs is all they're doing."

But this is built onto further cuts from the government when it comes to health care. It's not just going to be health promotion and prevention in public health. Hospital infrastructure is being reduced. Somebody talked about that on the other side. In fact, they're spending a billion dollars less this year and \$2 billion less next year when it comes to hospital infrastructure. They announced \$174 million for mental health this morning, but guess what? It's all federal money, and there's no provincial money that's being matched with that money. That's \$330 million taken away from mental health and addictions. In fact, they're cutting opioid crisis services, and they're cutting problem-gambling agencies while they're increasing access to booze and gaming. What kind of government is this?

Here's the crux of the matter. As the member for Willowdale said, the crux of the matter is a difference in philosophy. I think this debate has shown what the facts are because they talk about the facts being clear. The fact is, Conservatives don't believe it's their job to look after people. Conservatives don't believe it's government's job to look after people. New Democrats do believe it's our job to look after people in the province of Ontario.

Interjections.

The Acting Speaker (Ms. Jennifer K. French): Order. Northumberland–Peterborough South will come to order. Kitchener–Conestoga will come to order.

Interjections.

The Acting Speaker (Ms. Jennifer K. French): I'm standing, and I've asked for order. Northumberland–Peterborough South, please come to order.

Ms. Horwath has moved opposition day number 4. Is it the pleasure of the House that the motion carry? I heard a no.

All those in favour of the motion will please say "aye."

All those opposed to the motion will please say "nay."

In my opinion, the nays have it.

Call in the members. This will be a 10-minute bell.

The division bells rang from 1609 to 1619.

The Acting Speaker (Ms. Jennifer K. French): All members will please take their seats.

Ms. Horwath has moved opposition day number 4. All those in favour of the motion will please rise one at a time and be recognized by the Clerk.

Ayes

Andrew, Jill	Gretzky, Lisa	Rakocevic, Tom
Armstrong, Teresa J.	Hassan, Faisal	Sattler, Peggy
Arthur, Ian	Hatfield, Percy	Shaw, Sandy
Bell, Jessica	Horwath, Andrea	Singh, Gurratan
Berns-McGown, Rima	Kernaghan, Terence	Singh, Sara
Bisson, Gilles	Lindo, Laura Mae	Stevens, Jennifer (Jennie)
Burch, Jeff	Mamakwa, Sol	Stiles, Marit
Fife, Catherine	Mantha, Michael	Taylor, Monique
Fraser, John	Miller, Paul	Vanhof, John
Gates, Wayne	Monteith-Farrell, Judith	West, Jamie
Gélinas, France	Morrison, Suze	Yarde, Kevin
Glover, Chris	Natyshak, Taras	

The Acting Speaker (Ms. Jennifer K. French): All those opposed to the motion will please rise one at a time and be recognized by the Clerk.

Nays

Anand, Deepak	Gill, Parm	Pettapiece, Randy
Baber, Roman	Hardeman, Ernie	Phillips, Rod
Babikian, Aris	Harris, Mike	Piccini, David
Bailey, Robert	Hogarth, Christine	Rasheed, Kaleed
Barrett, Toby	Jones, Sylvia	Rickford, Greg
Bethlenfalvy, Peter	Kanapathi, Logan	Roberts, Jeremy
Bouma, Will	Karahalios, Belinda	Sabawy, Sheref
Calandra, Paul	Ke, Vincent	Sandhu, Amarjot
Cho, Raymond Sung Joon	Khanjin, Andrea	Scott, Laurie
Cho, Stan	Kramp, Daryl	Skelly, Donna
Clark, Steve	Martin, Robin	Smith, Dave
Coe, Lorne	Martow, Gila	Smith, Todd
Crawford, Stephen	McDonell, Jim	Surma, Kinga
Cuzzetto, Rudy	McKenna, Jane	Tangri, Nina
Downey, Doug	McNaughton, Monte	Thanigasalam, Vijay
Dunlop, Jill	Miller, Norman	Thompson, Lisa M.
Elliott, Christine	Mulroney, Caroline	Tibollo, Michael A.
Fedeli, Victor	Nicholls, Rick	Triantaflopoulos, Effie J.
Fee, Amy	Oosterhoff, Sam	Wai, Daisy
Ford, Doug	Pang, Billy	Walker, Bill
Fullerton, Merrilee	Park, Lindsey	Yakabuski, John
Ghamari, Goldie	Parsa, Michael	Yurek, Jeff

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 35; the nays are 66.

The Acting Speaker (Ms. Jennifer K. French): I declare the motion lost.

Motion negatived.

The Acting Speaker (Ms. Jennifer K. French):
Orders of the day?

Hon. Bill Walker: A motion to adjourn.

The Acting Speaker (Ms. Jennifer K. French): Mr. Walker has moved adjournment of the House. Is it the pleasure of the House that the motion carry? I heard a no.

All those in favour of the motion will please say "aye."

All those opposed to the motion will please say "nay."

I declare the motion carried—

Mr. Gilles Bisson: On division.

The Acting Speaker (Ms. Jennifer K. French): —on division.

This House stands adjourned until 9 a.m. on Tuesday, May 7.

The House adjourned at 1623.

LEGISLATIVE ASSEMBLY OF ONTARIO
ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lieutenant Governor / Lieutenante-gouverneure: Hon. / L'hon. Elizabeth Dowdeswell, OC, OOnt.
Speaker / Président: Hon. / L'hon. Ted Arnott
Clerk / Greffier: Todd Decker
Deputy Clerk / Sous-greffier: Trevor Day
Clerks-at-the-Table / Greffiers parlementaires: Tonia Grannum, Valerie Quioc Lim, William Short
Sergeant-at-Arms / Sergente d'armes: Jacquelyn Gordon

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Anand, Deepak (PC)	Mississauga—Malton	
Andrew, Jill (NDP)	Toronto—St. Paul's	
Armstrong, Teresa J. (NDP)	London—Fanshawe	Deputy Opposition House Leader / Leader parlementaire adjointe de l'opposition officielle
Arnott, Hon. / L'hon. Ted (PC)	Wellington—Halton Hills	Speaker / Président de l'Assemblée législative
Arthur, Ian (NDP)	Kingston and the Islands / Kingston et les Îles	
Baber, Roman (PC)	York Centre / York-Centre	
Babikian, Aris (PC)	Scarborough—Agincourt	
Bailey, Robert (PC)	Sarnia—Lambton	
Barrett, Toby (PC)	Haldimand—Norfolk	
Begum, Doly (NDP)	Scarborough Southwest / Scarborough-Sud-Ouest	
Bell, Jessica (NDP)	University—Rosedale	
Berns-McGown, Rima (NDP)	Beaches—East York / Beaches—East York	
Bethlenfalvy, Hon. / L'hon. Peter (PC)	Pickering—Uxbridge	President of the Treasury Board / Président du Conseil du Trésor
Bisson, Gilles (NDP)	Timmins	Opposition House Leader / Leader parlementaire de l'opposition officielle
Bouma, Will (PC)	Brantford—Brant	
Bourgouin, Guy (NDP)	Mushkegowuk—James Bay / Mushkegowuk—Baie James	
Burch, Jeff (NDP)	Niagara Centre / Niagara-Centre	
Calandra, Paul (PC)	Markham—Stouffville	
Cho, Hon. / L'hon. Raymond Sung Joon (PC)	Scarborough North / Scarborough-Nord	Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité
Cho, Stan (PC)	Willowdale	
Clark, Hon. / L'hon. Steve (PC)	Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds—Grenville—Thousand Islands et Rideau Lakes	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement
Coe, Lorne (PC)	Whitby	
Coteau, Michael (LIB)	Don Valley East / Don Valley-Est	
Crawford, Stephen (PC)	Oakville	
Cuzzetto, Rudy (PC)	Mississauga—Lakeshore	
Des Rosiers, Nathalie (LIB)	Ottawa—Vanier	
Downey, Doug (PC)	Barrie—Springwater—Oro-Medonte	
Dunlop, Jill (PC)	Simcoe North / Simcoe-Nord	
Elliott, Hon. / L'hon. Christine (PC)	Newmarket—Aurora	Deputy Premier / Vice-première ministre Minister of Health and Long-Term Care / Ministre de la Santé et des Soins de longue durée
Fedeli, Hon. / L'hon. Victor (PC)	Nipissing	Chair of Cabinet / Président du Conseil des ministres Minister of Finance / Ministre des Finances
Fee, Amy (PC)	Kitchener South—Hespeler / Kitchener-Sud—Hespeler	
Fife, Catherine (NDP)	Waterloo	
Ford, Hon. / L'hon. Doug (PC)	Etobicoke North / Etobicoke-Nord	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Premier ministre
Fraser, John (LIB)	Ottawa South / Ottawa-Sud	
French, Jennifer K. (NDP)	Oshawa	Third Deputy Chair of the Committee of the Whole House / Troisième vice-présidente du comité plénier de l'Assemblée législative

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Fullerton, Hon. / L'hon. Merrilee (PC)	Kanata—Carleton	Minister of Training, Colleges and Universities / Ministre de la Formation et des Collèges et Universités
Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
Gill, Parm (PC)	Milton	
Glover, Chris (NDP)	Spadina—Fort York	
Gravelle, Michael (LIB)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	First Deputy Chair of the Committee of the Whole House / Première vice-présidente du comité plénier de l'Assemblée
Hardeman, Hon. / L'hon. Ernie (PC)	Oxford	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hassan, Faisal (NDP)	York South—Weston / York-Sud— Weston	
Hatfield, Percy (NDP)	Windsor—Tecumseh	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du comité plénier de l'Assemblée législative
Hillier, Randy (IND)	Lanark—Frontenac—Kingston	
Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Horwath, Andrea (NDP)	Hamilton Centre / Hamilton-Centre	Leader, Official Opposition / Chef de l'opposition officielle
Hunter, Mitzie (LIB)	Scarborough—Guildwood	
Jones, Hon. / L'hon. Sylvia (PC)	Dufferin—Caledon	Solicitor General / Solliciteure générale
Kanapathi, Logan (PC)	Markham—Thornhill	
Karahalios, Belinda (PC)	Cambridge	
Karpoche, Bhutla (NDP)	Parkdale—High Park	
Ke, Vincent (PC)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London- Centre-Nord	
Khanjin, Andrea (PC)	Barrie—Innisfil	
Kramp, Daryl (PC)	Hastings—Lennox and Addington	
Kusendova, Natalia (PC)	Mississauga Centre / Mississauga- Centre	
Lalonde, Marie-France (LIB)	Orléans	
Lecce, Stephen (PC)	King—Vaughan	Deputy Government House Leader / Leader parlementaire adjoint du gouvernement
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
MacLeod, Hon. / L'hon. Lisa (PC)	Nepean	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires Minister Responsible for Women's Issues / Ministre déléguée à la Condition féminine
Mamakwa, Sol (NDP)	Kiiwetinoong	
Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
Martow, Gila (PC)	Thornhill	
McDonell, Jim (PC)	Stormont—Dundas—South Glengarry	
McKenna, Jane (PC)	Burlington	
McNaughton, Hon. / L'hon. Monte (PC)	Lambton—Kent—Middlesex	Minister of Infrastructure / Ministre de l'Infrastructure
Miller, Norman (PC)	Parry Sound—Muskoka	
Miller, Paul (NDP)	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	
Mitas, Christina Maria (PC)	Scarborough Centre / Scarborough- Centre	
Monteith-Farrell, Judith (NDP)	Thunder Bay—Atikokan	
Morrison, Suze (NDP)	Toronto Centre / Toronto-Centre	
Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	Attorney General / Procureure générale Minister of Francophone Affairs / Ministre des Affaires francophones
Natyshak, Taras (NDP)	Essex	
Nicholls, Rick (PC)	Chatham-Kent—Leamington	Chair of the Committee of the Whole House / Président du comité plénier de l'Assemblée Deputy Speaker / Vice-président
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Pang, Billy (PC)	Markham—Unionville	
Park, Lindsey (PC)	Durham	
Parsa, Michael (PC)	Aurora—Oak Ridges—Richmond Hill	
Pettapiece, Randy (PC)	Perth—Wellington	
Phillips, Hon. / L'hon. Rod (PC)	Ajax	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs
Piccini, David (PC)	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rasheed, Kaleed (PC)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Energy, Northern Development and Mines / Ministre de l'Énergie, du Développement du Nord et des Mines Minister of Indigenous Affairs / Ministre des Affaires autochtones
Roberts, Jeremy (PC)	Ottawa West—Nepean / Ottawa- Ouest—Nepean	
Romano, Ross (PC)	Sault Ste. Marie	
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Prabmeet Singh (PC)	Brampton South / Brampton-Sud	
Sattler, Peggy (NDP)	London West / London-Ouest	
Schreiner, Mike (GRN)	Guelph	
Scott, Hon. / L'hon. Laurie (PC)	Haliburton—Kawartha Lakes—Brock	Minister of Labour / Ministre du Travail
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Simard, Amanda (IND)	Glengarry—Prescott—Russell	
Singh, Gurratan (NDP)	Brampton East / Brampton-Est	
Singh, Sara (NDP)	Brampton Centre / Brampton-Centre	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Skelly, Donna (PC)	Flamborough—Glanbrook	
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Economic Development, Job Creation and Trade / Ministre du Développement économique, de la Création d'emplois et du Commerce Government House Leader / Leader parlementaire du gouvernement
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	
Surma, Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Nina (PC)	Mississauga—Streetsville	
Taylor, Monique (NDP)	Hamilton Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Education / Ministre de l'Éducation
Tibollo, Hon. / L'hon. Michael A. (PC)	Vaughan—Woodbridge	Minister of Tourism, Culture and Sport / Ministre du Tourisme, de la Culture et du Sport
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Wai, Daisy (PC)	Richmond Hill	
Walker, Hon. / L'hon. Bill (PC)	Bruce—Grey—Owen Sound	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs
West, Jamie (NDP)	Sudbury	
Wilson, Jim (IND)	Simcoe—Grey	
Wynne, Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	
Yakubski, Hon. / L'hon. John (PC)	Renfrew—Nipissing—Pembroke	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Yarde, Kevin (NDP)	Brampton North / Brampton-Nord	
Yurek, Hon. / L'hon. Jeff (PC)	Elgin—Middlesex—London	Minister of Transportation / Ministre des Transports

**STANDING COMMITTEES OF THE LEGISLATIVE ASSEMBLY
COMITÉS PERMANENTS DE L'ASSEMBLÉE LÉGISLATIVE**

Standing Committee on Estimates / Comité permanent des budgets des dépenses

Chair / Président: Peter Tabuns
Vice-Chair / Vice-président: Wayne Gates
Stan Cho, Jill Dunlop
Wayne Gates, Randy Hillier
Stephen Lecce, Gila Martow
Jane McKenna, Judith Monteith-Farrell
Lindsey Park, Randy Pettapiece
Peter Tabuns
Committee Clerk / Greffier: Timothy Bryan

**Standing Committee on Finance and Economic Affairs /
Comité permanent des finances et des affaires économiques**

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Vice-Chair / Vice-président: Jeremy Roberts
Ian Arthur, Stephen Crawford
Doug Downey, Sol Mamakwa
David Piccini, Kaleed Rasheed
Jeremy Roberts, Sandy Shaw
Donna Skelly
Committee Clerk / Greffier: Timothy Bryan

**Standing Committee on General Government / Comité
permanent des affaires gouvernementales**

Chair / Président: Dave Smith
Vice-Chair / Vice-présidente: Natalia Kusendova
Jessica Bell, Chris Glover
Christine Hogarth, Logan Kanapathi
Daryl Kramp, Natalia Kusendova
Amarjot Sandhu, Mike Schreiner
Dave Smith, Jennifer (Jennie) Stevens
Daisy Wai
Committee Clerk / Greffière: Julia Douglas

**Standing Committee on Government Agencies / Comité
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Vice-Chair / Vice-président: Taras Natyshak
Roman Baber, Rudy Cuzzetto
Amy Fee, Vincent Ke
Andrea Khanjin, Marie-France Lalonde
Taras Natyshak, Rick Nicholls
Jeremy Roberts, Marit Stiles
John Vanthof
Committee Clerk / Greffière: Jocelyn McCauley

**Standing Committee on Justice Policy / Comité permanent de
la justice**

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Vice-Chair / Vice-président: Aris Babikian
Roman Baber, Aris Babikian
Nathalie Des Rosiers, Jill Dunlop
Parm Gill, Lindsey Park
Ross Romano, Prabmeet Singh Sarkaria
Sara Singh, Monique Taylor
Kevin Yarde
Committee Clerk / Greffière: Jocelyn McCauley

**Standing Committee on the Legislative Assembly / Comité
permanent de l'Assemblée législative**

Chair / Présidente: Jane McKenna
Vice-Chair / Vice-président: Vijay Thanigasalam
Robert Bailey, Rima Berns-McGown
Lorne Coe, Michael Coteau
Mike Harris, Faisal Hassan
Jane McKenna, Christina Maria Mitas
Sam Oosterhoff, Gurratan Singh
Vijay Thanigasalam
Committee Clerk / Greffière: Valerie Quioc Lim

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Vice-Chair / Vice-présidente: Peggy Sattler
Toby Barrett, Catherine Fife
Goldie Ghamari, Michael Gravelle
Jim McDonnell, Norman Miller
Christina Maria Mitas, Suze Morrison
Michael Parsa, Peggy Sattler
Kinga Surma
Committee Clerk / Greffier: Christopher Tyrell

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Will Bouma, Paul Calandra
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Paul Miller, Billy Pang
Kaleed Rasheed, Amarjot Sandhu
Jamie West
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**Standing Committee on Social Policy / Comité permanent de
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Deepak Anand, Doly Begum
Jeff Burch, Amy Fee
John Fraser, Joel Harden
Belinda Karahalios, Robin Martin
Sheref Sabawy, Nina Tangri
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