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Consultations prébudgétaires

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43rd Parliament

Monday 6 February 2023

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Lundi 6 février 2023

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

COMITÉ PERMANENT DES FINANCES ET DES AFFAIRES ÉCONOMIQUES

Monday 6 February 2023

Lundi 6 février 2023

The committee met at 1000 in the Courtyard by Marriott Ottawa Downtown, Ottawa.

PRE-BUDGET CONSULTATIONS
CONSULTATIONS PRÉBUDGÉTAIRES

The Chair (Mr. Ernie Hardeman): Good morning, everyone. I call this meeting of the Standing Committee on Finance and Economic Affairs to order. We are meeting today to continue public hearings on pre-budget consultations 2023.

As a reminder, I ask that everyone speak slowly and clearly. Please wait until I recognize you before starting to speak. Each presenter will have seven minutes to make an opening statement. After we've heard from all of the presenters, there will be 39 minutes for questions from members of the committee. This time for questions will be divided into two rounds of seven and a half minutes for the government members, two rounds of seven and half minutes for the official opposition members, and two rounds of four and a half minutes for the independent members as a group.

ROTHMANS, BENSON AND HEDGES
OTTAWA PUBLIC HEALTH
ONTARIO COLLEGE OF FAMILY PHYSICIANS

The Chair (Mr. Ernie Hardeman): There will be three members in this panel: Rothmans, Benson and Hedges: Ottawa Public Health; and Ontario College of Family Physicians—I believe that may be virtual. Is that right?

Dr. Doug Gruner: No, I'm here—Ontario College of Family Physicians.

The Chair (Mr. Ernie Hardeman): Okay. Catherine Kitts is the virtual one, then?

Interjection: Vera is virtual, and Catherine is right there.

The Chair (Mr. Ernie Hardeman): Okay. There we are. We're all here.

As I mentioned, you'll have seven and a half minutes. At the six-minute mark, I will quickly say "one minute." Don't stop talking, because you don't stop talking until I say "that's it" at seven minutes.

With that, we will start with Rothmans, Benson and Hedges. Make sure you state your names for the Hansard recording.

Mr. Mindaugas Trumpaitis: Good morning, Mr. Chairman, distinguished committee members and fellow guests. Thank you for having us here. I'm representing Rothmans, Benson and Hedges. I'm Mindaugas Trumpaitis, managing director of Rothmans, Benson and Hedges.

Rothmans, Benson and Hedges, or RBH, is one of the leading tobacco companies, with a long history of more than 100 years in Canada, with strong roots in Ontario. We employ more than 350 people across the province. We have our factory in a neighbouring province, in Quebec City, as well as partnerships with more than 150 farmers for tobacco sourcing.

Today, I will focus my presentation on three key considerations that could support government in achieving tax-saving targets and achieving a smoke-free future.

The first point is on fighting the contraband tobacco market in Ontario. One third of cigarette packs purchased in Ontario are contraband. We all know—it's well-documented—that cigarette contraband has deep connections to criminal activity and that it results in significant loss in tax revenues for the province each year. With a clear need for enacting stronger enforcement measures against the illicit trade, it's very crucial to eliminate contraband tobacco that currently represents, as I mentioned already, one third of the market. Illicit trade makes cheap and questionable-quality products, and they are untaxed. Again, based on an earlier study of Ernst and Young, it's estimated that the province is losing about $750 million every year in not-received tax revenues. This problem can be fixed, and we have some examples that we can learn from. For example, the province of Quebec has a lower smoker population and a lower provincial tax, but they are collecting more money in tax revenues than Ontario. Another example can be the COVID times—when it peaked, because of a disturbed supply chain, it was the highest tax revenues collected in Ontario. So the problem can be addressed, provided that law enforcement agencies are supported in terms of financials, in terms of education, and in terms of incentives.

My second consideration is about nicotine product alternatives to cigarettes. We are talking about an estimated 1.8 million adult smokers in the province of Ontario. Our message is very clear: If you don't smoke, don't start. If you smoke, please quit. If you cannot quit, please switch. For existing adult smokers who won't quit and who would otherwise continue smoking, there are less harmful alternatives, such as heated-tobacco products, vaping products—

e-cigarettes, as you know them here in the market—and nicotine pouches, just to mention several alternatives. Eliminating combustion in the process of delivering nicotine drastically reduces exposure to harmful or potentially harmful chemicals. Health Canada has stated that, while not risk-free, vaping products are less harmful than cigarettes and they can be used to help smokers quit smoking cigarettes.

Smoke-free products do contain nicotine, which is addictive and, again, not risk-free, but these products generate fewer toxins and in far less quantities. Yet in Ontario, those smoke-free products are often less accessible and less understood than much more harmful cigarettes.

A smoke-free Ontario is achievable by 2035, but it requires the collective effort of industry, government, science and common sense to find a balanced approach to protect youth and enable existing adult smokers to make better choices for their health.

Smoke-free technologies such as, as I mentioned, heated tobacco, vaping, nicotine pouches and other innovations, represent an opportunity for the province's 1.8 million adult smokers that we have today. Responsible taxation and accessibility measures for these products not only could enable current smokers to make the switch, but would also reduce future cost pressure to the health care system.

My final consideration touches on the importance of sustainability. At RBH, we have invested in removing and recycling cigarette butts from our streets, and have created an industry-wide recycling program for vaping and electronic nicotine devices. We must ensure that programs like these are known and well understood by consumers, as well as supported by the government.

To reduce littering, our Unsmoke Canada cleanups provide community grants to collect and dispose of cigarette butts. We also provide receptacles to communities, at no cost, for responsible disposal of cigarette butts.

In partnership with TerraCycle, a world leader in consumer recycling, we have also launched an innovative recycling program that is available now in more than 3,500 retail stores across Canada. This program collects all forms of vaping and heated-tobacco products, devices, accessories and packaging—not only for RBH products, but for industry products. We believe providing a convenient and timely way for consumers to dispose of their waste is a key to keeping these products out of the streets and our landfills. We hope that the Ontario government will support these programs and efforts to educate consumers on their availability.

In summary, we are respectfully inviting the Ontario government:

(1) to look for ways to address illicit trade and reclaim the estimated $750 million in lost revenues;

(2) to consider harm-reduction and tax policies to help the province's 1.8 million adult smokers who decide to continue smoking to move away from cigarettes and to move to better alternatives;

(3) to support the anti-littering programs to keep streets and our landfills clean.

Again, thank you, on behalf of RBH, for having me here. We are looking forward to working together to make sure that we can achieve better revenues for the Ontario government, as well as address the cigarette smoking issue in Ontario. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for the presentation.

Ottawa Public Health.

Ms. Catherine Kitts: Good morning. I am Councillor Catherine Kitts, chair of the Ottawa Board of Health. With me today, participating virtually, is Dr. Vera Etches, Ottawa's medical officer of health.

Dr. Vera Etches: Good morning.

Ms. Catherine Kitts: We are grateful for the opportunity to address you today. We want to thank the Ontario government for its investments in local public health services, which have been essential in supporting the ongoing COVID-19 pandemic response. We also cannot overlook the disruption the pandemic response has had on our core programs and services, including those mandated by the Ontario public health standards. These programs and services keep people healthy, and contribute to a prosperous Ontario.

Today I want to draw your attention to four priorities, shared among Ontario's public health units, that have been impacted by the pandemic response.

The first shared priority is immunizing children and youth against vaccine-preventable diseases. It's one of the most effective and cost-effective interventions available to ensure Ontario's children have a healthy start in life. Public health units provide in-school vaccination, assess students' vaccination status and vaccinate children who don't have access to primary care.

Unfortunately, the pandemic has resulted in a growing number of children and youth not being immunized against vaccine-preventable diseases such as measles, mumps and rubella. Eight-month-old babies are showing up in hospital emergency departments without having received one dose of vaccine against highly infectious diseases. These vaccines would normally be provided at two, four and six months of age. Unless coverage rates improve, the risk of outbreaks will grow over time. Diseases such as measles, which was eliminated in Canada in 1998, could see a resurgence. This urgent issue requires targeted funding so that public health units can help protect children and youth as well as the broader community against vaccine-preventable diseases.

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The second shared priority is supporting parents, newborns and children with essential needs to ensure they get a healthy start in life. Through the Healthy Babies Healthy Children Program funded by the Ministry of Children, Community and Social Services, public health units provide home visits, drop-in clinics, online support and referral services for parents and their children. This program plays a key role in reducing long-term provincial costs to the social services and health systems. Currently, due to a shortage of family physicians accepting newborns in Ottawa, there is a four-month wait for parents to access child de-

velopment assessments and immunizations for their newborns. The result is increased demand for services provided by this program.

Ottawa Public Health currently offers six drop-in clinics for parents across the city; most are in neighbourhoods with low-income families, equity-seeking groups and parents facing barriers in accessing health services for their children. There is demand for additional clinics to be established, especially in rural areas of Ottawa. However, we are unable to meet that demand within the current funding allocation, which has not increased over the past decade, even as our population has grown. We understand other public health units are facing a similar situation. Now is the time for the government to renew its investment in the Healthy Babies Healthy Children Program to ensure the youngest Ontarians grow up to be productive contributors to Ontario's prosperity.

The third shared priority is supporting public health units to help prevent and limit the spread of communicable diseases. COVID-19 has shown us that in a highly connected world, preventing and limiting the spread of communicable diseases depends on public health units having the right tools for timely access to the data needed for early detection and fast response. Increased investments are needed to modernize health information systems, such as the provincial case and contact management system, and accelerate the rollout of outbreak-management tools. These investments will ensure that public health units have the surveillance tools to detect and limit disease outbreaks quickly.

The fourth shared priority is improving mental health and addiction supports. COVID-19 has taken a toll on people's mental health. One in four Ottawa residents rate their mental health as fair or poor versus one in 10 pre-pandemic. Confirmed opioid-overdose-related deaths in Ottawa have more than doubled during the pandemic, from 65 deaths in 2019 to 140 two years later. Additional investments are needed to reduce the tragedy of lives lost and ease demands on other parts of the health system.

In closing, Ottawa Public Health and the Ottawa Board of Health share a common goal with all Ontario public health units. We are committed to finding innovative ways to deliver programs and services that improve access, reduce costs and improve health outcomes for all Ontarians. To that end, we respectfully request that the government revert to the funding formula of 75% provincial and 25% municipal contributions. We also request that the existing links between local public health units and their associated municipalities be maintained to ensure our services reach residents closest to where they live.

Again, thank you for the opportunity to address this committee. We would be happy to take any questions.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation.

Now, we will go to the Ontario College of Family Physicians.

Dr. Doug Gruner: Thank you to the committee members for having me here this morning. I also just want to acknowledge that there was an earthquake in Syria and Turkey, and our hearts and prayers are with the people at that time.

My name is Dr. Doug Gruner. I'm a family physician working at the Bruyère Academic Family Health Team here in Ottawa. I also practise emergency medicine in Alexandria, about an hour east of the city, and I work at the Ottawa Newcomer Health Clinic. I have practised in both northern Ontario and overseas, working with the Red Cross and other international organizations. I'm an associate professor at the University of Ottawa, and I've spent 20 years teaching medical students and family medicine residents, mentoring the next generation of family docs.

My research focuses on refugee health and curriculum development, and I have published extensively in peer-reviewed journals and textbooks and presented at various scientific conferences over my career. I am deeply proud of the work that I have done to ensure the health of refugees and newcomers to Canada, as well as the cradle-to-grave care that I've provided my patients for over 25 years.

I join you today as a board member with the Ontario College of Family Physicians. As I mentioned, I have been practising family medicine for more than 25 years. I wake up every morning energized, knowing that I have the great privilege of being able to make a positive impact on the patients and our community. I love what I do. But over the last few years, being a family doctor has become much more difficult. The individuals who make up this great profession are struggling, and so are Ontarians. We are seeing more patients than ever before, and the people we are seeing tend to be older, sicker, more complex, and consequently they require a lot more time and a lot more support.

As an example, I recently saw a 16-year-old refugee at the Ottawa Newcomer Health Centre. She had been suffering with a heart condition that had gone undetected since birth. I was able to identify the issue, but she clearly needed to see cardiology through the Children's Hospital of Eastern Ontario. I'll tell you that my colleagues at CHEO are some of the most incredible, amazing physicians—the best in the world—but the system is broken. As a family physician, we can't get our children into timely care. It worked out for my patient, due to continued advocacy from our clinic, and she will receive the expert care she requires. But let me tell you: The majority of newcomer children are falling through the cracks.

Further, very few, if any, of the refugees that I see at the newcomer clinic for these initial medical assessments will ever find a family doctor in Ottawa. Unfortunately, it's not just newcomers who can't find a family doctor; as I'm sure many of your constituents are telling you, they can't find one either. Last week, it was reported that an estimated 150,000 people in Ottawa do not have a primary care provider, while across the province we know that 2.2 million people do not have a regular family physician. The reasons for this, of course, are multifactorial. One factor, though, is that in this region, here in Ottawa, we are greatly impacted by the Ontario family doctor shortage. We know this will continue to get worse if we do not act. In 2022, it was estimated that by 2025, one in five people in Ontario

will not have a family physician, which will amount to three million Ontarians. It's a crisis impacting all levels of the local health care system.

All of us have heard the challenges faced at CHEO throughout this respiratory season, and it does not end there. We are seeing overflowing emergency rooms, hearing from concerned health professionals and Ontarians, and watching the rising cost of health care. We must act now if we're going to change the course of millions of Ontarians, because by investing in upstream medical services, including family physicians, we can reduce the downstream cost by keeping people healthier in the first place.

In Minister Jones's announcement last week and in the Ministry of Health's newly released plan—Your Health: A Plan for Connected and Convenient Care—the government recognized that primary care and family doctors are the foundation of our health care system. We applaud that. It's amazing to hear this government recognize the value of family physicians. We welcome the government's investment to expand access to team-based care for Ontarians who are vulnerable and marginalized and who do not have a family doctor by creating 18 new family health teams.

The OCFP has been calling for the expansion of family-doctor-led teams so that all Ontarians have this high quality of care with one door to a team of health care professionals who know them, their family and their health history. We refer to this as the patient's medical home. And don't we all deserve to have a home? Ontarians who have family doctors working in these kinds of teams have far greater access to the health care system because they're supported by nurses, nurse practitioners, clinical pharmacists, dietitians, social workers and others within the team. However, 75% of family doctors do not work in teams, and that means their patients do not have access to those teams either.

In our plan of action, we recommend that the government hire 1,000 new health care team members to continue the expansion of team-based care across the province. We look forward to working with this government to make further progress.

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Additionally, the Ontario College of Family Physicians recommends that the government focus on the administrative burden that doctors face, in order to increase the time that family doctors can spend with their patients. We can achieve this by investing in new and existing—

The Chair (Mr. Ernie Hardeman): One minute.

Dr. Doug Gruner: Sorry?

The Chair (Mr. Ernie Hardeman): One minute. Keep going.

Dr. Doug Gruner: —initiatives such as virtual assistance and centralized referral pathways. More efficient systems will create time in our schedules for family physicians who are currently working so that we could spend more time with our patients.

Right now in Ontario, there is no easy way to send or receive referrals for patients. This could be improved by creating a centralized referral process for specialist services. We could also improve inefficiencies by standardizing or eliminating many forms that we have to complete, not to mention the electronic medical record that is plaguing family doctors across the province.

In conclusion, Ontario's family physicians care about our patients. We play a critical role in patients' lives, because we don't just support them; we support their families, our communities and our health system partners. But the system is crumbling. We need this government's support, and now is the time for change. We must invest in a strong primary care sector, and family doctors in particular.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time.

With that, for this round of questioning we'll start with the official opposition. MPP Pasma.

Ms. Chandra Pasma: Thanks to our witnesses for being here today. We appreciate you making the time to come out.

I was really struck by the common threads between the presentations from Councillor Kitts and Dr. Etches, and Dr. Gruner from the Ontario College of Family Physicians. The number one issue that I hear about from my constituents is health care; it is the long wait times at our hospitals, but also access to family physicians. It was not a surprise to me when Dr. Etches put out a report last week saying 150,000 Ottawans don't have a family doctor. That's certainly reflected in the number of phone calls that we get in my office about people, some of whom have been, now, years without a family doctor.

I am glad, Dr. Gruner, that you offered us some solutions to the situation. But one of the things that I'm wondering about—we have a lot of doctors who are retiring, who are not at the end of their career. They are mid-career or early career, but have decided that they can't continue under the current conditions of practice. You've laid out some longer-term options and investments for us, but how do we support family physicians now, to make sure that they're not closing up their practice, that people who have a doctor now aren't losing their doctor and making the crisis far worse?

Dr. Doug Gruner: Thank you very much for the question. It's extremely important to recognize that family doctors are burnt out, especially after three years of the pandemic, and that many are retiring early; many are leaving the profession.

So what do we do? In a team-based environment, where I work, I've said to my patients, "You are one of the luckiest patients around"—not because they have me as a family doctor, but because when I retire, there will be another doctor to replace me. When I worked in Vanier, at 150 Montreal Road—when I leave my practice there, my patients become orphaned. There's no one taking over practices anymore.

So what's the solution? If we're all working in a team-based environment—that's where the young physicians want to work, because you're supported. I had no dietitians or social workers where I worked in Vanier. Where I work at Bruyère, we've got all of that team there, so we're supported. The administrative burden is much less in a team-based approach.

The solution, what I see, is—if we can do more of these team-based approaches and have family physicians working in a supportive environment like that, it would go a long way to preventing further burnout and further loss of family physicians to retirement and other reasons.

Ms. Chandra Pasma: Thank you so much.

Dr. Etches, I was really struck by the statistics about the wait time for children, the increase in communicable diseases, the opioid overdoses. How does not having access to a family physician exacerbate these issues for Ottawa residents?

Dr. Vera Etches: I don't have any disagreement with the recommendations and ideas that have been put forward by the Ontario College of Family Physicians. What we know is that if people have access to a family physician in a team, things can be addressed earlier. People can have their chronic diseases managed. People can have the screening done that picks things up earlier. Without that, it is leading to what we're seeing, which is people presenting with more complex illness later on, going to emergency rooms.

And there are populations that are less served. Again, I fully agree that newcomers have the least connection to family practices. It's why, in our public health system, we're saying, "We can help right now," as well. We have public health nurses who have been busy vaccinating for COVID, who are interested in continuing to assist with immunization in general. Where people aren't attached, if we're supported to continue with teams that are in neighbourhoods where the barriers are greatest, we'll be able to assist as well with some of this childhood immunization.

Through the Healthy Babies Healthy Children Program, these are nurses who get to know families. They often work with family physicians if the families are connected, but more often we're seeing a lack of connection, and so there are nurses who are able to do some of this assessment of early childhood development and what's needed for children to start off well, to be ready for school when the time comes. It really sets them up on a path for success in life.

This, again, is something where we see we have nurses trained. They know how to work with early childhood partners and networks, and make referrals and make connections where needed. We work with Kids Come First and CHEO, but the program, because it hasn't been funded with any increase for over 10 years—really, the capacity to actually meet the demand has decreased at a time when we see the demand growing. These are the points of connection I see there, and I certainly would love to see more of that effort to ensure that everyone has that family medicine home.

Ms. Chandra Pasma: Absolutely, and we know that if we can do these things and we keep kids out of the acute care system, we save money in the long run.

One last question from my end: Councillor Kitts, I know it's budget season in Ottawa and the council is looking at a lot of difficult choices right now. There's an impact on revenues from Bill 23. Can you talk about the impact of that shift in funding from 75% to 70% for public health, and what Ottawa is having to do in order to find that additional 5% in resources for public health?

Ms. Catherine Kitts: Thank you for the question. This year, the Ottawa Board of Health was able to present a balanced budget. We do still have one-time COVID-19 funding and some mitigation funding to help mitigate the impact of that gap, but what we're really concerned about is looking at next year, into 2024. With all of these pressures that I've listed, that mitigation funding represents a $3-million annual pressure on the OPH budget, and so with all this catch-up work that we have to do after shifting the priorities during COVID-19, I think we're very concerned what the pressures would look like on next year's budget.

Ms. Chandra Pasma: Thank you. I'll turn it over to my colleague.

The Chair (Mr. Ernie Hardeman): We have 22 seconds.

Mr. Joel Harden: Just a note for the presenters: For the next round, we'd like to focus in on the opioid crisis and the very disturbing revelations we're hearing about toxicity in the supply, and some of the efforts that a lot of community partners are having. Centretown Community Health Centre will be here for the next round, but I'm interested from a medical perspective, for your ideas for this committee for that.

Thank you, Chair.

The Chair (Mr. Ernie Hardeman): Very good. Thank you very much.

We now go to the independent. MPP Blais.

Mr. Stephen Blais: Thank you, everyone, for presenting, and Dr. Etches for being with us.

Dr. Gruner, obviously there's an enormous challenge with primary care physicians. In Orléans, the community I represent with Councillor Kitts, three doctors have already announced that their clinic is closing in April. They're all, I believe, considered to be quite young. Of course, I agree that more doctors and more family doctors are important as a medium-to-long-term goal. Are there measures that can be taken quickly, in the short term, in this budget, whether it's tax points or changing the fee model? What kind of short-term measures can be taken so that these three doctors don't close their practice in April, as an example?

Dr. Doug Gruner: One of the things that I didn't touch on as much as I would have liked in my opening remarks is the administrative burden. Family doctors are spending 19 hours a week on inefficiencies related to administrative tasks. If we could reduce the inefficiencies of these administrative issues even just a small amount, it would make a dramatic difference in the lives of these physicians. It may make the difference between retiring or staying on and, again, rejuvenating themselves.

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One of my colleagues at one of the conferences I was at recently said, "I love my patients. I hate the job." The issue is the administrative stuff that we have to deal with. What gives us joy in our work is being with our patients and administering to them. So if we can reduce the administrative burden—medical scribes, virtual assistants, for

example, is one easy way that we can look at helping to reduce that issue; having centralized referral pathways so that these types of things are just one click instead of 15 clicks to ensure that we have a better system with respect to the administrative burden.

Mr. Stephen Blais: What's stopping that from happening now? What's the problem with just doing it?

Dr. Doug Gruner: Well, it costs money, obviously, to have medical scribes.

When I'm working in the emergency room, I go to see the patient—and in the good old days, I'd have my chart and I'd be writing as I see the patient. I'd come back and I would tell the nurse, "We need a chest X-ray, some blood work, an ultrasound in the morning," and then I'd go see the next patient. Now I have to go to the computer, dictate my note, input everything myself. It's not a good cost-saving measure if you're having a highly trained physician inputting data. If a medical scribe does that, I'm going to see the next patient, and now we don't have a five-hour wait; we have a two-hour wait in the emergency room.

These are the kinds of simple things that actually cost less in the long run because we're investing in smart technology that will make lives easier. The technology, right now, has made things worse for family doctors and for a lot of physicians who have to struggle with these electronic medical records.

Mr. Stephen Blais: Dr. Etches, I'm wondering if you can expand upon the budget pressures that Councillor Kitts was referring to coming in 2024, and what you anticipate if the budget formulation proceeds on the trajectory that it has been over the last number of years.

Dr. Vera Etches: It is a significant change for the whole public health sector. This is not unique to Ottawa. Across Ontario, the funding formula used to be a 75% contribution from the province, and that was shifted down to a 70% contribution. At the same time, there were 100% provincially funded programs that, again, moved to a cost-sharing formula. So, really, what you're looking at across the province is that municipalities are not in a position to be able to pick up that gap and just say, "Okay, we'll pay that extra 5%"—with many, many small municipalities with very little room to contribute anything further. Larger municipalities are struggling with many things. Again, Councillor Kitts could expand on the pressures on municipal budgets from transit systems to housing.

So what we're looking at—

The Chair (Mr. Ernie Hardeman): We'll have to stop it there and catch that in the next round.

MPP Cuzzetto.

Mr. Rudy Cuzzetto: I would like to thank all the presenters for being here.

First of all, I would like to ask the Rothmans, Benson and Hedges gentleman here—you're saying that we lose $750 million a year in revenue with contraband tobacco. Is there a link between contraband tobacco and illegal guns that come into our communities?

Mr. Mindaugas Trumpaitis: Thank you for that question.

Absolutely—and not only guns; it's drug trafficking, people trafficking. That's where the money goes. This truck delivers the contraband cigarettes, and when it comes back, it's not empty.

Mr. Rudy Cuzzetto: Catherine, as you know, right now we have all the Premiers here in Ottawa speaking about health care transfers—from 22% to 35%—and we hope that the Prime Minister will increase our funding to 35% for health care across the province. That would help a lot.

As you know, there's a shortage of health care workers, but it's not just a shortage in Ontario; it's across the whole country. I live in Mississauga-Lakeshore, and THP—they were all talking about this shortage, but like they said, it's not happening just in Ontario, it's across the whole province.

The "learn and stay" program that we've presented: What do you think of that?

Ms. Catherine Kitts: Perhaps Dr. Etches wants to comment on that, as well, but I think what we're looking at is: Every level of government needs to step up to respond to this crisis, quite frankly, that's having a ripple effect through our communities. And so, yes, I think the federal government needs to play its part in resolving this, but I think that there is onus on the provincial government to play their part in this, as well. And as a municipality, we're trying to figure out how we can support primary care physicians, as well.

Dr. Etches, did you want to comment on that program?

Dr. Vera Etches: Yes, I think it's one part of what could be done to encourage physicians to train in the province, to stay in the province. I think it won't be a game changer unless we have some of these other pieces in place so that people are able to serve a greater number. So, it still is going to take time to build a number of health care workers in our province. In the meantime, taking these steps to look at what could be done so that individual physicians have the capacity to serve more people will also be important, as the college was pointing to.

We appreciate the concentrated effort to look at this and to add in things that could make a difference. I think we need many different pieces to ultimately have that connected care. We very much support the provincial vision, as well, and this idea of using Ontario health teams so that the team is responsible to provide that connected care right from primary care through to end of life. This is a model that I think, if we're able to get it functioning and working well, could make a difference for populations.

Mr. Rudy Cuzzetto: Thank you.

And Dr. Doug, 12 years ago, I had a mechanical valve installed because I had an aorta valve dysfunction in my body. But I couldn't find a cardiologist at that time. Now, this issue about doctors and cardiologists has been going on for many years in the province of Ontario. It hasn't just happened today. I know COVID has put a bit of strain on the issue.

What do you think of us expanding our medical schools through the province of Ontario that hasn't been done in over 100 years?

Dr. Doug Gruner: No, we created a new medical school in northern Ontario, the Northern Ontario School

of Medicine, about 20 years ago, which is making a huge impact on the lives of people who live in the north. We are creating another medical school, or part of a medical school attached, which will be opening in Brampton. That is going to be focusing on primary care, which is hugely needed and a big focus on cultural competency and working with our newcomers, as well, because of course, as you know, Mississauga and the GTA is a hugely diverse population. And so, we need to basically rise to the times and ensure that we are providing the kind of care that's necessary for our population.

I 100% agree that we need to invest more. There are announcements by the provincial government which we applaud, as well, about new residency spots, as well as looking at fast-tracking foreign-trained physicians to meet the needs.

Mr. Rudy Cuzzetto: Thank you very much.

How much time is left?

The Chair (Mr. Ernie Hardeman): Two-point-one.

MPP Byers.

Mr. Rick Byers: Good morning, all. Thank you for coming this morning and thanks, more importantly, for all you're doing in the community.

A question first for Rothmans, Benson and Hedges. As you can tell from the colour of my hair, I've had a long working career and part of it was in the late 1980s, working for finance minister Michael Wilson here in Ottawa. And one of the things we did during one of the budgets was put on a 10-cent-per-cigarette tax at the time. The goal was to evolve consumers away from tobacco, so it's been a long—a question: You mentioned Quebec and what they're doing on contraband. Can you give a couple of quick examples of something that they are doing that, perhaps, Ontario can take a look at?

Mr. Mindaugas Trumpaitis: No, absolutely. Again, when it comes to the tobacco tax, you're not targeting that the tobacco should be taxed. The problem becomes when tobacco is taxed and contraband is not contained, because then you don't achieve the health benefits, because people just move to those cheaper tobacco products that are of very questionable quality and, as we discussed, also fund criminal activities.

1040

In Quebec, we invested much more in the police force. The estimate is that a $1 investment actually returned $14. Quebec did the balanced approach, with taxes lower than in Ontario. They invested in police force education and having those groups chasing the supply chain, and that paid back. They are collecting more than Ontario, even though Ontario is a larger province with more legal-age smokers who buy tobacco products.

Again, I can come back and give even more concrete examples of what has been done in different provinces. Those examples do exist and it's possible.

Mr. Rick Byers: Very good. Thank you.

Quickly to Dr. Gruner: I was interested in your comment about 75% of physicians not working in teams. I know family health teams haven't been around forever. Can you expand? Is that a matter of choice? Is it a matter of evolution?

Dr. Doug Gruner: It's a matter of funding. Basically, it's not an inexpensive way to—

The Chair (Mr. Ernie Hardeman): You'll have to answer that in the next round. The time is concluded.

We'll now go to the official opposition. MPP Fife.

Ms. Catherine Fife: Thanks to all presenters. I'm the finance critic for the official opposition, and so I like to follow the money. Were you aware that the government right now has $3.5 billion in an unallocated contingency fund? It's interesting that the government raised this question about being here in Ottawa asking for some more money today, because it's where the money is going.

Thank you, Dr. Gruner, for just pointing out that we could have more family health teams if the government invested in that. At the same time, the government is also moving to create a parallel system, which is concerning for us because surgical suites in Ontario are underutilized.

Bill 124 is wage-suppression legislation. It is pushing out talented, experienced health care professionals. I just wanted to give you an opportunity, because I think that public health has already make the case for the 75% and 25%—the money is there to do that.

But, Dr. Gruner, strategically, the return on investment if this government actually invested some of that unallocated contingency fund: Where would you do it and how fast would you do it?

Dr. Doug Gruner: Well, as quickly as possible. But essentially, where I'd do it—again, look, I've had the experience of working in a solo practice in Vanier, where basically I'm on my own and if I want my patient to see a social worker, they can't; they don't have the money for that—or a dietitian. Now I'm working, and have been for the last 11 years, at Bruyère, and I'm seeing a patient, a 17-year-old with suicidal ideation, going in and out of CHEO. I've got a social worker who I can see immediately. I've got a shared mental health team with a psychiatrist, a psychiatric nurse and social workers that I can get in right away. It's right there. It's a medical home, and everyone should have that—so as quickly as possible.

Ms. Catherine Fife: And also, the key point, as well, that we've heard from practitioners from across the province is that when you have that model, you feel supported as a health care professional, and so that actually helps with retention. We should be focused on keeping the talent and people in our health care professions, as well as trying to recruit others to it.

Dr. Doug Gruner: Retention, as well as attracting new talent, yes.

Ms. Catherine Fife: Thank you very much. I'll throw over to MPP Kernaghan.

The Chair (Mr. Ernie Hardeman): MPP Kernaghan.

Mr. Terence Kernaghan: Thank you to all our presenters today. We've heard in many different areas about the one-two punch that the health care system has been enduring. First it was COVID-19, then the wage-capping legislation of Bill 124, and further insult with the reduction in provincial funding.

My question is for Councillor Kitts. We noticed from the FAO that $1.2 billion was cut from health care funding. Do you think it's appropriate or fair for the provincial government to cut health care funding and then blame the federal government for not contributing enough?

Ms. Catherine Kitts: Well, as I said, every level of government has a responsibility in responding to this crisis. As I listed, we have great programs that need funding, and it's preventive health care that, in the end, is a reduction in costs to the Ontario government as well. As a municipality, there's only so much revenue we can collect, and we're facing incredible pressures as well, so when we're talking about that—reverting back to the 75-25 split—that's really critical as we go into 2024.

As a city, we're looking at pressures in transit—an $85-million deficit last year in transit. Bill 23 is projected to have a $60-million-a-year impact to municipalities. We had $50 million in costs to respond to the derecho that happened in May, that really levelled my community, specifically. These are things that municipalities are grappling with. And we recognize how critical the role of public health was, obviously, during the pandemic.

Going forward, and in this catch-up work that we need to do when it comes to immunizations, healthy babies, mental health and addictions—this is critical work, and I think now is the time to be investing in it.

Mr. Terence Kernaghan: Absolutely. It's a wise upstream investment.

I'd like to pass it over to MPP Harden.

The Chair (Mr. Ernie Hardeman): MPP Harden.

Mr. Joel Harden: How much time do we have left?

The Chair (Mr. Ernie Hardeman): You have 2.4—

Mr. Joel Harden: Thank you.

Good morning, everybody. Thank you for being with us.

I have a question to my friends from Ottawa Public Health, Councillor Kitts and Dr. Etches. We have noted with increasing alarm the toxicity of the street drug supply that is hurting neighbours who are living with trauma, who have addictions issues. Darryl Wilton, who leads paramedics in the city, recently reported that not a day went by in the entire year of 2022 when they didn't receive a call for overdoses. We also know that the vast majority of overdoses are preventable, and it has to do with the toxicity of the supply. I'm wondering if you could inform this committee of the work that's being done by Ottawa Inner City Health to ensure a safe supply for neighbours. And I'm wondering if there is some advice you want to offer this government, if we do have people contributing to the poisoning—literally, the poisoning—of neighbours who are struggling with mental health and addictions. I'm just wondering if you could talk about that with the committee this morning.

Dr. Vera Etches: Thank you for the question.

I do want to acknowledge that there are many things needed to decrease the number of people who are dying from overdoses, and they do start in childhood. Certainly, some of the programming we do in public health is to support people so they don't have adverse events in childhood, which can increase the likelihood of people using substances in the future as one of their coping mechanisms. So there are many things we need to do.

When it comes to the supports that people need, we find that housing is one of the basic needs. If people are housed, they decrease their substance use.

What you're asking about is the toxic drug supply. Yes, when people are in active substance use, it is preferable that they are linked to supports that can help them.

The Chair (Mr. Ernie Hardeman): One minute.

Dr. Vera Etches: One of the supports that people continue to do—just to make sure that the supply they're using is safer. But there are many different ways the current health care system is not meeting people where they're at when they come to emergency rooms, when they're admitted into hospitals—

Mr. Joel Harden: Pardon me, Doctor. I just don't have much time.

For the record, I want the committee to note that Ottawa Inner City Health does have a safe supply pilot, and I want Dr. Etches or Councillor Kitts to comment on the fact that this program has literally saved lives for adults who are using and struggling right now.

Dr. Vera Etches: It's true. For those who are in this program—

Mr. Joel Harden: What are the merits for continuing programs like this? That's my question.

Dr. Vera Etches: For those who are in this program, people have been able to decrease their substance use. They've been able to find employment. They've been able to reconnect with family. They've been able to find housing. So a stabilization—

The Chair (Mr. Ernie Hardeman): Thank you. That concludes the time for this answer.

We'll now go to the independent. MPP Blais.

Mr. Stephen Blais: Councillor, you mentioned the derecho that hit Ontario and largely affected Ottawa and east Ottawa earlier in the spring and the lack of provincial government support to aid the city in emergency response, or homeowners with their emergency repairs, despite it being activated in other parts of the province. I'm wondering if you could relate how that has affected residents in east Ottawa, Navan and other parts of the city.

Ms. Catherine Kitts: Thank you for the question.

For the benefit of the committee: I live in Navan, which is a rural area that was impacted quite heavily by the storm. We saw incredible destruction to the agriculture community. A lot of farms had their buildings destroyed, and still, today, we see barns without a roof on them, covered in snow. On my street alone, I think there were probably 1,000 trees that were down.

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Ottawa city council had made a request for funding through the DRAO program that was not realized. I do know that we are also hoping to get some cost recovery for not only Ottawa Hydro, which had unprecedented costs trying to get pretty well the whole city back online at one point or another—myself, we were out of power for 10 days, and some other parts of the city for 16—and then the role that the municipality played in the clean-up, removing

all the debris and creating safe access for residents. So it was obviously a devastating storm that really impacted our municipality, and we would be grateful for any support that would still be forthcoming from the province. Thank you.

Mr. Stephen Blais: Thank you very much.

Dr. Gruner, you had started to allude to some of, obviously, the benefits of working in a family health team or a team of medical practitioners. You had started to allude to some of the additional costs or reasons why it may not happen as often or as regularly as you'd like, so I just wanted to give you an opportunity to expand on that answer that got cut off.

Dr. Doug Gruner: Sure. Again, it's a true joy to work within a team. I look at the situation here; I see all of us are on the same team. I'm on the front lines; you guys are the decision-makers, the policy-makers. We're giving you the information so that you can make an informed decision on these policies.

What I can tell you is that there is a huge joy to work with your colleagues: physicians, nurse practitioners, clinical pharmacists. It is an amazing opportunity to learn as well as to provide care to our patients and our communities. I think it really is the way of the future. When we look at the best health care systems in the world, these are family-medicine, family-physician centred, primary-care focused; they save a huge amount of money downstream. And the key thing is, as we continue to work as a team, the benefits and the outcomes are huge.

Mr. Stephen Blais: Thank you, Doctor. And I know we have the Centretown Community Health Centre coming up shortly—

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Stephen Blais: In Orléans, one of the solutions that's been floated to the family doctor crisis that I was talking about is the creation of a new community health centre for east Ottawa or in Orléans in particular. I'm wondering if you have any thoughts about this model and what advantages it provides over the traditional fee-for-service model.

Dr. Doug Gruner: Yes, so community health centres, very similar to family health teams, are basically, again, a team-based approach. When I worked in my family practice, people would come to me and I would charge $30 for that visit; that's what the Ministry of Health would pay for that visit.

When we lose physicians, what happens is they end up going to the emergency room. When they come to see me in the emergency room for the exact same visit, it's over $400. So all I can tell you is that it just makes sense to invest in primary care and ensure that we have family doctors for every Ontarian.

Mr. Stephen Blais: Very quickly, Doctor, the doctors that you're talking to—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. We'll now go to the government. MPP Byers.

Mr. Rick Byers: Thank you, Doctor, for those further comments. And actually, on your comment on CHCs, prior to being elected, I was on the board of a community health centre in Grey-Bruce—just a fantastic model.

One quick other question on the administrative measures you mentioned: You mentioned virtual assistance. Can you just briefly expand (a) on some of the other things, but presumably (b) the college has reflected those ideas to Ministry of Health and Ontario Health? I just wanted to confirm that.

Dr. Doug Gruner: Yes, sure. Basically, very quickly, a medical scribe is essentially able to provide on-the-spot support in the doctor-patient encounter. So as the doctor, as I was saying, what it used to be like—incredibly inefficient, I would just tell the nurse what we need to do. Now everything has to go into the computer, so the scribe would input everything and I would just go to the next patient, and then things get done.

Also, having centralized referral pathways, so essentially being able to just, again—I just create a referral very quickly in the chart; everything else is taken care of. We have that here in Ottawa with some of the orthopedic centres. There are assessment centres where it just goes into a centralized process. That could be made more widespread for other specialists, as well.

Mr. Rick Byers: And that has been passed on—

Dr. Doug Gruner: Yes, these are our recommendations, absolutely.

Mr. Rick Byers: Perfect.

I'll pass it on to my colleague Andrew.

The Chair (Mr. Ernie Hardeman): MPP Dowie.

Mr. Andrew Dowie: Thank you to all the presenters for being here. I'm fascinated by all your presentations.

My first question would be to Councillor Kitts and Ms. Etches, with respect to your comments about immunizations and the Healthy Babies Healthy Children Program, which you're seeking renewal on. On the immunization piece: One of the more fascinating things about being a new MPP is how many mothers are coming in to see me and asking for signatures to exempt them from immunizations—and further to that, in my past life as a municipal councillor, in the debate over fluoridation of the water, how many people from the medical community came out against that public health measure. I'd like to explore this a little bit to see—are you looking for something stronger from the province on the education side, on encouraging immunization, or are you simply looking to have more accessibility to immunization than what we see today?

Dr. Vera Etches: Thank you for bringing up an excellent point. It's absolutely best done in partnership. The province can most efficiently launch a large education campaign, a public health promotion campaign about the value of immunization. It's cost-effective when the province does that kind of work. And then, locally, our work is to amplify that message, to translate it into the languages of the populations we serve, to use that information on the ground. Typically, what we saw before the pandemic is that really only less than 1% of the population is seeking an exemption for a child who has vaccines required for school. Actually, it is a bigger problem that they just don't have access to somebody who can give those vaccines. Right

now, if their family doctor has retired or they're newcomers—these kinds of populations just don't have access, as well. But both are needed, and again, that partnership with the province is so appreciated.

I think the province also has a role to play in the kind of behavioural analysis that was done in the COVID response. We had scientists who worked at the provincial level to understand what is behind people's behaviour—whether they'll wear a mask or not, how we help people understand the value. That kind of science can also be used around childhood immunization and addressing misinformation. We need to very actively counter misinformation about vaccines that are really, truly very cost-effective life-saving interventions that have saved more lives around the world than any other public health intervention.

Mr. Andrew Dowie: Do I understand correctly that on health promotion initiatives, they're so decentralized that you could potentially have different public health units creating the same content, just on a local level, when one suite of programs could be done provincially and deliver a cost savings to each of the local health units?

Dr. Vera Etches: This is part of what we are seeing in the local public health jurisdiction—that there's a role for the province around health promotion. Typically, the kind of work we're talking about could be done by Public Health Ontario or the Chief Medical Officer of Health's office.

We're in a time of renewal as a public health system, and we're open to changes and looking at how things work best—what needs to be done at a provincial level, and what's best done at the local level. We still absolutely need the local adaptation, and you can see the variety of situations across the province and the different results that come, whether you're in the north, in a rural area, or in Brampton. As we heard reference to before, with different population needs, that kind of local public health is always going to be critical to get right down to the individuals and the results we need, such as taking a vaccine. These are the kinds of systems where we want to optimize what is done so that we have the greatest impact.

Mr. Andrew Dowie: Just to conclude on the immunization piece: In your estimation, why do mothers particularly distrust the immunization piece? Why are they not believing that this is a good thing for their children—and other practitioners as well for immunization?

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Dr. Vera Etches: I don't want to put this all on mothers' shoulders. As I say, I think many parents and guardians right now are looking for "Where can I get my child vaccinated?" And they're just finding—"I can't go to a walk-in clinic; they're only doing virtual appointments. I don't have a family doctor. Public health is doing school-based vaccines. They don't typically do all of the childhood vaccines at two months, four months, six months."

I'm saying public health units are willing to assist. We are willing to draw on the capacity that we built up for COVID immunization to go further, with provincial funding support, to help parents who are looking for these vaccines to get them done.

Mr. Andrew Dowie: Thank you, and you are correct. It's not just mothers, but I'm thinking of those who come to my office who do not want vaccinations and immunizations.

Dr. Vera Etches: There is an active world out there on the Internet, especially on social media, that is deliberately spreading misinformation.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for this panel. We want to thank all the panelists for the time they took to prepare for today and the time you took to come here and share your knowledge with us. We look forward to telling the Minister of Finance that if he listens to you, we'll have a really great budget.

CENTRETOWN COMMUNITY HEALTH CENTRE/CENTRE DE SANTÉ COMMUNAUTAIRE DU CENTRE-VILLE

CANADIAN FUELS ASSOCIATION

The Chair (Mr. Ernie Hardeman): The next panel is the Centretown Community Health Centre—and they're virtual—Canadian Fuels Association and Ottawa and District Labour Council. So if we will all come forward to the table, and the virtual ones are on the screen already.

As we had with the previous presenters, there will be a seven-minute presentation from each presenter. We ask the people standing behind the back table or the front table to please go and talk elsewhere. We have seven minutes of presentation from each presenter. At the six-minute mark, I will say "one minute," and at the end of the one minute, I will stop your mike and we'll move on to the next presenter.

With that, the first presenter will be Centretown Community Health Centre. We ask that the presenter include their name in their opening remark to make sure that we attribute the comments to the appropriate person.

Ms. Joanne Weiss Reid: Good morning and thank you for the opportunity to present to you today. My name is Joanne Weiss Reid, and I'm presenting on behalf of the Centretown Community Health Centre as a member of its board of directors, along with Michelle Hurtubise, our executive director, who can answer any of your questions after my presentation.

Centretown Community Health Centre is located in downtown Ottawa, with an annual budget of $16.3 million. It serves over 12,000 clients each year, with over 60,000 client interactions in our health and social services. We are a fully bilingual centre, with all programs and services available in both French and English, and other languages with translations.

Our programs have seen an increase in clients, including our urban outreach program, which provides services to those who don't have stable housing, many of whom have been struggling with complex mental health and substance use issues. This program served over 200 individuals in 2020, over 800 last year and is forecasting over 1,000 this year.

We have three recommendations for the Ontario budget 2023 that seek to ensure our clients are connected to care

when and where they need it. Firstly, address operating pressures and end the 15-year wait for base funding increases. Our most pressing need is an immediate injection of funding to help community health organizations like ours sustain the work to meet community needs in real time. We have not seen an increase in base funding since 2008. This funding is urgently needed to address increased costs of heating, electricity and insurance, as well as to update our information management systems. This funding is vital to increase and ensure that the community health centre is available to provide health and social services to people who face barriers in accessing safe and trusted virtual care services that meet their needs and keep them out of Ontario's hospitals.

We understand that this coming fiscal year, we will receive a 2% increase to our budget. While this is much appreciated, the cost of living in Ontario over the last six years alone has increased by over 18%. Our cybersecurity costs alone have added tens of thousands of dollars to our annual budget.

The funding would also help community health centres to be more competitive employers and increase the quality of service. Currently, nurses in community health centres earn about $20,000 less each year than those in similar positions in hospitals. The continued impact of COVID has meant a backlog in vaccinations and in preventative screenings for cancer, diabetes, hypertension and other chronic diseases. Increased funding would allow community-based services to address this backlog.

Second, fund increased access to primary health care teams with clients with complex health needs. We were pleased to read in the recent plan, Your Health: A Plan for Connected and Convenient Care, it identifies three key pillars to ensure connected care close to people's homes. Ottawa has an estimated 150,000 people without access to a primary care provider. The collaborative of six community health care centres plus Ottawa Inner City Health have developed a strong business case to ensure an additional 17,000 clients without a primary care provider access to one at an annual cost of $12.8 million through the implementation of low-barrier episodic clinics.

Team-based care is more effective and more efficient for clients with complex health needs than physical-only care. We support additional investments in team-based care outlined in the plan and would like to see an investment in the community health centres as part of these team-based initiatives, as we have demonstrated and have a track record in serving those with intensive health care needs with community-based services, mitigating the growing pressures on hospitals.

Troisièmement, continuez à augmenter les investissements dans les soutiens en santé mentale et les services de toxicomanie. Au cours de cette pandémie, les drogues de rue sont devenues de plus en plus empoisonnées, entraînant un grand nombre de décès. Beaucoup de ceux qui ont survécu des surdoses vivent maintenant avec des séquelles à long terme. Il s'agit d'une crise de santé publique.

Il existe des modèles dans d'autres provinces, comme la Colombie-Britannique, que nous pouvons considérer comme des exemples de décriminalisation des drogues et de renforcement dans la capacité du système pour assurer un approvisionnement sécuritaire en drogues comme les comprimés d'hydromorphone.

Notre centre de santé communautaire travaille avec des personnes touchées par cette crise d'opioïdes, et nous espérons que des investissements supplémentaires peuvent avoir lieu dans ce budget. Plus précisément, nous recherchons des investissements—

The Chair (Mr. Ernie Hardeman): One minute.

M^me^ Joanne Weiss Reid: —qui soutiennent les personnes souffrant à la fois de la santé mentale et des dépendances, notamment des investissements dans les logements supervisés, des programmes de réduction des méfaits, et des services d'approvisionnement sûr.

We thank you for your attention to our recommendations. Merci pour votre attention aujourd'hui.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation.

We now go to the Canadian Fuels Association. As with the previous presenter, please put your name in the start of your presentation. The floor is yours.

Mr. Lucas Malinowski: Certainly. Thank you, Mr. Chair. Good morning to you and members of the committee. It's a privilege to appear before you today as part of your 2023 pre-budget consultations. My name is Lucas Malinowski and I'm the director of government and stakeholder relations for the Canadian Fuels Association.

Across Canada, Canadian Fuels represents 111,000 workers operating 75 fuel terminals, 12,000 retail sites and 16 refineries, five of which operate right here in Ontario, making up 23% of Canada's refining output. I'll note some of these refineries are located in your own communities. MPP Cuzzetto's riding is home to the Petro-Canada Lubricants refinery on the shores of Lake Ontario, and MPP Brady has the Imperial Oil Nanticoke refinery in her backyard. Imperial, Suncor and Shell also operate refineries in Sarnia.

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Our members provide 95% of the gasoline, diesel, marine and aviation fuels that are used across Canada every day. Our members also produce more than 25% of the biofuels currently made in Canada. In Ontario, that translates to 25.3 billion litres of fuel a year, or about 69 million litres a day. In 2020, the government of Ontario collected $7.7 billion in total tax revenue from gasoline and diesel sales in the province.

Canadian Fuels facilities comprise an important part of Ontario's critical infrastructure, ensuring we all have safe and secure access to fuels that are vital to personal mobility, the movement of goods, the provision of essential services like first responders, and generating electricity in remote communities. Refined products are also critical feedstocks for other manufacturers that are part of Ontario's critical infrastructure.

We also believe that there are opportunities to advance the production and use of low-carbon liquid fuels in Ontario and to accelerate large-scale greenhouse gas reductions starting today, using proven technologies and existing infrastructure. Three years ago, we released our

vision for the future, Driving to 2050, in which we outlined how our industry can make a foundational contribution to Canada's low-carbon future, and we have been releasing annual updates tracking investments and innovations made by CFA members from coast to coast to coast. Our most recent update released in the fall highlights $10 billion of investments Canadian Fuels members are making to support eight million tonnes of GHG reductions and 10,000 jobs across the country.

Some Ontario examples of our sector's investments in the fuels of the future include Shell Canada's investment in a first-of-its-kind advanced biofuels plant in Sombra, which will produce eight million gallons of renewable, low-carbon fuels; Suncor's St. Clair ethanol plant, Canada's largest ethanol plant, with a production capacity of 400 million litres per year; and Imperial's plans to build North America's largest private energy storage battery at its petrochemical complex in Sarnia.

As the world moves to decarbonize and meet our climate change goals, Canadian Fuels Association members aren't standing still. We're looking to the future and how our sector will continue to keep Ontarians moving. There's a tremendous opportunity for low-carbon liquid fuels to be produced right here in Canada and in Ontario, and our members are at the forefront of innovations that will significantly reduce our carbon emissions. However, Canada is already a net importer of biofuels, and policies such as the federal clean fuel standard will significantly increase domestic demand for those fuels.

So why are we so reliant on imports? The North American fuel market is fully integrated, which means that Canada and Ontario competes with the US for its fair share of investment. The US has a number of well-established programs and measures, including tax credits, that have created a robust biofuels production industry. And last summer, the US Inflation Reduction Act doubled down with a suite of new measures, effective in 2025, including production tax credits for biofuels including ethanol, biodiesel, renewable diesel and sustainable aviation fuel.

Investment parity with the US is key to unlocking Ontario's full potential as a biofuels producer and ensuring Ontario agriculture and forestry feedstocks are used in the production of low-carbon fuels, rather than being exported to the US and reimported as value-added products. To avoid such a scenario, equivalent incentives on this side of the border are needed now. That's why we are recommending that the government introduce a low-carbon fuel producer tax credit in budget 2023 for a period of 10 years. This tax credit would apply to low-carbon fuels that are produced right here in Ontario. Like the tax credit introduced by Quebec in its last budget, the rate could vary according to carbon intensity reduction, with the highest reductions receiving a tax break of 34 cents a litre, equivalent to the US production tax credit of $1 a gallon.

In addition to incentive parity, governments have a role to play in attracting investment by fostering and maintaining a stable, predictable regulatory environment. In Ontario, that means moving quickly on a regulatory framework for carbon capture and storage. I'll have the pleasure of appearing before this committee during its consideration of Bill 46 in Peterborough in a couple of days, so I'll be happy to make more detailed remarks on that then.

Ontario can also support the sector by ensuring that funds collected under the emissions performance standards for large emitters are returned to industry and leveraged for additional opportunities to reduce the carbon intensity of our operations and our fuels.

Finally, we encourage the government to ensure industry and consumers have access to affordable, clean electricity for decades to come.

There's still much work to be done to ensure we can continue to meet the transportation energy needs of Ontario in a low-carbon future. Canadian Fuels members are ready to meet the challenge and build on over a century of innovation and investment in the province.

Again, I thank the committee for taking the time to meet with us today. I look forward to your questions.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation.

For the committee's information, our next presenter has not yet arrived, so we will start with the questions, and we will start with the independents this round. MPP Blais.

Mr. Stephen Blais: Thank you for your presentations.

For the Centretown Community Health Centre: What would the real-dollar term be in terms of the gap for not having base funding changes since 2008?

Ms. Michelle Hurtubise: That's a really good question. I think that if we were to take a look at that within our existing budget of the $16.3 million, and we were to take a look about if we had been receiving the cost-of-living increases in terms of that time, I think it works out to a little over $2 million in funding that we haven't had.

For example, as I said, our cybersecurity costs this past year were over $30,000 for both the cybersecurity insurance, but also upgrading our systems to be able to provide the level of security for very sensitive personal information.

Mr. Stephen Blais: Sure. And so over that time, have you reduced your service offering to the community? Have you sought money from other levels of government, or done private fundraising? How have you made up the gap?

Ms. Michelle Hurtubise: The most significant piece that we have done is to continue to, honestly, freeze our staff salaries so that we can maintain services, because we work with some of the most vulnerable people in the community, who are not able to access services elsewhere. We are now in a position where we are developing a plan that, as there is staff turnover, we will not be replacing staff and will be having cuts to our services in the upcoming year ahead, simply because we can no longer squeeze anything out of our operating budget. And so that's the position that we are in right now.

Mr. Stephen Blais: So based on the analysis you've done in terms of the cuts to staff you are likely to make if there isn't an increase in base funding, how many patients or patient visits do you expect that that will impact or not be able to provide?

Ms. Michelle Hurtubise: It's a great question. I don't know how many patient visits we will not be able to provide. Our strategy will be to protect our primary care services first and foremost, but each staffing position that we have translates into approximately 500 clients who are not able to be served in any given year. This coming year, we're potentially looking at reducing it by one to two staff, which would be an impact of anywhere between 500 to 1,000 individuals who would not normally, then, receive services.

Mr. Stephen Blais: Sorry; 500 to 1,000?

Ms. Michelle Hurtubise: With one to two anticipated cuts coming in the year ahead.

Mr. Stephen Blais: Sure. You talked a little bit about the retention challenges you're having, that health practitioners are moving on to other environments where pay is not as limited. How long is it taking right now for you to fill vacant positions and get them up to speed on your services, the nature of your clientele etc.?

Ms. Michelle Hurtubise: For us, it is taking an average of six months to replace positions once people are leaving. We have had almost no success on replacing people, so when somebody is on, for example, a maternity or paternity leave or an education leave of absence, we cannot fill any temporary positions, and any permanent positions are taking on average six to nine months to replace.

Mr. Stephen Blais: Thank you very much, Mr. Chair.

The Chair (Mr. Ernie Hardeman): Thank you very much for that.

We'll now go to the government. MPP Crawford.

Mr. Stephen Crawford: It's great to be in Ottawa today. Thank you to the presenters. I'll start with a question to the Centretown Community Health Centre. Thank you for the work you do here in the community in Ottawa. No doubt we're in, I would say, a global health staffing crisis. We see this problem of staffing in health not only in Ontario, but indeed in all of Canada and throughout the world, so there's definitely a problem throughout the world with health staffing.

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Our government has taken some initiatives with respect to trying to make some movement to improve the situation. We've increased funding for health care. We are opening a new medical school in Brampton in the near future. We've increased PSW wages. But there's more we need to do. That's a start.

I wanted to get, from your perspective—if I could boil it down to one specific ask that you think can have the most impact in helping resolve this crisis, what would that be?

Ms. Michelle Hurtubise: It's a great question. It comes down to, I think, actually really two pieces. One is ensuring that there is pay equity among the service sectors so that as individuals are getting trained up in one area, they're then not immediately moving on to a higher-paying sector.

As an example, as I noted, nursing is about $20,000 less in community health. We are now moving to a place where we are also expected to provide those services the full seven days of the week and into the evenings. So it's similar to hospitals, and it should be compensated in that same way. But we train up new grads. They're with us, and, just as they're getting the experience, they move into the hospital. We need to balance that out.

The second is really investing in more team-based care, not just physician group practices, because primary-care providers, including nurse practitioners or physicians, are actually not choosing to work in primary care practices because there aren't the spots available for them to work in team-based care. But they would make those choices and be available in that core foundation piece of our broader health care system, which would actually provide supports and make it easier for the rest of the system with regard to providing services, thereby releasing stress and continuing to keep people providing the services in the system rather than retiring early.

Mr. Stephen Crawford: Okay. Thank you very much.

I'd like to move to the Canadian Fuels Association. Thank you for the work your organization does keeping our province moving. I have a few questions for you. I guess I'll start out with just—I'll be very blunt and just ask you your thoughts on the carbon tax.

Mr. Lucas Malinowski: Thank you. Currently we have a number of carbon taxes in place in Canada, mostly imposed by the federal government. We have the fuel tax on fuels directly, and we also have the federal output-based pricing system, with the Ontario equivalent being the emissions performance system, which really places a price on the carbon emissions of large facilities like our refineries in Ontario.

Carbon pricing plays an important role in sending market signals that costs for producing the kinds of products we rely on, whether it be gasoline or diesel or plastics or cement or steel, have a climate price to them. Traditionally these have been what are called "externalities," which meant it was someone else's problem. The intention with carbon pricing is that it brings that cost of those externalities into the system, so when we're producing those products, we can price in the impact they have.

I think it's incredibly important that we get carbon pricing right because these aren't products we can get off of overnight. Ontarian businesses and Ontarian households rely on these products, so how do we find a carbon price that sends the right signal to make investments in decarbonisation while keeping these products that people rely on affordable, and how do we move that signal over time and also have alternatives available to people?

We're seeing challenges with supplies of electric vehicles. We still have challenges with the infrastructure for charging electric vehicles. Not everyone can switch to an EV overnight. Should we penalize people because they can't get a charger in their 400-unit high-rise in downtown Ottawa? I don't think so. That's definitely a challenge for governments to get that balance right.

Mr. Stephen Crawford: Okay, thank you. The Ontario government has mandated that ethanol be increased in gasoline to 13% in 2028, 15% in 2030. How is your industry adapting to this and where do you see that going?

Mr. Lucas Malinowski: Certainly. Thank you for that question as well. As I mentioned, the Canadian Fuels Association's members are actually some of the largest

producers of biofuels in Canada, and the Suncor ethanol plant is a good example of that.

We're really looking to the future of not just gasoline and diesel but transportation fuels writ large. We're really in the business of keeping Ontarians moving. So we're seeing increased investments in those fuels and with the coming Canadian fuel standard, which is expected to significantly increase the demand for both ethanol and low-carbon diesel—I just have the numbers here right now: By 2030 the federal government expects that we'll need 700 million more litres of ethanol into the gasoline pool in Canada. So there are certainly opportunities to invest in those low-carbon fuels, and we're really interested in capturing the entirety or as much as possible of that value chain. We want those fuels produced in Ontario from Ontario fuel stocks.

Mr. Stephen Crawford: How much time is left, Chair?

The Chair (Mr. Ernie Hardeman): You have 1.4.

Mr. Stephen Crawford: Okay.

In terms of the tax credit you mentioned, I didn't quite understand who would be the beneficiary of that.

Mr. Lucas Malinowski: That would be companies which produce those fuels in Ontario.

Mr. Stephen Crawford: Like the ethanol?

Mr. Lucas Malinowski: Ethanol, renewable diesel, sustainable aviation fuel, yes.

Mr. Stephen Crawford: Thank you.

I'll pass it to MPP Anand.

The Chair (Mr. Ernie Hardeman): MPP Anand.

Mr. Deepak Anand: Thank you, Chair. I know there's a little bit of time, and my questions are usually a little longer, but I just want to talk about—I actually wanted to talk to Ottawa and District Labour Council, because they have Hospitality and Service Trades Union, Local 261 machinists as their members. I wanted to talk to them about how the government has made investments in OYAP, the Skills Development Fund and Better Jobs Ontario and has created 400,000 jobs. I wanted to get their advice on how we can improve.

In their absence, I want to talk to the Canadian Fuels Association. I didn't realize that 23% of refineries are in Ontario—we all thought everything is in Alberta. Tell us a little bit about it so that we as Ontarians understand how we can do more to achieve more in this sector.

The second part of my question is, there is a bill that I have, my private member's bill; it is on gas-and-dash—through prepayment, how we can save Ontarians, so which I will be asking you in the next round—for about 30 seconds.

Mr. Lucas Malinowski: Yes, you're right; it isn't all Alberta. We have a significant refining sector in Sarnia, where we have three CFA member refineries. You're right; we produce—

The Chair (Mr. Ernie Hardeman): It's a very good question, but we'll have to wait for the answer till the next round.

We'll now go to the official opposition. MPP Kernaghan.

Mr. Terence Kernaghan: Thank you to our presenters today.

My question is for Centretown Community Health Centre. Firstly, I want to thank you for the truly inclusive environment that you provide at Centretown. I understand that you're well known and well respected for your work and for your programming with the 2SLGBTQIA+ community, and especially your work for trans Ontarians. So on behalf of the committee, thank you.

The committee has heard in many communities where we've travelled about the importance of investing in primary health teams, and we'll certainly add your name to the list of the many, many people who want to see further upstream investment in primary health teams.

You mentioned that staff members have the $20,000 disparity between working in hospitals as well as at your clinic, which is concerning.

I wanted to ask if you could speak to the impact of Bill 124 and how that has, in particular, affected staffing.

Ms. Michelle Hurtubise: It's a great question.

Bill 124 meant, as people know, that we were frozen at the 1% increase, which considerably fell behind the cost of living over the past three years that we had our implementation period, but it also created discrepancies amongst our staff. For example, while we truly value the government's investment in nursing with the $5,000 incentive bonus, we have other staff who were working on the front lines throughout the pandemic, on-site, delivering services in person, who received nothing over that same period of time. Our physicians received increases well exceeding 1%, and the rest of the staff did not. So there was a real disparity in our income across the staffing, which created greater inequity. It has made it difficult, because there have been other sectors that have been able to increase with those salary increases. We're a non-unionized environment, so we did not have collective bargaining that was protecting us during that period of time, and recognizing that collective bargaining units who may have had increases already there that were going to get the—will have a different implementation period that we've just come through. It has been significant. It has meant that our salaries have continued to be frozen. We have lost individuals, particularly cross-provincially, where they have gone—particularly our bilingual staff do have options of being able to work in Quebec for higher dollars.

Mr. Terence Kernaghan: Thank you very much for elaborating so eloquently on how deeply unfair Bill 124 is and how it has created a very unfortunate climate for you.

At this time, I would like to pass the remaining time over to MPP Harden.

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The Chair (Mr. Ernie Hardeman): MPP Harden.

Mr. Joel Harden: Thank you very much. Good morning.

It's really nice to see the Centretown Community Health Centre present at this committee, and thank you again for all the work—Joanne, Michelle—you do and the staff team does.

There's a link between what MPP Kernaghan just said with the trans health clinic and the crisis in access to primary care. I'm wondering if you could explain that to this committee—that because we have a shortage of

family doctors, there is a blockage in the system, effectively, for kids wanting gender-affirming surgery. I'm wondering if you could describe to this committee—because it's not every family's experience—what happens when youth, when adolescents, when adults who need gender-affirming care are waiting for care? What's the impact on them personally? What's the impact on our systems at large? If you could just elaborate on that a little bit, please.

Ms. Michelle Hurtubise: Sure. Thank you. So Centretown Community Health Centre is one of very few primary care providers for gender-affirming care for youth the ages of 16 and older. We often receive youth at the age of 16 coming to us because they have aged out of the children's system. So what happens—and the impact if they're not able to get gender-affirming care at an earlier age—is that they are going through puberty in their bodies that are not the bodies that are aligned with who they are as an individual. For example, if you have a trans young woman who is going through puberty and has to go through all of that before she can get gender-affirming care, she then has all of the secondary puberty characteristics of a male that then have to be corrected at a much more expensive state down the road versus if we can support them with gender-affirming care earlier, with hormone blockers, as an example, it can reduce the appearances of Adam's apple, masculine features. The same is true for young trans men and being able to get that support.

Being able to live their lives in the gender of who they are rather than who they were assigned at birth is critical for their mental health. The rates of youth suicide are significantly higher for trans youth. The lack of being able to get that support creates huge distress, increased anxiety and depression. Waiting until they're 16 to be able to get into a clinic like ours means that all of those characteristics are now part of what needs to be corrected as adults, which is much more expensive and stressful.

That being said, there is a significant wait-list for youth services, but even when they come and hit 16 and are eligible and then are bumped into our services, often, we have almost a two-year wait-list for starts on hormone replacement therapy, which means that people are living a lot longer not being able to live who they are and with the stress of being treated differently and as a different gender than who they identify with. It's a significant issue.

Mr. Joel Harden: Thank you, Michelle. I think it's fair to say also that your clinic interacts with adolescent transgender youth in the city in the way our whole city does. We know that half the youth who are homeless in the streets of Ottawa today have been rejected by their families for their gender identity. It's one of the reasons they come into our city. So there's a double interaction: There's an interaction on the basis of lack of housing and lack of support and then there's an interaction on the basis of their health care needs, as you're talking about.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Joel Harden: And if I'm understanding you correctly, just so we're all aware of it, from a social equity perspective, it's a huge pain and penalty and duress upon the individual, but there are upstream effects on the health care system. What happens when those—

Ms. Michelle Hurtubise: There are significant—

Mr. Joel Harden: Go ahead.

Ms. Michelle Hurtubise: Sorry. There are significant upstream impacts because you have increased risk of individuals attempting suicide, of self harm, of increased mental health issues, anxiety and depression. It also impacts on the economy of the workforce because people are less employed, underemployed, often, with their skills because they have not been able to get the care and treatment that they need.

The impacts of living without housing: increased risk of diabetes, substance use—all of which have increased impacts on our system of people using the system then in more acute care than if they were able to get the preventative supports earlier.

Mr. Joel Harden: Thank you for your time.

The Chair (Mr. Ernie Hardeman): We'll now go to MPP Blais.

Mr. Stephen Blais: I've got some questions for Mr. Malinowski. You mentioned in response to a question that carbon prices provide important market signals about the costs of production, effectively. I'm wondering if there are other market-based programs outside of the federal backstop, which is effectively the carbon price in Ontario, that would be more effective in your view or the view of your association.

Mr. Lucas Malinowski: That's an important question. Really, that federal framework is what guides carbon pricing in Canada—with some exceptions; Quebec obviously has a cap-and-trade system they've had in place for some time, and BC was the first province to bring in a price on carbon with a direct refund to BC families. The federal government, to an extent, does the same thing where the backstop applies.

I think the important thing to consider in some instances is what is being done with some of that revenue into governments, and whether that goes back into general revenue or whether some sort of low-carbon funds are created that entities can apply to for research and development grants or investments to decarbonize further. Or what we're advocating for with the emissions production performance system is that that money be made available to those facilities, subject to that price, so that it can be reinvested in further reducing their GHG emissions. I think it's incredibly important. It's really that two-pronged approach of on the one hand sending a market signal, and on the other hand providing capital for further decarbonization opportunities.

Mr. Stephen Blais: Sure, but to use the Quebec example in the cap-and-trade system, those institutions that are achieving results as a result of their private investment in decarbonization and alternative fuels etc. would actually get carbon credits in exchange for that investment and effectively recover some of that investment from the private market, as opposed to tax subsidies, right?

Mr. Lucas Malinowski: That's correct, yes.

Mr. Stephen Blais: And so is that not a more efficient way of going about the same result, using private money to achieve the decarbonization as opposed to continually asking for more tax subsidies?

Mr. Lucas Malinowski: Yes, you're correct in the case of the Quebec cap-and-trade: If your emissions are below the cap, then you would be generating credits which you could then sell on the market and further increase your profitability. To an extent, we have that under the Ontario EPS as well. If you're performing below the benchmark, then you could also generate credits under that system.

In the case of a production tax credit, we're really talking about a different thing. This isn't on the emissions of the facility itself; it's really, "What is the market value of those products?" For a lot of them, the biggest input cost is really your feedstock, and when we're looking at the incentives offered south of the border at the moment, a lot of capital is going to go into that, to capture the incentives there and the value that that adds to the product.

Mr. Stephen Blais: Sure. So you're really talking about trying to encourage the agricultural community to put their product and their energy into renewable fuels, as opposed to feed for agriculture or for export.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Lucas Malinowski: It's really both; it's not a food versus fuel argument. I know the Grain Farmers of Ontario, for example, are very supportive of renewable fuels. My biggest concern is that we enter a situation where southwest Ontario farmers are selling feedstock into the United States for that to be produced into renewable fuel, the value added south of the border and then purchased back to meet the demand in Canada for renewable fuels.

It's the same thing for the forestry sector, as well, in northern Ontario. There's a great opportunity there. We want to capture as much of that value here as possible.

Mr. Stephen Blais: Thank you, Mr. Chair.

The Chair (Mr. Ernie Hardeman): Thank you very much.

We'll now go to the government. MPP Anand.

Mr. Deepak Anand: My question back to Mr. Malinowski is that in the 42nd Parliament, I introduced a PMB which was about gas-and-dash and prepayment of gas. The idea and the reason was because we've seen the loss of life of one of the employees. We've seen a loss of life of one of the bystanders, actually, in the Chair's riding, and we've seen a loss of life of somebody who was trying to steal and then passed away because of this theft.

My question is simple: As we know, it's already being done in Alberta and already being done in BC. Do you know about this bill? And what's your opinion?

Mr. Lucas Malinowski: Thank you, MPP Anand. I'm certainly aware of your previous private member's bills and I anticipate you'll probably reintroduce that bill in this Parliament, as well.

Canadian Fuels Association members take the safety of our facilities very seriously. We make significant investments to make sure that every time you pull up to a local gas station, you can access the fuel you need in a safe and reliable way. A big and important part of that is making sure that the staff who operate those retail outlets are also safe, so I certainly commend you for your leadership on this issue, on this file. I think it's commendable.

We would be happy to support you and work with you in this Parliament in getting that private member's bill through if you intend to do that again. I think it's important to find an appropriate approach of technology to ensure that people are purchasing the gas before they put it in their pump and remove that possibility of, as you call it, a gas-and-dash, filling up and running away. It's also incredibly important that we have education that goes hand in hand with that and that the staff at those retail facilities recognize that they should not be putting their lives in danger for an $80 tank of gasoline in a pickup truck. They have responsibilities, but that responsibility does not include trying to be a sheriff and stopping that person—and make sure that they and everyone else at that gas station is safe.

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Mr. Deepak Anand: Thank you so much. I appreciate it.

Over to MPP David Smith.

The Chair (Mr. Ernie Hardeman): MPP Smith.

Mr. David Smith: I want to thank each and every one of the presenters who presented here today to bring their concerns to us.

My first question is to Michelle and Joanne. Health centres in communities are vital parts of the community, and it helps to save the backlog, especially in the hospital areas. So the work that you do is very important.

I was concerned about—you said you had no base funding increase over the last how many years?

Ms. Michelle Hurtubise: It's 15 this year. We have been informed that there will be a 2% base this year—and that will be the first time that there has been a base funding increase in that period of time. We have had some additional funding in new programming, but it has not gone to our base operating costs.

Mr. David Smith: You're putting out a dollar amount of $2 million. Could you explain to this committee how you would use that $2 million?

Ms. Michelle Hurtubise: Absolutely. What a great question.

If we had that additional $2 million right now, that would go to offsetting some of my operating pressures that would allow us to return funds into primary care services. Specifically, the business case that we have brought forward would be looking at increasing and hiring additional staffing to open up our roster to new clients again—we've been at over-capacity for the past couple of years—with a primary focus on seniors, immigrants and newcomers, so a lot of people who don't speak English or French as their first language, and to expand our trans health clinic, as was referenced, which has been a huge part of the services that have been delivered. With $2 million, we would be able to see an estimated additional—ballpark—2,000 clients in a year for a wide range of our programs and services.

Mr. David Smith: Could you tell this committee, what are the more recent pressures to your organization in terms of meeting the needs?

Ms. Michelle Hurtubise: The most significant pressure point that we have has been around our urban outreach program that my board member Joanne spoke to. We have seen almost a quadrupling in our pressure point, and that is due to individuals—the challenges in housing, increase of mental health and addictions, but also a toxic drug supply, which is resulting in people, when they have been using substances, having a greater impact on their health. Brain injury and repeated overdoses are resulting in more complex behaviour that makes it difficult for them to be served in most places. As I said, we've gone from 200 clients that we were seeing in 2020 to—we will now hit 1,000 unique individual clients this year, and that is one program that has received no real increase in staffing or investment.

The Chair (Mr. Ernie Hardeman): MPP Cuzzetto.

Mr. Rudy Cuzzetto: My question is for Lucas. You mentioned Suncor. I remember Suncor when it was Gulf refinery down there. My brother worked there in 1983. My father worked at Texaco—and my brother, as well—in Port Credit in 1953. So my family has been in the oil industry for a long time. And I worked at Ford Motor Co. So it's all connected here with the EV vehicles. Not only that, I meet with Suncor on a quarterly basis, talking about environmental issues that are in the community. With low-carbon fuels and biofuels, how will they work together, as we're moving forward into the EV market?

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Lucas Malinowski: Thank you for the question. We think there's a role for both. As we see the uptick in electric vehicles, Canadian Fuels Association members are investing in that as well. You mentioned Suncor and the Petro Canada sites; they actually have an electric highway, so you can travel the distance of the Trans-Canada Highway and charge up your EV from coast-to-coast right now. We certainly see the importance of electrification in personal vehicle use.

In some other sectors, like heavy trucking or aviation perhaps, electrification might not be the right solution, so what we need to do is really find investments and innovations in reducing the carbon footprint of those liquid transportation fuels. We're going to really need a whole-of-technology approach. We can't just do a one-size-fits-all solution, because we won't get to where we need to with our climate goals.

Mr. Rudy Cuzzetto: Thank you.

The Chair (Mr. Ernie Hardeman): We'll go to the official opposition: MPP Pasma.

Ms. Chandra Pasma: Thanks so much to the witnesses for being here.

It's always nice to see you, Michelle. I was really struck by the gap between the two numbers you've given us. On the one hand, if things proceed down the current path, that as many as 500 to 1,000 patients could be losing care at the Centretown Community Health Centre, whereas if your budget had kept up with inflation and you had that extra $2 million in funding, you would be able to see an additional 2,000 clients. I know you've been incredibly helpful in the past in helping me to understand that the patient base that community health centres see are not necessarily ordinary patients in the sense of what other family care practitioners are seeing.

We've heard a lot this morning about the importance of family health care teams and team-based care for providing other services, not having that wait time for referrals, making sure that people navigate through the system really quickly. I'm wondering if you can help the committee to understand why that's so important when we're talking about the loss of 1,000 patients versus the gain of 2,000 patients—what that really means for our health care system when we're talking about patients with such complex health care needs.

Ms. Michelle Hurtubise: Thank you for that question. I just want to acknowledge that the numbers are different when you look at small amounts of what cutting does—small impacts can have big impacts in terms of the number of clients that we would stop being able to see. Because we are an integrated team with interdisciplinary staff, we would focus our priority on maintaining our primary care providers as that essential service. But because we work with some of the most complex individuals in the system, we use a complexity score for our services that is recognized by the government about the complexity of care we provide. On average, community health centres see individuals who are twice as complex in terms of their needs, diagnoses and issues that are coming forward than other forms of primary care practice. We have the research to back up that we have significantly better outcomes with lower emergency room utilization, better management of their chronic diseases. These are for individuals who are often the most economically disadvantaged with some of the most complex health issues as well as language and other disability barriers.

When you invest in a community health centre, and we're able to provide that level of services, we know that we're having the impact and taking the pressure point off other parts of the health care system. It's because we work in a team, and we look at those broad social determinants of health. When somebody comes to us as their primary care provider, we also support them with finding stable housing, with making sure that they are able to get all of their income benefits that they are eligible to. We have dietitians that can really help them around their nutrition and diabetes teams that can help them manage their diabetes—or other chronic illnesses, we have care co-ordinators to help provide that support. We help them navigate our complex system so that they are not floundering around with undiagnosed issues which create greater expenses down the road.

Ms. Chandra Pasma: Thanks, Michelle. I'm fortunate to have two community health centres in my riding—the Carlington Community Health Centre and the Pinecrest-Queensway Community Health Centre—which both do important work. Every time I speak to someone who's from the east end of Ottawa—and I'm sure MPP Blais would agree—I hear this refrain about how they need a community health centre. There's no centre that currently serves the east end of Ottawa. What I hear in my riding,

though, despite the great care provided by the existing health centres, is the need and the desire for a French-language community health centre. PQCHC does provide some services in French but it's not the full range of health care.

Can you talk about the importance of having local community health centres to serve communities across the province and, particularly as a bilingual service provider in Centretown, what's that importance of receiving care in your own language?

Ms. Michelle Hurtubise: I'm actually going to defer this to my board member, who is a francophone. The importance of receiving services in French is a critical component of what we offer. Joanne?

Ms. Joanne Weiss Reid: Sorry, I don't know if my microphone is on.

Ms. Michelle Hurtubise: It's on.

Ms. Joanne Weiss Reid: Oh, yes. Okay. Thank you.

I would just like to speak to that. I would just say that obviously, with complex needs, people who are trying to communicate in their language of choice is super important in terms of receiving and being able to communicate what the complex problems are, so I would say that it's critically important to have a bilingual service delivery in Centretown. And especially here in Centretown, we do have a bilingual community, and therefore it is critically important to be able to have those frank conversations, be able to communicate in your language of choice, and to be able to able to describe some of the symptoms and some of the complex issues that people are experiencing.

Ms. Michelle Hurtubise: And we know from research—I'll just build on this—done by French-language services, that even when you are perfectly bilingual or have a high degree of bilingualism, there is an incredible risk of misunderstanding and misinterpretation in both directions in describing of symptoms because none of us are operating at our most effective language use when we're operating in our second language.

There is a real need for French-language services, particularly in the east end of Ottawa. There is nothing really serving from Vanier eastward in that integrated health community health centre component, and there are communities who are ready to offer those service if there was funding available.

Ms. Chandra Pasma: Thanks so much, Michelle and Joanne. I'm going to turn it over to Joel for the rest of the time.

The Chair (Mr. Ernie Hardeman): You have one minute. MPP Harden.

Mr. Joel Harden: Question for Mr. Malinowski—thank you for joining us this morning. As the transit critic for the province, I'm certainly mindful of the importance for our vehicle fleet to have the supply it needs, but I noted in your remarks earlier, sir, you said that downtown condo owners or apartment renters here in Ottawa shouldn't be penalized for not having a charging station in their condo buildings. Does that mean you would be in favour of an amendment to the Ontario building code to actually require that, given that it's going to be part of our transportation needs, we have that availability offered on an obligatory basis for people who live in condos and apartments?

Mr. Lucas Malinowski: Thank you for the question, MPP Harden, and as a constituent of yours, it's nice to see you at the committee today.

We don't have an official position on the building code, but I will say it's critically important that governments look at not only appropriate carbon pricing, but making sure people have access to alternatives that work for them. If you're paying a carbon price on existing fuels you need to get to work, to get to school, or if you're in a rural or remote community and you don't have access to electrification in the same way as someone who lives in the suburbs and can put a charger in their home, that's problematic as we look at—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time we have, not only for that question, but for the panel. Again, we want to thank all the panel members for the time you took to prepare and the time you took this morning to present it to us. We very much appreciate your assistance in our pre-budget consultations.

With that, before we recess for lunch, the deadline for written submissions is 7 p.m. Eastern Standard Time on Tuesday, February 14, for anyone, including people who were unable to be present this morning, as the Ottawa and District Labour Council—their written presentation, if it's in by February 14 at 7 p.m., it will be considered in our deliberations.

With that, we are recessed until 1 o'clock.

The committee recessed from 1154 to 1300.

ONTARIO COUNCIL OF HOSPITAL UNIONS/CUPE

MARCH OF DIMES CANADA

FRONTIER LITHIUM

The Chair (Mr. Ernie Hardeman): Good afternoon. Welcome back. We will resume public hearings on pre-budget consultations.

As a reminder, each presenter will have seven minutes for their presentation. After we've heard from all the presenters, there will be 39 minutes for questions from the members of the committee. The time for questions will be divided into two rounds of seven and a half minutes for the government members, two rounds of seven and a half minutes for the opposition members, and two rounds of four and a half minutes for the independent members as a group.

The first group this afternoon is the Ontario Council of Hospital Unions/CUPE—and it will be virtually—March of Dimes Canada and Frontier Lithium.

You will have seven minutes, as I said, to make your presentation. At six minutes, I will say, "One minute." Don't ask me what I said. Just carry on, because at seven minutes your time is up.

We'd also ask everyone, as they start speaking, to make sure they use their name first, so we can put it in Hansard

and make sure all your comments are attributed to the proper place.

With that, Ontario Council of Hospital Unions/CUPE, the floor is yours.

Ms. Sharon Richer: Good afternoon. My name is Sharon Richer. I'm the secretary-treasurer of the Ontario Council of Hospital Unions of CUPE. I'm here with Doug Allan, a CUPE research representative, and we will share our time.

OCHU/CUPE represents 40,000 hospital and long-term-care workers. We invite you to review our brief, which deals with many issues we cannot address in the time frame.

Many have raised the concern that the diversion of resources to for-profit clinics could increase the hospital staffing shortage. The threat is especially grave in small-town and rural Ontario. These areas have suffered the most due to the hospital staffing crisis. Many small hospitals specialize in complex surgeries that are now supported to be focused for the for-profit clinics. More complex surgeries are done in large urban centres, so small-town and rural residents travel for these procedures. Now the government will put capacity for less complex surgeries in for-profit clinics, which are more likely to favour large centres for business reasons.

This also raises the question of, what is the future for small-town and rural hospitals? Diverting resources to for-profit clinics to do less complex surgeries and procedures raises a threat to the role played by small-town and rural hospitals.

Part of the controversy is the upselling of patients for non-medically-necessary procedures. This was a controversial business model adopted when the previous PC government funded private MRI and CT clinics. The problems with this business model are now worse. With the staffing shortage, it is not appropriate to divert staff to non-medical-necessary services, and it is particularly unhelpful for the government to promote these models. The government must urgently focus building capacity to provide medically necessary services.

We are in crisis. Hospitals in provinces other than Ontario have 18% more staff. If Ontario hospitals had the same staffing capacity as other provinces, we would have 33,778 more full-time staff. The largest part of the staffing deficiency for Ontario is in nursing and in-patient services. If hospitals had the same ratio of in-patient health care workers, we would have another 16,201 full-time staff—in-patients. That would help solve the staffing capacity.

Despite COVID, the total number of hospital workers has hovered around 250,000 since 2018. Currently, all three health subsectors are down from previous highs in employment. Since 2018, total health care staffing has increased 7.47%. The growth of RPNs and RNs is approximately 7.25%. This is an average of 1.8% per year. This does not keep up with the normal annual demand pressure of 1% for population growth and 1% for aging, much less other pressures.

Beyond population growth and aging, we have other pressures: COVID, the COVID backlog, long COVID, low hospital staffing and the government's appropriate promise to (1) end hallway medicine; (2) increase staffing care by 50% for long-term-care residents; and (3) add 31,000 new long-term-care beds. The government must urgently focus on building health care staffing numbers. We estimate, for example, that 59,000 extra RPNs, RNs and PSWs will be required just for the changes the government has promised to long-term care by 2024-25. Tens of thousands more extra staff are needed in hospitals. An aggressive plan is needed to build capacity.

I will turn it over to Doug.

Mr. Doug Allan: Thank you, Sharon.

Between 2013 and 2020, hospital general wage increases lost, on average, one-half per cent per year. Assuming the government is successful in its quest to impose Bill 124 on hospital workers, we will lose much more in 2021-23. The general wage increase would fall 2.47% behind inflation in 2021 and a whopping 5.77% in 2022. That would mean a general wage increase would fall 8.38% behind inflation over that two-year period.

In total, over the 2013-22 period, the general wage increase would be 12.7% behind consumer inflation. That would be a very serious decline in the standard of living for the overwhelmingly female hospital workforce. Bill 124 would likely impose another heavy blow in 2023.

Hospital staff turnover for the year end of February 2022 was almost 15%. The hospital job vacancy rate has exploded. Our last report put it at 8.84% on March 1, 2022. Hospital vacancies were increasing even before the pandemic.

For over a decade, Ontario provincial hospital and health care funding has been lower than in the rest of Canada, leading to many of the problems we've discussed in this brief. Hospital funding per capita is lower in Ontario than in any other province.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Doug Allan: It is 6.6% lower per capita than the next-lowest province. Other provinces fund at a much higher level still. Funding, staffing and care levels in Ontario should be comparable to other provinces, in our view.

There is an opportunity to remedy the situation. The government's fiscal situation has improved remarkably as inflation has driven up revenue. The federal CHT transfer for health is going up 9.5% this year. We propose that the provincial government match that percentage funding increase for hospitals and at least that much for long-term care. That has not always, unfortunately, happened.

Funding should not be diverted to for-profit clinics. For hospitals and long-term care, we propose a significant funding increase in line with the CHT increase. We ask that the government ensure this funding is used by hospitals and LTC facilities to remedy low care and low capacity, shrinking wages, hospital workplace violence and staffing shortages.

In the medium term, the government should move funding to a level comparable to other provinces. Thank you for your consideration.

The Chair (Mr. Ernie Hardeman): Thank you very much for that presentation.

The next presentation will be the March of Dimes Canada.

Ms. Amanda MacKenzie: Hi there. My name is Amanda MacKenzie and I'm the national director of public affairs at March of Dimes Canada.

March of Dimes is a leading national charity committed to championing equity, empowering ability and creating real change that will help people with disabilities across the country unlock the richness of their lives. As a transfer payment agency and key stakeholder in delivering an array of services for people with disabilities and their families, caregivers and friends, I'm delighted to share recommendations for Ontario's next budget and I'd like to thank the standing committee members for the opportunity to appear here today.

I come to you today with our three major priorities for Ontario in the next fiscal year: (1) prioritizing care at home and in the community; (2) supporting stroke survivors with a program tailor-made for their needs; and (3) enhancing the financial security of Ontarians with disabilities by partnering with the federal government on the Canada Disability Benefit.

To begin, Ontarians have expressed that they want to receive care in their own homes and their communities. Not only is receiving care in one's home and community more cost-effective and efficient, but it also improves quality of life and prevents unnecessary hospitalizations, emergency room visits and premature institutionalization.

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We applaud the significant funding for care at home and in the community in Ontario's 2022 budget, including the $5-million increase to our Home and Vehicle Modifications Program, which enables independence at home. This funding increase is certainly positive, but it won't address the current stresses on the sector on its own.

As the largest transfer-payment agency providing Ministry of Health-funded community support services for Ontarians with disabilities, March of Dimes Canada has seen first-hand the impact of inadequate funding for the sector—from underutilization to system strain to staffing shortages. For many people with disabilities, including those with physical disabilities, brain injury survivors, seniors, care at home and in the community enables independence, dignity and choice.

My little brother, Graham, received incredible home care as a person with profound intellectual and physical disabilities, which enabled him to live in our community, just around the corner from me, instead of being sent to live inappropriately in long-term care. He was just 40. My family is forever grateful to Graham's wonderful PSWs, who made his colourful life possible.

We need to adopt this home-first approach—rebalancing our system to focus on care in home and community settings, not institutions. This means adding more hours of community support services and providing additional funding for non-profit community support providers, addressing the HHR crisis that is plaguing community support service providers by implementing wage parity, extending the PSW wage enhancement to all worked hours and decompressing wages between front-line workers and other community support service positions.

We also need to invest in supportive housing programs, in particular establishing an integrated planning requirement for supportive housing system planning to enable more people with disabilities to access the housing and services they need. With these key investments, community support service providers such as March of Dimes can provide a higher level of quality care to more Ontarians with disabilities, who are entitled to stay independent and healthy in their own homes and their communities.

Our second priority for budget 2023-24 is focused on the needs of stroke survivors. We're a major provider of brain injury services across the province, providing supportive housing, case management, day programs and outreach services to individuals living with the effects of brain injury. Increasingly, we're seeing that population growing among brain injury survivors are those impacted by stroke. More than 36,000 people in Ontario experience a stroke each year. Stroke impacts every aspect of a person's life, from physical health to mental health, family life, financial and social and community participation.

Our After Stroke Program puts stroke survivors and their families at the centre of care, helping them meet their personal recovery goals and connecting them to community supports through in-hospital support, coordination and community navigation, personalized planning and goal-setting, emotional support, stroke-focused education and training, and peer support. We are now seeking funding to complement and deepen our currently funded brain injury community support services with this program, which is tailor-made for the needs of stroke survivors. With public funding, After Stroke can be a sustainable and long-term support for the growing population of stroke survivors in Ontario, reducing the burden on existing funded brain injury services by providing support that's laser-focused on this population.

Last I'd like to highlight the financial security of people with disabilities in Ontario, who are three times as likely to live in poverty. While we welcome recent changes to ODSP, current ODSP rates don't enable recipients to move beyond deep poverty—especially as the affordability crisis persists.

The federal government's incoming Canada Disability Benefit, or CDB—we all mix it up and call it "CBD" all the time—is a much-anticipated supplement to existing provincial benefits, bringing ODSP recipients and others above the poverty line. It's essential that all provinces and territories work to proactively identify and mitigate any impacts of the CDB on existing programs and benefits.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Amanda MacKenzie: So our position is that the CDB should not be considered taxable income just like the Canada Child Benefit, in regard to determining eligibility for our many income-tested programs and services. We ask that the government of Ontario ensure that all those eligible realize the full value of the incoming CDB, in harmonization with the federal government, without any unnecessary downstream impacts. This will ensure Ontarians with disabilities can thrive rather than simply survive.

Thank you very much for the opportunity to present today.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation.

Frontier Lithium.

Mr. David Ewing: Thank you, members of the standing committee, for the opportunity to speak today. My name is David Ewing. I am the vice-president of sustainability and external affairs, representing Frontier Lithium. My comments will focus on critical minerals, particularly lithium, but they may also be relevant to mineral explorers, miners, mineral processors and others involved in natural resource sectors.

Frontier Lithium is based in Sudbury, Ontario, and it has an internationally important lithium deposit it would like to bring into production. Frontier Lithium is a late-stage, pre-production business with the objective of supplying battery-grade lithium salts to the growing electric vehicle and energy storage markets in North America. Foundational to its objective is Frontier's PAK lithium project located 175 kilometres north of Red Lake. It contains North America's highest-grade and one of North America's largest-quantity lithium resources. Based on our 2021 pre-feasibility study, it contains 41.9 million tonnes of 1.5% lithium oxide equivalent and has a mine life of 26 years.

The province of Ontario is blessed with an abundance of critical minerals, renewable energy, manufacturing infrastructure and industrial know-how. It has a once-in-a-generation, time-bound opportunity to establish a regional EV supply chain that, if realized, will result in a strengthened tax base. It would produce multi-generational, family-supporting jobs and business opportunities, including for Aboriginal peoples, in economically challenged northern Ontario. Its critical minerals are a strategic asset being increasingly relied upon by the United States and its allies. To date, the province has done significant work to capitalize on this opportunity. Ontario's Critical Minerals Strategy has been published, with some funding in budget 2022, and $16 billion in investments from EV battery and EV manufacturers has been announced. Some of these manufacturers desire to begin production in 2025. Focused effort is now needed on establishing the upstream supply chain for critical minerals, including the mines, mineral processors, chemical processors and battery materials producers that supply the inputs, like lithium salts, required by downstream manufacturers. While these inputs can be purchased overseas, heightened geopolitical, economic security and sustainability risks all point to the urgent need for Ontario to expedite the build-out of the upstream supply chain.

The successful build-out of Ontario's upstream critical mineral supply chains is interdependent on government, industry and Aboriginal peoples. Advancing mining and processing projects requires industry to work through complex government permitting processes, years of environmental study, significant consultation with Aboriginal people, communication with other stakeholders, and it requires significant capital for infrastructure. This work is often remote and occurs against a backdrop of constrained resources, for industry, Aboriginal communities, and for government ministries.

Given the need for strong partnerships between government, industry and Aboriginal peoples and the need for infrastructure, Frontier suggests focused funding in the following areas: the expansion of resource revenue-sharing for Aboriginal peoples, an Aboriginal investment fund to enable inclusion in natural resource projects, and infrastructure spending on all-season roads and critical minerals processing. I want to talk a little bit about all three.

Resource revenue-sharing: Ontario has successfully piloted resource revenue-sharing and has agreements in place. Resource revenue-sharing is an agreement whereby government shares a portion of the mining—forestry and aggregates—tax revenues with Aboriginal communities on whose traditional lands the projects occur. Frontier encourages funding for the negotiation and implementation of these agreements, starting in areas with priority critical mineral deposits. Frontier sees the importance of having resource revenue agreements in place in advance of mine development as one way of ensuring Aboriginal communities benefit from resource development on their traditional lands. This can strengthen the relationship between Aboriginal peoples and government, solidify support for natural resource projects, build negotiation capacity with Aboriginal communities in advance of project-related agreements with industry, and expedite project development timelines.

Aboriginal investment fund: Frontier encourages government to set up an investment fund for Aboriginal communities wishing to invest in natural resource projects. A fund like this could provide opportunities for Aboriginal communities based on their own aspirations and areas of interest, and strengthen Aboriginal communities' places in the economy, making equity-based partnerships with industry possible.

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Other jurisdictions have successfully set up investment funds providing funding pools or loan guarantees, making access to capital and financing more affordable and investment information more available to communities. While these funds exist in various provinces and at a variety of funding levels, the province of Alberta provides up to $1 billion in loan guarantees with loans of $20 million to $250 million, enabling sizable investments by Aboriginal peoples in natural resource projects.

Infrastructure spending: Ontario is a vast province requiring infrastructure in key areas to capitalize on its natural resource wealth. Frontier encourages funds to be made available for the construction of all-season roads and for critical minerals processing. Ontario's critical minerals deposits are often remote, with little or no infrastructure to support mining or processing. Targeted funding for all-season roads would enable late-stage mine developers to access strategic deposits and enable mining. This, coupled with funding for metals processing, would help expedite the build-out of the upstream supply chain for critical minerals required urgently by downstream EV battery manufacturers and EV manufacturers.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. David Ewing: Infrastructure investments, particularly for all-season roads, would benefit First Nations communities who are reliant on winter roads shortened by warming climates or aircraft for access to their communities and for the transport of food, fuel and housing materials and for access to health care.

It is Frontier's belief that funding actions in these key areas will help expedite mining projects, assist in the implementation of the Critical Minerals Strategy and, importantly, bring the province together in partnership with industry and Aboriginal people while providing an overall economic, social and environmental benefit to Ontarians. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. That concludes the presentations.

We'll start with the government for questions. MPP Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: Thank you to the presenters today—very interesting presentations, all.

I'd like to pose my first question to Doug from the Ontario Council of Hospital Unions. I wanted to start by saying that in 2022, our government invested over $182 million to support critical upgrades and repairs at 131 hospitals and 65 community health care facilities across the province. Now, this is in addition to the $1 billion we're investing over the next year in 50 major hospital projects. We've all heard about the surgical backlog, and you'll be aware that we've invested $300 million this year for hospitals to have access to ramp up surgeries on evenings and weekends.

You also mentioned, Doug, the urgent need to address long-term care, and you may know as well that we inherited a system that was broken. We had a waiting list of 38,000 residents wanting to get into long-term care. In the past few years, our government has invested $5 billion, and in the next four years 27,000 personal support workers and nurses will be graduating in order to assist in long-term care. We've also put into law four hours of direct care for each resident each and every day.

You mentioned that we needed an aggressive plan in order to deal with all of these issues, and so I would like to ask you if you would agree that the aggressive plan that is needed is in fact already in place as we're addressing the health care crisis on multiple fronts?

Mr. Doug Allan: Well, thank you. No, I'm afraid I can't agree with that viewpoint. Infrastructure is not staffing, which is the major problem that we face. The Ministry of Health and Ministry of Long-Term Care have made some effort to recruit employees. There has been no change in policy on the major problem around retention, which is the government's insistence on Bill 124.

Although we do support and we campaigned for many years on your policy now adopted by the government for four hours of care, we were very surprised to see that, actually, long-term care has not significantly increased its staffing complement—or at least the somewhat larger category of nursing and retirement care. That is kind of surprising and I think it speaks to some of the problems that the government has experienced in terms of building a full capacity of a workforce.

The total workforce has increased marginally since 2018, but not significantly. It hasn't kept up with the actual pressures that the system has faced very significantly during COVID and now with long COVID. And it hasn't resolved the problem of hallway health care, which was the major promise that the government ran upon in 2018. Much bigger steps have to be taken to make the hospital and health care workforce an attractive place to work, that can actually retain staff, not have 15% turnover as we experienced in 2022, and not have 8% job vacancies.

That is a big, big problem that I think the government has to—I actually think the Ministry of Health, and you can see it in the documents, actually recognized that much, much more has to be done. So in that sense, I think what we are saying is actually quietly recognized by the Ministry of Health, that much, much more has to be done, and we would suggest that the policy of wage suppression has had a humiliating impact upon hospital and many long-term-care workers, and we would respectfully ask that that policy be abandoned as quickly as possible and the government pull its attempt to change the court's decision that the policy is unconstitutional.

So with great respect, we would say you have to do significantly more.

Ms. Effie J. Triantafilopoulos: Thank you so much for that reply. I agree with you and I think our government agrees that we have to continue to make investments on all fronts. Despite a pandemic of two years' duration, we have moved very quickly on all of those fronts, including, as an example, adding capacity at hospitals of 3,500 new critical care and acute and post-acute hospital beds.

As well, on the issue of recruiting new health care workers, specifically nurses, you would be interested to know that 12,000 new nurses are registering to work in Ontario last year and another 30,000 nurses are studying currently at colleges or universities. So, the health care force will in fact, over time, see them in the workforce being able to fill some of the capacity issues that you were raising, Doug.

I'd like to ask you, as well: What do you think of the government's new "learn and stay" grant program, where we have full tuition in order to support health care workers to be able to work in more remote and northern communities?

Mr. Doug Allan: I think it's a positive step. From what I know of it—I don't know all the details, but it is just one step of a much bigger process that has to be maintained. Statistics Canada data is very clear. The actual growth—it's not a matter of how many people are registered or even hired; we have to retain the staff, as well.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Doug Allan: When you have 15% turnover in a year in a workforce system, that, in itself, requires enormous efforts. And just to reverse the policy that is repelling workers from the workforce—the violence that the hospital workers feel and the long-term-care workers experience daily; the workload issues that they experience. The huge

wage cuts that this government has imposed, or wishes to impose, on those workers are extremely troubling to hospital and long-term-care workers.

Again, with great respect, the government has not really turned its mind fully enough to deal with this and many of its policies are counterproductive to the need to solve the recruitment and retention and staffing issues in health care. So, key policies have to be changed and much more aggressive steps have to be taken, in our view.

Ms. Effie J. Triantafilopoulos: Chair, how much time do we have? None?

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time.

We'll now go to the official opposition. MPP Fife.

Ms. Catherine Fife: Thank you to all the presenters. I have a quick question for Amanda, but I just want to say, Doug, I really appreciate you using the words "humiliating impact of Bill 124." I mean, we've heard "devastating," we've heard "demoralizing," but I think that that captures it and how counterproductive it is to some of the policies that are coming from this government around retention of employees.

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Amanda, I just want to start with you very quickly. We're all huge fans of March of Dimes Canada and the empowering work that you do in communities. You can't really quantify it or put an amount on it. We heard a similar presentation from L'Arche in Kenora about the importance of providing that supportive and assisted living, through a qualified PSW model, in home, in community. In fact, I think—I hope—the entire committee has a better understanding that housing is health care. It is absolutely the key to keeping people safe and living a quality life.

I just wanted to give you an opportunity to do the cost comparator, because you're quite right: When those options are not in community, those who are differently abled like your brother—and thank you for sharing the story of your brother; my condolences to you. But one month in a long-term-care home versus in-community care—the cost savings are there, but really, the humanity is there, so I just wanted to give you an opportunity to address that, please.

Ms. Amanda MacKenzie: Yes, there very much is. We don't want to have people with disabilities put in institutions because the care is just not available in community. We had a 28% turnover rate in our attendant care services last year, which is very difficult. When we talk about wanting to provide increased supportive housing programs, we have a number of projects that have received investment from multiple levels of government to proceed and that have supportive housing, accessible and affordable housing, built into them, but there isn't the funding on the other end for operations once the units are ready to be occupied.

We know that it's less expensive to provide care in community than it is to provide care in hospitals, for any multiple number of reasons. Issues are certainly that PSWs are paid less in community than they are in institutions like long-term care or hospitals. The desire, then, is to go where the money is, which is in a hospital or a long-term-care setting. There also might be—the work might be a bit different; it might be more attractive, and also shifts and that type of thing. But I can tell you from personal experience that having trained and well-paid personal support workers in community was absolutely essential to enabling my brother's life and those of his friends and people like him.

So I think what I would say is that ensuring that there isn't that wage gap, so ensuring wage parity, between those in community and those in institutions is essential. Certainly, the wage compression is problematic. People don't want to be supervisors. They don't want to take on additional responsibilities if they're only getting a few thousand dollars more a year. It's only about a $6,000 difference between a PSW now who has received the $3-an-hour wage enhancement and a supervisor—who is really important. In my experience, it's the supervisor who really manages, coordinates and does all the things to make sure that there are PSWs going into a person's home at the time that they're booked for. So yes, it's important.

Ms. Catherine Fife: Thank you very much. You did it succinctly, which I really appreciate. Thank you very much, Amanda.

I'm passing it over to MPP Pasma.

Ms. Chandra Pasma: Thanks so much, Amanda. What you said really resonated with me, because my older sister also had severe disabilities and spent the last 15 years of her life in a long-term-care facility in her thirties and forties, where she would be one of a tiny number of people in the under-fifties group in the long-term-care facility.

Another thing that you said that really jumped out at me was about the need for better income security for people with disabilities. I think, certainly, we want to make sure that the Canada disability benefit isn't clawed back and that people actually see the benefit, but the level of support provided by the province is really not enough. The $1,228 may be an increase, but the average rent for apartments that are vacant in Ottawa right now is $1,400, so we're talking about an income level that doesn't even cover the cost of housing, let alone other costs. Do you agree that ODSP rates need to be doubled in Ontario?

Ms. Amanda MacKenzie: It's a tough question for me. I don't think we've taken a position on whether they need to be doubled—but, certainly, "increased" has been a part of our message to the Ontario government over the last number of years. Our PSWs and our attendants and everybody see the deep poverty that people with disabilities are living in, and being forced into long-term care as a result of not being able to afford housing or something like that—and I'm terribly sorry about your sister; that was my mom's worst nightmare. So I think, certainly, ODSP—that increase is essential; 5% was a good start.

Ms. Chandra Pasma: Thanks, Amanda.

Sharon and Doug, it's always nice to see you. In Ottawa, I have heard from workers at the Ottawa Hospital and the Queensway Carleton Hospital that we have operating rooms that are not being used; we have surgical spaces that could be better utilized to address the backlog.

What we don't have is the nurses and the health care workers to staff those operating rooms to clear out the backlog. My fear is that this move to private, for-profit surgeries is going to make that backlog worse. Can you talk about what OCHU's position is on that?

Ms. Sharon Richer: I can start, and then perhaps Doug—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Sharon Richer: Okay. I will say that there is a real staffing crisis across Ontario, where we have seen hospital workers leave for various reasons. That staffing crisis certainly has started to increase, when we talk about long COVID and other things—early retirement, people just leaving the sector because of workloads. With a long backlog of surgical patients waiting to have surgery, it would be helpful if the hospitals would be able to staff longer periods of time in ORs, in the evenings and on weekends. Part of the problem is that they just don't have enough staffing to be able to create this. So recognizing that the government is—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for that question.

We'll now go to the independents. MPP Bowman.

Ms. Stephanie Bowman: Thank you, all, for being here.

David, I'm going to start with you. Could you talk a little bit about the payback, so to speak, on a government investment in things like roads or the Aboriginal investment fund? There are always lots of demands on governments, and I think it helps people who might say, "Why put it into that when we could put it into hospitals and health care?" Of course, we need a balance. Could you talk a little bit about the paybacks that you anticipate?

Mr. David Ewing: I think that critical minerals in the province are highly sought after. There's an incredible urgency around critical minerals, and there's a tremendous opportunity there to build a supply chain that we don't currently have within the province. We're certainly seeing some very positive action on that.

What I was trying to convey today in my messaging is that by focusing on those three areas that I focused on, not only do we have gains and we can increase the tax base through critical minerals mining, but we can also service Indigenous people, and we can help improve the relationship between Indigenous people and the province. So the way I view it is, Indigenous people, industry and the province are very much codependent for economic success.

While we do have a tax base from critical minerals, we have jobs in operations, we have jobs in construction—I think our facility alone, construction for the mining jobs, 200 to 250 full-time operations jobs. That's 250 for the mine build-out and 200 to 250 for the manufacture of lithium salts. That's one company.

Ms. Stephanie Bowman: Again, I agree on investment in the right things, and it's about making the pie bigger for the whole province. That helps all of us in terms of tax base etc.

Amanda, could you talk a little bit more about the overall shift in your revenue base—from government, donations etc.—and how that has changed in the last few years?

Ms. Amanda MacKenzie: It has been very challenging. Our government funding has remained fairly static given the givens. We have had some increased access to contracts and that type of thing that we're providing.

Philanthropy is a totally different story. We have a fairly sizable hole upcoming this year, and it's because philanthropic dollars just aren't what they used to be. I think people are choosing to spend any extra that they have, certainly, on supporting their families. So, yes, it's a struggle, for sure. I really appreciate you bringing that up.

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Ms. Stephanie Bowman: Good, thank you.

Lastly, for Sharon and Doug, I wanted to ask if you could just talk about—and I know it's a little bit hypothetical—the potential impact of stopping the appeal of Bill 124, the action there. What would that do for your workforce in terms of attracting people back and retaining the nurses and health care workers you do have?

Ms. Sharon Richer: It would do a significant [*inaudible*]. Over the last several years, they have been degraded. Their workloads have been increasing immensely, sometimes two and three times as much.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Sharon Richer: And they've been told that they would only be able to make a 1% wage increase when we see inflation at its all-time high of almost 7%. It is extremely degrading to them, that they are in the depths of COVID, giving their all to make sure patient safety—to make sure that patients have proper care. To be harnessed with only a 1% wage increase is utterly irresponsible of the government when we know that health care workers in droves are leaving the occupation, because they are saying, "Well, why should I work there when I can go work at Tim Hortons or Walmart for the exact same price of what I'm making in hospitals?"

This 1% wage increase from Bill 124 doesn't reflect the nursing. It also respects a whole bunch of support services.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for this question. We'll now go to the government benches. MPP Dowie.

Mr. Andrew Dowie: Thank you to all the presenters. I appreciated your submissions to us.

My question is for David. I'm from Windsor–Tecumseh, down in the south. The EV battery plant has been a game changer for our local economy, just as the new regional acute care hospital and the Windsor Surgical Centre are going to improve health care in our community for generations to come.

I know nickel is an important resource for our future in automotive manufacturing. Our government has been working hard to get investments off the ground. Going back to university, I've heard about the Ring of Fire. Governments have talked about it being accessed and nothing seems to have happened, although I know that this is a priority for our government. Could you talk to us about the potential you see for Ontario to take advantage of the mineral wealth that exists here, and how companies like yours could be part of the transformation?

Mr. David Ewing: Sure. I think what we're seeing is, for the points I stated in my address earlier, geopolitical, economic and sustainable reasons are the reasons that we want to pursue an entirely new supply chain within the province of Ontario. Certainly, we've seen some significant work done on that over the course of the last several years. We've seen some sizable investments in the downstream supply chain, as you indicated. I think all of those are helping set the table for the province going forward.

We're tremendously blessed in Ontario to have, really, all of the potential inputs for a supply chain going forward. We have the mineral wealth. We have the know-how. We're in an area of mining legacy in terms of that knowledge and that investment. I think those are the right ingredients.

We've also worked very hard on that downstream supply chain: $16 billion of investments in 2022 which were announced. That's extremely positive. We now have to fill in that middle part and that why I'm here today.

Going forward, I think that there are peripheral benefits from critical minerals that we don't necessarily speak to, and those are Aboriginal people. Those are GHG reductions. All of those things will be benefits to Ontario going forward, as well as the direct and indirect jobs from critical mineral miners.

Mr. Andrew Dowie: Thank you for that. Building on your comment—actually, we heard from another delegation this morning about shipping our materials to other countries and then importing them back, so that middle part is key.

A couple of follow-up questions for you: What does Ontario need to do to identify that middle part, who can be brought into our economy, and how do we keep them here? And second, I know workforce remains an issue in all sectors, and so undoubtedly you've faced that in your industry. What has your industry done to make sure that you're skilled up, and maybe a best practice that we might be able to identify for other sectors?

Mr. David Ewing: Yes, I think that what—I don't want to speak for mining in general, but let me speak plainly. I think that companies are vested in ensuring that there are long-term opportunities for Ontarians, long-term opportunities for Aboriginal groups. This particular sector, for example, is a sector that hires—approximately 11% of the workforce is Aboriginal workforce. That's very positive for the province. Everything from scholarships at high schools to knowledge sessions, community outreach, working with colleges and universities, building demonstration plants so that people can see first-hand what processes to refine chemicals and metals are like—all of those things are actions that are currently taken by our company and other companies in this space.

I'm sorry; I forget the first part of your question.

Mr. Andrew Dowie: It was related to that missing middle. We would love to have a made-in-Ontario vehicle from start to finish, but we are missing some of that component. The elusive question is, what do we need to do to get those companies to locate here in Ontario so that we aren't refining our natural resources elsewhere and importing them back?

Mr. David Ewing: I think there's two things. One, I think that the nature of your question indicates that it's foreign investment that will do that. I think we have to be very cognizant of the fact we do have domestic IP that can help in the processing. Let's not ignore that; let's focus on that and see who is ready to enter that market for Ontario companies.

That being said, does foreign investment play a role? Yes, it does and it can. I think understanding—looking at things strategically in terms of who do we want and who is going to maximize investment in Ontario? That is going to be really key going forward. Putting all of the pieces together, we ultimately need to make sure, from exploration through to mining, that we can get the ore out of the ground and that we can process it in Ontario for input into manufacturing facilities downstream in southern Ontario. What a fantastic story that is.

Mr. Andrew Dowie: Chair, how much time do I have?

The Chair (Mr. Ernie Hardeman): You have 1.3.

Mr. Andrew Dowie: Okay. Maybe I'll pass to MPP Cuzzetto.

The Chair (Mr. Ernie Hardeman): MPP Cuzzetto.

Mr. Rudy Cuzzetto: Thank you all for presenting here today.

I want to ask Doug a little question up there. I just read now that British Columbia has a shortage of health care workers as well. Have you heard that?

Mr. Doug Allan: Can you hear me?

Mr. Rudy Cuzzetto: Yes, I can.

Mr. Doug Allan: I haven't heard that, but I'm not terribly surprised.

Mr. Rudy Cuzzetto: It looks like across Canada and across the world, there's a shortage of health care workers, correct?

Mr. Doug Allan: There is a shortage, I believe. I don't know about around the world, but there is in other places. It's much worse in Ontario.

Mr. Rudy Cuzzetto: I disagree with you there, because I've seen the shortages all over the world that we are in health care workers. And they don't have Bill 124, so I do not think that Bill 124 is an effect of that. I think we just have a shortage of health care workers across the world.

But my question here is for Sharon. She was talking about medical facilities doing surgeries and—you're not in support of that, private clinics doing surgeries across the province of Ontario. Is that correct?

Ms. Sharon Richer: Correct.

Mr. Rudy Cuzzetto: Okay. Have you heard of the Shouldice hospital?

Ms. Sharon Richer: Sorry, I can't hear you.

Mr. Rudy Cuzzetto: The Shouldice hospital, have you heard of them?

Mr. Doug Allan: I can respond that yes, we have heard of the private Shouldice hospital. It—

Mr. Rudy Cuzzetto: You go there and you pay with your OHIP card, correct? Do you have a personal doctor?

Mr. Doug Allan: I would actually—

The Chair (Mr. Ernie Hardeman): Thank you very much, but that's the end of the time. We now go to the official opposition.

Mr. Terence Kernaghan: I'd like to thank all our presenters for arriving at committee today. Amanda, I just wanted to thank you for all the work March of Dimes does. It is fantastic work. And thank you also for pointing out that housing is a social determinant of health and for advocating for wage parity across sectors, because I think that is something that is absolutely, vitally necessary to ensure we have the right human resources in place.

1350

My question will be for Sharon and Doug. I want to thank you also for clearly stating to this committee, as we've heard in Kenora, Timmins, Sudbury and Sault Ste. Marie, that privatization will divert more resources from small-town and rural hospitals.

There are also examples where this government could achieve their same desired results by using publicly funded outpatient surgical centres, not diverting more money into for-profit hospitals.

But, Doug, you had mentioned that hospital funding here in Ontario is the lowest in Canada. I believe you had stated that it's 6.6% lower per capita than the next closest province, basically stating that Ontario would have to increase by 7% simply to not be last. So my question is, how could Ontario truly be a leader in Canada? What would they need to increase their public funding for publicly delivered health care by in order to not be last place in Canada?

Mr. Doug Allan: What we think is that Ontario is a prosperous province that has significant fiscal ability. We do not understand why Ontario hospitals, especially, but also health care are funded at a lower amount than in other provinces. We think there is significant fiscal capacity to make a change right now, especially as the government is campaigning for an improvement in the CHT, which is already going up at 9.5% this year, even prior to any agreement with the federal government. We think there is an ability to make a significant contribution to that in the short run, and that over the longer run, we believe Ontario health care and hospitals should be funded for home and community care, hospital care, long-term care—a variety of forms of care—at levels that are at least comparable to other provinces. We don't understand why we've had lower funding than in other provinces. We do think that this would help improve our capacity and our ability to avoid the sorts of problems that Ontario is experiencing right now.

Mr. Terence Kernaghan: Thank you very much. You know, privatization actually costs us money in the long run, but thank you very much for your presentation.

I'd like to pass it over to MPP Harden at this point, Chair.

The Chair (Mr. Ernie Hardeman): MPP Harden?

Mr. Joel Harden: How much time do we have?

The Chair (Mr. Ernie Hardeman): You have 4.1.

Mr. Joel Harden: Thank you very much.

Friends from CUPE, I, too, thank you very much for being here with us today. I want to drill down a little bit on what MPP Kernaghan was just talking about. My understanding of the Shouldice clinic is that it's owned by an organization called Centric Health Corp., which in 2012 donated the maximum allowable possible to the government of the day, $9,400, months before earning significant amounts of contracts through public billing. It was an issue raised to the ethics commissioner back at the time.

Currently, we're dealing with a situation in which, as my friends in government have said, we have significant amount of backlogged surgeries. As you have said in this presentation, and others have raised, we have empty surgical rooms right now, but we are sending, at this moment, with the government's latest proposal, 5,000 non-urgent cataract surgeries to the Herzig Eye Institute here. Our understanding, through disclosures, is that Herzig intents to charge $610 for a procedure that would be done for $400 in the public system, which currently has empty surgical rooms because of the staffing crisis. So we're dealing with a situation in which the public purse is going to pay more, as I understand it, through these disclosures, for the same procedures that could be done by your members and other members of our health care professional teams.

We're also dealing with a situation, as I understand it through disclosures, where, rather like in 2012 with the Shouldice clinic, the Herzig founders of this private company are max donors to the Conservative Party in the province of Ontario.

When you see this pattern repeating itself of political donations opening up major opportunities for new contracts in health care, does this concern you, and have you noticed this before?

Mr. Doug Allan: I am concerned about that. We know there are also significant issues around conflicts of interest on other major issues. We don't understand why our government would be willing to pay a higher incremental cost for surgeries than in other areas. We are particularly troubled by the fact that if this sort of extra is diverted to for-profit corporations and they go ahead with the privatization of hips and knees, which are a very major area of surgical work—that this could divert millions and millions of dollars to for-profit corporations, which otherwise could be used much more profitably in an integrated, not fragmented, system, where we wouldn't have to build new and essentially useless surgical rooms, that can already be dealt with within our public system.

We don't understand why the government insists on fragmenting care. We don't understand why it wants to build up a system based upon providing medically unnecessary services in a time of crisis when we need to focus on medically necessary services.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Doug Allan: And we don't understand why a government with a significant base in small-town and rural Ontario is proceeding with a reform that will eat the very basis of the small-town and rural hospitals that focus right now on less complex surgeries. Their more complex business has already been taken from them; that's done in

larger centres. The remaining business is the less complex surgeries. If you start moving that over, the government is attacking its own base in small-town and rural Ontario. I don't think that has really been thought through or recognized by all of the Conservative government. And where this—

Mr. Joel Harden: Thank you, Doug.

How many seconds, Chair?

The Chair (Mr. Ernie Hardeman): You have nine seconds.

Mr. Joel Harden: All right.

Well, thank you very much for being here to—

The Chair (Mr. Ernie Hardeman): Thank you very much.

With that, we'll go to the independent. MPP Bowman.

Ms. Stephanie Bowman: I just want to come back to the Ontario Council of Hospital Unions. On Bill 124, I just want to be clear—I know that it has had the humiliating effect, and I can certainly understand that. I wanted to know if you're hearing from your members—if the government were to stop the appeal of the court's ruling, what impact could that have on retaining and attracting your members back into the workforce?

Mr. Doug Allan: I think that would be a very positive move. I'm not actually convinced the government is totally serious in its attempt to impose Bill 124. I think the government has an opportunity to actually take some credit here, if it did back off its appeal and win some goodwill—goodwill which is sorely needed right now, as I think your question was suggesting. Does the government really want to continue punishing the female health care workforce? It's hard for me to believe that, after all of what we've been through. I think they're trying to find a way out, and I hope they are. But I think they have to show a little bit of bravery and admit that they were wrong.

Ms. Stephanie Bowman: Thank you. I know that we've heard a little bit about available capacity in hospitals. I also know that the IHF model doesn't have to be a private one; we do have successful models where it's being done in the public system. Could you talk for a moment about your views on that, in terms of, again, the efficiency that they can offer in performing somewhat routine surgeries?

Mr. Doug Allan: I think 97% or 98% of independent health facilities are for-profit, so it's a tiny, tiny percentage of them that are not-for-profit.

We believe that an integrated sector may include, like we have right now—we have many hospitals which are strictly day surgery hospitals. They can certainly be expanded and also provide the vital emergency needs that we have.

A young woman died in a plastic surgery clinic after bleeding out because she had to wait for the ambulance to show up—a real problem right now, because the ambulances don't show up. That was because they inherently do not have the emergency facilities that hospital facilities do have, and the range of staff. In fact, there's not even a need that a doctor be on-site at all times. So there are a number of problems.

Our suggestion is that we build a totally integrated system that allows staff to have a range of career opportunities, that can be an attractive place to work, that will be able to provide emergency services when—as they inevitably will—surgeries go wrong.

1400

Ms. Stephanie Bowman: I certainly agree with you; I think it would be a great step of goodwill for the government to stop the appeal of Bill 124.

Just to remind people, the Ministry of Health itself has, in leaked documents—we know that they have acknowledged that Bill 124 has had an impact on the workforce.

The Chair (Mr. Ernie Hardeman): One minute left.

Ms. Stephanie Bowman: Amanda, I want to come back to you for a moment. We started talking about the impact of a reduction in the donations that you're receiving. Have you had conversations about what the impact of that will be on your clients and the people you support?

Ms. Amanda MacKenzie: Those who have government-funded supports, like our brain injury services, community support services—a lot of our employment services, certainly, are funded by governments, either federal or provincial, across the country.

Philanthropically, we have a range of donor-funded programs, including life skills programs for young people with disabilities to learn some independence and be able to get around—to be TTC-trained, for example; that type of thing. So when there's less donor money, there's less capacity for us to be able to build on those programs and expand them across the province. We've been—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for this presentation, and it concludes the time for the whole panel.

I want to thank all the panellists for all the work you've done to get ready for this and for the time you took to come and present to us. We thank you very much for assisting us in our public consultation process.

CHAMPLAIN REGION FAMILY COUNCIL NETWORK

MOUVEMENT D'IMPLICATION FRANCOPHONE D'ORLÉANS

CONVENIENCE INDUSTRY COUNCIL OF CANADA

The Chair (Mr. Ernie Hardeman): Our next panel is the Champlain Region Family Council Network, MIFO, and the Convenience Industry Council of Canada.

The first presenter will be the Champlain Region Family Council Network.

Interjection.

The Chair (Mr. Ernie Hardeman): Okay. I understand that the presentation is going to be made in French.

The Clerk of the Committee (Ms. Vanessa Kattar): Sorry; just a reminder to the committee: There is simultaneous interpretation in English and French. Each of you has a headset, so if you plug it into the console, you'll be able to hear it in both languages.

The Chair (Mr. Ernie Hardeman): Thank you very much.

You will have seven minutes to make the presentation, and I'll remind you when there's one minute left. Don't stop for me; keep going until you get to the seven minutes.

Ms. Marie-Claude Doucet: It's going to be somebody online.

The Chair (Mr. Ernie Hardeman): And we have colleagues on the screen to help answer the questions.

Ms. Marie-Claude Doucet: They don't have to participate in the presentation?

The Chair (Mr. Ernie Hardeman): Well, if they want to. You've got seven minutes, and you can use it any way you like.

Ms. Marie-Claude Doucet: Thank you. Jean-François?

The Chair (Mr. Ernie Hardeman): We are on the Champlain Region—

Ms. Grace Welch: I'm Champlain; sorry.

The Chair (Mr. Ernie Hardeman): Well, that's where we're starting. Champlain Region Family Council Network.

Ms. Grace Welch: Hello. My name is Grace Welch. I'm the chair of the Champlain Region Family Council Network. My presentation will be in English. I would like to thank you for the opportunity to speak to you today about the issues facing long-term care in our region and across Ontario.

I've been an essential caregiver and volunteer in long-term care since 2008, and I have been involved in advocating for improvements in the sector since 2012. I was also a member of the advisory panel on the 2020 long-term-care ministry staffing study.

Our network is a volunteer group that supports family councils in the 60 long-term-care homes in the Champlain region. We meet regularly with the region's family councils and with other family council networks in the province. If you want to learn more about our work, I invite you to visit our website.

As the voice of concerned families, we bring issues forward to all levels of government, with the goal of improving the quality of life and the quality of care for residents in long-term care. We have prepared submissions and presentations to this very same committee since 2015. Sadly, we are repeating many of the recommendations we made when we first appeared before you eight years ago.

My focus today is on long-term care, but I want to recognize that we also need an expanded, robust home care system that allows older adults to age in place until they no longer can be safely supported in their home and require the type of specialized care offered in long-term care.

After decades of neglect, we are finally seeing unprecedented investment in long-term care by the provincial government, in the construction of new homes, the redevelopment of older homes, in training and recruitment, and in a commitment to increasing the care standard to four hours of care per resident per day by 2024-25. And for this we are grateful.

But there are still serious issues that remain unresolved, and we need to fundamentally rethink what we want long-term care to be. Long-term care should not be something to be feared by the people of Ontario. We need a fundamental change in the delivery of care. We want to see it transformed from an institutional, task-oriented model to one that puts the needs and preferences of residents as the focus of care. We want person- or resident-entered care that is built on respect, kindness and compassion, and the development of supportive relationships between residents, their families and staff.

Many homes in our region have already begun to implement this model of care, as have the municipal homes in Toronto, but resident-centred care must be adopted as the standard for all homes across Ontario and supported through investments in training and the sharing and promotion of best practices. The new long-term-care act speaks about the creation of a quality centre in the long-term-care ministry. This centre would be a perfect driver for the move to resident-centred care. Implementation of the new national long-term-care services standard, which was just released last week, is also necessary to achieve this goal. Investment in resident-centred care will pay big dividends: improved quality of life for the residents, better health outcomes and a positive work culture that attracts and retains committed long-term-care staff who feel their work is valued and respected.

Central to making this transformational change is the need to address the long-term-care staffing standard. Families are very concerned about staffing levels, perhaps more so than at any time in the many years we've been involved in supporting family councils. We are hearing that staffing conditions in homes are "dire," especially in rural areas and, I believe, in the north as well. We recognize that the lack of staff is a critical issue across all Ontario health care. The difference, though, is that a hospital can delay surgeries or shut down departments for a few days—not that we ever want to see that—but in long-term care, there's no taking a pause; residents need care 24 hours a day, seven days a week, regardless of staffing levels. Staff are overwhelmed, underpaid and undervalued, and have been leaving the long-term-care sector even before the pandemic. How can the system be expected to function safely on a day-to-day basis with chronic understaffing, let alone during a crisis?

Families are also very concerned about the increased reliance of many homes on agency staff, which puts residents at risk because agency staff do not know the specific needs of residents and the routine of the home. The use of agency staff means that homes are sometimes paying two and even three times the hourly rate of their own employees—taxpayers' money that should be used to increase the number of full-time positions. We've heard that many homes are losing their staff to the attractive salaries offered by agencies. Homes are going to be challenged to reach

the government's promise to provide the four hours of direct care by 2025 because of this increased cost of agency staff.

There has been considerable investment by this government in recruiting and training PSWs and nurses, but if the new staff leave long-term care because they're discouraged, this money will be wasted. The government must prioritize the development of a robust human health resource plan that focuses on recruiting the right people and addresses retention issues by improving working conditions and compensation, not only for today but for the needs of homes that will be constructed in the next two to five years.

We also would like to see building design changed to support person-centred care. We call long-term-care residences "homes," but they're nothing like homes if they continue to be built as large hospital-like institutions. We would like to see current building standards revised to create smaller home-like environments that promote improved comfort, privacy, ventilation, temperature control and infection control. I remember seeing the plans for a new long-term-care home that's being built in the west end of Ottawa.

The Chair (Mr. Ernie Hardeman): One minute left.

Ms. Grace Welch: It looked more like a prison than a home, and it was on a busy four-lane road full of strip malls.

Wouldn't it be wonderful to see long-term-care homes co-located with community centres or daycare centres? Could the government find and partner and build a long-term-care home such being built in British Columbia, Providence Living Place, which will be BC's first publicly funded long-term-care home based on the concept of a dementia village. If BC can do it, why can't we?

1410

The road map for long-term care reform and transformation has already been provided by the many, many studies on long-term care, most recently the new national standard, the COVID commission report and the 2020 staffing studies. These studies are based on widespread consultation with residents, family, staff and experts who want to see long-term care rebuilt on a foundation of compassion, dignity and respect for the residents and all those who provide their care.

I want to finish with a quote from the 2020 Ministry of Long-Term Care staffing study: "We need to make long-term care a better place to live, and a better place to work."

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time.

With that, we will now go to MIFO for their presentation. The floor is yours. I would ask that everyone who speaks identify themselves as we go through.

Ms. Marie-Claude Doucet: Okay. My name is Marie-Claude Doucet, and I'm going to let Jean-François Born introduce you to our presentation.

Mr. Jean-François Born: Thank you, Marie-Claude. Mr. Chair, Mr. Vice-Chair, members of the committee, ladies and gentlemen, I am Jean-François Born, vice president of the Mouvement d'implication francophone d'Orléans, or MIFO. I am pleased to be joining the committee today and want to thank you for your time and attention. I am joined by Arash Mohtashami-Maali, MIFO executive director, and Marie-Claude Doucet, our project lead.

Our presentation will provide background on MIFO, describe the state of our current building, unveil the project for a new MIFO, and finally leave you with our recommendation and request. Since moving from the GTA to Ottawa, my family and I have been fortunate to have the MIFO as a community hub and provider of services. I am proud to support this project and determined to see it realized. The remainder of the presentation will be conducted in French.

Mesdames et messieurs, permettez-moi de passer la parole à Arash Mohtashami-Maali. Merci beaucoup. Thank you.

M. Arash Mohtashami-Maali: Bonjour. Mon nom est Arash Mohtashami-Maali. Je vous fais une partie de la présentation, puis ensuite ma collègue Marie-Claude Doucet fera la suite.

Le MIFO est un centre pluridisciplinaire qui existe depuis 1979. Nous intervenons dans plusieurs secteurs au niveau de l'éducation, les arts et la culture, et, bien sûr, les loisirs. Notre contribution au niveau du PIB est environ 10 millions de dollars par année. Nous desservons 4 000 familles, 3 900 enfants et 63 000 usagers par année, et nous avons 350 employés et bénévoles, chaque année, qui travaillent pour nous.

La situation actuelle du bâtiment est une situation d'urgence. Donc, malgré des investissements sur plus de 20 ans sur les travaux de rénovation et maintenance du bâtiment, le bâtiment arrive à la fin de la durée de sa vie. Vous verrez plus de détails dans le document que nous avons soumis dans le cadre du mémoire. Toutes nos études ont démontré que d'autres travaux de mise à niveau ne font que retarder la démolition et la reconstruction, et, en réalité, coûteraient beaucoup plus cher au MIFO et aux contribuables, si on considère ce projet à long terme.

Donc, là, je vais passer la parole à ma collègue Marie-Claude Doucet, qui vous parlera un peu du plan, du projet, puis du projet du nouveau MIFO, puis vous présentera aussi les échéanciers et le budget.

M^me^ Marie-Claude Doucet: À l'écran, vous avez les plans du nouveau MIFO et le plan du MIFO actuel, qui se retrouve à gauche. L'édifice actuel a 38 ans, et a une superficie de 15 000 pieds carrés environ. La nouvelle superficie sera de 55 000 pieds carrés environ.

Nous avons aussi des images qui sont plus vivantes. Donc, vous avez vraiment la présentation du MIFO actuel à gauche, et à droite, encore une fois, le nouveau MIFO que nous souhaitons construire. Ensuite de ça, quelques autres images vont suivre pour vous donner une idée, vraiment, du projet dans son ensemble.

Donc, c'est vraiment un changement au niveau de l'image complète de l'édifice. Mais au-delà de ce qu'il y a à l'extérieur, il y a tout ce qui se retrouve à l'intérieur également. Les principales salles qu'on va y retrouver, ce sont les salles polyvalentes; vous avez l'image à gauche, en haut. Ensuite de ça—en haut, toujours, mais du côté droit—c'est une salle de spectacle/salle de réception. Il y a un grand manque de salles de réception d'envergure dans

la région d'Orléans et dans l'Est ontarien. Donc, on a une capacité de 300 à 350 places dans cette salle-là.

Du côté, en bas, vous avez à gauche un petit café où les gens vont pouvoir se retrouver, se croiser, entre leurs activités; et, à droite, un gymnase avec une piste de course au deuxième, pour permettre aux gens qui—souvent, quand il y a des intempéries, quand c'est l'hiver, c'est plus difficile d'aller marcher dehors, donc ils vont pouvoir le faire en toute sécurité à l'intérieur. On a beaucoup de gens qui sont de 50 ans et plus et qui cherchent à demeurer actifs, donc c'est une des raisons pour lesquelles on a installé cette infrastructure-là à l'intérieur de notre projet.

Au niveau de l'échéancier, les plans et devis sont complets à 100 %. Donc, on est prêt. Ce qui manque, c'est le financement. Une fois que le financement est accordé au projet, on peut lancer l'appel d'offres pour l'entrepreneur, et, ensuite de ça, procéder avec les travaux à l'été 2023 pour une ouverture à l'hiver 2026.

Si on parle justement de financement—qui est un peu la raison d'être de notre présence ici—on a différents bailleurs de fonds auprès desquels nous avons fait les démarches. Au niveau du gouvernement fédéral, on a des demandes en cours pour un équivalent de 37,5 millions de dollars. Au niveau du gouvernement de l'Ontario, notre demande est de 10 millions de dollars; au niveau de la ville d'Ottawa, 2,5 millions de dollars. Et là-dessus, il y a 42 % du montant qui est déjà confirmé.

Au niveau de la contribution du MIFO et de sa communauté, on a 1,2 million de dollars qu'on a confirmés, qu'on avait mis de côté avec des excédents au fil des ans, depuis 20 ans qu'on met de l'argent pour ce genre de projet-là. Ensuite de ça, on a fait une campagne de financement privé durant la pandémie et on a réussi à récolter 98 % de notre objectif de 1,3 million de dollars, qui fait une contribution totale du MIFO et de sa communauté équivalente à celle recherchée au niveau de la ville d'Ottawa.

The Chair (Mr. Ernie Hardeman): One minute.

M^me^ Marie-Claude Doucet: Donc, je passe maintenant à l'impact économique : 200 emplois, 20 millions de dollars de retombées au PIB. Pour le projet de construction pour le nouveau MIFO, ce sera 350 emplois, avec 13 millions de dollars au PIB par an.

Je passe la parole à Arash pour la recommandation et la demande.

M. Arash Mohtashami-Maali: Donc, nous avons une recommandation et une demande. Notre recommandation est de lancer la deuxième ronde du programme Investir dans le Canada avec leur volet infrastructure communautaire, culturelle et récréative. Notre demande est un appui financier de 10 millions de dollars de la part du gouvernement de l'Ontario. Avec l'appui de la province, le projet sera complété d'ici 2026.

The Chair (Mr. Ernie Hardeman): Thank you very much for that.

The next presenter is the Convenience Industry Council of Canada.

Mr. Jeff Brownlee: Thank you, Chair. It's a pleasure to be here to appear before the committee today to discuss Ontario's convenience industry. I'm Jeff Brownlee, vice-president of stakeholder relations and communications at the Convenience Industry Council of Canada.

CICC represents the entire convenience supply chain: retailers, manufacturers, wholesalers and distributors that operate in every region of the province. We take pride in the fact that we are unique in comparison to other retailers. Ontario's convenience stores are often the only source of essential goods, including fuel, particularly in rural and remote locations. We like to say that we are the epitome of community. As our tag line states, we are on your corner and in Ontario's corner.

When you think of the business of convenience, you may not realize the importance of our industry to the provincial economy. Our 8,024 stores and 69,000 employees account for $17 billion in sales, while we collect $4.1 billion a year in taxes for your government. But the stark reality is that our industry is at a tipping point. Over the past two years, we have seen our store locations decline by 6% in the province. That translates into one convenience store closing its doors for good every single day in 2021.

Now, that's not good news. It's not good news for the industry, not for communities, not for Ontarians and definitely not for your government. Yes, lower sales and fewer stores and employees were the trend before COVID, but I can tell you that the pandemic really accelerated that trend. While we were deemed essential, lockdowns resulted in fewer commuters and a significant decrease in sales. At the same time, we were met with a perfect storm of skyrocketing costs while our product mix dwindled.

We are a high-volume, low-margin business, not to mention one of, if not the most regulated industry in the province. The viability of Ontario convenience does rest with many decisions governments make.

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So, where do we go from here and how can you help? We need action on beverage alcohol expansion, battling contraband tobacco and reducing credit card fees. With the end of the master framework agreement fast approaching, the province's convenience stores are committed to securing beverage alcohol retail opportunities. It would be a game changer for our industry, but it would also help local craft producers of beer, wine and coolers grow and recover, following the COVID-19 pandemic. Removing the antiquated restrictions on the sale of alcohol will create new revenue streams for our retailers and ensure our industry can fulfill the ever-changing needs of our customers.

It will also boost the provincial economy. According to our economic research, prepared by Cascadia Partners, the retail expansion of beverage alcohol will result in an additional 9,300 jobs in the province.

Second, we need the government to take immediate action to address contraband tobacco. I cannot stress enough how much this problem has grown, recently. In a nutshell, contraband costs us all. No one wants to admit it, but the growing illicit tobacco market is not only closely linked to organized crime, it's financing it. Criminal gangs are using proceeds from contraband tobacco as an avenue to further the sale of street drugs and illegal weapons, because it is a

very, very lucrative business—eight times more profitable than the sale of the drugs themselves.

A quick search of media headlines, recently, shows that in the span of two days last month, Burlington OPP seized $1.1 million worth of contraband tobacco. That's just the tip of the iceberg. It is no surprise why organized crime is fuelling this market. There's high reward with a very, very low risk of getting caught. And the result: more gangs, more guns, more grief on the streets. This is a significant concern for our members and our industry, and it should be a concern for lawmakers.

An Ernst and Young report commissioned by CICC a couple of years ago found that the provincial treasury is losing upwards of a billion dollars annually to the illegal tobacco trade. We cannot wait any longer. We have to move beyond announcing studies and reviews. We need to act now.

CICC is recommending that the government take four steps to combat contraband tobacco:

First, introduce a moratorium on new tobacco manufacturing licences, as they do in Quebec. Some licensed producers use their legitimate licence to import far more cigarette inputs—like cigarette paper, filters and packaging—than they need for production. Then they turn around and sell those materials to illicit producers.

Second, invest more money in Ontario's contraband tobacco enforcement unit and allow local police to keep fines and the disposal of assets seized from the proceeds of crime.

Third, we have to tackle the core problem: overtaxation. We need to freeze taxes on the price of legal tobacco until contraband can be significantly removed from the market.

Lastly, we need to strike a task force that builds enforcement partnerships with interested provincial, local and First Nations police services in order to address the pan-Canadian problem posed by illicit tobacco.

Will it work? It did in Quebec. Quebec reduced its rate of contraband tobacco from approximately 33% to 12% within two years by adopting some of the similar measures. In 2020, Quebec provincial budget documents showed that the government invested $14.4 million on its contraband tobacco program, and yet it yielded a return of $206 million. That's an ROI of $14 to every dollar invested.

Criminal activity impacting our stores isn't limited to contraband tobacco, however. Recently, our stores in urban centres have expressed growing concern for overall safety in their communities for both employees and our customers. CICC supports the call for additional resources that are designed to improve community safety, including investments in law enforcement and community service agencies that help the most vulnerable.

Lastly, the pandemic has resulted in a transition to touchless payments. More than 75% of all transactions in our stores today are digital. As a result, our retailers have incurred a 55% increase in retailer interchange fees in the last year alone.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Jeff Brownlee: This is a number that governments must act on. We are calling on the provincial government to work with its federal counterparts to address these issues. I'll get into that a little bit more if you want to find out; I'm a little bit pressed for time.

But I want to leave you with one last thought today: Convenience and community are virtually synonymous. When convenience stores do well, communities do well. When they don't, it puts the health and viability of communities in jeopardy.

Thank you. I'm happy to answer any questions you have.

The Chair (Mr. Ernie Hardeman): Thank you very much for that presentation. That concludes the presentation.

We'll start the first round of questions with the official opposition. MPP Harden.

M. Joel Harden: Merci, monsieur le Président. Bonjour, mes amis du MIFO. Vous avez présenté une bonne revendication, je crois, aujourd'hui, pour un nouveau projet—mais ce n'est pas un nouveau projet, je crois. Donc, c'est quoi la longue durée pour ce projet-là, pour se présenter au gouvernement? Est-ce que c'est seulement ce gouvernement, ou est-ce que c'est plus que ça? Ça fait six années que vous avez—

M^me^ Marie-Claude Doucet: Ça fait 12 ans.

M. Joel Harden: Douze ans.

Ms. Marie-Claude Doucet: It's 12 years that we've been working on this project, yes.

M. Joel Harden: Donc, c'est quoi l'obstacle pour continuer avec ce projet-là? C'est quoi l'obstacle?

M^me^ Marie-Claude Doucet: C'est le financement. C'est le seul point qui nous reste à régler.

M. Joel Harden: Mais le cas pour s'assurer qu'il y a les soins pour les personnes âgées en français—c'est toujours évident qu'on a besoin de ça. Oui?

M^me^ Marie-Claude Doucet: Oui.

M. Joel Harden: Mais on a un obstacle, la question du financement.

M^me^ Marie-Claude Doucet: Oui.

M. Joel Harden: Aussi on a une situation, qu'il y a un surplus au niveau provincial—mieux qu'un milliard. Avez-vous un argument à nos amis du gouvernement aujourd'hui pour vous assurer que ce surplus-là est disponible aux personnes francophones ici au centre-ville d'Ottawa?

M^me^ Marie-Claude Doucet: Il ne faut pas oublier que les arts et la culture, les loisirs—les activités, justement, pour les personnes âgées—ce sont toutes des activités qui contribuent à aider au niveau de la santé mentale, au niveau du maintien des aînés à domicile. C'est vraiment des choses qui peuvent aider à soulager le système de la santé, à plein de niveaux.

Oui, c'est bon d'avoir les infrastructures au niveau de la santé, mais il ne faut pas oublier les autres organisations qui vont contribuer à ce que les gens ne se rendent pas jusque-là et n'en aient pas besoin dans ces communautés-là. Il y a des investissements qui ont été faits par le passé, mais c'est encore très peu.

Il ne faut jamais sous-estimer l'impact. Pour le gouvernement dans son ensemble, 10 millions, c'est un petit montant. Mais pour nous, 10 millions, ça vaut tout, tout, tout. Puis on va faire 40 ans, 50 ans là-dessus.

M. Joel Harden: C'est excellent. C'est un bon investissement, je crois. On peut contribuer avec un bon dialogue avec le gouvernement pour s'assurer que les fonds sont là.

I'm going to switch to my mother tongue now.

It's nice to see you, Grace. I'm wondering if we could, for the benefit of the record, acknowledge a point you made with me very early in my time as a politician in the city that I take to heart. It's a distinction that Pat Armstrong, one of the more known researchers in long-term care, has made: that the goal of long-term care and home-share should be to put life into years, not years into life.

Ms. Grace Welch: I love that quote.

Mr. Joel Harden: These are people's homes. I love the accent you always put on that.

Believe me, in my own home, my wife and I are struggling with this with her mom, who is a fiercely independent lady in rural Nova Scotia. She does not want to go into long-term care for all the reasons you could articulate better than me. So we've tried to surround her with some home care options, but it's not easy, because she doesn't want that either.

What could we do to make home care that the government is building, that other governments will build better—and before throwing you over to an answer, I want to acknowledge that Lawrence Grant just retired.

Ms. Grace Welch: I had lunch with him last week.

Mr. Joel Harden: I wonder if you could tell my friends in government about Lawrence Grant. The Glebe Centre was one of the first organizations which I'm familiar with—and you would know better than me—to embrace the butterfly model of care that, it would strike me, is contributing to what you're talking about: making not institutions, but making homes. Could you help us understand the difference there?

Ms. Grace Welch: I think a lot of people have heard about the butterfly model. It's called an emotion-focused model of care The first thing is, it's the person's home, and the staff are there to give quality of life. They try to get to know the person, get to know what they prefer. If you don't want to get up at 8 o'clock and eat breakfast at 8—and I know my mother hated that—you get to sleep in and you get to rise when you want to. It is a home, and it's all about building the care around the individual. The staff are trained—and one of the things that's kind of neat about the butterfly model is that everybody is engaged. So even the cleaning staff will sit down with the resident, if they've got a few minutes, and talk to them, and they get to know the resident.

People who live in long-term care might only have 18 to 24 months, and it's not fair that they have to conform to an institutional model where everybody—"This is it." All the activities—whether or not they like to play bingo, they get carted off to bingo.

But there are all different kinds of models. In fact, Pat did a study for the city of Toronto, and she said there's no one best model. A home has to adapt to their own environment. I think that there's a lot that can be done that is just sort of training the staff, thinking about the procedures and really targeting them to think about the quality of life for the residents—and Effie, I know you heard that a lot during the staffing study.

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Actually, it's great to see that model here in—because when we start to see homes adopt the model, we can all learn from them. In this region, we actually have a community of practice that is sharing what they're learning from these transformative models of person-centered care.

Mr. Joel Harden: My understanding—again, just so we have it on the record—is that Lawrence, through AdvantAge, was a provincial advocate. And Hillel Lodge, a fantastic long-term-care home in the west end of the riding, is thinking about this too. The obstacle, as I've understood it—again, you would know better than me—is that there sometimes are some tensions between what staff can accomplish, where management wants to go, and the accommodations residents want. But what I learned from Lawrence at his retirement party last week was that when those negotiations are done totally on the table and you have those conversations about how you do those accommodations, they end up saving time afterwards because there are fewer behaviours, there's less disappointment. Could you elaborate on that?

Ms. Grace Welch: Well, I think, also, it's the amazing staff satisfaction. First of all, it's a partnership between the families, the residents and the staff, and everybody is working towards the same goal, so you have a lot less conflict. The staff are motivated. In fact, they've shown that staff retention is much, much higher in these homes that have implemented butterfly and other person-centred models of care. All that money that is spent on training is lost when people leave because they're dissatisfied. But we've shown, with these models, that staff retention is much higher and staff satisfaction is higher, so it's a win.

Mr. Joel Harden: That's it for me, Chair.

The Chair (Mr. Ernie Hardeman): Thank you very much. We'll now go to the independent. MPP Blais.

M. Stephen Blais: Merci, monsieur le Président. Merci, mes amis du MIFO, pour votre présentation aujourd'hui.

Tu sais que notre chef a fait une promesse pendant l'élection pour les fonds pour l'expansion du MIFO, donc tu as déjà notre appui, du côté de notre équipe. Et je sais que Ms. Mulroney a fait un tour du MIFO, donc elle connaît très bien la capacité du centre.

Peut-être que tu peux prendre les prochaines quelques minutes pour expliquer aux membres du gouvernement l'importance du MIFO à la communauté d'Orléans, d'Ottawa, mais aussi pour tous les Franco-Ontariens—les types de programme que tu offres, et l'importance pour tous les Franco-Ontariens.

M^me^ Marie-Claude Doucet: Parfait. Merci pour cette opportunité de pousser ça un peu plus loin. Donc, le MIFO, c'est un organisme communautaire, comme on l'a dit. C'est un centre culturel. C'est le plus grand centre culturel francophone en Ontario.

On offre des services au niveau des aînés, justement, les personnes de 50 ans et plus. Ce sont des activités qui les tiennent autant actifs physiquement qu'actifs mentalement.

On a une série de spectacles, d'activités artistiques aussi, pour permettre le développement de notre communauté au niveau des arts et de la culture.

On a des camps de jour, on a des garderies. On a au-delà de 3 900 enfants qui fréquentent nos programmes à l'année.

On a vraiment un rayonnement qui dépasse le lieu où on est. On est situé à Orléans, à Ottawa, mais notre clientèle vient de tout partout à Ottawa, de l'Est ontarien et même de l'autre côté de la rivière. Donc, on a vraiment un large rayonnement.

En étant le plus grand centre culturel francophone en Ontario, on a un rayonnement au niveau de la province parce qu'on est un leader. On a été souvent approché par les autres centres culturels et communautaires à travers la province pour des secrets, des trucs, des façons de faire qui vont les aider dans leur développement. Donc, le fait que le MIFO n'est pas en mesure de pouvoir avoir accès à une infrastructure de qualité—là, on tombe un peu en arrière de tout ça, et, à un moment donné, si on n'a pas de toit pour offrir nos programmes et services, c'est l'ensemble de la communauté qui va avoir des problèmes parce qu'il va y avoir un manque au niveau de ces services essentiels-là.

Puis on l'a vu pendant la pandémie. On a été capable de contrer l'isolement des aînés, quand même, en ligne. On a eu les services d'urgence dans les garderies et tout ça. Mais il reste qu'un lieu de rassemblement pour les francophones, un lieu où les gens peuvent vraiment se déplacer et s'épanouir en français, c'est essentiel.

Le gouvernement de l'Ontario, de notre point de vue, doit saisir cette opportunité d'être un fier partenaire de notre projet. L'expression en français est : « Vous allez vous péter les bretelles. » Je ne sais pas l'équivalent en anglais de ça, de vraiment être fier. Vous allez pouvoir vraiment être contents de l'investissement que vous allez faire, parce qu'il faut le voir vraiment comme un investissement. Il y aura des retombées en termes d'emploi, au niveau de la société, de la qualité de vie des gens. Vraiment, c'est ce que ça va donner, notre projet. Merci.

M. Stephen Blais: Merci, Marie-Claude.

For the Convenience Industry Council of Canada: I'm always puzzled, to be honest, why there is a thought that bringing alcohol into convenience stores is going to create new jobs. Presumably, those jobs exist. Ontarians drink a certain amount of alcohol. Is the suggestion that we're going to all of a sudden drink more alcohol if it's in convenience stores? Where does this net-out of new jobs come from?

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Jeff Brownlee: Well, when you consider that there are 8,000 stores in Ontario and if, let's say, half used to serve alcohol, (1) there's going to be capital investment and (2) there will be more staffing required to do that.

On the craft side, as well, if we do a made-in-Ontario plan, there would be an extra distribution route for the craft producers that they don't have now, so you could do über-local. In essence, it would also boost a number of jobs in the craft industry.

So it isn't just in retailers alone; it's in the overall part of the economy and part of the supply chain.

Mr. Stephen Blais: So you believe that it will lead to an increase in consumption if it's more convenient.

Mr. Jeff Brownlee: Well, of course it would lead to a little bit of consumption, but I don't think it's going to be that huge. It's going to be more accessible, for sure.

Wouldn't it be great if you're in Ottawa and you stop in after work, and you go to your local convenience store, and you want to pick up—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for that question.

We'll now go to the government benches. MPP Crawford.

Mr. Stephen Crawford: Thank you to the presenters today.

I'd like to start out with the Convenience Industry Council of Canada—further on the question of beer and wine in convenience stores, starting with that question. Further to that, how much of an impact do you think this will have on convenience stores—actually selling, for example, beer and wine?

Mr. Jeff Brownlee: Well, let me put that into perspective. We do an annual report, a state-of-the-industry report. It uses data sets by StatsCan, NielsenIQ, some internal. At the end of the year, we put together this report. The last two years going, the top-growing category in Canada was beer. That data only tracks sales in one province, which is Quebec. So you can see that, nationally, beer is the fastest-growing category. If we were able to bring that into the stores, yes, it would have better access, but it would be bringing people into the stores who buy a bag of chips, increase the basket size—buy chips or buy something else in conjunction with that. So it would be instrumental—

Mr. Stephen Crawford: And does your organization have a position on expanding that to spirits? For example, we had the spirits association appear in Windsor, and they would like to be a part of the process. They point to Quebec, where spirits were not put in corner stores, and a lot of the Canadian grain farmers and producers had been negatively affected as their sales declined. Do you have a position on spirits being in corner stores?

Mr. Jeff Brownlee: Not officially. But if it's an open market, why not? Let the market decide. I think that the ability to sell beverage alcohol, whether it be beer, wine, ready-to-drink coolers, or even spirits—if it makes sense and the consumers want it, absolutely.

Mr. Stephen Crawford: A final question on that particular topic: Have you seen any indications of any increased alcohol abuse, for example, in other provinces where there has been a little better access to alcohol—Alberta, BC, Quebec etc.?

Mr. Jeff Brownlee: Well, right now, the sale of alcohol in convenience stores is only done in two provinces, which are Quebec and Newfoundland and Labrador. But no, we haven't seen any dramatic increase in alcohol addiction as a result of that.

Mr. Stephen Crawford: My next question is on safety and security. MPP Anand, who is on our committee today, did suggest a private member's bill where individuals would have to pay before putting gasoline in their car. I

know maybe in some states—I don't know if it's mandated, but I've seen that. The potential there, of course, is to reduce theft and crime. Do you have a position on that particular thought?

Mr. Jeff Brownlee: Officially, no, we do not have a position on that. Ideally, we leave it up to the retailers. The whole point of when you go and gas up—you do want people to come into the store to buy extra products, as well. So we kind of leave it up to the retailers themselves.

Mr. Stephen Crawford: So you don't have a position on whether that should be mandated—

Mr. Jeff Brownlee: No, we do not.

Mr. Stephen Crawford: How much time left, Chair?

The Chair (Mr. Ernie Hardeman): You have 4.1.

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Mr. Stephen Crawford: Okay. My final question to you is—you did touch on credit card use.

Mr. Jeff Brownlee: Credit card use, yes.

Mr. Stephen Crawford: People tend to be going more digital with credit cards and debit cards. I suspect you probably have increased debit card usage, as well as credit cards?

Mr. Jeff Brownlee: Both, yes.

Mr. Stephen Crawford: Okay. How are the fees on the debit card usage? You mentioned credit cards; we know about those fees.

Mr. Jeff Brownlee: Much better than on credit cards, yes.

Mr. Stephen Crawford: Okay. So people have a choice. I would also assume, though, that if people are using less cash, that would be more efficient and profitable as well, because there's less counting of physical cash, less potential theft as well. There are benefits. You pointed out an issue—you have a concern—but there also are benefits.

Mr. Jeff Brownlee: Yes, but when you take a look at it, in essence, we are being—if you want to call it "taxed," we are being charged to be a tax collector for government. I can explain that when I have a little bit more time.

Mr. Stephen Crawford: Okay, thanks.

I'll move now to the Champlain Region Family Council Network, if I could. Thank you for the great work in your community. Long-term care is a very important issue to our government, as you know. We've made substantive changes within long-term care—additional time per patient. We are expanding facilities. We've got more facilities being built; more rooms being built in my community of Oakville than we have in the entire province for a decade. We've also mandated air conditioning. We're going to more semi-private rooms. We know that, with COVID, it tended to be the people who got sick more were in larger settings. There are certainly initiatives we're taking.

Now, you did mention BC and I just wanted you to expand upon that if there's maybe some valuable information and insight you can give us as to how that is working, what you talked about there in the more client-centric care and what they're actually doing.

Ms. Grace Welch: It's a new home. I don't know whether they even have the shovels in the ground, but it's a small dementia village. The people live like the residents live, in units, about 10 or 12 in a building. There's a number of different buildings, and it's staffed accordingly. But the thing I think that's interesting about that is it's being done as a publicly funded long-term-care home. It's not a private home. It's not getting any other additional funds to run.

But I think that if we could see some models like that done, some demonstration projects in Ontario, to assess whether this is the way that we could move forward, rather than these huge hospital-like looking buildings. Even in a large building, you can, if you made some changes to the building standards, try to create more home-like environments. Right now, it's 32-bed wards. You've got long hallways, so the residents are going to be at more risk of falling. It's harder for the staff to interact because of these long distances, and it doesn't create that sense of home. So those are the kinds of things.

If we could look elsewhere, see what's being done and then maybe try to find some partners here in Ontario that would be willing to show that it could be done, because right now the model we have is a very outdated concept and I think it's time to rethink it.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Stephen Crawford: Well, thank you. Certainly, I think it's worth exploring.

Ms. Grace Welch: Great, thank you. I appreciate that.

Mr. Stephen Crawford: We've got to make sure that we protect our elders and give them a comfortable environment.

With that, I'll pass my remaining time to MPP Dowie.

The Chair (Mr. Ernie Hardeman): You've got 34 seconds.

M. Andrew Dowie: Une question, vite, pour MIFO : avec la distribution des fonds pour le financement social, le gouvernement fédéral sera responsable pour 70 %. Dans le programme Investir dans le Canada, normalement c'est 40 % fédéral. Alors, pourquoi est-ce que c'est différent, la distribution du financement versus le programme de financement qui existait auparavant?

M^me^ Marie-Claude Doucet: C'est qu'il y a un nouveau programme qui a été lancé du côté fédéral, qui est les bâtiments communautaires verts et inclusifs—

The Chair (Mr. Ernie Hardeman): We'll have to finish that in the next round because that's all the time we have.

We'll now go to the official opposition. MPP Pasma.

M^me^ Chandra Pasma: Merci à tous les témoins cet après-midi. Surtout à MIFO je veux dire que dans ma circonscription d'Ottawa-Ouest–Nepean, nous avons la Maison de la francophonie qui vient d'ouvrir et qui a été un développement très important pour la communauté francophone de l'ouest d'Ottawa, qui est la communauté qui grandit la plus vite en ce moment. Donc, je sais l'importance du soutien du gouvernement pour ces projets pour la communauté francophone à Ottawa.

Grace, I have some questions for you about the shifts in long-term care. I think the new development that you mentioned, the incredibly large development in the west end—it's not in my riding; it's actually replacing some existing long-term-care facilities in my riding that are reaching the

end of their life cycle, and that includes New Orchard Lodge, which is actually one of the smaller long-term-care facilities. It has a nicer, more intimate design because of the time period when it was developed, and it has some nice views out on the Ottawa River. So it's a real shame that those residents are going to be moved into an incredibly large, institution-like setting.

Extendicare got licences for new beds. As long as it's for-profit companies, which we know got most of the licences for these new developments in Ontario—as long as they're the ones developing new long-term-care beds, where's the incentive for them to actually create this more family-like model that you're talking about, when, for them, the more people they can pack into a facility, the more profit that they're going to make for their shareholders?

Ms. Grace Welch: That's a tough one. I think that's where the government can play a role, because if we change the building standards and say, "This is what we expect," then they have to implement it. Right now, the building standards allow for these large institutions. But I think we're at a turning point. With the pandemic, we thought, "Now we're finally going to see change in long-term care." I think that this is an opportunity. I don't want to get into for-profit versus non-profit, but I think that we can make long-term care so much better. I think it takes a will, and I think it takes some vision. It's being done elsewhere. So I think we need to look and see what's being done and see what we could do here.

Ms. Chandra Pasma: I absolutely heard from a lot of constituents, during the election, when I was door-knocking—models in Australia and I think it's Finland—it was one of the Nordic countries—

Ms. Grace Welch: Denmark is the one that's always quoted. In fact, I think Ontario—somebody should go over there and just see what's being done, because their home care model also presents a real vision of how seniors could live with dignity.

Ms. Chandra Pasma: Absolutely. Having knocked on doors for a year, I can tell you that there aren't a lot of seniors who want to move into long-term-care facilities, and there aren't a lot of children who want to put their parents into those facilities. We really, really need to rethink how we are doing this model. As you say, the models are out there.

Ms. Grace Welch: I also want to say that there are some amazing administrators and front-line staff. I've met a lot of them, and we really owe them a debt. I think that has to be recognized. But I think that we could make it so much better. I think there's a unique opportunity.

Ms. Chandra Pasma: Absolutely.

Another long-term-care facility that's in my riding is Carlingview Manor run by Revera, which was one of the sites of one of the worst outbreaks of COVID during the pandemic. I spoke with the Unifor workers who work there, and they told me about the absolutely horrific conditions they faced during that time, being short-staffed, working through a terrible outbreak. And yet, despite doing that work day in and day out, they weren't making enough money to actually support their family, which was contributing to the turnover of workers.

What are the solutions that you think we need to put in place to actually be able to recruit and retain the staff so that this is a job that people can actually make a living at and invest in as a career?

Ms. Grace Welch: First of all, there has to be more full-time work. Some of the work could be full-time/part-time, in that a lot of people have young families, but they don't want to have to work in multiple—but if they know that they are working part-time, but full-time with benefits, we have to approve.

We have to look at the whole issue of wage parity between the different health care sectors, because right now we're robbing Peter to pay Paul. The lowest workers are in home care, so then they go to long-term care, and then they find out there's a hospital job, and then they go to the hospital. So that has to be addressed. The pandemic pay did help, but it hasn't addressed that parity issue.

One of the reasons I'm so committed to this person-centred care is because it gives a lot of job satisfaction to the people who are working there. They feel they're valued. They're part of the team. They have some role in decision-making. That's the other thing that's important about that: Everybody's opinion counts. So those are things that need to be done.

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I also would love to see a campaign to change the image of long-term care. I mean, we all talked about fear, but I'm sorry, some people need that level of care. We kept my mother at home as long as we could, and then she went into a retirement home and they said, "We can't care for her anymore."

We need a campaign that says, "This is a good place to work." Some PSWs don't even want to say they work in long-term care, because people go, "Oh, you're one of those." We only hear the negative. We never hear the positive. Can we say, "This is a very important part of our health care sector; they have to be appreciated"? And you will get good care when you go into long-term care.

Ms. Chandra Pasma: Absolutely. Good points.

The last concern that I'm hearing a lot about from constituents is Bill 7 and how it is making it more difficult for family reunification, which was already incredibly difficult within long-term care, but also that we have lost isolation rooms, which means that when there is a COVID outbreak, roommates are forced to isolate alongside a COVID-positive patient. Is this something the Champlain Region Family Council Network is also hearing about?

Ms. Grace Welch: We haven't heard too much about it. We do have a lot of concerns. One of the things that has been recognized in the new act is the importance of essential caregivers, and Bill 7 can separate caregivers from their families for, I think it's up to 150 kilometres if it's in the north. So I think we've really learned how important the role of the essential caregiver is in supporting their family members. When you go into a long-term-care home, the hardest part is the whole transition—

The Chair (Mr. Ernie Hardeman): Thank you very much. That does conclude the time for that question.

Next, we'll go to the independent. MPP Blais.

M. Stephen Blais: Peut-être, Marie-Claude, tu peux continuer ta réponse à la question de M. Dowie.

M^me^ Marie-Claude Doucet: Merci. Donc, il y a un nouveau programme qui a été mis sur pied en 2021 par le gouvernement fédéral et Infrastructure Canada : c'est les bâtiments communautaires verts et inclusifs. Ils vont subventionner jusqu'à 25 millions de dollars pour les projets. C'est dans le cas des projets qui veulent la construction d'un édifice carboneutre, et c'est notre intention. Notre projet était conçu pour ça.

J'aimerais ajouter, parce qu'on ne l'a pas dit tantôt, que notre infrastructure—oui, c'est pour les francophones, mais tout le monde sera le bienvenu dans notre nouvel édifice, que ce soit au niveau de louer les espaces ou de participer à nos activités et nos événements. Donc, ce n'est pas un investissement uniquement pour les francophones. Ça va être plus large que ça. Merci.

M. Stephen Blais: Merci.

Grace, thank you for the work that you do in the community. You probably are aware of the permanent closure of the Madonna Care Community in Orleans and the process that Sienna is going through with the ministry to relocate those families. I'm wondering if you can maybe just give an update to the people in the room who may not be familiar with that, on how that's going and some of the stories you may have heard about the challenges faced with relocating their loved ones.

Ms. Grace Welch: To be honest, I haven't heard any. Madonna is a long-term-care home. It's actually less than 20 years old, but the owners tried for two years to remedy a mould problem and made the decision to close it, which has been approved by the ministry. So those residents will have to be relocated. We did write to Minister Calandra, because we're very concerned that residents get priority placement. They should be allowed to select up to five homes and be placed there.

Now, I know there was supposed to be a town hall to give more up-to-date information, and I do not know if that town hall has taken place. But I know that, for the two months before they got the confirmation, there was a lot of fear and concern from the family members.

We're concerned, as well, that we're losing 160 beds within the community, and it's already putting pressure on the long-term-care homes. There are people in the community that are desperate to get into long-term care, and how they will fit in against the residents of Madonna is a good question.

Mr. Stephen Blais: It's certainly a challenge. We know that getting into long-term care is a challenge and that the wait-lists are long, but to have a private facility that's less than 20 years old be closed permanently because of an infrastructure failure that can't be resolved is, I think, certainly quite concerning. The absence of options, really, in east Ottawa and Orléans in particular—Madonna is one of, I think, only two—perhaps there's a third—actual long-term-care facilities in Orléans, and provides important services to the Franco-Ontarian community in particular, as you know.

Jeff, you talked about—you're the tax collector. Maybe just explain that to me because I don't understand that.

Mr. Jeff Brownlee: Yes. So the very nature of the products we sell—they're very highly taxed. We mentioned gasoline and we mentioned tobacco. The interchange fees are when people pay with a credit card. You're paying at the point of sale on the total amount. So if the government was able to address this—every convenience store in Canada right now, on average, it costs them about $13,000 a year to process credit card fees on the tax portion: GST, HST. So this would be a huge—I talked about low margins and high volume, and credit card fees are now the second-highest cost of doing business for convenience retailers in Canada.

Mr. Stephen Blais: Thank you, Mr. Chair.

The Chair (Mr. Ernie Hardeman): Okay. We'll go to the government. MPP Byers.

Mr. Rick Byers: Thank you very much, Mr. Chair, and thank you to all the presenters for your remarks and for what you do.

I wanted to carry on with the convenience industry and Mr. Brownlee. I'm curious about—and we had actually heard this from another presenter today, about the province of Quebec and what they did. You outlined some of the things from a policy point of view, but I'm curious on the process. I think you had mentioned there was collaboration in the province, or—I'm curious; they must have worked with your industry in that province and local police and perhaps First Nations. In thinking of what we in Ontario could do from a collaboration point of view and discussion, can you give us any suggestions on who should be involved in that?

Mr. Jeff Brownlee: Sure. I mean, it's a pan-Canadian problem right now. It is that bad. A couple of years ago, you didn't hear about contraband tobacco out west in British Columbia or not so much in Newfoundland. Those are the two problem areas right now, and the reason why is because they have priced legal tobacco out of the market.

The challenge is—when I said take a look at the headlines in the newspaper—whether the busts are in Ontario, whether they're in Newfoundland or whether they're in Saskatchewan or Vancouver, there's a very common denominator: A lot of these people being charged are from Ontario. The tobacco is coming from Ontario and heading east and heading west.

From a process point of view, we need enforcement, enforcement, enforcement. Shut it down. There's only one way you can get out west, which is the Trans-Canada. And going out east, well, they're getting more creative in doing that, but it's the same thing. That's really what it comes down to: We need leadership from the federal level, but we need at least one provincial government in Canada to take the leadership, have the political will to really address this issue and stop the product from moving on the Trans-Canada highway to the other provinces.

Mr. Rick Byers: Excellent. Thank you very much. We appreciate that.

Just curious—one quick question and I'll pass it to a colleague. On the staffing front, I've heard many small businesses in my riding—and I represent a rural area—on the challenge finding folks to run their businesses. Is your industry finding some of the same thing currently?

Mr. Jeff Brownlee: Absolutely. It was really bad during the pandemic, obviously—the very state of the retail industry. It was really difficult for us, deemed essential, to keep the doors open 24/7, 365, to serve communities. We heard stories of people having family members working day and night just to try to keep the doors open. It is a huge issue for us.

We do employ a majority of new Canadians. Anything that we can do to have some people, some labour, come in to help us out would be immense. But it is a big issue for us as well.

Mr. Rick Byers: Great. Thank you very much. I'll pass to MPP Smith.

The Chair (Mr. Ernie Hardeman): You have 4.3—MPP Smith.

Mr. David Smith: Thank you very much all that presented here today.

My first question is to Jeff. You seem to have the big tray in front of you and all the concerns with that large amount of Canadian convenience stores. I heard you make a point that there's only one way to get out west. That's not true; you know that, right? There are shipping lines and all kinds of ways people can transport and get things over here, so we have to keep a broader perspective of it. Nevertheless, it's a very serious concern.

I know for many years we were trying to get spirits and beer and all that stuff in the regular stores that allow us to be able to increase revenue, as you've been pointing out. I think you're right about that.

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Compared to other jurisdictions in Canada, what are some of the ways contraband tobacco has successfully been addressed? Do you have any concern or any evidence that you can share with us? We are taking steps to make certain we fix that problem.

Mr. Jeff Brownlee: Well, Quebec, as I mentioned earlier, is kind of the gold standard, with what they have done in the past. A lot of the time, a lot of governments want to turn a blind eye and they don't think it's a huge issue. Every time we talk to governments and say that contraband tobacco is causing the retailers and the industry to lose profit margins of at least double digits, at least 10%—I can tell you, it's probably 30% or even higher, what they're losing in terms of revenue.

In British Columbia, it's $178 for a carton of legal tobacco. You can buy it out of the back of a van for $45. Every time that we talk to that provincial government, they say, "Well, from a public health perspective, our taxation measures are working. Less people are smoking." Well, that's a good thing, that less people are smoking, but not to the tune of 30% to 35% they're not, so they're getting it from somewhere else. That is kind of the message that we're doing.

Again, what it really requires is a national approach and for one of the provincial governments to have a lot of political will, look at the Quebec model and understand what Quebec has done. It was really, really tough—they went through a tough time in addressing this issue, because the stakes are high when you're dealing with organized crime—but it really does take (1) leadership and (2) investment to execute a plan, and it really comes down to enforcement. That's really what it does.

Mr. David Smith: Okay. Could you explain to us what exactly Quebec did and what initiatives you can bring to the table to support us in getting to that?

Mr. Jeff Brownlee: Sure. Basically, Quebec instituted off the bat a moratorium on instituting tobacco taxes. That was eight years ago, so they haven't raised tobacco taxes in eight years, and it's working.

The second thing they did was give their municipal police forces a lot more search-and-seizure power, so that the Sûreté du Québec could go in and take a look. They didn't have to see something in plain view; if they got a tip, they could pull over a car. That is a huge issue jurisdictionally across Canada, so they gave them more powers.

The third thing they did was they allowed them to keep the proceeds of crime—the seizure of assets.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Jeff Brownlee: They were able to do that, so if they seized the assets, that money went back into enforcement of trying to crack down on contraband tobacco. Those are the things that they did immediately, and then we talked about restricting the number of tobacco manufacturing licences, and that really does help as well.

Mr. David Smith: Okay. And my last question, with regard to the limited time we have, is on 7-Eleven selling beer. What do you think of that?

Mr. Jeff Brownlee: Well, 7-Eleven is a member of ours. I don't want to comment on what they're doing directly, but it sort of goes to the bigger picture of how, during the pandemic, a lot of the convenience stores have to be innovative in doing what they're doing. The lines between restaurants and convenience are getting a little bit blurred. They have seven or eight pilot projects running in Alberta; they will have two here soon. It seems that's where they think that the future is, is to have a restaurant model in a convenience store.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for this questioner, and it also concludes the time for this panel. We want to thank everyone, virtually and those sitting at the table. Thank you very much for the time you took to prepare and to come and talk to us. We sure appreciate your assistance in our pre-budget consultations.

AUTOMOTIVE INDUSTRIES ASSOCIATION OF CANADA

BEEF FARMERS OF ONTARIO

ONTARIO NURSES' ASSOCIATION

The Chair (Mr. Ernie Hardeman): While we're changing the guard, our next panel will be the Automotive Industries Association of Canada, Beef Farmers of Ontario and the Ontario Nurses' Association. If they would come forward and take a seat at the table, and we will start with

the first presenter, the Automotive Industries Association of Canada.

Each presenter will have seven minutes to make the presentation. At the end of six minutes, I will say, "One minute," and at the end of seven minutes I will say, "Your time's up."

With that, thank you again for being here. We'll start with the Automotive Industries Association of Canada.

Ms. Alana Baker: Thank you, Mr. Chair. Good afternoon, and good afternoon, members of the committee. Thank you for the invitation to appear today. My name is Alana Baker, and I am the senior director of government relations for the Automotive Industries Association of Canada, also known as AIA Canada.

By way of background, our members are mostly small and medium-sized businesses in every riding that employ more than 200,000 Ontarians. As an essential service, we provide quality parts and products as well as vehicle service and repairs to the 9.4 million vehicles on Ontario's roads. Our members include Canadian Tire, NAPA Auto Parts, CARSTAR, Mister Transmission and Fix Auto, to name just a few. Whether you've been in a collision or require maintenance, our members help vehicles last longer, pollute less and keep drivers safer by offering Canadians any product or service a vehicle may need after it rolls off the dealership's lot.

AIA Canada is focused on preparing our workforce to meet the challenges of not only tomorrow, but those we are facing today, and I am here to seek your support as we adapt to a rapidly evolving automotive sector.

First, to support job training and job creation, we encourage the government to provide more programs for the automotive aftermarket to upskill and increase our employees' ability to service electric and connected vehicles. It is not as simple as hammering out a bumper anymore. Our industry is facing a shortage of automotive tradespeople and a skills shortage among our workforce which is equally consequential to a labour shortage. A worker who lacks the skills needed to complete service work is just as significant as not having a worker to fill a position. Simply put, technology is changing the type of work that automotive tradespeople do and the skills they need. Servicing modern vehicles involves working with digital tools, updating vehicle software and calibrating and aligning sensors. Skills training currently offered is not flexible and responsive enough to keep pace with emerging technology. When compared to other Red Seal trades, automotive service technicians face the largest amount of change in their workplace. For example, to service EVs, automotive service technicians need new skills related to high-voltage systems and battery removal.

We want to commend the government for the steps they have already taken to promote the skilled trades and upskilling. The Skills Development Fund, or SDF, is helping to address some of these challenges. For example, SDF is supporting an upskilling program provided by AIA Canada and St. Lawrence College to develop the skills needed to service EVs. The program is open to incumbent workers as well as apprentices looking to bridge the gap between what current curriculums offer and what the workplace demands. Following a successful launch, AIA Canada is looking to expand this training program across the province. But there is still more to do.

To address the industry's skill shortage, upskilling and new skills training systems must be strengthened to meet the needs of employers. We are asking the government to ensure that more funding is made available to employers to access third-party training for their workers. For instance, provide funding or offer wage rebates to companies that proactively deliver upskilling and training for their employees.

Continued investments into the skilled trades are critical, and AIA Canada is committed to working with all parties to ensure that training programs are in place for the vehicles of the future.

The second issue that I'm here to speak with you about is the right to repair and ownership of one's data. Modern vehicles are increasingly becoming like cellphones and computers, connected wirelessly to the Internet at all times. Unlike their predecessors, servicing and repairing these vehicles requires access to diagnostic data. Today, these connected vehicles transmit this data directly to automakers, which drives business away from independent shops and the suppliers that serve the aftermarket. The aftermarket needs secured and equal access to wireless vehicle data in order to ensure a level playing field for small business and fairness for consumers.

AIA Canada has been part of the voluntary Canadian Automotive Service Information Standard agreement, or CASIS for short. The agreement's overall objective is to maintain an open, fair and competitive automotive industry by ensuring that the aftermarket has access to automakers' repair information, diagnostic tools and training, as well as information on the vehicles' emissions. While the CASIS agreement has been a useful tool over the past decade, it is not well suited to the challenges consumers and independent auto-care shops face today with connected vehicles.

Let me give you an example that showcases the issue at hand. A consumer needed the brakes on their vehicle replaced. The shop that this person typically visited purchased brake pads to fix the vehicle but was unable to access the repair information from the manufacturer, Volvo, to complete the repair. The repair shop gave the customer the brake pads they had purchased and had the car towed to the Volvo dealership to complete the repair. Upon arrival, the dealership told the customer that they would not repair the car with those brake pads and forced the customer to pay more money for Volvo's parts.

This is just one example of thousands, and the problem is getting worse. Not only does this give authorized dealerships an unfair advantage over independent auto-care shops, but the real loss is felt by consumers, who are faced with less choice and higher costs, and who risk losing access to essential vehicle service and repairs. One only has to ask themselves, what does this mean for the single parent who can't get his or her car fixed, who's on a budget, trying to

figure out how to keep this car going for school, for work, for groceries and everything in between?

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Furthermore, emergency service vehicles like ambulances touch every local community and rely on our local garages to keep them in working order. We need to have access to make sure we can keep these essential vehicles on the road.

Research demonstrates that the right to repair is widely supported by consumers. Recent polling by Abacus Data found that 83% of Canadians agree that auto manufacturers should be required by law to share data with independent repairers or mechanics so they can fix their car. Having the flexibility to repair your goods or have them maintained by third-party providers is critical in a price-conscious market, as it allows Canadians to shop around for competitive pricing—something of particular importance as we continue to face high levels of inflation.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Alana Baker: We are calling on the provincial government to work with the federal government to enshrine owners' access to their data. Not only is this about allowing fair competition, but also the preservation of consumer choice to ensure that consumers can continue to have access to reliable, essential and affordable vehicle service and repair.

Again, thank you for your time. I am happy to answer any questions you may have.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation.

Our next presenter is the Beef Farmers of Ontario.

Mr. Richard Horne: Thank you, Mr. Chair, committee members. I appreciate the opportunity to speak before you today. My name is Richard Horne. I'm the executive director of the Beef Farmers of Ontario, an association that represents close to 19,000 beef farmers in the province.

The beef industry is an important economic driver of Ontario's agri-food sector, contributing $2.69 billion to Ontario's GDP annually. Gross sales from our sector exceed $13 billion annually and sustain more than 61,000 jobs. We also boast one of the lowest greenhouse gas footprints of any beef system in the world, and through our work with the Canadian Roundtable for Sustainable Beef, Canadian beef farmers and ranchers have been recognized as global leaders in sustainable beef production efforts.

But I'm not here to discuss environmental sustainability; I'm here to discuss economic sustainability. On the one hand, demand for our products at home and abroad is strong and growing, which is great. On the other hand, escalating input and debt-servicing costs are making it extremely challenging to manage risk. As a result, the strain on farm finances and farmer mental health has and continues to be significant. To add, the supply chain disruptions and market volatility that we've experienced during the pandemic and throughout the conflict in Ukraine have only intensified these concerns. Diesel and natural gas, fertilizer, labour and feed costs have skyrocketed. And while we understand rising input costs are having impact across the economy, food production is not something that can be taken for granted.

The most impactful and immediate response this government can take to help address these challenges is to ensure that farm risk management insurance programs are accessible, responsive and sufficiently funded. Fortunately, Ontario recognized this need many years ago through the creation of the Ontario Risk Management Program, or RMP for short. It's a cost-shared insurance program designed to provide stability to farm businesses by providing insurance against input and market price risks. RMP also fills a critical gap for farmers who are not supported by the supply management system. Farmers in RMP sectors like the beef industry are inherently price-takers; we can't simply pass along increased costs to customers, which is one reason why governments invest in farm-insurance programs.

With the RMP program, its only major shortcoming in our opinion is that it's underfunded. There's too many risks to farmers and farm sectors to provide sufficient coverage given the current funding cap. The result almost every year is partial insurance payments, a problem we have been urging policy-makers to address for several years.

With the more recent rise-up in costs and market risks, the challenge has become even more acute. As a result, BFO, along with our partners in the Ontario Agricultural Sustainability Coalition—Ontario's largest farm coalition, representing the beef, pork, lamb, veal, grains, oil seeds and fruits and vegetable sectors—stand united in our call to the province to increase the cap on RMP funding by $100 million, bringing the annual program budget to $250 million across all sectors.

Committing to increase the province's investment in RMP is a commitment to partner with Ontario farmers, who contribute 35% of the cost of the program through premium contributions. Any increase in provincial spending would be matched at the current ratio by Ontario farmers themselves. They have skin in the game, and they will put in more, provided the fund and therefore the coverage is increased.

Partnering with Ontario farmers also means more than just an added expense; it represents an investment with a proven return for the Ontario economy. A 2022 study by Harry Cummings and Associates and Agri-Metrics found that every dollar spent on RMP generates between $2 and $3.60 ROI. In 2020, this led to an increase in economic input, between $282 million and $506 million. Previous studies by HCA and the University of Guelph showed similar positive benefit for farmers and return on taxpayer investment.

The most recent study also confirmed other benefits, as reported through surveys and focus groups; namely, that farmers like the program because it is timely and responsive to market conditions, and lenders view this program favourably when making financing decisions.

While we believe our request strikes a good balance between reasonability and impactfulness, we also recognize the financial challenges and competing priorities facing decision-makers in the province. As a result, we have publicly supported a phased-in approach to the additional funding. In our view, the status quo is not a viable option if our

collective goal is to help safeguard our domestic food production system.

Before I end, I just want to address two points: Number one, we're extremely thankful for the additional $50 million that, in large part—thank you to the Chair—this committee helped get through, back in 2020. However, program claims have averaged in excess of $270 million in the last several years, well in excess of the current $150-million cap.

The second point I want to make is: The high retail food prices that we're all seeing at grocery and retail does not mean that farmers are making a killing. I would argue that would be both a generalization and, en masse, untrue for the sectors covered under RMP, and it also diminishes the significant cost/production challenges that farmers have had to face, particularly in the last couple of years.

Ultimately, RMP is a good investment for farmers, it's a good investment for the province and it's a good investment for taxpayers. It contributes immensely to the security of Ontario's primary food production sector.

We don't believe farmers should be asked to produce the food that Ontarians enjoy each and every day without sufficient security. If you agree, then I would ask for your support to include an increase in funding for this important program in the 2023 budget. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation.

Our next presenter will be the Ontario Nurses' Association. Welcome. The floor is yours.

Ms. Angela Preocanin: Thank you very much for having me. Good afternoon, everyone. My name is Angela Preocanin. I'm a registered nurse of 33 years and the first vice-president of the Ontario Nurses' Association.

ONA is Canada's largest nursing union, representing 68,000 registered nurses and health care professionals in Ontario working in every sector of health care—hospitals, long-term care, the community, clinics, public health units and industry. We also have 18,000 student affiliates.

I'm here to deliver a very clear message: Without nurses, there is no health care. Our public health care system relies on nurses and years of underinvestment have created a retention and recruitment issue, and this crisis must be addressed in this budget. We have a critical shortage of nurses and health care professionals in the province, and the situation is only becoming worse. Ontario has the worst registered nurse-to-population ratio in Canada. To simply reach the Canadian average for nurses to people, Ontario needs to hire at least 24,000 net new nurses. The real need is even higher as nurses leave the profession.

Sadly, there's no viable plan from this government to build the care capacity we badly need. As a result, burnout is getting worse, nurses have been pushed beyond their limits and the staffing crisis is becoming more dire.

ONA has been offering to help, and our recommendations have fallen on deaf ears. We cannot afford to lose nurses to privately delivered, for-profit health care. Allowing private corporations to deliver OHIP-covered surgeries will worsen the staffing crisis in public hospitals and degrade patient care as nurses are poached from hospitals where the care conditions have become untenable.

The 2023 budget must prioritize funding our public health care system, with urgent measures to ensure retention of nurses and health care professionals, and a sound plan to recruit tens of thousands more. Our members are telling us the same story across Ontario: They are overworked, burnt out and suffering moral distress, because we fear our patients, residents and clients are not getting the care they need or deserve.

The Ontario Nurses' Association is proposing concrete actions that the government can take to improve conditions of care for all Ontarians. First, we need to retain nurses and health care workers by improving their working conditions and showing them respect. This means dropping the appeal of the court decision that overturned the Bill 124 wage-suppression legislation and bargaining in good faith with our members. The government must also fund wage parity with hospitals across all sectors and support retention in long-term care, home care, primary care and all health care settings.

Next, the government must bolster the workforce and plan for the future, starting with a recruitment strategy to bridge the RN care gap. This strategy should include increasing the number of RN seats in the colleges and universities by 10% annually, and ramping up financial support, including OSAP grants.

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We want to see the late-career initiative brought back, which funds late-career and recently retired nurses to mentor and support our new nurses. This initiative reduces attrition and helps ensure our new nurses stay in the profession beyond the first few years.

We must also invest in dedicated funding for sexual assault and domestic violence clinics to hire additional full-time sexual assault nurse examiners so that no survivor is turned away when they seek care.

The third pillar for improving our public health care system is to ensure the safety of nurses and the health care professionals who work in the system. Violence has increased in recent years, and through the pandemic, significant gaps in infection prevention and control have been revealed. The government must fully implement the recommendations in the government's own Workplace Violence Prevention in Health Care progress report. In addition, learnings from the pandemic must be applied, including guaranteed access to N95s or a higher level of protection for all health care workers and a plan to ensure sustainable care for people with long COVID.

Finally, the government must stop privatization of our health care system. Health care is a service for the people, not a business to generate corporate profits. This means capping the use of private agency nursing and putting an end to price-gouging by for-profit nursing agencies. We call on you to permanently raise the annual funding escalator for Ontario hospitals to a minimum of 7% and commit to increasing hospital funding by 15% in this year's budget to address inflation and the staffing capacity crisis. We continue to call for the phase-out of for-profit long-term-

care homes and for the government to stop awarding new bed licences to for-profit homes. In home care, private companies should not be given contracts to manage care coordination for the services they themselves provide. This conflict of interest does not serve patients.

Today, I'm asking you to listen carefully to nurses. By working with nurses, by having the courage to invest in what is needed, we can find the solutions to the challenges in our health care system—for our patients, for our communities and for safe staffing. In our pre-budget submission, we go in-depth, covering the RN shortage, restructuring and issues in all sectors, from public health to long-term-care homes, home care and hospitals. We cover violence in health care and the creeping profit-making and greed in health care delivery. These issues underpin the challenges that face our health care system and we outline the solutions and a path forward. So let's work together.

The government cannot continue to expect that our nurses do more with less. We need a government that will be there for us too. As nurses, we cannot do our jobs without safe levels of staffing. Without urgent action to fix the shortage, things will only get worse. Replacing regulated nurses with unregulated workers is not a solution for safe patient care.

There is no time to waste. Invest in the resources that Ontarians desperately need and deserve in a publicly funded, publicly delivered and fully staffed health care system. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. That concludes the presentations for this panel, and we'll start the questioning with the independents. MPP Bowman.

Ms. Stephanie Bowman: Thank you all for being here and for your well-prepared presentations.

I'll start with Richard, if I may. Richard, could you just repeat the facts or stats around the investment and the payback in terms of when you invest in this program, what kind of return that provides to Ontarians?

Mr. Richard Horne: The most recent study used a couple of different input-output models which showed between $2 and $3.60. So that's why you see the gap in number. For every dollar that's invested, there is that spread and that's because they looked at three different input-output economic models. Previous studies done by the U of G and Harry Cummings and Associates showed around the same, somewhere in that $2 to $3 range.

Ms. Stephanie Bowman: Okay, thank you.

Angela, we've heard a lot from nurses—deservedly so, with the crisis that we're facing. In different cities, we've heard from you. You've made your submissions. You've been talking to the government for quite some time. What do you think is the reason that you're not getting the response that you think is really the necessary one to your proposals?

Ms. Angela Preocanin: The reinvestment needs to be in health care and not in other avenues. We really need to concentrate on who's going to be there for us. I'm at the end of my career—closer to than I am at the beginning. I'm fearful for what we are seeing right now. Our nurses are crying out that they are desperate to leave. Young nurses don't last more than two years before they decide they're going in another career path or leaving the province altogether for competitive compensation.

The reinvestment needs to be here. We need to retain who we have. We need to recruit, retrain and respect. That's really the key—the reinvestment into health care.

Ms. Stephanie Bowman: Thank you.

I will conclude with Alana—again, a very informative presentation.

"Right to repair" is a phrase that we hear a lot. We hear it in the auto industry. We hear it with personal computer devices, phones etc. Where do you see the federal government versus the provincial government—the different roles that they have in helping to advance "right to repair"?

Ms. Alana Baker: Thank you for the question.

We want to see some leadership from the federal government. This is a national issue. As you pointed out, it's not just unique to the automotive sector; it hits a wide variety of other sectors. What we are looking for from the provincial government—we would like to see support, encouragement and, again, leadership, to work together with the federal government, to put in place "right to repair" legislation that affects the entire country. What we don't want to see is a patchwork across the country, from province to province, that varies. We do need to see some leadership at the national level to ensure that it's hitting every province.

Ms. Stephanie Bowman: I have to say, I just experienced this myself. I took it to an independent, and they did a diagnostic, only to tell me, $250 later, "You need to take it to the dealership."

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Stephanie Bowman: It doesn't seem fair for consumers.

Ms. Alana Baker: Absolutely. We hear about it too many times to count.

Ms. Stephanie Bowman: All the time, yes.

If a change is made around the legislation, how quickly do you think this could actually have a benefit to the economy in terms of saving consumers real dollars?

Ms. Alana Baker: I think the benefit could be very quick. First of all, it's allowing consumers choice, especially in this day and age, like we said, when we are facing a high cost of living. It puts more money back into consumers' pockets, which they can then use for other parts of the economy, so everybody benefits. It's about fairness and choice, at the end of the day.

Traditionally, you would call a wide variety of repairers, shop around for a few quotes, and then pick the one that works the best for you. Unfortunately, we're not able to do that at this point, if a repair shop can't have the access—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for that question.

To the government benches: MPP Anand.

Mr. Deepak Anand: I want to acknowledge and thank each of the representatives for coming here.

To the Ontario Nurses' Association: I just want to say that my daughter wants to be a nurse, and she is actually

volunteering at Credit Valley Hospital. Every time she comes home, she talks about the incredible work you guys are doing. So I just wanted to acknowledge that and thank you for everything—especially with you, 31 years of experience—

Ms. Angela Preocanin: It's 33.

Mr. Deepak Anand: Oh, my goodness—more than 31 years of experience.

On a lighter note, another thing I want to talk about is AIA Canada. I'm very much familiar with you guys. Before becoming an MPP, I actually had a warehouse. I had a small business in automotive, and I used to sell to a lot of the detailers. It was aftermarket, and this is what you represent here.

In the last 20 years, we've seen a shift and a change, where we saw a lot of this manufacturing initially—those parts used to come from Ontario, especially across and within Canada, and they started moving towards China mostly, Mexico in some cases. Now we see a shift to electric vehicles. We know that we're going to be a leader in EVs. Maybe it is time to take a pause and start thinking about how we can regenerate, recover and bring some of the manufacturing business. In a previous regime, we lost about 300,000 of those manufacturing jobs. There are many reasons for that—but it's not about talking about the past, but talking about the future. Is there any suggestion from you to us, as a government?

Ms. Alana Baker: Thank you for the question.

We're talking about, like you said, vehicles of the future, but we are already seeing these vehicles on the road today, and the technological revolution is moving at a very, very quick pace. When it comes to the transition to electric vehicles, the aftermarket cannot be an afterthought, and there's a wide ecosystem. I spoke to the labour needs. Our technicians need to have the skills and be prepared to repair these vehicles when they come into their shops. That problem is only going to grow, so we need to address that now.

1530

On the other side, I would say that adoption of EVs, not just in Ontario but across the entire country, is contingent on supporting an ecosystem where these vehicles can be readily repaired and serviced. This also includes making sure that we have the data that I spoke to earlier on the right to repair. There are over 25,000 independent repair shops across the country compared to about 4,500 dealerships. We hold the greatest market share, so we need to be able to—again, in rural areas, if our shops have to close their doors, what are folks going to do? So having access to the data is critical, and ensuring that our technicians have the skills they need is also critical to ensuring a successful deployment of EVs.

Mr. Deepak Anand: I'm very impressed. I asked you the question, what can we do to manufacture those parts, but you came back with the purpose of why you're here and the information you wanted to provide, so thank you for that. That's actually my next question.

I can't disagree. I actually 100% agree with you.

The program that you talked about with St. Lawrence College: My colleague PA David Smith and I are very passionate about training and skills development, of course, under the leadership of Premier Ford, who has been the key in this, and Monte McNaughton. The minister has been a very big champion for the workers in this space. You talked about those programs. We actually did deliver another one at Centennial College also.

To the committee: We have two wonderful peers from finance who need to hear the importance of the Skills Development Fund, who need to hear the importance of investing in labour, training and skills development. What is your advice to these two wonderful people?

We did invest $90 million recently in the SDF3. Should we continue? How much should we continue? How big is the impact?

Ms. Alana Baker: Absolutely. I think we should definitely continue.

I think, as I mentioned earlier, we have also put forward an application for SDF round 3 to expand the project that we have now. It has been hugely successful. The program is wrapping up in March but surpassing our targets.

I think the desire is there. We've seen participants from this program who have now since gone on to secure new jobs, and it's hugely, hugely important. Again, it's all about the technology. It's an exciting time to work in this sector, but they need to have the skills in order to do so. So we are absolutely supportive. It's certainly a help for our sector, and we want to continue to see it grow.

Mr. Deepak Anand: You briefly touched on getting ready for the future. When we talk about the future, when we talk about the labour force, our youth, grade 9 to 12 students, are part of that future as well. We do have another program called the Ontario Youth Apprenticeship Program. I'm sure you're aware of that. I'm just asking you at your end, please do look at that program. Please help us to spread that. It's something that we are proud of, with the investment of about $22 million into this program, building those leaders of the future in your industry.

Last, I just want to talk about—you briefly touched on your federal right-to-repair legislation, when you guys went and spoke to Bill C-244 and presented on it. I do hear it, that what you're looking from us—although it is federal legislation, you're looking for support from us. But other than just writing a support letter or just talking about it, is there anything else we can do? Just let us know that as well.

Ms. Alana Baker: Sure. Bill C-244 is certainly part of the puzzle; it's not the entire solution. So what we do need to see is, yes, just the support to enact stand-alone legislation that is going to address the issue at hand.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Alana Baker: Bill C-244 is one part but it's not going to be the end.

Mr. Deepak Anand: Thank you so much.

The Chair (Mr. Ernie Hardeman): MPP Byers?

Mr. Rick Byers: Thank you for the great presentations this afternoon from all of you.

A question to you, Richard, and your organization. Thank you for outlining the RMP and your request there for a further increase from the one that our distinguished Chair—I'm curious about the administration of the program. You want to take it from $150 million to $250 million, but within the sectors, and you listed them, mechanically, does it work well in allocating these funds among the various sectors, or is there anything we can learn on that end too?

Mr. Richard Horne: That's an excellent question. I think that has been discussed internally with the current minister and, in fact, the previous minister on this. I think that the allocations are set roughly—

The Chair (Mr. Ernie Hardeman): I hate to do this, but you're going to have to keep that for the next round because your time is up.

We're now with the official opposition. MPP Fife.

Ms. Catherine Fife: Thanks to all the presenters.

Richard, I'm going to start with you. Our agricultural critic, MPP John Vanthof from Timiskaming-Cochrane, often talks about the importance of having a vaccine bank for livestock. Can you expand on that a little bit and give us some sense of how important it is?

Mr. Richard Horne: That's a great question.

I would agree that it's critically important. In the beef sector, foot-and-mouth disease is a growing global threat that, if it landed on our soils here, would devastate the beef industry potentially worse than BSE, or mad cow disease. So we've been advocating to the federal government for funds to fund an FMD vaccine bank. The USDA does the same thing. We feel that it's the federal government's responsibility to fund that. I can't speak to the other sectors—but for the beef industry, yes.

Ms. Catherine Fife: Moving on to Angela: Angela, my colleague across the way was just encouraging us to listen really hard to how important skilled trades are, and I'm hoping that he will do the same, because I want to give you an opportunity to be very frank with this government about Bill 124, because they do not believe that Bill 124, which is wage-suppression legislation, is impacting the health care sector and our health human resources crisis. In fact, even when the Minister of Health received a binder from the Ministry of Health indicating that Bill 124 was driving health care workers out of the field, they still moved ahead with Bill 124. As you know, they're fighting Bill 124 after they've already lost this fight in court. This morning, we heard that Bill 124 is humiliating for health care workers. So I really need you to be very clear with this government on how Bill 124 is negatively impacting the health care workers but ultimately also impacting the health and well-being of Ontarians seeking assistance in our system.

Ms. Angela Preocanin: Bill 124 has devastated our profession. It has absolutely devastated nursing and the health care workers of this province. Bill 124 is the driving force. When the government came forward with this wage suppression, not allowing us to have free collective bargaining, this was a slap in the face to the people who have worked tirelessly during COVID. COVID has been the worst nightmare of any health care provider. And if the public can't see it, and if our politicians can't see it, go into the hospitals and see what's going on. We have nurses who cannot stay in the profession—retiring early, prematurely retiring, leaving the profession. We have young nurses who cannot cope with the amount of death they've seen, with the amount of stressful situations—hours of wait in the emergency rooms; not being able to provide care for that child who comes in, because there aren't enough nurses to look after that child who desperately needs care; a parent who is pleading for help. We don't have the resources because they're driven away. Bill 124 has been the primary cause of nurses leaving the profession and health care professionals leaving the profession.

Ms. Catherine Fife: The government will talk about recruitment, but we are losing those trained, experienced health care professionals, and so they're working against themselves. That's how we see it. And I do appreciate you for saying that.

It also is helpful that an arbitrator just ruled in favour of Ornge ambulance having to pay their paramedics more money after the wage-restraint legislation was brought in.

I think it's imperative for government members to know that they're going to lose this in court. They shouldn't be fighting it in court. They should go back to the table and really instill more confidence back into the sector. Do you think that's an important first step for the government?

1540

Ms. Angela Preocanin: Absolutely, it is.

Ms. Catherine Fife: Okay. Thank you very much.

I'm going to pass over to MPP Pasma.

The Chair (Mr. Ernie Hardeman): MPP Pasma.

Ms. Chandra Pasma: Thanks so much to the witnesses for being here.

Angela, I just want to follow up on that line of questioning. Last night I heard from Rachel Muir, who's the bargaining president for ONA Local 83 at the Ottawa Hospital, that the Ottawa Hospital has over 500 vacancies for nurses currently. And in terms of what that translates to for care at the hospital, that means every single day every single unit is working at least one nurse short, if not more.

Can you talk about how that contributes to the scenario you've described of working conditions that are untenable for nurses?

Ms. Angela Preocanin: For instance, if you have a ratio of one nurse to four patients on a surgical unit, it's now 1 to 8. So there's one nurse looking after eight surgical patients. There's one nurse on a night shift looking after 20 medical patients where it would have been four nurses on a night shift. In some instances, nurses don't show up to work, so then they redeploy from other units.

And "a nurse is a nurse is a nurse" is not true. We all have our specialties. We all have our expertise. You can't send a nurse from a maternity floor to look after adults that are outside of their scope. That's just the reality of what is happening. We are just putting people in pegs and expecting them to provide the care that the patients deserve, and this is now creating such moral distress for the nurses that it is unconscionable to allow this to continue.

Ms. Chandra Pasma: What I've heard from nurses at ONA Local 83 and Local 84 at the Queensway Carleton

Hospital is that the short-staffing is also contributing to the levels of violence that we're seeing.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Chandra Pasma: Patients are waiting far longer for care, and then nurses are also, as you say, dividing their time between far more patients, which means that the care may be more rushed or they're not getting to patients in what the patients feel is a timely fashion. Are more nurses part of the solution to violence that health care workers are experiencing?

Ms. Angela Preocanin: Absolutely, it is. With the de-escalation skills that nurses can provide, you have to have the staff there to do it. When you don't have the staff there, the modicum of civility is now gone.

Ms. Chandra Pasma: Right.

Ms. Angela Preocanin: Everyone is at a short fuse. And that goes with nurses and that goes with patients. And so the level of violence that has been happening, we're hearing more and more, to the point where nurses are not coming to the workplace. They're leaving because of PTSD, violence that they're experiencing every single day. And it's not just "I don't like you"—

The Chair (Mr. Ernie Hardeman): Thank you. That ends that question.

We now go to the independent. MPP Bowman.

Ms. Stephanie Bowman: I'll start with Richard again.

Richard, I'm the agriculture critic for the Liberal Party, and my grandfather was a beef farmer here in Ontario. I know that family farming is a big part of the industry broadly in Ontario. I wonder if you could just talk to the role that the risk management program plays in helping family farms continue, helping them be able to have subsequent generations keep farming, because we know that that's an important part of, today, how our farming industry works.

Mr. Richard Horne: Yes, thank you—great question. I think programs like the RMP—when farmers have stability and security behind them through insurance programs, they're more willing to invest in infrastructure, in equipment, in labour and on-farm extras that may not normally invest in, particularly now around environmental efficiencies. When they don't have that type of security, they're much less likely to do those things. And I think it also sends a signal to the next generation that if there's no stability in this, why should I take over this farm? It's decisions about liquidation, and taking the equity out of those properties becomes a lot more real.

Ms. Stephanie Bowman: Thank you.

And Alana, another question for you. You talked a bit about Bill C-244 and how that's a piece of the puzzle. Again, just kind of help educate us a little bit more on what would be required at the provincial level. For example, could a member of the government put forward a private member's bill to advance this? How much regulation or legislation would be required to advance the right to repair here in Ontario?

Ms. Alana Baker: Sure. Thank you for the question. Absolutely, I think the answer is more about having the proper mechanics for the legislation in place. What I mean by that is Bill C-244, like I said, is part of the equation, because it addresses some issues on the copyright side. But there's also the Competition Act that needs to be amended as well.

More importantly, I talked about this voluntary agreement, and what's missing is proper enforcement and also the advancements that we're seeing in technology for vehicles; we have telematics systems now, for example, in vehicles. The current voluntary agreement doesn't even address these computer systems that are collecting and processing all of this data, so having legislation in place that includes an enforcement mechanism, that includes addressing the telematics piece, ensuring that all players are at the table, is going to be important.

Putting forward a private member's bill would certainly help. A study would certainly help. Just encouragement to the government to take a lead role and have a proper piece of legislation in place would go a very long way.

Ms. Stephanie Bowman: Have you gotten any indications yet from the government on their interest in that? Is it something that we can hope to see?

Ms. Alana Baker: Momentum is certainly growing. I think what they're looking at right now is Bill C-244 as the avenue to collect feedback on the right to repair in general. It's not specific, however, to the automotive industry, or any industry, for that matter, so it does not go far enough.

They are certainly listening, and we're seeing momentum growing, not just in Canada but in other jurisdictions around the world.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Alana Baker: Once that goes through that phase and continues to go through the process, we are hopeful that we will continue to see momentum rise for stand-alone legislation.

Ms. Stephanie Bowman: Great. I'm going to turn it to my colleague MPP Blais, with a question for nurses.

Mr. Stephen Blais: Thank you very much. It's not so much a question, but more of a comment. About 10 years ago I spent four months in a hospital, two and a half months in critical care at the heart institute and another six weeks at the rehabilitation centre here in Ottawa, learning to walk again. It's because of nurses that I'm here, so thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes it.

We'll go to the government side. MPP Byers.

Mr. Rick Byers: Richard, back to you: I was asking about RMP and how it works within the sectors. Maybe you could carry on in your thoughts there.

Mr. Richard Horne: Yes, thank you. So each sector commodity gets an allocation within the current funding envelope that's roughly proportionate to the size of the sectors in terms of output. Could we relook at those? Yes, but I don't think that's going to do anything other than rob Peter to pay Paul. The program needs more money.

Mr. Rick Byers: Got it. Okay. Thank you. I wanted to ask you about your costs; you mentioned that in your presentation. We've seen some commodity pricing flatten or even coming down; although diesel is still very high compared to where it was historically. Can you give me a sense of whether some of the costs in your industry are seeing

some flattening or even coming down, or are there still pressures throughout?

Mr. Richard Horne: I think the most volatile is on the fuel side. Gasoline has come down; diesel has stayed high. But I think, overall, all the major inputs in the majority of the farm sectors supported by this program have seen a serious rise in costs that have not been matched with rising market prices.

Market prices are high. They're good. Thankfully they are, because if they weren't, there's no way that the current cost-of-production environment could be sustained. These operations couldn't handle it.

Mr. Rick Byers: Got it. Okay. Thank you. I represent a rural riding and have met and continue to meet with a lot of producers. One comment I've heard in the beef industry is on processing and the concentration of that availability among major suppliers. Does that continue to be a challenge for many of your members? Are there other things that we can do, or is this just going to be the way it is, given the players involved?

Mr. Richard Horne: Great question. Thank you for that. I want to commend this government for investing in food processing, throughout the pandemic and afterwards. I'd say, continue to do that. Infrastructure is an issue, and you can't force a company or a private investor to invest in food processing, particularly meat processing. But labour continues to be the biggest challenge now, I think, more than bricks and mortar.

So, echo advocacy at the federal level and continue to support labour training and skills training in butchery and industrial meat-cutting. You guys are doing a good job there; we just need to keep doing more.

1550

Mr. Rick Byers: Thank you, Mr. Chair. I'll pass it on.

The Chair (Mr. Ernie Hardeman): MPP Cuzzetto.

Mr. Rudy Cuzzetto: Alana, before I became an MPP, I worked for Ford Motor Co. for 31 years. I'm still working for Ford, but a different Ford, right now. So I never left Ford.

When a car is under warranty for four years, you don't see that car. Correct?

Ms. Alana Baker: Rarely.

Mr. Rudy Cuzzetto: The aftermarket parts—I had an issue with my car, and I ordered a clutch from England, because it was $2,000 in England and it was $5,000 here. So I had it shipped. It was much cheaper to have it shipped from England.

The aftermarket is very important to the automotive industry, but we have a shortage of mechanics, as well. And being the number one jurisdiction in the world that—we will be building EVs here. As a government, what can we do to attract more people to the automotive industry?

Ms. Alana Baker: Someone mentioned high school, but I actually think it starts even before that. It also starts with the parents. There's a certain stigma, I believe, that's associated with the automotive sector. I think we—industry, together with government support—can do a better job at promoting the skilled trades as an exciting career. There's a beautiful career trajectory within the sector, but we need to do a better job of promoting that, talking about the lifelong benefits and the skills that are attainable. So I think it starts at that very, very early stage, to encourage students to pursue a career in the skilled trades.

Mr. Rudy Cuzzetto: I agree totally. I know when I was working at Ford Motor Co., a lot of the workers there were bringing home six figures—well-paying jobs. Our electricians and pipefitters were doing very well.

I want to go back to Angela on health care. As you know, our government is increasing investment in health care by $5.6 billion for 2022-23. We're putting in $40 billion in infrastructure to build hospitals across the province—this has never been seen in the province of Ontario—as well as $6 billion in long-term care. We've already hired 14,000 new nurses in the province of Ontario, and we're working on hiring 27,000 PSWs. Have you ever seen this happen in the province of Ontario before?

Ms. Angela Preocanin: I'd like to know where those 14,000 nurses are, because I don't believe that they are there.

Mr. Rudy Cuzzetto: They're in the system.

Ms. Angela Preocanin: If they were in the system, sir, respectfully, then we wouldn't have the vacancies that we have—Ottawa, 500 vacancies; London Health Sciences, another big hospital in Ontario, 800 vacancies. There are vacancies everywhere.

Mr. Rudy Cuzzetto: There are vacancies across the province at every job. If you look at the automotive industry, there's a shortage there. There's a shortage in the beef farmers' market, as well. There's a shortage in every industry across this province, and across Canada and the world.

So I agree that there is a shortage, but we are working at improving it. We have done many steps that were never done in the province of Ontario before.

Ms. Angela Preocanin: Well, I would say that the infrastructure and building more beds—it's only furniture if there's no one there to look after those patients. So I don't believe that we're moving as fast as we think we are.

Mr. Rudy Cuzzetto: I agree that we have to move quicker. I'm not disagreeing with you. But we have to first build the infrastructure, too, to attract people to come into it. So that's what we are doing now as a government.

These are staggering numbers, and half of the Ontario budget is spent on health care. These are incredible numbers that we are investing in health care in the province of Ontario. If you look at any other jurisdiction in Canada, they're not investing as much as we are.

Thank you.

The Chair (Mr. Ernie Hardeman): We'll go to the official opposition. MPP Kernaghan.

Mr. Terence Kernaghan: Thank you to all our presenters who've arrived here today.

Alana, I want to thank you very much for describing the right to repair to this government. I think in Ontario, we have an obligation to make sure that we have effective consumer protection, and I believe that we also need to strengthen consumer rights.

Thank you, as well, to the beef farmers for their suggestion to increase the Risk Management Program. It's something that we've heard in a number of different locations.

My question is for Angela. You just mentioned that there are hundreds of vacancies in the Ottawa area and hundreds of vacancies in the London area. Do you think that it's more important that this government invest in infrastructure, or actually invest in nurses and in delivering health care?

Ms. Angela Preocanin: Retaining, recruiting, retraining and respecting is exactly what we need from this government. We cannot say any more about health care except that it is one of the most important parts of our lives. So to suggest that infrastructure is going to make it better—if you don't have the nurses there and the health care professionals to look after the patients, it's just a room with furniture and no one there to support it.

So, clearly—and those are just some numbers. The GTA is working on agency nurses filling vacancies at three times the hourly rate of the highest-paid registered nurse, at a 25-year rate. That price gouging needs to stop.

Mr. Terence Kernaghan: Absolutely.

I was also really struck by your comment about how Ontario needs to phase out for-profit homes. Why is profit-making in health care so deeply problematic?

Ms. Angela Preocanin: It drives the prices down for the service, and the profit is in the pockets. We see this with the level of expertise that we see in long-term care. There are regulations that require a registered nurse, 24/7, in a long-term-care facility. That's not always the case, because they're driving out the nurses from these units, from these long-term-care facilities, and the profit is going up for the provider and not being reinvested in the care that needs to be provided.

Mr. Terence Kernaghan: I'd like to pass my time to MPP Pasma, Chair.

The Chair (Mr. Ernie Hardeman): MPP Pasma.

Ms. Chandra Pasma: Angela, I want to follow up on your remark about rooms being just rooms with furniture if we don't have the health care workers to staff them. While we have this incredible backlog and long wait times for care of all kinds, which the government says requires us to move to a private, for-profit model of care, we have operating rooms in Ottawa—at the Ottawa Hospital, at the Queensway Carleton Hospital—that are definitely not being used around the clock but in some cases are being seriously underutilized because we don't have the nurses and health care workers to staff them. The government says that means we have to go private, but my fear is that having this competing private system is going to draw our nurses and health care workers out of the public system. You mentioned agencies being able to pay higher wages to nurses and that being an attractive option. Well, now here's an option outside of the public health care system, with better working conditions, that's going to be drawing nurses away if the government is not actually prepared to address wages and working conditions within the public system. Is that also your fear with this privatization plan?

Ms. Angela Preocanin: Absolutely. We are currently looking at being one of the lowest start rates in the country for registered nurses. We need to be competitive. We need to have competitive compensation to draw back nurses who are leaving this province. The private sector, to take over nurses outside of the public—it's just going to be a greater war zone than it already is.

Ms. Chandra Pasma: And is there a magical pot of health care workers and nurses that exists that the private sector can draw on, that the public sector is not able to now?

Ms. Angela Preocanin: Of course not. They're just going to suck them out of the public system.

Ms. Chandra Pasma: Exactly.

I was really pleased to hear you mention the need for a sustainable care plan for people with long COVID. As someone who had long COVID for two years, I know Ontario has not done nearly enough. Finally, after three years, they've acknowledged that long COVID exists, but there's still not adequate treatment, employment support options, income support options for people with long COVID.

Does ONA have any data on how many nurses and health care workers have been affected by long COVID and who are now not able to work in our health care system because they're still dealing with long COVID?

Ms. Angela Preocanin: I don't have that data with me, but I certainly can get that provided to you.

Ms. Chandra Pasma: Thank you very much.

I'll give the rest of my time to MPP Harden, Chair.

The Chair (Mr. Ernie Hardeman): You have 1.4 minutes. MPP Harden.

1600

Mr. Joel Harden: Thank you, Chair. It's a pleasure to take in as much as I could of this particular panel. I was called away for a moment with some work. Angela, thank you, as everybody has said; but thank you, honestly, from all the people and the families contacting us.

In the time I have, though, Ms. Baker, I have a couple of questions for you. Our family made the investment the summer before last in an electric vehicle. We've been very happy to have it, but we noticed particularly in the winter, it doesn't get as far as it does in the summer. When I've taken it twice to Toronto for work, it is difficult sometimes to find charging facilities, so I'm wondering if your organization has taken a position in favour of amendments to the building code that would require new builds to have those charging capacities because, as you said in your presentation—what I caught of it—this is the future.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Alana Baker: Right, it's certainly the future. I can't say that we have not taken an official position on amending building codes, but I do think, overall, infrastructure plays a key role in building consumer confidence to purchase the EVs, and when they do purchase these EVs, that they are confident to be able to charge them, but also to be able to get them fixed and looked after when they have them. So incentives are a big piece, infrastructure is a big piece, but I would say that infrastructure is not just about charging stations; it's about ensuring that our garages have the data to fix them.

Mr. Joel Harden: Let me ask the question in a different way: Does it make sense to build a building now that we're going to have for 50 years without a charging station

in it? Does that make any sense, given where the industry is going?

Ms. Alana Baker: I think that, again, with the fast-paced advancements in technology, we need to be looking ahead to the future. We know that this is coming because it's already here, so let's prepare to ensure that it is.

Mr. Joel Harden: I'm going to take that as a yes, then.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time and that also concludes the time for the panel, so we thank the panel very much for taking the time to prepare and taking the time to come and share all this information with us.

REGISTERED NURSES' ASSOCIATION OF ONTARIO, OTTAWA CHAPTER
RURAL OTTAWA YOUTH MENTAL HEALTH COLLECTIVE
OTTAWA BOARD OF TRADE

The Chair (Mr. Ernie Hardeman): The next panel is the Registered Nurses' Association of Ontario, region 10, Ottawa; Rural Ottawa Youth Mental Health Collective; and Ottawa Board of Trade.

Interjection.

The Chair (Mr. Ernie Hardeman): Okay. For the committee's benefit, the first one, the Registered Nurses' Association of Ontario, region 10, Ottawa, are virtual. I believe they're up on the screen as we speak, and so we will start there. That's the first presentation. You will have seven minutes to make the presentation. At one minute, I will tell you that you have one minute left, and then at seven minutes we will go on to the next presenter.

With that, the floor is yours—and we do ask that you introduce yourself, for anyone who starts speaking, to make sure that Hansard records the right comments for the right people.

Ms. Laura Crich: Hello. I just want to ask first if everyone can hear me well enough?

Interjections: Yes.

Ms. Laura Crich: Okay, perfect. Thank you.

To start off, thank you for the opportunity to speak today. My name is Laura Crich. I am a nurse in Ottawa. I am the president of the Ottawa chapter of the Registered Nurses' Association of Ontario. I speak on behalf of 3,500 nurses, nurse practitioners and nursing students in Ottawa and the surrounding region. Joining me today are two members of my executive: Ellen Shipman, the past president and board representative, and Grace Kennedy, our finance officer. They're on the call here.

We are here today to impress on you the need for the Ontario government to take the nursing crisis more seriously when developing the 2023 budget. From personal experience and the experiences of our members, many health care facilities in Ottawa are working short-staffed most shifts, this being worse on the night shift and weekends.

One example from my personal experience working at a large emergency department in the city: On the night shift, we are supposed to have 21 nurses and one night I worked, we had 10 nurses—less than half our staff. In certain areas of the department, the nurse-to-patient ratios were as high as one nurse to 40 patients. We were concerned that night that if we received multiple trauma patients, we would not be able to care for all of them. And this was not a one-off occurrence.

A second example that a prominent nurse leader in Ottawa brought to our attention is the lack of home care services available, specifically hospice care. She witnessed several patients being denied the dignity of dying at home or in a hospice because of how understaffed these services are—mainly a lack of nurses.

We are on the eve of the three-year anniversary of COVID-19, a pandemic which has been brutally hard on nurses. RNAO conducted a survey with 5,000 respondents, showing that 75% nurses are burnt out, and that nurses are experiencing levels of depression, anxiety and stress like never before. I can personally attest to this because I have watched many colleagues leave the profession because they feel like they are being put in unsafe situations and struggle daily with moral distress. I actually left the ER this past fall for these reasons, and I now work in a different department.

It should be noted that it comes as no surprise to nurses that we are in this crisis. We have been sounding the alarm for decades and it has fallen on deaf ears. We entered this pandemic vastly understaffed when comparing nurse-to-patient ratios in other provinces. Ontario was short 22,000 RNs compared to the rest of Canada. We have come out much worse than the rest of Canada. That shortfall now totals 24,000 RNs.

When you look at job vacancies, we entered this pandemic with about 3,000 RN vacancies, and we now have more than 9,000 vacancies and climbing. We are pleased the Ford government heard our call in the 2022 budget by increasing nursing seats at educational institutions for RNs, NPs and RPNs, but we now urge you to heed our full ask this year. We call on Minister Byers to allocate funding for a minimum of 1,000 additional RN seats, 500 RPN seats and 100 NP seats per year for the next four years.

But recruitment in the nursing profession is for naught if we are not able to retain the current talent in Ontario. On this, we have been watching the government's response with profound disappointment and grave worry. The appeal of the court decision on Bill 124 is disrespectful. I can tell you many of my colleagues have left the profession because of Bill 124. Further, the as of right to expedite out-of-province nurses getting registered is frivolous, given that only 194 nurses from other Canadian jurisdictions are waiting to register here in Ontario. This will not even come close to solving the current vacancies or bringing the nursing ratio in Ontario up to par with the rest of Canada.

Finally, the plan to move surgeries to for-profit clinics will undermine our public hospital system, a system that has been pleading for thousands more nurses. This plan will erode Ontario's universal and equitable access to care in our province and it must be stopped.

Minister Byers and committee members, the RNAO urges you to understand that a nursing crisis is a health care crisis. If the Ford government is truly interested in providing Ontarians with access to safe, quality health care, it must include in this budget competitive compensation and safe workloads for our nurses. We need to ensure that nurses who have stuck it out through this pandemic stay in Ontario, we need to attract back those who have left, and we need you to invest in strategies to attract, educate and retain the next generation of nurses.

And not to forget, a critical piece of solving this health care crisis is access for every Ontarian to a primary health care provider. If your government is serious about ensuring access to primary care, it must fund a minimum of two nurse practitioner-led clinics. As you may be aware, there are several robust proposals that have been waiting for nurse practitioner-led clinics—they have been waiting for over a year and have not been approved. Ontarians and nurse practitioners can no longer wait.

On February 10, the RNAO will provide a fuller written submission covering these and other budgetary asks which are essential to Ontario's health. Just to mention, some of those that we didn't get to today are improvements in long-term care, the opioid crisis, nurse practitioners in correctional facilities, income security and other issues affecting the health of Ontarians.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Laura Crich: My executive team, all the nurses in Ottawa and myself thank you for listening to us today. I will leave you with this: Nurses have always been here to take care of Ontario's citizens, but we truly feel like our government has not taken care of us. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for the presentation.

We now will go to the Rural Ottawa Youth Mental Health Collective. I believe they're here. The same rules apply: We ask that you state your name as you make your presentation.

Ms. Meagan Ann Gordon: Great. Good afternoon, everyone. My name is Meagan Ann Gordon, and I am here on behalf of the Rural Ottawa Youth Mental Health Collective.

Thank you for the invitation to be here, and thank you to MPP Ghamari, my local MPP, for the support and recommendation to attend.

I'm here on behalf of the Rural Ottawa Youth Mental Health Collective, which comprises 12 multidisciplinary agencies who are deeply invested in the mental health of rural Ottawa youth. Our collective has observed that while mental health needs have increased in general and increased in complexity, accessible mental health supports in rural Ottawa have been basically non-existent.

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Ottawa is a very unique municipality. It has one of the largest rural areas of any city in Canada. Some 80% of the city is made up of rural area, with less than 10% of the population living there. There are five rural wards in Ottawa. The one that I live in, ward 21, is Rideau-Jock, and it's approximately the same size as the geographic area of the GTA, the greater Toronto area.

This makes it difficult to compare to other rural areas, because we're located so closely to an urban centre. However, the experience of youth living in rural Ottawa is very disconnected from the urban core, and it's causing them to fall through the cracks. Past attempts to address these issues have been met with a lack of understanding of the true barriers faced by rural youth: access, distance, no public transportation, the necessary disclosure to caregivers in order to access urban services, lack of understanding of what exists in the urban core, and the general perception that Ottawa's urban supports are too busy or simply do not reflect the unique needs of rural residents, to name a few.

I'm going to tell you a story about a youth I talked to recently. This youth is 17 years old, and they live in Fitzroy Harbour, which is a community along the Ottawa River. It's the extreme northwest of the city.

They go to high school, but they are very clear that their school actually perpetuated their mental health struggles. Accessing supports within their school was not a safe option for them. They need community-based supports. Finally, after struggling for a long time, this youth was ready to ask for help. They called 211, a helpline that's meant to connect you to social services and community supports. They asked for the youth's postal code. It's K0A. They typed it in, and suddenly the operator's screen was full of community resources that this youth was eligible for. They were specialized, they were community-based and they were free and accessible. Everything fit the bill—for someone who lives in the city of Ottawa. That's who they're eligible for.

The first service was based out of CHEO, which is on Smyth Road. Without traffic, it's about a 50-minute drive from Fitzroy Harbour. There's another free service in Kanata, which is closer, but there's no public transportation out of Fitzroy Harbour. The youth can't get there.

Sometimes rural Ottawa youth actually prefer to go to neighbouring municipalities like Arnprior, Kemptville or Carleton Place to get services because of the perception that they're more accessible and more set up in understanding about unique rural issues and barriers. But often your eligibility for these programs is based on your postal code, so for this youth, again, it wasn't an option.

Finally, this youth disclosed to their family that they needed support, and a parent took the day off work to bring the youth to a very specialized drop-in program not far from here, on George Street in the market. It was a really big deal for this family, and a lot of planning went into it. They arrived to the program, and just as they walked up, there was a sign on the door that said, "Drop-in full for tonight." So they didn't get seen that day. From my understanding, this youth never went back to that program.

This story isn't an isolated event. Social services and grassroots organizations in rural Ottawa have been hearing stories like this for years.

So here comes our collective: in 2018, we were formed. We did extensive research and we learned exactly what needs to be done to make youth feel supported with their mental health in rural Ottawa. We talked to youth. We talked to their parents and caregivers, to local politicians,

educators, service providers, hockey coaches, Scout leaders—anyone who would talk to us, all of whom were concerned about the lack of accessible, equitable and inclusive mental health supports for this vulnerable group of youth.

We defined the challenges. We developed a baseline of how many youth currently feel supported, and learned what kind of programs and services our collective and our members can implement to help youth feel more supported. And then we set a goal: By 2024, 80% of rural Ottawa youth will feel they're getting the mental health support that they need, or know where to go if and when they need that support.

We learned the absolute best way for youth to feel supported and access mental health services is to have it in their own communities. We then created strategies to achieve our goals, and we began implementing programs and advocating for services to reach rural youth. We are part of a preventive strategy. We want to support rural Ottawa youth, so they are able to be successful, mentally well and happy adults. We've talked in depth to rural residents and service providers about how to support rural youth, and we know exactly what it will take. We're doing a good job, and we're only getting better—which brings me here today.

Making sure that rural youth are supported in their mental health requires government investment. We're in our last leg of funding from the Laidlaw Foundation. In order to continue our work, we need to secure sustainable funding beyond 2023. Our collective and/or our member organizations need consistent funding dedicated to increasing rural Ottawa youth mental health supports so we can continue to connect with, support and set them up for future success. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. The next one is the Ottawa Board of Trade.

Ms. Sueling Ching: Good afternoon, and thank you for this opportunity to present. My name is Sueling Ching, and I am the president and CEO of the Ottawa Board of Trade. We are the voice of business and a key advocate for economic development in our nation's capital. Our mission is to cultivate a thriving, world-class business community, one that drives affordable, inclusive and sustainable city building and community prosperity. We work closely with our colleagues at the Ontario and Canadian chambers of commerce as well as key economic partners at all levels of decision-making.

I want to use this opportunity today to say thank you to our Ottawa MPPs for their collaboration and hard work on behalf of our city, and welcome back to Ottawa, MPP Byers. Thank you again for being here. We want to say thank you to the Ontario government, the Ontario NDP, the Ontario Liberal Party and the Green Party and your staff teams for your support and consultation, demonstrating your understanding that business success and economic growth drive community prosperity and quality of life for all.

We have the unique opportunity to leverage what we have learned over these last three years. Our economy and our health are intertwined. We must prioritize progress over perfection, and radical collaboration can be our competitive edge. Together, we must focus on a growth agenda—the power to inspire the private sector to lead the way. Ontario must focus on creating the right environment for business predictability, competitiveness and growth.

Today, we are asking the provincial government to focus on five main areas: workforce development, housing, innovative infrastructure, being open for business and health care.

Labour shortages continue to be one of the greatest challenges facing our businesses today. Ensuring businesses find the employees with the right skills is vital to our overall competitiveness. We ask you to recognize foreign credentials, enhance online training, fast-track in-school credentials, develop financial support for underemployed populations to access training opportunities, consider additional pathways to permanent residency for public post-secondary students, work with the federal government to increase Ontario's allocation of immigrants, and continue to support and promote the skilled trades as a viable career option.

In housing, we seek to attract more immigrants, so we need to ensure that they have adequate housing. We ask that you create a distinct strategy to address regional challenges in the housing supply, continue to support targeted workforce development in the skilled trades and increase economic immigration to attract and retain workers to build the needed housing supply.

Number three: Innovative infrastructure is critical to economic growth and a key factor in determining where people choose to live and where businesses choose to invest, not to mention that our nation's capital is a gateway city for Ontario and a draw for international business and leisure travel. The visitor economy is the front door to every other form of economic development, and the amenities that we build for visitors are the same that we use to attract residents and talent. As such, we ask the Ontario government to work with the private sector and federal and municipal governments to ensure that investments are made in Ottawa's integrated public transit system, our international airport—including helping us develop direct flights—our world-class research facility in the Ottawa Hospital and projects to strengthen Ottawa as a destination, including in our downtown core, which has been disproportionately impacted by the pandemic.

The pandemic has made many challenges for business, and we must focus on making it easier to do business in Ontario. We ask the government to commit to and create mechanisms to protect and/or compensate parties from the cancellation or revisions of contracts with the provincial government, modernize regulations and ensure timelines and consultations are transparent and give sufficient time for businesses to plan, and ensure proposed changes are focused on outcomes and supported by a cost-benefit analysis.

Finally, a strong economy is built by healthy and resilient communities. We need to address the challenges within our health care system, especially as our population continues to age. We ask the government to look at innovative future planning for health care services and eliminating

our backlog and guard against the mental health echo pandemic by supporting Ontario workers, businesses and the health care system to address increasing mental health and addiction challenges, including the opioid overdose epidemic.

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The last few years have been characterized by tremendous uncertainty, a prolonged pandemic, record high inflation, supply chain disruptions, labour shortages, rising cost of doing business and geopolitical turmoil. If we want our economy and the people to emerge stronger amid so much uncertainty, Ontario must continue to focus on creating the right environment for business predictability, competitiveness and growth. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. That concludes the presentation.

We'll start the questions with the government benches. MPP Byers.

Mr. Rick Byers: First, thank you for all the presentations on this segment—terrific. I was here for a Ministry of Finance consultation—I can't remember the date—but it's good to be back and great to see several of you again.

I want to start with the registered nurse association, if I could, please, and start by saying, thank you for your great service as a community during the past long while—much appreciated. I want to emphasize I heard your message very clearly this afternoon on the points you made on compensation and otherwise, so thank you.

One question on training: I met actually with Georgian College in Owen Sound last week, and, as you know, there's expanded training for nurses there. In fact, I have their pin on the lapel today. It was very, very exciting to see the expanded practice. I know that will not be adding nurses for several years out, given the graduation, but I was curious whether that expanded education capability, particularly in rural communities, is something that your association is hearing and is something we should continue to do as a government.

Ms. Laura Crich: Thank you for your question, and thank you for hearing us today.

Yes, I believe as I had mentioned the RNAO asked last year to have increased seats in educational facilities. That was met, but I believe it was half met. I don't know the exact numbers. But today we were asking for more seats than what was provided last year—although a good start, not sufficient. So the answer to the question would be, yes, we absolutely have to increase the number of nurses that are being trained.

Mr. Rick Byers: Got it; thank you very much.

Ms. Laura Crich: Although—sorry, actually if I could add one thing—

Mr. Rick Byers: Of course.

Ms. Laura Crich: I was just going to say: One huge problem with this though is there are not enough nurses to actually train the new nurses in hospitals. Currently in my department we have 10 nursing students, and we actually don't have enough nurses on staff most of the time to buddy with each of these nurses to teach them. So just as something to consider: putting out more nurses, yes, but there are not even enough nurses to train the new ones—just to add.

Mr. Rick Byers: Got it. Thank you. It's much appreciated.

Question to Meagan now: Thank you for all you're doing. Every time I hear the story of your organization, it's absolutely terrific for what you're doing for youth and mental health.

Ms. Meagan Ann Gordon: Thank you.

Mr. Rick Byers: I'm just curious to make sure—and Goldie by the way has been messaging actively on your behalf. She was there—

Ms. Meagan Ann Gordon: Great. She's a good advocate.

Mr. Rick Byers: In some senses, that'll continue. It's good to see her coming out of her shell.

Anyway, I want to make sure that I understand your funding model. You've outlined it briefly. Is this entirely public sector from various levels, or is there external fundraising? Forgive me; you may have said it, but I'd appreciate you just again confirming that.

Ms. Meagan Ann Gordon: That's a great question, thank you. We are a collective of 12 different organizations right now. We have Ottawa Public Health, we have the Ottawa Police Service and then we have the community resource centres within Ottawa—so Nepean, Rideau and Osgoode Community Resource Centre; western Ottawa; Orléans-Cumberland. Our partners exist, and they have funding for their own rural work.

The collective is basically an advocacy person; I'm a one-woman show. I'm pushing forward the message. We have funding from the Laidlaw Foundation, which is a mix of private dollars and provincial dollars, up until August of this year, when we've just completed the funding cycle.

While we're looking for more resources in the Rural through our partners specifically, we're also looking for funding for the collective to continue the dedicated work of myself. So it's a combination of everything.

Mr. Rick Byers: Excellent. Thank you very much.

Mr. Chair, I will pass it down to Effie.

The Chair (Mr. Ernie Hardeman): MPP Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: I just wanted to add on a bit to what my colleague MPP Byers was mentioning in terms of nursing seats. The government invested $145.5 million to increase the number of nurse education seats by 1,500, which will add 2,000 nurses to the system by the years 2025-26, so I just wanted to pass that on.

In addition, we've made investments of $9.4 million to support accelerated critical care nursing at Centennial College, Conestoga College, George Brown College, Laurentian University, Mohawk College and St. Lawrence College. As my colleague mentioned, this is also to help rural and northern communities, where we know that if they train in that community, there's a better chance they can be retained in that community.

I just wanted to move over to Meagan and ask you a couple of questions. I'm really impressed by your initiative, and I'm really impressed by how the team of 13 partners came together. I wondered whether you could just describe to us how you all came together and decided to focus particularly on rural youth and their needs.

Ms. Meagan Ann Gordon: Yes, absolutely. Thank you for the question. How we all came together is—there's the story I told you of the 17-year-old youth. We'd been hearing that over and over and over, every time that we met at a training conference—by "we," I mean not-for-profit organizations—and we kept saying, "Hey, are you seeing this trend happening in the community as well? Because we absolutely are."

And so, in 2018 it was the Osgoode Youth Association, which is a grassroots community youth association, who pulled us into one room, basically. We said, "Let's get to what the bottom of what this issue is. Let's define it and let's put a name to it," and resoundingly it was youth mental health and the complex needs that are increasing in rural communities.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Meagan Ann Gordon: From there, that's where we started to build a purpose and build strategies, and a lot of that is advocacy for increased investment into rural Ottawa, because there is such a disconnect between urban and suburban Ottawa, and then what exists in the rural.

Ms. Effie J. Triantafilopoulos: You may or may not be aware that the government recently announced, as well, $9 million-plus which is going to youth wellness hubs for youth aged between 12 and 25. It strikes me that youth living in rural communities could really benefit from this initiative.

When your funding runs out in August, other than the Laidlaw Foundation, what next?

Ms. Meagan Ann Gordon: That's why I'm here today. I'm hoping someone has a great answer for me. But I'll talk to Goldie about that, absolutely, about the funding hub. I think that's a great model and can work in rural.

Ms. Effie J. Triantafilopoulos: And what additional funds do you think you would need to keep going?

Ms. Meagan Ann Gordon: For our collective to continue the work that we're doing to advocate further, the number is $500,000 annually that we would need, which is relatively a drop in the bucket.

Ms. Effie J. Triantafilopoulos: Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for that.

We'll go to the official opposition. MPP Harden.

Mr. Joel Harden: Sueling, so good to see you today. It's nice to see you. What I always appreciate about the work that you do in the board of trade is the very holistic perspective of what business does in a community and the relationships that you have. I note that you talked about health care. You talked about the opioid crisis. You talked about the competitive needs that your members are facing.

We have been through a global pandemic. This time last year, we had 500 vehicles parked in our uptown. We've had enormous challenges, particularly with our businesses based in that area, since then. I'm wondering if, just for the benefit of this committee, you could help me—because I could talk ad nauseam about things I've heard from business owners, but what are you hearing from business owners insofar as rejuvenation of those downtown spaces?

What help could the province provide? I know we've had the COVID grants, but we're now into a new phase. We're hoping tourism is going to open. We're hoping the dynamism of people being back downtown for work is going to be great for enterprises downtown. But for the benefit of this committee, just so we can understand, what could the province do to help some of those businesses that have been buffeted by the pandemic, by the convoy occupation this time last year and by other challenges? What could the province do to help those businesses really take root and take off again?

Ms. Sueling Ching: Thank you, Joel, and I appreciate your comments. I know you also take a holistic view to economic development, and how could any of us not after these last three years?

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Downtowns across Canada have been disproportionately impacted by the pandemic, but perhaps no more so than our lovely Ottawa, our nation's capital, because of the pandemic, followed by the occupation, followed by environmental things. All of these things have directly impacted the business downtown and have really shaken the confidence of Ottawa as a whole—the consumers, the entrepreneurs and, quite frankly, even potential investors. So we really believe that a holistic approach or a whole-of-community approach is necessary because our downtown in Ottawa is not going to be the same as it has been in the past. We have had a lot of benefits of being in the nation's capital, but that same thing is perhaps working against us as we look at the trends toward hybrid working or the slow return to work. For us, the downtown is a key asset for our tourism economy, which, as an Ontario government, we need to be thoughtful about as well because it's a huge draw for international visitors to the whole province.

So what can the province do? We can continue to roll out programs and policies that support, especially, small businesses and entrepreneurship and that business predictability, to make it easy to do business in Ontario, to make it attractive for investors to look at us as an option.

The other thing is that the visitor economy is huge for Ottawa, not just because people come here to visit, but if they host business conferences, they might consider coming back, referring us, investing. I do know that my colleagues at Ottawa Tourism have also submitted a request for funding that we have been left out of for these last few years, and whatever that reasoning was at the time, I think what we could say is that across Canada, our large urban areas need to be propped up even more as it applies to the visitor economy. So that would be part of it as well, continuing to invest in that—and then as per my remarks, looking at key infrastructure projects that could continue to build up our downtown core as a visitor economy attractor but also to bolster business confidence.

Mr. Joel Harden: A shout-out to everybody, before they leave the city, about Winterlude. It's on—

Ms. Sueling Ching: It's on.

Mr. Joel Harden: —and you should go and check out the ice sculptures.

Ms. Sueling Ching: Yes, we especially ordered that 40 below weather just for your visit. Get on that canal.

Mr. Joel Harden: I'd like to share my time with MPP Pasma.

The Chair (Mr. Ernie Hardeman): MPP Pasma.

Ms. Chandra Pasma: Thanks to all the witnesses for being here.

Meagan, I'm going to start with you—a fellow twin mom, if I remember correctly.

Ms. Meagan Ann Gordon: That's right.

Ms. Chandra Pasma: The need for mental health care is something that I have been hearing about from all parts our society—young, old, low-income, higher-income, kids, seniors. The demands seem incredibly high right now. I know you're here to ask for funding specifically for kids in rural areas, but we have these incredibly long wait times for all services. Even if they were to come to the children's mental health care centre in my riding, they have a 12-month wait time.

Can you talk about what the impact of these wait times are? When the services aren't available for people as they're having mental health care needs, what's the impact on their need for mental health care and their overall treatment outcomes?

Ms. Meagan Ann Gordon: I can confidently say this: The impact is that the need gets worse quickly, especially for youth who are in communities where they don't have access to urban Ottawa—to the sports centre there—when they don't have cars or there's no public transportation. The wait-lists are massive. The impact is that it gets worse for these youth. They continue to fall through the cracks. They suffer at school; they're not able to achieve their best potential there. And then they are adults who don't have the mental health support.

If we can capture and support these youth while they are young—it could be an after-school drop-in youth program that provides them with that support, that connects them to services within their community. Supporting them early has lasting effects, and it makes fiscal sense to support youth at a younger age, before they turn into adults who don't have the skills, don't have the access, don't have the providers, never have that sense of community, and therefore are never able to be mentally well and successful adults in what they choose to do. The impact of missing these youth—and it's specifically the rural youth, where there are no services—is huge, yes. It's immeasurable.

Ms. Chandra Pasma: I know you have an example of a kid who wasn't able to access the programming through their school—or it wasn't appropriate. But for many of these rural children, isn't mental health programming through schools a good way of solving those access and transportation issues, because they're going to school anyway?

One of my roles is education critic, and I have concerns about the high level of mental health needs among our students and that those supports aren't available in school where we could address problems immediately as they arise and before they become crises.

Ms. Meagan Ann Gordon: Yes, absolutely. That would be one of our best-case scenarios, to have it accessible at school. But in rural communities, there are privacy issues. Suddenly, your mom at the bank is going to hear that you are talking to a mental health counsellor, and everyone in your year. That is the type of thing that perpetuates the issues in school. We really, truly believe that a community-based—

The Chair (Mr. Ernie Hardeman): That concludes your time. We will now go to the independent. MPP Blais.

Mr. Stephen Blais: Meagan, if you wanted to finish your thought there, go ahead.

Ms. Meagan Ann Gordon: It's gone already. Thank you.

Mr. Stephen Blais: Okay. You spoke about how big Ottawa is. Often, people who live in Ottawa don't understand it. You can appreciate that some of our colleagues here from other parts of Ontario might not truly comprehend our geographic size. You can fit Toronto, Montreal, Calgary, Edmonton and Vancouver inside the city of Ottawa, and you'd still have 100 square kilometres left. As you mentioned, most of that area is rural. I think it's something like two dozen villages and hamlets, spread across—

Ms. Meagan Ann Gordon: Twenty-six.

Mr. Stephen Blais: Twenty-six villages and hamlets, spread across that rural area. Some of them are big enough that, in other parts of Ontario, they would be a town of their own. Some of them are small—a couple of dozen people in a small farming hamlet. You can appreciate the challenges in providing any kind of services to a population as dispersed as that.

The $500,000 that you need, what will that let you do? Is that for people? You can't build anything for $500,000, so what are you going to do with $500,000?

Ms. Meagan Ann Gordon: We don't need to build anything. Because we are a collective that has a presence in rural communities, they have the space, they have the clinical support that we need. The $500,000 would continue our advocacy through a manager position like myself, but it would also hire rural mental health counsellors that are specifically trained and experts in providing rural youth mental health services. They would also provide us with the ability to do outreach to the 26 rural villages, to increase programming and do mental health support workshops. We're training hockey coaches, scouts, scout leaders, parents. We offer them mental health training so they can support, within their own community, the youth that they're already connected to.

With $500,000, we'd be able to continue that work, for sure.

Mr. Stephen Blais: It is budget season with all levels of government. Is the $500,000 your request simply to the government of Ontario? Have you made a similar request to the city of Ottawa?

Ms. Meagan Ann Gordon: To everyone that will listen, yes.

Mr. Stephen Blais: So it's $500,000, no matter where it comes from?

Ms. Meagan Ann Gordon: Yes, and we're really scaling up. We think that we can grow from where we are right now, but what we're looking at in the next year would be $500,000. What we could do with that would be 10 times more than that.

Mr. Stephen Blais: Sure. I appreciate that. Thank you.

And thank you, Sueling, for being here with the board of trade. Something that is challenging in our city is that, as you know, a number of years ago, the Ottawa Chamber of Commerce, now the Ottawa Board of Trade, absorbed the smaller chambers of commerce across the city, in Orleans, Nepean, Kanata and elsewhere. Part of that process included a commitment from the chamber of commerce, from the board of trade, to ensure that the voices of those small, independent business owners in the suburban communities wasn't left out or wasn't forgotten.

Much of your presentation today, in honesty, was about the downtown and tourism, and I don't disagree that it's an important part of Ottawa's economy. But I'm wondering, how is the board of trade going to reconcile the internal conflict between bringing everyone back to work downtown—which is great for small businesses downtown—and the negative impact that that has, say, on small businesses in Orleans who have had a little bit of a renaissance or flourishing with people working from home?

Ms. Sueling Ching: As you know, our role is to look at long-term growth for the city, and what we believe is that the downtown may not necessarily be what it was before. We've seen a commitment from the federal government to come back part-time, and so we're looking at, overall, what we can do to bring the downtown back with that, but with other things as well, not necessarily just that.

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In addition to that, we continue to advocate for programs and policies for small business, as we did throughout the pandemic, including advocating to your government as well as small business—buy-local programs, the rapid-testing kits and those types of things, networking events, workshops. We will continue to do those things to support businesses expanding their markets, using digitization as well.

The Chair (Mr. Ernie Hardeman): We'll now go to the government benches. MPP Dowie.

Mr. Andrew Dowie: Thank you to all the presenters.

My first question is for Meagan. Interestingly enough, I come from the suburbs, not of Ottawa, but in the Windsor area, but everything that you were relaying, I felt, growing up—no public transit, no driver's licence, no car, no money. So how do I actually feel like I have value, as a young person? I can't work. There's no job to go to. There's just no place to go.

I'm so impressed by your model because I believe it's transferable to so many places in the province of Ontario, especially rural areas, but even suburban areas, where it's not part of a city but adjacent to a city.

The youth wellness hubs were mentioned. I know, just in looking at where they've been deployed, they've typically been in urban areas.

I'd like you to elaborate on what it feels like for a young person to not have access to the services. If they didn't exist, they'd go to Mom and Dad or maybe some friends, but that's it. What does someone in, especially, the rural part of Ottawa who is younger feel like today, where your organization really paves the way for something greater?

Ms. Meagan Ann Gordon: What does it feel like? I feel like it's a little bit of an abandonment. The story I told of the 17-year-old—and they do reach out and actually try to get support. And then the screen being populated with things based on your postal code, that you're able to access—it's demoralizing when you then find out that those are in the city: "It's not made for me. It's made for someone who is from Kanata or who lives downtown." They're just going to stop their search to find that support and to get that help that they need to not go into crisis. It is a feeling of abandonment that I hear. The youth are lucky if they have parents they can go to who can support them, or friends who can.

A reason that we're working with community champions like the hockey coaches and the Scout leaders is to build the capacity in the community for everyone to be working towards mental health and wellness of youth. I definitely think it is transferrable among other communities, and that is something we hope to expand in the future, to create a model to help other urban cores that have rural villages to be able to respond. We're really in the scaling-up phase of our project, and we want to be able to create an impact.

Mr. Andrew Dowie: And just mentioning 211—here in Ottawa, is it delivered locally?

Ms. Meagan Ann Gordon: I believe it is, yes.

Mr. Andrew Dowie: Hopefully the operators have the local knowledge, but they may not be able to decipher who's rural and urban—

Ms. Meagan Ann Gordon: That's right. That's the issue.

Mr. Andrew Dowie: —and ultimately the provider isn't aware that there's a distinction for youth, that they can't access these.

Ms. Meagan Ann Gordon: Yes, and like Stephen was saying, it's hard for someone in Ottawa to conceptualize how large Ottawa really is. I think 211 is eastern Ontario. So it's hard for someone to really understand what the reality of a rural youth is.

Mr. Andrew Dowie: Thank you.

My next question is for Sueling. Thank you for your presentation, as well. I came to school here, and what a world away from my hometown it was. Whereas we kept going through recessions and a sense that there wasn't stability, Ottawa felt like a pillar of stability. Government employment is stable; it doesn't matter what the economy is, you have a job. So hearing now that Ottawa is kind of part of the same boat from across Ontario, I was hoping to see if

you had some further comments on the skills gap that exists and strategies that you think would be the most effective for the Ottawa area in terms of getting the skills brought here.

Ms. Sueling Ching: I think, like I said, working together, collaboratively, with our post-secondary education providers, making sure that the policies for education are aligned with the future skills development, that we are able to support newcomers and train them, and as well that we are recognizing credentials that we could be using within our own economy—all of those kinds of things. But also to place some priority on diversity and inclusion and making sure—for example, women in the workforce were disproportionately impacted throughout the pandemic. A lot of the sectors in which female entrepreneurs are working need to be further supported, and reskilling and retraining for sectors of the economy that are growing.

Mr. Andrew Dowie: Thank you for that. I'd like to explore that a little bit, because I've heard—separately, I'm the parliamentary assistant for the Ministry of Economic Development, Job Creation and Trade. What I've heard from industry is something a bit different than that—a feeling that there's not enough emphasis on job skills for younger generations coming in and for all those kinds of skills development as opposed to a—at least what I heard was that a more general program versus a more targeted one was something that they were seeking out because of the gaps in employment, and that they really need so many people and there just aren't enough resources out there that you could find who could be diverse enough to do everything together.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Andrew Dowie: What's it like for someone from a smaller community filling that skills gap? What kind of program could actually assist a very targeted community in getting over the top and getting trained for a new career?

Ms. Sueling Ching: I'm not 100% sure I understand the question, but there are several pieces to our talent shortage. There's the labour shortage. There are specific skills for the future economies, including tech, for example, and health care, of course, which you've heard about today. I think that the key would be for the government, through the post-secondary education and training centres, to work closely with the business community to identify what the skills gaps are within those communities.

Mr. Andrew Dowie: So it wouldn't be targeted to a specific community, but rather—

The Chair (Mr. Ernie Hardeman): That will conclude the time, so we'll move on to the official opposition. MPP Harden.

Mr. Joel Harden: It's an honour now to actually turn to our friends from RNAO. I missed you in the last round, but we're going to focus on you in this round. I hope in the seven minutes we have we can make a persuasive case to my friends in government here, because we're having a disagreement—that happens in politics—about what do we do with Bill 124. We'd like to convince the government to not appeal this piece of legislation, so I'm going to try a new rhetorical tactic this afternoon.

I'd like to begin at the start. If you wouldn't mind—Laura, starting with you, and then Ellen and Grace, if you'd be interested in talking about it—why did you become a nurse in the first place? Could you just explain that?

Ms. Laura Crich: I want Ellen and Grace to have this time. I think I've spoken enough, so I'll pass it to them.

Ms. Grace Kennedy: Hi. My name is Grace. I'll start with me. I've known that I wanted to be a nurse since grade 11 in high school. It started with a Jamaican mission trip that I took where I got to really connect with those that were most vulnerable in a low-income community, and I thought, "Why can't I do that in my own city, where I live?"

I think it also came from my passion and what I've seen with my own grandparents, who emigrated from the Philippines, and how they really advocated for each other in the hospital. I could see the promise that nurses could do as advocates as well, and I think that's where I—going into nursing, my goal as a nurse is to treat each patient as if they were my own loved ones. That's really the reason why I went into nursing, because I treat each patient as if they were my own loved one.

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Ms. Ellen Shipman: Hi. My name is Ellen Shipman. I've been a nurse for 48 years, and I honestly can't tell you that there could have been a better thing for me to do. I didn't know that I wanted to be a nurse. I knew that there were three opportunities, at my age, when I started, nurse, teacher or secretary, and I certainly did not want to teach grade 9 boys. So I'm a nurse. My mother was a nurse, and my daughter is a nurse practitioner.

I just want to tell you a little bit about how important retention of Ontario nurses is. My daughter is a nurse practitioner in British Columbia. She went to British Columbia 10 years ago to do her master's, and she has not come home. The reason that she didn't come home was because the salary and the scope of practice for nurse practitioners in Ontario is not equal to the salary or the scope of practice in British Columbia.

She was in a class of 14 nurses, 10 of which came from Ontario. Ontario primary-schooled them, secondary-schooled them, post-secondary schools taught them, and they went to British Columbia. You know how many came home? None. We gave British Columbia 10 nurse practitioners. Two of them have since come home.

Ontario nurses have been sought by health care agencies around the world since my mother graduated in 1945, when she was offered a job in Hawaii. Half of my class in 1975 went to the United States. All of the class of 1976 went to the United States.

Nurses are probably our most valuable export, but they don't come home when the salary and the skills and the safe workloads are not there and they can be found in other jurisdictions.

Mr. Joel Harden: Ellen, if you don't mind me jumping in here, because I want to make sure my friend MPP Pasma gets in, if I'm understanding what Grace and Ellen said—as I try to persuade our friends in government to not appeal

Bill 124 and the court ruling there, I'm hearing you say—certainly, Grace, from your perspective, that you're in this for the passion, to make your community a better place. And, Ellen, you're saying that we have been losing talented minds for a while, but it's worsening

Ms. Ellen Shipman: Yes.

Mr. Joel Harden: I know for a fact that other first responders who our community deeply value—police, fire—have not had the restriction of Bill 124 placed upon them. We value them and we pay them. So if I'm understanding you correctly, you're seeking that same amount of respect.

I'm going to ask MPP Pasma to take over.

The Chair (Mr. Ernie Hardeman): MPP Pasma.

Ms. Chandra Pasma: Yes. Thank you so much, Ellen, for helping us understand the scenario a little better.

Laura, I was really shocked at the beginning when you mentioned that statistic of a facility in Ottawa being at a nurse-to-patient ratio of 1 to 40, and that that's not a unique incident. That, I think, is horrifying to anybody in Ottawa who might end up being a patient in an Ottawa facility, and I'm sure it's even more horrifying to the nurses and health care practitioners who have to go in and do their best to provide good health care in those circumstances. It's understandable why nurses don't feel like they can do their best work in those circumstances and why that is ending up with nurses leaving the profession.

My concern with the government's solution about expanding private, for-profit surgical facilities is that it's only going to make the situation worse. Let me start with a simple question: Is there a magical pot of nurses and health care workers out there that these poor private facilities can draw on that is separate from our public health care system?

Ms. Laura Crich: There is certainly not. There are nurses that I hope we could draw back to the profession, but they need to be drawn back to our failing public system, which doesn't have enough nurses right now.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Laura Crich: But I just want to say one more thing, if we don't get another chance to speak: There were multiple comments from the government on how they have worked to increase all these seats in educational facilities, and I just want to remind you that is just one piece. As I said, there are not even enough nurses currently working to train those nurses. We have to focus on retention, and there has been no move from our government to do that. That's all I wanted to leave everyone with.

Ms. Chandra Pasma: Thanks, Laura. And, just quickly, if we don't address the workload conditions in our public health care system, doesn't that serve as an incentive to drive nurses to the private, for-profit system and out of our public health care system?

Ms. Laura Crich: Absolutely, it will, because it is horrifying. I have found my work horrifying lately—that's the right word. It destroys you every day to watch the poor care we have to provide because of our staffing shortages.

Ms. Chandra Pasma: I'm so sorry to hear that—

The Chair (Mr. Ernie Hardeman): Thank you very much for that.

We'll now go to the independent. MPP Blais.

Mr. Stephen Blais: Some questions for Laura and the team from RNAO: You mentioned that pre-COVID there were, I think you said, 3,000 vacancies, and now there's something like, I think you said, 9,000 vacancies. Does that account for the—I think the government claims to have created 14,000 new positions. How does that math all equal out to the same number?

Ms. Laura Crich: Thank you for that question. I think that the government is using a lot of numbers in terms of all the seats they've opened up in educational facilities. So that number is creating more nurses, but we are losing them almost faster than we're gaining, and so those have not equalled out. Does that answer your question?

Mr. Stephen Blais: Yes, 100%. Obviously, we've discussed at length Bill 124 and the negative impact that that has had on the profession. I don't want to beat a dead horse unnecessarily; you have our support in calling on the government not to pursue that further.

You said that retention is an important focus. Outside of the pay issues that are related to Bill 124, what can the government do—what can we encourage the government to do—to assist in that retention challenge?

Ms. Laura Crich: I'll pass it off to Ellen and Grace. Do you want to add something to that?

Ms. Ellen Shipman: Retention is based on providing a safe workplace and an attractive workplace, which is adequate staffing. So I think, from my experience in the past 48 years, when there is adequate staffing on any unit, in any facility, retention is maintained. When there isn't adequate staffing, there is no retention, which is why you see high-acuity areas lose their staff first: because they can go anywhere they want, anywhere in the world.

Grace, over to you.

Ms. Grace Kennedy: I've been in the profession for around four years or so, so Ellen and Laura definitely can speak more to retention than I can, but I have to echo exactly what Ellen said. Even within my four years, I've left the bedside as a nurse and I'm now in the nursing leadership/management area because of the unsafe workloads.

Mr. Stephen Blais: Well, I appreciate your time today. I appreciate all the work that you do in your own communities and in our community. Just know that you have allies who are trying to do the right thing. Thank you.

Ms. Laura Crich: Thank you. We really appreciate you hearing us out, as well. We hope the right decision is made.

The Chair (Mr. Ernie Hardeman): Is that all your questions?

Mr. Stephen Blais: Yes. Thank you, Mr. Chair. That's fine.

The Chair (Mr. Ernie Hardeman): Okay. Thank you very much. That does conclude the questions for this panel. I want to thank the panel again for the time that you spent getting ready for here and to present to us. We very much

appreciated your great assistance in our consultation process. We very much appreciate it.

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ONTARIO TRIAL LAWYERS ASSOCIATION
OTTAWA-CARLETON DISTRICT SCHOOL BOARD
GREATER OTTAWA HOME BUILDERS' ASSOCIATION

The Chair (Mr. Ernie Hardeman): With that, our next panel is the Ontario Trial Lawyers Association, the Ottawa-Carleton District School Board and the Greater Ottawa Home Builders' Association. So they will take the seats at the front table, and we'll just point out that as with the previous presenters, there will be seven minutes for each party to present. At the six-minute point, I will say, "One minute," and somewhere between that one minute and your seven minutes, we hope you conclude your presentation.

Again, as you start with your presentation, we want to make sure that you mention your name for Hansard to attribute the comments to the right person.

With that, the first one is the Ontario Trial Lawyers Association.

Mr. Sandev Purewal: Hi. My name is Sandev Purewal. I'm the vice-president of the Ontario Trial Lawyers Association, or OTLA. We're an association of lawyers who act for plaintiffs in insurance, disability and personal injury cases. OTLA was formed in 1991 and our purpose is to promote access to justice, safety initiatives and improve the civil justice system. Today, you should have received by email and hard copy OTLA's pre-budget submissions.

Thanks for having me here today. We really appreciate the opportunity to speak before the committee. I've got very limited time, so I'm just going to jump into a couple high-level issues due to that limited time.

In Ontario, there's a lot of complicated issues and we've set them out quite thoroughly in our materials. It's not just a simple band-aid solution to one or two things that we're recommending. It's a series of small and large changes to numerous issues in the system that we think can help improve the system for everybody.

With respect to civil juries in Ontario, our current system for dealing with civil juries has created inconsistency, delay and inherent unfairness to parties. OTLA recommends the elimination of civil juries for most cases. We still think they should be kept for a small subset of cases that are limited—as said in our materials, for cases that involve the public interest; professional reputation, such as defamation; medical malpractice; sexual assault cases—but for most cases, we think they can be eliminated because we think those cases can move forward through the system more efficiently with a judge-alone trial.

In terms of the backlog of cases, again, this is complicated. There's been massive backlogs in our civil system before COVID; COVID has made it worse. In terms of the backlog of civil cases: Civil cases in Ontario take a back seat to two other types of cases. There are criminal cases that have to go first. Those are prioritized so they don't get dismissed for delay on a constitutional basis. Family cases are also prioritized as a number two. So civil cases are basically a distant third. By the end of 2020, there was 200,000 pending backlogged civil cases, and again that's due to a multitude of factors.

One important part of the system that can be streamlined is, if there's more cases, if civil juries were limited for most cases—civil jury cases take longer: They take longer to get to trial, they take longer at trial, they take more court resources. You can't leverage the technology that's been put in place. Again, we compliment the Attorney General's office, and Minister Downey has done a really good job in terms of getting technology and getting things going through case lines, through virtual trials and leveraging some technology to at least keep the system going. But that can't be leveraged properly in a jury trial. A jury trial, again, by its nature is in person.

Jurors are also kept in the dark on aspects of cases involving—especially auto insurance cases, they're kept in the dark on deductibles. There are secret insurance deductibles that the judges know about but jurors don't know about. When you sue for personal injury and you sue for pain and suffering, in most auto insurance cases and most personal injury cases, an injured insured who receives a judgment doesn't get the first $44,000 of their pain and suffering award. It's a deductible, it's set up in the system; they don't receive it in most cases. Judges know about it, but jurors don't, right? You also can't tell juries about the availability of insurance. So if you're suing John Smith, you're not suing an insurance company; you're suing John Smith, personal defendant. You can't mention insurance. You can't mention insurance limits. You can't mention that, when a jury is giving somebody, say, a $50,000 award for pain and suffering, that plaintiff's not going to receive the first $44,000 plus of that award.

Again, juries go through systems slower. They take longer to get to. And, again, you can't fully leverage the technology that's in place that can expedite cases. We've had our members document that some jury cases have been delayed by as much as two years in our system throughout COVID. We've had members who had January 2022 trials, and they've been bumped by two years to January 2024.

With respect to auto reform, again, it's a complicated issue. The paradigm we've been in for about 15 years with the prior government from about 2003 to 2018 was a series of cuts with a promise that some cuts to the insurance product will lead to lower premiums. We've had over 20 cuts in the last decade. It hasn't led to lower premiums, right? I know just in the last couple of years we've had less accidents, less claims and insurance profits have gone through the roof. The target rate of profits for auto insurance is targeted to be about 5%, ideally, by FSRA. It's been five times that in insurance, and that's according to FSRA's own reports by Oliver Wyman.

So in terms of auto insurance, again, there's two aspects to the most common type of case, which—say an auto insurance case. There's your no-fault accident benefit claim

with your own insurance company, and then you're also suing in tort against an at-fault party. With respect to tort, again, the system's just been complicated by a series of cuts to the system in the hopes of lower premiums. Lower premiums haven't happened. There's been increased barriers to sue to make it harder—"Let's make it harder to sue. That will bring down premiums." It hasn't. It's harder to sue, but again, it hasn't affected premiums.

The Chair (Mr. Ernie Hardeman): You have one minute left.

Mr. Sandev Purewal: It's also harder to dispute your own claims for no-fault accident benefits with your own insurer, and right now if you do dispute a claim with your own insurer and you go to the Licence Appeal Tribunal, if you win, you don't get legal costs. That's another obstacle in the system, and again, they're costly, there's lots of delays and it leads to denied treatment and delayed treatment, which is not good for anybody. It downloads costs onto the public system.

With respect to tort, Ontario is the only jurisdiction where we have both a threshold, which means you can't sue for pain and suffering unless you have a serious permanent injury, and on top of that we have a secret deductible of $44,000 which insurance companies don't have to pay unless you get a judgment for over about $150,000, which is a very, very small percentage of cases. So that's sort of the top line issues we want to talk about.

Again, with respect to the FSRA aspect we mentioned earlier, we really just—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for the presentation.

We will now go to the Ottawa-Carleton District School Board. I believe we have someone on the screen, so the committee will recognize—please make sure that when Randall speaks, he identifies himself.

Ms. Lyra Evans: Are we good to go? Are you going to let me know when I can start?

The Chair (Mr. Ernie Hardeman): Yes.

Ms. Lyra Evans: Okay. Good afternoon. My name is Lyra Evans. I'm the chair of the Ottawa-Carleton District School Board. Following virtually with me is Randall Gerrior. He's our associate director of business and operations. We appreciate the opportunity to speak with you today.

Public education is the great equalizer. A well-functioning public education ensures that students who are born into poverty have a fair chance to succeed in life. Like you, we want to see a provincial budget that meets the needs of the communities and families across this province and ensures a prosperous future for Ontarians. Research shows education funding is one of the best investments any government can make to improve the lives of children and families; that public education is foundational to a provincial economy that encourages businesses to grow, creates jobs and supports the success and well-being of individuals. Public education is building the workforce of the future for an economy that is increasingly knowledge-based, and if we want to continue to compete internationally, we need to make investments accordingly.

Today, using OCDSB examples, we would like to focus on five areas of concern that are seriously impacting public education in Ontario and require targeted budget investments. These are (1) costs associated with sick leave usage; (2) cybersecurity; (3) capital funding; (4) inflationary pressures; and (5) the need to modernize the Grants for Student Needs funding formula.

Supporting employee wellness is core to the OCDSB's philosophy of employee well-being and engagement. Healthy staff result in better educational outcomes. To this end, the district has had an active employee wellness program and attendance management program. Employees are encouraged to utilize sick day leave when they are experiencing an illness, and the school district recognizes the increased complexity and challenges experienced by school board employees and fully supports the appropriate use of school leaves. However, in the K-to-12 sector, when a school-based employee is on sick leave, a replacement worker must be brought in to ensure student safety and continuity of learning.

A recent study of select Ontario school districts showed that participating districts experienced an average of 15.18 sick days per employee for the 2021-2022 school year. Prior to the pandemic, the OCDSB's average annual sick leave for all employees was 11.21 days, representing 5.35% of total payroll. In 2021-22, the average sick leave increased to 14.53 days, representing more than 6.15% of total payroll.

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In 2022-23, the OCDSB initially targeted $20 million for replacement workers related to sick leave. Based on usage to date, the actual expenditure forecast is $33 million. The current level of provincial funding for replacement workers sits at just $11.7 million, which leaves a funding gap of $28 million.

While we did receive some additional funding for COVID-related expenses to the tune of $1.4 million, that still resulted in a funding gap of more than $10 million. That is money that has to be found throughout reduced expenditures in other areas of the budget, which results in adverse impacts on student learning. Essentially, our students are being penalized for ensuring there's a certified educator at the front of every classroom, a qualified EA supporting our students with special education needs, and a qualified ECE in our kindergarten classrooms.

We object to the underfunding of direct and necessary costs associated with sick leave usage. It's easy to write this off as a management issue; however, this is a structural problem rooted in provincial legislation.

In 2012, legislation was introduced that significantly changed the design of the sick leave plans for all school boards across the province. The current sick leave plan provides employees with up to 11 days of sick leave at 100% of pay, as well as an additional 120 days of sick leave at 90% of salary. Though these 120 days are labeled as a short-term disability plan, the 120 days are accessible for incidental sick leave in the same way as the first 11 days. They are, by regulation, not limited to long-term or

chronic illnesses, as is often the case for short-term disability plans.

Since the new sick leave plans were introduced, there has been a significant increase in sick leave usage. Replacement costs for employees at the OCDSB who are accessing sick leave have climbed from $18 million to over $37 million in just four years. Early indications show that this will increase by an additional 9% this year. In the face of provincially established sick leave provisions and increased cost pressures which are outside of the boards' control, more funding is needed to cover the costs.

Moving on, cyber security: The rising costs of cyber security have been well documented in recent years. For Ontario school districts, cyber security threats and incidents have become more prevalent and more sophisticated. The OCDSB, like other boards, has been forced to increase expenditures to protect against and in response to cyber security threats and incidents by more than half a million dollars in 2022-23 alone.

The rise in cost for the K-to-12 sector in Ontario to maintain secure and functional technology systems is not limited to initial investments in security measures. School districts must also allocate resources to address and prevent potential cyber-security incidents. This can include upgrading technology, conducting regular security assessments to find vulnerabilities, and recruiting and training staff to prevent cyber-security threats.

School boards have an obligation to take appropriate measures to protect confidential and sensitive student information and employee data and financial systems. The cost of a cyber attack can be substantial. In addition to data loss, the costs include financial loss, systems and learning loss, and damage to the district's reputation and the trust of our students and families.

Recently, one Ontario school district had to shut down all learning systems and all operating systems for two consecutive days in response to a cyber threat. That is learning loss for our students.

It is essential that the provincial budget recognize the importance of proper funding for school districts and other public sector organizations to protect against cyber security attacks.

Moving on, capital funding: The current process for allocating capital funding for school boards is in need of review. We are aware of, and welcome, the work under way with the Ministry of Education to provide provincial partners to bring much-needed efficiency to the provincial-municipal planning and construction approval processes.

The OCDSB, like other boards, continues to need to build new schools in growth areas and undertake major renovations to schools in established communities. School boards are required to submit annual priority lists. Funding for projects is allocated on a business case for new schools, retrofits and additions. In 2022, school boards were asked to identify their five most urgent capital priorities, including priorities for schools and child care spaces, for completion by 2026-27.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Lyra Evans: There is a significant lag time between the creation of the business case and the announcement of funding.

Moving along, we have inflationary costs: The district continues to experience significant inflationary pressures in a number of operating cases, including energy, building maintenance and transportation. In 2022, the inflation rate was approximately 6.8%, which creates an inflationary pressure of approximately $10 million on our normal operating costs.

Finally, the GSN rebalancing: The Grants for Student Needs funding formula needs to be retailored to meet the modern needs of Ontario schools. The OCDSB supports the recommendations made by the Ontario Public School Boards' Association on the education funding and Grants for Student Needs through the ministry consultation guide.

In closing, any time a significant cost pressure exists, it pulls funding away from student education. When a school board has to spend millions of dollars on unfunded requirements, that is money taken away from the education of our students. We reiterate the need for strong, predictable and equitable education funding for school boards in Ontario. We can all agree that our first—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time.

Now we'll go to the Greater Ottawa Home Builders' Association.

Mr. Jason Burggraaf: Jason Burggraaf, executive director at the Greater Ottawa Home Builders' Association, as mentioned.

Thank you very much for the opportunity to speak today. I'm going to pull a bit of double duty; I'm going to reference the Ontario Home Builders' Association's recommendations, which they'll elaborate on in their own written submission, but also throw in a few things of my own that pertain locally.

Let me throw the provincial stuff out first:

First, that the province should eliminate the provincial portion of the HST on new housing entirely, and offset the shift in revenue with a flat tax on home sales;

Second, the government should further strengthen the land transfer tax rebate for new homebuyers in order to ensure that the land transfer tax rebate remains effective for first-time homebuyers. We're suggesting that that maximum refund be increased from $4,000 to $10,000 for qualifying buyers;

Third, we recommend that the Ontario government audit municipal development charges and background studies to confirm compliance with the Development Charges Act and implement changes to ensure that development charges are only spent on growth-related infrastructure that they were actually collected for;

Fourth, continue to use the recommendations of the Housing Affordability Task Force to inform the government's housing supply action bills; and

Finally, it's critical to continue to build on the important steps that the government has taken so far with the Seniors' Home Safety Tax Credit and expand that into a fulsome home renovation tax credit.

And it's that recommendation I really want to emphasize here for a moment, before adding one more thing about infrastructure. I really can't overestimate the importance of renovation—and I should note that renovation isn't just the projects that we often think about; it's much broader when we actually talk about what encapsulates renovation. It's not just repairs and upgrades. It's fundamental and radical changes to our living spaces. It's additions for family members so they can come live with us. It's adaptions so that elderly people can live safely in their homes. It's increasing the energy efficiency of homes that are 40, 60 or 80 years old right now so that they're more comfortable to live in and they're cheaper to operate. And it's also creating additional dwelling units so that we have more homes for people and families through intensification, while improving affordability across the spectrum.

There are literally thousands and more likely tens of thousands of renovation projects in this city alone in various states of completion, and all of these renovation projects improve or expand the livable space of someone's home, which became evidently more important during the pandemic. It's critical that we continue to encourage that renovation work be done above board, not only on the tax and revenue implications, but so that we can ensure those jobs are done safely and correctly.

The importance of a healthy residential construction and professional renovation industry to the Ontario economy is evident. Across the province, this industry in 2021 alone accounted for 555,000 jobs, that translates into $38 billion in wages; $77 billion in economic investment; and of course 100,000 housing starts. As I said, renovations often don't get the kind of attention that they deserve, because, of those economic impacts, renovations account for 60%. So renovations: 330,000 jobs, $28.2 billion in wages, $46.2 billion in investment—just renovation in and of itself. And that's only the activity that is measured because it's above board versus the underground economy.

The other thing I really want to emphasize here is talking about investment, especially investment in municipal infrastructure. Ottawa needs new infrastructure to support new homes for its growing population, especially in terms of intensification. Ottawa's potential for intensification, its own goals for intensification that are within its own official plan, will be limited by the ability of infrastructure to support that growth. Literally whether there's enough pipes in the ground servicing a given piece of land or sufficient public transit, infrastructure to support new housing is critical—obviously not just in Ottawa but in every municipality. There will be little positive impact on housing affordability through intensification if there is insufficient infrastructure for growth. Because if it's not sufficient capacity—sewers, storm water, public transit like I say—then intensification will not produce more affordable homes, because the cost of putting in that infrastructure will be borne by those new people who live in those new homes.

So if we want to achieve our 1.5 million new homes across 10 years across the province, or 151,000 homes here in Ottawa, as I do, we have to invest in infrastructure—and I'm thinking of all three levels of government, so I'm including the feds in this, for sure—but it needs to be done in order to support new housing. So I urge the province to continue and enhance the infrastructure investments at the municipal level in order to support its housing goals.

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Please let me leave you with this: Housing policy is fiscal policy. Improving the current housing stock we have through renovations to be safer, to be more energy-efficient and to accommodate more people is sound fiscal policy. Ensuring the appropriate infrastructure is in place for new housing, meanwhile, will address a critical factor in housing supply and affordability.

I'll leave it there for now.

The Chair (Mr. Ernie Hardeman): Thank you very much for that presentation. That concludes the presentations.

We'll start the questioning with the official opposition. MPP Fife.

Ms. Catherine Fife: Thanks to all presenters.

Sandev, I want to thank you, because the Ontario Trial Lawyers Association has been vigilant in the protection of consumers in Ontario for the last 10 years that I've been on this committee.

I want to talk about the secret deductible, because it shouldn't be secret. It's a true lack of transparency. People don't normally engage at this level with these concepts of having to go through tort law or having to fight for their wages until they have a catastrophic accident. It's only then that they realize how the system is really leaning against them, even as they are victims. I want you to talk a little bit about who set the $40,000—it now stands at $44,367, so I'd like to know a little bit about who comes up with that. Is that FSRA? Also, can you talk about the importance of why this threshold test needs to be in place so that—because our legislative system, our court system is backed up. I'm dealing with a sexual assault case in my riding that is—they've been waiting three years for justice. It's all connected, because there's really only one system. So can you talk about the secret deductible, how it came to be, and then follow through on your recommendations there?

Mr. Sandev Purewal: I'm old enough to remember this. I've been practising for 22 years. I've done some insurance defence work, and I've done some commercial litigation work, but most of my career has been plaintiff work.

The actual deductible is set out in the—I think it's a regulation to the Insurance Act. It was set, I think, by the outgoing provincial government back around 2002-03 at $15,000. It subsequently went up to $30,000 over a number of years later. Then, it got indexed to inflation. Now we're up to $44,367.24.

We could live with the threshold where cases that are serious and permanent impact somebody's ability to work. But again, we're the only jurisdiction in North America that has both a threshold that stops people from suing and then a deductible on top of that. The history of it is that it was politically imposed a long time ago, and it has increased over time. It's out of control—because, again, that's a lot.

In personal injury cases, the Supreme Court of Canada set a cap at $100,000 for pain and suffering in the late 1970s. That now means there's a cap on personal injury damages of about $380,000. That's for the worst injury imaginable, like a paraplegic, third-degree burns, 24/7 care—the worst you can imagine is $380,000. Most people can't sue because there's a threshold and a deductible. Most people can't sue to begin with; the ones who can are usually in that category of, their damages are worth $0 to $50,000. Now they can't sue because of the deductible. So it's a major problem with respect to access to justice.

What we're proposing is to scrap the deductible altogether. We could live with the threshold for pain and suffering, but the threshold shouldn't apply to health care expenses, for example. So we're trying to come up with a balanced approach.

Ms. Catherine Fife: The other part that's really shocking about this is that the insurer for the at-fault driver gets to keep that deductible at the expense of an innocent accident victim. This is—

Mr. Sandev Purewal: It's never paid.

Ms. Catherine Fife: It's never paid, yes.

And then the fact that—you say in your brief, "Any claim for pain and suffering damages of less than" $147,000 "is subject to this deductible." Well, if you take $44,000 off of $147,000, it's one third of the claim. It's quite something.

And then, on the other part, I just want to quickly touch on this: So the government reversed the Liberal change when they moved the catastrophic claim from $2 million to $1 million. Now this government has promised to reverse that, which you point out is a good thing, but it hasn't moved. It has been stagnant since 2019. Is that correct?

Mr. Sandev Purewal: Right. So over four years ago, there was a promise. I think the previous government had increased—basically, just for background, it's important to understand that with respect to no-fault accident benefits and what people receive for most claims, there are three levels of compensation from your own insurance company for no-fault accident benefits.

There's the minor-injury guideline, which is the vast majority of people—probably about 85% of people are in the MIG, the minor-injury guideline. There's about $3,500 of treatment. It lasts a very short time. Then, above that, about maybe 14% of people receive $65,000 in med, rehab and attendant care over five years, and it maxes out.

There's only about 1% of people that are catastrophic. These are people who have severe brain injuries, spinal cord injuries, multiple fractures, loss of limbs. The previous government had the cap for catastrophic claims at $1 million. It increased to $2 million and went back down to $1 million. When the PCs came to power, they promised to bump it back up to $2 million, which we're very happy about, and health care providers across Ontario are really happy with that, but it hasn't happened. Things are pretty much status quo with respect to funding levels since then.

It's a really important aspect. It affects very few people, but those people are in really rough shape. When they are not properly taken care of in this system—and auto insurers are last payers. So you go to OHIP first, you go to your private insurance and what you have through work second, and auto insurers pay last. If you don't get them to pay, it gets downloaded back onto people going to Ontario Works, people going to ODSP and downloading back to the public system.

Ms. Catherine Fife: Okay. Thanks for that clarification.

I'll pass it off to MPP Kernaghan.

Mr. Terence Kernaghan: Thank you very much to our presenters today. My questions, as well, are for OTLA. I noticed in your presentation that you indicated that despite the fact that this is a compulsory product—

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Terence Kernaghan: One minute—that they've posted huge profits in 2021 and 2022. It almost amounts to pandemic profiteering.

But I wondered if you could actually expand upon the "loser pays" provision that you set out for the LAT.

Mr. Sandev Purewal: Okay. So if you do have a claim with your own insurance company and you do have a dispute—so if you were able to have a claim that's even viable, because if you're a minor-injury-guideline claim, for 3,500 bucks, you probably don't have a lawyer, right?

So for something that's a smaller subset of claims, if you do go to the LAT—you used to be able to go to the Financial Services Commission of Ontario; it had some cost provisions, like if you won. So if I had a client and we're fighting over a benefit. I had a client who had somebody drive by, throw a beer bottle in his face, and he lost his eye. We were fighting over a few hundred dollars. This thing went to an arbitration, appeal; it went on for a long time. Back in that system—

The Chair (Mr. Ernie Hardeman): We'll have to finish that one in the next round. We're out of time.

We'll go to the independent. Mr. Blais.

Mr. Stephen Blais: Thank you very much, Mr. Chair, and thank you all for your presentations today.

Jason, I'm going to start with you, if that's okay. I appreciate your recommendation to conduct an audit of development charge usage. I don't think anyone who spends public money should be concerned about an audit if they're doing it properly. I'm wondering, though, with my experience in Ottawa: Can you think of a development-charge project in Ottawa that was inappropriately funded through DCs?

Mr. Jason Burggraaf: It's not a question of inappropriateness, because you're allowed to collect DCs on a specific road and then the city is allowed to take those funds and use them for a different purpose, as long as it records that it does so and it makes a promise to return those funds.

The issue is that there is no regulation and no rules that force when that payback timetable is. It can sit out, collected for a road, for decades without having to pay it back, as long as the city maintains a ledger that says, "We took $20,000 from King Edward to pay for something else." As long as they maintain that record, there's no obligation for them to pay us back. But inevitably, the work that we expected King Edward to do, the new infrastructure, the

housing that goes on that, all gets delayed because the work that was supposed to happen on the infrastructure side gets delayed.

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Mr. Stephen Blais: Sure, that's fair. Okay. So, we really don't know of any specific examples. We just have, kind of, broad theoretical concerns about the lack of controls in the process.

Mr. Jason Burggraaf: No. I mean, every year GOHBA conducts a—we pay Altus Group to go through the city's treasury report to see where money was collected and what it's actually been put to. So I could certainly provide that report.

Mr. Stephen Blais: Yes, I think it would be helpful to understand if there are specific examples where this situation exists or others exist. Obviously, we're a province-wide committee; we need to talk about the province. But you're in Ottawa, so if you have that, that would be appreciated.

As you know, Ottawa's official plan took over a year to get approved by the government. When it was approved, I believe it's hundreds of additional acres were added to the plan and much of that are on lands that the city had deemed to be exceedingly difficult to service and were not included in the original recommendations in the first place.

I'm wondering how we can continue to add land that is very difficult to service, and therefore very expensive to service, while also squaring the peg on the need to upgrade infrastructure for intensification and balancing out all the needs for affordability?

Mr. Jason Burggraaf: I appreciate that question, but I wasn't privy to those decisions, so I can't really speak to why those lands were chosen.

Mr. Stephen Blais: Sure. Does GOHBA support the additional lands that were added to the boundary?

Mr. Jason Burggraaf: We definitely supported increasing the lands because we didn't think that the intensification goals that were set in the OP were achievable. So it's a simple matter of, what can you achieve within the existing lands and then whatever is left over.

Mr. Stephen Blais: So what's the limit on the achievability—and I'm not disagreeing with you. What's the limit on the achievability of the intensification plans?

Mr. Jason Burggraaf: If they're appropriately supported through infrastructure, through zoning; you have all the—

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Jason Burggraaf: Sorry?

Mr. Stephen Blais: So basically NIMBYism?

Mr. Jason Burggraaf: It's a significant factor, for sure.

Mr. Stephen Blais: Perfect, thank you very much.

I don't think I have enough time to cover other subjects, Mr. Chair. I'll come back in the next round.

The Chair (Mr. Ernie Hardeman): Okay, thank you very much.

We'll go to the government benches: MPP Smith.

Mr. David Smith: I'd like to speak to the Ottawa-Carleton school board. I notice the associate director, Randall—is he—

Interjection.

Mr. David Smith: Yes? And Lyra, is that you?

Interjection.

Mr. David Smith: Randall, thank you very much for presenting here today. I want to start first with, number one, sick leave. As the chair of the board, isn't that in the negotiations during negotiating at the committee of the board? Sick leave is something that would be negotiated at the board, correct?

Mr. Randall Gerrior: I'm not the chair of the board. Trustee Lyra Evans, who presented today, is the chair of the board, but I can answer your question. Sick leave is essentially bargained by the province and not the individual board. So there are certain benefits, like the amount of pay increases, sick leave benefits, benefits in general that are actually centrally bargained. We have to implement those portions of the collective agreement that are centrally bargained by the province.

Mr. David Smith: The way I know it—I'm a former trustee of the Toronto District School Board and I noted that I was on the negotiating steering committee and we bargained with the union on that. So if you can help me to understand—

Ms. Lyra Evans: Yes, I believe it was in 2014 that the collective school board bargaining act was passed and that outlines that the province has the right to negotiate some parts of the collective agreements for every district in the province. That is wages and that includes sick leave. So whenever the government and the union sit down and they come to an agreement with what the sick leave benefits are going to be, that gets told to every school board and we just have to pay for it.

The discrepancy comes out when the province says, "We're going to give you"—I believe it was—"10-point-something million dollars in sick leave replacement costs." But we have to pay out way more in replacement costs for teachers because people are using the sick leave that exists. That leaves a gap in the amount of funding that we get and that's costing us in other places. Does that make sense?

Mr. David Smith: Yes.

Ms. Lyra Evans: Okay.

Mr. David Smith: Thanks for explaining that. I wanted it to be out there.

You speak about that annual priority list of—every year we all get to submit projects we want, and then the province sends them back to us and tell us which one they're going to give to us. How has that been affecting your school board in Ottawa-Carleton?

Ms. Lyra Evans: There's a couple of concerns with the capital funding model right now. One of them is that because there's a huge delay between us asking and creating a business case and saying, "This is what it will cost, this is who it will serve, this is how big it needs to be," and it getting approved and built, we're seeing inflationary pressures between the start and the end.

We've recently asked for a new high school in the Fernbank area at a cost of—Randy, do you know the number, offhand?

Mr. Randall Gerrior: Forty-four million dollars.

Ms. Lyra Evans: Forty-four million dollars. When we took that bid to tender, the applications that we were getting came in at about $60 million, which means that there's now a $15-million gap because inflationary costs and labour costs in Ottawa have gone up since we put that bid in. The long process means it's costing us more money, and we have to then go back to the province and say, "Can you give us $15 million more, because we didn't get it in time?" Does that make sense?

Mr. David Smith: Okay. I went through the same situation, like that. I had a build for a school; it started with $40 million—it's a high school—and it ended up costing about $60 million, and the monies were provided. So I know this government, my government—what was the result of that? Did they say they're not giving you the money?

Ms. Lyra Evans: It's been announced, but we're still going back to them and saying that we need the $15 million before we can accept any bids, and that hasn't happened yet. So we're in an ongoing, this school has been announced, but it hasn't been properly funded, and they'll give us the $45 million, but it can't be built for $45 million now. So either we can start knocking off rooms, at which point it's not going to meet the needs of the community, or we need to wait until the province actually funds the difference.

Mr. David Smith: Yes. Okay. So I think you should wait, because it's likely that those monies will come. I had the same experience. I had a brand new school. It cost $60 million and the money came right from where it started.

Ms. Lyra Evans: The delay is impacting—

Mr. David Smith: I know. I had the same delays. That's why it got to $60 million. Okay? So let's stay positive on that one.

The Chair (Mr. Ernie Hardeman): Okay. Anyone else? MPP Crawford.

Mr. Stephen Crawford: Thank you, Chair. How much time do we have?

The Chair (Mr. Ernie Hardeman): Two minutes.

Mr. Stephen Crawford: Two minutes. Okay. First of all, I want to thank all the presenters. I'll start off with the home builders' association.

One thing I didn't understand in your presentation was about the flat tax on new homes. I didn't quite understand that. In the remaining time, perhaps you can explain that.

Mr. Jason Burggraaf: The idea is relatively—you take away the provincial portion on HST on new home sales. As you know, there's no HST on a regular resale home. To offset the loss of revenue, the proposal would be to institute a flat tax—I don't have a specific number; let's say it's 1%—on new home sales to fill that revenue gap.

Mr. Stephen Crawford: So a 1% tax, just on new homes?

Mr. Jason Burggraaf: No, on any home sale.

Mr. Stephen Crawford: Oh, on any sale. So if I have my home, which is maybe 15 years old, and then I sell it, I would pay a tax. You're saying, basically, split the tax revenue among all homeowners as opposed to just new buyers.

Mr. Jason Burggraaf: Correct.

Mr. Stephen Crawford: Okay.

Mr. Jason Burggraaf: There's a big disproportionate tax burden on new homes, and first-time homebuyers, too. So the second half of that would be boosting up your first-time homebuyers' rebate so that it would keep up with inflation and it would be effective.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Stephen Crawford: Okay. One thing I think pretty much everyone agrees on is that we have a shortage of housing. I don't think it matters, political stripes. I think that's an issue across the province and across the country. There is a Housing Affordability Task Force, and I'm just wondering what your thoughts were, specifically, on exclusionary zoning. Do you have any thoughts on that?

Mr. Jason Burggraaf: My recommendation would be to get rid of it. Housing in specific neighbourhoods, at least—I can only speak to the Ottawa experience, but Ottawa's official plan is counting on neighbourhood intensification of about 25% of all the housing it wants to build within the OP, so 25 years. It's counting on neighbourhoods—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for that question. We will now go to the official opposition. MPP Pasma.

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Ms. Chandra Pasma: Thanks so much to the witnesses for being here. Lyra, always nice to see you, and it's great to hear the very positive remarks from the member on the government side about the likely funding coming for the Fernbank high school. I have lots of questions about education funding though today.

The theme of the day has really been Bill 124 and its impact on the health care sector, but of course it's not only the health care sector that's being impacted by Bill 124. I've certainly heard from workers in the education sector about the really negative impact that Bill 124 has had on them at a moment when inflation is 8% and their wages are capped at 1%, particularly among education workers who can hardly afford to do the job, in many cases working two or three jobs but in some cases still can't afford to pay for the gas to get to their job.

But we know that one of the big pressures on the OCDSB and other school boards in Ontario is a lack of staff, a lack of education workers. You've mentioned the sick leave program, but I know the Ottawa-Carleton District School Board has huge difficulty in actually getting occasional teachers in. There's classes where the class is having a movie put on to get through the period, because there's no teacher available.

So can you talk about the pressures that have been created by Bill 124? We know from the FAO there's a $400-million shortfall in education funding this year alone. What is the impact that is having on human resources within our education system?

Ms. Lyra Evans: We are seeing a decrease in staff morale based on the funding cap that has been imposed by Bill 124. Like I mentioned earlier, the funding is negotiated centrally, so it's not something that our individual school board is facing alone. Every school board in the province will be seeing the same impacts, because every school board

in the province is going to be facing both a shortage of occasional-teacher funding, like I mentioned, as well as the caps to education worker salaries.

The decrease in staff morale will have negative impacts on learning. We're seeing that come out in things like higher sick leave use. I mentioned at the beginning of my presentation that we are seeing on average some number of days more per employee across the entire district; that trend is true across the province.

Ms. Chandra Pasma: Thanks, Lyra. A related issue is that we already don't have enough educational assistants to provide one to every child who needs one in the classroom. Many EAs are being split one across five or six students. The government blowing up the Ontario Autism Program has resulted in many children not getting the therapies that they need, being diverted into the school system without having the supports and the therapies that they need, so coming in at a higher need level. But special education funding is not actually based on need; it's based on an obscure formula. So the needs are greater, but the funding is not there to actually provide these kids with the resources that they need to succeed. Can you talk about what that's like from the OCDSB perspective?

Ms. Lyra Evans: Sure. One of the things I wanted to talk about was the GSN, which is the Grants for Student Needs funding. We get approximately the same amount of funding per student regardless of whether that student, like you mentioned, has high-needs autism or is just in a regular classroom with no additional supports.

The difference between that funding means that that funding has to come from somewhere; we need to find funding to make sure that when we put students in a congregated class—we have autism support classes at the district which are, by provincial legislation, capped at six people. And that means that's a class with three staff and six students. That is not funded in the same way as a class with 25 students, because you see the gap between the average class size that we are required to have—again, by provincial legislation—and the size of the class.

So we are seeing an increase in violence at the elementary level. I've spoken with a number of staff who are filling out WSIB claims because they got bitten by a student, they got kicked by a student, they got pushed down the stairs by a student and they got hurt. So we're seeing an increase in WSIB claims; we're seeing an increase in violence in the workplace incidents, because students who otherwise would have gotten supportive therapies from—you mentioned the previous autism program—are now just being put directly into the school system, sometimes because their parents need reprieve, sometimes because that's the only place that will take them.

Ms. Chandra Pasma: Thanks. It's horrifying to think about kids and teachers and education workers—people who should be in one of the safest environments we have in the province—being subjected to that kind of violence.

A related issue is the increase in mental health needs. I'm hearing from parents and education workers across the province about how much greater kids' mental health needs are now. We haven't really seen the investment to put those mental health care resources and supports in schools where we can address issues before they reach a crisis level. Can you talk about that as well?

Ms. Lyra Evans: Any time the province announces mental health funding, the OCDSB gets about 4% of it. That's usually the size of the school board we are versus the size of funding. There's a $600-million investment in mental health funding; that comes to the school board at about 4%, and—off the top of my head—that's about $24 million. When you have $24 million split over 150 schools, you're beginning to get into fractions of a support person per school. And when you have 75,000 students, like we do, who have just undergone two years of online learning—that is isolation from their peers, that is an inability to participate in things like sports—we have seen an increase in mental health needs across the system. We have more students struggling with depression or anxiety. We have more students who are needing the supports that exist in schools, and the funding has not kept pace with the demand.

Ms. Chandra Pasma: You mentioned funding for new schools, but of course we have an existing array of schools that need repairs. The last number that the Minister of Education actually deigned to release was $16.8 billion, but over the next 10 years, the government is only putting $14 billion towards addressing that, so $1.4 billion a year. Where does that leave the OCDSB in terms of actually being able to address your repair backlog and have safe, healthy schools?

Ms. Lyra Evans: The Ontarians with Disabilities Act requires all public institutions to be fully accessible by 2025. At this time, I don't believe we're going to meet that deadline, based on all the conversations I've had with our facilities team The funding for the retrofitting has not been big enough over the last 25 years since the legislation was created, so we're unlikely to make that deadline.

When you look at repair costs—I have seen varying numbers, and getting a specific number is very difficult. You can get a range in the hundreds of millions of dollars of—

The Chair (Mr. Ernie Hardeman): Thank you very much for that answer. That concludes the time.

We'll now go to the independent. MPP Blais.

Mr. Stephen Blais: My question is for Lyra. Thank you very much for being here.

About 35 years ago or so, long before our time, the Ottawa Catholic board created, basically, a common footprint for high schools, and later created a common footprint for elementary schools, and that's their standard practice now. Every school is the same. There are iterative changes from one to the next, but they're effectively the same, and that has saved on the construction and architectural costs etc. I'm wondering if the public board does something similar, and if not, have you considered it, will you consider it etc.?

Ms. Lyra Evans: We use a very similar footprint for all of our elementary schools. It gets token changes. I don't know if we use the blueprint for the high schools. We've had a couple of new high schools, and I believe they're by the same company and look very, very similar to each other. I don't know if it's a standard blueprint.

One of the challenges that we have had is, sometimes we'll get funding for what I'm going to call niceties, like a stage in an elementary school, and sometimes we don't—and I pick a stage because that's usually the first thing to go. Whenever the funding for a particular school falls a little bit short, we lose the stage in the gym, and that means you have less ability for musical performances, less ability for arts at the elementary level. It always breaks my heart when we have to look at a school blueprint and the stage has been cut.

But we're also seeing other little changes. We've seen an increased need for what are called body rooms, where you have students who might be struggling with regulation and need a little bit of space, a little bit of time, a little bit of quiet. We've got some small rooms that are being put in; those wouldn't have existed if we had started a blueprint 35 years ago.

So with the evolving needs of the district, we're seeing minor changes.

Mr. Stephen Blais: That's fair. I appreciate that.

Something that has always kind of bugged me, in fairness, about the public board is that you're sitting on a bunch of land that is undeveloped. I'm wondering, given your capital needs, at what point is the board going to consider either developing the land or selling the land so that that resource can be put into either repairing older schools or catching up on the capital requirements in our growing communities?

I'll give you an example. We bought a piece of land in Orléans, probably 20 years ago, for a high school. None of your projections show you need a high school in Orléans any time soon—certainly not 20 years ago—and yet this six-, seven-, eight-acre parcel of land is sitting in the middle of a community of 30,000 people. That could easily house a community of apartments or walk-ups etc. I'm wondering how you square the circle on needing to continually ask for capital investment when you're sitting on tens of millions of dollars of unused land.

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Ms. Lyra Evans: We do have some parcels of land that are to be developed. With the increase in intensification requirements we're seeing across the city and from the province, we're going to be seeing denser neighbourhoods. If the school board were to sell all of the plots of land that it currently has that are undeveloped, we would then, in 20 years, once that neighbourhood has been intensified, need to turn around and say, "Where do we put a high school?" or "Are we going to have to put a high school 20 minutes outside the neighbourhood?" People would be less happy with that in 20 years.

At a school board, you have to take a very long look at things. We recently had a closure of a high school in Vanier; Rideau High School closed. When we were trying to decide what to do with that plot of land, we thought about selling it. But it's on St. Laurent, and if we sold that plot of land, we would not be able to buy a high-school-sized plot of land inside the greenbelt any time soon. It's—

Mr. Stephen Blais: Sure. Sorry, I don't mean to cut you off; we're restricted by time. I completely understand that approach when you're talking about closing urban schools and intensification etc. But in suburban communities, where the community design plan is set in the official plan, you know exactly what the development is going to look like over the course of 15, 20, 25 years. I'm just wondering about the rationale of reserving with the developer and then using development charges to buy land where there is actually no business case or student-need case to build the school for two and half or three decades.

Ms. Lyra Evans: The business case is based on what it would cost to expropriate the same plot of land in a built community, long term.

Mr. Stephen Blais: Okay. We'll disagree on that for now. Thank you, Mr. Chair.

The Chair (Mr. Ernie Hardeman): Thank you very much. We'll now go to the government side. MPP Crawford.

Mr. Stephen Crawford: I just have a couple of quick questions to the trial lawyers before I pass it over to MPP Anand.

My first question is—trial lawyers is a diverse group. Just what percentage, do you think, of their cases is focused on auto?

Mr. Sandev Purewal: Sorry; I missed what you said.

Mr. Stephen Crawford: Do you have any idea what percentage of their cases is focused on auto claims? Is it a large component, a small component, a growing component?

Mr. Sandev Purewal: I'd say that probably three quarters or two thirds of our members likely do auto insurance in terms of plaintiff personal injury cases involving at least some auto—I'd say at least two thirds of our members.

Mr. Stephen Crawford: Okay. So it's a fairly large component of their—

Mr. Sandev Purewal: Yes. Not all, but it's a big—

Mr. Stephen Crawford: I mean, every lawyer is different. But in general, it's a fairly high percentage.

Mr. Sandev Purewal: Right.

Mr. Stephen Crawford: Okay. My second question is—you mentioned perhaps eliminating juries in some circumstances, and I'm just wondering, are there any studies that show there's a difference in outcome in trials with juries versus a judge?

Mr. Sandev Purewal: I don't think so. I don't think there are different studies. It has changed over time. I don't think it necessarily dictates outcomes, but there's been several quotes, even within cases, by judges in the last couple of years, talking about how we've got to look for other efficiencies within our system.

Mr. Stephen Crawford: So it's focused on efficiency. You haven't seen any variations in outcomes, to your knowledge?

Mr. Sandev Purewal: No, not studies in Canada on outcomes.

Mr. Stephen Crawford: Okay. Thank you. I'll pass it over to MPP Anand.

The Chair (Mr. Ernie Hardeman): MPP Anand.

Mr. Deepak Anand: First of all, thank you to each one of you for coming here. Lyra, it's good to see you again; we met briefly outside. I see the passion. Congratulations on becoming the trustee for a second time and becoming the chair. I was actually going through your words: "The year ahead promises to be an exciting time for our board

and our community as we work together to shape the future of our district"—beautiful words. I really like the collaboration part of it.

Have you heard of the Ontario Youth Apprenticeship Program, OYAP? I just want to talk about that.

Ms. Lyra Evans: Yes, I'm familiar with the Ontario Youth Apprenticeship Program. The district has fairly recently undertaken work with Algonquin College to have the dual credit program, which allows students to get college credits right out of high school or right in high school.

Mr. Deepak Anand: And you move on with the beautiful words, furthermore, in terms of equity, in your letter: "It is the goal of public education to be the great equalizer, that everyone no matter their background, their home situation, or their identity, has a fair chance to succeed." You talked about that. "For this reason, I have considered equity needs to be paramount in the business"—really good words, amazing words. So I just thought I'd take the opportunity to switch in my few words into it and maybe together, through that collaboration, we can work on this.

So you're going through the strategic plan of 2023-27, which you'll be working on. What is your opinion about getting our youth employment-ready, and entrepreneurship, and maybe through enhancing, increasing and supporting the OYAP program? I have to share with you that we have two wonderful PAs from finance; they're the money people. Please talk about how we can add more resources so that they can take this back.

Ms. Lyra Evans: Yes, so you talked about our strategic plan, and right now, one of the focuses of the district over the last number of years has been about making sure that we don't only focus on university. There's been a huge push over the last number of decades in Ontario to see all of our students go to university, but that is both unrealistic and it doesn't fill the job needs in Ontario. So we as a district have started to focus on all possible pathways after high school. Let's look at apprenticeships, let's look at college—and treat them as equal co-partners with university.

Yes, it's on the strategic plan. It's in the forefront of our minds when we're having this conversation because we want to make sure that all of our students see themselves represented and are given, like I said, the tools to succeed moving forward.

Mr. Deepak Anand: Hopefully, maybe in the next newsletter I'll see something on OYAP and the strategic plan and the initiative from your side. Again, thank you. Just on a lighter note, that's what I said, but I really appreciate your passion.

Moving over to the home builders' association: You briefly talked about increasing the First-Time Home Buyer Incentive from $4,000 to $10,000—something which I actually once advocated. I was actually told one thing: Many times, first-time homebuyers think of it as—say, as an example, a husband and wife are talking about the price of the house and one of them would say, "Oh, don't worry, another $10,000 is going to come from the government." So it's not treated as more like an incentive; it's more treated as, "Okay, we can increase the offer price because there's other money coming out."

My ask would be, how can we make it really appealing as an incentive and not another tool to increase the price, which is already too high?

Mr. Jason Burggraaf: The biggest thing—and it's in the recommendation—is to limit it to first-time buyers, obviously. The house threshold that you're looking at there has significantly decreased. Obviously you're not talking about multi-million-dollar homes—unless you're in Toronto, I guess. But that's the biggest piece, for sure, is just keeping it focused on that individual piece.

Also, because it's a rebate that comes after the purchase price, someone would have to leverage their own payment in order to pay the price upfront and then get the money back, and you can't count on that.

Mr. Deepak Anand: Very good, I appreciate it.

Next question, simply straight: Is there a shortage of skilled trade workers in housing?

Mr. Jason Burggraaf: Absolutely. Right now across the province, it's about one out of 100,000 people are going to retire in the next 10 years.

Mr. Deepak Anand: One in five jobs is going to be in construction. There's many jobs in the skilled trades. Again, as I said to Lyra, I'm going to say it to you, also: What do you think is the benefit of investing into the skilled trades, investing into the Skills Development Fund, so that we can share with the rest of the team, as well?

Mr. Jason Burggraaf: I agree completely with Lyra. Skilled trades is certainly a major focus. That's something we should be promoting in terms of career pathways as a first choice. I know I'm certainly hoping that the Skills Development Fund continues to be funded because ourselves, along with Algonquin, the Y and EnviroCentre are all applying for funding under that program in order so that we can have employer-led training that speaks to what employers actually need for skilled people to come in and be successful in the job. And the biggest thing is not even necessarily the hard skills—

The Chair (Mr. Ernie Hardeman): Thank you very much. It is so great to end this meeting on such an agreeable note.

Laughter.

The Chair (Mr. Ernie Hardeman): But the time has been consumed and we thank the panellists in this panel for your time it took to prepare and your great presentation here. It will be of great assistance as we prepare a report to give to the Minister of Finance to prepare a budget that we can all be proud of.

Interjections.

The Chair (Mr. Ernie Hardeman): There's no commitment there. But we do thank you.

As a reminder, the deadline for written submissions is 7 p.m. on Tuesday, February 14, so if anybody wants to present more to what they've added today, you're welcome to put that in before the 14th of February.

With that, the committee is now adjourned until Tuesday, February 7, 2023, in Kingston.

Mr. Deepak Anand: Which is tomorrow.

The Chair (Mr. Ernie Hardeman): Which is tomorrow, yes.

The committee adjourned at 1800.

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