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Lundi
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LEGISLATIVE ASSEMBLY
OF ONTARIO

Monday 31 May 2021

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Lundi 31 mai 2021

The House met at 0900.

The Speaker (Hon. Ted Arnott): Good morning. We're going to begin this morning with a moment of silence for inner thought and personal reflection.

Prayers.

PRIVATE MEMBERS'
PUBLIC BUSINESS

RETIREMENT HOME JUSTICE
AND ACCOUNTABILITY
ACT, 2021

LOI DE 2021 SUR LA JUSTICE
ET LA RESPONSABILITÉ
DANS LES MAISONS
DE RETRAITE

Ms. Shaw moved second reading of the following bill:
Bill 296, An Act to amend the Retirement Homes Act, 2010 to dissolve the Retirement Homes Regulatory Authority / Projet de loi 296, Loi modifiant la Loi de 2010 sur les maisons de retraite afin de dissoudre l'Office de réglementation des maisons de retraite.

The Speaker (Hon. Ted Arnott): Pursuant to the standing orders of the House, the member has 12 minutes for her presentation.

Ms. Sandy Shaw: The bill is called the Retirement Home Justice and Accountability Act, but I would like to say that it would be unbearable for me to speak about justice and accountability this morning without paying respect to 215 lost children—precious children, stolen children, children who were loved, lost and mourned by their families. The discovery of the remains of 215 Indigenous children buried in an unmarked mass grave of a former residential school in British Columbia is a national shame, and this is about justice and accountability. It's a crime that Canadians can no longer look away from.

It's no great secret that children lie in the properties of former residential schools across this country and across this province. Ryan McMahan, an Anishinaabe writer, profoundly said, "The more we dig the more truth we find."

Just down the road from my riding in Brantford is the Mohawk Institute, which is now the Woodland Cultural Centre. Over the weekend, survivors and community members gathered there to hold space for one another and to share their stories and to collectively grieve. The government of Ontario has lowered flags to half-mast to honour those children, and that's the right thing to do, Mr.

Speaker. But until governments across this country take meaningful action on the injustices that we continue to see today—missing and murdered Indigenous women and girls, the housing and water crisis in First Nations communities that we hear about in this House—we will not have done our job as legislators.

Other hard lessons that this province has learned during COVID are the way that we have looked after our seniors in long-term care. The lessons are so awful; the stories we hear are unbearable. We have heard from the Canadian Armed Forces, and we've now heard from the long-term-care commission that we saw seniors living and dying in unbearable conditions. We now know that this is something that we were warned about, the way that we were treating seniors in long-term care, and we could have prevented this tragedy. It's my hope that going forward we will learn the lessons from what happened in long-term-care homes.

But what has flown under the radar somewhat is that the people and seniors living in retirement homes also suffered devastating impacts during COVID-19. It needs to be acknowledged that 770 licensed retirement homes, almost all of which are for-profit corporations, operate here in the province of Ontario, and they have a population of about 60,000 residents. As of May of this year, more than 185 COVID-19 outbreaks have been identified at 171 of those licensed retirement homes. That's the equivalent of 22% of all retirement homes in Ontario that have been in outbreak, and there are currently many retirement homes that continue to be in outbreak. There have been nearly 4,000 cumulative cases of COVID-19 in retirement homes, and unfortunately, 603 retirement home residents have died as a result of COVID-19 and one staff member was lost.

So although the long-term-care sector was ultimately hit harder in terms of the numbers, these numbers in retirement homes also illustrate that residents living there comprised a uniquely vulnerable population. It is my contention and the contention of this bill that these COVID-19 outbreaks in retirement homes were only exacerbated by the failure of this sector's regulatory oversight, because unlike long-term care, which is directly governed or overseen by the Ministry of Long-Term Care, the retirement home sector is overseen by a delegated authority.

For those of you that don't understand what that means, essentially the government has taken the Retirement Homes Act and given a third-party body the responsibility to enforce the requirements of the act. The Retirement Homes Regulatory Authority is a self-governing body that oversees the act on behalf of the government, and unless you

live in a retirement home or unless you have a family member that lives in a retirement home, you might not be aware of this. In fact, studies have shown very few Ontarians understand how this sector is regulated. In fact, studies have also shown that even if residents live in a retirement home, they're not clear what their rights are and how they're governed. This regulatory regime was put in place by the previous Liberal government and it continues to be supported to this day by the current government.

In fact, it should be noted that Ontario is the only province in Canada that has a self-funded administrative authority that oversees the retirement sector. So essentially, we've given another body the right to self-govern, to self-oversee themselves in a sector that is dominated by for-profit corporations and is also responsible for the well-being of very, very vulnerable people.

This regime has been in place for about 10 years, and it's way past time to acknowledge that this framework has failed. It has failed in its requirement to oversee the act and it has failed our vulnerable seniors living in retirement homes, because, after all, the Retirement Homes Regulatory Authority is entrusted with keeping residents safe and keeping vulnerable seniors safe. Really, there's so much evidence to show that this regime, the Retirement Homes Regulatory Authority, has failed in its mandate. It may well be that this self-regulating third-party body, the Retirement Homes Regulatory Authority, benefits the profitable retirement home industry, but it's so clear that this is not working for our seniors and other vulnerable people who currently live in retirement homes.

0910

My bill, the Retirement Home Justice and Accountability Act, if passed, would amend the Retirement Homes Act by dissolving the RHRA and placing retirement homes under the direct jurisdiction of the minister and the Ministry for Seniors and Accessibility.

The evidence of the failures of this regulatory regime are many. We don't really have to look much further than the Auditor General's report, which revealed so many of the failings in this sector. The Auditor General identified that multiple parties have sounded the alarm about inadequate staffing and poor resident care over many years.

The Auditor General's report also identified that retirement homes with repeat violations and non-compliance orders have been permitted to continue to care for seniors, those waiting for placement in long-term care, and other adults with complex medical needs in these homes without being required by the regulatory authority to make real and substantial change.

I think it's important to note that these repeated failures by home operators that the RHRA has identified—they continue to allow these homes to operate, despite these ongoing violations and failures. Retirement homes that had been asked over and over again to install sprinkler systems have failed to do so, continuing to be allowed to operate in this province. If that isn't evidence of a lax regime, I don't know what else is.

But we all have stories of retirement homes in our communities that show the failure of the oversight regime.

In Hamilton, we had the Rosslyn. It's a terrible example of a home that was allowed to operate year after year after year despite countless documented concerns. Then, during COVID-19, the Rosslyn retirement home had to be evacuated: 64 out of 66 of the residents contracted COVID, along with 22 staff; 19 residents ultimately lost their lives. The on-site conditions were so appalling that families of the residents have filed a class action suit. The Rosslyn is not the only home in our communities that has failed seniors, and we'll be hearing about that from some of the other members here.

I think it's important to also note that the face of retirement homes is changing. It's no longer a place where people go because they just want to have meals provided for them. People in retirement homes are increasingly sicker and more vulnerable.

It's also important to note that of the 40,000 people in the province of Ontario waiting for a placement in long-term care, 10,000 of them are in retirement homes. Those are called alternate-level-of-care patients, and the Auditor General identified that when people are waiting in retirement homes for a long-term-care bed, they are not covered by any regulation or any oversight. That is clearly a failure that needs to be addressed.

I think it's also really important to acknowledge the staff who work in retirement homes. PSWs are on the front line and they have been sounding the alarm for years and years about what is going on in retirement homes and long-term care homes, and it's time that we listen.

I was able to consult with many unions that represent PSWs and I want to thank them for their insight and the time that they provided to share with me the conditions in retirement homes. This was backed up by the Auditor General, who also noted that PSWs working in retirement homes are the lowest-paid of workers in care settings. That just continues to confirm what we've been hearing from unions. We're hearing from workers in those retirement care homes that the level of care that's being asked for them to provide is something that is not normally expected in retirement homes.

It's also important to note that the composition of the board of retirement homes has raised many an eyebrow. This is a self-appointed board that's primarily comprised of representatives from industry, many representing the large, for-profit chains like Chartwell and Revera. And they're self-appointed, so it raises the question: How can this retirement regulatory authority be independent and provide the kind of oversight that is required when, in fact, they have an inherent conflict of interest?

It's important to note that successive governments have allowed this to exist. COVID has lifted the lid on what has happened in long-term-care homes and now we need to understand what is going on in retirement homes. It's no longer acceptable for us to turn away from this. It's no longer acceptable for a government to delegate their responsibility, to hide behind the regulatory regime. It's high time that the government understood that seniors living in retirement homes deserve the protection that this govern-

ment should be providing them. That is your responsibility. It is your job to keep them safe. I think that we need to make sure not only that retirement homes are part of a regulatory regime that looks after seniors, but that we have the kinds of protections that everyone expects will be there when their loved ones are in retirement homes.

I expect that the government will accept this bill and put it in place so that we can continue to make sure that residents in retirement homes are protected.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Mrs. Daisy Wai: I appreciate the opportunity to rise today to speak to the motion from the member opposite. I will be sharing my time with the MPP from Whitby.

The health and well-being of our retirement home residents and their families continues to be at the forefront of our policies. After more than 15 years of neglect by the previous government, we are determined to build a stronger retirement home system. That is why the Attorney General identified that there are problems—but they have existed for many years. We, our government, will strengthen care and safety protections for the residents and look for opportunities to further address steps which were identified during the pandemic.

Let me review what we have done and what we are going to do now. Our government was elected with a mandate to deliver results for the people. This has been our guiding light, both in the area of the retirement home sector and also in many areas of action we have taken. Being for the people requires many things, but most of all, it requires an unwavering allegiance to service. It is this ethic of service which we have taken to our supports for seniors, and especially to our loved ones in the retirement homes.

The first element of our ethic of service is to ensure that we are protecting the health and well-being of our retirement home residents, our front-line heroes and families. This is why we have acted quickly during the pandemic. We began to do this right at the retirement homes and followed the guidance of the Chief Medical Officer of Health.

We know that our residents in the retirement homes deserve a safe environment in which to live. Our government responded to the needs of our residents and front-line staff by investing over \$60 million in infection prevention and control measures. This support helped pay for the extra PPE, testing, training and staffing for the retirement homes.

I want to take an extra moment to specifically thank all of those who work in our retirement homes across Ontario. The staff who have worked tirelessly in our retirement homes truly are heroes. They have demonstrated a true dedication of care to help each other, our retirement home residents as well as their families. This government, in recognition of the exemplary service that our front-line staff have provided—we have invested an extra \$85 million in temporary premium pandemic pay specifically for those who work in the retirement homes, a way to demonstrate our appreciation for them.

Other than staffing, we know that vaccination is the path out of this pandemic for our province. Seniors were the first group who were vaccinated. We know that age is also a key factor to suffering some of the worst effects from this virus, including the risk of death. Every death from this virus is a tragedy, Madam Speaker, and our government offers our condolences to the families and the friends of each of those who has passed away. My heart goes out to each and every one of them.

0920

The COVID-19 pandemic has reinforced the importance of the government's mandate. We must continue to move forward with ensuring that the services delivered to the people are for the people; we will always put the customer first. That is why our government is moving forward with the Retirement Homes Act review. We are looking into every element of how services are delivered to our retirement home residents.

As a government that is dedicated to the mandate "For the People," we are working towards a stronger retirement home sector that delivers services in the manner being asked for by residents and their families. Our review involves working collaboratively with residents, their families, front-line workers, the retirement home sector, staff and all the interested stakeholders to consider how we can ensure that we provide the best service for our seniors in the retirement homes. We encourage the opposition and all members of this House to join us in delivering on this ethic of service. And while we welcome the feedback from every Ontarian and each member of this Legislature as part of our review, it would be premature to limit the options related to how we deliver those services needed by the residents and their families.

A comprehensive evaluation requires weighing all the options with an eye always to ensure that those services provided are delivered in the way needed by and at a rate that is affordable for Ontarians. Minister Raymond Cho and I will continue to work hard, not only for the residents in the retirement homes, but for all the seniors in the province. I appreciate that MPP Coe will provide more information on how we have worked with our community partners to support seniors aging at home so that they can enjoy their family members and keep active in the community. As a government elected for the people, we will deliver the change that is needed. Together, we can deliver an ethic of service for the people.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

M^{me} France Gélinas: It is an honour for me to support the bill brought forward by my colleague to change the Retirement Homes Act. I was there in 2010 when the then-Liberal government brought the Retirement Homes Act. I voted against it in 2010, and if it was here today, I would vote against it again.

Think about it, Speaker. Think about it: You have over 80,000 mainly frail seniors; the average age is 83; 70% of them are women. They move into a retirement home and the only protection we afford those people is the landlord and tenant act. Last year, 10 vulnerable seniors from

retirement homes were evicted from their retirement home unit. Think about it: They were evicted.

Make no mistake, 94% of retirement homes in Ontario are for-profit. Chartwell and Revera are the biggest ones. They make a ton of money. Ask them how much of the \$4.7 million they pay their CEOs comes from the profit of the retirement homes—a lot of it.

My in-laws were in retirement homes. When my father-in-law passed, my mother-in-law decided to stay in the same unit. For a 360-square-foot unit—that's about from you to me—she paid \$4,800 a month; \$4,800 a month for a 360-square-foot unit. Who would ever pay this anywhere? No one. A 94-year-old who doesn't have the energy to move: Those are the people that their unscrupulous retirement home owners charge that kind of money to.

We have a duty as legislators to give them protection. They deserve government oversight. What we have now doesn't work. It works for the owners. They make millions and millions of dollars on the backs of those elderly people. It does not work for the people of Ontario. It is a shame on all of us that we do not provide the oversight to those people who live there. They deserve it. What we have now fails them each and every day.

I was happy to see the member from the government talk about the \$60 million that the government gave to the retirement homes for infection protection and control. They also gave them a discount on their electricity. They also gave them discounts on their taxes through the pandemic to try to help them. How did the industry respond to this? They turned around and charged each and every one of their residents between \$90 and \$120 a month to pay for extra PPE. They were getting money from the government for IPAC, to buy PPE, and they turned around and said, "Well, rent has been capped. We cannot increase the rent anymore this year, so we're going to go and get an extra \$1,000 from those 80,000 residents to pay for PPE that the government was already subsidizing." Did they pass on the savings from the hydro? Did they pass on the savings from the taxes? Did they pass on the—none of that. They don't pass on any savings, but they pass on any opportunity to increase the rent, and that's wrong; \$4,800 for 360 square feet is wrong, but it is happening all the time.

It has to change, Speaker, and this is what this bill will set out to do. It will bring a level of government oversight to those 80,000 frail elderly people who deserve our protection. Don't leave it out to the force of the market. It doesn't work. They are being financially abused.

Now let's look at how the supervision of this is being done—but we won't, because we've run out of time. Thank you, Speaker.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Mr. Lorne Coe: Good morning, Speaker. I come to this debate this morning as a former staff member at the Ontario Seniors' Secretariat and also was the past president of the Ontario Association of Local Public Health Agencies. As members will know, we're in the final phase of combatting COVID-19, where the vaccines are the most

important weapon. We've seen a demonstration of that vaccination process across Ontario, but more particularly, in the retirement home setting and the success of that. I can point to the region of Durham and the town of Whitby, where the public health department, led by Dr. Robert Kyle, has had great success in vaccinating all the residents across the region of Durham, including many of the staff, and we've seen the positive impacts of those efforts.

Now, added to that, Speaker, we've also helped to provide great relief for retirement home residents through a rent freeze, and this important action on the leadership of Minister Clark helped to provide cost certainty at a time when it was needed for retirement home residents by holding the line on their rents in 2020 and 2021. At the same time that we helped provide cost certainty for retirement home residents, our government has been ensuring that there were expanded virtual activities available for seniors all across the province, and that stems from the ongoing dialogue that occurred with residents' councils within those retirement homes.

Now, Speaker, under the leadership of Minister Raymond Cho, the Minister for Seniors and Accessibility, we've helped seniors' active living centres transition to the Seniors' Centre Without Walls model. This is a model that originates with feedback that we've had from the 10 largest seniors' organizations in the province, representing close to 320,000 seniors across this province, helping them deliver virtual programming for our older adults in these facilities—a direct response to what residents said they needed through their residents' councils.

0930

Speaker, we know that it's not enough to help protect our seniors' physical health, but also social isolation. We absolutely understand how a holistic approach to physical and mental health can produce more positive outcomes. I know that not only from my experience at the Ontario Seniors' Secretariat as a civil servant, but also out of my previous work that I alluded to at the beginning of my remarks, which is why we have placed such an emphasis on helping seniors stay engaged online.

Speaker, as we move forward with the Retirement Homes Act review—and again, this review was precipitated by ongoing consultation and feedback that we've had from a variety of stakeholder groups. Within the ministry, there's an ongoing consultation with a long-established group of seniors' organizations that represent thousands and thousands of seniors. On the basis of that input, and other stakeholder communities, we're moving forward with this review, as we should, because that review will inform the way forward. I am absolutely confident that, through that review and that process—because it's a consultative process—we will ensure retirement home residents can continue to live safely, which I know you aspire to and every other MPP in this House today aspires to, with dignity and respect, understanding that these residents and others who might be residents built our communities and continue to make informed choices about their care options, which they should have the opportunity to do.

At the end of the day, this review will ensure that the seniors who live in these retirement homes will continue to live with the dignity and respect they deserve. They deserve no less, Speaker.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Mr. Wayne Gates: I just want to make a comment about my colleague who talked very passionately about what's going on in our retirement homes. Not only did they not pass on the government money that went to retirement homes, but they took that money and gave it to their CEOs and their shareholders. Nobody talks about that.

The one thing that we haven't talked enough about, quite frankly, is retirement homes. In my riding, every single retirement home had outbreaks of COVID. Every single retirement home had people die. Every single retirement home had staff get sick. Some are still sick, by the way.

And then I came across probably the worst thing I've seen, I think, in my entire life, at Greycliff Manor. A young man in his thirties was in Hamilton General Hospital and he had a stroke. What they did was, instead of making sure he was okay in a hospital, they sent him to what they call alternate care. They sent him to a retirement home, Greycliff Manor, where they didn't have the staff and they didn't have the expertise to take care of him for the multiple problems that he was having with his heart. I ask anybody here, why do you send a young man to a retirement home knowing they have no staff and they don't have any expertise? It was one of the worst, and we know it was one worst because they had already taken the licence away, and they gave it to a third party controlled by the person who they took the licence away from. So he went there. He had a couple more strokes; he was a sick guy. He decided to have a medically assisted death.

The day before he was going to have medically assisted death, all his family came: brothers, sisters, his daughter. Do you know what they saw when they got there? This could be to the member over there that spoke. If you sat on the board, you should know this is going on in retirement homes. People are dying in retirement homes because they had no PPE. They had no staffing. It wasn't just in Greycliff; it was in every single one of the retirement homes that I had.

So they get to his room the day before, and what do they find? They found their brother, their father laying in a bed that hadn't been changed for a month. It had feces in the bed. It had urine in the bed. The room was covered with feces. The family, so he would have some kind of respect and dignity, tried to clean the room up the best they could, because they had no staff to do it. This is what's going on in retirement homes right across.

We talk about deaths, we talk about long-term care all the time. We don't spend enough time on retirement homes, because, quite frankly, the for-profit industry is making all their money on retirement homes. How many people know that here? Because we spend a lot of time

talking about long-term care. They're making all their money in retirement homes.

The next day the family comes back. Obviously, with everything that was going on with his body at that time and they were going to do the assisted dying at about 2 o'clock, his daughter came. She had to lay in that bed—and this should bring tears to everybody's eyes. This young girl had to lay in that bed with her dad, hugging him. I have pictures—hugging her dad, telling him how much she loved him, laying in feces, laying in urine. Think about it: How is that possible in a province like Ontario, one of the richest provinces in this country? No daughter, no family member should have to live through that. The last thing that little girl is going to remember is her dad—yes, she loved him to death, but the last thing she's going to remember is laying there with feces and urine all over that bed.

That's why this bill is so important. That's why it's important to support it. You can do all the reviews you want, because I've heard nothing but reviews for the last three years here. This is what's happening in retirement homes right across the province of Ontario, and we've all got to do better and support this bill.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Mr. Mike Schreiner: I rise to speak on Bill 296, an act to amend the Retirement Homes Act. I want to thank the member from Hamilton West–Ancaster–Dundas for bringing this bill forward. I'm going to speak to this bill in a moment, but to reflect the words from the member, today is an important day to talk about justice. We are going to talk about justice for elders today, but we also have to talk about justice for Indigenous peoples today as well. And I thank the member for opening her comments because we can't speak about justice without speaking about the 215 Indigenous children who were discovered in a mass grave at the site of the former Kamloops Indian Residential School in British Columbia. Speaker, we can't speak about justice if we don't speak about children that were stolen from their families, children whose futures were stolen from them by people who were supposed to be caring for them; a school system that the truth and reconciliation commission has called cultural genocide, a system that is a stain on our past.

So, Speaker, we will mourn. We as a country will mourn these children. We will mourn the intergenerational trauma from the residential school system, but we also have to act to dismantle systemic racism and colonial structures.

And so, today, when we talk about Bill 296, I also want to talk about justice for elders. Speaker, self-regulation doesn't work. It doesn't work when it comes to caring for people. In the first wave of this pandemic, so many people talked about long-term care, and rightfully so. But as, I believe, the member from Niagara said, the tragedy in retirement homes was real as well. Some of the horrific images I saw of personal support workers not having access to PPE was not only in long-term care, but it was in retirement homes.

0940

Oftentimes, people don't realize the differences and similarities between the two. People in retirement homes don't have a clear understanding of what their rights are, because of the self-regulatory body. People don't realize that a number of alternative-level-of-care patients are cared for in retirement homes, but the regulatory structure doesn't reflect that. It doesn't reflect the fact that the levels of complexity and care have not only significantly increased in long-term care, but it has also increased in retirement homes.

The Auditor General has made it very clear that the regulatory structure for retirement homes is broken. It needs to be fixed. I appreciate the members opposite have talked about the Retirement Homes Act review, and that is an important review. But I would encourage everyone in this House to vote for Bill 296 today and send this bill to committee, because the contents of this bill should be part of the debate and the conversation about what needs to happen in that review.

Mr. Speaker, I will be supporting this bill. I encourage all members of this Legislature to support the bill, and I appreciate the member bringing it forward.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Mrs. Jennifer (Jennie) Stevens: Today, I'm pleased to rise to speak on my colleague's private member's Bill 296, which seeks the amendment of the Retirement Homes Act by dissolving the Retirement Homes Regulatory Authority, the RHRA, and placing retirement homes under the direct jurisdiction of the Ministry for Seniors and Accessibility. Thank you for bringing this forward.

Since this pandemic, I've spoken often about congregated care settings and why reform in Ontario is so needed. It is important to stand on the shoulders of advocates when discussing long-term care, ending for-profit care, why inspections matter, why proper resources matter—all of these are so important, Madam Speaker.

We all know language matters. Long-term-care reform gets lumped into the language and intentions of congregate care for our seniors and broader community. Of course, this is not true.

The riding I represent, St. Catharines, has been lucky to avoid some of the glaring examples we have seen throughout the pandemic where profit over well-being was on display. I still hear from front-line staff the alarm bells on hours of care, quality of care and dignity for seniors. We still hear from residents that raising rent in the middle of a pandemic has felt like it was the Wild West in some situations.

It is clear that we cannot leave the wake of the COVID-19 pandemic and all its lessons behind us without making a difference and changing this sector: Make it safer. We have to make it stronger; we have to make it better. There are so many families within Ontario who have devastated memories of their loved ones within these settings. Of course, we shouldn't only take the word from an elected official or from the government on this matter; however, I hope that this government definitely takes it from the

Auditor General and the report from last December that clearly reveals multiple parties had sounded the alarm bells regarding inadequate staffing and resident care—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. I return to the member for Hamilton West–Ancaster–Dundas for her right of reply.

Ms. Sandy Shaw: I want to thank all the MPPs who spoke to this bill this morning. I especially want to thank the MPP for Nickel Belt for always standing up for seniors, for many years now. What you didn't get to talk about was the board, the construct of the board where the inherent conflict exists. I think any retirement review from this government needs to focus on the government. It needs to be clear that the RHRA board is self-appointed. Directors get to appoint other directors, and, as might be expected, they're dominated by retirement home executives. There are executives from Amica, Chartwell, Diversicare. They've been there almost since the outset.

The member from Whitby talked about the residents' council, but it needs to be known that this is just an advisory council. Residents do not have a seat at the table. They're not around the board table when these decisions are made, and it shows in the failures that we have seen. In fact, in the neighbouring riding for the MPP from Whitby, in Durham, there's an example of a home, White Cliffe, where the door handles were removed from the home to keep residents from moving around. That's unbelievable. In fact, one of the directors on the board of the RHRA is a VP at Diversicare, which represents this home. How is this not a conflict? How do we not need to overhaul the governance system of the homes that our seniors and our vulnerable population live in?

Seniors deserve more than a sector that prioritizes profits over their well-being. They deserve a government that doesn't hide behind a regulator. They deserve to be protected more than any people in this province. I call on the government to make the change. Accept this bill, pass this bill and make sure that people living in retirement have a sector that has oversight and that they have a government that has their back and ensures that their well-being is more important than profits.

The Acting Speaker (Mrs. Lisa Gretzky): Ms. Shaw has moved second reading of Bill 296, An Act to amend the Retirement Homes Act, 2010 to dissolve the Retirement Homes Regulatory Authority. 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 will please say "nay."

In my opinion, the nays have it.

A recorded division being required, the vote on this item of private members' public business will be deferred until the next proceeding of deferred votes.

Second reading vote deferred.

The Acting Speaker (Mrs. Lisa Gretzky): Orders of the day? I recognize the member for Barrie–Innisfil.

Ms. Andrea Khanjin: No further business.

The Acting Speaker (Mrs. Lisa Gretzky): There being no further business, this House stands in recess until 10:15.

The House recessed from 0947 to 1015.

MEMBERS' STATEMENTS

RESIDENTIAL SCHOOLS

Ms. Catherine Fife: How do you begin to process the discovery of 215 Indigenous children's bodies on the site of a former residential school? Our colleague MPP Mamakwa said this yesterday: "All Indigenous peoples living today in Canada are survivors of Canada's tools of genocide. We are survivors of Indian residential schools, survivors of the Indian Act, survivors of the Sixties Scoop and survivors of ongoing systemic racism which attempts to erase us. But we are still here. The death of our children is a crime against humanity, but Canada has never treated it as such."

Cindy Blackstock said this: "As Canadians learn about the story of the tragic deaths of 215 children in the residential school in Kamloops, 'know this—Canada knew about the death rates in the schools, had tools to deal with it and chose not to.'"

In 1907, Canada's Chief Medical Officer of Health, Dr. Bryce, raised the alarm about death rates of 25% of children in schools per year due to inequitable health care, poor health practices and a lack of ventilation. He was pushed out of the public service because of his advocacy.

The last residential school closed in 1996, but Canada kept fighting the kids. The feds were ordered to cease their discriminatory conduct in 2016 as it was causing unnecessary family separations, harms and the deaths of the children; Canada did not. The Canadian Human Rights Tribunal ordered Canada pay for its willful and reckless discrimination; Canada appealed.

All levels of government need to provide the funding to ensure that all children are found and act on all 94 recommendations of the Truth and Reconciliation Commission. To do otherwise denies truth and denies justice.

ANTI-RACISM ACTIVITIES

Mr. Vincent Ke: Last Friday, I hosted a press conference to announce the introduction of my private member's bill, Bill 299, An Act to proclaim May as Anti-Asian Racism Education Month. I would like to thank Senator Victor Oh, Minister MacLeod, Minister Lecce, Minister Bethlenfalvy, Minister Clark, Minister Cho, Minister Thompson, Associate Minister Walker, Associate Minister Sarkaria, whip Lorne Coe, Dr. Joseph Wong, PA Pang, MPP Babikian, MPP Kanapathi, PA Thanigasalam, deputy whip Kaleed Rasheed, PA Tangri, PA Hogarth, PA Triantafilopoulos, PA Cuzzetto and MPP Anand for all your salient remarks.

Thank you as well to all media friends for your continuous support along the way. Your support and advocacy against anti-Asian racism sends a clear message that we will not tolerate any form of discrimination, and are moving forward to address and eradicate the hatred that the Asian community faces. I sincerely thank you all for joining me. Together, we will make a difference.

AUTISM TREATMENT

M^{me} France Gélinas: I rise today on behalf of the Northern Ontario Autism Alliance and the many families with children that they represent.

In February, the Ontario government announced a new needs-based funding pilot program. The announcement noted that 600 children and youth from across our province would be invited to participate in the new program.

I was shocked last week when the alliance informed me that not one of them, not the other advocacy group, no service provider, no support groups have been able to identify a single northern Ontario family that has received an invitation to participate in the pilot program—not a single northern family.

Northern Ontario represents 6% of the province's population. We have a diverse population, including First Nations and francophones, living in urban and rural environments. If this pilot was being run equitably, there would be at least 30 families from north of the French River in the study, but there are zero.

1020

Life is different up north. Sure, the weather is colder, but the way we care for each other and the way services are delivered are also different. It would not surprise me at all, Speaker, that some best practices in integrated services would be found in northern Ontario that could be shared with the entire province.

If the ministry is truly determined to get this right, then it is imperative that there be representation from the north. Right now, the people of northern Ontario feel really hurt, and rightfully so. They've put in so much work in the community. This is a great shame.

STROKE

Mrs. Robin Martin: Tomorrow is the first day of June and the start of stroke month. In Ontario, we are fortunate to have access to world-class stroke care, but to be most effective, people need to get care as soon as possible. Every single minute counts.

Because of that, it's important that everyone knows the most common signs of strokes, which you can easily remember with the acronym FAST, standing for face, arm, speech and time. Watch for drooping on one side of the face, weakness in one arm and slurred speech. If you or someone you are with experiences any of these symptoms, it's time to call 911 right away.

Speaker, we all know that COVID-19 has had enormous pressures on our health care system. While everyone has stepped up their efforts to respond to ensure that care is available to all who need it, we continue to hear concerning reports of people ignoring symptoms of other health conditions not related to COVID-19, only to later arrive at emergency rooms with more advanced illness. Sadly, this includes cases of stroke.

Delaying stroke treatment can be devastating for both individuals and families, and for the health care system through prolonged hospitalizations and demands on

rehabilitation and long-term-care services. So don't delay. If you recognize the signs of stroke, call 911 right away and seek emergency care.

For more information on the signs of stroke and how to recognize them, I encourage everyone to visit heartandstroke.ca.

EDUCATION

Mrs. Jennifer (Jennie) Stevens: I rise today in this chamber to express the frustration and exhaustion of parents, children, teachers and education workers right now. Students are struggling with growing mental health and well-being challenges, isolation and learning hurdles.

Last week, instead of a decision on opening schools, we received a letter and scapegoating. Premier, you have had many months to build a plan to make schools safe to reopen. Instead, this government has chosen to do nothing for months. You ignored the advice of the health and education experts, ignored the feedback from front-line education workers and refused to spend the money to make the schools safe.

Excuse the disbelief of my residents, Premier, when you send a letter requesting feedback from educators and health officials. Your track record of satisfying the concerns from these groups has been put off many times throughout the school year. Experts and educators have been speaking about safe classrooms, smaller class sizes and HVACs that are modernized, all to keep the community spread down. You never listened. Now they are left to believe that you will this time.

Those parents and teachers who are reaching out to me through tears and frustration deserve answers. Asking these questions more than a year into a pandemic, and a month before the end of the school year, feels like scapegoating. Mr. Premier, I urge you to give the parents and educators the peace of mind about reopening schools and provide them clarity before the end of this week.

RESIDENTIAL SCHOOLS

Mr. Stephen Blais: Mr. Speaker, the hearts of a nation are broken. The grim discovery of the remains of 215 children at a former residential school in Kamloops has elicited a powerful reaction from Canadians across the country. The painful truth about the residential school system is a truth that we have not yet grappled with. It is a part of our history that many simply don't want to recognize, while others simply don't know enough about.

Why don't Canadians and Ontarians know enough about it? Because it hasn't been taught. Often, when it has been taught, it's been done as a passing nod, a part of Canada's birthing process.

Recently, the government was offered the opportunity to improve the teaching and understanding of these events and their lasting impact. Bill 287, the Equity Education for Young Ontarians Act, would have required the history of colonization and its impacts on the rights of Indigenous peoples to be taught in an age-appropriate manner throughout the primary and secondary grades of our

publicly funded education system. Unfortunately, the government chose not to support this bill.

If we are to address this painful history, we must ensure that all Canadians, but especially those of non-Indigenous backgrounds, understand it and understand the lasting impact it has had. Generations of Ontario students were not exposed to this history and don't truly understand it, and while we must work to address this gap with adults, it is critical that we don't allow it to continue by denying this education to our children. Our children must understand what it has meant and what it continues to mean.

COVID-19 RESPONSE

Mr. Deepak Anand: Throughout COVID-19, we have witnessed everyone from individuals to organizations banding together to protect fellow neighbourhoods and communities across the province.

I would like to thank the Ismaili Council for Ontario for rising above the challenge and remaining steadfast in supporting local communities by providing essential supplies and resources during COVID-19. Thank you for your Ontario spirit.

Through the Ismaili CIVIC initiative, the council has sewn and provided over 25,000 masks, provided 5,000 pounds of food, contributed \$18,000 to local food banks, delivered over 25,000 food items for health care professionals in the GTA, volunteered at hospitals, donated hundreds of pints of blood through Canadian Blood Services and hosted over five pop-up clinics in their places of worship, known as Jamatkhana.

I want to say congratulations to the global Ismaili community as they celebrate His Highness the Aga Khan's 64th year as spiritual leader on July 11.

Guided by principles of volunteerism and compassion—from President Salim Bhanji to my friends Kiran, Mohammed Nathu, Adam Mamdani, Laila, her sweet daughter Sanesha—each and every member of the Ismaili Council of Ontario is dedicated to serving and uplifting the community.

To the incredible volunteers and staff of the Ismaili CIVIC initiative, thank you for your unwavering commitment to fellow Ontarians. You are our community heroes.

RESIDENTIAL SCHOOLS

Mr. Jamie West: Before I begin, I just want to say that I'm very hopeful that Vale and USW Local 6500 in Sudbury will reach a fair contract. The price of nickel and copper are doing really well. The company has received over \$67 million in COVID subsidies, and they're very profitable—profitable enough to pay out over \$3 billion in dividends in Q1 of this year. There's no need for the company to push for concessions, and I stand in solidarity with all members of Local 6500 in the need for a fair deal.

Speaker, my riding is in the Robinson-Huron Treaty territory of 1850 and Sudbury is on the traditional territory of the Atikameksheng Anishnawbek and Whitefish River First Nation. At the entrance of Queen's Park, there are these tiny shoes that were left out there to symbolize the

undocumented remains of 215 Indigenous children that were found on the site of a former residential school. Last night, when I pulled into Queen's Park, I saw these tiny shoes and I literally cannot get the image of them out of my head. Some of them are small enough to fit in the palm of my hand.

In Sudbury and across the country, flags will fly at half-mast, but that is literally the least we can do. We have to do more.

The reality is, I have Indigenous friends who are my age who have gone to residential schools. The reality is that we have Indigenous communities in Ontario without access to clean drinking water. The reality is that the death of Indigenous children is a crime against humanity, but Canada has never treated it as such. The reality is, we have to do more than lower flags. Chi meegwetch, Speaker.

COVID-19 IMMUNIZATION

Mr. Aris Babikian: Good morning, Mr. Speaker. I am pleased to report that the number of Scarborough–Agincourt residents who have been vaccinated has increased remarkably in the past weeks. The increased number of vaccinations is the result of a better supply of the vaccine and our hospital's co-operation with various community organizations. Accordingly, the frequency of pop-up clinics, mobile unit visits to congregate homes and the mobile vaccination bus stops in various locations have successfully vaccinated 65% of adults in Scarborough and Ontario.

Due to this major achievement, we are now moving ahead of schedule to start the vaccination of those 12 years of age and older. In addition, we started administering the second dose of vaccines to 80-plus seniors. Scarborough Health Network already started contacting our seniors and booking them for their second shot.

1030

Mr. Speaker, everyone is cognizant that the last 14 months were challenging. I am optimistic that we are seeing the light at the end of the tunnel. At this moment, in addition to my March 3 recognition of Scarborough–Agincourt community institutions, I would like to also pay tribute to the following organizations: TAIBU community centre; Islamic Foundation of Toronto; Tropicana Community Services; Scarborough Chinese Methodist church; Malvern Christian Assembly; Lakshmi Narayan temple; Fujian Community Association of Canada; the community services association; L'Amoreaux Collegiate Institute; Arz Fine Foods; Shirag Bulger and so many more.

In addition, Bridlewood Mall, Agincourt Mall and Bamburgh—

The Speaker (Hon. Ted Arnott): Thank you very much. The next member's statement.

COMMUNITY ORGANIZATION FUNDING

Mr. Stephen Crawford: It's an honour to rise today about some of the recent funding announcements in my riding of Oakville. There is no denying that this pandemic

has taken a heavy toll on non-profits and organizations throughout Ontario and Oakville. I'm proud that organizations and non-profits in my community are being recognized for their outstanding work through financial grants.

The Oakville Crusaders Rugby Club hosts professional and international teams. It's great to see that they were successful in receiving an Ontario Trillium grant to expand and deal with the implications of COVID-19. The rugby club will continue to play a vital role in supporting the physical and mental well-being of residents.

Last week, I also attended an event by the Oakville Choral Society where they performed songs like Hallelujah, Imagine and were also there to celebrate their Resilient Communities Fund grant.

The Resilient Communities Fund was also awarded to the YMCA of Oakville; the Oakville Players; Community Living Oakville; Bandology; Heartache2Hope; the Oakville Symphony Youth Orchestra; and the Canadian Croatian Choral Society.

Organizations have kept residents engaged through these difficult times and they contribute to make our society stronger. These much-needed funding grants will go a long way to ensuring organizations adapt to meet the demands of the pandemic and help my riding emerge from this pandemic. I want to extend my congratulations to all these successful applicants, and I wish them all continued success.

TABLING OF SESSIONAL PAPERS

The Speaker (Hon. Ted Arnott): I beg to inform the House that the following documents have been tabled:

—a report entitled 2021 Ministry of Long-Term Care: Spending Plan Review, from the Financial Accountability Office of Ontario;

—the annual report of the review of expense claims covering the period April 1, 2020, to March 31, 2021, pursuant to the Cabinet Ministers' and Opposition Leaders' Expenses Review and Accountability Act, 2002, from the Office of the Integrity Commissioner of Ontario; and

—a report entitled 2021 Ministry of Education: Spending Plan Review, from the Financial Accountability Office of Ontario.

RESIDENTIAL SCHOOLS

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

Hon. Paul Calandra: Mr. Speaker, I think if you seek it, you will find unanimous consent to allow the member for Kiiwetinoong to speak for 10 minutes with respect to his feelings and the feelings of all First Nations in the province of Ontario following the horrific discovery in British Columbia.

The Speaker (Hon. Ted Arnott): The Government House leader is seeking the unanimous consent of the House to allow the member for Kiiwetinoong to speak for 10 minutes. Agreed? Agreed.

I recognize the member for Kiiwetinoong.

Mr. Sol Mamakwa: Meegwetch, Speaker. I rise today to acknowledge and honour the 215 children who did not return home from the Kamloops Indian Residential School. I acknowledge the communities of the First Nations in British Columbia who these children belonged to, and across the country, across Canada, those who have felt the pain of this loss. We are united in grief.

Indigenous people across the country are hurting. We are in pain, remembering all those we have lost and the destruction that residential schools have left behind.

The discovery of those precious 215 lost children, our children, has shown us again the overwhelming amount of work to be done to ensure justice, dignity and equity for our people. Speaker, the death of our children is a crime against humanity, but Canada has never treated it as such. The country must own up to its past, as must all its governments and institutions, for its role in the horror it created in residential schools.

The first Prime Minister, John A. Macdonald, told the House of Commons in 1883:

“When the school is on the reserve the child lives with its parents, who are savages; he is surrounded by savages, and though he may learn to read and write his habits, and training and mode of thought are Indian. He is simply a savage who can read and write.

“It has been strongly pressed on myself, as the head of the department, that the Indian children should be withdrawn as much as possible from the parental influence, and the only way to do that would be to put them in central training industrial schools where they will acquire the habits and modes of thought of white men.”

People often call Indian residential schools a dark chapter in Canada’s history, but for many of us who are affected by this directly, we know that chapter never ended for our grandparents and for those other members of our families who were sent to residential schools. We continue to collectively feel that hurt that was experienced by our relatives in those schools.

Speaker, all Indigenous peoples living today in Canada are survivors of Canada’s tools of genocide. We are survivors of residential schools. We are survivors of the Indian Act. We are survivors of the Sixties Scoop and survivors of the ongoing systemic racism which attempts to erase us. But we are still here.

Today, I’m calling on Ontario and the Canadian government to work with all First Nations at the sites of the schools and look for our lost children. It is a great open secret that our children lie on these properties of former schools, an open secret that Canadians can no longer look away from. In keeping with the Truth and Reconciliation Commission’s Missing Children Project, every school site must be searched for the graves of our ancestors. Canada must also demand apologies from those who helped commit these heinous crimes. Pope Francis, the Catholic church and all other churches involved must own up to their part in this genocide, apologize and offer reparations to survivors and families of those lost. Finally, we must remember that Canada’s governments, at every level, including ours, have roles to play, responsibilities and treaty obligations.

1040

Speaker, it’s still hard to be an Indigenous child. As I speak today, thousands of Indigenous children are without proper schools, clean water, adequate food, a safe home to live in, or good health care. Many cannot attend high school in their own communities and they are too often in the child welfare and justice systems. We can no longer throw up our hands and say, “There’s nothing we can do.” We must act together to resolve this so no more children go without.

Today, I am calling on the government of Ontario to keep the flags lowered at all provincial buildings to half mast for four days to honour the 215 children. I am also calling on the government of Ontario to institute an annual day of mourning and remembrance for those we lost to residential schools and for survivors. Let this be a first step towards an honest reckoning with the past by Ontario, by Canada and all the people who call this land home.

While we respect the lowering of flags and other demonstrations as a means of showing support for the 215 children who died at the Kamloops Indian Residential School, there is so much more work that must be done to honour the survivors of Indian residential schools and to honour those who did not go home. This work demands the attention of every member of this Legislature and it needs the collective action of all 124 members who were elected to serve here. All of us here must be fully committed to implementing the calls to action of the Truth and Reconciliation Commission to address the ongoing legacy of residential schools. The discovery of the unmarked graves of these 215 children shows us again that genocide, colonization and oppression are not in Canada’s past; our people live with the effects in the present.

Speaker, today our hearts and our prayers are with the families and nations of these young people who did not get to return home and with all survivors of Indian residential schools across Canada. I ask for a moment of silence to recognize the 215 children who did not return home from Kamloops Indian Residential School. Meegwetch.

The Speaker (Hon. Ted Arnott): The member for Kiiwetinoong is seeking the unanimous consent of the House for a moment of silence to remember the 215 children who did not return home from Kamloops Indian Residential School. Agreed? Agreed.

Members will please rise.

The House observed a moment’s silence.

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

I’m going to recess the House for five minutes.

The House recessed from 1046 to 1051.

QUESTION PERIOD

COVID-19 IMMUNIZATION

Ms. Andrea Horwath: I want to start by acknowledging the remarks of Sol Mamakwa, the member for

Kiiwetinoong, and the government House leader for allowing us to take this moment in time.

But now, it's my job to change the topic, Speaker. I'm going to ask my first question to the Premier. On Friday, the Premier said this in relation to the vaccine rollout here in the province: "I've never seen a more well-oiled machine." Meanwhile, doctors and experts everywhere have been calling it "chaotic," "confusing," "The Hunger Games." Clearly, if the Premier thinks that this is a well-oiled machine, he certainly hasn't learned from his mistakes.

The question is: Why hasn't he fixed his mistakes from the initial rollout to the rollout of dose 2?

The Speaker (Hon. Ted Arnott): To reply on behalf of the government, the Deputy Premier and Minister of Health.

Hon. Christine Elliott: Well, the answer would be: because there's nothing wrong with the plan. The plan is being rolled out across the province. We have reached over 65% of all Ontarians over 18 receiving at least one dose. We currently stand at 67%. Nine million vaccines have already been given to people across the province. We have virtually six million further booked and ready to go, and we have the supply coming in. The plan is rolling out in the way that it was supposed to and will continue to do so.

The Speaker (Hon. Ted Arnott): The supplementary question?

Ms. Andrea Horwath: Speaker, the big problem is, the way it was supposed to wasn't good enough and didn't do justice to the people of Ontario. "Everyone for themselves" is not a plan to roll out a vaccine that ensures that the most vulnerable receive the vaccines first. In fact, this government left the most vulnerable behind.

Dr. Nathan Stall says this: "This is going to create, I fear, the sort of vaccine 'Hunger Games' 2.0 for these older adults, where they're now being asked to go back onto the multiple booking systems through multiple sites." And meanwhile, we all know the mass confusion that continues to swirl around the AstraZeneca vaccine.

My question again to this Premier is: Why did he and his government not learn from his mistakes from the rollout of dose 1 and are continuing to roll out dose 2 in the same chaotic, confused and confusing way?

Hon. Christine Elliott: I would suggest to the Leader of the Opposition that, given the fact that we've already had over nine million vaccines already given to people, with almost six million already booked, most Ontarians do not seem confused by this rollout. In fact, this is actually good news that we've announced, that if people wish to receive their doses sooner than the date they have the appointment for, they can do that. They can do that online. They can do that, actually, through the pharmacies where they originally had them or through their primary care provider. But if they choose to stay with a date that they already have booked for their second dose, they're free to do that. If they wish to move it forward, they can do that as well. That's choice to the people of Ontario. That's what people have been telling us they want, and we have

a system in place that's ready and available to allow them to do that.

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

Ms. Andrea Horwath: Speaker, it's not about how many doses have been given out; it's about how they've been given out. The rollout has left those who are most vulnerable, who need protection the most, getting the least access to the vaccines. We saw as this government was dragged kicking and screaming into addressing the hot spot issue and then abandoned that strategy a week early—two weeks early, I think. Vulnerable seniors are still less likely to have their first dose.

It's not about all those who can easily access; it's about those who cannot easily access. We know that seniors are still in that position, never mind trying to chase down their second dose. Meanwhile, report after report of people trying to bully their way to the second dose has been continuing to show up in the media.

So the question is: Where is the plan to ensure that those who need the vaccines the most, the most vulnerable, are easily able to access them?

Hon. Christine Elliott: In fact, I would say to the Leader of the Opposition, through you, Speaker, that what she is suggesting is simply not the case. We have a strategy which we implemented during the month of May for two weeks, where we allocated 50% of our vaccines to the hot spot areas, and it worked. Right now, we have a situation where the people in the hot spot areas are at almost 8% more likely to have been vaccinated by the first dose than people in non-hot spot areas. We followed the recommendations that were made by the medical experts. They originally recommended four weeks, but that was before we knew we were getting double the number of doses, so we have actually followed what they suggested.

We are paying attention to the hot spot areas, as well as to our seniors. We prioritized people in long-term-care homes and retirement homes. And now, starting as of today, people who are 80 and older, if they wish to accelerate their second dose, they can do so. If they don't wish to, they can stay with the time they already have booked.

EDUCATION

Ms. Andrea Horwath: My next question is also for the Premier. Students and their parents have been left in limbo now, waiting for the details of the possible reopening of schools. For over a year, unfortunately, this Premier decided to dismiss the concerns of parents, of teachers and education workers as he insisted that schools were safe. Now, of course, we know that they decided to cut the education budget, which just today was confirmed by the Financial Accountability Officer of Ontario.

Thursday, the Premier finally decided to lob a frantic last-minute consultation into the communities. I guess my question is, why didn't the Premier think for over a year that the kids of this province's education and their

schooling wasn't more important for him to take action instead of waiting until the very last minute?

The Speaker (Hon. Ted Arnott): To reply, the Minister of Education.

Hon. Stephen Lecce: As the Chief Medical Officer of Health has confirmed, and local medical officers of health have done the same: They have noted that the schools have been safe. We've always acknowledged that schools reflect our community.

Back last summer, we put in place a \$1.6-billion plan that allowed us to hire 7,000 staff, 1,400 additional custodians, improve air ventilation in 95% of schools, procure 40,000 HEPA units to support them, more than quadrupled mental health funding for students from when the former Liberal government was in power. And we're the only province in the nation to have a targeted asymptomatic testing program. That has all led us to one of the lowest case rates for youth under 20 in Canada, because we followed that advice.

Yes, Mr. Speaker, we are obviously broadening the consultation to ensure we get this decision right, to not compromise the incredible hard work and sacrifice that Ontarians have made together to get our case rates down over the past weeks and get our vaccination up in the province of Ontario.

The Speaker (Hon. Ted Arnott): Supplementary.

Ms. Andrea Horwath: Well, Speaker, I just have to say that it speaks volumes that, for a year almost, the government didn't even bother to launch a consultation and they waited until the very last minute to engage at this point, which is just completely unacceptable, considering that it's been, as I said, close to a year—close to a year that this Premier and this government have been dismissing concerns about school safety.

In fact, one of the teachers who spoke out against this particular last-minute consultation, Erin Roy, an Essex-area educator, says, "giving somebody a day's notice when we've been begging all year to be consulted on these decisions ... I don't think it's genuine."

1100

Schools were supposed to be the first to open and the last to close. This government attacked teachers who raised COVID questions all the way along and now the science table has weighed in, public health has weighed in and educators have weighed in, and they've all said that it's time to safely look to a regional approach to open schools. When is the government going to do that?

Hon. Stephen Lecce: Let's take the perspective of Dr. Jüni, the head of the science table, who reported last week that Ontario, unlike other places in the world, did a relatively good job. If you compare it to the United Kingdom, our way of cohorting, our way of masking kids is much, much better. Dr. Williams said just days ago, "Our schools were safe before we closed down in the rapid rise of the third wave."

We have consulted. We have invested. We've put in place a plan that leads the nation, and our commitment is to take the time to get this right, to continue to consult, and

obviously to provide the certainty all parents and students in Ontario deserve.

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

Ms. Andrea Horwath: It has been a really tough year for parents and for kids, particularly because they've been stuck at home for months. Kids are missing their friends, they're missing the social interactions that we all know that they need. Parents have been missing a normal life, but also have been very, very worried about their children's ability to learn. They've been watching their kids become more and more depressed, and more and more lonely. Nothing that they can do about that has occurred, though. They are sitting unable to address what's happening to their children.

The Premier should have made schools a top priority, and he didn't. Instead, he denied that there were problems in schools, he attacked teachers and education workers, and he had the gall, at a time like this, to make cuts to our classrooms. I think it's time for this Premier to actually follow the science table advice, listen to the advice that they're receiving and provide the money to every region necessary to open their schools safely. Will he do that?

Hon. Stephen Lecce: We'll continue to provide school boards with unprecedented access to investment: \$1.6 billion in this current school year, \$2 billion in the coming school year, an over-half-a-billion-dollar increase in the Grants for Student Needs, and \$85 million targeting learning supports in summer learning, as well as a \$1.6-billion renewal of COVID-19 resources.

The difference between this year and next year is that there are no federal dollars. The province is leading the way entirely by ensuring every public health measure is in place, even though we know, with vaccinations of all students double-dosed by September and with all Canadians potentially double-dosed by September—it gives us a great sense of hope about the fall. Notwithstanding we have those investments in place, there is a commitment to parents and to students and to the staff within our schools that we're going to keep them safe as we look forward.

RESIDENTIAL SCHOOLS

Ms. Suze Morrison: My question is to the Premier. Indigenous people across Canada are hurting. This weekend, the bodies of 215 lost children were discovered at a mass gravesite near the former Kamloops residential school. The death of Indigenous children is a crime against humanity and the country must own up to its past, as must all governments and all institutions.

It is a great open secret that children lie on the properties of former residential schools, an open secret that Canadians can no longer look back from. In keeping with the Truth and Reconciliation Commission's Missing Children Project, every school must be searched for the graves of our ancestors.

Will this government commit today to searching the grounds of the former residential schools in Ontario for lost Indigenous children?

The Speaker (Hon. Ted Arnott): To reply, the government House leader.

Hon. Paul Calandra: I appreciate the question from the honourable member and I understand how challenging this past weekend has been.

I think the request is certainly a reasonable one and we look forward to working with First Nations to ensure that that gets done.

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

Ms. Suze Morrison: All Indigenous people living today in Canada are survivors of Canada's genocide, survivors of Indian residential schools, survivors of the Indian Act, survivors of the Sixties Scoop, survivors of ongoing child apprehension and survivors of ongoing systemic racism which attempts to erase identities, cultures and languages. This government must work toward an honest reckoning with our past. It's time for the Ontario government to accept responsibility and take action to ensure justice, dignity and equity for all Indigenous people.

Will this government commit today to secure justice for all the families impacted by the horrors of Indian residential schools and create an annual day of mourning and remembrance for those we lost to residential schools, the survivors and their families?

Hon. Paul Calandra: I really do appreciate the question from the honourable member. Obviously, the member from Kiiwetinoong's message was very clearly heard by all of us, Mr. Speaker, and I certainly do look forward to working closely with the members opposite to ensure that perhaps even before we adjourn this place, that we can bring forward a bill that would recognize something like that. So I do look forward to working with the member. The member, of course, will know how important private members' business is in this place. I think that certainly is something that we should be working on together.

COVID-19 RESPONSE

Ms. Andrea Khanjin: The residents of Barrie–Innisfil, like so many Ontarians, are eager to get their summer back with the stay-at-home order expiring this week, but in order to move forward—we know that stricter border measures stop the spread of COVID-19. This is a fact backed by science and data as well as experiences of countries from around the world that have implemented, with success, stricter border restrictions to stop the entry of COVID-19. We also know that this isn't just international travellers. COVID-19 enters Ontario via other provinces as well.

While our government continues to urgently request real action to secure our borders, this is simply not a priority for the Prime Minister. Can the Solicitor General update the residents of Barrie–Innisfil and all Ontarians on the status of our government's way to maintain our borders and secure Ontarians?

Hon. Sylvia Jones: Thank you to the member from Barrie–Innisfil. I know that she understands only too clearly how variants can devastate a community. The third wave in Ontario was fuelled by variants discovered in other countries, with the vast majority of cases being variants of concern. That's why the emergency order restricting travel into Ontario from Manitoba and Quebec's land and water borders has been extended until June 16.

We also continue to advocate for the federal government to restrict travel through federally regulated air travel. Our government has written four separate letters with very specific, urgent requests to the federal government asking them to take action, only to get a vague and non-responsive answer in return. Now, as we are gaining ground on the new variants, we see our case counts drop.

It's time for the federal government to take this seriously and address the border issues through stricter controls for domestic flights and international travel.

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

Ms. Andrea Khanjin: Over the past few weeks we have seen a crest on Ontario's third wave with cases dropping and hospitalizations starting to decompress, which is great news for all Ontarians. With the case counts improving, I know that many Ontarians are also planning their Ontario staycations but are also wondering what other provinces—and what interprovincial restrictions are still remaining in place. Can the minister provide details as to why it's so important for these restrictions and why they're still needed?

Hon. Sylvia Jones: I will, and thank you for the interest in this issue. The northwestern public health unit is doing a great job, consistently having some of the lowest case counts over the past seven days. On Sunday, they recorded zero new cases.

We need to remember that our neighbouring province of Manitoba is in the middle of a very serious outbreak. Ontario will continue to offer any help we can, including by assisting by having 24 Manitoba residents currently in Ontario ICUs.

We look forward to welcoming Manitobans back soon, but we can see the positive effect of reducing mobility from areas that are experiencing outbreaks to isolated communities like the northwest has had. Premier Ford has repeatedly asked the federal government to step up and do its job, just like we are doing ours. We continue to make very clear to the federal government that we're imploring them to take stricter measures at the border.

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COLLEGE STANDARDS AND ACCREDITATION

Mr. Terence Kernaghan: My question is to the Premier. Last week, the review board for colleges and universities, PEQAB, rejected Charles McVety's university application, and Ontarians gave a sigh of relief. This government snuck favourable legislation into an omnibus bill

to allow Charles McVety an even bigger platform for spewing his hateful bigotry against the 2SLGBTQ community and Muslim Ontarians. This bill should have never been passed in the first place, and members on this side of the House were proud to vote against it.

On the eve of Pride, it's absolutely necessary this government take a stand against all homophobia, biphobia and transphobia in our province. Will the government do the right thing and rip up section 2 of Bill 213 today?

The Speaker (Hon. Ted Arnott): To reply, the parliamentary assistant and member for Northumberland–Peterborough South.

Mr. David Piccini: We join the member opposite in condemning any form of hate in this province, regardless of where it may stem from.

With respect to the legislation before the House, and with respect to the independent PEQAB process, as we said from day one, we lean on the independent, expert advice of the Postsecondary Education Quality Assessment Board. We said we would respect their decision, and we've done just that.

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

Mr. Terence Kernaghan: If this government condemned hatred, then they wouldn't have passed Bill 213 and snuck in schedule 2 in the first place.

My question is back to the Premier. Charles McVety has already launched a campaign to convince the government to give royal assent to his bill. He's now attacking the public servants who reviewed his application, has put out a video calling for the government to ignore the process—something they might be willing to do for their long-time political buddy. Every day this legislation sits on the books is one day closer to giving Charles McVety what he wants. The only way forward is to rip up the section of the bill to add transparency to the PEQAB process.

Along with my colleagues, I have legislation to rip up section 2 of Bill 213. Will the government do the right thing and pass this legislation immediately?

Mr. David Piccini: The strength of our post-secondary system is because of the independent analysis of groups like the PEQAB process. It's because of those independent processes, independent of politicians, that we have a high-quality education system—a high-quality education system void of the hate that the member speaks of opposite. We'll always respect that independent process. It's because of those independent processes that we've seen expansion at Algoma University of degree-granting authority. It's because of that independence that we've seen OCAD expand their process. We've said from day one we'd respect that independent process, and that's exactly what we've done.

RESIDENTIAL SCHOOLS

Ms. Kathleen O. Wynne: I want to acknowledge and thank the member from Kiiwetinoong for his remarks.

My first three grandchildren's paternal moshum and kokum were survivors of residential school. A few years ago, on a field trip to a sugar bush, when my eldest grandchild was in grade 1, a child in the class asked where all the First Nations people had gone. My daughter happened to be volunteering and she said, "Well, they're right here." And as the member from Kiiwetinoong said, they are right here. We are all here.

We cannot expect children to know our shared shame or our history, unless we teach it. So my question is to the Premier: Will the government reverse its decision of 2019 and make Indigenous education and the true teaching of residential schools mandatory at both the elementary and the secondary levels?

The Speaker (Hon. Ted Arnott): To reply, the government House leader.

Hon. Paul Calandra: I certainly appreciate the question from the member opposite. Look, it has become clearer and clearer every day, if it hasn't been to people, how important it is that we do all that we can to ensure that there is reconciliation across Canada. I think that the member opposite's words today were just another in a series of very powerful indications of how important it is. So I certainly want to work and continue to work with all members in the House, and in a non-partisan way, to make sure that we can move the ball even further.

One of the hardest things of being a member here, having been elected here, is to hear the member from Kiiwetinoong talk about how he doesn't feel part of this place and how it doesn't always reflect the Ontario or the Canada that he knows. We have a job to do, to make sure that we get that done, Mr. Speaker. Today, our focus is going to be on the horrific circumstances that we saw in British Columbia and making sure that we can do our best to do right by those families and the families in the province of Ontario who have suffered for far too long.

The Speaker (Hon. Ted Arnott): The supplementary question?

Ms. Kathleen O. Wynne: Mr. Speaker, with all due respect, the focus for today, yes, is on those little children whose remains were found. It is a horrific story that, as the member for Kiiwetinoong has said, has been repeated all over this country. And so if the government is serious, Mr. Speaker—and I appreciate the gestures of flags being raised at half-mast and so on. I stood in this House as the Premier and made an apology, and that was a gesture. But those gestures have to be backed up with action. One of the first things that this government did when it came into office was to stop the writing of curriculum that would have embedded the truth about Indigenous people in this country in our curriculum.

Will the Premier please make it clear and ensure that that has been rectified, that, in fact, the path that we were on in 2018, which was to back up the gestures with real action—that that action is being taken, and if it's not, that it will start tomorrow?

Hon. Paul Calandra: Frankly, Mr. Speaker, I think the path that we take can be a better one. I absolutely, positively believe that it can be a better one. It can be a

better one for First Nations when it comes to health, when it comes to education. It can be a better one for the people of the province of Ontario so that they can better understand the horrors that the member from Kiiwetinoong has talked about.

Do we have more work to do? Absolutely we do, Mr. Speaker. Absolutely we do. We have a responsibility to help, as the member from, I believe, Toronto Centre talked about, ensuring that we go to other residential schools to find the truth at these schools. Do we have a better job to do, as the member for Don Valley West talks about? Absolutely. Will this government wait 15 years to go down that path? No. We are going to do everything we can to live up to the responsibilities that every Ontario government has: giving our First Nations the best opportunity to live, work and prosper in the province of Ontario. It's our responsibility, and we'll get it done, finally.

PROFESSIONAL AND AMATEUR SPORT

Ms. Andrea Khanjin: My question is to the hard-working Minister of Heritage, Sport, Tourism and Culture Industries. The Toronto Maple Leafs' and the Montreal Canadiens' rivalry has a long history in the NHL, and tonight marks game seven of the Stanley Cup's final opening round between the two storied franchises.

On Saturday, 2,500 fans attended game six at Bell Centre in Montreal. The atmosphere was ecstatic, and the energy was felt by the players and the fans across the country.

MLSE has proposed a plan to allow fully vaccinated health care workers to attend tonight's game seven. That will be the first time that the Leafs and Habs have met for the playoffs since 1979. Will the government allow some of our health care workers to attend tonight's game to cheer on our beloved Toronto Maple Leafs?

Hon. Lisa MacLeod: Speaker, may I first acknowledge the member for her great work in this assembly? And just last week, she helped moderate a Jewish Heritage Month event with me to showcase Ontario's great diversity.

Before I get started, may I say to the members from Kiiwetinoong and Toronto Centre and Don Valley West how thoughtful your comments have been today? And I do apologize for the noise that's out there, because today should have been solemn one, where we were able listen and hear you speak your truth.

But I will say today we do have a bit of great news: We were able to work with the Chief Medical Officer of Health over the evening as well as Toronto Public Health in order to ensure that 550 front-line health care workers who have been fully vaccinated will be able to take in the seventh and final game of round 1 of the Canadian league for the NHL.

I want to thank Maple Leafs Sports and Entertainment for covering all of the costs to say thank you to these front-line heroes and also to Scotiabank for allowing each

member that will be admitted to be wearing a Toronto Maple Leafs jersey.

Now, you know, Speaker, that my team is the Ottawa Senators, but I will conclude on this: Go, Leafs, go!

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

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Ms. Andrea Khanjin: Thank you, Minister. This is great news not only for Leafs fans but, of course, our front-line heroes who are going to be at the game tonight and many who are watching in the province. It is evident that the plan is working, and now we know that 550 fans will be able to boost the boys in blue and their spirits as they get past the Montreal Canadiens and hopefully for the win tonight.

As we know, and many residents in Barrie–Innisfil are also wondering, sports play a really big part in our province and they're really looking forward to the return to play. I'm wondering if the minister can tell us how she's supporting the return to play on all fronts.

Hon. Lisa MacLeod: Obviously, I want to thank the Ontario Hospital Association for running the lottery today to allow those 550 front-line health care workers who have been fully vaccinated to get back to play.

Last Friday, I had the opportunity to spend some time with Marnie McBean, the chef de mission for Team Canada, as we started to inoculate through donated Pfizer vaccines all of Team Canada's Ontario athletes; that's 1,100. We're happy to do that at the Canadian Sport Institute of Ontario.

But last year, we committed over \$59.4 million—that is an increase of \$15.3 million—to get sport back in the province of Ontario. As we get more people with vaccines and we start to see cases go down and warmer weather, it's my hope that we can continue to work with the central health table in order to get our sports not only back up and running for training and practice purposes, but that we can actually start to look at what a return to play for amateur and professional athletes looks like and what a return to fans in stands will look like in the longer term.

SMALL BUSINESS

Ms. Jill Andrew: Speaker, tomorrow is June 1. Rent is due yet again for small business owners in St. Paul's. Store owners who can have pivoted online and, of course, to curbside delivery, but overall sales have plummeted for most of our small businesses.

The Eglinton Crosstown LRT has literally ripped through our midtown community in St. Paul's for over a decade. Recently, Crosslinx won their court case against the government's Metrolinx and Infrastructure Ontario. Crosslinx got the pandemic declared an emergency, which means they are negotiating with the government for more cash to complete the project and a later completion day. All this means years more of chaos, barely any customer parking, blocked access to storefronts, inaccessible sidewalks and, in general, economic trauma to our businesses in St. Paul's and across that Eglinton LRT strip.

My question is to the Premier, Speaker: Will this government finally support our NDP official opposition motion demanding a complete ban on evictions for our commercial small businesses throughout the COVID-19 pandemic, yes or no?

The Speaker (Hon. Ted Arnott): Government House leader.

Hon. Paul Calandra: Look, we have been working flat out to ensure that our small, medium and large job creators have all the tools they need to not only survive what has been a devastating global health and economic pandemic but, as we emerge from the pandemic, so that they can thrive like never before in the province of Ontario. It is why we are so committed to a framework that is, yes, cautious, Mr. Speaker, but will get us through these final stages of what I hope will be the end of COVID-19 in the province of Ontario so that, again, we can see a rebound in our economic activity, the type of rebound that we saw prior to COVID-19.

Prior to COVID-19, Ontario was leading in job creation. We were leading in economic development. We were making important investments to help grow our economy, transit and transportation. Mr. Speaker, that's what we want to see as we emerge from COVID-19, and we're giving them all the tools they need so that they can prosper as we come out of this.

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

Ms. Jill Andrew: When a small business closes, families suffer, jobs are lost and the very culture, heritage and identity of our communities also disappear. This government must consult with our small businesses, loosen the eligibility requirements of the broken Ontario Small Business Support Grant program, keep workers on payroll and help businesses get to reopening day, especially those that are owned by Black and racialized and women entrepreneurs who we know historically have faced systemic discrimination.

In Little Jamaica alone, Black Urbanism Toronto reported over 140 businesses closed since the beginning of the construction, and that list has ballooned with the pandemic.

My question, again, is to the Premier: Will the Premier support my motion calling for a Little Jamaica economic health and community wellness strategy, which includes direct funding to small businesses, heritage designation of Little Jamaica, an arts strategy showcasing the cultural wealth of our community and the building of real affordable housing in all new residential construction?

The Speaker (Hon. Ted Arnott): The Associate Minister of Small Business and Red Tape Reduction.

Hon. Prabmeet Singh Sarkaria: I appreciate the member opposite bringing forward these concerns.

We have hosted numerous consultations with business owners, chambers and racialized communities across this province to see the impact that COVID is having on specific businesses. We will continue to ensure that those businesses have access to the government; we'll continue listening to their concerns.

We have, to date, through the Ontario Small Business Support Grant, paid out to over 110,000 small businesses, totalling over \$1.5 billion in support. We've also put forward over 86,000 automatic second payments, totalling an additional \$1.2 billion to support these small businesses that continue to struggle as we get through the pandemic.

As we look forward, Mr. Speaker, the reopening plan has been set forward. We're going to continue to invest in the digitization—

Interjection.

The Speaker (Hon. Ted Arnott): The member for Toronto—St. Paul's, come to order.

Hon. Prabmeet Singh Sarkaria: We're going to continue to do whatever we can to ensure that small businesses can get back on their feet.

COVID-19 RESPONSE

Mr. Roman Baber: Speaker, to the government House leader: Today the House leader will whip the vote and force PC MPPs to vote in favour of a motion giving this government power to extend the emergency orders until December. The extension will be done by a government-run committee without debate or vote in this House.

Today, the government will cut Parliament out of its most impactful decisions in our lifetimes. The Premier will have the ability to close schools, lock down businesses and prevent us from seeing family, all because he says so. Speaker, this is an unprecedented abuse of power. This is the most undemocratic thing to be done in this Parliament since it was convened more than 150 years ago. It's unnecessary and it's hostile to Canada's democracy. Our democracy should not be eroded at a time of an emergency; that's what dictatorships do.

So my question to the government House leader: Will the House leader back away from this assault on democracy and permit PC MPPs a free vote on today's motion to extend the emergency orders?

Hon. Paul Calandra: Mr. Speaker, it's interesting coming from this gentleman, who all of a sudden has become very independent-minded, because he voted in favour of every single measure that this government took in order to keep the people of the province of Ontario safe. In fact, when the original reopening Ontario bill was passed, he was happy to go into the lobby and vote in favour. Unlike the member for Cambridge, who stood on a point of order on her own and voted against the bill, this gentleman here was enthusiastic in voting in support of that bill.

Mr. Speaker, we are very happy that we have made such tremendous progress in defeating COVID-19. The battle is not quite done yet, and I know that a lot of people would like to declare victory. It's not over yet. If we're going to see our small, medium and large job creators prosper, if we're going to see the province move out of this and put COVID behind us, again, we need to continue to work very hard.

In response to the member opposite, no, we will not declare victory over COVID-19 until we actually have.

The Speaker (Hon. Ted Arnott): The supplementary question?

Mr. Roman Baber: Speaker, I've indicated to the government that this is the most undemocratic thing to be done in this House for the last 150 years and all that the House leader can do is suggest that I voted in favour of this a year ago. This is about a month after he threatened to kick me out for opposing the lockdowns, and all of these members are sitting there and they know what went on and yet still they clap for him.

Yes, I voted for this a year ago, and imagine a year later, we are still at it again, even though the entire world moved on. BC is almost out. Alberta says it will remove all restrictions, even masks, in a month. Meanwhile, they want the ability to extend it by six months.

Yes, my friend from Cambridge stood out and she was kicked out; she is seated a few feet away from me. I remained for six months to try and steer this government away from the insanity, from the catastrophe, that they have imposed on this province. The member from Cambridge and I are doing our jobs. We were sent here to represent our constituents, not to be mouthpieces, repeating talking points or voting how we are told.

You see, this is what this motion is doing, Mr. Speaker: It's eliminating the function of this chamber. So my question: Will the House leader permit a free vote on this motion: yes or no?

Hon. Paul Calandra: I must have missed that extra six months that he granted to us to help us in COVID, Mr. Speaker.

This is a gentleman who, in March, voted—
Interjection.

The Speaker (Hon. Ted Arnott): The member for York Centre, come to order.

Government House leader, please reply.

Hon. Paul Calandra: This is a member who, in March, voted in favour of measures; in April, voted in favour of these measures; in May, voted in favour of these measures; in June, voted in favour of these measures; in July, voted in favour of these measures; in September, voted in favour of these measures—now, of course, from September, October, November and December, we're just finding out that he was doing that for us. So I appreciate how much he was doing that for us and the assistance that he gave us in steering the province through COVID-19, but I'm also appreciative of the fact that he's now over there.

1130

SMALL BUSINESS

Ms. Andrea Khanjin: My question is to the Associate Minister of Small Business and Red Tape Reduction. As this government continues to support small businesses with direct supports—

Interjections.

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

The member for York Centre will come to order. The government House leader will come to order. If it continues, we'll move to warnings very quickly.

Please start the clock. I apologize to the member for Barrie–Innisfil.

Ms. Andrea Khanjin: Speaker, my question is to the Associate Minister of Small Business and Red Tape Reduction. Since day one, our government has done much to unshackle the burdens that small businesses incurred after years of mismanagement by reducing red tape. We've provided them hope, and during this pandemic, this government continues to support small businesses with direct supports. But we know that structural changes are going to be just as important to help businesses to recover from long-standing issues and to help them succeed through the recovery.

Can the minister tell this House how he's addressing many regulatory burdens that are particularly important to the economic recovery?

Hon. Prabmeet Singh Sarkaria: Thank you to the member for Barrie–Innisfil for that question. I appreciate all the leadership she has shown to ensure that businesses have the right conditions to continue making sure that Ontario remains the most competitive jurisdiction in North America in attracting new investments.

Mr. Speaker, with the legislation that we have put forward in this House, we are modernizing Ontario by bringing more processes online, services online, including developing new applications that will allow online sticker renewal for heavy commercial vehicle licence plates. We are creating innovative new revenue streams to help main street businesses seize every opportunity to succeed. Among other things, we're bringing certainty in our critical mining industry by capping timelines on closure of plants.

We have a wide variety of approaches we are taking to ensure that Ontario remains competitive and that it continues to be a great jurisdiction for investment.

The Speaker (Hon. Ted Arnott): Supplementary.

Ms. Andrea Khanjin: Thank you to the minister for restoring competitiveness when it's so important for our businesses. I know in my community of Barrie–Innisfil, it's important, and of course, across Ontario.

We know that the trucking industry is also very important to get goods to market. Many businesses in my community, whether they be associated with the Barrie Chamber of Commerce or the Innisfil economic development department, need to get products to market.

I'm wondering if the minister could tell us how the Supporting Recovery and Competitiveness Act continues to support our trucking industry?

Hon. Prabmeet Singh Sarkaria: Thank you to the member for that question. Mr. Speaker, we have taken multiple measures to ensure that we are supporting the trucking industry. We are focused on making driving more efficient for Ontario's hardest-working individuals, our truck drivers.

Each year, trucks have to complete multiple inspections in order to operate on our roadways. Additionally, they are subject to emissions testing to ensure they are meeting Ontario's high environmental standards and licensing re-

quirements. We're easing the burdens on these professionals by consolidating many of these approaches to ensure that they can stay on the road and spend less time complying with many of these, and consolidating that process to save them time. We want them to focus on delivering goods, as they have been, from pharmacies to drug stores to grocery stores, day and night. We are ensuring that they have the ability to continue to do that.

We're also modernizing the licence plate renewal system for heavy commercial operating vehicles so they can—

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

SMALL BUSINESS

Mrs. Jennifer (Jennie) Stevens: My question is to the Premier. When the Premier put forward a reopening plan for the province, this road map still means businesses will be closed for weeks, some for months. In fact, this is the first thing St. Catharines gym owner Colin Wolf looked at when counting the days backwards until he can reopen. He will not be able to fully reopen for months.

Mr. Premier, if this is the plan we're going to be following, then businesses immediately need a third round of funding. The existing eligibility issues must be immediately addressed and fixed on the current grant. Will you provide details of what kind of third round of funding for small businesses will be created so that local Niagara businesses can finally put this pandemic behind them and get back on their feet?

The Speaker (Hon. Ted Arnott): The Associate Minister for Small Business and Red Tape Reduction.

Hon. Prabmeet Singh Sarkaria: We recognize how difficult this time is for many small businesses. It's also why we have put forward unprecedented supports. Over \$2.8 billion of direct supports have been paid to small businesses across Ontario, 110,000 in the form of first payments and 86,000 businesses in the form of second payments.

Along with those supports, we have also reinvested in the largest investment to help businesses go digital: A \$57-million program last year, the Digital Main Street program, now gets an additional \$10 million to ensure that they can continue to help businesses pivot. We have also put forward supports like 100% of your property tax that is covered, 100% of your energy costs that are covered as well.

We recognize that these are significantly challenging times for these business owners, but we are putting forward supports, over \$2.8 billion just in the Ontario Small Business Support Grant, to ensure that they have the resources they need to get through this very difficult time.

The Speaker (Hon. Ted Arnott): And the supplementary question?

Mrs. Jennifer (Jennie) Stevens: Let me just say this: This is not reassuring to small businesses in St. Catharines or in Niagara that are faced with another prolonged lockdown because of this government.

Last month, the Niagara region did their third round of COVID-19 impact on Niagara businesses and their findings shine a light on the absolute devastation and cost of repeat lockdowns made by this government's failures. The survey indicated that 81% of businesses experienced a loss of income in 2020. The majority of the respondents indicated that it will take over three years before they see a full recovery.

The businesses in Niagara and in St. Catharines want to know: Why does this government refuse to announce a round of third funding for businesses while it ignores evictions, insurance-gouging and report after report about the impacts of their repeated lockdowns? It's not pivoting; it's survival of the fittest in small businesses.

Hon. Prabmeet Singh Sarkaria: Mr. Speaker, this government has paid out \$2.8 billion in direct supports to small businesses that have been impacted by this pandemic just through the Ontario Small Business Support Grant.

We have also included now and introduced the travel grant of another \$100 million to support those businesses that are in the travel industry that have been impacted. Those, again, are up to \$20,000 grants that this government has put forward—\$100 million to ensure that those businesses also get the support that they need.

Mr. Speaker, we're going to continue to do whatever we can to support small businesses, just like we did before the pandemic when we brought in over a 9% reduction in the small business tax rate across the province, over \$330 million in savings through red tape reduction that we have put forward—making sure that we modernize and keep Ontario competitive and continue working for our small business owners across this province through significant supports that we'll continue to put forward to keep—

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

RESIDENTIAL SCHOOLS

COVID-19 IMMUNIZATION

Mr. John Fraser: My question is for the Deputy Premier. I first have to say that it's very disappointing and discouraging to hear the response to the member from Don Valley West that the government can't reinstate the curriculum that they undid.

Last week, many seniors and their families felt a sigh of relief when the Premier announced that people 80-plus could rebook their second vaccine appointments earlier. This morning, that sense of relief turned into anger and frustration once again for too many seniors in my community. Our phones are ringing off the hook. As of 9 a.m. this morning, there were no more appointments available in Ottawa.

Speaker, through you, how are we once again in a situation where we're asking seniors 80-plus, many of whom experienced difficulty booking their first appointment, to go through the same process the second time, with also giving the caveat last week, "There's no guarantee you'll get an earlier appointment"?

1140

The Speaker (Hon. Ted Arnott): Government House leader.

Hon. Paul Calandra: I apologize that he's not going to get an answer to his second question until the supplementary. But let me be very clear, Mr. Speaker: At no time did I say that this government and that the members on this side of the House wouldn't do everything we can to ensure that there is reconciliation in the province Ontario. What I have said is that we will not wait years to get it done. We will continue to work hard, whether it's with the Minister of Education, whether it's with the Minister of Indigenous Affairs, whether it's with the Minister of Finance or the members opposite, to ensure that we have a true reconciliation.

Today, Mr. Speaker, is about what we saw on the weekend, the horrific events of the weekend. I want to focus on that today and not politics. For one day I would hope that the members of the Liberal Party could put their focus on what is important, and what's important today is respecting what we saw on the weekend and making sure that the words from the member for Kiiwetinoong and the member for Toronto Centre—that we get it done and we get it—

The Speaker (Hon. Ted Arnott): Thank you. Member for Ottawa South, supplementary.

Mr. John Fraser: What's clear today is, we need to teach our children.

Deputy Premier, as of 8:15 this morning, a resident told me she was told there are no more appointments available in Ottawa. What I can't understand is how we couldn't procure a system or get ourselves organized to not make people go through the same darn process again. It's like we didn't learn anything the first time. If the government were serious about prioritizing seniors, they would have a system that would automatically book appointments, or figure out a way to do that, or organize it so more people weren't on the phone frustrated than happy.

Making seniors and their families go through this again is just plain cruel. I know that the phones are ringing in Nepean, Kanata and Ottawa West–Nepean, and the same thing in your offices. Speaker, through you, why does this government continue to over-promise and under-deliver, telling Ontario seniors they can rebook their vaccine appointments sooner, and then literally saying last week that there aren't enough appointments to go around?

The Speaker (Hon. Ted Arnott): To reply, the Minister of Health.

Hon. Christine Elliott: I would say to the member opposite that our system and our government is prioritizing seniors. As of today, 80-year-olds, if they wish, can change the appointment that they already have—the second appointment—for an earlier appointment. There are vaccines available. There are appointments available, perhaps not in the same pharmacy where they received their first, if they received an AstraZeneca vaccine; however, it is available on our website at ontario.ca/coronavirus. They can check which pharmacies are available, which ones do have the AstraZeneca vaccine,

and they can rebook. There are appointments available; there is vaccine available. And these seniors are not required to change it. It is only if they wish to have an accelerated dosage.

Most of them have their second appointment already booked. This is something they can do if they wish. If they choose not to, if it's too much trouble for them to do, they can stick with the appointment that they already have. It's very clear and it's very simple to do.

TENANT PROTECTION

Ms. Bhutila Karpoche: My question is to the Minister of Housing. Last week I attended a virtual hearing at the Landlord and Tenant Board for two constituents in Parkdale–High Park. Theresa De Mesa, a senior, and her disabled son, Anthony, have reliably paid their rent for 30 years, but their landlord, Nuspor, is trying to evict them on issues of cleanliness. Despite the stay-at-home order, the Landlord and Tenant Board is processing hundreds of evictions each week, putting the very lives of people like Theresa and Anthony at risk. Why is the minister allowing this? Will the minister put an end to eviction applications and hearings for the duration of the pandemic?

Hon. Steve Clark: I want to thank the member for the question. Our government has been crystal clear that when there's a stay-at-home order, there would be a pause on the issuance of evictions at the Landlord and Tenant Board. This is something that Ontario's Attorney General did right at the start of the pandemic. Every single time the government has decided to have a stay-at-home order, we have invoked a residential evictions ban.

Through you, Speaker: Again, as I've said many times in this House, the Attorney General has been working very diligently to deal with the staffing issues at the Landlord and Tenant Board. I want to remind the House, we put a bill forward in this House, the Protecting Tenants and Strengthening Community Housing Act. It was something that needed to be done. That party across, the official opposition, voted against it.

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

Ms. Bhutila Karpoche: Speaker, virtual hearings are a nightmare. There are so many technical issues. Tenants get disconnected while giving testimonies, and some are unable to reconnect back into the hearing. The entire experience is confusing. Multiple hearings are scheduled at the same time, and there are frequent interruptions.

Now we've heard that this Conservative government is planning on making virtual hearings permanent even though it is clear that tenants are not getting a fair process. Speaker, I'd like to know if the minister has witnessed any virtual hearings at the Landlord and Tenant Board, because I have, and I can tell you, they don't work.

Will the minister commit today to ensure that virtual hearings will not be permanent?

The Speaker (Hon. Ted Arnott): The Attorney General.

Hon. Doug Downey: The priority of our government is the health and safety of everybody in Ontario, whether they're interacting through one of our tribunals or independent tribunals. I can tell you, Mr. Speaker, that, as the Minister of Municipal Affairs and Housing has indicated, when there's a stay-at-home order, there is a pause on the enforcement of evictions. But that means that we still have to have the system working for both tenants and landlords, Mr. Speaker. We have a record number of tribunal appointees hearing these matters so the people who have issues, whether they be tenants or landlords, can have their matters heard independently and safely.

HEALTH CARE WORKERS

Mr. Mike Schreiner: I'd like to thank the member for Kiiwetinoong for his powerful words today.

My question today is for the Premier. Last Friday, I attended a Zoom rally with thousands of nurses and health care professionals calling on the Premier to repeal Bill 124. Nurses are tired of the Premier calling them heroes and champions, and then capping and cutting their wages.

Speaker, tonight I will be cheering for the 500 front-line health care workers at the game while I cheer for the Leafs, but I know all health care workers across this province will cheer if the Premier repeals Bill 124 and gives them the pay increase they've earned and they deserve. It's a yes or no question: Will the Premier do it today?

The Speaker (Hon. Ted Arnott): Government House leader.

Hon. Paul Calandra: I think the honourable member can appreciate how important nurses have been to helping guide us through this pandemic, Mr. Speaker. We make no bones about that. That is why we're investing in an additional 2,000 nurses. But it goes even further than that: some 20,000 new additional PSWs. There is a lot of work that is being done to increase the amount of nurses in the system, because we know how important they are.

It is true, Mr. Speaker, we did inherit a system that was woefully underfunded, that had ICU capacity at one of the lowest in North America. We're changing that—finally, Mr. Speaker. We're increasing nurses, we're increasing ICU capacity, and we're funding PSWs like never before. We're building long-term care, Mr. Speaker.

But we are still allowing, of course, those people, those heroes who work within the system, to see the benefits of their hard work. That has not been taken away through Bill 124, Mr. Speaker. I hope the member opposite will appreciate that and work with us as we bring in thousands of additional nurses, thousands of additional PSWs to make our system better for everybody.

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

Mr. Mike Schreiner: Speaker, I guess that answer is “no” to the nurses who are tired, to the thousands of nurses thinking about leaving the profession, to the nurses who care for our loved ones. But it's also the PSWs, Speaker.

PSWs are saying that they're thinking of leaving the profession because their pandemic pay expires in a month.

I've been told that if we are going to attract human resource capacity to our health care system, both nurses and PSWs, we need to pay them like the heroes they are. So I'm going to give the members opposite an opportunity to answer this one. Speaker, through you: Will the government commit to making the pandemic pay for PSWs permanent, yes or no?

Hon. Paul Calandra: What we are going to commit to do is to ensure that we have the best system available for those who choose to work as PSWs in the province of Ontario. One of the first meetings I had when I was elected was with a PSW who, yes, talked about wages, how important it was to have increased wages, whether it was for PSWs or home care workers. That's why we had a staffing study, Mr. Speaker. We knew that one of the problems we have is not only wages but it is also the amount of PSWs in the system. That's why we are hiring 27,000 additional PSWs.

1150

And we go further than that—the question was on PSWs, but 2,000 additional nurses. We have a bill that will come before this House today to recognize and organize PSWs, something that they have been asking for, for years. We are making tremendous progress, because we know how important they are in helping get us through this pandemic. But not just the pandemic—going forward, whether it's health care or long-term care, Mr. Speaker, we will have their back, and we are the first government in generations to make sure that they do.

COVID-19 IMMUNIZATION

Mr. Faisal Hassan: My question is for the Premier. In York South–Weston, we are designated a hot spot and home to essential front-line workers, those folks who the Premier calls heroes and champions. However, we have been left behind and neglected in this government's mishandled COVID strategy. We have no permanent vaccine facility, and my office is flooded with telephone calls from confused people who got a first shot of AstraZeneca at a pharmacy and now are being told they cannot get their second doses there, and are left wondering what they do now.

With the vaccine expiring shortly, what is the government doing to ensure these folks in our community get their second dose, and why has the government not been able to get anything right in what is now over 15 months of this pandemic?

The Speaker (Hon. Ted Arnott): Minister of Health.

Hon. Christine Elliott: I thank the member very much for the question. As the member will know, the doses, which we're now receiving in good supply—particularly the Pfizer doses, but we still have many AstraZeneca doses left as well—are being allocated equitably across all 34 of the public health unit regions. It's up to each individual unit region now to allocate to any hot spots that they wish to designate. That's available to the city of Toronto to do.

However, with respect to the AstraZeneca shots, we now know that there were some that were held back because we had to check them for quality assurance, because we want to make sure that anything we give to Ontarians is, first, going to be safe and, secondly, is going to be effective. We have received over 30,000 of those shots that have been returned from quality assurance that are ready to be extended and can be given to people. They are available through pharmacies or primary care providers. People can find out where they can receive the shot—it may not be from the original pharmacy where they received it, but they can go online onto the website, ontario.ca/coronavirus, and they can find out the pharmacies that are carrying those AstraZeneca doses. They can call and book an appointment to receive their second shot.

DEFERRED VOTES

EXTENSION OF EMERGENCY ORDERS

The Speaker (Hon. Ted Arnott): We now have a deferred vote on government notice of motion number 111, relating to the extension of the period of emergency.

The bells will now ring for 30 minutes, during which time members may cast their votes. I'll ask the Clerks to prepare the lobbies.

The division bells rang from 1155 to 1225.

The Speaker (Hon. Ted Arnott): The vote on government notice of motion number 111 relating to the extension of the period of the emergency has taken place.

The Deputy Clerk (Mr. Trevor Day): The ayes are 36; the nays are 22.

The Speaker (Hon. Ted Arnott): I declare the motion carried.

Motion agreed to.

MOVING ONTARIANS MORE SAFELY ACT, 2021

LOI DE 2021 VISANT À ASSURER À LA POPULATION ONTARIENNE DES DÉPLACEMENTS PLUS SÛRS

Deferred vote on the motion for third reading of the following bill:

Bill 282, An Act in respect of various road safety matters / Projet de loi 282, Loi concernant diverses questions de sécurité routière.

The Speaker (Hon. Ted Arnott): The bells will now ring for 15 minutes, during which time members may cast their ballots. Once again, I'll ask the Clerks to please prepare the lobbies.

The division bells rang from 1226 to 1241.

The Speaker (Hon. Ted Arnott): The vote on the motion for third reading of Bill 282, An Act in respect of various road safety matters, has been held.

The Deputy Clerk (Mr. Trevor Day): The ayes are 53; the nays are 2.

The Speaker (Hon. Ted Arnott): I declare the motion carried.

Be it resolved that the bill do now pass and be entitled as in the motion.

Third reading agreed to.

RETIREMENT HOME JUSTICE AND ACCOUNTABILITY ACT, 2021

LOI DE 2021 SUR LA JUSTICE ET LA RESPONSABILITÉ DANS LES MAISONS DE RETRAITE

Deferred vote on the motion for second reading of the following bill:

Bill 296, An Act to amend the Retirement Homes Act, 2010 to dissolve the Retirement Homes Regulatory Authority / Projet de loi 296, Loi modifiant la Loi de 2010 sur les maisons de retraite afin de dissoudre l'Office de réglementation des maisons de retraite.

The Speaker (Hon. Ted Arnott): The bells will now ring for 15 minutes, during which time members may cast their votes. I'll ask the Clerks to once again please prepare the lobbies.

The division bells rang from 1242 to 1257.

The Speaker (Hon. Ted Arnott): The vote on the motion for second reading of Bill 296, An Act to amend the Retirement Homes Act, 2010 to dissolve the Retirement Homes Regulatory Authority, has taken place.

The Deputy Clerk (Mr. Trevor Day): The ayes are 19; the nays are 35.

The Speaker (Hon. Ted Arnott): I declare the motion lost.

Second reading negated.

REPORTS BY COMMITTEES

STANDING COMMITTEE ON GENERAL GOVERNMENT

Mr. Mike Schreiner: I beg leave to present a report from the Standing Committee on General Government and move its adoption.

The Clerk-at-the-Table (Ms. Meghan Stenson): Your committee begs to report the following bill, as amended:

Bill 276, An Act to enact and amend various Acts / Projet de loi 276, Loi édictant et modifiant diverses lois.

The Speaker (Hon. Ted Arnott): Shall the report be received and adopted? Agreed? Agreed.

Report adopted.

The Speaker (Hon. Ted Arnott): The bill is therefore ordered for third reading.

STANDING COMMITTEE ON FINANCE
AND ECONOMIC AFFAIRS

Mr. Jeremy Roberts: I beg leave to present a report from the Standing Committee on Finance and Economic Affairs and move its adoption.

1300

The Clerk-at-the-Table (Ms. Meghan Stenson): Your committee begs to report the following bill, as amended:

Bill 288, An Act to enact the Building Opportunities in the Skilled Trades Act, 2021 / Projet de loi 288, Loi édictant la Loi de 2021 ouvrant des perspectives dans les métiers spécialisés.

The Speaker (Hon. Ted Arnott): Shall the report be received and adopted? Agreed? Agreed.

Report adopted.

MOTIONS

HOUSE SITTINGS

Hon. Paul Calandra: I move that the afternoon routine on Tuesday, June 1, 2021, shall commence at 1 p.m.

The Speaker (Hon. Ted Arnott): The government House leader has moved that the afternoon routine on Tuesday, June 1, 2021, shall commence at 1 p.m.

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 will please say "nay."

In my opinion, the ayes have it. The motion is carried.

Motion agreed to.

PETITIONS

OPTOMETRY SERVICES

Mr. John Vanthof: "Petition to Save Eye Care in Ontario.

"To the Legislative Assembly of Ontario:

"Whereas the Ontario government has underfunded optometric eye care for 30 years; and

"Whereas the government only covers an average of 55% of the cost of an OHIP-insured visit, the lowest rate in Canada; and

"Whereas optometrists must absorb the other 45% for the over four million services delivered annually under OHIP; and

"Whereas optometrists have never been given a formal negotiation process with the government; and

"Whereas the government's continued neglect resulted in 96% of Ontario optometrists voting to withdraw OHIP services beginning September 1, 2021;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"To instruct the Ontario government to immediately commit to legally binding, formal negotiations to ensure any future OHIP-insured optometry services are, at a minimum, funded at the cost of delivery."

I fully agree with the petition. I affix my signature and will get it to the table.

AFFORDABLE HOUSING

Mr. Stephen Crawford: I have a petition to the Legislative Assembly of Ontario:

"Whereas the Ontario government is taking action to address the housing crisis we inherited from the previous government;

"Whereas the Ford government believes that everyone deserves a safe place to call home;

"Whereas the federal government is shortchanging Ontario by \$490 million than it is due through the National Housing Strategy and the Reaching Home program when you factor Ontario's share of households in core housing need;

"Whereas only 25 of Ontario's 47 service managers have designated communities that receive funding through the federal Reaching Home program; and

"Whereas the federal government has not matched the \$765 million in social services relief funding;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"Call on the federal government to immediately provide the province its fair share of core housing need funding of \$490 million and that the federal government immediately match the \$765 million in social services relief funding to support municipalities as we address affordable housing."

I'll sign this and pass it to the Clerk.

OPTOMETRY SERVICES

Miss Monique Taylor: I have a petition to save eye care in Ontario.

"To the Legislative Assembly of Ontario:

"Whereas the Ontario government has underfunded optometric eye care for 30 years; and

"Whereas the government only covers an average of 55% of the cost of an OHIP-insured visit, the lowest rate in Canada; and

"Whereas optometrists must absorb the other 45% for the over four million services delivered annually under OHIP; and

"Whereas optometrists have never been given a formal negotiation process with the government; and

"Whereas the government's continued neglect resulted in 96% of Ontario optometrists voting to withdraw OHIP services beginning September 1, 2021;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"To instruct the Ontario government to immediately commit to legally binding, formal negotiations to ensure

any future OHIP-insured optometry services are, at a minimum, funded at the cost of delivery.”

I fully support this. I'm going to affix my signature to it and give it to Isabelle to bring to the Clerks' table.

AFFORDABLE HOUSING

Mrs. Robin Martin: “To the Legislative Assembly of Ontario:

“Whereas the Ontario government is taking action to address the housing crisis we inherited from the previous government;

“Whereas the Ford government believes that everyone deserves a safe space to call home;

“Whereas the federal government is shortchanging Ontario by \$490 million than it is due through the National Housing Strategy and the Reaching Home program when you factor Ontario's share of households in core housing need;

“Whereas only 25 of Ontario's 47 service managers have designated communities that receive funding through the federal Reaching Home program; and

“Whereas the federal government has not matched the \$765 million in social services relief funding;

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

“Call on the federal government to immediately provide the province its fair share of core housing need funding of \$490 million and that the federal government immediately match the \$765 million in social services relief funding to support municipalities as we address affordable housing.”

I fully support the petition. I will affix my signature and hand it to the Clerks.

GASOLINE PRICES

M^{me} France Gélinas: I would like to thank Robert Badgerow and his wife, Colleen, for collecting all these petitions on the price of gas.

“Whereas northern Ontario motorists continue to be subject to wild fluctuations in the price of gasoline; and

“Whereas the province could eliminate opportunistic price gouging and deliver fair, stable and predictable fuel prices;

“Whereas five provinces and many US states already have some sort of gas price regulation;

“Whereas jurisdictions with gas price regulation have seen an end to wild price fluctuations, a shrinking of price discrepancies between urban and rural communities and lower annualized gas prices;”

They petition the Legislative Assembly as follows:

“Mandate the Ontario Energy Board to monitor the price of gasoline across Ontario in order to reduce price volatility and unfair regional price differences while encouraging competition.”

I support this petition. I will affix my name to it and send it to the Clerk.

AFFORDABLE HOUSING

Mr. Deepak Anand: Mr. Speaker, I would like to read this petition for an important issue on housing, a place for people to live in.

“To the Legislative Assembly of Ontario:

“Whereas the Ontario government is taking action to address the housing crisis we inherited from the previous government;

“Whereas the Ford government believes that everyone deserves a safe space to call home;

“Whereas the federal government is shortchanging Ontario by \$490 million than it is due through the National Housing Strategy and the Reaching Home program when you factor Ontario's share of households in core housing need;

“Whereas only 25 of Ontario's 47 service managers have designated communities that receive funding through the federal Reaching Home program; and

“Whereas the federal government has not matched the \$765 million in social services relief funding;

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

“Call on the federal government to immediately provide the province its fair share of core housing need funding of \$490 million and that the federal government immediately match the \$765 million in social services relief funding to support municipalities as we address affordable housing.”

I fully support this petition and I'm happy to sign it.

OPTOMETRY SERVICES

Ms. Bhutla Karpoche: I'd like to thank my constituents Dr. Agata Majewski from Owl Optometry and Dr. Mierzynski, Dr. Tam-Wai and Dr. Burroughs from Bloor West Optometry for collecting hundreds of signatures from residents in Parkdale–High Park on this petition entitled “Save Eye Care in Ontario.”

1310

“To the Legislative Assembly of Ontario:

“Whereas the Ontario government has underfunded optometric eye care for 30 years; and

“Whereas the government only covers an average of 55% of the cost of an OHIP-insured visit, the lowest rate in Canada; and

“Whereas optometrists must absorb the other 45% for the over four million services delivered annually under OHIP; and

“Whereas optometrists have never been given a formal negotiation process with the government; and

“Whereas the government's continued neglect resulted in 96% of Ontario optometrists voting to withdraw OHIP services beginning September 1, 2021;

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

“To instruct the Ontario government to immediately commit to legally binding, formal negotiations to ensure

any future OHIP-insured optometry services are, at a minimum, funded at the cost of delivery.”

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

LAURENTIAN UNIVERSITY

Mr. Jamie West: The petition is titled, “Protect Public Post-Secondary Education at Laurentian University.

“To the Legislative Assembly of Ontario:

“Whereas Laurentian University is a public institution, not a private sector corporation;

“Whereas Laurentian University has a tricultural mandate that offers outstanding programs to students in French and English, and a comprehensive approach to Indigenous education;

“Whereas Laurentian and other post-secondary institutions have been underfunded for decades;

“Whereas Laurentian students, professors, librarians, workers and staff need your help;

“Whereas Laurentian University is of vital importance to Sudbury and northern Ontario;

“We, the undersigned, petition the Legislative Assembly as follows:

“Work with Laurentian University and their local organization to establish and fund a secure future for the university that protects current and future students’ education.”

I support this petition. I’ll affix my signature and provide it to the Clerks.

ÉDUCATION POSTSECONDAIRE DE LANGUE FRANÇAISE

M^{me} France Gélinas: J’aimerais remercier Gilles Girouard de Sudbury pour ces pétitions.

Pétition « pour une université de la langue française dans le nord-est de l’Ontario.

« À l’Assemblée législative de l’Ontario :

« Alors que l’Université Laurentienne a annoncé, le 12 avril 2021, son plan de restructuration, qui incluait la fermeture de 69 programmes (dont 28 programmes francophones), la dissolution de la Fédération laurentienne, et la mise à pied de plus de 100 professeur(e)s, et que ces annonces ont un effet dévastateur aux niveaux social, économique, et humain pour la communauté francophone du Moyen-Nord;

« Alors que la communauté franco-ontarienne exige des institutions postsecondaires de langue française depuis les années 1960, et que les manifestations du 1^{er} décembre 2018 ont montré l’engagement et la volonté d’avoir des institutions postsecondaires gérées par, pour, et avec la communauté francophone;

« Alors que le 12 mars 2021, l’Université de Sudbury et l’Assemblée de la francophonie de l’Ontario ont annoncé le souhait que l’Université de Sudbury devienne une université de langue française et laïque; »

Ils demandent à « l’Assemblée législative de l’Ontario pour qu’elle entreprenne les actions suivantes :

« —assurer dans les plus brefs délais le rapatriement à l’Université de Sudbury de tous les programmes et les cours offerts en français, et le transfert de toutes les ressources matérielles, physiques, humaines et financières ... en lien avec l’offre de services en français et la programmation francophone de l’Université Laurentienne...;

« —mettre en place un moratoire d’un an, renouvelable, sur tous les programmes francophones de l’Université Laurentienne et de ses universités fédérées offerts en date du 9 avril 2021, afin d’assurer qu’ils puissent être offerts dans leur intégralité d’ici la fin de la transition des ressources et programmes francophones vers l’Université de Sudbury;

« —établir une commission de mise en oeuvre qui sera chargée d’assurer le transfert des programmes vers l’Université de Sudbury et d’appuyer cette dernière dans son développement, dans un contexte de pérennité de l’enseignement postsecondaire en français dans » le nord-est;

« —s’assurer, par tous les moyens, que les étudiant(e)s actuel(le)s des programmes francophones touchés par la restructuration de l’Université Laurentienne puissent obtenir un diplôme dans le programme au sein duquel ils/elles étaient inscrit(e)s en date du 9 avril 2021, sans cours ou coûts supplémentaires à ceux déjà prévus initialement. »

J’appuie cette pétition, monsieur le Président, et je vais l’envoyer à la table des greffiers.

MULTIPLE SCLEROSIS

M^{me} France Gélinas: I would like to thank Amber and Eric Fournier from Garson in my riding for these petitions.

“MS Specialized Clinic in Sudbury...”

“Whereas northeastern Ontario has one of the highest rates of multiple sclerosis (MS) in Ontario; and

“Whereas specialized MS clinics provide essential health care services to those living with multiple sclerosis, their caregiver and their family; and

“Whereas the city of Greater Sudbury is recognized as a hub for health care in northeastern Ontario;”

They petition the Legislative Assembly as follows:

“Immediately set up a specialized MS clinic in the Sudbury area that is staffed by a neurologist who specializes in the treatment of multiple sclerosis, a physiotherapist and a social worker at a minimum.”

I support this petition. I will affix my name to it and send it to the Clerk.

OPTOMETRY SERVICES

Mr. Jamie West: This petition is called the “Petition to Save Eye Care in Ontario.” I’d like to thank Brenda Ulrichsen and Bob Ulrichsen from Copper Cliff for collecting these signatures.

“To the Legislative Assembly of Ontario:

“Whereas the Ontario government has underfunded optometric eye care for 30 years; and

“Whereas the government only covers an average of 55% of the cost of an OHIP-insured visit, the lowest rate in Canada; and

“Whereas optometrists must absorb the other 45% for the over four million services delivered annually under OHIP; and

“Whereas optometrists have never been given a formal negotiation process with the government; and

“Whereas the government’s continued neglect resulted in 96% of Ontario optometrists voting to withdraw OHIP services beginning September 1, 2021;

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

“To instruct the Ontario government to immediately commit to legally binding, formal negotiations to ensure any future OHIP-insured optometry services are, at a minimum, funded at the cost of delivery.”

I support this petition. I’ll affix my signature and provide it to the Clerk.

ORDERS OF THE DAY

ADVANCING OVERSIGHT AND PLANNING IN ONTARIO’S HEALTH SYSTEM ACT, 2021

LOI DE 2021 VISANT À FAIRE PROGRESSER LA SURVEILLANCE ET LA PLANIFICATION DANS LE CADRE DU SYSTÈME DE SANTÉ DE L'ONTARIO

Ms. Elliott moved third reading of the following bill:

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

The Speaker (Hon. Ted Arnott): Would the Minister of Health care to lead off the debate?

Hon. Christine Elliott: I am very happy to rise today to speak to the third reading of the Advancing Oversight and Planning in Ontario’s Health System Act, 2021. The Advancing Oversight and Planning in Ontario’s Health System Act, 2021, if passed, would benefit patients, their families and caregivers, personal support workers and providers. It would also recognize the important role that physician assistants and behaviour analysts have in providing health care and services and supports to Ontarians. Furthermore, the proposed legislation would enhance Ontario’s data-driven vaccine rollout and support an equitable approach to vaccine distribution. I encourage all members of the Legislature to support the proposed legislation.

I will be sharing my time this afternoon, Speaker, with my parliamentary assistant, Robin Martin, the member from Eglinton–Lawrence. I greatly appreciate her work on this proposed legislation and everything she does to

improve health care in Ontario and ensure that it is meeting the needs of patients and providers.

Throughout the COVID-19 pandemic, the health and well-being of all Ontarians has been and will be our government’s top priority. We have taken swift and decisive action to stop the spread, protect our hospitals, support our health care heroes and save lives. Speaker, our dedicated health care workers are leading the battle to defeat COVID-19. I am sure I echo the sentiments of the members of this House and Ontarians across the province when I say we cannot thank them enough for their sacrifice and service.

We have seen our health care workers go above and beyond the call of duty each and every day. Doctors and nurses are saving people’s lives in our hospitals. Home and community care providers and allied health care professionals are keeping clients safe in their communities. Public health unit nurses and staff are leading extensive case and contact management, and have been critical partners in implementing the province’s vaccine program. Pharmacists are supporting testing and administering vaccines. Personal support workers are continuing to look after our most vulnerable, under very difficult circumstances. We have seen incredible teamwork and partnership among our health care workers as we continue to vaccinate more and more Ontarians to bring an end to this terrible virus and pandemic.

1320

Speaker, since being elected, our government has been committed to supporting our health workforce. That includes ensuring our health care heroes have the supports and resources they need to continue delivering exceptional care that all Ontarians expect and deserve.

Since the start of the pandemic, we have invested \$16.3 billion to support Ontario’s front-line health care heroes and protect people from COVID-19.

We’ve increased our intensive care capacity in hospitals, taking further action to address the third wave of this terrible virus.

Last year, through our COVID-19 fall preparedness plan, our government invested \$52.5 million to recruit, retain and support over 3,700 more front-line health care workers and caregivers. This is one of the largest health care recruiting and training programs in Ontario’s history. To date, more than 600 personal support workers, 500 nurses and 130 supportive care workers have been added across the province of Ontario.

Our government is investing \$4.9 billion over the next four years to create more than 27,000 new positions for personal support workers, registered nurses and registered practical nurses in long-term care. This significant investment is yet another measure to deliver on our commitment to increase the average daily time of direct care for long-term-care residents from 2.75 hours to four hours. Our government has developed a long-term-care staffing plan which is part of our government’s modernization agenda to create a long-term-care sector that is resident-focused and provides the highest quality of care for our loved ones when and where they need it.

Another important aspect of our long-term-care staffing plan is to invest in scaling up education and training to increase the supply of workers in the long-term-care sector. In January, we announced an innovative pilot at Willis College to train 300 personal support workers with hands-on clinical experience. In February, we committed to an investment of over \$115 million to help train approximately 8,200 new personal support workers at Ontario's publicly assisted colleges. In March, these colleges began accepting applications—and over 3,500 people have already enrolled in the program, and almost 1,000 have started their training. In April, we announced almost \$86 million for a one-time bursary program to provide financial support to personal support workers at private career colleges and district school boards. Recently, our government announced an additional investment of \$86 million to train up to 8,000 more personal support workers through private career colleges and district school boards.

Together, these measures are working to strengthen and build up our health and supportive care workforce to ensure our most vulnerable Ontarians can receive the care they expect and deserve.

Speaker, the proposed legislation before the House today supports the significant role of our dedicated personal support workers in long-term care, home and community care, hospitals and many other sectors. It recognizes their valued role in delivering care to some of our most vulnerable Ontarians across the province. More than 120,000 personal support workers in Ontario today, including approximately 50,000 in long-term care, play a critical role in our health care system by caring for some of our most vulnerable, including children, seniors and people with disabilities. They deliver a range of services in both home and community settings, helping to provide flexible supports that enable Ontarians to continue living in the communities they love. Personal support workers will continue to play an increasingly essential role in our health care system, especially with a rapidly aging population.

Personal support workers are the backbone of long-term care and a pillar of our health care system. They do vital work every day so that our loved ones receive the quality of care they need and deserve. Yet despite their critical role, our personal support workers are the biggest group of health care providers that do not presently have any legislated oversight. Education and training credentials of this workforce are inconsistent. There is no centralized system of information about personal support workers, which can make it more challenging for patients, families and employers to easily find and hire the appropriate personal support worker who can best address their needs.

Many health sector stakeholders and advocates have noted that oversight of personal support workers would support the broader goal of a more integrated and connected health care system. Personal support workers are providing direct patient care every day and are contributing towards a truly patient-centred system where different care providers are working together as partners to provide

integrated, coordinated care. Our government is already taking steps through the Connecting People to Home and Community Care Act, 2020, to enable personal support workers to be part of an integrated health care system.

With the proposed legislation before us today, we are proposing how we can further support personal support workers to be a part of an integrated health care system. Establishing an appropriate statutory oversight framework for personal support workers in the health care and community services sector is a significant step forward. It would enable more stability and consistency in the workforce. It would support more consistency in training, standards in education and provide additional accountability. My parliamentary assistant, Robin Martin, the member from Eglinton–Lawrence, will speak more to this component of the proposed legislation in a few short minutes.

Speaker, I will now turn my attention to schedule 1 of this proposed legislation that pertains to Ontario's vaccine rollout, the COVID-19 Vaccination Reporting Act, 2021. Right now, Ontario does not have a legislative authority to require COVID-19 immunization records to be provided to the Ministry of Health. The ministry has therefore had to enter into individual agreements with different vaccine providers in order for this information to be shared. The proposed legislation would be a more efficient and streamlined approach to the disclosure of vaccine-related information to enhance our vaccine rollout.

The proposed act would require those who administer the COVID-19 vaccine to provide the Ministry of Health with COVID-19-vaccine-related data, including personal health information. Individuals who receive the COVID-19 vaccine are asked to share information such as name, date of birth, sex, full address and phone number. This information is important to have on record in order to track who receives the vaccine and when a second dose should be administered, or potential booster doses in the future.

When Ontarians receive their vaccine, they are also being asked to voluntarily share socio-demographic information such as race, ethnicity, childhood language, total household income and household size. The proposed legislation would lay the groundwork for this socio-demographic data to be disclosed to the ministry on a voluntary basis with the person's express consent. This socio-demographic data would help the province have a more complete picture of who is being vaccinated and will help the government better understand COVID-19 vaccine uptake across the province. This data would also better enable the government to describe the characteristics of the immunized population and to inform vaccine delivery of first and second doses, and communication and engagement strategies.

I do want to reaffirm, Speaker, that refusing to provide this socio-demographic information would in no way affect vaccine eligibility, and every safeguard would be in place to protect the privacy of the information collected. Protecting patient privacy is a priority in these efforts. To support strong engagement with the Office of the Information and Privacy Commissioner on the proposed legislation, regulation and data governance framework, the

Ministry of Health plans to propose a regulation to prescribe socio-demographic data as a type of information that would be disclosed to the ministry at a later time.

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The Ministry of Health would collect this personal health information under the authority of the Personal Health Information Protection Act, 2004, or PHIPA. The data would be collected and retained in the same way as any other confidential personal health information. Any data collection, retention, use or disclosure would be in compliance with PHIPA.

We continue to make tremendous progress with our vaccination rollout. Now that Ontario is receiving a stable and predictable supply of vaccines, we are rapidly ramping up capacity and accelerating our COVID-19 vaccine rollout. This is making it even easier for Ontarians to book a vaccine, to help stop the spread of COVID-19 and save lives. More than 65% of Ontarians aged 18 and older have received at least one dose of the vaccine, which is more than two thirds of Ontario's adult population.

As of today, our government is accelerating second-dose appointments, starting with individuals aged 80 and over. Accelerating second doses will provide more protection to Ontarians, and sooner. If there is a sufficient vaccine supply, it is anticipated that the majority of Ontario residents who choose to receive the vaccine will be able to be fully vaccinated by the end of this summer. Brighter days are ahead.

To show Ontarians the path out of the pandemic, our government has released Roadmap to Reopen. This road map is a three-step plan to safely and cautiously reopen the province and gradually lift public health measures, based on the province-wide vaccination rate and improvements in key public health and health care indicators. This road map works to encourage Ontarians to continue following the public health measures we know work and encourage Ontarians to get vaccinated.

The proposed legislation before the House today is one more way we are supporting Ontario's pandemic response and vaccine rollout, to help our government take further steps to ensure vaccines are distributed effectively and, of course, equitably.

The proposed legislation also contains measures related to the regulation and oversight of physician assistants and behaviour analysts. If passed, this legislation would amend the Medicine Act, 1991, to regulate physician assistants as new members of the College of Physicians and Surgeons of Ontario, or CPSO. There would be a new class of membership for physician assistants, and the title of physician assistant would be protected for use only by those who are members of the college.

Regulating physician assistants with the CPSO would also enhance public protections by mandating standardized requirements for entry to the profession. More importantly, if a patient had a concern about a physician assistant's practices or conduct, they would be able to report this to the CPSO, which would respond to these matters via its complaints, investigation and discipline processes.

A physician assistant under the supervision of a physician would be able to provide certain medical services, such as prescribing medication, administering a substance by injection or inhalation, or casting a fracture. This improves patients' access to care while also ensuring patient safety and supporting high-quality care.

Physician assistants provide important services and have a valuable role in supporting patients. Providing more effective regulatory oversight will better support their profession and contribute to their integration into the health care system.

In addition, the regulation of behaviour analysts with the College of Psychologists and Behaviour Analysts of Ontario is another aspect of this proposed legislation that supports more effective oversight and client safety. The Psychology Act, 1991, would be repealed and replaced by the Psychology and Applied Behaviour Analysis Act, 2021.

Our government made a commitment in 2019 to strengthen the oversight of behavioural clinicians who provide applied behavioural analysis. Applied behavioural analysis is a critical component of the province's autism program. Applied behavioural analysis is also provided to other clients as well as many other client groups, including people with intellectual and developmental disabilities, dementia, or psychiatric and psychological disorders.

Improving the oversight of behaviour analysts through the College of Psychologists of Ontario will serve clients and families more effectively by giving them more information to find the appropriate provider who meets their needs.

Speaker, our government made a promise to the people of Ontario to build a modern, sustainable and integrated health care system that is centred around the needs of patients and to put an end to hallway health care. Our health care workers and other care providers are at the heart of this work.

The proposed legislation continues to deliver on our commitment by ensuring our health care workforce has the supports and resources they need to deliver exceptional care to patients, families and communities. If passed, the proposed legislation would enhance, strengthen and modernize our health care system and improve the experiences of patients and providers.

I would like to extend my deepest appreciation for our health and supportive care workforce, which includes personal support workers, physician assistants and behaviour analysts, for their unwavering dedication to the people of Ontario.

Finally, I ask all members to join me in voting to support the Advancing Oversight and Planning in Ontario's Health System Act, 2021.

The Acting Speaker (Mrs. Lisa Gretzky): I recognize the member for Eglinton–Lawrence.

Mrs. Robin Martin: I'm happy to rise today to speak during the third reading of the Advancing Oversight and Planning in Ontario's Health System Act, 2021. I'd like to thank the Deputy Premier and Minister of Health for sharing her time with me this afternoon, and I'd like to

further take this opportunity to acknowledge the Deputy Premier and Minister of Health for her extraordinary leadership during the course of the COVID-19 pandemic and for her ongoing efforts to build a health system that puts patients at its centre.

Our government has displayed a determined focus and commitment to health care, never more so, though, than during the onset of the COVID-19 pandemic. During the pandemic, we have repeatedly made difficult but necessary decisions to protect the health and safety of Ontarians. We have taken decisive actions to fight the COVID-19 virus. As the situation has unfolded and evolved, our government has repeatedly made investments in the health care sector and in our extraordinary health care workers who are on the front lines in the battle against this pandemic.

Time and time again, our health care workers have gone above and beyond to serve the people of Ontario. They have displayed the true Ontario spirit—self-sacrifice, hard work, resilience, and a consistent willingness to support their fellow Ontarians. I have the utmost respect and admiration for our health care workers and all the other supportive care workers serving Ontarians in different sectors. We are all truly grateful to have such dedicated front-line workers.

Speaker, our government knows that supporting our health care workers, such as our personal support workers, is a key part of providing high-quality care to Ontarians. The global COVID-19 pandemic has reinforced the importance of our government's efforts to build a more connected, integrated health care system that is centred around the needs of patients.

Personal support workers play an increasingly vital role in our health care system. They care for some of our most vulnerable Ontarians, including children, seniors and individuals with disabilities, by delivering a range of services both in the home and in community settings.

With more than 120,000 personal support workers in Ontario working at this time, this is the largest group of health care providers for which there is currently no legislative oversight. Education and training credentials of this workforce are inconsistent. There is no centralized system of information about personal support workers, which can make it more challenging for patients and families and employers to easily find and hire the appropriate personal support worker who can help to address their needs.

Health sector groups have continued to voice their concerns that the status of personal support workers as unregulated providers acts as a barrier to greater health system integration. An integrated, coordinated workforce centred on the needs of patients is instrumental to our efforts to build a more effective health care system and to improve the experiences of both patients and providers.

1340

Facilitating long-term workforce stability and growth for personal support workers in the health care and community services sector is therefore a critical priority, and this includes putting in place the right kind of

oversight framework for these workers. That is why we have introduced the Advancing Oversight and Planning in Ontario's Health System Act, 2021, which recognizes the valuable role of personal support workers, physician assistants and behaviour analysts in providing health care and other services across the province each and every day, and even more so as they help us fight COVID-19 and support Ontario's vaccine rollout.

The proposed legislation strengthens our plan to create a truly patient-centred health care system, while better supporting front-line workers and providers. It enables and empowers personal support workers, who do so much every day for some of our most vulnerable citizens, to better provide the right care in the right place, which helps keep patients in their communities and out of hospitals.

The proposed legislation creates a new oversight framework for personal support workers, as well as regulating physician assistants and behaviour analysts. This also supports their integration into the broader health care system and their connections with other health care workers. Through this proposed bill, our government is again making progress in supporting and strengthening our health care workforce and, additionally, providing clear legislative direction to support an important part of Ontario's vaccine rollout.

I would like to spend a few minutes speaking about how this legislation supports our personal support workers.

I have spent a significant amount of time in long-term-care homes and have witnessed how valuable personal support workers are to residents and their families. Personal support workers and all of Ontario's front-line health care heroes do important and meaningful work to ensure clients are safe and healthy in a variety of settings.

The Advancing Oversight and Planning in Ontario's Health System Act, 2021, if passed, would provide personal support workers with a new legislative oversight approach that can help promote their profession and support their status as valued health care and supportive care workers. This new statutory oversight framework would also foster more accountability for a profession that provides direct care for patients and would support more consistency and safety in the quality of care they provide to Ontarians.

The proposed legislation would enact a new statute, the Health and Supportive Care Providers Oversight Authority Act, 2021, and would create a new Health and Supportive Care Providers Oversight Authority for the oversight of personal support workers and potentially for other types of providers in the future as well. Personal support workers would be able to voluntarily register with this new authority. This regulatory framework would help to drive consistency in personal support worker education, training and standards of practice, regardless of their work setting or employment type. More consistency in education, training and standards can drive more high-quality care, which provides benefits to all of the parties involved: the personal support workers themselves, the employers and, most importantly, the patients and the families who rely on these critical services.

While registration with the authority would be voluntary for personal support workers, there are clear benefits to the personal support workers who register, and patients or clients would see the benefits of employing those who have been registered with the authority. Personal support workers who become registered with the authority would have to meet the educational and skills-based eligibility criteria established by the authority and would be required to abide by the ethical and professional standards established by the authority for its registrants. By establishing a public register of information concerning the registrants and creating an exclusive visual mark or identifier that signifies that an individual is a registrant with the authority, the authority would support accountability in meeting quality standards for the profession.

This authority would not be a new crown agency of the government, but rather a stand-alone oversight body that carries out many oversight functions in the public interest. This new model provides a tailored approach to complaints and discipline. For example, the complaints process would focus on dispute resolution processes and the early resolution of complaints. It would allow the authority to defer to existing systems of oversight, such as those found in hospitals and long-term-care homes. Ensuring that the most appropriate body is dealing with a complaint would make the process entirely less burdensome and, frankly, less costly for registered personal support workers.

In addition to providing an oversight framework for personal support workers, the proposed legislation would include the ability to add additional professions to the oversight jurisdiction of the authority in the future as may be appropriate. The addition of such new professions would have the additional benefit of keeping the costs associated with regulating personal support workers and other professionals who register lower. It is envisioned that there would be efficiencies in terms of overall operations and infrastructure as these costs would be spread out and shared among the entire group of registrants.

Options for what other professions might be overseen under this new model would be looked at in 2022, and this may include both professions that are not currently regulated in Ontario as well as others that are presently regulated under the Regulated Health Professions Act, 1991. I think this is a very exciting part of this proposed legislation.

The authority would have a board of directors comprised of between eight to 12 members. Of these, there would be a chair, and a minority of the directors could be publicly appointed based on competencies set out by the province. The board would be supported by committees, including an advisory committee whose focus is to ensure that the authority's oversight work reflects and is informed by the needs and the preferences of patients, families and caregivers, educators and members of the professions overseen by the authority themselves. The discipline committee and the appeals committee would respectively handle discipline cases that are brought before the authority pertaining to the actions of its registrants and the

code of ethics that would apply to them and would handle appeals related to disciplinary matters.

The proposed legislation contains those elements that are necessary to establish the authority and its powers and accountabilities. Further details would be set out in regulation or by the authority's own bylaws and policies. For example, the proposed legislation sets out the authority's powers to register applicants while details regarding educational and skill-based eligibility criteria, together with any applicable exemptions to permit for grandfathering of existing providers, would be set out in the regulation. The details behind these elements are very important to stakeholders, and it would be necessary to engage in significant consultation throughout the development of those regulations.

The proposed legislation would include a provision that would have the French Language Services Act apply to the authority as though it were a government agency under the act. This means that the authority would be required to operate in accordance with the requirements of the French Language Services Act. It would also make the authority subject to the Fair Access to Regulated Professions and Compulsory Trades Act, 2006 and review of its registration practices by the Fairness Commissioner. This would help to ensure that applicants have a fair process for registration practices—practices which should be objective, impartial, transparent and fair. In addition, Ontario's Auditor General would have the authority to conduct financial and value-for-money audits on the authority. This is increasingly a regular component for organizations that undertake regulatory functions on behalf of the province, and this provides another level of accountability and public transparency.

1350

Speaker, we recognize that a number of thoughtful comments on the proposed legislation have been brought forward by the members of this House and by stakeholders. These relate to matters such as voluntary registration, the costs associated with registration, the composition of the board of directors, minimum education standards, and employer directives related to employing registrants. Some amendments have been made to the legislation that speak to issues that were raised, and we would continue to work with all of our partners and ensure that consultation occurs as this regulatory framework continues to be built.

We are all aware that Ontario has an aging population, and it is expected that there will be an ongoing, increasing need for personal support workers. We have seen that there can be challenges associated with attracting, retaining and growing the personal support worker labour force, but these challenges have been ignored in the past, just like the need for more long-term-care beds and upgraded long-term-care facilities was neglected for many years. I am very pleased that our government is taking action to resolve these important issues.

Providing this new oversight framework for personal support workers is another way we would support this valuable workforce, address concerns related to long-term

care, and support vulnerable Ontarians. We are making sure there is a higher standard of training and patient-centred care, and enhancing accountability for it. We are giving patients, clients and families reassurance and focusing on their needs.

Speaker, under this proposed bill, another profession that we would provide with more oversight and accountability is behaviour analysts. Behaviour analysts, as the minister said, would be regulated under an enacted piece of legislation titled the Psychology and Applied Behaviour Analysis Act, 2021. This change reflects the decision to have the College of Psychologists of Ontario, or CPO, be the regulator for applied behaviour analysis. This new legislation would reflect that the college, renamed the College of Psychologists and Behaviour Analysts of Ontario, regulates two separate professions, each with their own scope of practice and protected title. It would be governed by a slightly expanded council that intends to provide equitable representation for each profession.

The Ministry of Health and the Ministry of Children, Community and Social Services have worked collaboratively to bring forward this proposed approach, which is supported by the applied behaviour analysis community and the CPO. Behaviour analysts have been asking for these changes to better support their profession and support the care that they provide to thousands of Ontarians.

Applied behaviour analysis is a unique and specialized profession. Behaviour analysts work with diverse groups of clients, including providing support to people such as children who have autism. Parents should have confidence that the behaviour analyst they choose to work with their child is highly qualified and a competent professional. Behaviour analysts also help individuals living with developmental disabilities, dementia, acquired brain injuries, dual diagnoses and mental health issues. Strengthening the oversight of behaviour analysts through a better regulatory framework supports this very important objective.

A qualified behaviour analyst provides safe and effective treatment based on proven evidence-based scientific methods. Applied behaviour analysis can help individuals make meaningful gains in their life and improve their independence by focusing on building skills such as communication and life skills, play, proper nutrition and reducing interfering behaviour like aggression or self-injury.

Many children, families and clients have benefited greatly from receiving applied behaviour analysis services and are empowered to become self-advocates for their needs. For example, a two-year-old child recently diagnosed with autism spectrum disorder with limited verbal skills may receive applied behaviour analysis services to help with their expressive language abilities. A teenager with autism spectrum disorder may use applied behaviour analysis strategies to learn how to provide their own insulin injections to manage their diabetes, a complex yet vital life skill. Applied behaviour analysis is also widely in use for older adults with dementia to help develop independent self-care behaviours and decrease depression, agitation and/or aggression.

Applied behaviour analysis can significantly improve the lives of individuals who receive this therapy. However, currently there are no consistent professional or educational standards for the profession in Ontario. Behaviour analysts may possess a graduate degree in psychology or behavioural science at the masters or doctoral level and may seek voluntary certification with the US-based Behaviour Analyst Certification Board, an international certification body.

As these professional and educational standards of behaviour analysts can vary, families may be unsure about how to identify a qualified provider. Regulatory oversight through the College of Psychologists and Behaviour Analysts of Ontario would ensure that applied behaviour analysis is provided by a qualified, trained professional. It would also mean that anyone who is a behaviour analyst in Ontario must adhere to a consistent set of ethical and professional standards.

It can be challenging for families to identify qualified providers. Regulation would provide families with the assurance that they are receiving services from a qualified and experienced professional. Regulating behaviour analysts under the College of Psychologists and Applied Behaviour Analysts of Ontario would ensure consistency in ethics and professional standards and provide a great level of trust and confidence between families and behaviour analysts. It would also provide a mechanism for families to report complaints about providers and prevent unqualified practitioners from representing themselves as behaviour analysts.

Implementing regulations would be phased and would begin with behaviour analysts in supervisory and assessment-focused roles, broadening to front-line providers over time. This phased approach would allow time for providers who don't yet have the required qualifications to access the training and develop the experience required.

Speaker, the proposed legislation would also amend the Medicine Act, 1991, to enable the regulation of physician assistants with the College of Physicians and Surgeons of Ontario, also known as the CPSO. Physician assistants were introduced in Ontario in 2007 and are currently among Ontario's unregulated health care providers, which means that they're not overseen by a health regulatory college. While a physician assistant may be a graduate from a program that may be affiliated with a medical school and have a Canadian-certified physician assistant designation, there is no formal mechanism in Ontario to hold physician assistants to consistent education and training requirements or ongoing quality assurance.

Regulating physician assistants under the CPSO is an approach that is consistent with the regulation of physician assistants in other Canadian jurisdictions. It is an approach that has been supported by a number of key health and physician organizations, who have also expressed that physician assistants' current status as unregulated providers is a barrier to their greater integration into the province's health care system.

Physician assistants are an increasingly important component of Ontario's health system. They increase

health care capacity by acting as physician extenders, working under the delegation of a supervising physician or surgeon. They provide a broad range of care to patients and, through a delegated authority, may engage in activities that present a significant risk of harm to patients such as the performance of controlled acts.

1400

Regulating physician assistants under the College of Physicians and Surgeons of Ontario, or CPSO, would have a number of significant benefits for patients and providers. It would improve the integration of these providers into Ontario's health care system, ensure the quality and competence of physician assistants, streamline the care they offer, and enhance patient safety.

The regulation of physician assistants would enhance public protection through formalizing entry-to-practise requirements and enable the CPSO to respond to concerns about the practice of physician assistants through the college's complaints, investigation and discipline processes. Physician assistants would have the ability to perform controlled acts only in accordance with a regulation made by the CPSO.

The proposed regulatory approach would not lead to more independent practices for physician assistants but maintains the supervisory relationship between the physician assistants and the physicians, while reducing the administrative burden of delegations. This is consistent with the regulation of physician assistants in other jurisdictions. The proposed changes would also help address confusion among other regulated health providers regarding the roles and responsibilities of physician assistants, which has been a barrier to their practice.

Implementing this regulatory framework would mean that the CPSO would be responsible for regulating physician assistants in the public interest and ensuring that they provide health services in a safe, professional and ethical manner. The title of physician assistant would become protected, authorized for use only by members of the CPSO.

The final component of the proposed legislation relates to our vaccine rollout plan and how COVID-19-vaccine-related information is disclosed to the Ministry of Health. Vaccination is central in this battle against COVID-19, and, as the Deputy Premier and Minister of Health has already emphasized many times, our government is firmly committed to ensuring that Ontarians are vaccinated in a fair and equitable manner. We want to make sure that no group or community is being left behind and that there is a more effective approach to collecting personal health information. The ministry plans to make a regulation that would add socio-demographic data to the list of information that would be disclosed to the ministry. Representatives from different communities, health equity experts, public health leaders and others in the health care sector have provided input about the value and approach to doing this. No one would be coerced or compelled to provide their socio-demographic information. All information would be kept private and only used to support the province's pandemic response and its vaccination efforts.

Ontario is making excellent progress in our vaccine rollout. Last week, we announced that we have administered a first dose to 65% of adults before the end of May—I think we're actually at 67%, ahead of schedule, and that's over nine million vaccine doses. If there is sufficient vaccine supply provided by the federal government, it is anticipated that the majority of Ontario residents would be able to receive the vaccine that they would like to and be fully vaccinated by the end of the summer.

This significant progress brings us closer to entering step 1 of Ontario's Roadmap to Reopen. Step 1 may begin as early as two weeks after 60% of Ontario's adults receive at least one dose of the COVID-19 vaccine and if key indicators, such as the risk of COVID-19 variants, hospitalizations, ICU capacity and new hospital admissions and case rates, continue to decline. Based on current trends in our key health indicators, the province expects that we will enter step 1 of the road map in the week of June 14, 2021. The province will confirm timelines closer to the expected start of step 1.

Ontario's front-line health care heroes and community partners have been critical to ensure everyone who wants a vaccination is able to get one as safely and quickly as possible.

As we continue to focus on fighting the COVID-19 pandemic, our government remains committed to modernizing and enhancing Ontario's health care system. We're committed to working closely with and supporting all of our health care partners to provide the connected, patient-centred care that Ontarians want.

I urge all the members of this House to join me in voting for the Advancing Oversight and Planning in Ontario's Health System Act, 2021. A vote for this legislation is a vote to support health care workers and better patient care here in Ontario.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate? The member for Nickel Belt.

M^{me} France Gélinas: It is—

The Acting Speaker (Mrs. Lisa Gretzky): Questions and comments?

Ms. Jill Andrew: I am glad to stand on behalf of our residents from St. Paul's to talk about the Advancing Oversight and Planning in Ontario's Health System Act. Thank you to the member from Eglinton–Lawrence for indicating that this health system act is supposed to bring us nearer to a reopening plan.

I'm just wondering why the live arts sector—which is very, very prominent, actually, in trauma-informed health therapies—hasn't been consulted with regard to the benefits that they bring to our health system. I know many live artists and performers have been livestreaming concerts to seniors, to folks in long-term care and other congregate settings, and I'm just wondering if this government has thought about reopening livestreaming so we can have arts in our long-term-care residences virtually once again.

Mrs. Robin Martin: Thank you to the member opposite for raising the livestreaming of live music events, I guess, or other entertainment. I think it's an interesting

idea. It's not something that I was aware there was any regulation on. Certainly, I'm happy to look into that.

I think anything we can do to try to make sure people's lives are a little merrier while we endure the rest of this pandemic—which, hopefully, will be a short period of time—is a good thing as long as we can do it safely and not expose people to viruses. I certainly am a big supporter of live art, theatre, music and events. One of the great challenges of COVID-19 has been the challenge that it has given to those industries and those important parts of our society.

I would be happy to look at that issue and talk to you about it further.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Natalia Kusendova: I was listening intently to the minister as well as her parliamentary assistant speak to the bill.

I just want to echo the sentiments of my nursing colleagues with the announcement of \$36 million, our commitment to expand the enrolment of nursing students and practical nursing students—this was very well received by the nursing community.

Today, my question is focused on PSWs. The parliamentary assistant did mention that the new regulatory authority for PSWs will be subject to the French Language Services Act. Of course, that is very welcome news to our PSWs who are practising in both official languages.

I was wondering whether the member could tell us a little bit more about what the regulatory and oversight framework will do for personal support workers, and expand a little bit on the piece on the French Language Services Act.

Mrs. Robin Martin: Thank you to my friend and colleague from Mississauga Centre for the question.

The legislation does support this new authority, the Health and Supportive Care Providers Oversight Authority, and it would set out its roles, responsibilities, accountabilities and authorities. The legislation is enabling in nature, and many details will be set out in the regulations. Its primary focus, of course, is to begin operations to oversee our personal support workers. It will be structured in a way that makes it possible to also provide oversight for other providers who may want to be regulated over time under the authority, if the government determines that it's in the public interest to do so. It's an exciting new framework of light-touch regulation which is different from our current Regulated Health Professions Act. It's modelled on similar regulatory authorities in British Columbia and the UK. I think it's a great step for Ontario to have this new lighter-touch regulation.

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The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Jamie West: Thank you to the member from Eglinton–Lawrence, the parliamentary assistant.

One of the things that you said during the debate is how valuable our PSWs are, and I agree 100% with you. It's why I tabled Bill 266, which would have created a wage floor that would be basically ensuring that every PSW is making what the pandemic pay was. The Conservative

government voted unanimously against this, to put it down.

I think that if you're going to talk about how valuable PSWs are, then pay them a fair wage. Right now, some PSWs are making as low as \$15 an hour, \$16 an hour—very well-qualified and exiting.

Speaker, to the member opposite: I want to know, why would you vote down a wage floor for PSWs to ensure they get a fair wage?

Mrs. Robin Martin: Thank you to my colleague from Sudbury for the question.

I think this is an important step in what we can do for PSWs to enhance their recruitment and retention. Of course, we know that there are many things that need to be done to recruit, attract and retain PSWs to work in our health care system, and we're working on all fronts. There's a whole lot of things that we're doing to support personal support workers and direct support workers, and regulation is just one of those many measures.

We've brought forward the increased direct care plan through the long-term-care ministry; we've invested \$1.9 billion annually by 2024-25 for 27,000 new positions for PSWs, registered nurses and practical registered nurses in long-term care and the direct care commitment. We're also supporting personal support workers and direct support workers in home and community care, long-term care, public hospitals and social services by investing \$461 million to temporarily enhance wages.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Aris Babikian: First of all, I would like to congratulate the minister and the parliamentary secretary for the detailed presentation of the bill and its benefits.

My question is to the parliamentary secretary. Can the member share with the House why it is so important that we move forward with this legislation now?

Mrs. Robin Martin: Thank you to my colleague from Scarborough–Agincourt for the question.

The Ontario government is proposing that we move forward this legislation now to recognize the valuable role that personal support workers, physician assistants and behaviour analysts play in delivering quality health care services in Ontario.

Personal support workers are valued members of our health care and social services teams. They have worked tirelessly throughout this pandemic, and before, to ensure our loved ones are cared for, and they play a greater and greater role in our health care system.

The proposed legislation establishes this new legislative framework, which supports consistency in education, training and standards, and establishes a way of recognizing PSWs, who are doing such a great job. Additionally, it regulates physician assistants.

All of these groups—behaviour analysts, physician assistants and PSWs—have been talking about regulation for some time and asking the ministry to regulate, so I'm very happy that we're moving forward to regulate these three professions.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Gurratan Singh: Brampton has been one of the hardest-hit communities by COVID-19 in the entire nation. This weekend, the Toronto Star had an inside look into Brampton Civic and how harrowing the images were of patients being treated on stretchers, with not enough room or access to the resources that people need to get better.

The government had an opportunity in this bill to truly address the health care crisis in Brampton, and they've once again chosen to leave Brampton behind.

Why is the Conservative government not taking action right now to address Brampton's health care crisis?

Mrs. Robin Martin: Thank you to the member opposite for the question. In fact, this government is taking all kinds of action to address, first of all, the COVID-19 pandemic in Brampton, and of course across Ontario, but also to address the health care needs in the province by making more integrated health care and, of course, by building the new hospital in Brampton, which we have announced. We're very excited about that. We want to make sure that the people of Brampton get the health care that they know and expect and should get. That's why we're making all kinds of investments in hospital infrastructure around the province but particularly in Brampton. We have recognized the needs there for that hospital and that's why we're building it, and I'm just delighted we're able to do that.

The Acting Speaker (Mrs. Lisa Gretzky): We have time for one more quick question.

Ms. Andrea Khanjin: My question for the parliamentary assistant to the health minister is—she's been in that file since we were in government and was there to really ramp up our health care system in a pandemic, help build more hospitals, be part of the mental health road map strategy, which actually does look at the performance arts community and what they can do to help with the Roadmap to Wellness that our Associate Minister of Mental Health—

The Acting Speaker (Mrs. Lisa Gretzky): Question.

Ms. Andrea Khanjin: How does this bill build on all those accomplishments we've had to date?

Mrs. Robin Martin: Thank you to my colleague from Barrie–Innisfil for the question. We're just trying to do a lot of things to make this health care system work better for all Ontarians. As you know, when we got elected, we knew that there was a huge wait-list for long-term care, and building more long-term-care beds was a huge commitment. It's part of the way we're going to make our hospitals run better, by making sure that people who don't need to be in hospitals don't stay in hospitals. The Roadmap to Wellness is another way to do that, to make sure people with mental health needs can be dealt with in the community.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate? The member for Nickel Belt, for real this time.

M^{me} France Gélinas: It is my pleasure to put on the record a little bit of what happened since we last talked about Bill 283. So Bill 283 went to committee. We had two days where deputants had an opportunity to come and

tell us basically what they saw as good things in the bill and what they saw as things that needed to be changed in the bill. Then it was our role as opposition to really try to bring the voice of Ontarians and make changes to the bill, which we did. We brought dozens and dozens of amendments to the bill. I don't want to get anybody too excited; all of them were voted down except for one. But I still want to go through what it is that the people of Ontario told us needed to be changed.

I will start with a letter, because many of them did their deputation, but they also left us information in writing. The first that I want to put into the record is from Pegeen Walsh. She is the executive director of the Ontario Public Health Association. She will talk about schedule 1. There are four schedules to the bill; the first part is all about schedule 1.

She says, "I'm writing on behalf of the Ontario Public Health Association to urge your government to consider amendments to schedule 1 of" the bill "to require that all health care providers, public health units, pharmacies and others administering vaccine programs be mandated to collect socio-demographic data, especially related to race, ethnicity and disability. As this legislation and the related schedules are now being considered by the social policy committee of the Ontario Legislature," the Ontario Public Health Association "wanted to underscore the importance of such amendments being made. I have also attached our recent submission on this topic" for the committee.

"The collection of socio-demographic data is critical to: ensure that residents in Ontario have equitable access to vaccines, help health planners monitor and report on vaccine rollout progress, track whether certain population groups, especially those that have been disproportionately impacted by COVID-19 are being given priority attention, monitor whether vaccines are benefiting all socio-demographic groups equally across the province, and help determine where information can be improved, so that individuals have the facts they need to make informed decisions about vaccination.

"While we appreciate that various systems have already been set up to administer vaccines, with half of Ontarians still waiting to get a first dose and most waiting for a second dose, it would be timely to ensure such data is collected. Your ministry could draw on the expertise of those health agencies that have experience in collecting race-based data. Public Health Ontario has created a data tool entitled Collecting Information on Ethnic Origin, Race, Income, Household Size, and Language Data: A Resource for Data Collectors. With Public Health Ontario as the lead, the ministry has the foundation upon which to implement this new requirement.

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"As Public Health Ontario has noted 'experience in the Canadian health setting suggests that people are open to answering socio-demographic questions if they understand why the data are being collected and that providing the information will not negatively impact treatment or access to services.' Some options for collecting such data could include adding socio-demographic questions to the

provincial vaccine registration portal; asking those that have been vaccinated to complete a questionnaire, either in person or in writing, while they wait the 15 minutes after they have been vaccinated; and/or as part of a quality improvement process, sending those who have been vaccinated a questionnaire asking about their experience as well as” their “socio-demographic questions.

“While the existing wording of schedule 1 of the COVID-19 Vaccination Reporting Act ... indicates that ‘Persons and entities that administer COVID-19 vaccines are required to provide certain information to the Ministry of Health,’ our concern is that this wording is too vague and needs to be more specific to ensure this opportunity to inform equitable access to vaccines is not lost.

“Thank you for your consideration.”

I wanted to read this, from the Ontario Public Health Association, because not only do they say clearly that Ontario does not cover race-based data, socio-demographic data, but how important it is for Ontario to do this and how easy it would be for Ontario to do this. We have the tools. We have the knowledge. What we need is the legislation, and there is no legislation to do that.

Public Health Ontario was not the only one who wanted this. I would like to read from the Alliance for Healthier Communities. They go on to say, “The Alliance for Healthier Communities is Ontario’s voice for health equity through comprehensive primary health care. The alliance’s 109 community health centres, Aboriginal health access centres, nurse practitioner-led clinics and community family health teams are actively involved in various aspects of the COVID-19 pandemic response and have seen how COVID-19 has exacerbated and exposed existing inequities resulting from systemic racism, poverty and inequitable access to health care.

“While Bill 283 is an Act to amend and enact various Acts with respect to the health system, the alliance’s submission focuses on Schedule 1....

“The fulsome collection of race-based and socio-demographic data is an essential component towards eliminating inequities in health care.” It is “fair to say that the collection of the individual’s name/and or alias, contact information, date of birth, sex and OHIP number ... is not sufficient to understand disparities in vaccine provision and we are calling on the Ontario government to mandate the collection of race-based and socio-demographic data including:

“(1) Ensuring mandatory data collection of race, income, household size, and preferred language data....

“This remains the choice of the individual to provide the information but all vaccinators/vaccine clinics should be asking for this information. The gaps in the current data collection varies between public health units despite now being able to collect it through the integrated Public Health Information System.... As long as this data collection remains voluntary, various jurisdictions will not be best able to adjust their vaccination efforts and pandemic response based on inequitable population health outcomes.

“(2) Ensuring a health equity lens is applied to data governance in consultation with diverse and racialized

communities and experts. This includes aligning with recommendations of frameworks such as EGAP. It stands for Engagement, Governance, Access, and Protection: A Data Governance Framework for Health Data Collected from Black Communities in Ontario.”

All of this already exists. We have the computer system that would allow us to collect this information. Ontario does not have the laws—the bill to mandate the collection.

I will put one more into the record just to show how important this is, and this comes from Dr. Michael Rachlis, who is a health policy analyst. Here are his comments. He says, “I will be limiting my comments to schedule 1 of this bill....

“The COVID-19 pandemic has selectively hit different Ontario communities. Higher-income neighbourhoods with mainly white populations have had low rates of COVID and high rates of vaccinations. Poorer neighbourhoods with mainly non-white populations have had high rates of COVID and low rates of vaccination.

“For many years, health policy experts and advocates have pushed for mandatory collection of socio-demographic data, including data on race and ethnicity. This data is crucial for understanding health disparities and planning for their amelioration.

“The first positive report of the Moderna vaccine came in May 2020,” more than a year ago. “The province has been vaccinating since December” 2020, and on March 5 of this year, “the Premier announced that socio-demographic data would be collected from those vaccinated. Yet Bill 283, which permits the transfer of information from vaccinators, is just now being debated. And there is no mandate for the collection of this data.”

So it’s important to understand that in the bill, if you collect the data, because few of them actually do collect the data, you have to send it to the ministry. What is missing is that the ministry does not mandate all of them, all of the people, all of the agencies that are offering vaccines to collect the data, so very few of them do.

“All health data is given voluntarily and protected by privacy.

“Telling people it is voluntary frustrates data collection. I am advised that 87% of people who are asked actually do provide socio-demographic information.

“By and large, it is the providers who are reluctant to ask these questions. Community members do wish to answer these questions.

“Collecting socio-demographic data is just good medical practice.”

He goes on to say, “Health policy experts note that collecting socio-demographic data, including ethnoracial identity, is crucial for effective health care.

“COVID has hit different communities differently. We must understand who is getting sick, who is getting tested and who is getting vaccinated to understand and end this pandemic.

“Bill 283 schedule 1 should be amended to require vaccinators to ask those they are vaccinating to provide key socio-demographic data, including race and ethnic origin.

“The Ministry of Health should require health care providers to ask questions about socio-demographic data as part of routine health care.”

I fully support this. You will remember that my colleague the member from Kitchener Centre and I put forward a bill specifically about collecting race-based data. My colleague from Toronto—St. Paul’s and I put a bill forward on sickle cell and part of this bill also focused on collecting race-based data.

I don’t know how many public health experts, health experts, community experts have to tell this government that you have to mandate the collection of this data, and here we are again with a bill that talks about collecting data but does not make it mandatory. It says, “If you feel like it and you happen to be collecting it, you have to share it with us.” That’s not enough; that’s not enough. You have to make it mandatory so that everybody collects it. Ontario has the tools; they have the knowledge. Ontarians want to share that information because they understand that this is how you build our excellent health care system and make it even better, by not leaving anyone behind. We all understand this.

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We tried really hard. I have many more people who have written about this. I will thank them at the end of my report. They are quite a few, but I wanted to put those three on the record.

We tried really hard. We put an amendment that says very clearly the individual race and socio-economic status and any disability-related information about the individual has to be collected—as simple as this. We put it into the bill, and the members of the Conservative government said no.

Another amendment says the individual race and ethnicity, the individual household income level, the individual education level, the language spoken by the individual, whether the individual has any disability and any other information provided for by regulation should be collected. You guessed it: They voted against it.

Actually, it was rather interesting, because during that part of the clause-by-clause, the member from Eglinton—Lawrence said this was something that was not being done in Ontario, when that’s not true at all. We have over 109 community health centres, Aboriginal health access centres, nurse practitioner-led clinics and family health teams, as well as a few hospitals right here in downtown Toronto, that have been collecting race-based data, socio-demographic data, educational level, language spoken and level of disability, and have been reporting on those. They do this because they know it is important. The little wee bit of information we gather from this is very important and has actually led to changes in our health care system for the better. Just imagine how much better our health care system could be—should be—if the government actually mandated the collection of race-based data throughout. This amendment was also voted down.

We went on to a different part, where we said, “Nothing in this section shall be interpreted or applied so as to reduce any right or entitlement under the Human Rights

Code,” to make it absolutely clear that whether you agree to answer the questions or not, you will get the same level of care, you will get the same treatment as everybody else. They voted that down.

We went on with an ask for race and ethnicity, household income, education level, language, disability: voted that down. Anyway, you get the point, Speaker.

This legislation is not something that happens every month or every season. The opportunity to bring race-based data to Ontario was important. The way that the government speaks about it leads people to believe that the bill, Bill 283, will actually do this. It will not. I want to make it extremely clear: If somebody collects the data, somebody who is allowed to give out the vaccine—think primary care, think public health unit, think pharmacy—if you happen to collect the data, you will have to share it with the government. That’s all that schedule 1 of the bill does.

Is it an important step? Sure, it’s an important step. The data is being collected by a few vaccinators right now and that information will have to be shared with the government. But we could have done so much more. It wouldn’t have cost the government anything. It wouldn’t have been any red tape. It would just have been good medicine. It would just have given us the data that we need so that our health care system is even better, so that we know who is getting sick with COVID, who is being admitted into our hospitals, who is being admitted into our ICUs, who is being put on ventilators and who, unfortunately, is also dying. We don’t know any of that right now.

We have a pretty good idea, because people who work on the front line in those hospitals will tell you that most of the people admitted into the hospital are racialized, they are low-income, they are new immigrants, they are essential workers who got COVID through work because they had no choice but to go to work because they had no sick plan for if they didn’t; that the person beside them came to work, although they were sick, because they needed the money to pay their rent and feed their kids and they had no access to sick days. Then they get sick, and then they’re admitted into the hospital, and then they’re admitted into ICU and put on a ventilator with a 5% chance of survival. Then our ICUs are so full that they get shipped—nothing wrong against Sudbury; this is where I live. But it is 400 kilometres away from where they live, during a stay-at-home order, when you don’t have a car. This is the reality of what has been going on.

Why aren’t we doing this? Because once you have the data, it is a whole lot easier to motivate change because you know that the outcomes are not the same. I can’t help it, but whenever I watched the news and the camera would show the long lineup of people waiting for vaccines—funny, those were shots of Toronto, but most of them looked like me. Most of them were white. How could it be that in a long, long lineup in downtown Toronto to go to get a vaccine, all of those people were white? This is not the Toronto I know. The Toronto I know is diverse. The Toronto I know has people from every racialized background. But not when the vaccines started. First of all, the

pharmacies that were picked were all in rich, white neighbourhoods where, frankly, those people were able to work from home and self-isolate. They were not high on the priority list, but this is who got first access to the vaccine.

The whole thing could have changed, Speaker, if we had collected race-based data. But we didn't, and we will continue to not collect race-based data. I don't know why the government is so opposed to this. It would change things for the better. It wouldn't cost anything. Between 87% and 90% of Ontarians want to share that information. Why aren't we doing this? I don't know, Speaker. I don't know, but I don't like it. I tried really hard to change it. I tried to amplify the words of the people, and to no avail. They voted them all down.

Let's move on to the second schedule of the bill that deals with the PSW regulatory authority. Let's just say that PSWs—now, I would say most people know what those 100,000, mainly women, do. They work really hard providing very personal care. What does a PSW do? She helps you get up in the morning and get dressed. She helps you wash. She helps you bathe. She helps people who have bladder or bowel incontinence get clean. If you're not able to feed yourself, she will help feed you. They provide really, really personal care. They're called "personal" support workers. I would say by now most people know what they do.

If you look throughout COVID, the great majority—I think 83%—of the health care workers who died because they contracted COVID at work were PSWs who paid with their lives. We will all remember the pictures of PSWs wearing garbage bags because their employers would not supply them with PPE. But yet, they wanted to go to work. They wanted to help our moms and dads, our grandmothers and grandfathers, our spouses, who needed help with their activities of daily living. They were there on the front, and 11 of them paid with their lives. They got COVID, they got sick, and they died. We all know that we need to do better for them.

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The member from Sudbury had a really strong bill to say, "How do we fix the problem with our recruitment and retention of PSWs? You make PSW jobs good jobs. You give them a wage that you can pay the rent and feed your kids. You give them a decent wage. You give them benefits and a few sick days. You give them a pension plan. You give them a workload that a human being could handle. You give them full-time work, and problem solved."

The latest report from the Auditor General showed us that you can train all the PSWs you want—and I would say thank you. I have no problem saying thank you to the government. They're offering free PSW training. Yay for free education; I will always support that. But you have to realize that 40% of the PSWs who pay for their own training, who made it and got a job working as a PSW, have to leave work within the first year because they cannot find full-time work, the pay is such that they cannot pay the rent and feed their kids, there are no benefits, there are no sick days, there is no job security, and the workload

is impossible for any human being to handle. So within the first year, all those PSWs who worked really hard to become a PSW leave the field, and within two years, 60% of them leave the profession.

To have as our sole strategy to fix the problem of recruitment and retention of PSWs in every section of our health care system, whether we talk about home care or we talk about retirement homes, we talk about long-term care—the government has only put forward one solution, more training, when we know full well that it doesn't matter how much money you give to the private colleges to give them training—sometimes I would question the training that comes out of this—60% of them will not be PSWs in Ontario in the long term if you don't make any other changes. And we know the changes that need to be done. How many times do I need to say, make PSW jobs good jobs? What is a good job? It is full-time work, it pays the rent, it has benefits, it has sick days, it has a pension plan and it has a workload a human being can handle. You do this, and you solve your problem in home care, in long-term care and everywhere else where you cannot recruit and retain a stable workforce.

What did the government put forward? They put forward a regulatory authority. Nobody has asked for this, plus the authority is a bit of a nightmare. Let me go through what the authority will do. Let's start with the board. We tried really hard to get a few PSWs on that board. If you're going to have a regulatory authority for PSWs, it would be good that someone who knows what a PSW does and what the job looks like be on the board. We were voted down. There will not be any PSWs on the board of directors of the authority.

Then we said, "Well, let's at least make sure that the executive director of this authority has knowledge and skills and experience in the field." We put a motion forward to do this, and they voted that down. The executive director of this authority doesn't have to have any knowledge, prior experience, or have worked a single day in his or her life as a PSW.

That was at the board level. There were many deputants who came and asked for this, and none of them went through. I suppose I could name a few. We had The Canadian PSW Network. We had the CUPE Ontario division. We had the Ontario Community Support Association. We had VON. We had Care Watch Ontario. We had AdvantAge Ontario. We had SEIU. We had, even, Bayshore and the Alzheimer Society. A whole bunch of deputations came forward that basically said, "We would like representation on the board."

Then, when we put amendments forward to clarify how people will be appointed to the board, we could not get that through. Then, we said, "Well, at least let's make sure that 50% are represented from the health care sector"; we could not get that through. Ensuring that PSW registrants are elected: We could not get that. They will have a group of PSWs who will be in an advisory position to the board. Whenever we tried to say, "No, they need to be on the board. Give them one position. Give them the opportunity to elect somebody on the board," all of this was all voted down, one after the other.

But the answers we got to pretty much all of those amendments was that there would be an advisory committee of PSWs that will give advice to the board. I know the difference between advice and a decision, Speaker. A group of PSWs can give all of the advice that you want, but the board is the one that will make the decisions, not them. When we pushed to ensure that the expertise and experience of those being governed are reflected—at this point we're not even talking having PSWs; we're just asking for the expertise and the experience of those being governed being reflected in the governance—I'll let you guess how this went. It didn't go anywhere.

We also pushed to maybe include nurses and PSWs from different workplaces to be elected. That didn't go anywhere either.

Then, we went into more technical terms and tried to clarify the oversight, the duration of the interim board, when the final board would be there, what kind of oversight the government would have on this authority. All this is still yet to be defined. We don't know, but I think it would have been important to clarify that basic oversight in legislation, but, unfortunately, it is not.

We also tried to clarify what is the overarching purpose of the authority, because right now 27 professions in Ontario are regulated by 26 colleges. Whether you're a physician, a dentist, a physiotherapist, a nurse, every one of those professions has a college, and the college, we all know, exists for one reason: It exists to protect the public. Every college regulates the profession in a way that makes sure that the public is protected.

So we said, "If you're not going to put PSWs"—because that was another one of the asks—"why don't we just put PSWs under the college of nurses?" The government in British Columbia is looking at including their PSWs—they don't call them PSWs in British Columbia, but they are PSWs here—under the college of nurses. We were told by the members of the government that the college of nurses did not want to; when we talked to the college of nurses, we got a different answer. I'll just leave it at that. But if you're not going to put PSWs under a regulated health profession, then assure us that this regulatory authority is there for the same goal: to protect the public. I could not get that out of them either.

Could we soften the language and say the primary duty is to serve and protect the public? It didn't go very far either. So we have this new authority in schedule 2. We don't know what will be on the board, but we know that it's not going to be health care professionals. It's not going to be PSWs. It's not going to be people who come from the field. That makes me worried—same thing at the level of the CEO. It's not going to be a PSW who will be in that role.

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Okay, so now, let's look at what this will do: It looks like the regulatory authority—all the PSWs will be mandated to become members of the authority. Of course, when you look at the colleges that exist, every health care professional has to pay a fee to be a member of the college, and if you're not a member of the college, you're not

allowed to practise in Ontario. It doesn't matter who you are. You can be the best doctor, the best dentist, the best nurse; if you don't belong to your college, you don't get to practise, and you have to pay a fee. Well, I think it's clear to everyone by now that PSWs make very little money. Most of them work part-time. If you want to work only as a PSW, you have at least two—most of the time three—jobs. You will have part-time work in two different long-term-care homes, and you will take shifts in home care just to make sure that you actually have enough money to pay the rent and feed your kids at the end of the month. We put amendments forward that would say, "Could we ensure that there would be no fees?" The members from the government told us that there would be no fees—they said that on the record—but when we tried to put it in an amendment, that there would be no fees, they voted that down, which always makes me a little bit nervous.

Then we said, "Could we at least have government oversight of the fees? If you don't want government oversight of the regulatory authority as a whole, could we have government oversight of the fees to make sure that the authority doesn't find itself in a situation where they think it's a good idea to charge a thousand bucks a year or whatever amount for a PSW to belong to the authority?" We didn't go anywhere with that either. We have the intention of the government that it not be a fee, but nowhere in the bill can we reassure PSWs that there will not be a fee.

Then came, "Who will be in and who will be out of this?" You have to realize that throughout the 100,000 PSWs presently employed in Ontario—my gut feeling is that there's more than 100,000; I would put it more at 150,000 who work in the field, but 100,000 is the number that is used by the government, so I will use that. A huge percentage of them have no training. They never went to college or any other sort of training. They are really, really good at what they do, because they have been doing it for the last 30 years, 25 years, 20 years, and they love what they do. They're one of the few, 20% of PSWs, who have full-time work. A lot of them are women who have worked as PSWs all their lives. They're very good at what they do. They should be allowed to continue to work, but now, with this authority, we asked to put a grandfather clause in just to make sure that the PSWs who do a good job—they have been safe. They have been great. They have been a lifesaver for long-term care, for home and community care, for retirement homes, for people who employ their own PSWs. And—you guessed it, Speaker—they voted that down.

Interjection: Very consistent.

M^{me} France Gélinas: Very consistent, yes—consistent in voting it down.

I'm left worried for all of these women. There are a few men, but the great majority are women. All of these women, many of them racialized—many of them would have a really difficult time ever finding employment again, not being able to join the regulatory authority.

Then we looked at, "Okay, so you are not willing to guarantee grandfathering in. Who will be part of this

authority?” They seemed to make it clear that you will have to have some training; the training is yet to be defined, as to what training will qualify you to join the regulatory authority.

This is where it gets really murky, because although there will be a regulatory authority, the title “personal support worker” is not a protected title. You and I, Speaker, are still going to be allowed to call ourselves PSWs. Anybody here—we are still going to be allowed, if we want to, to call ourselves a PSW, because there’s nothing in this bill that gives the title protection. So we will in one way say, “If you are a PSW in Ontario, you will have to register with the regulatory authority,” but if you don’t register, apparently it’s yet to be determined what will happen. People will have a right to ask, “Are you part of the regulatory authority or not?” but what it will change in the end, I’m not too sure. I don’t see it.

Why do we need a regulatory authority? I don’t know, but I will tell you some of the powers of that regulatory authority. They will have the power—and that’s in the bill—to go after you if there are complaints against you. For every member of the 27 regulated health professions—every time there’s a complaint against a registered health professional, the college has a really strict procedure you have to go through. Remember, the colleges exist for one reason: to protect the public. If a regulated health professional does wrong and there’s a complaint against him or her, the process is very clear, but the process is also for everybody to see. You have a right to privacy. You have a right to be defended. You have a right to appeal. You have a right to be represented by your lawyer. Every health professional works pretty much the same way.

When we tried to put some of those rights into the bill, we more or less copied the procedures that exist under the College of Nurses of Ontario and put it as an amendment into the bill to say, “Let’s give those very precarious workers a little bit of a chance here”—because if the authority has the authority to cut them off from their jobs, but yet they have no rights to be represented or money to hire someone to represent them, they have no rights to anything. Isn’t this like putting people who are already precariously employed in an even more precarious position?

Let’s give the authority the right to give orders to their employers—because what if it is because the workload is so high? The reason why this PSW did wrong—she chipped somebody’s tooth—is because she’s trying to feed 20 people at the same time and nobody can feed 20 people at the same time. It is a workload that nobody can handle. So we tried to put into the bill that the authority will be able to give orders to their employers. They voted that down.

When we tried to put into the bill that the PSW will have a right of appeal, we basically, as I said, copied the discipline process from the College of Nurses as an amendment into the bill, so that we would give a PSW a right of appeal—a right to a fair trial, if you want to call it this way. They voted that down. I cannot tell you, Speaker, how worried I am about this, because already PSWs have very few ways to defend themselves.

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Most of the time, if they speak up because their workload is unmanageable or because they see wrongdoing, they’re all treated the same way—they don’t work there no more. They just lost their job, and this is the end of their career. Those are tough decisions. They see something wrong, they know that it’s wrong and they want to report it, but if they do this, they put your own livelihood at risk. They put paying the rent and feeding your kids at risk. So very few of them come forward.

How about we put whistle-blower protection in there, so that if one of them sees a manager do something wrong, if one of them wants to complain against their supervisors or anybody else, at least they would be protected? That did not go anywhere.

So we have the authority that will decide who can be registered with the regulatory authority, for PSWs. Many of them may not have the qualifications to continue in their job—hopefully not, but we don’t have any guarantee of that. Then, we know that the authority will have the final word as to: Do you keep your job or not? Do you have a fair process or not to see if you’ve done wrong or not? When we tried to bolster this to make it fair, to make it the standards that every other health care professional faces, we couldn’t get anywhere.

Have no fear: If a PSW does wrong, sure, I want to protect the public and I want this PSW to not practise in Ontario anymore, but what I don’t want is unscrupulous employers using the threat of losing your job against a PSW who has no way to defend herself. Right now, I’m a whole lot more worried about for-profit corporations that employ the great majority of the PSWs out there wanting to keep them the way they are, wanting to keep them suppressed, wanting to keep them without a say, without a voice, because there is more money to be made on their hard labour by keeping them quiet and keeping them in precarious positions.

We had an opportunity with the regulatory authority to at least bring a level of balance to this. This opportunity was not acted upon. They voted that down.

So things such as “subject to appeal to the Health Professions Appeal and Review Board,” “clarify the implication of a PSW who chooses not to register”—how will all of that work? We know none of that, but we’re supposed to be really happy that there will be a regulatory authority. We’re supposed to also be happy that other professions will be added, because some of the reasons they gave us for not wanting to have PSWs on the board or a PSW as the CEO—they said no, because they will have an advisory committee, but they won’t be on the board because there will be other professions added to this regulatory authority. None of that sits good with me.

PSWs need our help right now. We know what’s wrong with PSWs—why we cannot recruit and retain a stable workforce. Give them full-time jobs. Give them decent pay. Give them benefits and a few sick days. Give them a pension plan and a workload that a human being can handle. Problem solved.

I often give the example of the hospital in my community, Health Sciences North. Every single long-term-

care home in northeastern Ontario has recruitment and retention issues. It doesn't matter how good they are—except for Pioneer Manor; it does a little bit better. They are a home for the aged, and the city subsidized part of the wages of the people who work there. But all of the other ones have recruitment and retention issues. Yet, when Health Sciences North puts out an ad for one PSW, they will get 500 applicants. Those are well-trained PSWs, who live in my community, who are good at what they do, who want to care for our loved ones as a PSW, who want to practise as a PSW. But if they do that in home and community support, in long-term care, in retirement homes, they cannot pay their rent and feed their kids. But if they get the job at the hospital, it will be unionized, it will be well paid, they will have benefits, they will have stable work that they can work at, and at the end of the month, there will be enough money to pay the rent, feed their kids and maybe buy a car. That's the difference between the two.

There are tens of thousands of people in Ontario who have the training to be a PSW, who want to be a PSW, who are good at providing the care that PSWs provide, who are not working in the field—not because they don't have a regulatory authority. They're not working in the field because they need PSW jobs to be good jobs. It's as simple as that.

But the government came forward with a regulatory authority that left me with more questions than answers and that has a chance to make the work of PSWs even more precarious than it is now. I cannot understand, in the middle of a pandemic, why we would do this.

The PSWs who work in long-term care—90% of the people in long-term care have cognitive impairment; 75% of them have a diagnostic of dementia; half of them have a diagnostic of Alzheimer's; and yet, we have PSWs who, every morning, will help long-term-care residents put their clothes on, get groomed, get fed, get washed, get bathed, get toileted. They do this to the best of their ability, but we ask them to do this for 20 people before breakfast is served at 8 o'clock. It just doesn't work. And having a regulatory authority that cannot issue any directives to their employers, that cannot assure them a fair process if there is a complaint against them, that cannot assure them that the people on the board will be people who understand what it means to be a PSW is not a step that needs to be taken right now. It's a step that needs to be looked at some more.

In the bill, there is a section specifically about sexual abuse reporting. Absolutely, there is no room for sexual abuse anywhere. But we know that sexual abuse is but a small part of the abuse of the clients that PSWs look after. Many have asked that physical and financial abuse also be reported, that we take into account incapacity and incompetence when we look at what is going on. Right now there is a requirement for a registered PSW to obtain consent from the alleged victim of abuse in his or her report to the authority. Really? Do you remember who we're dealing with? Ninety per cent of the people in long-term care have cognitive impairment; 75% have a diagnostic of dementia;

half of them, Alzheimer's; and we have a requirement that you obtain consent before you report abuse. I don't understand why those kinds of requirements are in legislation but others that would further protect are not.

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The big one is: Add protection against retaliation against PSWs for reporting sexual abuse. If you are the one who has seen that there's an abuser in your midst and you bring it forward, there is no way to protect you. I can guarantee you that if you're reporting sexual abuse from somebody who is on top, who has any power over you, you will lose your job—and if you don't lose your job and you were on a day shift, you will end up on night shifts, statutory holidays and weekends—really, really fast, so that you don't speak any more, so that they send a clear message that for speaking out against your supervisor and speaking out against the director, no matter what those people are doing, you are the one who will be punished. When we tried to put that kind of protection into the bill, it went nowhere.

A good proportion of PSWs are also unionized, thanks to CUPE and thanks to SEIU, thanks to OPSEU, thanks to Unifor. There are a number of unions that have been able to organize some PSWs, mainly in long-term care. Many collective agreements already have a complaints and investigation process in their collective agreement. It is not clear how the regulatory authority investigation of complaints will work when there's already a complainant investigation process signed upon in the collective agreement. It would have been good to clarify that.

Again, ensuring the privacy of the PSW is protected when she makes a complaint, as well as when a complaint is made against her, like every other health care professional has, to have a mechanism in place to protect the workers who need to appear before the board and making sure that they have legal support—this is something that the unions will do for their members, but what for all of the non-unionized? Are they going to represent themselves by themselves because they don't have the money to hire a lawyer to help them?

We've asked for the right to a disciplinary hearing before a quasi-judicial body and the right to appeal decisions before the court, because currently the proposal does not provide the right to counsel, does not provide robust rules of evidence and procedures and the ability to call witnesses to conduct cross-examination, and does not provide the right to a written reason. Every other college provides for that. It would have been a level of protection to put that into the bill so that we protect our PSWs, but we did not.

I see the time is going by really quickly, so I may have to move on.

The regulatory authority, as it is now, is not supportable.

The last two was a change for the physician assistants. Physician assistants, since the war in Afghanistan—after the war, a whole bunch of soldiers who came back, many of them to northern Ontario, had the training to be a physician assistant. There was no way to have them work.

I'm really proud to say, the community health centre in Timiskaming was one of the first ones to have them work with their staff, as a pilot project. They have been shown to be valuable members of the team, whether it be in hospital care, primary care, whether it be in community care—even in palliative care, we've now seen physician assistants. They were not regulated. They existed kind of in limbo. They will now be part of the College of Physicians and Surgeons. So although the physician assistants—it was kind of weird, because in that bill, the physician assistants got to join the College of Physicians and Surgeons. When we asked for the PSWs to join the College of Nurses, we were told that it was not possible. But it is possible for the physician assistants. We were told that the College of Physicians and Surgeons was welcoming of regulating physician assistants, but that the College of Nurses was not open to regulating PSWs—as the change in between the two.

The last clause has to do with the behaviour therapists. I think they were pretty much in agreement on that one.

They were also in agreement on the physician assistants. There was need for an amendment. We put an amendment forward, and they voted for it. Isn't that something? They had the exact same amendment, but it came after ours. But that being said, a little bit of a tweak to make sure that physician assistants can continue to work, under delegation—they don't have to have a specific act. So that was good. It passed.

For the behaviour therapists, there was pretty much agreement from all. The time had come for the changes to their college to be added, and everybody was in agreement.

Unfortunately, we won't be able to support this bill because of the opportunity lost in the first part of the bill and because of the risk to our hard-working PSWs in section 2 of the bill, with the regulatory authority. That's not what PSWs need right now. PSWs need full-time jobs with good pay, with benefits, with a few sick days, a pension plan and a workload that they can handle. This is what PSWs need. This is what our long-term-care system, our community and support services system need—not a regulatory authority.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mrs. Robin Martin: Thank you to the member from Nickel Belt for her comments—although I have to say, even though I have a great deal of respect for the member from Nickel Belt, I think she must have misunderstood a lot of things that were said, at least by the government, at committee. I felt like I was misquoted several times in what she was saying.

One of the things we did talk about at committee was an attempt to write into the legislation some of the socio-demographic data that would be collected. We're working very hard with stakeholders in that area to find a data governance framework, and with the IPC to make sure that we get it right, that we do the right kind of data collection, and that we respect people and have a culturally sensitive approach on data collection.

Vaccine rollout data now shows that we have been able to make the vaccine rollout equitable: 8% more people in communities affected have got the vaccine.

So I just ask the member opposite if she could not support the fact that we are doing the socio-demographic data collection since March 5, and it's—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. To the member for Nickel Belt for a response.

M^{me} France Gélinas: There was a little step done in the right direction when they started to look at postal codes, but there are only 300 postal codes in Toronto and there are five million people in the GTA. So, yes, we have narrowed it down a bit, but within the postal code, we still don't know—people with a disability within that postal code, are they getting vaccinated? The racialized essential worker, working two jobs to pay the rent and feed her kids—is she being vaccinated? We don't know. We know that within a certain postal code, we have a general idea of how many racialized people there are or how many disabled people they are. But we don't have the data. What I want is the government to mandate collection of race-based data.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Catherine Fife: I really do appreciate the member from Nickel Belt walking us through the committee structure and how we did try to genuinely come to the table to make this bill in the best interest of personal support workers and the health care system as a whole. It's a very similar experience that we had on Bill 288, on the skilled trades bill—and consistently saying no to good ideas.

We all have a PSW we're connected with. In my riding, her name is Audri Melton, and she's an SEIU member. She has talked to me about the need to address working conditions, education and training schedules, compensation. She mentioned that retention is such a crisis in this field.

This bill does not address those key issues that the government heard as they were consulting. Why such bad-faith negotiations and consultations on the part of the government?

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M^{me} France Gélinas: I couldn't agree more with PSW Audri Melton. Recruitment and retention are at the core of it.

Health care happens between two people. There's a relationship that gets established. For a personal support worker, she provides really personal care: giving you a bath, changing your Depends. This is all very, very personal care. People are a whole lot more comfortable if they establish a relationship with their PSW and you only have to be naked in front of one or two persons who you know, and you only have to receive your care from a few people who you know. That will only happen if we're able to recruit and retain a stable workforce.

Retention is the key, and this regulatory authority risks making retention even harder.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Vincent Ke: Thanks to the member from Nickel Belt for her presentation. In her speech, she talked a lot about the importance of data collection.

I agree that collecting data is very important. We also know that the best way to continue customizing our vaccination plan, according to the needs of each community, is to collect valid data about where the vaccine is going and who is getting the vaccine. That is what this bill will do.

So will the member for Nickel Belt stand with us today and support this legislation, so that we can collect vaccination data to help us work better and save lives?

M^{me} France Gélinas: Where the vaccine is going is a step in the right direction. We know that there are areas of our province where there are high concentrations of racialized people, of essential workers, of people who have no choice but to go to work, of precarious workers. So to have, for a time, a concentration of vaccination in those areas absolutely makes sense. But we did not collect the data, so we don't know if it was the well-off white people who happen to live in those neighbourhoods who went and took advantage of the vaccinations—we kind of think not, we sort of hope, but “sort of hope” and collecting data are not on the same page.

You need to collect data from every single person who comes. The 15 minutes when you wait after you get your vaccine is the perfect time to do this. We have the database to collect it. Let's get that done.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Jill Andrew: Thank you to the member from Nickel Belt.

I was astonished to hear how many amendments we have put forth that have all been declined.

Why do you think this current government consistently declines amendments that could actually create healthy, equitable, safe workplaces—and health system in general? Is it possibly because to admit there is a problem, you're then responsible for finding real solutions and consulting with communities?

M^{me} France Gélinas: I'm a member of the NDP, and I don't always understand how—I respect, no matter what party you belong to, but I don't always understand where their thinking is coming from.

Why, in the middle of a pandemic, do we not collect race-based data? Why is it that they do not listen to the experts and do what needs to be done? I don't get it.

I respect public health. I respect community care. I respect people who teach at the Dalla Lana School of Public Health. They all came and told us we have to do this. We can do this. Everybody sits there for 15 minutes. Give them a piece of paper. Let them fill it out. If they can't read, have somebody read the question. If they don't want to answer, you respect this and you move on. But 87% to 90% of us will do this. But they don't listen to experts.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Aris Babikian: For 15 years, the previous Liberal government, supported by the NDP, failed to make the necessary changes to grow and support the PSW profession. They failed to make the investment for necessary staffing in our long-term-care homes. And when we

brought forward the temporary wage enhancement for PSWs, the opposition voted against it.

Will the members opposite change their approach and commit to supporting this bill, which is a massive step forward for the PSW profession?

M^{me} France Gélinas: I was elected in 2007. I campaigned on 3.5 hours of hands-on care. Since I was elected, I've presented the four hours of hands-on care bill three, four or maybe five times. Among the NDP, this is something that we have been working for for a long time. That the Liberal government turned this down and that you, the PCs, accepted it, but not for another four years, is really hard to understand.

Yes, I will stand with PSWs. Yes, I will continue to advocate for them to get full-time jobs, good pay, good benefits, a few sick days, a pension plan and a workload that a human being can handle, because this is what they need.

The Acting Speaker (Mrs. Lisa Gretzky): We don't have time for another question.

Further debate?

Ms. Bhutla Karpoche: It is an honour and privilege to rise on behalf of the people of Parkdale–High Park to speak to Bill 283, the Advancing Oversight and Planning in Ontario's Health System Act.

Before I speak to the bill, however, on behalf of the people of Parkdale–High Park, I would like to acknowledge and honour the 215 children who died at the Kamloops Indian Residential School. Indigenous people across Canada are hurting. They are in pain, remembering all those who have died and the destruction residential schools have left behind. We grieve with First Nations communities whom these children belong to, and we grieve with Indigenous communities here in Ontario and across Canada, who have all felt the pain of this horrific loss. We acknowledge the past and ongoing colonization that Canada has and is inflicting upon Indigenous peoples.

I want to thank the member from Kiiwetinoong for his powerful words this morning. As he said this morning, the discovery of the remains of the 215 children at the Kamloops residential school has underscored the daunting amount of work to be done to ensure justice, dignity and equity for Indigenous people. The death of Indigenous children is a crime against humanity, but Canada has never treated it as such. This country must own up to its past, as must all of the governments and institutions.

The government agreed to have all flags at provincial buildings lowered to half-mast today, and this morning we observed a moment of silence in this House to honour the 215 children. I want to recognize that the government has done these acknowledgments, but acknowledgments alone are not enough. We need to act.

I want to talk about just a few actions that Ontario can and must take now—actions that Indigenous leaders and communities have called for, actions that the people of this province would like to see their governments take.

First, I echo the calls from my colleagues from Kiiwetinoong and Toronto Centre for the government of Ontario to work with Indigenous communities to search

the sites of every former residential school in the province. We simply must do this. As we heard, it is a great open secret that Indigenous children lie on these properties of the former schools—an open secret that Canadians can no longer look away from.

Outside, just before I came to the House for the afternoon session, I went to lay a pair of children's shoes at the memorial. I met a young man who was also at the memorial, and I said, "I'm going to go inside and I'm going to have a chance to say a few words. Is there anything that you want me to take as a message inside?" He told me, "Be honest." And, Speaker, that's what we need to do. We need to take a step towards an honest reckoning, and we can do that by searching the sites of all former residential schools.

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Second, we must institute an annual day of mourning and remembrance for those who were lost to residential schools, and for survivors.

Third, Ontario and Canada must demand apologies from those who helped commit these heinous crimes. Pope Francis, the Catholic Church and all other churches involved must own up to their part in this genocide, apologize, and offer financial restitution to survivors and the families of those lost.

Finally, Ontario must include the history of residential schools and Indigenous peoples in Ontario in our school curriculum. Our children must be taught the true history of Canada's genocide on Indigenous people.

We must look towards the recommendations made in the Truth and Reconciliation report, and work towards it. I stand with my colleague the member from Kiiwetinoong and offer the support of the people of Parkdale–High Park in the calls for action, in the spirit of reconciliation.

Thank you, Speaker, for allowing me this privilege to say a few words on this.

Now I will turn to Bill 283. The issues that this bill attempts to address are so important—the vaccine rollout, personal support workers, for example—and we all know that we must and can do better on these fronts. Unfortunately, the bill does not deliver the change that we need.

Speaker, schedule 1 of the bill concerns the ability to collect information about vaccinations. I spoke about this at the second reading debate, and I stressed the importance of knowing who has been vaccinated and which vaccine they received. The bill also apparently lays the groundwork for the collection of race-based data regarding vaccinations, although I will remain skeptical until I see this implemented, because collecting race-based data has not been mandated. As I previously noted, this is coming far too late. We should have been collecting race-based data and socio-demographic data about COVID-19 for the past year, and we should have already been collecting information about vaccinations when we started to give out vaccinations in this province back in December. Instead, the government waited five months into the vaccine rollout to introduce legislation to collect this information. Here we are, 15 months since COVID-19 began, and we're only now discussing it. We are going to

need all of that information in order to be able to make the best decisions on how to handle the pandemic, moving forward.

Speaker, I'm going to turn now to aspects of the bill that deal with personal support workers. I think it's worth thinking about who supports this bill. The Ontario Personal Support Workers Association has endorsed the bill, but this is a group, we know, that has close ties to the for-profit long-term-care sector, close ties to for-profit companies that this government has protected and prioritized. Meanwhile, Bill 283 does not have the support of front-line workers who are part of SEIU Healthcare, Unifor, CUPE or the Ontario Nurses' Association, which together represent thousands of PSWs across the province.

The Ontario Nurses' Association submitted their analysis for Bill 283 during committee, and I'm going to read two quotes from their presentation. One: "This pandemic has exposed just how undervalued PSW work has been in health care, and how desperately this needs to change. Quality care is intrinsically associated with quality working conditions. That is where the government ought to put its focus."

Second quote: "If the government's ultimate goal is indeed to shore up the supply of PSWs," then priority should be made "to improve pay scales and working conditions that enable recruitment and retention and the provision of quality care." The Ontario Nurses' Association is completely right on this.

Speaking of the Ontario Nurses' Association, I want to note that nurses and other unions that represent public sector workers are urging this government to repeal Bill 124, which caps wages at 1%—far below a cost-of-living increase, below inflation rates. I want to note that, recently, a Manitoba court struck down similar legislation restricting wage increases because it was deemed unconstitutional. It was deemed as interfering with collective bargaining rights. Here in Ontario, we have similar legislation. There is obviously a challenge that has been launched against this government, but the government can do the right thing now and repeal Bill 124. They have called nurses heroes, and yes, nurses are heroes. They had been heroes before the pandemic, and they'll continue to be heroes. But you cannot call them heroes one day and then bring in legislation that caps their wage increases to 1%. That is completely unfair.

Back to PSWs: The findings of the recent report from the Auditor General on long-term care also came to similar conclusions. If we're going to improve long-term care, we need to raise the wages and working conditions of PSWs. In Ontario, you could be a PSW in a long-term-care home for your entire working life and never have a full-time job. You could work your entire career making barely more than minimum wage, with no hope for a pension plan or a dental or medication plan—no hope even for a single paid permanent sick day. Can you imagine that, Speaker? Many PSWs do not even have one permanent paid sick day. This is a job in which people you care for, seniors in long-term-care homes, can die from the flu. The people you work with are among society's most vulnerable and the most

susceptible to infection. Yet no one, not a single PSW, has permanent paid sick days.

What PSWs need and, by extension, what residents of long-term care and their families need, is for the job of a PSW to be treated as a career by this government—a career with job security, hours, wages and the benefits of a full-time, permanent job. The government had an opportunity a few weeks ago to take their first step towards this. My friend and colleague the member from Sudbury just a couple of months ago tabled a bill that would establish a wage floor so that no support worker in Ontario would be paid less than \$20 per hour. This wage floor would be reviewed and increased every two years, and the bill would also require the development of programs to provide training and education for all support workers and long-term-care staff, with a focus on job retention and creating full-time jobs. But this government, the Conservative government, voted against the bill, and they have opposed any attempts to meaningfully improve wages and working conditions for PSWs and other support workers—we cannot forget DSWs as well.

As the official opposition critic for early learning and child care, I see many similarities between PSWs and child care workers. I see similarities in terms of how they're treated. The Ontario Coalition for Better Child Care and the Association of Early Childhood Educators Ontario recently published the results of their survey of almost 2,000 child care workers across the province. They found that child care workers are at a breaking point. Almost half of them considered leaving the child care sector permanently at some point during the pandemic. The survey asked about the experiences of child care workers during the pandemic, and it should surprise no one that their experiences were not good: 54% of workers reported decreased job satisfaction during the pandemic, and almost all workers, 89%, reported an increase to job-related stress.

Like PSWs, child care workers have been asked to do more with less. Many workers have reported having to work more hours with less time for preparation and planning.

I want to share a couple of quotes from workers in this survey, because their experiences remind me of how PSWs have been telling me how they feel. One worker said that the pandemic has brought “more work with lots more cleaning and disinfecting, longer hours and no pay increase. No recognition from the government for being an essential worker.” Another quote said: “I leave work every single day feeling exhausted, hopeless, frustrated and emotional.”

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A child care worker said, “I've found it difficult to be positive at work. It's hard to feel all of these stressful emotions and try to hide it in front of the children.” Child care workers never received pandemic pay, even though they had been relied on as essential workers. They had provided emergency child care throughout the pandemic. Even when schools are closed and we have a stay-at-home order, child care centres have remained open. Like PSWs,

child care workers feel that their contributions have not been adequately recognized with the wages, working conditions and the respect they deserve.

Both of these workforces are undervalued by our society and by this government. These workforces are primarily composed of women, many of whom are racialized. Child care workers teach and take care of our kids, and PSWs take care of us, our grandparents and our parents. They should be among the most important roles in society, but we don't treat the workers that way. Instead, we ask them to perform precarious work at low wages. We ask them to look after far too many people with not enough time or resources. Without improving wages and working conditions, we will never be able to address the long-standing retention issues for both PSWs and child care workers. We can recruit—we can recruit all the workers we want—but without better wages, working conditions and job security, people will continue to leave for better opportunities in other sectors.

Speaker, the thing is, PSWs and child care workers I've talked to love what they do and they are so good at it. But if they cannot pay rent, if they cannot feed their kids, if they are constantly juggling part-time work and they are constantly given a workload that no human being can handle, there is no way that they are going to be able to stay in that job. They will leave the sector. They're going to go elsewhere.

That is why the Ontario Coalition for Better Child Care and the Association of Early Childhood Educators Ontario have been calling for a wage grid that ensures a higher starting wage for child care workers. They are calling for the provisions of daily on-site paid planning time, permanent paid sick days, emergency leave days, paid time for professional learning, and so much more. I fully support their calls. Improving wages and working conditions for workers is an important part of our party's vision for a universal public and non-profit \$10-a-day child care plan, just as doing the same for PSWs and other support workers is a crucial part of our plan to fix home care and long-term care in Ontario.

Speaker, not only is this government failing to protect and respect PSWs, they continue to protect for-profit long-term-care companies who have hired so many of these low-paid, part-time positions simply to cut costs. A Globe and Mail article revealed that Chartwell, which operates 23 long-term-care homes in Ontario, paid out more in executive bonuses in 2020 than it did the year before. Can you imagine? More executive bonuses during the year of the pandemic than before. That is shameful. This government is allowing companies like Chartwell, Sienna Senior Living, Extendicare and Revera to continue to exploit workers, and in the process deny residents the level of care they deserve. We have to stop this model of trying to pay everyone as little as possible in order to cut costs and raise profits.

As we look to improve our health care system, we also cannot, of course, forget the contribution that workers like janitors and cleaners make. I recently met with members of Justice for Janitors, a campaign started by SEIU Local

2 10 years ago. Cleaning staff have been going to work every day, putting their safety and the safety of their families at risk to keep the rest of us safe. Cleaners get called in to disinfect when there is a COVID-19 outbreak. When an outbreak is declared in a workplace or even in a long-term-care home, it's the janitors, it's the cleaners who are going in.

Like so many other jobs, janitors and other cleaning staff have been undervalued and underappreciated. The janitors I spoke to tell me that they had been made to feel invisible, but the pandemic has revealed just how important their contributions are. We knew that, but it has become something that we can no longer deny. They have kept our schools, workplaces, health care facilities and government buildings safe and clean, and yet just like the PSWs and child care workers, janitors are not getting compensated or provided with the working conditions or job security that all essential workers deserve.

Janitors who worked throughout the entire pandemic did not even receive pandemic pay. The government must address this. As a first step, I would call on the government to ensure that janitors who clean provincial buildings receive pandemic pay immediately and retroactively. They are cleaning provincial buildings. The province has a direct role in this. You can provide janitors with pandemic pay.

Finally, I want to say that we need to ensure that everyone who is part of our health care system—and when I say “system,” I mean the workers, because we know without the workers, there is no system. So we need to ensure that workers receive the wages, working conditions and job security they deserve. Without that commitment, our health care system will continue to leave Ontarians behind.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Ms. Jill Andrew: Thank you very much to the member from Parkdale–High Park for that presentation. If you could give this government one piece of advice, one tool that's missing from Bill 283 that claims to be a bill that's going to make our health care system better and, of course, as you emphasized, really put workers at the centre, what does this government need to do that this bill is lacking?

Ms. Bhutla Karpoche: I'd like to thank the member from Toronto–St. Paul's for that question. The member from Toronto–St. Paul's has been an absolute champion in this House for front-line, essential workers, and I'd like to thank her for her work.

In terms of a piece of advice, really what this government, what all of us need to do is listen. Listen to the people. Listen to what they are asking us to do. It's so straightforward.

The public health experts, the front-line workers who do this work, know how things run. They know where the gaps are. They know what must be done in order to fix it. All we need to do really is to listen, especially during the pandemic, to their experiences during the pandemic, and we can do a lot more to be supporting them.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mrs. Robin Martin: Thank you to the member from Parkdale–High Park for her comments. She was just

talking about listening, and I was listening to her talking about how we just need to listen and it's just so important that we listen.

Personal support workers are the largest group of unregulated health care providers working with some of our most vulnerable people here, including children and seniors and people with disabilities, and patients and families whom we should listen to have called for greater accountability, oversight, and quality and safety standards from their caregivers.

Will the member opposite just listen to those families and vote in favour of this legislation because it is meeting the need that they have asked, which is to have regulation and a process so that they can make sure that the people providing care are qualified? Will you listen to them today?

Ms. Bhutla Karpoche: You know, Speaker, I'm not quite sure if the member from Eglinton–Lawrence is really listening to my comments because I did address this in my remarks.

In terms of regulation of PSWs, the majority of PSWs have said the focus right now is on working conditions. The majority of the workers have said it's about wages. It's about permanent paid sick days. It's about having access to proper PPE.

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The calls for regulation are from a very specific group, and as I mentioned in my remarks—which the member would know, if she had listened—it comes from the arm that supports for-profit delivery of care. That is not the overwhelming majority of the workers in the sector who want to see that.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mr. Gurratan Singh: My question to the member from Parkdale–High Park is, we know that communities across Toronto have been devastated by COVID-19, and we know it has really brought forward the systemic inequities that existed already in our health care system to the forefront. What actions could the Conservative government have taken to address the health care crisis across Ontario and particular to your riding?

Ms. Bhutla Karpoche: I'd like to thank the member from Brampton East, who has really been a huge, important voice for the people of Brampton and Peel region in this province. Thank you for that.

Speaker, I think most folks know in this House that I come from a background in public health, specifically epidemiology, and in public health—as is, I would think, common knowledge—health is not health care. It's not about just tending to those who are sick. That's sick care. Really, health care is about the social determinants: What are the factors that promote or hinder the health and well-being of people, of communities, of populations?

And so, if we really, truly want to address inequities in our health care system, we need to address the social inequities. We need to address inequities in housing, in our workplaces and so many—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Questions?

Ms. Natalia Kusendova: To the member opposite: She talked a lot about working conditions, and I'm glad that she mentioned it. France Gélinas, your critic, also talked about how she proposed 3.5 hours of direct care back in the day. Our government is actually surpassing, and we're delivering on four hours of direct care per resident. These are unprecedented investments that we are doing in long-term care.

In fact, I spoke to Tracey Comeau, who is the new CEO of Copernicus Lodge, which is in your riding. I talked about how the PSWs working at Copernicus Lodge reacted to this announcement, and in fact, they're very happy, because the four hours of direct care per resident will have a direct impact on their working conditions.

Bill 283 is addressing another issue. We are creating a regulatory authority to give them the quality check mark that PSWs have been asking for, so we are acting today. So please, support these measures, because this is what the PSWs have been asking for.

Ms. Bhutla Karpoche: Actually, I too have been in communication with the new CEO at Copernicus Lodge, in my riding of Parkdale–High Park, Ms. Tracey Comeau. I think there's no argument that having more hours of hands-on care is important. I mean, finally, after decades of work by the member from Nickel Belt, this House—the Conservatives and the Liberals have agreed that it's important, that we need at least a minimum of four hours of hands-on care.

But we need it now—right now. Actually, we needed it before. We needed it years ago. So while we do fully support more hands-on care, we simply cannot stand by and wait until 2025 for it to be enacted. That's—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Question?

Miss Monique Taylor: I'd like to thank the member from Parkdale–High Park for her time in debate on this very important bill. It's really unfortunate that the government put forward a bill that we're not able to support, when we know that PSWs in our province are desperate for that support. We've heard the rhetoric from the members opposite about waiting four years for that four hours of hands-on care that PSWs are desperate for, that our seniors are desperate for. Could the member tell us what a difference four hours of care will truly make for seniors who are living in our long-term-care homes now?

Ms. Bhutla Karpoche: I'd like to thank the member from Hamilton Mountain for the question. Speaker, when I spoke to seniors and I spoke to families of those who have loved ones at long-term-care homes, consistently, they have raised the issue of PSWs, and consistently, they have asked for better working conditions for PSWs, and that also means having more hands-on care. Better working conditions for PSWs, for workers, translates into better care as well for the residents. If you have a worker, first of all, who you can work with, who you can build that connection and trust with, who is doing some of the most personal work, like giving you a bath, changing your clothes, feeding you—imagine if that is all done in such a rushed manner that you might have to actually skip all of

that or have it done so fast that it's not even done properly. What kind of—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. We don't have time for another question and answer. Further debate?

Ms. Jill Andrew: I'm honoured to rise on behalf of our community in St. Paul's to add my words to Bill 283—let me get the correct title here—Advancing Oversight and Planning in Ontario's Health System Act. I wanted to start by taking us back a few months, just to sort of lay the groundwork with regard to the COVID-19 budget and how important—or lack thereof, because we're talking about the health care system and making a better system—the health care system has been for this government.

There was no commitment to wage increases for PSWs beyond June 30. We have no reason to believe that PSWs will not be working as hard as dogs, understaffed, under-resourced, underpaid, exhausted, travelling on packed public transit, in many cases, to care for our beloved loved ones. We have no reason to indicate that this is going to end on June 30. As you know, the official opposition NDP has demanded a permanent pay increase for our PSWs, for our health care workers, because we know how essential they are and we know how critical that is for them to be able to provide the necessary care and to be able to be maybe at one long-term-care home, as opposed to having to juggle two or three in order to keep the system working.

We also know that we have a chronic PSW shortage in this province. The government says that they are hiring more PSWs. They're going to train more people. But the thing is, we don't even know exactly if those who are training are going to become PSWs. We don't know what the criteria of that training will be. Will it be in a private institution? We have no clue. So that there are no details is the first thing.

I also want to take us back even a few years, because again, we're talking about the health system. I want to make it clear that the health system was not perfect before March 2020. In fact, we know that the health care system suffered from chronic under-management, lack of accountability and responsibility from the previous government. We see that the former Liberal government did not update the emergency management plan since 2013. I learned, recently, as many of us may have learned, that the Liberals allowed 80% of PPE stockpiles to expire. We learned that 89% of emergency management recommendations were ignored by the former government.

For many years, between the Liberal and Conservative dance, what we have seen is consistent government cuts to our health system, the very system that's supposed to respect and protect our loved ones and care for them. We've seen a constant slash and threats of slashing—actually, real slashing—to public health. We've seen hundreds of millions of dollars slashed from mental health by this government.

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I would argue that the mental health of PSWs, the mental health of front-line health care workers, along with the mental health of the loved ones they're caring for, may

not be as secure as we would want it to be here in this House, if our loved one is at a window for four hours or five hours out of the day because there aren't enough people working on the floor, and one health care worker has to take care of 20 or more people.

We've heard the stories of people who have died because of dehydration. I have heard the stories from right here in St. Paul's—well, not right here; I'm at Queen's Park—where people have fallen out of beds and spent hours, where our loved ones have had to sit in soiled Depends, not because their front-line health care hero, as the government calls them, didn't want to do their job, but maybe because they physically couldn't get to that client in time, that patient in time, that family member—some PSWs have told me that they literally consider their “clients” family members, and the residents also consider their PSWs extended family.

It's very important that when we talk about the health care system and we talk about advancing oversight, we not blame—I'm not going to say “we” here, because I have never blamed a PSW once—that the government not blame our front-line health care workers, but that you look at the system, a system that we know has been broken or at least has had significant cracks and gaps and holes, which this government has had years to fix, even before COVID-19.

We have all talked about paid sick days, but I really feel that that is at the heart of remedying our system. And I'm not alone. OPSEU, SEIU, CUPE, Unifor, ONA, PSWs I've spoken to, residents I've spoken to, powers of attorney I've spoken to all throughout this pandemic: Everyone seems to understand how important paid sick days were and are still to our front-line health care workers. It's very simple. When you're forced to go to work sick, when you're forced to take a chance because your rent, your housing, your food, your medications, whatever the case might be, depends on it, you're potentially bringing something into your place of business that could cost someone else's life or could even cost your own; someone else could bring it into your place of business.

This is why we were asking for paid sick days. This is why we were asking to actually honour the health care heroes. If I remember correctly, the Minister of Health did her presentation today and literally said that PSWs were at the heart of Bill 283, Advancing Oversight and Planning in Ontario's Health System Act, and that they were being considered throughout the act. But it's very hard to believe, quite frankly, that the majority—or I'll be interested in knowing how many PSWs, how many direct front-line health care workers did the government sit across from and hear say, “You know what we need? A regulatory authority. That's what we need during the pandemic. We need a regulatory authority.” Because I can guarantee you that the majority of front-line health care workers have been asking for safe working conditions where they can have a sense of pride, a sense of safety, of health, going into. Residents are asking for consistent health care workers. Our member from Nickel Belt said it quite elegantly and quite earnestly.

As someone who has had a PSW myself, as someone with chronic health issues, who has seen my mother be cared for by a PSW, who has relatives who are PSWs, some of whom I spoke to during the pandemic—and I heard the personal stories myself of folks not having enough PPE because this government, the Conservative government, did not think it necessary to ensure all essential workers had PPE. What are we doing? What are you doing? We have to listen. We have to listen to the people who are actually on the front lines doing the work.

It's not good enough to—the government always goes through this deflection game: “Oh, the federal government has a paid sick day program” or the other song-and-dance, dog-and-pony show of the NDP supporting this or so-and-so supporting that. At the end of the day, you're driving the car now. You're driving the bus. It's a Conservative government.

Interjection: Yay!

Ms. Jill Andrew: I'm hearing someone on the Conservative government side go “yay” while we're talking about PSWs who are overworked, understaffed, underpaid; and people who have died, thousands of them; and outbreaks that we've had in homes. That's a really wrong time to say “yay.”

But you know, it becomes clearer and clearer and clearer why the Conservative government has ignored all of those amendments that have been put forth by the NDP official opposition. It becomes clearer and clearer why the government doesn't really want to touch the system. This is how oppression works, right? That's how systemic discrimination works, actually. It works by attacking the little person. It works by criminalizing, blaming and holding accountable an individual, as opposed to looking at the systemic socio-cultural issues, the economic issues, the big picture, the macro. This government is very good at trying to solve problems from a micro level, as opposed to solving them from a macro level.

Maybe this is part of the reason why, because we know that both the Liberal and Conservative governments have—I mean, it has pretty much been Christmas in terms of donations from for-profit long-term-care corporations. I believe that from 2007 to 2016, the Liberals got a whopping \$301,609, and the Conservatives beat them at \$340,477 of donations from for-profit, long-term-care homes. In case you're wondering about the official opposition, do you know what our number was? Zero, because we believe that we should put people before profit. We believe in ensuring that health care workers have fair wages, that they have solid working conditions so they can do the job that we would all want done for us, or for those of us who may have loved ones in a long-term-care home or congregate setting now.

A couple of weeks back, I was talking with a wonderful lady from one of our long-term-care homes in St. Paul's. She said to me, “You know, Jill”—and I'm not using her name because I didn't get clearance for it in this particular debate. But it stuck. We were on the Zoom for however long. It was myself, herself and several other essential caregivers—who, by the way, are loving people doing real

work, taking care of their loved ones for free, emotionally drained from their full-time/part-time job. Some of the caregivers I had the pleasure of meeting in that meeting were seniors themselves taking care of their partners, their spouses.

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This one woman said to me, “You know, Jill, in six and a half years I have not seen an orange at this long-term-care home. I haven’t seen an orange.” Then another person on Zoom said, “Well, I’ve seen a banana.” I personally was shocked, because while I certainly have friends and family and acquaintances who work as front-line health care workers, I couldn’t tell you that I know the meal plans left and right. But it was shocking to hear this loved one say, “Jill, why doesn’t the government simply give us the funds to make long-term care what it can be, to ensure that our seniors, our loved ones, our elders have access to fresh fruits and vegetables?”

The government will know that I put forth a motion demanding just that, a provincial strategy for fresh fruits and vegetables, so that all Ontarians, especially those that are coming from BIPOC communities, women in racialized communities, people living with disabilities, sole parent homes, folks who are managing various health states across the spectrum, can have access to good food. Of course, we know that having good food, having fresh fruits and vegetables, along with having a plethora of wonderful things to eat, really does keep your spirits up. Quite frankly, it rejuvenates the mind.

Again, I rely on the expertise and wisdom of our fantastic health critic, the MPP from Nickel Belt, who really expressed the gamut of health conditions that residents are living with and the complex needs they have, the complex needs that should be met by caregivers who are doing their utmost best. They’re doing their utmost best with a current government and a previous government that chronically underfunded the health care system below inflation.

I think now is the best time for the government to try to get it right. Really, I get it. Politics happen in here a lot. But really sitting and hearing the member from Nickel Belt speak to simple things like whistle-blower protection for a worker who wants to do the right thing and say if something’s wrong—why would the government not support something like that?

I would think that the government would want to praise someone who’s helping create a better system. That’s what you do when you’re a “good” person. When you are a team-playing employee who wants to see the greater good, a healthy system, a safe system for staff and residents, you want to be able to share when a mistake happens. Instead, now you have to wonder if that mistake is going to cost you your job. That’s a hard one; that’s a hard one.

I also did find it concerning that the regulatory authority wouldn’t be made up of people who actually have lived experiences as PSWs, as front-line health care workers. That is concerning because we saw a similar story with Tarion, for goodness’ sake. I won’t veer off too much because Tarion doesn’t have much to do much with this bill—although actually, I tell you, if you’re a PSW and

you get sick and don’t have those 14 pandemic paid sick days and those 10 permanent paid sick days, you just might lose your house or your apartment.

But the point of the matter is, how can we create any kind of a regulatory authority that doesn’t actually speak and live and breathe the experiences of those they’re supposed to regulate? But again, I want to make it clear on the record that the PSWs, the sector didn’t call for that regulatory authority. All they’re calling for are better work conditions, pay—being paid for their jobs, you know—and a sense of respect.

I’d be remiss if I didn’t remind this government that those front-line health care workers you denied paid sick days to, for, I don’t know, 30 times or whatever the heck it is, are predominantly women. They are predominantly BIPOC women. They are racialized. They are Black women. These are the people doing care work. And I understand. As a woman and gender studies graduate from U of T, I understand that work that has been historically labelled as women’s work, which is what care work tends to get slotted into, just doesn’t matter as much as so-called stereotypically male-identified work. But I’d like to think that in the 21st century, especially when the government keeps calling front-line health care workers “heroes,” you’d want to do better.

This bill is not doing better. Start with the foundation, and that’s how you fix the system.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mrs. Robin Martin: Thank you to the member from Toronto–St. Paul’s for her comments today. It’s very interesting to hear the members opposite talk about what the bill doesn’t do. But the bill is actually really engaged in the regulation of three health professional groups that have asked to be regulated. The purpose of regulation, aside from making those groups be more recognized as a professional group, is also to make sure that there is accountability and a complaints process, etc., which goes with the formal recognition that you get as a regulated profession.

We’re trying to do that for three groups here. We’re trying to do it for behaviour analysts, the physician assistants and the PSWs. And there’s a whole host of other groups that would like to be regulated.

Can the member support the regulation of these groups as a way forward to make them more professional and to make sure that they have accountability to patients and families?

Ms. Jill Andrew: Thank you to the member from Eglinton–Lawrence. As I am not one of those professions, I’m not going to speak for any one of those individuals as to whether or not they should or should not be regulated. From what I understand, there are already bodies. There are already people who have authorities that they are trained through, that they receive their credentials through. That’s a whole other story.

What I’m just simply here to say is, who did you actually talk to? Because we’ve seen campaigns throughout the pandemic, even if they haven’t been on the lawn—thousands of front-line health care workers. I haven’t once

heard anyone ask for a regulation body. What I've heard them ask for is paid sick days; sound and safe work conditions; wages that they can live on, a livable good wage—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Question?

Mr. Faisal Hassan: I would like to thank my colleague from Toronto—St. Paul's for her excellent presentation and comments on Bill 283. I know that PSWs, our front-line workers—and also this government, especially the Premier, calls them “heroes” and “champions”—what they are really asking for is good wages and good working conditions and also paid sick days.

I would like for you to comment. I know that so many PSWs have left the workforce due to bad working conditions, and they are looking for that to be strengthened. If you could comment on the importance of having PSWs that are full-time workers and that are paid when they feel sick so they're not worried about staying home—so they have permanent paid sick days.

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Ms. Jill Andrew: Thank you very to the member from York South—Weston. I would also like to take an opportunity to say how inspired I have been to see the member from York South—Weston so fully engaged and involved in ensuring his community, to the best of his benefit, has received vaccines—their first shots. Because certainly, again, we want to fix the health care system, according to this government. Yet, even when they did the hot zone little thing—which the Ontario science table did not tell them to exclusively look at hot zones—we still had situations where Conservative ridings with low COVID rates were identified as hot zones, while you had opposition ridings that were sweltering in high COVID rates not getting that treatment—again, putting politics, putting profit, putting friends and backdoor deals before people at a time during a pandemic.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Stephen Crawford: I'd like to ask the honourable member a little bit about the government's commitment to the four hours of care. In the 2020 budget, the government of Ontario initiated four hours of care. That's something that, to my knowledge, I haven't seen done anywhere else. I guess my question is—I haven't seen that done anywhere else in Canada. Is there a jurisdiction anywhere in Canada that will have that level of four hours of care? Four hours is essential. We're glad that we've initiated this. The opposition had many years with the Liberals in power—which they propped up—to initiate that type of care. Now, I haven't seen that, so my question is, is there anywhere in Canada that has that many hours of care per patient, or will Ontario be the leader in Canada in that area?

Ms. Jill Andrew: You see, it's not a sporting event, so I'm not going to roll the dice and tell you, “Oh, yeah, Ontario is first,” because at the end of the day it doesn't matter if we're first. The fact is way too many, thousands upon thousands of Ontarians, died and they didn't have to die. Frankly, they died on this government's watch, because you didn't do what you had to do—sorry, speaking through the Speaker—early on, like PPE; early on,

PPE should have been given to all of our essential care workers. That would have helped curb the spread. For goodness' sake, our long-term care health minister should have listened to advisers and gotten the information to the Premier speedily to help slow down the COVID spread.

So, at the end of the day, I'm not here to say where Ontario is in Canada; I'm simply here to say do your job. Do your job and give people what they need to live through a pandemic. Stop making these bills that have fancy titles, but have no meat.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Wayne Gates: I would like to compliment my colleague. ONA, SEIU, CUPE and Unifor—Bill 124 was introduced in 2019 by a Conservative government. This is what ONA, SEIU, CUPE and Unifor want: They want fair wages, respect for the right for free collective bargaining, full-time jobs. A large number of nurses, PSWs and other health care professions are part-time with no benefits or paid sick days. They also want to repeal Bill 124 immediately.

My question to the honourable member is, do you agree with the demands these unions have on behalf of their members?

Ms. Jill Andrew: Thank you for the member from Niagara's wonderful question. I resoundingly agree with their calls. The reality is that Bill 124 stifles workers, quite frankly, of their rights, their rights to organize, and it most certainly clamps down not providing workers with a livable wage. We have a perfect example here of this government freezing public sector salaries, freezing nurses—more health care heroes—by 1%.

And to the member who asked me about time to care, the four hours a day time to care, essential time: That was us, my friend. That was the NDP official opposition. That was my friend and colleague the MPP from London—Fanshawe. That was several of our members here, including our health critic from Nickel Belt. Finally, the government decided to listen for a smidgen—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you.

We have time for one last question.

Mrs. Robin Martin: Families have told us that when they receive care from someone in our health care or social services system, from a physician assistant, from a personal support worker or from a behaviour analyst, that they expect those individuals to meet a defined education standard and they expect to have a complaints process in place where professionals who don't live up to the standard can be more accountable to the families. Does the member not agree with moving forward with regulation for these professions, and that it is long overdue, that it is something we should do?

Ms. Jill Andrew: Thank you to the member from Eglinton—Lawrence. Again, you're taking the opportunity to look at this from an individualistic perspective instead of a systems perspective. Listen, I've been hospitalized several times, and I'm going to tell you, I've absolutely had my share. I've had health care workers who didn't give me the bedside I thought I deserved—doctors, nurses, PSWs, you name it, right? But I'm not going to stand here

in the Legislature and blame one incident or one bad day on a front-line health care worker who might have been on her 14th or 18th hour that day or who might be running around on that floor in that ward with 25 patients. All I'm asking the government to do is take a systems approach. Look at the fissures. Fix the fissures first.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Mr. Mike Schreiner: I'm honoured to rise to speak to Bill 283. As many of the PSWs and health care workers I have consulted with on this bill say, this bill raises more questions than it provides answers. It actually, in many respects, has misplaced priorities. The critical issues facing PSWs today are pay, working conditions and job stability. Unfortunately, Bill 283 does not address these concerns.

What PSWs are asking for is a permanent pay increase. They're asking the government to take the \$4 of pandemic pay they initially offered—and now they've cut it back to \$3, and it expires on June 30. They're saying to make it \$4 and make it permanent. If the government truly wants to attract more PSWs to the profession—and we absolutely need to attract more PSWs to the profession—then the government would address the critical issues facing PSWs today. Instead of just saying they're front-line heroes and champions, pay them like it. Provide full-time work with full-time benefits. For those PSWs in home care, pay for their travel. Make the profession a profession where you can earn a living wage and have good working conditions, with good benefits, so that you can care for your family while caring for others' loved ones. It's obvious that that is the reason we have a shortage of PSWs. That is the reason the government is having challenges recruiting PSWs.

To quote Sharleen Stewart—you're probably not going to find a stronger advocate for PSWs anywhere in Ontario—in relation to Bill 283:

"It's truly regrettable that the Ford government chose to spend this moment saddling PSWs with a questionable regulatory scheme instead of taking the opportunity to announce critical support like paid sick days. PSWs and front-line health care workers like them deserve a living wage and full-time jobs. There is no greater urgency than bringing relief to our heroes on the front line of a collapsing health care system and that is what needs our immediate focus." Speaker, I'd have to agree. I'd have to agree that that's what the immediate focus should be about.

1630

The member opposite asked about four hours of care. That's an important part when I talk about having good workplace conditions: having enough staff to provide four hours of care, having enough nurses and PSW staff. But, respectfully, to the members opposite, PSWs can't wait four years for four hours of care. Our elders can't wait four years for four hours of care. It's in the budget, but why isn't it in the budget for this fiscal year instead of four years down the road? Our elders deserve that.

The FAO says that the province will need to hire 17,000 additional personal support workers and 12,000 nurses to

fulfill its promise of four hours of care. How is the government going to fill those positions if you don't pay people properly, don't treat them properly in the workplace?

So I would argue—and this comes from meetings with personal support workers and other health care professionals—that the challenge the government is facing in attracting people to the profession is not because of the regulatory framework. It's because of wages. It's because of working conditions. It's because of lack of benefits.

I would urge the government, let's all work together and provide PSWs and front-line health care heroes, nurses and others in the profession, the supports they need to care for our loved ones, to truly treat them, and pay them like the champions and heroes they are.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mrs. Robin Martin: Thank you to the member from Guelph for his comments. I can tell the member that of course we do understand there are many things that need to be done to recruit and retain PSWs and attract them to the profession, and we're certainly working on all fronts, but this is also something that has been requested by PSWs, by physician assistants, by behavioural analysts and, I can tell you, by a host of others who want to be regulated health professions, people who would like to be regulated and are disappointed they're not in this legislation to be regulated.

I want to ask the member opposite—patients and families have called for this greater accountability, for oversight and quality and safety standards from their caregivers, and PSWs, amongst others. The ABA therapists are also working with very vulnerable people. So will you answer the call of patients and families today and vote in favour of this legislation?

Mr. Mike Schreiner: I would respectfully say that if you're going to bring in a regulatory framework, you need to be clear what the cost burden is on PSWs. What is the grievance procedure and due process for PSWs? Will the government—and this is the most important point, Speaker—commit to paying PSWs a living wage, to providing them with the working conditions so they're not run off their feet trying to care for people, to providing them with full-time benefits? That's what PSWs are asking for. If we truly care about how well we care for our loved ones, it's ensuring the people who care for them are treated with respect, dignity and the pay they deserve.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Wayne Gates: My question—I always listen to him intently. What's interesting to me—we've had the other side stand up and kind of say all these wonderful groups that really support private homes support what they're doing.

Sharleen Stewart is an individual that has led that membership through some really tough times during COVID. A number of her members have died. Yes, they're not paid properly; they're run off their feet. So my question to you is, why do you think none of the unions, SEIU, CUPE, Unifor that all represent PSW workers, who have all had their members get sick—they've all had

members who have died on the job—are supporting this legislation?

Mr. Mike Schreiner: I appreciate the question. The only thing I can surmise is, were they even consulted? Were they a part of developing the proposals for a regulatory framework? If you go by the comments, most of these leaders are saying that we have to address pay and workplace conditions, the number of staff, and treating workers with dignity and respect. That has to be the priority.

And who would ever forget—the images are seared in my head of how many PSWs wore trash bags for PPE in the first wave of the pandemic. What they're saying is, "Treat us with respect: good working conditions, good pay." That's what should be the government's priority right now.

The Acting Speaker (Mrs. Lisa Gretzky): We have time for one more quick question and response.

Ms. Andrea Khanjin: My question to the member opposite: As you know, this piece of legislation enables us to do many good and positive things that are laid out in detail after. Could the member explain to us in this Legislature the difference between legislation and regulation?

Mr. Mike Schreiner: I appreciate that. It's actually one of the concerns that a number of folks have. In legislation, oftentimes, it outlines a framework for moving forward. The current government loves to not put a lot of detail in legislation—on a whole variety of issues, not just this one—and to put it into regulation, which actually puts more of the power in the hands of ministers and cabinet, and takes more of the power out of the Legislature.

That's one of the concerns with this legislation, and it's why I opened by saying it raises more questions than it provides answers to, precisely for this reason.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Mr. Wayne Gates: Bill 283, Advancing Oversight and Planning in Ontario's Health System Act: Speaker, thank you for allowing me to rise today and talk to Bill 283. As many of you know, this is a bill that changes a number of different areas of health care in this province. Today I'm going to focus my remarks on section 2 of this bill and how it affects our front-line heroes.

But before I do that I want to speak to one thing that is missing from a health care bill of this size: Speaker, nowhere in here does this bill put a shovel in the ground and get our new Niagara Falls hospital built. I know that members in here think I talk about this a lot, and it's because I do. Every single health care bill that is this wide-ranging could be a chance to commit to building our new Niagara Falls hospital and getting people the care they deserve. Every time, it's not in here.

Speaker, the people in Niagara are sick of parties showing up during elections, promising to build our hospital and then never joining me to talk about actually getting the thing built. The Liberals promised for 15 years to build a hospital, and all we have is a sign in a field. Premier Ford showed up in the last election, promised to build a hospital and we still have a field with a sign—but

it's been painted. We're ready in Niagara to get a shovel in the ground, to get this hospital built. Why won't the government work with us to make that happen today?

Speaker, even before the pandemic, we needed the hospital. Our local hospitals were over capacity. They were running at 110%, 120%. They were treating people in the hallways. The people of Fort Erie who are in my riding had most of their hospital services taken away from them. It never should have happened. It was taken from them. They need expanded medical services today. They need a new hospital close to their homes that provides them with the best care. They cannot continue to drive 40 to 50 minutes in the event of an emergency. Fort Erie is a great community, and it's shameful how both the Liberals and the Conservatives have written it off.

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Speaker, the community of Niagara Falls needs the hospital it was promised. We won't be silenced on this issue. We're ready to get the hospital built, and this issue cannot be ignored any longer. Residents of Niagara Falls should not have to face overcrowding. They were promised a hospital, and the hospital needs to be built using local workers.

I want to touch on that just a bit, on local workers. We're coming out of a pandemic. Do you know, in Niagara Falls, in the tourist area, 40,000 people have lost their jobs in Niagara? Our casinos have been shut down since the pandemic started back in March. Think about that: For 15 months, they haven't worked.

If we build a hospital—because we talked about Bill 288—the last hospital that was built in St. Catharines hired close to 200 apprentices. Bill 288 talks about apprentices. If we put electricians back to work, the local businesses who have been suffering, who couldn't get the small business grant, would then get work.

The hospital is needed for a number of reasons—obviously, health care—and the one that I talk about a lot, quite frankly: We've had a lot of services cut out of our Niagara Falls hospital, because we had a promise that we were going to get a hospital. Do you know when that was, Madam Speaker? It was 2014. It's 2021 today—no shovels in the ground.

But can you imagine that if you're pregnant—because in Niagara Falls, it's the honeymoon capital of the world. How many know that? Put your hands up. Oh, good. Look, Conservatives, see? We agree on something: It's the honeymoon capital of the world. Yet guess what they did? They took maternity out of Niagara Falls. Now, if you're a tourist, one of the attractions of going on your honeymoon is probably, maybe, to make a baby. You could go to Niagara Falls on your honeymoon, but you can't have maternity. It's really, really sad. Fort Erie is a great community, and it's shameful how both the Liberals and Conservatives have written it off.

The community of Niagara Falls needs the hospital it was promised. We won't be silent on this issue. We're ready to get the hospital built. It won't be ignored now. We'll get it done with local workers. The residents have been patient long enough. Now is the time to build the

hospital they were promised. Enough delays; let's get the building going.

I want people to listen to this on the other side. I've dealt with this issue for a number of years now, both with the Liberals and now with the Conservatives. I want to touch on an issue that's important to Niagara. The funding required to run a new MRI machine—we never should have had to do this, but the community came together and raised millions to buy a new MRI machine to clear out the diagnostic scan wait-list. I want to thank Tom Rankin and the Rankin foundation, who pulled together to make sure that Niagara's health needs were taken care of. Without Mr. Rankin and the community, and their tireless work on behalf of the region, this wouldn't have been a reality.

But now that we have the machine, we need the funding to run it. Niagara Health has submitted—I want to read this again, because I know there are some people that deal with health care on the other side right now. Niagara Health has submitted a reasonable business proposal with fully costed funding to ensure that the machine can run 16 hours a day, seven days a week. This funding was already agreed to by the Conservatives in 2017, when they supported our motion for year-over-year funding to clear the Niagara scan backlog. We hope they are true to their word and provide this funding.

Just looking at the numbers, it's clear why we need this MRI machine and the funding. Only 6% of Niagara residents have received their MRI when the provincial timeline is 28 days. The provincial guideline is 28 days. Compare it to the 46% of the residents in Ontario—46% of the residents in Ontario, 6% in Niagara. Listen to this: The current wait time for an MRI in Niagara is 255 days—255 days—compared to the provincial average of 141 days. Again, listen to this; it's hard to believe: We currently have 5,000 residents in Niagara waiting for an MRI. In short, the need is there. The ask is reasonable. You've already agreed to do it, so let's get to work together and make this happen.

Speaker, I want to talk to section 2 of this bill, which creates a regulatory framework for PSWs in this province. I think when this legislation was first announced, there were many of us that were hopeful in all our ridings. It was PSWs without proper pay, without proper PPE, without support who held the first and second waves back and brought us to save the lives of our loved ones, our seniors.

This government called them heroes, and we have hoped briefly that what they would see in this legislation would be this government putting their money where their mouth is. We hoped we would see this government admit that they left our PSWs on their own and finally use the power of the Ontario government to right this wrong. Unfortunately, now we know that's not the case.

Speaker, there are unions out there fighting tooth and nail to get good wages for PSWs, and make jobs full-time jobs that you can raise a family on. Obviously they care about these workers, so what did they have to say about this bill?

Sharleen Stewart, president of SEIU said, "It's truly regrettable that the Ford government chose to spend this moment saddling PSWs with a questionable regulatory

scheme instead of taking the opportunity to announce critical supports like paid sick days. PSWs and front-line health care workers like them deserve a living wage and full-time jobs. There is no greater urgency than bringing relief to our heroes on the front line of the collapsing health care system, and that is what needs immediate focus."

That was SEIU and Sharleen Stewart, whom I have the utmost respect for. She's absolutely right. Why are we seeing how hard PSWs battle to save lives during COVID and then the government's only response is to hit them with regulations no one asked for? Why isn't this government moving to permanently raise their wages and treat them with the dignity they deserved before this pandemic and certainly earned during this pandemic?

It wouldn't be hard to do. The bill is already written for you. My colleague the member from Sudbury took the time to draft one of the most important bills before this House today, the Support Workers Pay Act. The bill will raise wages for those heroes. It would mean you don't just call them heroes and then move on once the cameras are off. It would actually treat them like the heroes they are. This is already a bill touching numerous pieces of legislation. This could be added easily. The question is, why not? Why is this government refusing to support PSWs and care home workers but, instead, moving to implement a regulatory system that no one asked for?

It seems pretty clear when you look at the state of care homes in this province. Speaker, it's clear whose side the government is on. The Toronto Star laid it out for the world to see. During the worst of the pandemic in 2020, Extendicare, Sienna and Chartwell, all private homes with ties to members of the Conservative Party, saw record profits, while the first and second waves were ripping through their homes. How do we know they had ties to the party? It's not hard to see, literally. Three former PC members sit on the boards of these private companies. Why isn't fixing this greed in this bill?

Speaker, I just wanted to get the details into the record because it's important to know that during 2020 when the pandemic was taking more seniors from us every day, these three private for-profit care homes paid out nearly \$171 million to their shareholders. According to the Globe and Mail, Chartwell, which operates 23 long-term-care homes in Ontario, paid out more in executive bonuses in 2020 than they did the year before—more bonuses during the pandemic. Do you know who sits on the board of the group paying out bonuses to shareholders and executives while seniors were dying in their homes? Former Premier Mr. Harris.

Speaker, the government knows these numbers; they read the papers. The question is, how did they not act? Did they immediately realize that companies were raking in money while our seniors died in awful conditions in the homes, and step in? Did they move to support workers and ensure they were paid fairly for what these homes were putting them through? They did neither.

1650

Instead, they drafted two pieces of legislation: one to protect the owners of these homes from being sued by

families, and now one before us that creates a regulatory framework for PSWs that no one asked for. It denies them and other care home workers the wages they deserve. They say everything you need to know about whose side this government is on.

We cannot expect owners of private, for-profit care homes to do the right thing either for their workers or for the residents of these homes. The care home operators, while they were giving \$178 million to shareholders, actually took \$138.5 million in funding from the province for pandemic pay. Enough is enough. Their greed has made them rich enough. It's time to put workers in these homes first. That can be done by adding the Support Workers Pay Act into this bill, at the very least. Speaker, make no mistake about it: These private, for-profit care homes have got to end. They will never do the right thing for residents when their sole focus is on profit and not care.

We saw that with the release of the long-term-care commission report. Despite being funded to the tune of nearly \$1 billion by this government, 26 seniors died from dehydration, just not getting water; 26 mothers and fathers died because these homes didn't have the ability to give them a glass of water. That should be criminal, and no government should be supporting that.

Speaker, since I have the floor, I'm going to make the government listen to the voices of the people they're leaving behind. You won't be hearing any comments from former Premiers making money hand over fist in these homes. Instead, I want you to listen to the workers.

Here is an e-mail I received from a PSW in Niagara Falls. She said, "My income is not enough to pay my bills. I am working as a PSW for almost 11 years now in one of the nursing homes in Niagara region. The increased demands COVID-19 has placed on our health care workers is obvious. Every day they face hardships, from understaffing to an increased risk of infection, to shortages in life-saving PPE."

I received another email from a PSW named Sandi. This is how bad it has become: Sandi didn't even ask me to fight for higher wages or better working conditions. She simply asked to be allowed to work two jobs, one as a PSW and another working in a restaurant. That should make this government sick. These workers care for our parents, our grandparents, our aunts and uncles in their twilight years, and they're asking for the right to work two jobs.

Let me say this as clearly as possible: No person in this province should work 40 hours a week and not be able to afford to live. Speaker, the fact that PSWs are telling us this shows how badly the government has failed and why this bill leaving out actual help for them cannot be accepted. I want to know, which member of the board from Sienna, Chartwell or Extencicare makes so little that they require two jobs just to live? I think we know the answer to that.

This is shameful. It could be fixed today, Speaker, this afternoon, by adding in pay supports for care workers into this bill. Why won't the government do it? You call them heroes. This should be done because it's the right thing to

do for Sandi and for all her colleagues. It should be done because it's morally the right thing to do for everybody working in this sector.

It's also the smart thing to do. We have a problem in the province where care homes cannot get enough PSWs. It makes sense. These are low-wage jobs with few benefits, few protections, long hours and hard work. Of course there's going to be turnover. You know how to stop that? You make these decent jobs you can live your life on.

Speaker, I don't have to reinvent the wheel here. I see this is a problem in other provinces. Quebec is training 10,000 PSWs. They lost 4,000 from care homes because the burden of the work is unreasonable. In BC, the government took the average collective agreement for these workers and extended it to be province-wide. It cost them a fraction of what we pay for-profit homes in Ontario. There are obvious problems and obvious solutions.

We have an aging population in Niagara. We are one of the top three oldest communities in the entire country. These aren't numbers on a page; these are residents—our moms, our dads. They're the ones who built this great province from the ground up and gave us the tools to succeed. How can they be so neglected by the generation they raised?

It should go without saying, but seniors deserve respect and deserve care. There isn't a person in this House who could do some of the work these PSWs are being asked to do. They can care for 30 seniors by themselves, lift people who are two and three times their body weight, deal with stress and constant anxiety. No wonder they can't keep up. If you want to respect seniors, it means giving them resources so people care for them. It's that simple.

The bill is a chance to do the right thing. Do the right thing for Niagara residents' health care. Do the right thing for PSWs. Please don't waste this opportunity. Your long-term-care commission laid out recommendations to begin fixing the problem. The long-term-care commission report said that 70% of the workers in long-term care need full-time jobs. They said the wages in the sector have to be comparable to the hospital sector. It's the least we can do, to start there.

I want to finish. I've got a minute and a half here.

I want to read something out from ONA, SEIU, CUPE and Unifor: "Bill 124 was introduced in 2019 by the Conservative government.

"Nurses and health care professionals demand that the Ford government repeal Bill 124, the wage suppression law that targets women-dominant professions.

"Important to note that while this Conservative government attacks women-dominated frontline, essential worker professions through Bill 124, police, fire and other male-dominated essential workforces are exempt.

"Wage increases capped at 1% while inflation is 2.2% and climbing which in real terms means cuts to nurses and other health care professionals' income for three years."

This has come from ONA, SEIU, CUPE and Unifor, who had a Zoom rally last Friday. They're standing up for their members. They're standing up for our communities. They're standing up for our seniors, our moms, our dads,

our grandparents. This is what they want, because I don't hear any of them supporting this bill. I think I read out Sharleen Stewart's comment. This is what they want. I think it's fair. I think it's reasonable. I think it's something that we could do. They want fair wages. I'm an MPP; I get a fair wage; why shouldn't health care workers get it? Respect their right to free collective bargaining, as you stand over there and say how much you love unions now.

Full-time jobs: A large number of nurses, PSWs and other health care professions are part-time with no benefits or paid sick days. What they really want—Madam Speaker, do you know what it is? I'm sure you know. Repeal Bill 124 immediately.

Thank you very much for your time.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mrs. Robin Martin: Thank you to the member from Niagara Falls for his comments.

This bill is about regulating three health care professions, mostly. It's about the regulation of physician assistants, behaviour analysts and PSWs. All three of those groups have requested for many years to be regulated and want to be regulated. But it's not just about what those health care providers want or what the unions that represent them want; it's also about what is good for our health care system and, frankly, for patients, families and caregivers in our health care system who are receiving that health care. So part of what we're doing is regulating in the interest of patients and families.

Personal support workers are the largest group of unregulated health care workers, and they deal with some of our most vulnerable populations.

Would the member answer the call of patients and families today for greater oversight, accountability and quality and safety standards?

Mr. Wayne Gates: I certainly do appreciate the question.

I'll tell you what the PSWs need. They need fair wages. I said that in my speech. They need benefits. What worker should have to go to work in the province of Ontario and work two jobs—working as a PSW, and then wanting to work in a restaurant so they can pay their rent, pay their bills? Why aren't we looking at that? Why don't you fix that? Why don't you give them the pay raise they deserve? I'm asking you. You can answer it in your next question.

Benefits, respect, dignity, WSIB—a lot of them are being turned down by WSIB around presumptive language. My colleague put a bill forward. You guys voted against it.

There's lots we can do; we could do it together. I laid out some stuff in my 20-minute speech: build a hospital, put people to work, take care of PSWs.

1700

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mr. Faisal Hassan: I would like to thank my colleague from Niagara for his eloquent presentation and comments about Bill 283. I know he talked about the importance of PSWs. This government calls them champions and heroes, and I know they're not really that well-paid.

I wonder if you could comment about the importance of having a living wage, the importance of also having paid sick days when workers feel sick, especially PSWs. They can't afford to stay home because they're front-line essential workers. This bill's regulatory body doesn't address that.

Mr. Wayne Gates: It's pretty easy to answer—when you're asking that PSWs be paid fairly and not have to work two jobs.

What nobody really talked about—and I guess I didn't talk as much as I probably should have—is that our PSWs died on the job over COVID-19, making low wages, no benefits.

I can tell you that in my own riding I didn't have any PSWs die, but I know how sick they got. I know they were going to work with no PPE. I know, in the first wave, how many homes didn't have proper PPE, how many didn't have staffing.

We can do better. How do you do better? You pay people. You show them respect. You show them dignity. You make sure their job is something they're looking forward to going to—not sitting out in the parking lot half an hour before their shift, crying because of the anxiety. They're know they're going to go in and see somebody die. We can do better in a bill.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Andrea Khanjin: My question to the member is—he used a lot of different quotes in his response, but on the similar side, there have been members who talked especially about PSWs, about the need to do more in the time they have. They needed that four hours because, frankly, one of them can't do all that work in the limited time they have. They actually requested additional hours. What's more is, in that profession, they requested to be regulated.

So when you're saying to those PSWs requests they've actually made—we delivered and we're trying to move forward on.

Mr. Wayne Gates: I'm going to apologize to you because I can't really hear you. I'm not sitting in my chair, so I don't have—but I think what you're asking about is the four hours that your government put forward. Am I correct on that?

Interjection.

Mr. Wayne Gates: Okay. It's a fair question. But we should do the four hours now, not wait till 2025. I can tell you that one of your people over here made a comment about, "Well, you guys sided with the Liberals." Do you know what? It was my colleague who put the bill forward year after year after year, and you guys were in opposition. Do you remember that? Check your voting record. We should have done this 12 years ago, quite frankly, when France—I guess I can't say France's name, so I won't—put it forward. We should be doing it now. People are dying because they're not getting the care.

The one thing I will say—I think it makes you sick—is that some people, when they went into work, found our seniors dead in their beds. Think about that.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Jill Andrew: Thank you very much to the member from Niagara Falls.

Your last words were, “Think about that”—for people who found their loved ones dead in their bed—and I couldn’t stop thinking about the long-term-care commission report and the levels of anxiety and depression that people are living with because of just that, whether it was dead in the bed or loved ones infested with insects or dying of dehydration.

I also wanted to talk about Niagara Falls needing a hospital. Thank you for saying that, because building locally creates local jobs, and we all want to get back to Niagara Falls after this is all said and done with.

Can you tell me what your thoughts are on our official opposition’s \$1,000 tourism and local restaurant tax credit to help us get back when we are at that point of getting back?

Mr. Wayne Gates: You asked a couple of questions. I will address the hospital.

The hospital has to get built. Our wait times are so long. If we go back to 2014, just before that, we closed the Fort Erie hospital, we closed St. Catharines General Hospital, we closed the Shaver Hospital, and we closed the Niagara-on-the-Lake Hospital, on the promise we were getting a brand new hospital. So you took all those health care services—and you took services out of Welland general. Think about that. If you take all those services away, what’s going to happen? Your health care is going to basically fall apart.

I wouldn’t want the tourists to know the truth, but when they come to the Niagara Falls hospital, knowing that we don’t have all the services there—we need our Niagara Falls hospital, without a doubt.

I just want to make sure it gets out clearly; I’ve only got a couple of seconds left. This isn’t about workers. The PSWs are giving every ounce of energy into their jobs every day and, quite frankly, they—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Question?

Mr. John Fraser: I want to thank the member for his comments, even the parts that weren’t necessarily kind to the party that I represent. But we all have to face those things—all of us in here.

I want to ask a question about the long-term-care commission, the government’s own commission designed to look into the response to COVID-19 in long-term care. There are 85 very thoughtful recommendations, and some very clear ones on what needs to happen with PSWs and how to build that workforce. Do you have any comments on that—but also the government’s lack of response, especially to the recommendation that says you need to report back in one year as to your progress and in three years as to your progress here in this Legislature?

Mr. Wayne Gates: They should certainly take a serious look at the 85 recommendations and probably do most of them as quick as possible.

Long-term care: I think when the first wave hit, in fairness to any government—and I don’t mean to pick on your government all the time, member—we really didn’t

know what we were facing. But there was absolutely no excuse in the second wave, when 4,000 of our loved ones died in long-term care. And I’ve said this: We should have done better. We should have made sure they had PPE. We should have made sure they had staffing. There is so much we could have done to save lives, and we didn’t do it. That, I think, is the bad part when it comes to long-term care. The recommendations—people not getting water. Think about it: dying because you couldn’t get a glass of water.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Mr. John Fraser: It’s great to get an opportunity to speak to this bill at third reading.

I want to start off on a positive note. There are some changes in this bill that I supported at second reading, and that’s why I voted for it—the first one being the change to scope of practice for physician assistants. It has been a long time coming. It’s deserved. They’re an important part of our health care system, and that recognition is exceptionally important. My mom spent 35 years as an RN on the floor at National Defence Medical Centre. She used to talk about the medics all the time, and I know that medics are a fairly major pathway to physician assistants, so it’s very good to see that. Also, the renaming of the College of Psychologists to better reflect what the practice is now, I think, is very important. Those are the two reasons that I felt supporting the bill would be a good thing at second reading—and also the hope that a PSW authority, registry, college would be something that would be effective, that we could get amended inside committee, and that we’d have the kind of thing that our PSWs and families across Ontario deserve. Unfortunately, that didn’t happen.

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The second piece that’s very disappointing is that—my colleague from Scarborough–Guildwood put forward some very thoughtful amendments about the collection of data with the vaccine rollout. We know very clearly that there are communities, neighbourhoods in Ontario that have been disproportionately affected by the pandemic, for a lot of reasons—language, socio-economic status, race. So my colleague just merely suggested that we need to start collecting that stuff now: “Let’s put it in the bill. Let’s get it done.” What we heard was what we often hear in government—and I respect and understand that, because I’ve heard it from the other side: “We’ll put it in regulation.” Unless the regulations are written right now and ready to go, they aren’t going to do any good in collecting data. We’re almost more than halfway through this. It’s not going to be of any use. It’s essentially saying, “We’re not going to collect it.” I think that’s wrong. I think it’s unfair to those communities. I think it’s not a practice that will be based in science or on the collection of data. It’s very disappointing for that not to be there. It’s wrong for it not to be there.

The PSW registry, authority, college—I’m not sure that it’s what we expected. I was disappointed that the Michener report, which this government has and is not disclosing, was not part of the committee’s deliberations,

that it wasn't handed over to the committee. The government hadn't released that when they got it. It would have been interesting to see that to inform our debate in committee. It would have been a very important thing for that to be there.

But the thing that is most striking is that there are no PSWs on the boards—literally. It's not that the government said they aren't specifically identified as being in there; they're specifically identified as not being there: "You can't be there. You can't be part of that board that governs your profession." Would we say that to doctors? Nope. Nurses? Not a chance. I could list about half a dozen more. So it just feels like they're not moving forward. The government is just doing some window dressing to make it sound like they're becoming more important, to make it sound like they're being acknowledged and recognized. But they can't participate—actually, no, they can, as an advisory group, with no, no—

Mr. Wayne Gates: Vote.

Mr. John Fraser: No vote, no guarantee. Thanks, the member for Niagara Falls. It's always good to have back-up.

It's unjust and it's wrong. But why are we surprised?

I listened to the member from Niagara Falls. I could probably steal some stuff out of his speech—so I will.

We know the commission recommended that we needed to stabilize the workforce in long-term care. We needed to give people a living wage. They needed to have benefits. They needed to have full-time jobs. And what do we get? Pandemic pay that ended last August, and then a six-week gap—a six-week gap. I guess maybe the government figured COVID-19 left town and wasn't coming back. Then they gave the PSWs a raise, but it's 25% less and, of course, time-limited. To be fair to the government, you've extended that three times. This \$3 raise is ending at the end of this month, with no indication of where you're going to go. It's almost the beginning of June. If you were employed by somebody and for the last year they said to you, "We think you're worth this much. Well, actually you're worth this much, but we're not sure, and we're going to tell you again in a couple of months," and that couple of months comes up and then once again they say, "We're going to extend it out a few more months"—that is not exactly the way that any employer in Ontario who needed people in their operation would recruit people. I don't care what they do. You're sending the wrong message to these folks. It's like you're saying, "We're saying that you matter, but we're not entirely sure yet, so we'll let you know at the end of June."

So it's not a surprise that this PSW authority is not just a reflection of exactly what has been going on. We're going to be in really deep trouble if we can't get people to care for the people we care for most, because we're not available or there to do it. So the government has to start sending the right messages. Respect is, "This is what you're owed. This is what you're due," not, "Well, wait and see."

My gosh, after all the stuff that has happened, all the stuff that we've seen, how can we not make a commitment

that's long-term to folks? Maybe we have to make it better over time, but at least we can say right now, "You're guaranteed this going forward." Any of us would expect that, and I don't think any of us would stay in a job very long where people told us, "We're not exactly sure yet."

Miss Monique Taylor: They tell us that every day.

Mr. John Fraser: Thank you. The government rightly backed up long-term-care homes by saying the vacancies that happened over COVID-19—that means somebody died and they didn't admit anybody back in. They kept everybody whole, the not-for-profits and the for-profits. They kept them all whole, and it was the right thing to do—for a very long time—and I'm not sure they had an effective way of understanding whether that money went to the right use, because those beds were empty and there wasn't enough staff.

So I have to ask myself the question: How do you give your senior management bonuses? How do you pay out dividends? How do you pay that stuff out in private companies when everybody else is hurting, when the government is hurting, when individual homes are hurting? It's kind of like that money was pushed out, but it didn't get to where it needed to get to: the people working on the front lines, the residents in the homes. It's just not fair.

We all saw this. We all looked at it, and now the government's saying—everyone was saying the right things: "We're going to build an iron ring." "There's going to be an investigation." "Yes, there's going to be a/c in every room." I could go on. But the government's own commission that gave them 85 very clear things to do—they appointed them. The government has failed to respond in any significant way to that commission report, other than the Premier saying, "This will never happen again."

Well, a good start is recommendation 85, which says that the government must file a report in this Legislature one year after the commission reported, and three years—a simple recommendation; not complicated. You'd think the government would want to report on their progress to these recommendations. It's the easiest one to do. Well, the government's not doing that. They've not made that commitment, and not actually made a single concrete commitment to any one of those 85 recommendations. How can that be?

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Logan Kanapathi: Thank you to the member from Ottawa South for your remarks, and thank you for supporting the bill.

Many families and stakeholders told us that when they receive care from someone in our health care or social service system, from physician assistants, from personal support workers or from behaviour analysts, they expect those individuals to meet a defined educational standard. They expect to have a complaint process in place when professionals don't live up to that standard.

Does the member not agree that moving forward with regulations for this profession is long overdue?

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Mr. John Fraser: I agree with that recommendation. But how you get there is not the punitive path—it's not the

path where you can actually take action against people without their input, without their profession's involvement.

You want highly educated, trained PSWs? Here's the first thing you need to do: Pay them. Let them be able to raise a family. Let them be able to think about the future. You want them to be well trained? You want them to make an investment in being trained? Don't ask for an investment if you're not going to make one.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Faisal Hassan: I was listening intently to the member from Ottawa South about his comments on Bill 283. I know he talks about paying a living wage for PSWs and paying them for paid sick days.

I know your government didn't do that. You guys had 15 years to do it. I know that in the last year, you put through two days of paid sick days, and this government came in and they removed them altogether, and now we are talking about—I think I'm glad also that you're on the same page now with us, that we want to have permanent paid sick days.

Do you think it is important now, more than ever, that PSWs in the private sector and the non-profit sector—I know your government also had done more about privatizations and that aspect of it, which has also contributed to some of this. Could you talk—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Member for Ottawa South.

Mr. John Fraser: I thank the member for his question.

As the government, we did raise the wages of PSWs by \$4 an hour. But that doesn't mean to say there isn't more to be done. And yes, we did two paid sick days, which got taken away, which is incredible. It took 14 months of relentless effort by everybody on this side of the House and everybody outside of this House to get three paid sick days—everybody except for the government, and I'm not even going to say all its members, because I think there were members on the other side who thought it was the right thing to do, but it's hard to say things sometimes when you're in government, particularly in this one.

There's a lot more work to be done. PSWs are caring for people we love because we're not always able to do it. So you gotta pay.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Vincent Ke: Thank you to the member from Ottawa South for his presentation.

For 15 years, the previous Liberal government, supported by the NDP, failed to make the necessary changes to develop and support PSW careers. They had the opportunity to do it, but unfortunately they failed to invest in the necessary staffing of our long-term-care homes. When we proposed a temporary salary raise for PSWs, the opposition voted against it.

Speaker, my question to the member from Ottawa South is, will he change his approach today and support this bill, which is a very important bill for PSW careers?

Mr. John Fraser: I want to thank the member, because somewhere upstairs, somebody's having a drink, because they were waiting for the first "15 years" that we heard.

Hey, you guys have been there for three years. I've never voted against a PSW pay raise.

And I'm not going to support this bill; there's no way.

What I will support is if your government wants to pay folks, wants to make it a job that somebody can raise a family in.

I'm not here to defend the past, but I know we invested more in home care. I spent a lot of time working on palliative care. I spent a lot of time trying to work on improving conditions inside long-term-care homes. Did we get everything done? No. But it's not good enough for folks on the other side to say, "Well, we can't do anything because of the 15 years." That's literally what you're saying—really.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Gurratan Singh: Brampton is in a health care crisis. Our city of over 600,000 people has only one hospital. We're the ninth-largest city in Canada, and we're completely underserved with regard to our health care.

This is a crisis that was created because of 15 years of negligence by the Liberal government. The Liberal Party chose not to invest in Brampton, chose not to give our city what we needed to fight our health care crisis and create a livable city. It has gone from bad to worse under the Conservative government.

Will the member from the Liberal Party admit that the Liberals neglected Brampton, left us behind, and created a health care crisis that has gotten worse under the Conservative government?

Mr. John Fraser: I'd like to thank the member for that question.

What I do know is that over that 15 years, we built 26 hospitals. We had 110 major renovations of hospitals. We invested more in home care.

Here's the bottom line: Right now, we've got a government that has told us that they're building a hospital in Brampton, but they're not. I can appreciate the member's question to me, but I just—maybe a member from the other side, when they get the question, can let us know where and how they're building that hospital and how much money, roughly, is the projected cost.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Natalia Kusendova: The member opposite spoke a lot about investment.

It was under your watch and under your government that there was no investment in long-term care—nearly none; 640 beds in 15 years. That's a very shameful legacy. You allowed the long-term-care waiting list to balloon to over 40,000 patients.

In contrast, I'm proud of our record. We have recently announced 80 projects of 8,000 beds in long-term care, including in your own riding—156 beds at the Perley and Rideau Veterans' Health Centre.

So my question to the member is: Did you have a chance to contact the Perley and Rideau Veterans' Health Centre and ask them what kinds of supports they need? We know that from the actual announcement of beds to the fruition and building the beds, there is a lot of work that needs to happen. Have you had contact with those people

who are currently building 156 beds in your very own riding?

Mr. John Fraser: Well, I've been working with the Perley for about 20 years. In actual fact, before the last election they got 78 beds, but when the government froze all the construction in long-term care at election time, they gave those beds back. I know the Perley quite well and have worked with them quite a bit to establish stable funding.

Here's the thing: You talk about wait-lists—but read the FAO report. In 2009, the wait-list was about 25,000; that's a lot. But do you know what the wait-list is going to be in 2029-30? Did you read the report?

Ms. Natalia Kusendova: Yes, I did.

Mr. John Fraser: Yes—60,000, twice as much. So the solution is not just in building more long-term-care beds.

If you look at the investments of the government over a period of time, over the 15 years, if you look at home care—5% a year, the biggest increase annually of most of the health care stuff—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Further debate?

Mr. Faisal Hassan: I rise today to speak, on behalf of the decent, hard-working people of York South–Weston, to the bill before us entitled the Advancing Oversight and Planning in Ontario's Health System Act, 2021, Bill 283. This bill is largely a regulatory bill, with four schedules. I will mainly address two schedules today: schedule 1, which creates the COVID-19 Vaccination Reporting Act, and schedule 2 that deals with regulating PSWs through the Health and Supportive Care Providers Oversight Authority Act.

Speaker, I have risen many times in this House since the first days of the COVID-19 pandemic and pleaded with the government to provide direct support to York South–Weston and its essential workers and families. York South–Weston is a designated high-risk area and hot spot, as identified by Toronto Public Health. The government knows this and has seen the high rates of transmission.

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The government should know that the PSWs they mention in this bill live in our community and often travel by overcrowded and insufficient public transit to arrive at work. Those PSWs are working short-staffed in for-profit facilities that keep staffing at a minimum to maximize profit. Part-time work with no benefits is the norm. I have spoken to many PSWs who work two and three jobs just to make ends meet, yet this bill does not address any of those PSWs' concerns.

PSWs in this province are overworked and underpaid. This government talks about recruiting PSWs and trying to retain them. This government announced an initiative to train 300 PSWs and are providing \$2.4 million to do so; that is \$8,000 per person. But training new PSWs is not enough. So many PSWs have left the workforce due to bad working conditions. The average PSW leaves the profession within 13 months of being qualified. The government needs to ask itself why that is and how that can be changed. The military report into long-term care and the recent

Auditor General's report should be enough to give those answers.

We on this side of the House have tabled numerous bills and motions seeking concrete ways to improve things for health care workers. So when a bill such as Bill 283 comes to us and deals mainly with regulations, I truly wonder what the government's real priorities are and if they have been paying attention to the realities on the ground and in the workplaces of Ontarians during this pandemic. When I speak to PSWs and health care providers, they are not telling me that they need a regulatory body; what they are telling me is that they need 10 paid sick days. They tell me they need full-time jobs with benefits. They want a permanent pay increase and a workplace that is adequately staffed so that they are not run off their feet and they can properly give our elders the quality care they so deserve.

With the for-profit model of retirement and long-term care, employees suffer and seniors simply do not get the care they need—not when out of every dollar a profit needs to be made.

So Bill 283, with its proposal of a regulatory body for PSWs, does not address root causes of PSW concerns.

The Ontario Health Coalition recently commented on the deep ties between some of these government ministers and staff with for-profit long-term-care providers. Natalie Mehra stated that the Ford government's "deep interlinkages between the for-profit long-term care home industry and ministers, assistant ministers, key ministerial staff, political and strategic advisers" is a "cesspool of conflicts of interest.... It underlines the fact that our system needs to fundamentally change."

Madam Speaker, the military, the Auditor General and families of long-term-care residents, along with health care workers, know full well that the system needs to change. But the problem is: How does the system change when the government is so deeply tied to the long-term-care industry?

I suggest Ontarians look at the bills and motions tabled during the pandemic by the official opposition and compare them to government bills such as this one to see where our priorities deeply differ.

Bill 283 looks to create the Health and Supportive Care Providers Oversight Authority Act. This quasi-regulatory body will have oversight of Ontario's PSWs. An appointed board of eight to 12 members will govern. Going back to my previous conflict-of-interest comments on this government and the long-term-care industry, I'm left wondering who those board members will be. Will there be PSWs or health care advocates or medical professionals? We don't know, and there is no way to ensure any balance or even an appearance of balance.

This act's schedule 2 is really about being simply a registry of personal support workers, a collection of data. There is nothing in schedule 2 that acknowledges the great sacrifices and work done by PSWs during the pandemic, nor does Bill 283 take into account any of the 85 recommendations made by Ontario's Long-Term Care COVID-19 Commission's final report. Here we are, a week away from summer recess, and this government tables weak

bills, like they have done since the pandemic began, that do nothing to address real change and real improvements for Ontarians.

While the government tabled bills to protect long-term-care operators and the government from any legal liability, thereby avoiding any personal responsibility for the disaster that has been for-profit care, the official opposition tabled motions like motion 135, which called on the government to implement a COVID-19 equity strategy for racialized communities disproportionately hurt by the pandemic. When the government tabled a budget that was silent on paid sick days for PSWs and other workers, the official opposition tabled many motions and bills for the real paid sick days that front-line workers need. Real action for workers included Bill 266, An Act respecting minimum pay for support workers.

Again, Madam Speaker, bills and motions show one's priorities, and Bill 283 is weak in the concrete improvements needed in pandemic or post-pandemic strategies. It has been disappointing watching this government pat itself on the back while not addressing the pandemic in a competent way. York South–Weston, for instance, was left with no permanent COVID testing facility until September 28 of last year. This is a high-risk-of-transmission community, with essential workers going from job to job and travelling on crowded buses. And now, Madam Speaker, I have had to fight for the COVID vaccination access that this government neglected to provide.

I would like to thank Humber River Hospital and Women's College Hospital, along with community health groups such as the Unison health community centre and also Black Creek Community Health Centre, who have worked with my office to provide various mobile sites that targeted seniors buildings, Toronto Community Housing and recently Canada Post workers and Toronto Transit Commission workers in our community. This was done not with government support, but in spite of that support. We had to come together as a community to make things happen instead of waiting for government to act. Nonetheless, to this day, we still have no permanent vaccine facility, and my office has been hearing from residents who received their first dose of AstraZeneca at a pharmacy, now not having any idea where they can get a second dose as the vaccine nears expiry.

Madam Speaker, my point is that Bill 283 and other actions by this government have been inadequate. A pandemic such as we are hopefully nearing the end of is a true test of a government. There is no real playbook; however, SARS should have taught us some lessons. The pandemic has laid bare the conditions of long-term care, the lack of support for workers in terms of full-time jobs and good pay, and the importance of paid sick days.

As youth opportunities critic, I'm very aware of the strain on young people's mental health during the pandemic. Learning remotely, social isolation and seeing their families face the burden of job loss, and sometimes eviction, is a powerful challenge.

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This government cut mental health supports and eliminated the child and youth advocate position that was

handled so well by Irwin Elman. I would like to see a bill that strengthens mental health supports and restores the child and youth advocate office instead of a bill regulating PSWs.

We, on this side of the House, have tabled bills to help small business and to deal with a post-pandemic she-recovery. The economic recovery of this province should be a key focus of this, with bills looking to ensure strong support.

As youth opportunities critic, and as a member of provincial Parliament for York South–Weston, I see all too clearly the struggles young people face. Compared to adults, youth have been harder hit by the labour market's shift during the pandemic, losing jobs or having hours severely curtailed. Young women are disproportionately affected. In Canada, the youth unemployment rate between February and April, 2020, increased by 14% for males and 20% for females.

I have spoken in the House of a plan needed to ensure the Canadian National Exhibition survives. Young people rely on institutions such as the CNE, along with tourism and retail jobs, to get the training needed and to save for education. Where is the plan for them, Madam Speaker? Without an urgent plan, young people hoping to enter the labour market face a grim outlook.

Women, youth, Indigenous peoples and new Canadians are fearful the pandemic crisis could steal their employment prospects and prevent a successful transition to adulthood, particularly for those falling behind. As of January, 15- to 24-year-olds accounted for 45%, or 377,000 of net employment losses of 858,000, since the onset of the pandemic in Canada. A bill to address youth unemployment and lack of opportunities is one I wish the government tabled this last week of the session before the summer break.

Madam Speaker, Bill 283's schedule 1 looks to create the COVID-19 Vaccination Reporting Act. This act appears to establish the ability of the minister to collect information about vaccinations. Some of that data to be collected includes identifying information about who has been vaccinated, who provided the vaccination and their credentials, along with the type of vaccine provided. I would assume the Ministry of Health already tracks this information and data, but the government is unclear about this and won't explain if and why they are duplicating efforts.

What will be done with this information and how will it be used is also an unanswered question from this government. Privacy advocates and health care groups have asked the government if this is a first step in the creation of a vaccine passport. The Premier was recently asked about this and replied that it's a federal matter and not something the province would be responsible for. This schedule included in Bill 283 seems to suggest otherwise.

Madam Speaker, the pros and cons of the creation of a vaccine passport need to be debated in an open and transparent way and not just snuck into an omnibus bill. Canada's privacy commissioner recently warned that the government and those in the private sector need to

consider privacy at the earliest opportunity when having the conversation about some kind of vaccine certificate.

I will now quote the privacy commissioner's statement: "At its essence, a vaccine passport presumes that individuals will be required or requested to disclose personal health information—their vaccine/immunity status—in exchange for goods, services and/or access to certain premises or locations. While this may offer substantial public benefit, it is an encroachment on civil liberties that should be taken only after careful consideration."

Again, Madam Speaker, maybe this is going to be a reality. Maybe the language in this bill dealing with vaccine data collection will lead to the creation of a vaccine passport. The question is, why was careful consideration not given, and why is the debate on the issue not taking place? On too many occasions, this government has slipped major changes into an omnibus bill and denied Ontarians the opportunity for input or healthy, open and transparent debate. When it comes to civil liberties, this government didn't act with careful consideration and the extraordinary powers given to police had to be carefully reversed. We need careful consideration, especially during this pandemic, and time and again, we have not seen that.

The official opposition has offered suggestions all throughout the pandemic, only to be routinely ignored. With Bill 283, there have been many health care advocates and unions offering their advice to the government. They, too, have had their advice ignored, and that is regrettable. Good government comes with healthy public consultation and working with opposing voices. When it comes to health care and education, this government has been particularly resistant to dialogue. Unions representing 175,000 front-line health care workers recently commented on Bill 283 and stated that introducing a bill to regulate personal support workers without also providing the urgent supports those workers need is regrettable. They suggested some measures that should be in a bill like this. They include:

- reversing the staff exodus in health care by turning exploitative part-time work into full-time jobs with benefits;

- providing paid sick leave for COVID-19-related illnesses and providing pay while staff await COVID-19 test results or are in isolation;

- providing the PPE that health care workers need to work safely;

- making the initial \$4-per-hour pandemic pay available to all health care workers and made permanent going forward.

Madam Speaker, these are all reasonable suggestions and reflect what the official opposition has also urged all through the pandemic. I'm fearful that this legislation is short in detail and may give the government enabling powers that will be developed behind closed doors.

Regarding Bill 283, Katha Fortier stated the following: "Announcing a legislative framework for personal support workers when they have done nothing to address the issues plaguing them makes no sense. These workers who have been chronically underpaid and have little access to full-

time work, and will now have an additional financial burden that could amount to hundreds of dollars per year for each individual. The government has much more work to do before they get to this point, and that includes not defending for-profit LTC operators in their quest to deny their employees maintenance of proxy pay equity."

I will close with this statement from Sharleen Stewart, president of SEIU Healthcare—I may not have enough time for that. But Madam Speaker, important here are those health care voices. I ask the government, on behalf of the decent, hard-working people of York South–Weston, to listen to many voices offering real and workable suggestions, and act in the interest of all Ontarians, not just a few. We have a unique ability in this Legislature to help workers and their families in this province, and it is high time we do so.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mrs. Robin Martin: I listened to the member opposite from York South–Weston—who is my neighbour, geographically—with interest, as I always do. I respect the member very much. Unfortunately, though, I think that there are some parts of this legislation about which he's mistaken. So I just wanted to talk about the COVID-19 Vaccination Reporting Act part of the legislation, which you seem to think allows us to collect data and it may be something to do with vaccine passports. It has nothing to do with that. In fact, your member from Nickel Belt earlier said that this doesn't allow us to collect data, and it should make data collection mandatory. Actually, it doesn't do that. What it does do is it requires the people who are already collecting socio-demographic data and vaccine information to tell the ministry what they've collected.

1750

My question is, don't you think that's a great idea? Aren't you glad we're working with the Information and Privacy Commissioner to make sure that the data is collected and governed according to—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. The member for York South–Weston.

Mr. Faisal Hassan: Thank you to the member from Eglinton–Lawrence, east of my riding of York South–Weston. I thank you for your question. But also, duplicating already what you have been collecting: locations, what kinds of vaccines, and where it's collected—it's data that you already have.

Also, it's very important that we debate it openly and we know exactly what this omnibus bill, what is hidden inside of this, is about. You're already collecting data, and that data are already available to you.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Jill Andrew: As we heard from the member from Nickel Belt, letting us know where vaccines are going is one part of the story, and even that wasn't transparent early on with this government. It still isn't quite transparent. But this Bill 283 absolutely does not collect race-based data from all folks. Collecting it from those who are generous enough to care about equity doesn't give the government a full picture of the inequities that are going on—which

we see every day, based on the vaccine Hunger Games that so many of our racialized and other marginalized groups have had to tap in to in order to try to get supports, and even that, if they're not working at the factory and are actually able to refresh their laptops or their cellphones to get the information.

For the member from York South–Weston, I'm just wondering how have your communities responded to the government's—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. The member for York South–Weston.

Mr. Faisal Hassan: Thank you for the question, to my colleague from Toronto–St. Paul's. You can see this government's complete neglect, not only the last three years, but the last 15 years. We have become an afterthought. To this day, we do not have a permanent vaccine facility in our community.

This is also the same story, that it took this government until September 28 to provide us with a COVID testing centre. That is unacceptable. This continued neglect must end.

What we need now is also to provide paid sick days to the front-line workers, who are really moving things on our behalf and have done a really fantastic job. This government calls them heroes and champions, but they don't provide them with paid sick days.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Andrea Khanjin: I couldn't help but notice the amount of motive that the member is constantly imputing in his comments. I would just beg on the Speaker to be able to correct it when necessary.

But my question to the member is: It takes time to make changes. Since we got elected, we've made changes. I know you didn't vote in favour of the previous health changes, where we're building hospitals and we're building up our health care system, but today, will you stand up with those PSWs, who are waiting for these changes to be regulated and to be able to have those four hours of care that they asked for, that they can do in homes? Will you support them?

The Acting Speaker (Mrs. Lisa Gretzky): Can you stop the clock, please?

Before we go to the member for York South–Weston, I'm going to let all members in the House know, especially the member for Barrie–Innisfil who raised it, that I am listening intently to what every member in this House is saying. If I, or any other Speaker, believe that somebody is saying something or doing something they shouldn't do, we do stand up and raise it. While I appreciate your concern, the Speaker has the ultimate say in what is or isn't acceptable within the chamber. It's not up to the members to question that.

Over to the member for York South–Weston to respond.

Mr. Faisal Hassan: To the member from the government side, I just want to quote what the president of SEIU Healthcare, Sharleen Stewart, said about this bill: "It's truly regrettable that the Ford government chose to spend

this moment saddling PSWs with a questionable regulatory scheme instead of taking the opportunity to announce critical support like paid sick days. PSWs and front-line health care workers like them, deserve a living wage and full-time jobs. There is no greater urgency than bringing relief to our heroes on the front line of a collapsing health care system and that is what needs our immediate focus." These are the front-line workers, people who represent PSWs, who are saying we need paid sick days. They are front-line. They deserve a living wage, a full-time—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Question?

Mr. Wayne Gates: I want to congratulate you on your 20-minute speech, very well done. One thing that we've realized this afternoon from a lot of people is that PSWs are overworked, they're underpaid, they need sick days, they need benefits, they need a livable wage, full-time jobs, WSIB, presumptive language—which WSIB has been fighting, when they need WSIB because of COVID.

But what's interesting to me is, as my colleagues over there talk about all the support they have—I know there are other bills where they had no problem mentioning unions, but I haven't heard any unions today. I know SEIU, CUPE, Unifor, ONA do not support the bill. My question is very clear: Why do you think these unions do not support this bill?

Mr. Faisal Hassan: Thank you, first, to the member from Niagara for the question. The unions representing the front-line workers have been very clear, and what they have been asking is to provide paid sick days and provide front-line workers a living wage and full-time jobs, not just part-time.

They have also asked to reverse the staff exodus in health care by turning exploitative, part-time work in a full-time jobs with benefits; providing paid sick days for COVID-related illnesses; providing pay while staff are awaiting COVID-19 test results or are in isolation; providing the PPE that health care workers need to work safely; and making the initial \$4-an-hour pandemic pay available to all health care workers, and mandate it permanently going forward. This is what the PSWs and the representatives of the unions—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Question?

Mrs. Robin Martin: Thank you again to the member from York South–Weston. You and a number of your colleagues in the opposition, and I believe the member from Ottawa South as well, have talked about PSW working conditions and salaries and WSIB and all kinds of other things, which I think are usually the content of an employment contract, and certainly what the unions are advocating for for their members, but aren't generally the content of legislation.

We've done a lot of things to improve the status of PSWs. This legislation is one part of that. But also we brought forward the home and community care connected act to make it part of the integrated health care system because PSWs told us that they wanted more respect and to be part of the entire health care team, and that's what

that was about, reforming that kind of legislation. We're also doing a lot of things, as you know, with pandemic pay. There are 23 paid sick days currently, which is a lot. But obviously, there are lots of things we can work on. We're doing a lot, but I don't think legislation—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. The member for York South–Weston.

Mr. Faisal Hassan: Thanks for the question, member from Eglinton–Lawrence. I think the member from Eglinton–Lawrence is just confused about what the unions and also PSWs and the front line are asking from this Legislature. We are legislators. They want paid sick days. They want a living wage that is full-time. They want us to tackle the issue of privatization of long-term care, not to make money on the backs of our seniors. They want our seniors to get care and service that is focused, rather than just the bottom line. I will just conclude, lastly, to say that

I support those health care voices and I ask the government, on behalf of the decent and hard-working people of York South–Weston, to listen to many voices and real, workable solutions—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Further debate? Further debate?

Ms. Elliott has moved third reading of Bill 283, An Act to amend and enact various Acts with respect to the health system. 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 ayes have it.

A recorded vote being required, it will be deferred until the next instance of deferred votes.

Third reading vote deferred.

Report continues in volume B.

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Cho, Stan (PC)	Willowdale	
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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
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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
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Hunter, Mitzie (LIB)	Scarborough—Guildwood	
Jones, Hon. / L'hon. Sylvia (PC)	Dufferin—Caledon	Solicitor General / Solliciteure générale
Kanapathi, Logan (PC)	Markham—Thornhill	
Karahalios, Belinda C. (NBP)	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	
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Kusendova, Natalia (PC)	Mississauga Centre / Mississauga- Centre	
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Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
MacLeod, Hon. / L'hon. Lisa (PC)	Nepean	Minister of Heritage, Sport, Tourism and Culture Industries / ministre des Industries du patrimoine, du sport, du tourisme et de la culture
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 Labour, Training and Skills Development / Ministre du Travail, de la Formation et du Développement des compétences
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	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports

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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
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Pang, Billy (PC)	Markham—Unionville	
Park, Lindsey (PC)	Durham	
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Rasheed, Kaleed (PC)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	
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Roberts, Jeremy (PC)	Ottawa West—Nepean / Ottawa- Ouest—Nepean	
Romano, Hon. / L'hon. Ross (PC)	Sault Ste. Marie	Minister of Colleges and Universities / Ministre des Collèges et Universités
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	Associate Minister of Small Business and Red Tape Reduction / Ministre associé délégué au dossier des Petites Entreprises et de la Réduction des formalités administratives Minister Without Portfolio / Ministre sans portefeuille
Sattler, Peggy (NDP)	London West / London-Ouest	Opposition House Leader / Leader parlementaire de l'opposition officielle
Schreiner, Mike (GRN)	Guelph	
Scott, Hon. / L'hon. Laurie (PC)	Haliburton—Kawartha Lakes—Brock	Minister of Infrastructure / Ministre de l'Infrastructure
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Simard, Amanda (LIB)	Glengarry—Prescott—Russell	
Singh, Gurratan (NDP)	Brampton East / Brampton-Est	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
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 Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
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Wilson, Jim (IND)	Simcoe—Grey	
Wynne, Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	
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Yarde, Kevin (NDP)	Brampton North / Brampton-Nord	
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