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Lundi
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LEGISLATIVE ASSEMBLY
OF ONTARIO

Monday 27 February 2023

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Lundi 27 février 2023

The House met at 0900.

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

Prayers.

The Speaker (Hon. Ted Arnott): I want to acknowledge that we are meeting on lands traditionally inhabited by Indigenous peoples. We pay our respects to the many Indigenous nations who have gathered here, and continue to gather here, including the Mississaugas of the Credit. Meegwetch.

This being the first Monday of the month, I will ask everyone to join in the singing of the Canadian national anthem, followed by the royal anthem.

Singing of the national anthem / Chant de l'hymne national.

Singing of the royal anthem / Chant de l'hymne royal.

ORDERS OF THE DAY

ST. THOMAS-CENTRAL ELGIN
BOUNDARY ADJUSTMENT
ACT, 2023

LOI DE 2023 SUR LA MODIFICATION
DES LIMITES TERRITORIALES ENTRE
ST. THOMAS ET CENTRAL ELGIN

Mr. Fedeli, on behalf of Mr. Clark, moved third reading of the following bill:

Bill 63, An Act respecting the adjustment of the boundary between the City of St. Thomas and the Municipality of Central Elgin / Projet de loi 63, Loi concernant la modification des limites territoriales entre la cité de St. Thomas et la municipalité de Central Elgin.

The Speaker (Hon. Ted Arnott): Further debate?

Hon. Victor Fedeli: I will note that I am sharing my time with PA Dowie and Minister Clark.

Speaker, there is no time to waste when it comes to securing major industrial investments that will employ generations of Ontario workers in good-paying jobs. We are constantly in fierce competition with other jurisdictions when companies consider making large investments in manufacturing and industrial operations, including multi-billion-dollar transformational projects.

You have to wonder, Speaker, how we got here, so a little of the history about why we're standing here today looking to develop industrial sites: Quite frankly, it's because the previous government, for 15 years, did not develop industrial sites. They sat on their hands and

watched businesses leave Ontario. They sat on their hands and watched companies and other jurisdictions have all of these plants spring up and revitalize their communities and their states and their places overseas. This previous government sat on their hands. I'll be very specific about this now.

First of all, the evidence is clear: 300,000 manufacturing jobs left Ontario under the Liberal government. That is just an absolute fact; it's an undeniable fact. That's the result of what the Liberals' hand-sitting did. Let's see how that occurred now.

In the long-term report on the economy—this is an annual report that is issued by the Minister of Finance. It comes out once a year and it gives the state of the economy, basically. There are quarterly reports that come out. The Liberals missed eight of them by the way; I just want you to recall that, that eight of them were missed. So we didn't have a clue. They were trying to contain the damage that they had created by just not reporting to the people, as if we didn't already understand how dire things were getting under them.

But in their final—thankfully, it turned out to be their final—report on the economy, it was clear, Speaker, that all they did was throw the towel in. They just gave up on manufacturing. They gave up on the workers in Ontario. The proof point of that—and I'm going to use my notes to quote the exact sentences from the report—is that in the Liberals' report on the economy, they stated, "The structure of the Ontario economy will continue to shift from goods-producing to service-producing sectors." Now, Speaker, we all know that this will result in—again I'm quoting—"shifting employment from goods-producing industries, in particular manufacturing, to service-sector industries." This was their concept all along: They wanted Ontario out of the manufacturing. They put it in writing: "We want Ontario out of the manufacturing." They no longer wanted us to be the economic engine of this entire country. They wanted us to find jobs in the service-producing sector, according to their own writing. This is exactly why we saw the hollowing out of the manufacturing sector: high taxes, high energy rates, red tape, all of the things that are anti-business.

To put a final cap on it in the auto sector, Speaker, we saw former Premier Kathleen Wynne sitting on a stage in Windsor with the then chairman and CEO of what was then called Fiat Chrysler, Sergio Marchionne. They were talking about why so many companies in the auto sector were leaving Ontario under the Liberals. She asked him, "Are you going to be expanding Chrysler?" And he looked quizzically at her. You could see it if you looked at any

newspaper or if you watched it on TV or on the social media at the time. You would see him looking this quizzical look at her. And he said to her, “This is not what I would call the cheapest jurisdiction.”

0910

They had doubled energy rates, increased all business taxes of every type. Red tape was piling up, strangling the business community. And then she asked a few more questions about it, and he finally said to her, “You need to create the conditions to be competitive.” You could hang that on the wall as a message to the incoming government.

Premier Ford took that message and said to his caucus, “We are going to do everything to create the conditions to be competitive, because that’s how we’re going to get the auto sector back, the life sciences sector back, the tech sector”—all of these sectors that were leaving Ontario. Some 300,000 people lost their jobs under that previous government. I don’t know how much louder you can say that to the government as we did in opposition day after day: “Don’t you see what you’re doing?”

So Premier Ford said, “That’s it, enough. We’re creating those conditions.” Many things happened. Number one, we visited every one of the auto plants, the Premier and myself. We sat with them and they told us exactly what Sergio Marchionne said, that you’ve got to lower the cost of doing business. We heard them loud and clear.

We came back and developed Driving Prosperity, and it’s the plan to bring back the auto sector. This is almost five years ago now. The plan was there and articulated. Number one: reduce the cost of WSIB. That’s your workplace safety insurance. That fund was so overstuffed with cash taken from the business community—so overstuffed that it far surpassed any financial requirements whatsoever. In fact, it far surpassed any moral requirements to keep that much money. So we reduced the cost of doing business by a 50% reduction in WSIB. That is a \$2.5-billion annual saving to the business community that they are now reinvesting in their companies. That’s the first—\$2.5 billion.

The next thing we did, Speaker, was put in an accelerated capital cost allotment. And what does that mean? When a company buys a piece of equipment, they get to write it off now in Ontario in-year, in the same year. That’s a huge financial savings to them. In fact, it’s a billion dollars a year that those companies are saving. Now that’s \$3.5 billion.

Then we began with our red tape bills, meeting with the companies, asking them, “What pieces of red tape are duplicative with the feds?” Let’s take the highest, the most strictest of the two, and remove the other one. Then you only need to do your paperwork once. Those are the types of things. It’s over \$400 million—in fact, in the last red tape report, they announced that it’s over \$500 million annual savings in red tape reductions to these companies who we’ve seen, as you’ll see, are reinvesting that money here in the province of Ontario.

Then we reduced the province’s share of those companies’ local property taxes. Basically, we’ve standardized the taxes. Some came down 30%; some came down 6%.

But we standardized it at 0.88% across Ontario and that saves \$450 million every single year for these companies.

If you recall when we first got elected, in January the Liberals had a huge tax increase scheduled. We cancelled the tax increase. In fact, under this government, you will find no taxes increased, not even your hunting and fishing licences. Premier Ford and our party, we believe that lower taxes create jobs, lower taxes create wealth. High taxes kill jobs. We saw that under the Liberals. This is why we’ve done the reduction of the local property taxes.

Basically, we’ve pulled on every lever that a government has to lower our intake, to lower the cost of doing business. That now is over \$7 billion annually in savings to companies right across Ontario.

So the Premier and myself got back in the vehicles and headed back to every auto company. We met with Toyota in Texas and Ford in Washington. We sat down and we laid this out for them. Here is Driving Prosperity: We’ve lowered the cost of doing business by \$7 billion annually. That’s number one.

We have an ecosystem here in Ontario that is ripe for this EV revolution. We told them back then, “Look to northern Ontario.” We’ve got Glencore and Vale in Sudbury who are producing battery-grade nickel. We’ve got mines being planned north and south of Timmins, the gold town, that have found nickel. We have the Ring of Fire. Yes, there are mounds of chromite on the surface. We can move that aside and go deep and get the nickel. Then we look at northwestern Ontario, where there are four potential lithium mines.

We’re telling all of these companies, if you want to make electric vehicles, make them in Ontario, because Canada is the only jurisdiction in North America with all the minerals to make a lithium-ion battery. In fact, we have them all right here in Ontario. That was the first message.

The second message is: If you want to take that lithium and make lithium hydroxide, the liquid that’s necessary in an electric-vehicle battery, we have that expertise here in Ontario. We can set you up in northern Ontario near the mines, and we can do that with you. And as you come back to southwestern Ontario, where the auto companies are, you can build battery plants here. We have the ecosystem here. We have the technology. We have the expertise.

We told them we are producing 65,000 STEM—science, technology, engineering and math—grads every single year. You’ve got a steady stream of employees that can work at these companies. We have 700 parts makers in Ontario. We have 500 tool-and-die and mould makers in Ontario. We have 300 companies that are in the connected and autonomous sector in Ontario, including 700 or more employees at GM in Markham. Ford has 500 of these employees in Ottawa. BlackBerry QNX has 300 or more in Ottawa. Stellantis, formerly Chrysler, has more than 800 at their two new facilities in Windsor.

We’re telling them, “You can do all these things.” These are there today; they weren’t there when we were talking about them. You can do all these things. You can make all the components that go into a battery. You can make the cathode here. You can make the anode here. You can make the separator. You can make the copper foil. You can do all of that in Ontario. That is what we were

telling them. We have the people. We have the expertise. We have the ecosystem. We have brought the cost of doing business down.

Canada has free trade agreements with almost 50 countries. If you make it in Ontario, you can export around the world almost exclusively tariff-free. If you make a battery in the United States and ship it, or you build a car in the United States and ship it to Europe, you've got either a 2.7% or a 10% tariff. If you build a battery or a car in Canada and in Ontario and ship it, you have no tariffs in Europe because of our free-trade agreements. We have agreements.

We have everything in place, but we need some land, because the previous government failed—miserably, I might add—to acquire large mega-sites of land. So, as we're out around the world talking about all the great things in Ontario, we just need a few more pieces and that is these mega-sites.

We do know that, as a result of all of what we told these companies, all the investments that they are going to be making, when you think about—around the time we got elected, we did an analysis. There had been \$300 billion dollars invested in North America in EVs. And under the previous government, zero came to Ontario. Zero out of \$300 billion.

0920

You look today and you will see that we have now announced \$17 billion—\$17 billion—in transformative automotive and EV investments: Ford in Oakville, Honda in Alliston, LG Energy/NextStar in Windsor, GM in Oshawa, GM in Ingersoll, Stellantis in Windsor, Stellantis in Brampton, Umicore in Loyalist. Magna just made their announcement: half a billion dollars into Brampton, Newmarket, Belleville, Guelph, Windsor, Penetanguishene. This is why Ontario is the number two automaker in all of North America. And it's interesting, Speaker, that we are also the only jurisdiction in all of North America to have five major automotive assemblies, and I've just named them: Stellantis, Ford, General Motors, Honda and Toyota.

It's interesting that not only are we the number two automaker, but we are the number two tech sector in all of North America. If you look at an EV car today, it's nothing but a big computer on wheels. Well, isn't it just great that we've got the opportunity to be the number two tech sector and the number two automaker—the two things that are needed to make these vehicles of the future?

As a result of all of these changes that we've made in Ontario—remember, 300,000 jobs lost in 15 years by the last government—today we are over 600,000 new jobs created in Ontario since the day we took office. We've got 100,000 employees alone who are in the auto sector. Since 2022, we've landed 150 deals alone, resulting in 7,500 new jobs just from those deals. And that included through our five trade missions into nine countries, when you include the States, Germany, Austria, Korea, Japan, Belgium—we heard a message, Speaker.

It's really interesting: No matter where in the world we went, we heard two messages. The first was that in this really tumultuous world, where we're just coming off of a two-year pandemic, where we have Russia's illegal war in Ukraine and we've got this China issue that we're trying

to face—all this turmoil that everybody in the world is antsy about—every company said that they looked to Ontario as a sea of calm. We are a trusted, reliable partner. In all of this turmoil, they can look at Ontario and know that they've got a partner here that they can rely on.

The second thing they all said about Ontario was that it was safe. It was safe for their employees, safe for their executives, safe for their families. That's how they view Ontario. No matter where we were in the world, those were the same two messages that we heard. We're a trusted, reliable jurisdiction for everybody's employees and everybody's families, and that's why we have this \$17 billion in new announcements.

Now, a couple of the things that we talked about that are going in our favour: It's this talented workforce—it's all about the people. It really does come right down to the people. Look at Toyota; they won the J.D. Power best automotive plant in the world. That's what we're producing in Ontario. This isn't the best Toyota plant in the world; it's the best auto plant in the world. It's right here in Ontario. It's because we have a talented workforce. We have state-of-the-art research and development in Ontario. We have award-winning manufacturers. We have an abundance of critical minerals in Ontario's north.

And this red tape reduction—this is really something. I talked about it briefly before, but we've taken 400 pieces of red tape that have been reduced. We've also done things like lowered your payroll costs and lowered electricity costs. We lowered commercial and industrial electricity rates by an average of 15%. That's another \$1.3 billion in savings.

The CFIB gave a Golden Scissors Award just recently for our At Your Service Act, which was part of the spring 2022 red tape bill. That's because our government has brought in nine red tape bills and cut red tape. It's over \$500 million a year in the cutting of red tape.

Mr. Rob Flack: Big money.

Hon. Victor Fedeli: It is big money. It really, genuinely is.

When you think about our energy rates and the kind of energy we produce—we've all talked about this in the Legislature before—in Ontario, we have 94% clean energy. If you are making a battery in Ontario, you can also buy the clean energy credits and have your battery with 100% clean energy here in Ontario. It's one of the few jurisdictions where you can do that.

If you're in the States making a battery in Kentucky—I'm going to go back a step here. You're buying an electric vehicle. You believe that you have made your contribution to society because you're buying an electric vehicle in the US. You're buying a green vehicle. Well, you've done one of those but not two. Yes, you bought an electric vehicle, it runs on a battery, but you have not bought a green vehicle. In Kentucky, a battery is made with 6% clean energy. They burn coal to make power to make a battery. How is that helping? In Indiana, you're at 7% clean energy. Again, you're burning coal to make power to make a battery. If you're assembling vehicles in the US in a state that burns coal, you are not making a very green vehicle.

Even though that vehicle is an electric vehicle and you think you're driving a green vehicle, you are not driving a green vehicle. In Ontario, when our vehicles come off the line, you will be driving a green vehicle.

Here's another reason why: Dofasco, which was burning coal to make steel, is now converting. With a half-a-billion-dollar investment by the province of Ontario, by the people of Ontario, Dofasco will be moving off of coal. That facility for making steel from an electric arc furnace is under conversion right this moment. Premier Ford and myself were down there only a few weeks ago looking at the conversion that's happening. That means, with our half-a-billion-dollar investment, they are going to be making green steel.

So your car, bought in Ontario and made in Ontario, will have green steel, will have a 100% clean battery and 94% clean energy assembling that vehicle. You go back down to the States, you are nowhere near, not even remotely near, the same kinds of metrics.

Dofasco alone, by the way, converting coal to an electric arc furnace—that's the equivalent down there of taking a million cars a year off the road.

So, obviously, Ontario is one of the very few jurisdictions that is indeed on track to meet the 2030 target of reducing emissions by 30%. In fact, greenhouse gas emissions are down 27% and counting.

We talked a little bit earlier about critical minerals and that now, for the very first time in the 120-year history of auto, northern Ontario will be included in the auto sector, because you need those minerals to make a battery. You need that lithium hydroxide, which could be made in northern Ontario from the lithium mined in northern Ontario—you could be making that. But for the very first time, the north is now part of the auto sector.

In fact, at a speech that I was giving in Sudbury a few weeks ago, I sat with the principals from Glencore and Vale and they were talking about battery-grade nickel. It was interesting. There was a nickel mine in Sudbury that had been shut down years ago because they couldn't go any deeper; they couldn't ventilate any deeper. But now, today—Onaping Depth it's called—they're spending \$1.3 billion to open that mine up again because now they will run electric vehicles down there. They won't have diesel. They won't have any diesel down there so they don't need that massive ventilation that couldn't go any deeper. They will now use electric vehicles with lithium ion batteries to mine nickel to make electric vehicles with lithium ion. Talk about a closed loop here in Ontario. It's absolutely amazing.

0930

Remember I said \$300 billion of electric vehicles, before our government got elected, had all gone to other jurisdictions in North America; zero in Canada. Just recently Bloomberg ranked Canada second in their annual global battery supply chain. Imagine: We've gone from zero; now we're second globally in the supply chain. In fact, we are first in North America. We are ahead of the US, according to Bloomberg. That confirms that everything the Premier said that he wanted done is done. We

have created the right conditions to attract investments, to create jobs and to remain competitive.

As a result of all of this activity, Site Selection magazine—it's a very popular magazine that those in economic development follow. That magazine follows all of us as well. Ontario just recently earned Site Selection magazine's number one ranking as the most competitive province in the nation. That is absolute news, and very exciting news. Companies around the globe are looking to Ontario for their future.

That award from Site Selection magazine—number one in the nation—is a very huge vote of confidence in the province of Ontario's economy. But it focuses the light on our shortage of mega-sites that are prepared. We have lots of land in Ontario. We're one of the largest jurisdictions in North America, size-wise. There's lots of land here. Let's be clear about that. Anything can be converted. But there's a critical shortage of shovel-ready industrial mega-sites. That's what we need in Ontario, and that places Ontario at a very significant disadvantage when we're competing for high-value projects. That's why we want to take immediate action so that we don't risk losing any opportunities. We want all those cards on the table.

We talked about all the things before: the minerals, the people, the tariff-free. We talked about the STEM grads. We talked about the ecosystem. We talked about lowering the costs. All of those are in place, but we want to make sure that we have a fulsome inventory of serviced land. It's really important not just to have it in the bank; we want it to be able to provide jobs for thousands and thousands and thousands more people.

We've seen the business community create 600,000 jobs. By the way, that's 300,000 pre-pandemic, 300,000 since the pandemic. With 600,000 jobs already created in Ontario, can you imagine where we're going to go in the future? We'll have some serviced land. It will show that we're not just open for business, as the Premier likes to say, but ready for business.

That's why at the moment we are obviously in fierce competition with other jurisdictions for all kinds of investments. We've talked about this for days and weeks and months, that we are out there. You've seen us around the world trying to lure businesses here. There are 40 US jurisdictions right now who offer a certified mega-site program. That's what we are contending with out there. Our key US competitors—Ohio, Iowa, North Carolina, Missouri, Tennessee—all have anywhere from 19 to 51 certified sites. These are shovel-ready sites. That says we're ready for any potential investor. We need more certified, shovel-ready sites.

We've got to have those ready for when we're traveling and luring prospects here. We can not only give the pitch that I've just outlined for you, but we can also tell them, "By the way, here is your suite of sites that are ready for you to choose." That's why, back in November 2019, we launched the Job Site Challenge program. It was Canada's first challenge where municipalities, economic development agencies, industrial property owners—we asked them to put forward large tracts of land, anywhere

from 500 to 1,500 acres, that could support a large-scale manufacturer. That's what we asked for. Just for context, 500 acres—that's almost 400 football fields, by the way. You can imagine what size 1,500 acres would be. We want to build an inventory of mega-sites that are investment-ready—take a look at the site and know we can go.

As a result of all of our economic development, travelling and some of the successes we brought in, we still have about \$20 billion in the pipeline. We're not going to win it all, but wouldn't it be nice if we sure had a fair shot at every single penny of that? We've won \$17 billion, and we've got more than that still in the pipeline. But again, many of those require a large-scale site. Companies are confident in the future of Ontario. That's why we have that big pipeline. They're confident in the future of Ontario; they want to be part of that future of Ontario. They want to be that future.

That St. Thomas site that we're talking about is considered a highly attractive mega-site. It has been identified as one of the few potential mega-sites across the province. Why? Because it has large acreage; it's in close proximity to transit routes and highways; it's fully serviceable with electric gas, water, waste water; and it has been deemed to have a very high probability to sell to an investor.

The site that we've picked currently straddles two municipalities: the city of St. Thomas and the municipality of Central Elgin, which is in Elgin county. These two municipalities have different steps to permit. They have different permitting requirements. They have different timelines. It creates confusion and complexity for any potential investor, especially if they decided to build the building right smack dab in the middle of the property line. There's a lot of unnecessary and burdensome red tape for investors, and it can also mean delays in timelines. Timelines cost money.

To unlock the full potential of this mega-site, we're introducing legislation that would change the municipal boundary so that the site would be fully located in St. Thomas. That reduces the red tape, and it ensures that what we call the St. Thomas site truly is shovel-ready in the very near term for any potential investments. It would allow the city themselves and the province to proceed quickly with permitting, preparing the site to meet any potential investor timelines. It will allow Ontario to remain competitive as an attractive place to invest and grow. Those changes have the potential to bring significant economic benefits to the people of St. Thomas, Central Elgin and the surrounding communities. Of course, we'll work closely with the affected communities with respect to any proposed legislative change, should they be passed.

Again, we're going to continue to look for additional large-scale industrial sites around the province, because we are the ideal destination for any kind of manufacturers. We talked about \$17 billion in the auto sector, but there's also \$3 billion in the life sciences sector that we've won in Ontario in the last two years. Billions in the tech sector—I used this example the other day: Telus alone is investing \$23 billion in hiring 9,500 people in Ontario. Think about Nokia—the Premier was there to make the announcement

of Nokia's \$340-million investment in Ottawa. Tech, life sciences, auto—we're firing on all cylinders here, while we still have cylinders to fire on, in Ontario. Clean energy, critical minerals, world-class workforce, and now we need the last piece of the puzzle: mega-sites built throughout Ontario.

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The window of opportunity to secure transformational EV sites is only open for a short time. Right now, all around the world, everybody is jockeying for position to make sure they're near critical minerals or to make sure they're near a workforce, to make sure they can go into a low-cost jurisdiction, to make sure they can go into a jurisdiction that has an auto ecosystem. All of those are in Ontario.

I've said this to many of our prospects around the world—I don't know if I've ever said it in the Legislature, but I'll tell you how I close when I'm speaking with an auto company around the world: It's like a carousel going around. When that carousel stops, there won't be a horse for everybody. That is my message to all of the EV automakers, battery makers, parts suppliers: The carousel is still spinning. We have all of the things that you need here in Ontario. We've got the critical minerals, but they're going to be spoken for sooner than later.

All of these companies—battery companies, EV makers, parts makers—they're looking today, right now, around the world. They've got to get located somewhere. They've got to get a plant built. They've got to get producing their parts and their products and their batteries and their vehicles to meet all of the deadlines that are out there. There's not much more time for them to pick a site. They're all doing it now. That window is open now, and it won't stay open for long. That's why Ontario has been so aggressive in looking to land all of these pieces of the EV revolution. We want them here now, because the time is now.

Speaker, thank you very much for the opportunity to speak. I'll turn it over to MPP Dowie.

The Acting Speaker (Ms. Bhutla Karpoche): I recognize the member from Windsor–Tecumseh.

M. Andrew Dowie: Je suis ravi de prendre la parole encore une fois sur le projet de loi 63. Ce projet de loi vise fondamentalement un résultat simple : créer un site d'emploi pour les Ontariens de toutes générations. C'était crucial d'avoir un site industriel prêt pour achever le succès chez moi à Windsor–Tecumseh, et particulièrement l'usine de batteries pour véhicules électriques de NextStar Energy.

Notre gouvernement connaît bien que nous avons un excellent site industriel à Central Elgin. J'espère bien que ce projet de loi passe par notre Assemblée et que la ville de St. Thomas et la population de la région seront bientôt les bénéficiaires des centaines d'emplois dans le futur proche comme résultat de notre décision.

C'est essentiel que les employeurs majeurs connaissent qu'un choix de s'établir en Ontario non seulement est profitable pour eux et pour les employés, mais porte aussi le moins de risques. Leurs décisions seront prises dans le

futur proche quant à savoir si on devrait choisir l'Ontario, et nos décisions ici vont les influencer.

Dans ce gouvernement, nous voulons faire de l'Ontario un choix facile. Nous devons rivaliser contre et vaincre la compétition, parce que les régions qui sont nos compétiteurs sont transfrontalières.

L'Ontario est loin d'être le seul territoire avide d'investissement. Dans tout le Midwest américain, de nombreux États ont vu leurs propres industries se vider. Ils veulent que leurs industries reviennent. Ils compenseront les coûts et le travail interne de l'entreprise pour sceller l'accord.

Les entreprises évaluent les coûts, mais elles évaluent également la complexité pour eux autres. Elles veulent que leurs constructions et leurs opérations soient fluides. Résider dans deux municipalités distinctes ajoute une complexité qui n'est vraiment pas nécessaire.

C'est essentiel pour ces entreprises que leur site d'affaires soit adapté et facile à utiliser. Nos concurrents savent que le calendrier et les coûts de développement associés doivent être facilement connus et rationalisés pour respecter les délais du projet. L'Ontario doit être concurrentiel à cet enjeu.

J'utiliserai comme comparaison la juridiction à l'autre côté de la frontière de ma communauté : le Michigan. L'État du Michigan est en bonne voie avec son propre programme d'amélioration du site. Le programme de préparation des sites stratégiques permet aux municipalités au Michigan de développer des sites prêts à l'investissement. Le programme des fonds stratégiques du Michigan, qui est lancé par le gouvernement de l'État, prend en charge les dépenses de préparation des sites stratégiques et méga-stratégiques pour les investissements, y compris l'acquisition des terrains; la préparation du chantier; le développement des infrastructures; la démolition et construction des bâtiments; l'assainissement environnemental; et soutenir les frais d'architecture, d'ingénierie et professionnels.

Un site stratégique ou méga-stratégique peut appartenir à des intérêts privés ou publics, et peut être utilisé à des fins manufacturières et commerciales.

Le Michigan n'est pas seul. Prêt de 40 juridictions proposent un type de programme de certification de mégasites. D'autres juridictions ont des sites prêts à l'emploi pour le développement. Nous devons les rejoindre ou nous serons laissés pour compte.

Speaker, this bill is fundamentally about one outcome: to create an employment site that will employ Ontarians for generations. Our government created, in November 2019, the Job Site Challenge. It was Canada's first program to include municipalities, economic development agencies and industrial property owners who put forward large tracts of land of up to 1,500 acres to build an inventory of mega-sites that are investment-ready and could support large-scale manufacturing operations.

My home municipality of Tecumseh was one of the first to sign up for the Job Site Challenge. Mayor Gary McNamara had been advocating for a program of this kind for many, many years during my time on council. I'm

quite happy to see that such a program finally came to fruition at the provincial level, and that it was our government who heeded the call.

I will send my apologies to all my colleagues here for being a broken record from our debate on the second reading of the bill, but the point remains relevant for the \$5.1-billion NextStar project. They located it on lands within the city of Windsor that were previously annexed from the town of Tecumseh. Windsor was able to establish a market-ready site here. This foresight was a game-changer that landed the NextStar plant. The simplicity of the transaction carried the day.

I will give my thanks to Minister Clark as well for his minister's zoning order, ensuring that the risk inherent with this project from the planning process, that could have delayed the project and knocked our site out of consideration, was mitigated.

I would also like to thank Minister Smith for his minister's order to confirm with certainty that the required electrical transmission lines would be brought to Windsor and Essex county as quickly as possible, following many previous years of delay.

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During the recent election, there were many commitments to ending MZO's made by political candidates and leaders. This was, quite frankly, an incredibly bold pitch to make in our community: "Vote for us, and we want to end the best shot at prosperity that you have earned in decades." Thanks to Ontario's voters and those in Windsor–Tecumseh, I'm delighted that this was never put to the test. Adding risk is just not good business in our efforts to grow employment.

The proof of success is there with NextStar—and Umicore, as well, in Loyalist township. Ontario has demonstrated confidence in the future of our industry, and is instilling that confidence in industry.

The Central Elgin site offers prospective employers 1,200 acres of potential industrial development. When we have a critical shortage of shovel-ready industrial sites here in Ontario, it is vital that we secure sites like those in Central Elgin that are accessible for development quickly. We owe it to our residents to ensure that good employers can have a home here in Ontario and provide benefits to all of its employees. Indeed, it is a lack of shovel-ready mega-sites that keeps Ontario held back. This is not an issue, happily, for the Central Elgin site, and it quite frankly is long past time to make this site work for the benefit of the residents of Elgin county, the city of St. Thomas and the regions surrounding.

We need to get it done for the people of Elgin county and the city of St. Thomas, but also for the people of Ontario. Otherwise, we just risk losing the opportunity to compete for and win these transformative investments. These investments bring hundreds, if not thousands, of jobs with them every time.

Many of the currently planned electric vehicle and EV battery-related investments are expected to come online in the mid-to-late 2020s, meaning that the window of opportunity to secure these investments, which are transformative in Ontario, is right now. Losing these investments to

other areas is not acceptable to the people of my riding. We've lost enough manufacturing jobs in my riding of Windsor–Tecumseh. It is long past time to start taking back these investments, and our government is doing so.

But we need to have a solid inventory of fully serviced industrial parks and shovel-ready sites. Bill 63 achieves just that for St. Thomas and for Elgin county. The purpose of Bill 63 is a simple land boundary adjustment. The site is in two municipalities, as the minister stated earlier: the city of St. Thomas and the municipality of Central Elgin. We can address unnecessary and burdensome red tape that adds risk to our efforts to land large employers by consolidating all the lands within the regulatory environment of the city of St. Thomas.

But Bill 63 is not an end by any means. We need many, many more of these sites to be developed, and that means beginning with goodwill. The province will work closely with all the impacted municipalities and First Nations communities for this site, and going forward as well, as we identify more large-scale industrial sites.

Speaker, let us keep Ontario as the ideal destination for advanced manufacturing and for EV battery manufacturers, powered by our reliable clean energy, critical mineral resources and, of course, our world-class workforce and research and development ecosystem.

The Acting Speaker (Ms. Bhutika Karpoche): The Minister of Municipal Affairs and Housing.

Hon. Steve Clark: Thanks, Speaker. Good morning. It's great to see you in the chair this morning.

I'm so glad that I'm able to share the government's time this morning with the great member for Windsor–Tecumseh. I want to thank all of my colleagues for their support, but him particularly, for his advocacy in his riding. He's a tremendous member. The people in his riding are very well-represented. Collectively, both the member opposite and the minister—we're here for the same reason. We're here to fight for jobs and investment, not just in Windsor–Tecumseh, but in all of Ontario.

I'm particularly pleased with my colleague the Minister of Economic Development, Job Creation and Trade. Vic Fedeli works tirelessly to attract jobs and investment across our province, Speaker. The minister outlined that our government has a record that I think we can all be proud of when it comes to attracting both jobs and investment to Ontario. With his wonderful enthusiasm, I think we can all acknowledge that we have no intention as a government to slow down.

The legislation in front of us this morning—I know some of the members opposite raised the question last week of why we're acting so quickly. I take those questions very seriously. The answer is very simple: Ontario is a prosperous, growing province. We've got a great record for investment, jobs and growth, but our government is not going to just sit back and be content with the job that we've done. Our job isn't done. We're taking an all-of-government approach to build Ontario, to attract major new investment to our province.

You can see, Speaker, that this approach is carried through with many, many ministries right across government. My colleague the Minister of Economic Development, Job Creation and Trade is leading our government's

efforts in attracting companies from around the globe to invest in Ontario. My colleague the Minister of Labour, Immigration, Training and Skills Development is making sure that Ontario is equipped with workers that have the skills and is, really, creating the workforce to carry out these jobs. My colleague the Minister of Transportation is making sure that Ontario has the transportation network that's ready to move more goods and people safely and efficiently from across the province. My colleague the Minister of Infrastructure is making sure that we have the right supports in place to attract and expand business in Ontario.

My own ministry is focused on the challenge. We're taking some major steps in the Ministry of Municipal Affairs and Housing to attract—and attract—more homes and better supply and to be able to create an environment where we can build 1.5 million homes by 2031.

We want to make sure that workers have a safe, attainable place to call home. I carry out this work alongside my ministry colleagues, my government colleagues, including my Associate Minister of Housing and my parliamentary assistant, the member for Thunder Bay–Atikokan. Speaker, the bill that we're debating this morning should be seen in that light, that whole-of-government approach to attract investment and those good-paying jobs to Ontario. Because not only is it my ministry that's working to get more homes built faster, but we're working with all of our municipal partners—all 444 municipalities—to reduce red tape and bring in the sort of investment that will benefit workers, municipalities and our communities.

I'm so pleased with the initial response that we've seen to this legislation. There's a clear recognition from so many Ontarians that everyone benefits with this sort of investment that we're attracting here today.

I'm also pleased by the widespread acknowledgement from Ontarians that we need to pull together in a global economy that sees fierce competition for jobs and investment. We know that trade and international partnerships have long been an important part of Ontario's economic success. But we've also seen that some countries around the world have pulled up the drawbridge in recent years. They've implemented protectionist measures that put Ontario jobs at risk.

Faced with this challenge, our government and its partners need to do everything in their power to attract investment and provide those good-paying jobs that Ontarians need. That of course means that we need to ensure that we have the housing, the transit, the infrastructure and the workforce to attract investment. But it also means that we have to deal with the unnecessary bureaucratic hurdles that come in front of major investments to our province. We've got to do everything in our power.

I've had the opportunity to visit southwestern Ontario many times as minister and as an MPP, including Elgin county. It's really ripe for that investment. The member for Elgin–Middlesex–London, sitting beside me, is a fantastic representative and he knows that the location of this site is ideal. It's fantastic to have major highways connecting St. Thomas and Elgin county to the rest of Ontario and beyond, to the rest of Canada. It's just a few hours from the major markets in the United States and

ports that can accommodate Ontario-manufactured goods across the world. It's also in close proximity of some of Ontario's leading universities and colleges.

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With a skilled and capable workforce, it's already a powerhouse. His riding is a powerhouse in advanced manufacturing already. It's such an exciting opportunity for our government and our province to have a chance to demonstrate to potential investors around the world that Ontario is truly open for business, because we know that by getting it right at this site, we can attract more investment in every single corner of the province.

As I wrap up—I look forward to questions—I want to once again reflect on the why: why our government is moving forward so boldly with our plan to build and grow Ontario. The last few years have been challenging for many Ontarians. We faced an unprecedented global pandemic. We've struggled with supply chain troubles. We've coped with global upheaval all around us. But despite these challenges, I'm so very proud that Ontarians came through stronger than ever. We've shown what makes our province so great.

But these challenges have also shown us that there's the need for more manufacturing. We need to invest in manufacturing. We need to ensure that our government and all levels of government are doing their part to support made-in-Ontario products. We know that further development in our province's manufacturing capabilities will help Ontarians prosper in good times and protect them from economic fallouts in uncertain times.

Now we have a real opportunity to showcase the very best the province has to offer, to showcase why, in a world facing so many challenges, Ontario is the right place to invest. Our province is an ocean of calm when so many other parts of the world are facing turmoil. We have the skilled workforce. We have world-class infrastructure to support this investment. The investment, in turn—what does it mean? It means good-paying jobs. It means growing communities. It means prosperous businesses. It means thriving families. That's something that everyone—no matter what side of the House, no matter what political ideology, political spectrum you have, you can all come forward. You should all be able to support this. I hope, as we move forward toward a vote on this important piece of legislation, that all members will do precisely that.

I just want to say that this is very important. Time is of the essence. Minister Fedeli has outlined very importantly this morning how many other jurisdictions have already done this. They've already created a mega-site. They're already investment-ready. There are dozens of jurisdictions in North America that are looking to us today. We've had tremendous success, but we need to move fast. The people in St. Thomas and Central Elgin—this bill will provide that opportunity for our government. It will ensure that we have a site that can compete tomorrow, that has access to the world. We need to understand that if we're going to be in this game—and I want us to be leading, as Minister Fedeli and the member for Windsor—Tecumseh have talked about this morning—we need to move forward. I appreciate the speed in which the House has moved to get us here for a third reading.

I, in turn, can commit that our government is continuing its relentless focus on attracting investment, on supporting Ontario families, on working for workers and for building Ontario. I look forward to the debate. I hope it's as quick a debate as we were in the second reading because time is of the essence. We need to move forward.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Jeff Burch: A question for the Minister of Municipal Affairs and Housing: We all want more good-paying manufacturing jobs. My father worked at General Motors, and we certainly had the benefits of that growing up.

This bill is essentially taking land from one municipality and putting it in another for the purposes of streamlining and attracting an investor. I think we all support that and understand the speed with which we want to do this as well.

I remember reading back in July, I believe it was, that there were some disputes between municipalities as they were assembling this land. Can the minister tell us have all of those disputes been resolved or are the municipalities neighbouring all in support? Are there any outstanding issues?

Hon. Steve Clark: Speaker, through you to the member: We've got a general shortage of quality industrial land in the province, as the member knows. He's a former municipal politician. There are ongoing negotiations that have to take place between municipalities. It's a very big site.

I have the confidence of the Minister of Economic Development, Job Creation and Trade that he will continue that conversation between Central Elgin and St. Thomas. Those conversations are not over; he will continue to engage both sides.

But really, Speaker, again I want to reiterate to the member and all members that there is no time to waste when it comes to securing major industrial investments that will employ generations of Ontario workers in good-paying jobs.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Lorne Coe: Good morning, Speaker. Myself and the MPPs for Ajax, Durham and Pickering-Uxbridge, we hear all the time about the incredible talent in the region of Durham that exists—young STEM graduates and hard-working people in the skilled trades, and particularly innovative and excited entrepreneurs, because they know what's on the horizon. We know what has been created by the Minister of Economic Development, Job Creation and Trade.

My question, Speaker, through you to the parliamentary assistant is, can the member elaborate on the type of investments Ontario is attracting thanks to the competitive edge that we have across Ontario but, in particular, in the region of Durham?

Mr. Andrew Dowie: I appreciate the question from the member. Really, we have seen tremendous investment. I mentioned the NextStar Energy and Umicore investments to start, but we also have tremendous other opportunities that are in the pipeline.

As the minister noted, not all of them will come to fruition. However, think of the \$2 billion in investments by global biomanufacturers—Sanofi, Resilience and Roche pharmaceuticals—and \$17 billion in investments by automakers and suppliers of EV batteries and battery material. You've heard of LG Energy Solution, Stellantis, General Motors, Honda, Ford, Umicore, Magna, Nokia—\$340 million investment to build in Ottawa. So the investments are coming in thanks to the government's proactive efforts to attract investment. I thank you for the question.

The Acting Speaker (Ms. Bhutila Karpoche): The member from St. Catharines.

Mrs. Jennifer (Jennie) Stevens: Thank you, Speaker. It's a pleasure to see you this morning. Good morning.

It is a positive development when a municipality can find a way to support their communities with jobs. In St. Catharines, General Motors has announced that they will add 500 jobs by investing in EV and the auto sector at their plant. I'm excited and optimistic about the auto sector. I've spoken to GM, and this news is subject to support agreements from the federal and the provincial governments. It makes sense to get this moving as fast as possible. We are a proud automotive town in St. Catharines.

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My question is to the minister: Given the subject today, can you please update us on the support agreement and timelines from the provincial government's investments in supporting adding those auto jobs to St. Catharines and Niagara?

Hon. Steve Clark: I'm sure that the member can follow up details around the agreement with Minister Fedeli. But I do want her to know that we're on a mission to secure transformative, generational investments, particularly in manufacturing, auto and EV sectors, to ensure that good-paying jobs will be available for generations.

In auto and EV investments alone, the government has secured \$17 billion in investments in just two years, with more to come. I know the member is very passionate about those jobs in St. Catharines. I can tell her that Minister Fedeli is equally passionate about them.

The Acting Speaker (Ms. Bhutila Karpoche): Questions?

Ms. Christine Hogarth: I just want to thank everyone for their speeches this morning. I was quite excited when I was listening to the Minister of Economic Development, Job Creation and Trade talking about the great things coming forward for our future. Part of our role here in government is to create the environment so people will invest in Ontario, so people will move and we can attract business.

My question is actually to his parliamentary assistant, the member for Windsor—Tecumseh. I'm wondering if you can elaborate on some of the efforts this government has made to date to attract jobs and ensure that Ontario is where it should be so people will move here and stay here once they're educated—because we want to make sure we maintain that intelligence—and people will live in Ontario to raise families. How are we getting those new companies here?

Mr. Andrew Dowie: Really, Ontario's number one advantage is its people. The best and brightest minds are choosing to call Ontario their home. We have the highest rates of adults with post-secondary education and we produce more than 65,000 STEM graduates every year, of which I am a proud member of the STEM community.

Ontario also has one of the most unique and collaborative innovation environments in the world. Business, academia and government collaborate to drive transformational ideas to market through commercialization. Many of our universities—I'll highlight Ontario Tech, Windsor and Waterloo as some who are doing phenomenal work, working with industry and in partnership with government to collaborate on equipment, on personnel and on research.

We also have some of the lowest corporate tax rates in North America. Small and medium-sized enterprises in Ontario will save up to 50% of their after-tax research and development expenditures, to make sure that more capital is available to be invested back into the people of those businesses and the operations of the business.

Last but not least, Ontario is a gateway to the world. We have free trade agreements with close to 50 countries and an extensive logistics network connecting the province with major US hubs.

The Acting Speaker (Ms. Bhutila Karpoche): Questions?

Miss Monique Taylor: Thank you very much, Madam Speaker. It's nice to see you in the chair today.

My question to the minister today would be about process, and the process that a bill moves through in the Legislature. We know that this bill came very late last week and here we are, already at third reading. The committee process has been skipped over due to other circumstances. I would like to know if the minister and the government have done the full consultation process with the community. There are two communities involved in this process. We're in favour of this moving forward, but we also think it's important that the community has the opportunity to have its say.

Did the minister do a full consultation process with all of the community and allow people to have their opportunity to speak?

Hon. Steve Clark: I think MPP Burch asked a very similar question. I think it's asked and answered. Minister Fedeli and the Ministry of Economic Development, Job Creation, and Trade have ongoing conversations with both St. Thomas and Central Elgin. Those conversations are going to continue.

But at the same time, the member talks about the speed with which this bill is here. We're currently in contention for several major manufacturing investments that require large sites with a specific set of criteria, with close to 40 US jurisdictions that offer some type of certified or mega site. We need to house those projects. We need to make sure that the province is pursuing them. That's why we are here. That's why we are moving quickly.

The Acting Speaker (Ms. Bhutila Karpoche): We don't have any more time for questions and responses.

Third reading debate deemed adjourned.

MEMBERS' STATEMENTS

GOVERNMENT INVESTMENTS

Mr. Hardeep Singh Grewal: It's great to be back in the House this week. Over the last several weeks, under Premier Ford's leadership, we were able to deliver key investments to Brampton and Ontario.

A few short weeks ago, I had the pleasure of joining Premier Ford and my caucus colleagues to announce the location of Brampton's new medical school in partnership with TMU. This new medical school will host 80 undergraduate and 95 postgraduate students.

In over 100 years this medical school is the first to be announced in the GTA, and will be located right across from Bramalea City Centre in Brampton, with doors scheduled to open in 2025.

Speaker, to further support job growth, our government has partnered with Magna International to announce a \$470-million investment and expand its operations in Ontario. This investment is expected to bring over 1,000 new high-skilled jobs to the province, out of which 560 new jobs will come to Brampton as the company expands to its eighth location. This new facility will support the development of EV vehicles such as the Ford F-150 Lightning truck and the future OEM programs.

Our government is working hard to deliver for the people of Ontario, and I'm proud that under Premier Ford's leadership, Brampton is no longer being left behind.

HEALTH CARE

Ms. Jennifer K. French: I received a letter in the mail from Judy P. in Oshawa. She says, "I'm not normally what I'd describe as an activist or prone to protesting against my government, but never in my life have I felt more compelled to very strongly voice my objection, disbelief, and frankly horror over the policies of Premier Doug Ford...."

"I feel the need to fight for our health care for my children, grandchildren, family, friends, and all fellow Ontarians. Premier Ford appears to be intentionally trying to cripple our previously world-class health care system in order to make private health care look like it's our best option. His promise to end hallway medicine has failed and turned into parking lot medicine. Never in my life have I had to worry about an ambulance not being available or a hospital not having an empty bed. Never have I had to worry about delays in surgeries or treatments and yet, this is now Ontario. People are dying. Premier Ford has said that he would never do away with public health care for Ontarians. But he's whittling it away and heading for a two-tiered system. And we know private facilities would get the cream of the crop in resources and personnel, making it one gold-level system for the haves, and a much poorer system for the have-nots. This will mean more Ontarians living on the edge will suffer and even die. What a legacy!"

She goes on to say, "Our health care is something I remember my parents being so proud of. Universal health care came about when I was a young child. It sets Canada

apart from many nations. We used to be a shining example that other nations looked to with envy...."

"We can't afford to lose our universal health care. It's part of what makes Canada a great place to live."

Well, Judy, we have a hell of a fight on our hands to save medicare. Thank you for your strong letter. I'm in the fight with you.

DOUG WAGNER

Mr. Ernie Hardeman: I rise today to congratulate a good friend of mine, Doug Wagner, on being a 2023 Ontario Agricultural Hall of Fame inductee. It's a fitting honour for someone who has spent 45 years dedicated to developing and growing the agriculture and agri-food industry in Ontario. Through his work with several organizations, including the Ontario Seed Growers' Association and the International Plowing Match, Doug has left a lasting impact on agriculture in Ontario.

Perhaps one of his greatest legacies is Canada's Outdoor Farm Show, which he launched in 1994 with Ginty Jocius, giving the industry a permanent site for an outdoor show.

Since then, he has continued to be involved with the farm show, becoming president in 2012 and helping it grow into eastern Canada's largest outdoor farm show. As president, he also helped coordinate the purchase of 100 acres of provincial land to create Discovery Farm Woodstock and make it the permanent home of the farm show. He retired as president last year.

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Doug has always known the importance of creating future agriculture leaders. After graduating from Ontario Agricultural College, he worked in the youth extension arm of the Ministry of Agriculture and Food. He also continues to passionately share his knowledge through 4-H Ontario and the Junior Farmers' Association of Ontario.

Congratulations again, Doug, and thank you for your lifelong commitment to Ontario agriculture.

TOMMY DOUGLAS

Mr. Wayne Gates: This past Friday was the 37th anniversary of the death of Tommy Douglas. In 2004, the CBC did a Canada-wide vote to find the greatest Canadian of all time; 1.2 million people across Canada voted. The winner wasn't Wayne Gretzky, Shania Twain or even Terry Fox. It was Tommy Douglas.

Tommy was the father of our universal public health care system. As Premier of Saskatchewan, Tommy introduced the first single-payer, publicly funded and publicly delivered health care system in all of North America. Tommy did this as Premier while also running 17—that's right, 17—balanced budgets in a row, and even achieving surpluses. Keep that in mind when you hear politicians saying we need to cut public services to be fiscally responsible.

Before that, government didn't help families with health care costs. Health care was expensive and not accessible to most people. Tommy knew it wasn't right that some people could afford health care and some

couldn't. He spent his life trying to make change for the better.

We need to remember and honour Tommy Douglas and his legacy. People across Ontario and across Canada know that universal, public, not-for-profit health care is part of what it means to be a Canadian. We take care of one another. Ontarians, Canadians don't want American-style private, for-profit health care where the wealthy get faster and better care and lower-income families go bankrupt trying to get the health care they need, or go without care at all. The Conservatives call this profit-driven, call it innovation. But it's really the oldest game in the book. Frankly, it's a cop-out that will hurt Ontarians.

EVENTS IN ETOBICOKE-LAKESHORE

Ms. Christine Hogarth: As Black History Month comes to an end, I want to share with you some exciting celebrations that took place in the riding of Etobicoke-Lakeshore, home of the politician who in 1995 introduced a motion that was passed unanimously by the House of Commons to recognize February as Black History Month across Canada, Dr. Jean Augustine.

I was honoured on February 13 to address a celebration and a fundraiser for a pioneer, Dr. Augustine, Canada's first Black female member of Parliament, and to this day, an activist whose work has changed lives.

On February 15, I partnered with Humber College to stage Black Heritage 365. This is the first of an annual event that was created to boost the ongoing effort to amplify Black Heritage Month from an academic point of view. This is its first year, and we honoured five outstanding members of our black community in Etobicoke-Lakeshore.

Black Heritage 365 featured prominent scholars who shared their stories of resilience and resistance that contributed so much to their success. They are the amazing Carla Neto, who is the executive director of the Women's Habitat of Etobicoke, and they do such fantastic work; Ian Stewart, a pharmacist and owner of a neighbourhood Shoppers Drug Mart; Jacqueline Edwards, president of the Association of Black Law Enforcers; Keddone Dias, who is executive director at LAMP Community Health Centre; and of course, the Honourable Jean Augustine, a long-time trailblazer in our community. Their success is a model for all of us to follow, and we look forward to nominations next year.

LEADING WOMEN, LEADING GIRLS, BUILDING COMMUNITIES

Ms. Catherine Fife: Mr. Speaker, I'm taking this opportunity to highlight the winners of this year's Leading Women, Leading Girls, Building Communities Recognition Program. The Ford government cancelled these awards, but nevertheless, we persisted.

Duaa Al-Aghar works tirelessly to establish services for the Muslim community as well as new Canadians.

Paris Cai is instrumental in developing HomeworkHub, a youth-led non-profit organization providing free, accessible educational resources.

Sara Geidlinger is the co-creator of the Bonn Park Podcast, an ongoing living oral history of the Waterloo region.

Michelle Heyer is a nurse who advocates to ensure internationally educated nurses have the support they need to succeed.

Edl Lemlen and Sophie McConnell are grade 6 students who model inclusion by providing friendship to Sebastian, a classmate and a child with autism who is non-verbal.

As associate director of Waterloo Region District School Board, Lila Read has been an integral part of developing and leading the Women in Educational Leadership group that supports BIPOC women in education.

Rebecca Short created the Sharing Experiences program, where community groups come to the amazing Clay and Glass Gallery to do ceramics and share their experiences.

Finally, Jennifer Stager Piatkowski is a key leader responsible for bringing ONA into the Waterloo Regional Labour Council, strengthening the labour and nursing movement in our community.

And finally-finally, Sarah Wilson developed a menstrual equity pilot program for the Waterloo Catholic District School Board called Changing the Flow.

You are all inspirations, each and every one of you. Congratulations on winning this award.

FERGUSON JENKINS

Mr. Trevor Jones: Ferguson Arthur Jenkins, lovingly known as "Fergie," was born December 13, 1942, in Chatham, Ontario, to Delores Jackson and Ferguson Jenkins Sr. His father was the son of immigrants from Barbados, and his mother descended from American slaves who bravely escaped through the Underground Railroad before settling in southwestern Ontario.

As a young man, Fergie possessed a strong work ethic. He was determined and competitive, excelling in multiple sports including track and field, ice hockey and basketball. It was baseball, however, and more specifically his brilliant ability to throw with unique speed and accuracy, that garnered him attention well before graduating high school. In 1965, at the age of 22, he made his major-league debut as relief pitcher for the Philadelphia Phillies. The following year, he was traded to the Chicago Cubs, where he honed his professional pitching career on the iconic Wrigley Field, a ballpark known to favour hitters. Jenkins would go on to earn All-Star recognition and win the Cy Young in 1971.

As exceptional as Jenkins was on the pitcher's mound, he also played basketball with the Harlem Globetrotters from 1967-69. In 1979, Fergie was named a member of the Order of Canada well before formally retiring in 1983 from his beloved sport. In 1991, Jenkins became the first Canadian ever to be inducted in the National Baseball Hall of Fame in Cooperstown, New York.

This June 10, please join me in Chatham-Kent as we honour Fergie by revealing his full-size bronze statue, an exact replica of the one that stands proudly in Wrigley Field.

LAND USE PLANNING

Mr. Mike Schreiner: I rise today to honour the thousands of people who rallied at Queen's Park on Saturday and in communities across the province to tell the Premier to keep his greenbelt promise to keep his hands off the greenbelt. We simply cannot afford to pave over the farmland that feeds us and the wetlands and green space that clean our drinking water and protect us from flooding. People are demanding that the government put the public good ahead of a handful of wealthy, well-connected land speculators.

The greenbelt provides \$9.6 billion of economic benefit to our economy each and every year, and its natural infrastructure provides \$3.2 billion worth of benefits to the province, especially flood protection. It's reckless and fiscally irresponsible for the government to put all of that at risk when the government's own Housing Affordability Task Force explicitly said we do not need to open the greenbelt to address the housing crisis.

On behalf of Ontarians across the province, I want to remind the government that they work for all the people, not a handful of land speculators, and that paving over the greenbelt and unleashing sprawl on rural Ontario is not the future the people of this province want or can afford.

2023 CANADIAN INTERNATIONAL AUTOSHOW

Mr. Graham McGregor: Mr. Speaker, it's good to see you this morning. It's good to be back.

It's my privilege to rise in the House today and speak to not only the largest automotive expo in Canada, but our country's largest consumer show. Of course, I'm talking about the Canadian International AutoShow, which celebrated their 50th anniversary, running from February 17 and concluding just yesterday. And Speaker, it was a smash hit.

1030

The auto show has an annual attendance of over 330,000, with visitors coming from all over the country. It features more than 650,000 square feet of exhibits, displays and attractions, spanning the north and south buildings of the Metro Toronto Convention Centre. I think two of the big draws this year were the North American debut of the life-sized Lego Lamborghini Sián FKP 37 and the Roshel armoured vehicle that is helping to defend the people of Ukraine.

Speaker, I want to give a special shout-out to Frank Notte for all his efforts in ensuring the event is a success. Putting on a show of this magnitude is no easy feat. Him and his team pulled it off with class.

This show is put on by the Trillium Automobile Dealers Association, representing Ontario's 1,000 new car dealers—which means that at one point they represented a certain member from Brampton North. Speaker, I remember working the auto show in the past when I sold cars for Mazda of Brampton. Believe it or not, I was pretty good at it. I actually sold a car at the auto show back in 2017. It's

a memory I will hold on to forever, and I know the attendees of the show will never forget the memories that they built at the show.

I want to congratulate the team on the 50th anniversary, and all the best for next year.

ANTI-RACISM ACTIVITIES

Mr. David Smith: It is an honour and a privilege to rise today as the first Black male of African descent and one of the first three Black members elected to the Ontario Progressive Conservative caucus to recognize Black History Month in the Ontario Legislature.

Throughout this month, I had the opportunity to host and participate in a number of events that celebrated the countless contributions and accomplishments Black Ontarians have made to our city, province and country. These events also remind us of our responsibility to remain steadfast in the fight against racism and discrimination. At these events, I was proud to share what our government, under the leadership of Premier Ford, is doing to support Ontario's Black communities. Whether it's through the Anti-Racism and Anti-Hate Grant or the Black youth action plan, our government is committed to combating racism and hate, building a stronger, safer and more inclusive Ontario.

This month, I also had the chance to visit several community organizations working to support better outcomes for the Black community, including the Careers Education Empowerment—CEE—Centre for Young Black Professionals in my riding of Scarborough Centre. The CEE centre is focused on addressing social and economic barriers affecting Black youth ages 14 and over, and helping them achieve financial prosperity, access job placements, and obtaining stronger knowledge of themselves and their potential through youth workforce development, education and advocacy. Keep up the good work.

The Speaker (Hon. Ted Arnett): That concludes the time we have available for 90-second members' statements. I was lenient on both sides of the House in terms of the timing, but I would ask members, when they're preparing a prepared statement, to try as much as possible to bring it in at 90 seconds.

INTRODUCTION OF VISITORS

Hon. Kaleed Rasheed: I would like to welcome four of my incredible team members, Deema Affas, Kashaf Paracha, Taha Khawaja and Maya Hameed, to Queen's Park. Welcome.

Miss Monique Taylor: I would like to welcome Michau van Speyk from the Ontario Autism Coalition back to Queen's Park. It's nice to see you, Michau.

Hon. Stephen Lecce: I want to introduce Gwyn Chapman and many inspiring young students who are here today attending the 17th annual legislative Black History Month event. Welcome.

Ms. Jessica Bell: I'd like to introduce Kerrie Fulton and Daniel Huether, residents in University–Rosedale. Thanks for coming today.

M. Andrew Dowie: J'aimerais saluer aujourd'hui l'un de nos pages, Adam Penner, de l'École élémentaire catholique Georges-P.-Vanier, dans ma circonscription de Windsor–Tecumseh. We are delighted to have you here with us, Adam, and we truly hope that you enjoy your time at Queen's Park.

Ms. Marit Stiles: It really gives me great pleasure to welcome into the gallery here in the chamber former MP Peggy Nash and the Toronto Metropolitan University Women in the House program participants. It's great to see you here.

This visit and this program are organized by former MP Peggy Nash, Dr. Tracey Raney and Zaima Aurnoy. Thank you so much for being with us here today.

Ms. Laura Smith: It is with great pleasure that I welcome my friend and colleague Mr. Chris Ainsworth, city councillor for ward 4 for the city of Vaughan from the mighty riding of Thornhill.

MPP Jill Andrew: Today is very inspirational because we've got tons of wonderful youth here today. I want to give a shout-out to Gwyn Chapman for coordinating the 17th annual Queen's Park legislative Black History Month event, Inspiring Youth in Politics, where there will be hundreds of Black youth and other racialized youth and allied youth joining.

I'd also like to thank Canadian Youth Initiative, Tropicana, Black Buildup Canada, and the inspiring Youth Empowerment Network for also supporting with the coordination of today's event.

I'd like to thank former NDP MP Peggy Nash and all the women who are here today from TMU's Women in the House. Welcome to your House.

Finally, Speaker, I'd like to welcome Dr. Mr. Winston LaRose, the feature of the Canadian documentary Mr. Jane and Finch, produced by OYA Media Group. He's also in the House today.

Ms. Natalia Kusendova-Bashta: Good morning. I'd like to welcome Jerine Jim, Tim Chang, Siya Shen and all the youth that are here today from the Canadian Youth Initiative. They are here to talk about their project Ping4Alzheimer and I invite all members to join us in room 248 after question period to hear about this great initiative of young people helping our seniors.

Ms. Bhutla Karpoche: I'd like to give a very warm welcome to my former MP for Parkdale–High Park, Peggy Nash, and all the women who are part of the TMU's Women in the House program. Welcome.

QUESTION PERIOD

HEALTH CARE

Ms. Marit Stiles: Today, the Ontario Health Coalition is sharing stories of dozens of patients, mostly elderly Ontarians, who have been unfairly charged for OHIP-covered services. A patient in Newmarket was charged

over \$8,000 in extra fees related to cataract surgery. Another paid almost \$6,000 for cataract surgery. Another paid \$7,500 for a manual process and pushed into taking upgraded lenses.

This is already happening in private clinics and the government is working to expand it. What does the Premier have to say to these patients?

The Speaker (Hon. Ted Arnott): To reply, the member for Eglinton–Lawrence and parliamentary assistant to the Minister of Health.

Mrs. Robin Martin: Thank you to the member opposite for the question. Obviously, there have been reported cases, and we heard some of them this morning. But if Bill 60 is passed, what was previously called an “independent health facility” will now be called an “integrated community health service centre” under the oversight of Ontario Health, which reflects our intention that these clinics be integrated with our public health care system.

We are expanding oversight by bringing in this new legislation. Integrated health centres will now have to post any uninsured charges both online or in person, and every community surgical and diagnostic centre must have a process for receiving and responding to patient complaints. The new legislation is remedying a problem that has existed in public hospitals as well as clinics, and it is making sure that these things are posted so that people cannot be upcharged.

1040

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

Ms. Marit Stiles: So the Premier is gouging patients, just more transparently. That's what I got from that answer. Speaker, the Premier owes these patients and all of us an explanation. I have so many examples right here, which I will share with the Premier.

Back to the Premier: For-profit health care, like the kind that is being pushed by this government, requires a return on investment. That money is going to come from two places: extra charges to the public system that we're all going to pay for, and upselling directly to patients at a time when they're at their most vulnerable, while the cost of everything just keeps going up.

Why is this government opening the door to new fees and charges on people who are just looking to get the medical care that they deserve?

Mrs. Robin Martin: Thank you to the member opposite for the question. I think the question proves why you should vote for Bill 60. Bill 60 is going to make sure that these protections are in place for patients. Honestly, Ontarians will never have to pay under a Doug Ford government for services that are OHIP-insured. That's what we've committed to. Ontarians will have these services and we'll be continuing to fund one of the largest publicly funded health care systems in the world—\$77.5 billion this year alone. That's an additional \$14 billion invested in health care spending since 2018.

We're working with all of our partners to identify innovative solutions, such as these clinics, to expand

access. Because that's what this is about: making sure that people get timely access to care when they need it.

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

Ms. Marit Stiles: This government wants us to believe that there is going to be transparency and accountability or protection. All you have to do is look at what the government did when they did nothing to hold private, for-profit long-term-care owners accountable for the horrific conditions and loss of life we saw during the pandemic. In fact, I'll remind the government that those operators were rewarded with 30-year licences. Now we're supposed to trust that new and expanded for-profit clinics will have oversight, even though there are absolutely no details in the legislation.

To the Premier again: Why is there no commitment to transparent public oversight authority in your legislation?

The Speaker (Hon. Ted Arnott): The government House leader and Minister of Long-Term Care.

Hon. Paul Calandra: I'm glad the member opposite brought up long-term care because she will know that just on Friday we introduced the fact that we had hired an additional 200 people for long-term care and doubled the amount of inspectors, as we said that we would do. We said that we would have the highest inspector-to-home ratio in the country and we do. Another opportunity that the NDP had to vote in favour and they voted against it.

We said we would build 58,000 new and upgraded beds across the province of Ontario, in small and large communities all over province. They could have voted for it, but they voted against it. The member voted against long-term care in her own riding.

Now, of course, we're also saying that we're going to improve health care in the province of Ontario. We started in 2018 with Ontario health teams in transition. We're continuing with billions of dollars in new investments, and we're making health care more open to the people of the province of Ontario, giving them more opportunity to have care closer to home. That's what we're doing. We're building a health care system that will work for Canadians and Ontarians today and well into the future.

LAND USE PLANNING

Ms. Marit Stiles: My next question is to the Premier. Ontario's greenbelt grows our food, cleans our air and protects our watersheds. It's absolutely critical in our fight against climate change. In fact, the greenbelt provides \$3.2 billion annually in ecosystem services to the region, including \$224 million per year in flood protection. Has the Premier taken the time to evaluate the environmental and financial impacts of his decision to carve up the greenbelt?

The Speaker (Hon. Ted Arnott): The Minister of the Environment, Conservation and Parks.

Hon. David Piccini: This government is addressing the housing crisis facing Ontarians. That's why we've brought forward this plan that's going to expand the greenbelt and develop areas that are beside fully serviced areas beside the 401, 404 and 418, which makes sense, Speaker.

I would also add that Ontario is among Canada's leaders in protected areas last year, doing things like the Boreal Wildlands, making additions to the Hastings wildlife, making additions in Brighton, the South Shore Joint Initiative for migratory—

Interjection.

The Speaker (Hon. Ted Arnott): Order.

Hon. David Piccini:—protecting actual areas of environmental significance for future generations to come.

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

Ms. Marit Stiles: I've got to say, Speaker, this land deal might be about a lot of things, but building affordable housing is certainly not one of them.

Ontarians cherish our greenbelt. We know that paving it over and paving over our vital farmlands and wetlands is going to hurt our province and its people for generations.

Instead of protecting it, this government has opened the floodgates for their well-connected personal friends. In fact, nine of the developers who benefit from the greenbelt land swap are top PC donors. Some even attended the Premier's family festivities.

Did the Premier, his ministers or their staff tell developers about their intention to open up the greenbelt before their public announcement?

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

Hon. Paul Calandra: Of course the Premier has already commented on that, as has the Minister of Municipal Affairs and the Housing.

Let's be clear with what the Leader of the Opposition is saying, Mr. Speaker. She is saying that she wants ministers and members to start tabling invitation lists to weddings. This is an opposition that sent somebody to the Premier's daughter's wedding to take a picture of the seating plan. I don't know of any other opposition party that would sink to that level, Mr. Speaker. These are people that the Premier has known for decades. When his father sat with Jim Flaherty over there in 1995, they were friends.

Why doesn't she just come out and say what it is that she really wants to say, Mr. Speaker—that somehow, if you build in this province of Ontario, you can't do it ethically. Why doesn't she just come out and say what she really wants to say instead of hiding behind weasel words in this place?

The Speaker (Hon. Ted Arnott): I'm going to ask the government House leader to withdraw.

Hon. Paul Calandra: Withdraw.

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

Ms. Marit Stiles: Speaker, there's desperation right there for you. No one is buying this—

Interjections.

The Speaker (Hon. Ted Arnott): Order. Stop the clock. I'm not sure if it was the Minister of Energy or the Minister of Municipal Affairs and Housing. There was shouting. I would ask the House to come to order and allow the member who has the floor to place her question. Start the clock.

Ms. Marit Stiles: Speaker, nobody is buying this, and I can tell you that everywhere around this province no one is buying that in order to build affordable housing, we have to destroy the greenbelt. It's just not credible; it's simply not credible.

But now, thanks to the Premier's actions, more land speculators are circling like vultures. One of the new requests to develop the greenbelt is linked to a former staffer of the Premier turned lobbyist.

How naive does the Premier think Ontarians are? Exactly what price did this government put on the greenbelt?

Hon. Paul Calandra: Speaker, I will remind the member opposite, of course, that it was a Conservative government that brought in the Oak Ridges Moraine Conservation Act in the first place.

But it's more than that, Mr. Speaker. Again, this is a Leader of the Opposition who sunk to the level of sending a photographer to take a picture of a seating plan at a family wedding. This is a Leader of the Opposition who wants to have an invitation list tabled in the House. I know the member from Perth–Wellington is getting married; he must be shaking in his boots. He's going to have to get the approval of the Leader of the Opposition for who he invites to his wedding.

Why doesn't she just come out and say what she really means? Because we've heard it for decades in this place: "If you're an Italian and you're building homes for the people of the province of Ontario, somehow you can't be doing it ethically." These are people who came to this country with nothing. They came here to build a better future for their families. The home that she lives in was built by an Italian. The street that she drove on to get here was built by an Italian. The subway, the buses, the steel—

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock. Members will take their seats.

1050

Order. The House will come to order. The government side will come to order.

The next question. Start the clock.

FIRE IN PIKANGIKUM

Mr. Sol Mamakwa: To the Premier: Vernie Turtle, 44; Kirsten Moose, 38; and Kendriyanna Turtle, eight. On Wednesday, February 22, a deadly house fire took the lives of this family in Pikangikum First Nation. What is this government doing to help Pikangikum?

The Speaker (Hon. Ted Arnott): Minister of Northern Development.

Hon. Greg Rickford: We acknowledge this tragedy. I had a chance to speak to my long-standing friend Chief Dean Owen immediately afterward, following a fire, as the member points out, that took the lives of three community members on February 22, 2023. My ministry holds regular calls with the community—subsequently to that—and partners to ensure that they have everything that they need to work through this crisis. I've approved surge funding to

address communities' immediate requests for assistance. We stand by in an effort to continue to support them in any way that we can.

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

Mr. Sol Mamakwa: We know that the same tragedy happened in Pikangikum in 2016: nine people in one family. One community member told me that they are reliving a nightmare. I was there on Saturday. The house was still smoldering after three days because they do not have the capacity to put the fire out. This government needs to commit to a fire hall for Pikangikum so this does not happen again. Will this government help? Yes or no?

Hon. Greg Rickford: I want to thank the member for his question. My ministry provided a full briefing to him. I can tell you that we will continue to work co-operatively with the federal government. I have suggested that in certain instances, if there's an existing fire hall, we would be prepared to support that, but we can't do this in every single community without the full co-operation of the federal government. We acknowledge here today that fire response capacity on-reserve is something that remains a challenge for the federal government. The provincial government will continue to work with our federal partners and at the community level to ensure that there is no red tape and that we have an ability to support fire response in these communities to prevent these tragedies.

FISCAL AND ECONOMIC POLICY

Mr. Logan Kanapathi: My question is for the Minister of Finance. The people of my riding, Markham–Thornhill, and across our province of Ontario are experiencing pressure due to the increased cost of living. Worldwide political instability, supply chain disruptions and rising inflation costs are all making life more expensive for the people of Ontario. This means higher costs for essential items such as food and gas. The cost of food has risen by 11%, and the cost of gas has risen by 3% compared to a year ago. This is very concerning for many individuals and families.

With so many economic challenges that the people of Ontario are facing, what is our government doing to keep our province fiscally sound?

Hon. Peter Bethlenfalvy: Thank you to the hard-working member for Markham–Thornhill for that question. We know that these are challenging economic times for many people in Ontario. Ongoing geopolitical conflict, high interest rates and, of course, inflation are still factors affecting global economic recovery. I think that's clear to many. Our government has a responsible plan to ensure that our province remains on a strong and steady economic path forward. Our plan to build Ontario is grounded on our commitment to support our families, to support workers and to empower the people of Ontario.

We have laid a strong fiscal foundation upon which to continue to build Ontario. This includes record investments in new highways and hospitals, a plan that supports workers, growth and job creation. Mr. Speaker, that is

what the people of Ontario expect and deserve from their government.

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

Mr. Logan Kanapathi: Thank you, Minister, for that great answer. As a government, we must always look for ways to make life easier and more affordable for all Ontarians. We see how inflation and the rising cost of living negatively impact families and individuals, especially our seniors.

While our government has shown continued leadership with strong measures like cutting the gas tax and making investments in critical programs, further action is needed. Speaker, what is the next step our government will implement to keep Ontario on an economic path to strength and stability?

Hon. Peter Bethlenfalvy: Thank you again to the member from Markham–Thornhill for that very thoughtful question. You know, folks, over the last couple of years, Ontario and the rest of the world have faced a once-in-a-lifetime challenge. Ontario is not an island, and we continue to face uncertain economic times. But I have absolute confidence in the resilience of the people of Ontario—the workers, the businesses and the families right here in Ontario. That’s why I’m proud and I’m confident to introduce the next phase of this plan on March 23, which will be Ontario’s 2023 budget.

Mr. Speaker, we have a plan for a strong future for Ontario. We have a plan that ensures our province holds its position as a global economic leader. We have a plan that respects and empowers our workers and restores our manufacturing capabilities. Mr. Speaker, we have a plan that is getting it done for the people of Ontario.

CHILDREN’S MENTAL HEALTH SERVICES

Ms. Chandra Pasma: Our children’s mental health is suffering, but this government is failing to provide the supports they need. According to a new report, 91% of schools say they need support dealing with student mental health, but less than one in 10 schools have access to a regularly scheduled mental health specialist or nurse. The lack of support is leading to an increase in violence in our schools and making it more difficult for kids to catch up.

Why is the Minister of Education not taking action to provide mental health supports in all of our schools?

Hon. Stephen Lecce: I do appreciate the question from the member opposite. It is a very serious question affecting Canadian youth and children around the world—the increase of mental health needs in our province.

Mr. Speaker, we have in this province, every single year since coming to office, increased funding for mental health. We started with a nearly \$18-million investment at the peak of spending under the former Liberals. Today, that investment is at \$90 million—a 400% increase in investments, Speaker.

Year over year, we’ve hired 9% more mental health workers, professionals working directly with our kids—

psychologists and psychotherapists; 7,000 more education workers, which includes social workers and child and youth workers. We recognize the demands are rising. It’s why we’ve increased funding this school year by an additional \$10 million.

Mr. Speaker, in addition to our schools, many parents will get their kids access to treatment in their community. Working with the Ministry of Health, we’ve increased funding through the Roadmap to Wellness by \$130 million, particularly for kids, and created 14 youth mental health hubs to ensure they have the services and the supports they deserve.

The Speaker (Hon. Ted Arnott): Supplementary?

Ms. Chandra Pasma: Speaker, the minister’s results speak for themselves, when half of schools have no mental health resources at all, and fewer schools have access to a psychologist than they did under the Liberals. Without adequate supports in place, teachers and education workers are left to try and manage mental health challenges in the classroom while also navigating staffing shortfalls and overcrowded classrooms.

Our education workers are burning out, Speaker, and need mental health supports themselves. Why is the Minister of Education allowing the mental health of children and workers to suffer instead of giving our schools the resources they need?

Hon. Stephen Lecce: To meet the demand of the many families and children in our community who are facing mental health difficulty, we have stepped up with a significant investment. The numbers, I think, help tell the story of a commitment to helping meet this challenge. Every year since 2018, we have increased funding, starting at \$18 million under the former Liberals to \$90 million today, a 400% increase; 7,000 more education workers in our schools because of our government’s investment, and just in the last year, a 9% increase in professionals specifically targeting children in schools, supporting them when it comes to mental health services.

1100

In addition to in-school supports—the hiring of more psychologists, psychotherapists and mental health workers—we also have stepped up support in community. There’s \$130 million dedicated specifically for children and youth. We created, under our government with the Minister of Mental Health and Addictions, 14 youth hubs to create integrated services for children in rural, remote and urban communities. We’ll continue to work together to meet the needs of our kids.

FLOODING

Ms. Goldie Ghamari: My question is for the Minister of Natural Resources and Forestry. We are mindful of the devastating impact that flooding and extreme weather can have in our province. Many individuals will remember the damage that flooding caused to the people of Ottawa, eastern Ontario and the Parry Sound and Muskoka regions in 2019. These floods impacted thousands of homes,

individuals and businesses, requiring Canadian military assistance, and unfortunately, sadly, lives were lost.

As we move from winter to spring and ice and snow begin to melt, many individuals are rightly concerned about how this could affect their communities once again. Speaker, through you, what is our government doing to respond to potential flood risks facing our communities?

Hon. Graydon Smith: Thank you to the member for Carleton for the question. She's doing an excellent job for her constituents every single day.

Mr. Speaker, I certainly do understand first-hand the challenges that flooding can bring to communities. In 2013 and 2019, in the community that I led at the time, we went through devastating situations. And in 2019, the Premier was there on that very first day to ask how he could help.

But Mr. Speaker, coming out of that, the Premier and others have paid a lot of attention to developing a flooding strategy for Ontario and making sure that communities have this strategy that they can call on, drawing on expert recommendations to ensure the public is better prepared for flooding, and that we've been working hard to implement those recommendations.

We've also committed over \$30 million to protect wetlands, one of the biggest wetland recovery investments in provincial history, and that helps with flood mitigation as well. Over \$26 million in disaster recovery assistance to individuals, businesses and communities, and \$4.7 million to help with municipalities with flood forecasting. We can't prevent floods, but we—

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

Ms. Goldie Ghamari: Thank you to the minister for the response. It is reassuring to know that our government continues to show leadership and is making investments to strengthen disaster recovery assistance for our communities. However, our government needs to take further action regarding preventive measures.

Following the tragic events of the 2019 flood, our government commissioned a task force to report on areas and recommendations for improving flood resilience and enhancing public safety. The independent flood advisor's report highlighted the proactive steps the government can take to mitigate the impacts of flooding in our community.

Speaker, through you, can the Minister of Natural Resources and Forestry please explain how our government acted on this report's recommendations?

Hon. Graydon Smith: Again, I thank the member for the question. Since the introduction, we've made steady progress towards implementing recommendations set out in Ontario's flooding strategy. We've made improvements to flood plain mapping, guidance that established a multi-agency flood mapping technical team to better identify hazard areas. We've improved disaster recovery assistance programs by investing up to \$2 million of additional funding to extend the Build Back Better pilot project through 2023. We're helping eligible municipalities rebuild infrastructure damaged by extreme weather to a higher standard through the Municipal Disaster Recovery Assistance program. We've also made improvements to

the province's emergency response system so that Ontario is better prepared to handle flooding events.

Speaker, there are no quick fixes when it comes to reducing impacts from flooding, but Ontario's flooding strategy aims to improve preparedness and make Ontario a true leader in flood management.

CONSUMER PROTECTION

Ms. Jessica Bell: My question is to the Premier. Kerrie and Daniel, who are here today, are owners of a newly built condo at 1 Yorkville Avenue. Since moving in, they've faced a whole host of problems—faulty equipment causing false fire alarms, amenities that were promised that have still not been built. Their home is still a construction zone.

Now, Kerrie has complained to her property manager, her condo board and government regulatory agencies, but no one is helping her and the problem remains.

A report written by the public accounts committee gives us a road map for what we need to do to give condo residents the protections they need, and this government signed off on that report as well. To ensure condo residents live in safe and well-maintained homes, when will this government turn this report's recommendations into law?

Hon. Kaleed Rasheed: Thank you to the member opposite for the question. Our government takes matters of consumer protection in the condo sector very seriously and will never stop taking necessary action to protect Ontarians across the province.

Speaker, my ministry welcomes the Auditor General's feedback on Ontario's condo sector and has already begun consulting on ways to actively improve and expand the condo authority tribunal and its powers. We are never stopping our efforts to improve protections for all Ontarians and ensure they have a safe and secure place to call home.

The Speaker (Hon. Ted Arnott): The supplementary question. The member for Humber River–Black Creek.

Mr. Tom Rakocevic: Thank you, Speaker. As you've heard, there are far too many condo residents facing big problems with no easy solutions here in Ontario, with nowhere to turn. Many end up fighting in court and are forced to give up, leaving them worse off than when they started, without a resolution and in debt. In my community, condo residents were individually forced to pay a special assessment of over \$30,000, in mere days, or face a lien. Many were forced to sell. Others fought in court but gave up when legal costs hit \$100,000.

Again, when will the government implement all of the recommendations in the Auditor General's report, such as fully expanding the condominium appeal tribunal so that condo residents can finally get the respect they need and deserve?

Hon. Kaleed Rasheed: Thank you to the member opposite for the supplementary question. Speaker, it is this government that is actually making condo boards fairer and more transparent, and improving the lives of the hundreds of thousands of Ontarians who call a condo

home. The condo act provides a framework that enables condo owners and their elected boards of directors to make decisions about the governance of a condo corporation. This includes provisions, among other things, related to safety, prohibited conditions and activities, and dispute resolution.

Speaker, we will continue to work with the condo sector to implement the changes suggested by the AG and ensure that condo owners across the province are provided with the treatment they expect and deserve.

HEALTH CARE

Ms. Stephanie Bowman: We have heard this government talk about the importance of primary care providers, and building medical schools to train more family doctors will help in the years ahead. But why aren't they taking action now? There are 1.8 million Ontarians who do not have a family doctor right now, including many of my constituents in Don Valley West. We hear every day, especially over the holidays, about ERs closing.

The OMA provided recommendations to help solve the family doctor problem right now: for example, investing to build centralized referral lists, reducing admin burden on doctors by hiring medical scribes so they can see more patients, and implementing more family health teams.

My question to the Minister of Health: Why is this government not implementing the recommendations of the OMA and instead prioritizing the introduction of Bill 60. And what metrics will they put in place to show Ontarians that profits don't come at the expense of taxpayers?

The Speaker (Hon. Ted Arnott): The member for Eglinton–Lawrence to reply.

Mrs. Robin Martin: Thank you to the member opposite for the question. In fact, we are doing a lot of the things that you mentioned, including investing in centralized wait-lists. The Your Health plan, which was announced earlier this year, has some of those very things in it, including the centralized wait-lists.

Ontario leads the country in how many people actually benefit from a long-term, stable relationship with a family doctor or primary care provider—over 90% of Ontarians. But we can do more and we will do more.

That's why we're increasing training opportunities at the same time by expanding team models of primary care across the province, which we announced, again, in the Your Health plan. Work is under way to train the next generation. We're adding physician spots, including 450 new spots for physician training, 52 new spots for physician assistants, 150 new nurse practitioner spots, 1,500 additional nursing spots and 24,000 PSW spots. By adding these new health human resources to Ontario's workforce, more team-based care will be made available to Ontarians.

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

Ms. Stephanie Bowman: This government seemed to take its eye off the ball when it came to the impact of Bill

124 on the health care system. They seem to neither know and certainly don't report the growing number of unfilled nursing positions in hospitals and nurses leaving the profession. Bill 124 led to surgical backlogs, closed ERs, and unnecessary suffering for the people of Ontario, including our nurses. Public servants of this government's Ministry of Health stated this in a leaked memo.

One impact of Bill 124 is quite clear: This government is underspending on health care by underpaying the remaining nurses we do have, contributing to underspending to the tune of \$4.9 billion in the next three years, according to the FAO.

My question to the Minister of Health: Will the government take accountability for their Bill 124 mistake and invest some of the billions they've parked in contingency funds to fix the staffing mess they created with Bill 124?

The Speaker (Hon. Ted Arnott): The Minister of Colleges and Universities to reply.

Hon. Jill Dunlop: Thank you to the member for the question.

We have record numbers of students who are entering the nursing profession, and we are ensuring that we have more nurses as we move forward with our plans, and this is in no part due to the NDP and Liberals, who do not support us every step of the way. We continue to make investments in registered nurses, registered practical nurses, PSWs. Every time, the opposition votes against those measures.

We are allowing our colleges and universities to now offer stand-alone nursing programs across the province, and this will ensure that nursing students can practise in their areas and continue to be professionals in those areas. As part of Bill 60, we're hiring more health human resources, but we've also expanded the Learn and Stay program that is now not only there for nursing students but also for lab techs and paramedics, and this is in exchange—free tuition—to continue practising in those areas after graduation.

We will ensure that more students are entering the profession as we continue to build Ontario's world-class health care system.

SERVICES FOR CHILDREN AND YOUTH

Ms. Laura Smith: My question is to the Minister of Children, Community and Social Services.

Our government must take action to support children and youth in the welfare system. Children and youth in the system face additional barriers throughout their lives. They are more likely to experience traumatic events such as homelessness, mental health concerns, unemployment, lack of education, and involvement in the justice system. Every day that passes, as these children get older, it becomes more and more challenging for them to move beyond the setbacks and losses that they have experienced. Governments should be helping these children, and all children, to get a good start so they can lead fulfilled, supported and happy lives.

Mr. Speaker, can the minister please elaborate on what our government is doing to help these children and youth achieve better lives?

Hon. Merrilee Fullerton: Thank you to the good member from Thornhill for the question.

Our government has been working closely with sector partners, youth with lived experience, and advocates to inform a redesign of Ontario's child welfare system.

To protect youth during the pandemic, we introduced a moratorium on youth leaving care as they normally would. We took that opportunity to re-examine how youth leaving care were supported and committed to improving that process.

With the Premier's leadership, we're taking action to enhance the system so that youth are supported. The Ready, Set, Go program, launching on April 1, 2023, will provide youth transitioning out of care with life skills and supports they need to pursue post-secondary education, skilled trades training and employment opportunities.

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

Ms. Laura Smith: Thank you to the minister for her response.

We know that having a strong support system from a very young age helps children and youth obtain the practical life skills they need to lead successful lives. It's imperative that youth in care receive access to the same opportunities as their peers by providing them with support for education and skills training.

It is reassuring that the objectives of the Ready, Set, Go program are designed specifically to provide concrete knowledge and skills development for these young people. Can the minister please explain how this program will help provide children and youth with the tools they need?

Hon. Merrilee Fullerton: Through the Ready, Set, Go program, children's aid societies will begin focusing on helping children plan for their future from an earlier age. From age 13, they will begin learning practical life skills and planning educational goals. At age 15, the emphasis will expand to financial literacy and preparing for the workforce, including managing personal finances, setting up a bank account, grocery shopping, resumé-building, and how to access social services and other supports.

This will come with continuing funding to support their needs. Those pursuing a post-secondary program or training in skilled trades and apprenticeships will receive further support.

FERTILITY SERVICES

Mr. Terence Kernaghan: In a few weeks, one of Canada's first fertility clinics is closing its doors after 50 years of helping families grow. The fertility clinic at London Health Sciences Centre has helped bring more than 4,500 babies into the world since opening in 1972. These services are shifting to a private clinic, Omega, due to a lack of funding.

Speaker, what does this government have to say to the thousands of families who depended on this vital public service?

The Speaker (Hon. Ted Arnott): The member for Eglinton–Lawrence.

Mrs. Robin Martin: Thank you to the member opposite for the question. The Ontario Fertility Program provides publicly funded in vitro fertilization and artificial insemination, including intrauterine insemination and fertility preservation, for eligible patients and as an uninsured service through agreements with participating fertility clinics across the province. Under the program, the government contributes to the funding of unlimited cycles of artificial insemination, including intrauterine insemination and fertility preservation, and one cycle of IVF per patient.

Recently, last fall, we announced a new fertility clinic opening up in Windsor, to be able to provide fertility treatments in that part of the province, with an annualized funding of \$1.5 million. What we're doing is trying to bring services closer to patients, and that's an example of it.

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

Mr. Terence Kernaghan: Speaker, I'm glad that the government has read the website, but the website for Omega indicates that patients are responsible for the payment of medications, and the storage, and the shipping of specimens from one clinic to another. This is yet another example of the privatization of health care, where patients will have to pay more for certain services.

What we need right now is action to address the hospital crisis and a plan to recruit, retain and return health care workers in our public hospitals, not further privatization. Why does this government want Ontarians to settle for less when it comes to creating their families?

Mrs. Robin Martin: As the member opposite should know, our government has launched the largest health care recruiting and training initiative in Ontario's history. We had a record number of new nurses sign up just last year: 12,000, which is the highest ever. Since 2018, we've added 1,800 family doctors across the system.

We know that many other provinces across Canada are facing pressures with health human resources, but our government has been taking steps for a long time to make sure that we have new and upskilled health care providers, including 8,000 more upskilled personal support workers and 5,000 more upskilled nurses.

This government is doing everything it can to ensure that the services are there when people need them and where they need them, and we'll continue to make those investments.

HEALTH CARE

Mr. Rick Byers: My question is for the Minister of Colleges and Universities.

Mr. Speaker, we need to continue to strengthen the health care workforce in our province. After years of

neglect and inaction from the previous Liberal government, access to health care in rural communities suffered. The people in my riding of Bruce–Grey–Owen Sound were negatively impacted when it came to ensuring that we have the same level of access to health care compared to major cities. We must educate more health care workers across our province now, to ensure no region is left behind. Together, let's build a health care system that better cares for our communities and keeps our province strong.

Can the Minister of Colleges and Universities please elaborate on what additional measures our government is taking to strengthen our health care system?

Hon. Jill Dunlop: Thank you to my hard-working colleague for that question. I'm incredibly proud to stand up today and talk about the important work that I'm doing alongside the Premier and the Minister of Health to build up the health care system. We're taking an all-hands-on-deck approach to ensure people across the province have more ways to receive the high-quality care they deserve.

Last week, our government introduced the Your Health Act, 2023, which outlines our plan to provide Ontarians with a better, more convenient health care experience closer to home. If passed, our plan will reduce wait times, recognize credentials of out-of-province health care workers and respond directly to the changing needs of our health care system.

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As part of this plan, we are working to hire more health care workers. That starts with ensuring that the next generation of those workers have access to high-quality, high-calibre education right here in Ontario. This includes moving forward with the largest medical school expansion in more than a decade and adding thousands more nursing spots and schools across the province. Unlike previous governments, we are getting it done for the people of Ontario.

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

Mr. Rick Byers: Thank you to the minister for her response. Rural and remote regions have struggled for many years to attract the health care professionals their communities need. That's why our government must ensure that Ontarians, regardless of their community size, receive the required health care support. While the Learn and Stay grant is a very promising program, students and the local health care system in Bruce–Grey–Owen Sound need reassurance that they will receive the necessary support from our government as we move forward.

Can the minister please explain further about this program and how interested students can apply?

Hon. Jill Dunlop: Investing in the future of Ontario's health care system starts with providing a high-calibre education for those who want to work on the front lines. Earlier this year we announced our expansion of the Learn and Stay grant, a key component of Ontario's plan to stay open. I'm happy to say that the Georgian College, Owen Sound Campus is part of this program.

The grant, which we announced in March 2022 for students who enrol in nursing programs, has now expanded to include paramedic and medical laboratory

technologist programs in priority communities. Eligible students will receive full, upfront funding for tuition, books and other direct educational costs in return for working and caring for people in the region where they studied for a term of service after they graduate.

Grant applications for the 2023-24 academic year opened this spring, targeting 2,500 eligible students at over 20 institutions. Right now, students can go online and see a full list of eligible schools and programs on the Ontario Learn and Stay Grant website and learn more about how they can apply.

HEALTH CARE FUNDING

Miss Monique Taylor: My question is for the Premier. Hamilton Health Sciences has 270 patients waiting in hospital who cannot be discharged because they are waiting for alternative kinds of care, such as long-term or home care. This has gotten so bad that Hamilton hospitals have resorted to keeping these patients in a satellite health facility. Clearly, Bill 7 and its promise to free up bed space by sending seniors up to 70 kilometres away is not working for Hamilton.

It has been four years of empty promises from this government. Will the Premier commit to repealing Bill 7 and finally focus on providing the funding our health care system needs?

The Speaker (Hon. Ted Arnott): Minister of Long-Term Care and government House leader.

Hon. Paul Calandra: Of course I would not repeal Bill 7, because it's actually working for the people of Ontario. It's what we said right from the beginning: We wanted to bring a better quality of care closer to home for people, the right care in the right place at the right time.

As I have been travelling the province, I have been visiting a lot of long-term-care homes, and one unique feature in every home that I visit is people who come up to me and say, "My mom was in the hospital" or "My dad was in the hospital and we've transitioned into a long-term-care home. I don't know why we waited so long to do it because the quality of care is so much better." Just two weeks ago the same story, but this time from somebody who was a patient in a hospital, said the same thing—that the quality of life that she has is so much better. She's made friends. She's out and about more. She has seen a real change in her own attitude.

We're going to continue to do more. How the member could help is by voting in favour and supporting some of the investments that we're making in long-term care. We've added 58,000 beds, many in her own riding, but she's voted against all of those investments. Hopefully, she will see differently in future.

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

Miss Monique Taylor: Back to the Premier: Approximately one in five patients currently in hospital is ready to be discharged, but they cannot leave. The hospitals are operating overcapacity, but these patients have nowhere to go. This is all happening while Hamilton faces significant human resources shortages, with 700 nursing spots being vacant alone—that's just one hospital.

These problems are getting worse, not better. Why is the Premier sitting on \$3.5 billion in contingency funds instead of ensuring we have a strong health care system that people can rely on?

Hon. Paul Calandra: In fact, in long-term care alone, we're hiring an additional 27,000 health care professionals. As the Minister of Colleges and Universities just said, we have record levels of enrolment.

When it comes to ALC, Speaker, here are the numbers: We've helped place over 5,400 ALC patients into long-term care. Over 4,800 ALC patients—have added more long-term-care beds. We have added over 2,100 beds to the long-term-care system. These are beds that have been taken out of circulation for isolation for COVID.

But let's hear what people are saying. The CEO of Windsor Regional Hospital: "Every bed is a valuable bed, and as I said, when dealing with three viruses, had we not done this we would have been in a crisis."

Let's look at what the member for Nickel Belt, France Gélinas, said: "Alternate level of care. It's a fancy word that means that you really would like ... to be supported someplace else, but you have no choice but to stay at the hospital." I completely agree with her. That's why we brought it on.

Catherine Fife, the member for Waterloo: "These are patients who should not be in a hospital. They should be in long-term care or in retirement or assisted living options." I agree with her and that's why we're making these investments.

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock. I'll remind members to make reference to each other by their riding name or their ministerial responsibility, as applicable, and not by their personal names.

Start the clock. The next question.

ACCESSIBILITY FOR SENIORS AND PERSONS WITH DISABILITIES

Ms. Patrice Barnes: My question is for the Minister for Seniors and Accessibility. First of all, thank you for your visit to my riding on Friday and meeting with some of the town seniors.

One of the concerns our seniors brought forward is accessibility barriers which keep them from being socially connected and affect their physical and mental well-being. Inclusive communities mean accessible communities, and they want our government to continue to champion accessibility, ensuring our province is welcoming and accommodating for everyone.

Speaker, can the minister please explain to the House how our government is ensuring that our province is accessible for everyone?

Hon. Raymond Sung Joon Cho: Thank you to the member for asking such an important question. The member from Ajax is doing a marvellous job championing accessibility for everyone.

It was my pleasure to join the MPP from Ajax to announce \$15,000 in funding as part of our Inclusive Community Grants Program. Thanks to the leadership of the Premier, since 2018, we have invested over \$2 million

into 60 Inclusive Community Grant programs like this one, to help build inclusive and accessible communities across Ontario. This program is here to help build a better Ontario for communities across the province.

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

Ms. Patrice Barnes: Thank you to the minister. The Power Up project is an important part of the town's accessibility plan.

Under the previous Liberal government, the needs of seniors and people with disabilities were, unfortunately, not a priority. That is why the funding our government is providing through the Inclusive Community Grants Program is significant for supporting all Ontarians, including the people in my riding. Funding from this program will ensure that individuals will be able to remain active and connected within our community of Ajax and the Durham region.

Speaker, can the minister please elaborate on how the Inclusive Community Grants Program is helping to create a barrier-free environment for the people of my riding?

Hon. Raymond Sung Joon Cho: The town of Ajax is showing leadership when it comes to accessibility. This Inclusive Community Grant enables the town of Ajax to create mobility device charging stations. This project will create more accessible and age-friendly spaces with the installation of designated electric mobility charging stations in all publicly accessed facilities and outdoor spaces, like the Ajax library. This program is one of the ways we are working to serve the needs of Ontarians.

It does not matter how big or small a community is, we can all work together to build a better Ontario that is inclusive for all.

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HEALTH CARE WORKERS

MPP Lise Vaugeois: In the Thunder Bay regional hospital, because of Bill 124, the wages of people who sterilize medical equipment have fallen so far below inflation that these workers have to take on additional part-time jobs just to survive. In their words, "We sure went from heroes to zeros in a hurry."

Will the government ensure that these workers earn a wage that reflects their important contributions to our public health care?

The Speaker (Hon. Ted Arnott): President of the Treasury Board.

Hon. Prabmeet Singh Sarkaria: Our government will continue to make historic and unprecedented investments into the health sector across this province. Just last year, we invested an additional \$5.2 billion to support the delivery of health care services all across this province. That included investing and making sure that we increased or actually opened up additional medical seats for those in the north to ensure that there was better care for residents across all parts of this province.

We're continuing to ensure that we make the necessary investments in health human resources: over 12,000 nurses were registered, a record year in this province. We

will continue to make sure that those investments are being made all across this province.

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

MPP Lise Vaugeois: It would be good to actually hear an answer to my question. The wage-repression policies of this government have sabotaged every single aspect of public health care. Will this government make up for the last four years of unconstitutional repressed wages so that health care professionals, those working right now, can do their work without worrying about keeping a roof over their heads?

Hon. Prabmeet Singh Sarkaria: Mr. Speaker, let's take a look at some of the investments that we have made into health human resources across this province. In fact, over 14,000 nurses have been registered given the investments that this province has made. Over \$342 million invested last year to help upskill nurses and register nurses to ensure that we have the supports across the province. We're building medical schools all across the province—the first one in the GTA in over 100 years—including more supports in parts of northern Ontario that need it.

Mr. Speaker, our government will continue to make these historic and unprecedented investments across this province. We ask the members opposite to stop voting against many of those measures that we have put up, including this historic investment of over \$5 billion in additional support, and join our government in increasing investments in health care across this province.

BROADBAND INFRASTRUCTURE

Mr. Dave Smith: My question is to the Minister of Infrastructure. Reliable access to high-speed Internet is a necessity for all Ontarians. It keeps family and friends in touch with each other, helps us work and study, and connects Ontario businesses with customers worldwide. Connecting people in rural, remote and Indigenous communities from every part of our province to reliable high-speed Internet will help create good jobs and ensure that we build an economy that remains a world leader.

Speaker, can the Minister of Infrastructure please elaborate on what investments our government is making to ensure that the people of my riding have access to high-speed Internet service?

Hon. Kinga Surma: Thank you so much to the member opposite for that question. I know how important it is for the members of your community.

Prior to COVID, we had 700,000 residents—constituents—across the province that did not have access to high-speed Internet. Our government invested \$4 billion to make sure that we connect everyone in the province of Ontario by the end of 2025. Mr. Speaker, that includes investments into SWIFT and EORN. We also worked and developed a partnership with the federal government to the tune of \$1.3 billion. All of those investments will connect 375,000 people in the province.

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

Mr. Dave Smith: From personal experience, I live 45 seconds from Trent University and did not have high-

speed Internet until about a year and a half ago. How is that acceptable in Ontario when you're right next to a higher institute and can't get high-speed Internet?

We know that Internet is not a luxury in this day and age; it's a necessity. Access to fast, reliable Internet ensures that everyone is connected to vital services like health care and education, and allows everyone to participate in the digital economy.

I understand that the Ministry of Infrastructure has taken a new, modern approach to procurement—an approach that guarantees fiscal responsibility for the taxpayer of Ontario. Could the Minister of Infrastructure elaborate on what her ministry is doing to expand Internet service for all families across Ontario?

Hon. Kinga Surma: Again, thank you very much to the member opposite for the question. Mr. Speaker, a huge focus for us in year 2022 was to develop the reverse auction. The reverse auction was a truly innovative procurement process to make sure that we connect as many homes as quickly as possible. Eight Internet service providers were successful through this process and will be connecting 266,000 homes across the province.

This was such an innovative process that we actually won a silver medal in the CCPPP conference for innovation and excellence. We have 40,000 to 60,000 premises to go and we will not stop until every single person is connected in the province of Ontario.

PUBLIC TRANSIT

MPP Kristyn Wong-Tam: My question is to the Premier. Recently, the city of Toronto has created a subcommittee out of frustration and the need for more insight and input into the massive Ontario Line project. This means that they're going to have to dedicate city staff and other resource time to make sure that they can actually staff those committee hearings.

They've slammed Metrolinx and the provincial government, who are charged with building the subway line, for being too secretive.

When will the government finally give public answers about when they expect the Ontario Line to be completed and how much it will cost?

The Speaker (Hon. Ted Arnott): To respond, the Minister of Transportation.

Hon. Caroline Mulroney: After decades of gridlock in this city, our government put forward a transit plan for the city of Toronto and York region, and our government brought that plan forward to the city of Toronto. In November 2019, when the member opposite was a member of city council, they know that when we put that forward, city council had a chance to review it—and, in fact, even to vote on it.

After we got the city of Toronto's support for it, we brought that plan forward to the federal government. And after we reached an historic agreement with York region and the city of Toronto and the federal government on our subway plan for the greater Toronto area, we've been consulting non-stop with the city of Toronto and with

York region. We've been looping in our federal colleagues, Mr. Speaker, because we know how important it is to have all parties and all levels of government aligned.

Over 100 consultations have been held with the city since we reached that agreement, and we will continue to operate in a transparent and open way with the city of Toronto.

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

MPP Kristyn Wong-Tam: I don't believe that the minister understood the question. The city of Toronto has created a subcommittee specifically to address the secretiveness in the way that Ontario Line is being administered. They have specifically identified the fact that they're not getting good and accurate information from the government. They're inviting members of the public to speak to them so that they can hear about their frustrations. They are inviting city staff to provide additional reports based on the conversations they're having with Metrolinx. This is going to take time and effort and money from the city of Toronto when all they need is a direct answer from the government.

The Ontario Line has already doubled in cost. It is going to be the most expensive and overpriced transit line in the history of Ontario. Local businesses and taxpayers want to know—they demand an answer: Are they going to get a good deal from this government, especially since the notifications around tree removal and other types of construction headlines are being blocked by someone in the ministry?

My question is: Will this government actually provide the information that the city of Toronto and the residents deserve? Will they give it to them in a timely fashion and when will my community get an apology for the fact that they were blocked from notifications for the removal of the trees in Osgoode Hall as well as Moss Park?

Hon. Caroline Mulroney: Well, I wonder if the member opposite raised the issue of this secrecy with Metrolinx and how Metrolinx is conducting itself when the member opposite participated themselves in over 30 engagements with Metrolinx over the last two years, at least eight of which were specific to Moss Park.

Speaker, on February 9, in a radio interview on NewsTalk 1010, the member from Toronto Centre said, "We have been aware that there was going to be some removal of trees. Our community has been in consultation and communication with Metrolinx."

The member opposite wants to put forward a narrative against the building of the Ontario Line because they voted against it when it was brought to city council. But our government will not be deterred. We are going to address the transit deficit that was left by the previous Liberal government and we're going to build the Ontario Line—

Interjections.

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

VISITORS

The Speaker (Hon. Ted Arnott): The member for Don Valley North may have a point of order.

Mr. Vincent Ke: I would like to introduce the students from the elementary school Paul-Demers from my riding. They're visiting Queen's Park. Welcome to the Legislature.

The Speaker (Hon. Ted Arnott): The member for Ajax with a point of order.

Ms. Patrice Barnes: I will just be quick. I want to welcome the students participating in the program today for Black students in the Legislature. Welcome to the Legislature.

The Speaker (Hon. Ted Arnott): There being no further business this morning, this House stands in recess until 1 p.m.

The House recessed from 1141 to 1300.

INTRODUCTION OF GOVERNMENT BILLS

REDUCING INEFFICIENCIES ACT (INFRASTRUCTURE STATUTE LAW AMENDMENTS), 2023

LOI DE 2023 SUR LA RÉDUCTION DES INEFFICACITÉS (MODIFIANT DES LOIS SUR LES INFRASTRUCTURES)

Miss Surma moved first reading of the following bill:

Bill 69, An Act to amend various Acts with respect to infrastructure / Projet de loi 69, Loi modifiant diverses lois sur les infrastructures.

The Speaker (Hon. Ted Arnott): Is it the pleasure of the House that the motion carry? Carried.

First reading agreed to.

The Speaker (Hon. Ted Arnott): Would the minister like to briefly explain her bill?

Hon. Kinga Surma: No, thank you, Mr. Speaker. I will address it tomorrow.

INTRODUCTION OF BILLS

SENIORS MONTH ACT, 2023

LOI DE 2023 SUR LE MOIS DES PERSONNES ÂGÉES

Madame Gallagher Murphy moved first reading of the following bill:

Bill 70, An Act to proclaim the month of June as Seniors Month / Projet de loi 70, Loi proclamant le mois de juin Mois des personnes âgées.

The Speaker (Hon. Ted Arnott): Is it the pleasure of the House that the motion carry? Carried.

First reading agreed to.

The Speaker (Hon. Ted Arnott): Would the member for Newmarket–Aurora like to explain her bill?

M^{me} Dawn Gallagher Murphy: The bill proclaims the month of June in each year as Seniors Month.

Seniors Month will place a greater significance on the health and well-being of our seniors and will serve as a catalyst to keep our older adults socially connected and engaged in their respective communities.

MOTIONS

COMMITTEE MEMBERSHIP

Ms. Andrea Khanjin: I move that the following change be made to the membership of the following committee:

On the Standing Committee on Finance and Economic Affairs, Ms. Begum replaces MPP Kernaghan.

The Speaker (Hon. Ted Arnott): Ms. Khanjin has moved that the following change be made to the membership of the following committee:

On the Standing Committee on Finance and Economic Affairs, Ms. Begum replaces MPP Kernaghan.

Is it the pleasure of the House that the motion carry? Carried.

Motion agreed to.

PETITIONS

MENTAL HEALTH SERVICES

MPP Jill Andrew: This petition is entitled “Make Registered Psychotherapy Services Tax-Free.

“To the Legislative Assembly of Ontario:

“Whereas mental health ... is health care;

“Whereas the mental health crisis facing Ontarians has gotten worse with the pandemic;

“Whereas BIPOC, 2SLGBTQIA+ folks, women, and people with disabilities have historically faced significant barriers to accessing equitable health care services due to systemic discrimination;

“Whereas registered psychotherapists provide vital mental health services, especially as an early intervention;

“Whereas a 13% tax added to the cost of receiving psychotherapy services is another barrier for Ontarians seeking this vital care;

“Whereas registered psychotherapists are still required to collect HST from their clients, while most other mental health professionals have been exempted;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to pass the Making Psychotherapy Services Tax-Free Act” by MPPs Andrew and France Gélinas “immediately, to remove this barrier to access to mental health services.”

I firmly support this petition. I have affixed my signature and will hand it to Wyatt for the table.

VOLUNTEER SERVICE AWARDS

Ms. Andrea Khanjin: I’m delighted to table the following petition:

“To the Legislative Assembly of Ontario:

“Whereas in the First and Second World Wars, over 7,000 First Nation members, as well as an unknown number of Métis, Inuit and other Indigenous recruits, voluntarily served in the Canadian Armed Forces; and

“Whereas countless Indigenous peoples bravely and selflessly served Canada at a time of great challenges for Canada; and

“Whereas this spirit of volunteerism and community marked the life of the late Murray Whetung, who volunteered to serve in the Second World War; and

“Whereas many First Nations individuals lost their status after serving in the wars off-reserve for a period of time; and

“Whereas despite this injustice, many continued to recognize the value in continuously giving back to their community; and

“Whereas the values of volunteerism and community are instilled in the army, air, and sea cadets across Ontario; and

“Whereas the Murray Whetung Community Service Award Act establishes an award for the cadets and tells the story of Indigenous veterans’ sacrifice and mistreatment;

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

“To urge all members of the Legislative Assembly of Ontario to support the passage of the Murray Whetung Community Service Award Act, 2022.”

I will sign my signature and—

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

OPP DETACHMENT

MPP Jamie West: I want to thank the member for Nickel Belt for her work on this petition to keep the Noëlville OPP detachment open. It’s important to many people in that area, including Robert Mayer from Sudbury and my in-laws, who actually live in Noëlville.

“Whereas insufficient communications and consultations have taken place with communities and relevant stakeholders concerning the OPP Noëlville detachment’s continuing operations; and

“Whereas the residents and visitors in the municipalities of French River, Markstay-Warren, St.-Charles, Killarney and Britt-Byng Inlet as well as the First Nations of Dokis and Henvey Inlet deserve equitable access to a reliable, timely and efficient police response;

“We, the undersigned, petition the Legislative Assembly of Ontario to direct the Ministry of the Solicitor General and the Ontario Provincial Police to continue having Ontario Provincial Police officers reporting to an operational detachment location in Noëlville.”

I support this petition, Speaker. I’ll affix my signature and give it to page Liyao.

ADOPTION DISCLOSURE

Ms. Teresa J. Armstrong: First, I want to thank Grace Bruno of Ottawa for sending this petition in. It’s a very important petition to extend access to post-adoption birth information.

“To the Legislative Assembly of Ontario:

“Whereas current legislation does not provide access to post-adoption birth information (identifying information) to next of kin if an adult adopted person or a natural/birth parent is deceased;

“Whereas this barrier to accessing post-adoption birth information separates immediate family members and prohibits the children of deceased adopted people from gaining knowledge of their identity and possible Indigenous heritage;

“We, the undersigned, petition the Legislative Assembly of Ontario to extend access to post-adoption birth information (identifying information) to next of kin, and/or extended next of kin, if an adult adopted person or a natural/birth parent is deceased.”

I fully agree with this petition. I'll sign it and give it to page Rohan to deliver to the table.

1310

ALZHEIMER'S DISEASE

Ms. Catherine Fife: “To the Legislative Assembly of Ontario:

“Whereas it currently takes on average 18 months for people in Ontario to get an official dementia diagnosis, with some patients often waiting years to complete diagnostic testing;

“Whereas more than half of patients suspected of having dementia in Ontario never get a full diagnosis; research confirms that early diagnosis saves lives and reduces care-partner stress;

“Whereas a PET scan test approved in Ontario in 2017 which can be key to detecting Alzheimer's early, is still not covered under OHIP in 2022;

“Whereas the Ontario government must work together with the federal government to prepare for the approval and rollout of future disease-modifying therapies and research;

“Whereas the Alzheimer Society projects that one million Canadians will be caregivers” between 2023 and 2043 in the province of Ontario; and

“Whereas the government must follow through with its commitment to ensure Ontario's health care system has the capacity to meet the current and future needs of people living with dementia and their care partners;

“Therefore we, the undersigned, call on the Legislative Assembly of Ontario to develop, commit and fund a comprehensive Ontario dementia strategy.”

I fully support this. For the love of humanity, let's get it done.

HIGHWAY CONSTRUCTION

Mr. Joel Harden: I want to thank Simon Taggart, from Ottawa Centre, for submitting this petition to me, as well as a number of neighbours. It reads:

“To the Legislative Assembly of Ontario:

“Whereas as part of the Highway 417 bridge replacement and operational improvements project, the Ministry of Transportation plans to replace the existing steel noise

barriers with translucent Acrylite barriers in the area abutting Highway 417 from Clarendon Avenue and heading west to the Island Park Drive exit ramp (a distance of roughly 188 metres);”

Be it further resolved that “these translucent Acrylite noise barriers are designed to allow light penetration and provide a visual link between the highway and the surrounding area; for the majority of their length, the new barriers would be installed at or just above ground level in a residential area.... As a result, the surrounding homes and neighbourhood would have a visual of the roadway and be exposed to light from vehicles” all day “and the highway lighting system;

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

“We hereby request that the Ministry of Transportation replace the existing steel barriers with a fully opaque noise barrier solution in the location abutting Highway 417 from Clarendon Avenue and heading west to the Island Park Drive highway exit ramp. We feel strongly that the use of a translucent barrier in this location will negatively impact residents in the adjacent homes and surrounding neighbourhood by allowing the infiltration of light pollution and providing an unattractive visual of the often congested highway.”

I'm happy to sign this petition and I'll be sending it with Liyao to the Clerks' table.

LAND USE PLANNING

Ms. Jessica Bell: This petition is “Protect the Greenbelt and Repeal Bill 23.

“Whereas Bill 23 will remove protected land from the greenbelt, allowing wealthy developers to profit by bulldozing over 7,000 acres of farmland;

“Whereas green spaces and farmland are what we rely on to grow our food, support natural habitats, prevent flooding and mitigate future climate disasters;

“Whereas Ontario loses 319.6 acres of farmland daily to development; and

“Whereas the government's Housing Affordability Task Force found there is plenty of places to build homes without paving over the greenbelt, showcasing that Bill 23 was never about housing;

“Whereas the power of conservation authorities will be taken away, weakening environmental protections from protecting future development;

“We, the undersigned, petition the Legislative Assembly of Ontario to immediately repeal Bill 23, stop all plans to further remove protected land from the greenbelt and protect existing farmland in the province by passing the Protecting Agricultural Land Act.”

SOCIAL ASSISTANCE

MPP Lise Vaugeois: I'd like to begin by thanking Dr. Sally Palmer, who has continued to keep up awareness about the conditions for people living on ODSP.

“Whereas Ontario's social assistance rates are well below Canada's official Market Basket Measure poverty line and far from adequate to cover the rising costs of food

and rent: \$733 for individuals on OW and soon \$1,227 for ODSP;

“Whereas an open letter to the Premier and two cabinet ministers, signed by over 230 organizations, recommends that social assistance rates be doubled for both Ontario Works (OW) and the Ontario Disability Support Program (ODSP);

“Whereas the recent budget increase of 5% for ODSP, with nothing for OW, could be experienced as an insult to recipients, who have been living since 2018 with frozen social assistance rates and a Canadian inflation rate that reached 12%;

“Whereas the government of Canada recognized in its CERB program that a basic income of \$2,000 per month was the standard support required by individuals who lost their employment during the pandemic;

“We, the undersigned citizens of Ontario, petition the Legislative Assembly to double social assistance rates for OW and ODSP.”

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

SOCIAL ASSISTANCE

Mr. Chris Glover: “To the Legislative Assembly of Ontario:

“Whereas Ontario’s social assistance rates are well below Canada’s official Market Basket Measure poverty line and far from adequate to cover the rising costs of food and rent: \$733 for individuals on OW and (soon) \$1,227 for ODSP;

“Whereas an open letter to the Premier and two cabinet ministers, signed by over 230 organizations, recommends that social assistance rates be doubled for both Ontario Works (OW) and the Ontario Disability Support Program (ODSP);

“Whereas the recent small budget increase of 5% for ODSP still leaves these citizens below the poverty line, both they and those receiving the frozen OW rates continue struggling to live during a period of alarming inflation;

“Whereas the government of Canada recognized in its CERB program that a ‘basic income’ of \$2,000 per month was the standard support required by individuals who lost their employment during the pandemic;

“We, the undersigned citizens of Ontario, petition the Legislative Assembly to double social assistance rates for OW and ODSP.”

I fully support this petition and will pass it to page Riya to take to the table.

GASOLINE PRICES

M^{me} France Gélinas: I would like to thank Diane Roy from Westree in my riding for the petition.

“Gas Prices....

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

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

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

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

They petition the Legislative Assembly as follows:

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

I support this petition. I will affix my name to it and send it to the table with my good page Liyao.

EMERGENCY SERVICES

M^{me} France Gélinas: I would like to thank David Reilly from Hanmer in my riding for these petitions.

“911 Everywhere in Ontario.

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

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

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

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

They petition the Legislative Assembly as follows:

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

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

NORTHERN HEALTH TRAVEL GRANT

M^{me} France Gélinas: I would like to thank Normand Brouillette d’Azilda dans mon comté pour ces pétitions.

“Let’s Fix the Northern Health Travel Grant.

“Whereas people in the north are not getting the same access to health care because of the high cost of travel and accommodations;

“Whereas by refusing to raise the Northern Health Travel Grant (NHTG) rates, the Ford government is putting a massive burden on northern Ontarians who are sick;

“Whereas gas prices cost more in northern Ontario;”

They petition the Legislative Assembly as follows: “to establish a committee with a mandate to fix and improve the NHTG;

“This NHTG advisory committee would bring together health care providers in the north, as well as recipients of the NHTG to make recommendations to the Minister of Health that would improve access to health care in northern Ontario through adequate reimbursement of travel costs.”

1320

I fully support this petition, Speaker. I will affix my name to it and ask my good page Yonglin to bring it to the Clerk.

OPPOSITION DAY

HEALTH CARE

Ms. Marit Stiles: I move that:

Whereas more than a third of operating rooms in Ontario's public hospitals do not meet the 90% target for operating room use, mostly due to lack of funding and staff needed to run all the province's operating rooms simultaneously;

Whereas the government permitted the crisis in our health care system to persist while billions of dollars in unspent public funds are allocated to contingency funds instead of Ontario hospitals that are struggling to maintain quality of care due to understaffing; and

Whereas the Ford government is appealing the Superior Court ruling, declaring Bill 124, Protecting a Sustainable Public Sector for Future Generations Act, 2019, unconstitutional, despite the minister being told about the devastating impact on hiring, recruitment and retention of health care workers;

Whereas the infrastructure to expand surgical capacity already exists and is sitting idle in public hospitals but the government is choosing to spend taxpayer funds on investor-owned, for-profit surgical suites; and

Whereas high-quality facilities across the province have idle operating room time, such as Health Sciences North, which is only funded to use 14 out of 17 state-of-the-art operating rooms and Toronto's University Health Network, which is unable to simultaneously run all of their operating rooms because of understaffing;

Therefore, the Legislative Assembly calls on the government to fund and fully utilize public operating rooms instead of further privatizing hospital operating room services.

The Speaker (Hon. Ted Arnott): Ms. Stiles has moved opposition day number 1.

Would the Leader of the Opposition care to lead off the debate?

Ms. Marit Stiles: Like most Ontarians, I believe in a strong public health care system, where you receive care not based on your ability to pay or who you know, but according to what you need. It's why I put forward this motion today, my first as leader of the official opposition.

Make no mistake: Today's health care crisis is a manufactured one. It is a staffing crisis caused by years of underfunding, exacerbated by the pandemic, and made worse by the Ford government's ideological decision to suppress workers' wages and then take them to court over it, rather than help Ontarians in pain.

Today's motion, if passed, would represent a step forward to resolving this government's health care crisis. By investing the money we already have—funds already earmarked for health care—we could increase capacity in publicly owned operating rooms we've already built to reduce wait times. We can get people the relief they need today.

Speaker, over the weekend I listened to the story of Nathan Gilson and his family on CBC Radio. They live in

Waterloo. In the fall of 2021, Nathan was just 14 when he was diagnosed with scoliosis in his spine. Left untreated, it can cause a variety of health issues, and at 14 Nathan was already experiencing pain in his ankles and knees. His surgery was scheduled for April. Nathan and his family were ready, but shortly before, they received some bad news: His surgery had to be postponed due to capacity. His mom, Shelley, said it was like having the rug pulled out from under them.

Speaker, I have two children, and there's no worse feeling in the whole world than watching your child experience pain and not being able to do anything about it, so I can only imagine what it felt like when Nathan's surgery was delayed a second time, then a third, then a fourth.

The long wait was taking a toll on Nathan. His spine shifted by 10 degrees over just three months. Delay after delay made it feel as though he missed a chunk of growing up. Just hours before his fifth—fifth—surgery date, Nathan was told he'd have to wait longer again. His mom, Shelley, said the most heartbreaking thing was hearing him say, "They don't care about me, Mom."

Finally, more than a year after his diagnosis, Nathan had the surgery he needed, and the 14-hour procedure was a success, thankfully.

But Nathan's story is just one of hundreds we've heard from every corner of this province, of people waiting years for surgeries while operating rooms sit with lights off because there aren't enough staff to run them.

Nathan could have had the procedure he needed much sooner had Ontario's top-notch public operating rooms been allowed to operate at full capacity. Nathan could have spent more time hanging out with his friends and more time in school and less time in pain.

We need to reduce wait times for people like Nathan, and we need to reduce those wait times now, and we can by funding and fully utilizing public operating rooms instead of further privatizing our system.

When hospitals compete for staff with these new private, for-profit surgical centres that the government is planning, it's our emergency rooms and urgent care centres that are going to suffer the most. Ontario already has more than 42,000 health care job vacancies—42,000—a fourfold increase in less than a decade.

Let's be clear: Under the government's plan, the staffing problem in emergency rooms will worsen. Hospital workers we do have will be incentivized to go to work in the for-profit clinics on the promise of higher wages, shorter hours and better working conditions. It will mean that we may see even more hospitals close their emergency rooms, and even more often, to manage a yet worsening staffing crisis. Communities will have an even harder time accessing services close to home because for-profit centres won't be as profitable there. And the few health care workers we have in northern Ontario will be even further incentivized to leave.

I'm proud to support today's motion to prioritize public operating rooms because it will reduce wait times right

now and retain the health care workers we need in the public system.

Speaker, we know that spending public money on private procedure clinics also winds up being considerably more expensive, both for the government and for individual patients. For-profit clinics cost the public system more because of facility fees that cover overhead, the cost of technicians, the equipment, the supplies and the infrastructure.

Let's look at cataract surgeries as an example. OHIP pays a flat fee of \$500 per patient to public hospitals for these procedures. If it costs less, the remaining money is reinvested back into public patient care. With for-profit clinics, OHIP pays a flat fee of \$605 per patient for a single cataract surgery—\$1,015 for both eyes. And if the clinic's actual costs are lower—which is, of course, always their goal—the money lines the shareholders' pockets. It doesn't go back into patient care.

This wasted public money adds up. About 150,000 cataract surgeries are performed in Ontario every year. That's \$90 million in public money that could be re-directed to for-profit clinics if we're not careful. That's going to cost patients more out of pocket, too—and we heard about this earlier today—through the upselling and additional user fees.

In fact, in 2021, Ontario's Auditor General found private clinics already deliberately misleading patients for unnecessary add-ons. Patients were coerced into buying expensive lenses—as much as \$5,000 per eye—to qualify for surgery. This compromises patient choice and quality of care. Patients are often worried that if they don't pay, they won't be able to get the appointments, or that they could receive worse or even unsafe care. And let's not forget, this is at a very vulnerable moment.

Speaker, I want to say again that I am proud to support today's motion to prioritize public operating rooms because it will save the government and patients a great deal of money and will result in better care.

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We know the Ford government's move toward an investor-driven model will also put Ontarians' safety at risk. Evidence from all over the world shows that profit-driven health care results in poorer outcomes. This makes sense when you consider that a for-profit clinic will always put its shareholders' interests first.

We are already seeing the impact of this in Ontario. A 2012 report from CPSO noted that nearly a third of all out-of-hospital clinics fell far short of safety standards. That same year, the Toronto Star found nine patients of the for-profit Rothbart Centre for Pain Care who developed serious infections. Further investigations found there were 170 infection-control deficiencies there. They even found 11 patients who contracted hepatitis C at for-profit colonoscopy clinics over three years.

In a private clinic, if a patient experiences a complication, they have to be transported—guess where?—to an emergency room. That costs precious time and puts further strain on the system—while those in a public operating room receive care faster.

Ontarians are demanding that we not go further down the road of privatization of public care.

Today's motion to prioritize public operating rooms will better ensure patient safety. It will lead to better health outcomes. It will help fix the staffing crisis right now. It will shorten wait times to get Ontarians the care they need faster. It will cost the government less and deliver more. And it will help ensure all Ontarians have better access to safe, quality care from our province's trusted health care heroes. We already have the money to do it. It has already been earmarked for health care, and the infrastructure is already in place.

I want to urge all my colleagues in the Legislature today to prioritize public operating rooms. Let's get the lights back on, fill those available shifts, and get patients like Nathan the relief they need now so no one has to wait any longer.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

Mrs. Robin Martin: It's a pleasure to rise today to respond to this opposition day motion and highlight some of the many investments and new programs our government is making to clear the surgical backlog and improve the patient experience across the province.

Honestly, Madam Speaker, the Leader of the Opposition said, "if only Ontario's ORs are allowed to operate at full capacity"—well, I can tell you, they are allowed to operate at full capacity. She said that by prioritizing hospital ORs, we'll be reducing wait times right now. Well, since the beginning of the pandemic, our government has been investing in prioritizing hospital ORs. We've invested \$880 million in surgical recovery funding, almost a billion dollars, for our hospitals to increase—that's just for them to increase; that's in addition to the other funds they get—surgical hours and address procedures that were delayed as a result of the COVID-19 pandemic. That money is to fund more surgeries and diagnostics at hospitals, including opening more operating rooms, more for longer hours, and more on evenings and weekends, when possible.

But hospitals are independent corporations that make their own decisions about how best to use their resources. The government does not dictate how many ORs they open at any particular time on any particular day. That is up to the hospital to decide and to make sure they have the staffing in place to do so.

Although we have put in an extra billion dollars—almost \$880 million—so far we haven't got the backlog cleared. The money has gone some way to clear the backlog, but our government knows that people like Nathan, who was mentioned, are still waiting way too long. We don't want Nathan to have to suffer, or to wait, or to have five rescheduled surgeries. We don't think that's appropriate, and that is why we're taking more steps. We added an additional \$330 million for the hospital surgery backlog this year, for hospital operating rooms.

Unfortunately, we've done what the Leader of the Opposition suggests, by prioritizing hospitals and giving them a lot of extra money, but there are limits to what

hospitals can do with those resources. They can do as much as they can, and that's what they're doing.

But Nathan shouldn't have to wait, so our government is taking that next step. The next step is making it faster and easier for people to access surgeries and procedures they need, by better integrating and using community and diagnostic centres to increase capacity and to complete more publicly funded services—and these, increasing community capacity, target patients who will have been waiting the longest amount of time for their treatment, and expand available options to receive safe and quality care. This will mean shorter wait times for common but vital surgeries such as cataract and hip and knee surgery—eventually; that will be in 2024—and you can expect, people of Ontario, shorter wait times for diagnostic services, as well, such as MRIs and CT scans. We're starting by tackling the existing backlog for cataract surgeries, which has one of the longest wait times for procedures.

Just let me take a moment to digress a bit, because the Leader of the Opposition had some story about saving money and said that cataract surgeries cost an OHIP fee of \$500 in a hospital, whereas at a for-profit clinic they cost \$605. I wrote down what she said. The fact is that a clinic will get a fee that includes a facility fee—that's maybe the \$605, assuming those numbers are accurate; I'll give her the benefit of the doubt—but the hospital doesn't just get the \$500 OHIP fee. The OHIP fee goes to the doctor performing the surgery, but the hospital gets hospital funding, infrastructure renewal funding, nursing funding and a whole bunch of other funding, and believe me, the clinics don't get that. They just get the \$605 mentioned by the member opposite. So it's very misleading, I would say, to say that one kind of person is getting more than the other. That is not the way it is. The fee is a \$500 OHIP fee plus a facility fee in a clinic.

The Acting Speaker (Ms. Bhutla Karpoche): I'm going to ask the member from Eglinton–Lawrence to withdraw her comment.

Mrs. Robin Martin: I withdraw.

The Acting Speaker (Ms. Bhutla Karpoche): Thank you.

Mrs. Robin Martin: So what I was saying was, the information provided only is part of the information about how people are funded. Funding at hospitals includes many more things. It includes funding for nurses. It includes funding for equipment. It includes funding for the hospital capital, the building itself. It includes all of those things on top of the \$500 fee. So don't let that be the impression you walk away with from today's discussion.

The other thing I want to point out is that the member said that more than a third of operating rooms in Ontario public hospitals do not meet the 90% target for operating room use. I think she pulled this from a December 2021 report of the Auditor General, so I think that might be dated. However, if we're going to pull from that report, let me just add this quote from the Auditor General's December 2021 report: "Studies have shown that outpatient surgeries can be performed more efficiently and cost-effectively when performed in an ambulatory setting. As

well, because these ambulatory settings often specialize in a handful of types of surgeries, more can typically be done in a day as compared to the number that are performed in a general hospital setting. For example, a 2014 study released in *Health Affairs* (a peer-reviewed journal on health policy and research) found that procedures done in ambulatory surgery centres took about 31.8 minutes (25%) less time than those in hospitals. Estimated cost savings ranged from approximately \$363–\$1,000 per outpatient case, depending on the surgery." That's the quote from the same Auditor General's report that my friend opposite has quoted from. Clearly, there's a difference of view there.

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Madam Speaker, as I said, we're targeting shorter wait times for common but vital surgeries such as cataracts, hip and knee replacements so the people of Ontario can expect shorter wait times for those things and for diagnostic services such as MRI and CT scans, because this government thinks they're waiting too long. And we've started by tackling the backlog for cataract surgeries—as I've said, one of the longest waits for procedures. This past month, we issued four new licences to health centres in Windsor, Kitchener-Waterloo and Ottawa to support an additional 14,000 publicly funded cataract surgeries annually. As I said the other day when I was quoting the member from Thunder Bay–Superior North, people are delighted to not have to wait so long to get their surgeries. They're very excited to be able to get on with their lives. These additional volumes make up 25% of the province's current cataract wait-list, and this will significantly reduce the surgical backlog.

In addition to shortening times, providing these publicly funded services through community surgical and diagnostic centres will allow hospitals to focus their efforts and resources on more complex and high-risk surgeries such as Nathan's surgery. He'll be able to get in sooner as a result.

We're also investing more than \$18 million in existing centres to cover care for thousands of patients, including 49,000 hours of MRI and CT scans, 4,800 cataract surgeries, 900 ophthalmic procedures of other varieties, 1,000 minimally invasive gynecological surgeries, and 2,845 plastic surgeries. As a result, surgical wait-lists will return to pre-pandemic levels, it is anticipated, by March 2023. And as always, these services will continue to be provided at no cost to the patient, with their Ontario health card.

Beyond all the work our government is doing to address the surgical backlog, we're also building up our health care system for the future. One of the key investments that we're making is to achieve this through the expansion of access to primary care. When people have health care available in their communities and in ways that are convenient for them, they're much more likely to seek and receive the treatment they need when they need it and stay healthier. Delivering convenient care to people in their communities will help Ontario stay healthier by diagnosing illnesses earlier, starting treatments as soon as possible, and keeping emergency wait times down when you and your family need urgent care.

Ontario leads the country in the number of people who benefit already from a long-term, stable relationship with a family doctor or primary care provider. Over 90% of Ontarians has a regular health care provider. But we can do more, and we will do more.

That's why we're increasing training opportunities at the same time as expanding team models of primary care across the province of Ontario. Work is already under way to train the next generation of doctors, nurses, personal support workers and other health care professionals in this province.

We're expanding training spots to more health professionals in Ontario every year, with 455 new spots for physicians in training, 52 new spots for physician-assistant training spots, 150 new nurse practitioner spots, 1,500 additional nursing spots, and 24,000 personal support workers in training by the end of 2023.

This is all very good news for Ontarians. By adding new health human resources to Ontario's workforce, more team-based care will be made available to Ontarians.

When family physicians work in a team model alongside other physicians, nurses, dietitians, social workers, pharmacists and other health care professionals to deliver programs and services, you get better continuity of care and more access to after-hours care.

We're increasing the number of spots for physicians to join a team model of care through the expansion of existing family health organizations, and allowing new ones to form. This will add up to 1,200 physicians in this model over the next two years, starting with an additional 720 spots for physicians joining our family health organization model in 2022-23 and 480 spots in 2023-24. These family health organizations will be required to provide comprehensive primary care services, extend evening and weekend hours of practice, and provide more weekend coverage so people can access a family physician when they need it.

Team models of primary care have demonstrated how bringing health care providers together as one team can improve the patient experience and how people access care.

Speaker, another way that we are building on this is through the development of Ontario health teams. Teams of primary care providers, regardless of model, will be central to all Ontario health teams across the province.

Finally, I want to highlight the important work that our government is doing to develop a 10-year capacity plan for health human resources. Last fall, we began our work to develop an Integrated Capacity and Health Human Resources Plan for Ontario. We're analyzing current gaps in our system, anticipating needs over the next 10 years, and determining solutions to addressing growing health care demands. The plan will focus on how to meet this demand through investment, health human resources and innovative solutions.

This year, we're building on this work and shifting our focus to working directly with leaders in our health system on a workforce plan that includes where to prioritize current and future resources, addressing and minimizing

system gaps, and building a strong health system for the long term. The plan will also look at specific strategies for increasing the number of health care professionals, starting with physician assistants, nurse practitioners, registered nurses, registered practical nurses and medical laboratory technologists, and will also look at the retention of our health workforce through incentives, leveraging programs like our Learn and Stay program as well.

We have more positions open, which was pointed out by the member opposite, but that's because we are hiring more health care professionals than ever before. That's what Ontarians want. They want to have more health care professionals delivering more health care as soon as possible.

We will ensure that we have a greater understanding of each community and their local needs and that we have a plan to recruit and retain the health care workers needed, including our family doctors, nurses, specialists and other health providers, in every region of the province. We will begin by prioritizing the areas most in need, like rural and remote communities, where we know gaps already exist.

Ontario's population is projected to increase by almost 15% over the next 10 years—and this really addresses the comments about how somehow we've decided to make a crisis. I don't think that's true at all. What I think is that demographics are here, and demographics have a certain reality, and we need to pay attention to those. Ontario's population is expected to increase by almost 15% over the next 10 years. That alone places significant demands on our health care system. But on top of that significant population growth, much like other OECD countries, we have an aging population. It is well known that we use much more health care resources as we age, and certainly within the last 10 years of life—it generally is considered to be responsible for some 90% of the health resources that we use in our lifetime.

The Conference Board of Canada recently noted that population aging alone will drive 20% of all health-corresponding increases in the coming decade. The population which is age 65-plus is the fastest-growing segment of the population, and especially the group over 85. That population, the group over 85, will increase by 141% between 2022 and 2042. By contrast, the population of seniors aged 75 and older is expected to increase by 49.3%, from 1.2 million to 1.8 million, over the next 10 years. By contrast, the Ontario population of 65-plus will increase from 2.5 million in 2019 to 4.6 million in 2046. It will make up 23% of all Ontarians by that point. That would be one out of four—seniors, people over the age of 65—in Ontario if that comes to pass.

We need to continue to grow our health care workforce to meet the demands of our growing and our aging population. This plan that we have and our significant investments in our health care system will incorporate the lessons we've learned from COVID-19 and ensure we are prepared and equipped to meet the health care needs of Ontarians for years to come.

Thank you again for the opportunity to speak, Madam Speaker, to this opposition day motion. I'm confident that

the government has a plan, and I think it's very important that we make sure there is access to surgeries for people like Nathan who are waiting too long.

1350

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

M^{me} France Gélinas: I am so proud of my new leader and the first motion that she brings forward for debate as an opposition day motion, focusing on a program that defines us as Canadians, as Ontarians: medicare. Medicare is a program where we know that if you need to go to the hospital, if you need to see a doctor, you will get the care you need based on your needs, not on your ability to pay. Through the government's bill, they intend to change all of this. The motion this afternoon is really to show that we have the infrastructure in Ontario—we have the hospitals, the know-how, the technology to help the 12,000 kids who are waiting for surgery right now, the 12,000 kids who are waiting longer than they should to get the surgery they need. We have the knowledge, the skills and the infrastructure to provide people the surgery they need in a timely manner. What we need is a government willing to support our publicly delivered health care system. And this is what this motion speaks to. The motion shows that there are solutions right here, right now in Ontario. You don't have to wait for the bill to pass. You don't have to wait to issue requests for proposals so that private, for-profit, investor-owned corporations bid on those and then invest in surgical suites. We have them right here, right now in Ontario, and they're not being used.

I can talk about Health Sciences North. Health Sciences North is the name of the hospital in Sudbury. Most of the people I represent in Nickel Belt get their surgery done in Sudbury at Health Sciences North. Health Sciences North has 17 surgical suites, fully equipped, negative pressure—all of the equipment is there. They have never been able to open them all. They have only opened 14 of them, and of the 14 of them, not all of them work from 7 a.m. till 4 p.m., like they're supposed to. Why? Because they never got the resources they needed to do this from the provincial government. Have no doubt, Speaker, many surgeries, the ones that the government is talking about—hip, knee, cataract surgery—are paid by procedures. That means the hospital gets a certain amount of money to do a certain amount of hip surgery, a certain amount of knee surgery, a certain amount of cataract surgery. Once those numbers are reached, they have no more resources to do anything else, and the surgical suite, the OR, sits empty.

I worked in a hospital for a long time. I can guarantee you that before the pandemic and through the pandemic—come February, March, the money is all spent. You gather the wait-list and you start doing surgery again on April 1. Is it because people don't need the surgery? No. Is it because we don't have a wait-list? No. It's because government after government refused to fund those procedures. All of this can change with the political will. All of this can change by passing the motion that my leader has brought forward. Rather than spend millions and millions of dollars on corporate profits, invest that money in all of

the hospitals. The 52 large community hospitals all have OR rooms sitting empty. They all had room to do more surgery, even through the pandemic, and the little bit more money that came—they all have empty surgical suites that could see more people, if only they had a government willing to help all of those people. But no, we have a government bound and determined to use the crisis that they created in our health care system to give private, for-profit, investor-owned corporations the opportunity to make millions upon millions of dollars on the backs of sick people.

Interjection: Shameful.

M^{me} France Gélinas: Shameful.

Have no doubt, Speaker: When you are sick, when you are in need of surgery, you are not an average consumer who will go to—no. You trust the physicians in front of you, and you want the surgery to be done as fast as possible. If the privately owned, for-profit, investor-owned corporations only do the healthy and the wealthy and are able to give you a shortened wait time because—this is not new to Ontario. It has been tried—I had the exact number—I think in 35 OCDE countries before. It always leads to the same thing: The healthy and the wealthy get to the front of the line in the privately owned investor corporation's surgical suites in the community, and the rest of us wait longer. God forbid you have a mental health or a substance use issue; you're not welcome in there. God forbid you have a cognitive impairment; you're not welcome in there. If you are overweight, have diabetes, have COPD, don't speak English, you're not welcome in there. You wait in our hospitals.

All of this could change. Give our hospitals the resources you're about to send to rich investors. Put it in our publicly delivered hospitals. You can do this this afternoon. You can do this today. They are ready, willing and able. Plus, you would make sure that our hospitals continue to have the staff available to be there 24/7, on weekends, on statutory holidays, on evening shifts, on night shifts. People don't always pick the time when they get sick. They don't always pick the time when they—God forbid—have a big accident and need to be brought to emerg.

Do you know what happens when you don't fund hospitals properly and they're not able to respect their nurses, because they have Bill 124 that they cannot get rid of? Nurses leave. They are human beings just like all of us. They are human beings who care for us. But when you can offer them a Monday-to-Friday, 9-to-5 job—no more night shifts, no more weekends, no more statutory holidays, no more looking for a babysitter in the middle of the night? “Oh, my God, I'm going to take that job.” And then there's nobody to be there for you in the middle of the night when you take sick. There's nobody to staff the ER. There's nobody to staff the different wards.

You can change all of that. Pass this motion. Make sure that we keep our staff, that we respect the people who work in our hospital system, by getting rid of Bill 124 and we don't bring them to court after it has been already ruled as unconstitutional. Show them a bit of respect, and you will

be surprised at what they can do. But more than anything else, send money to our hospitals. Don't tell Health Sciences North, "You get 600 cataract surgeries this year—that's it, that's all," when we have another 800 people waiting for cataract surgery this year. Don't tell them, "You can have 160 hip surgeries this year," when we have a wait-list of 300 people who need hip surgery, when we have ORs that are not open, when we have people willing and able to do those surgeries but no money for Health Sciences North to provide those surgeries.

Change that today. Do the right thing. Show us that you believe in medicare; that you believe that care should be based on need, not on ability to pay; that you believe that, no matter where you live in Ontario—even if, like me, you live in rural, northern Ontario—you are allowed equity of access to our health care system. Do that today by passing this motion.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

Ms. Chandra Pasma: Thank you very much to the leader of the official opposition for putting forward this important motion.

1400

This government is responsible for breaking our health care system, pushing it to the brink, and driving out nurses and health care workers with their incredible disrespect. As a result, people in Ottawa West–Nepean and around the province are suffering, waiting in pain or poor health for desperately needed surgeries. But instead of fixing the crisis, the government is now trying to sell people an illusion of access to care while they break the public system even further and allow private, for-profit providers to step in and reap profits off of people's pain. But the government's so-called solution is a shaky house of cards that falls to pieces if you even look at it too hard.

The government claims that we have to let private, for-profit providers into our health care system because the public system just can't do it anymore. But in Ottawa, we have operating rooms sitting unused and underused because we don't have the staff for them. There are over 500 vacancies for nurses currently at the Ottawa Hospital, and without nurses, surgeries just can't happen. Among the operating rooms that are underused are the ORs at the Ottawa Hospital Riverside campus, which are not used on weekends. But in a deal that was just announced and that just started this past weekend, these publicly funded operating rooms, located in a public hospital, are now being used by private, for-profit surgeons on weekends. It's bad enough that people are being allowed to make a profit out of space in our public hospitals rather than those spaces being used to expand the number of publicly funded, publicly provided surgeries in Ottawa, but here's the kicker: When this deal was made, it was claimed that the surgeons would bring in all their own staff. They weren't supposed to be using the hospital's nurses or health care workers; only the space was to be used. So this was adding capacity that the public system didn't have. But what happened instead? Nurses at the Ottawa Hospital are being approached in and around the operating room

while they are on shift to ask if they will staff these private surgeries on the weekends. So much for bringing in their own people. So much for the Minister of Health's assurances that her privatization plan would have no impact on staffing of the public system. What happens now, when the Ottawa Hospital already has more than 500 vacancies and nurses are being asked to take weekend shifts for private providers too?

The minister's plan has never been about adding capacity; it is only about multiplying profits. The government should rip up this terrible plan, invest in our public hospitals, and recruit, retain and fairly compensate nurses and health care workers so that people in Ottawa can actually get the health care they deserve.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

Mr. Wayne Gates: First, I'm going to start off by thanking Tommy Douglas, who brought us publicly funded, publicly delivered health care.

I had a speech done, but I'm going to talk about two issues—and one is because it was raised by the opposition. I'm going to talk about a place called Shouldice.

This is how it's going to work when it comes to private health care. I had a hernia a few years ago. I could have went to Shouldice. I didn't have any extra—diabetes or something. My heart at that time was good—not so good now. But I decided to go to a publicly funded, publicly delivered hospital in Niagara Falls to get my hernia done. It cost \$4,000. If you go to Shouldice—and this is what the problem is when we go to private—it's somewhere between \$18,000 and \$20,000. So instead of that \$14,000 going back into publicly funded, publicly delivered—does anybody know where that extra money is going?

Interjection: Shareholder pockets.

Mr. Wayne Gates: Shareholders, for a profit. So when you stand up and you talk about, "Oh, well, we're going to have a private clinic to do other stuff," you're going to be paying more. And as you pay more for that, what happens? It all comes out of the public system. As you do that, we have less dollars for the public system. The public system then starts to collapse. The doctors and the nurses move out of the public system into the private system, and our system collapses. We've seen it in every country around the world. That's what happens. What the hell are we doing?

Interjection: That's exactly what happened.

Mr. Wayne Gates: That's exactly what happened.

Now I'm going to tell you a personal story, because I think it's important to relate. Some of these people here aren't as old as I am. I'm going to tell you what happened to my mom and dad. When I was growing up, I lived in poverty. I never understood why. We had the neighbours come and bring us food. I remember the firefighters coming and bringing me Christmas presents. Then I got talking to my sister and the rest of my family. We were sick—I had five brothers and sisters—five. My sister Irene had a hole in her heart, my brother had some mental and physical challenges, and my parents had to pay for their health care costs, because at that time there was no Tommy

Douglas who said, “No, this is wrong, that we’re going to have people have to pay.” Do you know what happened? We lived in poverty for a long time, and it wasn’t my mom’s fault, it wasn’t my dad’s fault, because my mom and dad worked. They worked seven days a week. They worked very hard, but what happened is, every penny they were getting was to pay for their medical bills.

Do you know what the biggest day in my mom and dad’s life was? After 30 years, they paid off the medical bills for our family—30 years. And I’m challenging anybody in this House—because that’s what’s going to happen if we destroy our publicly funded health care system. It’s not going to be the rich who are going to suffer, because they’re always going to have lots of money; it’s going to be the poor and the less fortunate in our society, families like mine—30 years to pay off their medical bills.

My dad got his first car after 35 years. His first car was a standard—it was an ugly car, by the way, but it was a car. He was so proud that he was able to drive us.

So please rethink what you’re doing. Support Tommy Douglas—the greatest Canadian ever in this country, voted by Canadians. Don’t go the wrong way, because if you guys continue to go down this road—

Interjection.

Mr. Wayne Gates: You can stand up in a minute.

If you continue to go down this road, you are going to get defeated in the next election, because everybody who has took on publicly funded, publicly delivered health care—that’s what has happened to them. You’re going to have the same thing happen to you that happened to the Liberals when they privatized hydro: You’ll be down to a van.

The Acting Speaker (Ms. Bhutla Karpoche): The member from Waterloo.

Ms. Catherine Fife: I want to talk about the ethics of where the funding is going and where the funding is not going. The intentional underfunding of health care in Ontario is unethical, and we have proof of that.

I often say that a budget is a moral document and when you follow the money you follow the real priorities.

The FAO has predicted that over the next three years, there will be a \$5-billion shortfall in health care funding. This is based on your expectations, as well. The government allocated \$3.5 billion in contingency funds. Contingency funds are not transparent. They are not assigned to anything. This is very different than a surplus. This government of Ontario has the money to address the surgical backlog. They have it in hand, and they are choosing not to use it.

The FAO projects improving budget surpluses over the next four years, growing to \$7.6 billion. You are growing your surpluses off the pain of the people of this province. It is deeply disturbing when the government has a significant amount of money that they are choosing not to invest.

The FAO has said that the government’s increased use of contingency funds is not a transparent way to budget, as it makes it more difficult for the public to know what the plans are and where the money is going—which is exactly the direction that the government is going in. They want

these dollars to go to the very shareholders who have come to various events that this government has hosted. They have pitched it, and this government has said, “Do you know what? We’re going to choose you, the corporate interest in health care, over the people we serve.” This is intentional. It is a strategy that this government is using—but if we only had those mandate letters, where it will clearly, I’m sure, articulate what is happening in the province of Ontario. Has this government released those mandate letters? No. In fact, they have lost in court four times. They’re wasting your money to hide their own intentions as a government.

One of the other things that is happening in Ontario is that of the \$1 billion promised for community care, only \$130 million has been spent. Communities in all of our ridings are going to be cutting Meals on Wheels, community-based programs. These programs keep people out of hospital. That is the smart investment in health care—people staying healthy.

So this government’s pattern is very clear, and I think that’s why it’s so heartbreaking for some of us who have fought these battles for public health care.

1410

I’ll leave you with this quote from economist Armine Yalnizyan. She said, “We don’t need an action plan for corporate profit and control, using public money. We need to improve the public system.”

That’s what this motion is about today, and that’s why this government should be supporting it.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

MPP Jill Andrew: The Conservative government is eroding our public health care system. With medicare, our health care is based on our needs, not on our ability to pay. This Conservative government is jeopardizing that by not prioritizing public health care and publicly funded operating rooms. Their bill, ironically entitled Your Health, puts profit over people, over your health, and literally allows big corporations, private shareholders and private clinics to make big profits off the backs of sick people. And make no mistake: Those sick people include the very burnt-out front-line health care workers—mostly women, mostly Black and racialized—that this government has attacked since the beginning of this pandemic by not providing them with the N95 masks they needed desperately to save their lives; by not legislating the paid sick days they needed so they didn’t have to go to work sick; and bleeding them dry with Bill 124, which attacked their wages, while ensuring they worked in chronically understaffed, under-resourced and unsafe working conditions, and while this government simultaneously created legislation to protect bad-faith, for-profit long-term-care operators from being sued by families of deceased elders left to die in their own feces—starving, dehydrated, alone.

Friends, this government has never prioritized your health. Instead, their master plan is the privatization and the profitization of health care.

This government’s health care privatization bill does nothing to address the staffing shortage crisis in our public health care system, and in fact it’s making the surgical backlog and wait-lists longer.

Rather than invest in our public hospitals, this government underfunds public hospitals, which has caused a mass exodus of our nurses, RPNs, doctors, surgeons, PSWs and health care professionals into the for-profit private clinics and hospitals, where, yes, they're paid two, three, four times—maybe sometimes even more. But the oversight and patient protections, should something go wrong in these independent health facilities that are not connected to hospitals, are severely compromised, if present at all.

All this is happening while this Conservative government has sat on, and is still sitting on, hundreds of millions—billions—of contingency funds they could be using to invest in public health care. How do you hoard cash while people are literally dying—and dying in pain—waiting for years for surgeries, while operating rooms in our public hospitals sit empty? ERs are shutting down left, right and centre. Seniors are being charged thousands of dollars for OHIP-covered surgeries. I don't know how the Conservatives sleep at night.

I'll end with the words of thousands of ONA nurses and health care professionals I joined last week: Beds don't save people; nurses save people. Safe staffing saves lives. Better staffing, better care, better wages will save our public health care system—not this Conservative government's health care privatization scheme.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

Mrs. Lisa Gretzky: I'm going to try to bring a slightly different perspective to the debate today when we're talking about operating rooms.

Many may not know that I was a dental assistant before I was elected. I've talked to the dental community, both in Windsor and across the province, and one thing we're hearing is that kids who rely on the Healthy Smiles program to get treatment—kids with developmental and intellectual disabilities who have to be hospitalized, who have to be put into an operating room and need anesthesia for them to provide the safe procedures—aren't getting the care because these dentists can't get OR time, even though those operating rooms are sitting empty with the lights off. And they are telling me what we're telling this government, what the nurses are telling the government, what other health care workers are telling the government: With Bill 124 hanging over their heads—they're driving health care workers out of the field. In my area, they're pushing them into the United States, where they're paid, where they're respected. So that's something I want this government to think about. They're talking about cataracts and hip surgeries, but there are children in desperate need of dental care who are not getting it because this government will not treat health care workers with respect and properly fund the system.

Speaker, one last thing that I want to say: This government says that privatization—or profitization—of care is innovation. It's not innovation; it's the oldest game around. It was only maybe a decade before I was born that universal health care came in. For centuries before that, it was privatized and profitized. It is the oldest game in town

and, frankly, a cop-out for this government to say that that is innovation. Innovation is the researchers and the medical professionals who are doing the work to find cures and treatments for diseases. It's the health care workers who go in short-staffed every day and still figure out how to provide the best care that they possibly can to people.

Speaker, there are no apologies from this side of the House for not trusting the government, when all we have to do is look at what they've done with long-term care, where they further privatized and profitized long-term care, where over 5,400 people died because of for-profit care in long-term care. The government's response to that was to bring in and pass legislation to protect those for-profit operators from being sued by the families who lost loved ones because of this government's neglect.

The Acting Speaker (Ms. Bhutla Karpoche): The member from Newmarket–Aurora.

M^{me} Dawn Gallagher Murphy: It's a pleasure to rise in the House today to discuss our investments in Ontario's health care system and how our government is expanding access to convenient care across the province.

Since 2018, we have added 3,500 more hospital beds, and we're not stopping there. We are moving quickly to expand and modernize Ontario's hospitals to ensure you are able to connect to quality care when and where you need it. Our investments over the next 10 years will lead to \$40 billion in health infrastructure across the province. These investments will increase the number of people hospitals can care for, build new health care facilities, and renew existing hospitals and community health centres.

As of the end of 2022, we have already approved 50 hospital development projects that will create more than 3,000 new hospital beds in communities across the province by 2032.

We are also investing \$182 million this year to support vital repairs, maintenance and upgrades in Ontario's hospitals.

New and redeveloped hospitals with more space to care for patients will ultimately lead to shorter wait times and less hallway health care.

Depuis 2018 nous avons ajouté 3 500 lits d'hôpital supplémentaires, mais nous ne nous arrêtons pas là. Nous agissons rapidement pour agrandir et moderniser les hôpitaux ontariens afin de garantir que vous pouvez trouver des soins de qualité au moment et à l'endroit où vous en avez besoin.

De nos investissements au cours des 10 prochaines années découlera une infrastructure sanitaire de 40 milliards de dollars à l'échelle de la province. Ces investissements augmenteront le nombre de personnes que les hôpitaux peuvent soigner, construiront de nouvelles installations de soins de santé, et renouvelleront les hôpitaux et les centres de santé communautaire existants.

À la fin de 2022, nous avons déjà approuvé 50 projets d'aménagement d'hôpitaux, qui créeront plus de 3 000 nouveaux lits d'hôpital dans les collectivités de la province d'ici 2032. Nous investissons aussi 182 millions de dollars cette année pour effectuer des réparations, de l'entretien et des modernisations de nature essentielle dans les hôpitaux ontariens. Les hôpitaux nouveaux et réaménagés avec plus

d'espace pour soigner des patients entraîneront, en définitive, des temps d'attente plus courts et moins de soins de santé de couloir.

1420

Speaker, while wait times in Ontario emergency departments are below national averages, we continue to find innovative ways to reduce wait times and make it faster and easier for Ontarians to access timely care.

The member from Nickel Belt noted in her comments that hospitals receive a certain amount for a number of hip and knee surgeries.

Our government has provided \$880 million—almost \$1 billion—more to get surgeries done, and they can apply for more to get it done.

The member from Niagara Falls spoke about Shouldice, which is a private care facility and has nothing to do with Bill 60. We are not expanding private hospitals, full stop.

We know that to ensure you have faster and easier access to the care you need, we need to better connect you to care within your own community. Our work to better connect and coordinate care for you is under way with the expansion of the Ontario health teams across the province. Throughout the pandemic, Ontario health teams demonstrated the importance of health providers working together to care for patients. With their leadership, communities across the province were able to establish community COVID-19 testing sites, vaccination programs and other vital services. Across the province, 54 Ontario health teams are working to improve transitions between health care providers and are also ensuring a patient's medical record follows them wherever they go for care. They are also focused on embedding home care and primary care services so that you and your family can get care in your home or in your community.

Applications for four additional Ontario health teams are currently being reviewed. Once approved, these remaining teams will result in the province achieving its goal of full provincial coverage, ensuring everyone has the support of an Ontario health team.

With an investment of more than \$106 million, Ontario health teams are also investing in digital and virtual care. These are options so that you can easily connect with a health care worker when you need to from the comfort of your home. Beginning with a focus on helping people who suffer from chronic illnesses, like congestive heart failure, chronic obstructive pulmonary disease, stroke and diabetes, Ontario health teams are developing stronger care pathways for patients. Through Ontario health teams, patients who need support for a chronic illness will receive greater care throughout the life cycle of their treatment, from screening and prevention to community support and recovery at home. A big focus of this will be better support at home or in the community, outside of hospitals. Prioritizing chronic disease management as a community or home care service will reduce hospital wait times and free up hospital beds for more patients in need.

Nous savons que pour nous assurer que vous avez rapidement et facilement accès aux soins dont vous avez besoin, nous devons mieux vous aiguiller vers des soins au

sein de votre propre collectivité. Notre travail pour mieux interconnecter et coordonner les soins à votre profit est en cours avec l'élargissement des équipes Santé Ontario à l'échelle de la province.

Tout au long de la pandémie, les équipes Santé Ontario ont démontré l'importance d'avoir des fournisseurs de soins de santé qui travaillent ensemble pour soigner les patients. Grâce à leur esprit d'initiative, des collectivités de toute la province ont pu mettre sur pied des sites de dépistage de la COVID-19 en milieu communautaire, des programmes de vaccination et d'autres services essentiels.

À l'échelle de la province, 54 équipes Santé Ontario oeuvrent à améliorer les transitions entre les fournisseurs de soins et s'assurer que le dossier médical d'un patient suit ce dernier, peu importe où il va pour obtenir des soins. Elles veillent également à intégrer les services de soins à domicile et les soins primaires afin que vous et votre famille puissiez obtenir des soins chez vous ou dans votre collectivité.

Les candidatures de quatre nouvelles équipes Santé Ontario sont présentement à l'étude. Une fois approuvées, ces équipes permettront à la province d'atteindre son objectif de couvrir entièrement son territoire, garantissant que tout un chacun profite du soutien d'une équipe Santé Ontario.

Grâce à un investissement de plus de 106 millions de dollars, les équipes Santé Ontario investissent également dans des options de soins numériques et virtuelles afin que vous puissiez facilement être aiguillé vers un travailleur de la santé lorsque vous en avez besoin, dans le confort de votre foyer.

En commençant par mettre l'accent à aider les personnes atteintes de maladies chroniques comme une insuffisance cardiaque congestive, une maladie pulmonaire obstructive chronique, un accident vasculaire cérébral et le diabète, les équipes Santé Ontario élaborent des cheminements cliniques plus solides pour les patients.

Grâce aux équipes Santé Ontario, les patients qui ont besoin de soutien pour une maladie chronique recevront davantage de soins durant toute la durée de leur traitement, du dépistage et de la prévention au soutien communautaire et au rétablissement à la maison. Elles veilleront particulièrement à offrir un meilleur soutien à domicile ou en milieu communautaire, hors de l'hôpital. Prioriser la gestion des maladies chroniques en tant que service de soins en milieu communautaire ou à domicile réduira les temps d'attente à l'hôpital et libèrera des lits d'hôpital pour un plus grand nombre de patients qui en ont besoin.

Maintenant je voudrais bien lire une citation de Kavita Mehta, PDG de l'Association of Family Health Teams of Ontario : « Les soins primaires sont le fondement de notre système de soins de santé et les soins primaires en équipe offrent des services complets dont les Ontariennes et les Ontariens ont besoin. Nous sommes ravis de voir le nouvel investissement dans les soins primaires offerts en équipe, y compris les équipes de santé familiale, dans l'annonce d'aujourd'hui et nous nous réjouissons de travailler avec le gouvernement et nos partenaires et fournisseurs de soins

primaires dans toute la province pour élargir l'accès aux soins primaires offerts en équipe. »

1430

Speaker, thank you again for this opportunity to speak to our investments in hospitals and the amazing health care workers, who are unwavering in their commitment to keep our communities healthy.

I'd like to close today by thanking all the health care workers in my riding of Newmarket–Aurora for all of your incredible work. Thank you for everything you do. Merci de tout ce que vous faites.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

Mr. Joel Harden: I want to thank the leader of our party, the MPP for Davenport, for putting this motion on the floor today.

I want to thank our health critic, the member for Nickel Belt, for so articulately saying what is really at risk right now in this moment: It is the well-being of our hospitals—let's be very clear—because if you take these surgeries, 50% of available surgeries, and you hand them as a gift to Tory-run, private, for-profit clinics, you jeopardize the funding of our hospitals.

Do you know who's not fooled, Speaker? Rachel Muir is not fooled. Rachel Muir is the president of ONA Local 83 back home. She leads all the nursing units at the Ottawa Hospital campuses. Rachel texted me Friday night with a revelation: A private for-profit clinic was going to be operating for the first time the following morning, at 7 a.m., at the Riverside campus of the Ottawa Hospital. She learned about it because members of her union had been approached, as the member for Ottawa West–Nepean just said, in the hospital, near the ORs, about whether they would work in this private, for-profit organization running out of a public facility. So I've just learned, if you're a health care professional, how you get a raise under this government—it's not at the bargaining table, with Bill 124 and all the assistance they give their lawyers fighting people in court; you go for 100 bucks an hour, and you work for one of the private operations run by one of their friends. That's how you get a raise from this government. Well, guess what? Rachel sees through them.

Do you know who else sees through them, Speaker? Marilena Fox. Marilena Fox is a recording secretary of CUPE 4000. That is the group that represents almost all the workers at the Riverside campus of the Ottawa Hospital.

Did anybody ask people in administration, housekeeping, patient transportation, foodservice, trades, nursing, personal care attendants and orderlies—were any one of these people approached by the Ottawa Hospital or this government, the Ministry of Health, before they embarked on this for-profit experiment in our public system? What do you think, colleagues? Not a single one. And yet they call them heroes in this place. I just heard it over there: "We love our nurses. We love our orderlies." It's a load of nonsense if you walk into their workplaces and disrespect them.

This Thursday, the nurses will be rallying outside the Sheraton hotel here in this great city of Toronto. And the members of the New Democratic Party are going to be

with you, nurses. We're going to be with you, CUPE. We're going to take on this government and embarrass them the way the education workers of CUPE did in November. Get ready for a very, very hot winter.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

MPP Lise Vaugeois: The Ford government is opening the doors to for-profit corporations that are, first and foremost, in the business of making money for their shareholders. They will do this by encouraging people to pay extra to jump the queue. They will generate profits by trying to convince people they should pay for unnecessary tests.

I'd like to take a moment to revisit when long-term care was turned into a profit-driven business. When the Harris Conservative government sold off long-term care, they promised that all would be well for seniors and people with disabilities living in these homes, but that was far from reality, and it is still far from reality. Profits in long-term care are made by skimping on staffing, supplies, the quality of food, and poor hygiene standards. We saw the results during the pandemic, when members of the Armed Forces reported the appalling conditions that led to so many deaths. And the profits are scooped up through a particular packet of taxpayer funding that does not have to be accounted for. Will wonders never cease? Guess what? Instant profits at the expense of care for residents of long-term care, provided by our government out of taxpayer dollars—immediately go into the profits of long-term-care corporations and doesn't have to be accounted for. It doesn't have to be returned if it's not spent on care.

Let me be clear: There's no problem with grouping certain kinds of surgeries together for efficiencies within the public system. But there's nothing in Bill 60 that requires the regulation of private clinics. The shiny new clinics will look nice on the outside, but like American health corporations, their singular goal will be to make money quickly. Frankly, that is never a good situation for the well-being of any society—when profits are more important than care.

As the government shifts surgeries to for-profit clinics, health care workers tell us public operating rooms are under capacity and sit empty largely due to underfunding and lack of staff. We know why there's a lack of staff: Bill 124. What is now being recognized as "nurse abuse syndrome," a form of PTSD, is the result of nurses being disrespected, underpaid, overworked and burnt out—the effects of Bill 124.

New nursing graduates are leaving after two years and some are even quitting after their very first placements, when they see the extreme workload first-hand along with how badly nurses are treated. Many nurses are also leaving to work for private agencies because they can work fewer hours and be better paid. It makes sense. In fact, I heard this past week from our local rehabilitation hospital that, regretfully, they are completely dependent on nursing agencies now, even though they cost three to four times as much as staff nurses, because so many nurses have left the field in frustration and despair. There would be no market for these nursing agencies if nurses weren't being pushed

out of the profession by this government's unconstitutional wage repression bill.

Speaker, our motion today calls for the government to stop the dangerous road they are going down and to utilize our existing operating rooms by paying staff properly and bringing staff back so that Ontarians can receive the universally accessible, safe, quality care they need and deserve.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

Mr. Terence Kernaghan: Speaker, I rise today to support this motion. My colleagues have explained some of the many reasons why this is necessary.

We have operating rooms that are sitting empty because we don't have the workers needed to staff them. At best, this is incredibly problematic, fiscal mismanagement on the part of this government.

In Ontario, when you look at our operating rooms—it's like a person who has a beautiful, high-end car and decides to go and park it out in a field so they can get into somebody else's tired old limousine that won't take them where they want to go and will charge them extra once they get there.

Bernie Robinson, ONA's interim president, said it best: "There is no health care without the dedicated care from nurses and health care professionals. A bed is just a bed without the staffing and support to ensure the patient is receiving quality care."

It's clear that this government has no plan to actually address the health care crisis. Look at what happened in Walkerton. Look at what happened in Chesley. Look at what happened in Listowel. They are shortchanging rural and small hospitals, and they're shortchanging health care. Look at the 80 ER closures over the summer.

Across the province, we heard during the pre-budget consultation that Ontarians want this government to invest in a health care human resources strategy. We have the lowest nurse-to-patient ratio per capita in the entire country.

Shortly after I was elected, I was approached by seniors who had been waiting years—years—in pain for joint replacement surgeries. They were left languishing on that wait-list as a result of the Liberal government, who put those arbitrary caps on the amount of time that they could spend in those ORs. And this government is going down the same path. It's not the answer.

This government could say yes today—they could say yes to a plan that can be implemented immediately—but they keep saying no. They want people to settle for a system that's less effective and that will cost them more. They want to waste money. It's wasteful to underuse our public health care infrastructure. We on the official opposition side want people to expect more. Let's not go backwards.

I urge my friends across the aisle to protect our values, protect Ontario's integrity, protect our health. Let's build a province where companies want to invest. What is required is a publicly funded, publicly delivered health care system so companies know they have a healthy workforce, so they don't have to pay for that extra—an educated workforce, so they don't have to always retrain.

Support this motion today. Say yes.

1440

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

Miss Monique Taylor: I'm pleased to have the opportunity to be able to speak to this motion brought forward by our leader today to stop the government from privatizing our health care system—to fund and fully utilize our public operating rooms, instead of further privatization.

We know that we have a severe crisis happening in our health care system, but the government's plan is not the way forward. Creating a private system that is going to take the people and the human resource factor out of our public system is just going to further break our public system. And that is completely their goal. We have watched this happening for years.

Bill 124 was definitely something that we have seen deplete our nursing and health care staff out of our public system. We're watching nursing temp agencies with double the wages being the golden apple for many of our nurses to chase after. And why wouldn't they, quite frankly? They're getting respected hours, they're getting better pay and still doing the same job.

The regulations are definitely not in the system that the government is currently building—we're watching the inspections and the regulations going to dwindle. Who will be able to serve in these private facilities, who will be able to do the work without the proper regulating health care bodies? My constituents know it. One said to me—this was at 10 to 1 today: "I called our family doctor today and waited 45 minutes to get a hold of a staff member. She said, 'Sorry, we were short-staffed.'

"Sitting at McMaster, the halls are filled with children who are admitted, waiting for surgeries or procedures. Wheelchair scales are broken and most likely are not being fixed or replaced.

"We live in a health care system where I can tell you horror stories of sitting in the ER waiting to get triaged with a broken arm that was visible to hallway medicine. To tell my daughter, age four—needed surgery, in trauma bay—'Advil shortage crisis.'" This parent is just going on and on and on, as you can hear, because she faces our health care system and is desperate. She's desperate for a public system that Canadians have known that we could count on since the time Tommy Douglas brought us universal health care.

This program that the Conservatives are bringing forward is the wrong direction. It will only further deplete our public system and put the haves and the have-nots into a totally two-tiered health care systems.

I hope that the government members see the difference and vote for our motion today.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

Ms. Peggy Sattler: I rise today to share the story of London West constituent Cathy Melo. Cathy has been waiting since 2019 for a knee replacement. She lives with a tremendous amount of pain. She can hardly walk. She's unable to work. She contacted my office and told me that she has been put on strong painkillers, but she feels very uncomfortable taking opioids for the long-term basis.

She's seriously considering asking for assisted suicide if she doesn't soon get relief from pain. She asked me about accessing knee surgery at the Nazem Kadri centre for ambulatory care, which is operated by London Health Sciences Centre. This is a model that solves the crisis that we are finding here in this province with people like Cathy, who are unable to get access to the surgeries they need.

The Nazem Kadri centre is a publicly delivered facility that operates under the auspices of the hospital. It has all the hospital safeguards and oversight in place. It opened in early 2020. It has performed 4,000 procedures—the first of its kind in Ontario. It currently has two operating rooms. It is in negotiations with the province to expand to six operating rooms so that they can do more of these procedures and they can expand from very low-complexity, minor procedures for foot and ankle into those hip and knee replacements that are so terribly backlogged in Ontario.

Instead of approving the funding for the Nazem Kadri centre to expand their ORs, this government is looking to shift public dollars to private, investor-owned corporations where shareholders will make the profits—and patients won't get the relief that they need.

Speaker, investments in facilities like the Nazem Kadri centre actually save public dollars. There has been an evaluation done that says the costs of traditional operating rooms are about \$469 per patient; in an ambulatory care centre like Nazem Kadri, under the London Health Sciences Centre, the costs are \$172 per patient. So the province could invest in ambulatory care centres like Nazem Kadri at hospitals across the province, and they would save dollars on operating costs, and they would improve patient care.

The other findings that have come out of the Nazem Kadri centre are that patients spend less time in post-op recovery. There is better planning in those operating rooms, because they know the time that each procedure is going to require, so they are able to go through 10 to 15 procedures methodically each day in each of the two ORs.

That is the kind of solution that would really make a difference for people in this province like Cathy, who are struggling with the terrible pain of hip and knee replacements and are unable to get access to the surgeries they need.

That is the investment that this province should be looking at. That is why they should be supporting our motion today that calls on the government to fund and fully utilize public operating rooms instead of moving to further privatize hospital operating room services.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

Mr. John Vanthof: It's always an honour to rise in the House—and today, specifically, in support of the leader of the NDP's motion. I'd like to read the last "therefore" into the record once again: "Therefore, the Legislative Assembly calls on the government to fund and fully utilize public operating rooms instead of further privatizing hospital operating room services."

In my part of the world, in northern Ontario, Health Sciences North is the hub hospital. They have 17 modern

operating rooms, and they're using 14. The question I have for the government is, why wouldn't the focus be on using all 17? They're there. They're built. The need is there. We all agree—everyone on all sides of the spectrum agrees—that there is a backlog of surgeries. I'm going to focus on these three operating rooms: We have those operating rooms in place. They're modern. What's the holdup? Staff and funding. Who provides the funding? The Ministry of Health, through the provincial government. Yet that seems to be not the focus, and the focus is now providing surgical suites through the private sector.

You have to ask yourself—and I pride myself; I'm fairly business-minded. From the business perspective of the province, the smart thing to do would be to use the facilities that you already own and control. That would be—I hate to say this—the small-c conservative thing to do.

Interjections.

Mr. John Vanthof: Some people call me a small-c conservative.

This government is focusing on someone else's business model—and that is the question that needs to be asked: Why does this government not use the facilities that we already own and control? All they have to do is fund them. Put the same focus on funding those facilities as they are putting on funding the private sector facilities, and also put the focus on making sure that they keep staff in the public sector by not capping their wages, knowing full well—and I don't blame the individual staff people, the nurses, for moving to the private side. They're being forced to the private side. The government knows this is happening, and they're either turning a blind eye or they know full well and have a reason to do it.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

Ms. Marit Stiles: I want to start by thanking all the members of the official opposition here, in the NDP, for their very strong and effective arguments for why this government, the members opposite, should support this important motion. I'm very proud to sit here with all of you and to have your support.

Speaker, we heard this afternoon that the option is there—the option is, fully fund and fully utilize our public operating rooms, fully fund and support our staff to expand the number of shifts in the public system, keeping our nurses here in Ontario rather than having them become, as I've mentioned before here, Ontario's greatest export right now. All of that is there. The option is there. But what is missing is the political will to get it done. This is about choice. This government has chosen not to spend money on public health care. They've chosen to create a crisis, and as the member from Waterloo said, they have, in fact, squandered away billions and billions of health care dollars rather than spend them to fix the crisis. This crisis could be fixed today. This problem could be solved today if this government chose to put patients ahead of profits, if they chose to put patients and public health care ahead of their political ideology. We could do better. We could serve the people of this province well. And we wouldn't have people waiting for surgeries, looking to the private health care system now for solutions.

I hope I can count on the government to support this motion.

The Acting Speaker (Ms. Bhutla Karpoche): MPP Stiles has moved opposition day 1. Is it the pleasure of the House that the motion carry? I heard a no.

All those in favour of the motion will please say “aye.”

All those opposed to the motion will please say “nay.”

In my opinion, the nays have it.

Call in the members. There will be a 10-minute bell.

The division bells rang from 1453 to 1503.

The Acting Speaker (Ms. Bhutla Karpoche): Members, please take your seats.

MPP Stiles has moved opposition day number 1.

All those in favour of the motion will please rise one at a time and be recognized by the Clerk.

Ayes

Andrew, Jill	Glover, Chris	Schreiner, Mike
Armstrong, Teresa J.	Gretzky, Lisa	Shamji, Adil
Begum, Doly	Harden, Joel	Shaw, Sandy
Bell, Jessica	Hsu, Ted	Stevens, Jennifer (Jennie)
Bourgouin, Guy	Hunter, Mitzie	Stiles, Marit
Bowman, Stephanie	Kernaghan, Terence	Tabuns, Peter
Burch, Jeff	Mamakwa, Sol	Taylor, Monique
Fife, Catherine	McMahon, Mary-Margaret	Vanthof, John
French, Jennifer K.	Pasma, Chandra	Vaugeois, Lise
Gates, Wayne	Rakocevic, Tom	West, Jamie
Gélinas, France	Sattler, Peggy	Wong-Tam, Kristyn

The Acting Speaker (Ms. Bhutla Karpoche): All those opposed to the motion will please rise one at a time and be recognized by the Clerk.

Nays

Anand, Deepak	Hogarth, Christine	Quinn, Nolan
Babikian, Aris	Jones, Trevor	Rae, Matthew
Bailey, Robert	Jordan, John	Rickford, Greg
Barnes, Patrice	Kanapathi, Logan	Riddell, Brian
Bethlenfalvy, Peter	Ke, Vincent	Romano, Ross
Bouma, Will	Khanjin, Andrea	Sabawy, Sheref
Bresee, Ric	Kusendova-Bashta, Natalia	Sandhu, Amarjot
Byers, Rick	Leardi, Anthony	Sarkaria, Prabmeet Singh
Calandra, Paul	Lecce, Stephen	Sarrazin, Stéphane
Clark, Steve	Lumsden, Neil	Saunderson, Brian
Coe, Lorne	MacLeod, Lisa	Scott, Laurie
Crawford, Stephen	Martin, Robin	Skelly, Donna
Dixon, Jess	McCarthy, Todd J.	Smith, Dave
Dowie, Andrew	McGregor, Graham	Smith, David
Dunlop, Jill	McNaughton, Monte	Smith, Graydon
Flack, Rob	Mulroney, Caroline	Smith, Laura
Fullerton, Merrilee	Oosterhoff, Sam	Smith, Todd
Gallagher Murphy, Dawn	Pang, Billy	Surma, Kinga
Ghamari, Goldie	Parsa, Michael	Thompson, Lisa M.
Gill, Parm	Piccini, David	Triantafilopoulos, Effie J.
Grewal, Hardeep Singh	Pierre, Natalie	Wai, Daisy
Hardeman, Ernie	Pirie, George	Yakabuski, John

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 33; the nays are 66.

The Acting Speaker (Ms. Bhutla Karpoche): I declare the motion lost.

Motion negated.

ORDERS OF THE DAY

YOUR HEALTH ACT, 2023

LOI DE 2023

CONCERNANT VOTRE SANTÉ

Resuming the debate adjourned on February 23, 2023, on the motion for second reading of the following bill:

Bill 60, An Act to amend and enact various Acts with respect to the health system / Projet de loi 60, Loi visant à modifier et à édicter diverses lois en ce qui concerne le système de santé.

The Acting Speaker (Ms. Bhutla Karpoche): I'm going to give a moment for everyone to leave the chamber, and then we will resume questions and responses.

It's now time for questions and responses from the speech by Ms. Bell.

A quick question and response, the government side?

Ms. Andrea Khanjin: I appreciate the continuation of debate on this lovely bill. I just wanted to ask the member, in terms of building up hospital infrastructure, given the demographic need to expand hospitals, will the member support the expansion and addition of hospitals in this province?

Ms. Jessica Bell: Thank you to the member for Barrie—Innisfil for your question. What I am very much in support of, when we're talking about expanding public health care, is making sure that hospitals in Toronto, University—Rosedale, across Ontario—ensuring that their operating room capacity is at their maximum.

In University—Rosedale, we have the UHN network; we have SickKids. I have reached out to them and asked them what their operating room capacity is and they were all very clear with me: They said that they are not able to have all their operating rooms full—especially in the evenings, certainly on weekends—because they have a human resources shortage. And this human resources shortage doesn't just exist when it comes to nurses; it exists in every single department that they're experiencing, from human resources to finance to cleaners to personal support workers.

1510

It's a reason why our party has introduced this motion earlier today, calling on the Ontario government to increase capacity in operating rooms that are run by public hospitals in order to meet the need and address the surgery backlog.

The Acting Speaker (Ms. Bhutla Karpoche): Quick question?

Miss Monique Taylor: I was here while the member did her debate last week and I think it's important, since we don't have a lot of time, that maybe she just wants to recap the impact that this will have on her constituents.

Ms. Jessica Bell: Thank you to the member for Hamilton Mountain for that question. My riding is very diverse. We have people with complex care needs and opioid addictions. There's a homelessness crisis in our riding. These are typically not people that private clinics will accept and operate on, which makes it even harder for

our public health care system to deal with people who are suffering from complex needs.

We also have an aging population in University–Rose-dale and they often need more care as well. Understandably, many of them are concerned about what the private delivery of surgeries will mean for them.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

Mr. Mike Schreiner: It's an honour to rise and participate in the debate on Bill 60. Let's be clear: Ontario's health care system is in crisis and it's only gotten worse under the current government, starving our public health care system of the resources it needs, bringing it to the point of collapse.

An FAO report just last year confirmed that since 2008, Ontario has had the lowest per capita funding for health care of any province in the country. Health spending in Ontario is 10% lower than the Canadian average, and this has had disastrous consequences. Patients are waiting far too long for critical surgeries. Emergency rooms are understaffed and sometimes being closed. Existing surgical clinics are being underutilized due to staff shortages. Nurses are overworked, underpaid and experiencing tough working conditions. The government's Bill 124, which restrains their wages, has only made the situation worse.

That's exactly why health advocates, experts and front-line workers have been emphatic in their appeal to this government to not appeal the ruling on Bill 124 and to make strategic investments in primary health care, home and community care, mental health services and in addressing the health human resource crisis that we're facing.

Instead, this government has continued to ignore the experts and is instead scheming up a plan to expand private, for-profit health care clinics, draining staff and financial resources from our public health care system. Bill 60 will force Ontarians to pay more for less care. Every precious public health dollar should go to patient care, not shareholder-driven profits.

To make matters worse, there are no clear protections for patients being pressured for upselling of services in Bill 60. The Auditor General's report has already showed the problems that exist in this regard. This bill has no clear oversight provisions in place to protect people and the public.

There are better and more effective ways to address Ontario's health care crisis. It's time for this government to start listening to what the nurses and the experts are saying. Make the investments needed to bring Ontario's per capita funding of health care at least up to the Canadian average and ensure that every dollar spent in this province is focused on patient care, not shareholder profits.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

M^{me} Dawn Gallagher Murphy: To the member opposite: As you've heard us say in the House before, we added 12,000 new nurses registered to work in the province last year. That's a record.

We've also increased the range of initiatives to attract and retain nurses, including \$342 million to add over 5,000

new and upskilled registered nurses and registered practical nurses, as well as 8,000 personal support workers. In addition, there are over 5,000 internationally educated nurses residing in Ontario with applications being reviewed, and already the CNO and Ontario Health have resulted in 6,727 internationally trained nurses getting licences in 2022. Will the member support this bill?

Mr. Mike Schreiner: I appreciate the question from the member for Newmarket–Aurora. I will not support a bill that is going to make the staffing crisis even worse in our public hospitals. I will not support a bill that's going to drain precious financial resources away from our public health care system.

I would suggest to the member: Listen to what nurses are saying. Listen to what front-line health care workers are saying, who are overworked, underpaid and dealing with tough working conditions. End the government's appeal of Bill 124, so we can actually negotiate fair compensation, fair benefits and better working conditions for nurses. That's how we can stop draining staff from our public health care system.

And if you're going to set up community surgery facilities, make them non-profit and connected to a hospital, where you don't see staff being drained away from our publicly funded, publicly delivered health care system.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Ms. Sandy Shaw: Thank you to the member from Guelph. Thank you for your short few minutes. You seemed to boil it down to the manufactured crisis this government has created in our health care, and really what we're looking at, which is the profit-ization of our health care.

Can you just comment on what we really need the people of Ontario to understand, that our hospitals now have capacity? Operating rooms are sitting vacant and unused. We have emergency rooms that are closing, and we have urgent care rooms that are closing. There is capacity. This can be fixed. So why is this government hoarding billions of dollars that should be going into our public health care to address the crisis that they've created?

Mr. Mike Schreiner: I appreciate the question from the member. If we want to talk about fiscal responsibility, if we want to talk about the best utilization of precious health care dollars, let's better utilize our existing facilities. The fact that we have surgical rooms in some cases not even opening, in many cases not operating at full capacity because we don't have enough staff—why would we then take money out of the public system and fund for-profit private clinics which will drain even more staff from the public system, when we have a system that's not being efficiently utilized right now?

Let's spend our money, the precious health dollars we have, on actually utilizing the infrastructure we already have in place.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Graham McGregor: I'd like to ask the member here about some of the tone that we're hearing around this debate. When we first brought out the plan to expand more

publicly funded, OHIP-paid procedures, we heard from the opposition—you can hear them now, saying that the sky was falling and that this was us leading to American-style privatization.

What I actually think is American-style was the deliberate fearmongering by the opposition, telling residents that they would have to pay with their credit cards, not their OHIP cards. We know that not to be the case; Ontarians will always use their OHIP cards.

Will the member condemn this type of rhetoric that we hear from the opposition?

Mr. Mike Schreiner: In my brief 20 seconds here, I will say, let's dedicate our precious health care dollars to utilizing the system and the infrastructure we already have in place, and ensure that we pay front-line health care workers the wages they deserve, and utilize them fully within the system we've already paid for.

The Acting Speaker (Ms. Bhutla Karpoche): Further debate?

Mr. Lorne Coe: Good afternoon, Speaker. It's an honour to rise today to speak to Bill 60. I'll be sharing my time with the outstanding MPP Trevor Jones from Chatham-Kent-Leamington.

1520

I'd like to congratulate the Minister of Health and her parliamentary assistants—one is sitting to my left, Robin Martin from Eglinton-Lawrence—for their hard work and thoughtfulness, and bringing forward innovative solutions which challenge—this is important, challenge—the status quo in our health system. That's why we're debating it this afternoon.

Seven years ago, February 16, I became the MPP for Whitby-Oshawa.

Interjections.

Mr. Lorne Coe: Yes, Speaker, that's true. Prior to that, I was a civil servant at Queen's Park where I worked for the Ministry of Health, I worked for the Ministry of Long-Term Care and I worked for the Ontario Seniors' Secretariat. Following that, I started my municipal career in 2003, and was 13 years as a regional councillor for the region of Durham. At that council, I was the chair of the health and social services committee for seven and the president of the local public health agency of Ontario for two.

I offer that particular background because it provides some context for what I'm going to say and relate it not only to that experience but also, at the same time, Speaker, to the riding that I've had the privilege of representing now with that combined experience for 20 years.

Under our government, we've increased health care funding by \$14 billion since 2018. To put things into perspective, in 2015, the health care budget was \$50 billion. Today the health care budget is \$75 billion, a 50% increase in eight years. I call these investments and not simply spending. That's an important distinction, I believe, because our government believes in fiscal responsibility, respecting taxpayers' dollars and not simply throwing money like previous governments did, without a plan. We have a plan, and that plan is being implemented.

Let me highlight some of the bricks we've put in place to enable this ambitious and innovative work. Over the last four and a half years, we have built 3,500 acute hospital beds, including pediatric critical care beds. We currently have shovels in the ground on 50 new major hospital projects in total, including one in Brampton. It's a historical infrastructure investment of \$40 billion over 10 years. We've also provided operational funding for 49 new MRI machines in hospital since 2021 to help us address some of the diagnostic imaging backlog. We're on track to building 30,000 new long-term-care beds by 2029, including culturally and linguistically appropriate beds for Francophonie, Muslim, Coptic, Punjabi and many other diverse communities living and thriving in the region of Durham and other parts of our province. There has been a long-standing demand in providing these types of beds and we're responding directly to those demands, not only in my region but in other regions of the province.

We've also grown our health care workforce by 60,000 new nurses and 8,000 new physicians since 2018. We currently have 30,000 nursing students enrolled in colleges like Durham College in my riding and other universities outside of my riding in Oshawa: Ontario Tech and Trent Durham. Those programs are oversubscribed. The need is there, and we're filling that need with this plan.

Speaker, with my remaining time, I'd like to outline the three health care pillars and what they mean to hard-working families in Whitby and other parts of the region of Durham, where there's close to a million people.

Pillar one is the right care and the right place, and we've expanded the role of pharmacists to allow them to prescribe for 13 common ailments such as hay fever, oral thrush, pink eye, acid reflux, cold sores and insect bites, to name a few. This will allow patients convenient access to care, while off-loading some of our primary care clinics. We're also supporting end-of-life care by adding new hospice beds; for example, Oak Ridges in Port Perry, which is in my deputy whip's riding in Durham—a long-standing need there. Again, we're filling a need. We've listened carefully, we've included it in our plan and we're responding.

The second pillar, faster access to care, under which the government is investing \$18 million into existing surgical and diagnostic centres, will allow thousands of patients access to those much-needed procedures; for example, Lakeridge Health. That's situated in Oshawa, but it's also situated in Ajax and Pickering. This investment into 49,000 hours of MRI and CT scans represents cancers caught earlier and lives of region-of-Durham residents prolonged. Once these patients are diagnosed, they often need surgery. That's why our government is investing \$300 million into the Surgical Recovery Strategy.

Finally, the third pillar: hiring more health care workers. I'm so proud of 2022 seeing a record-high number of registrations under the College of Nurses of Ontario. Some 12,000 nurses, a record-high number, have entered the profession—absolutely outstanding. As I mentioned earlier, the programs at Durham College and Trent Durham and Ontario Tech are all oversubscribed, so we're

adding to that as well. We're the only jurisdiction that is currently doing that in Canada, and 5,000 internationally educated nurses are on track to work in our health care system.

What's clear is that for too many people, whether it's the region of Durham or other parts of our great province, health care is too hard to access. I think you would agree with that. The status quo is not working. Whitby residents and those in other parts of the region of Durham deserve to be able to get care where and when they need it. Our plan does exactly that.

This means more hospital and long-term-care beds in the communities. It means more diagnostic testing, like MRIs and CT scans, closer to home. And it means more skilled health care workers—some of whom I just referenced—available to provide care. Clearly, we need to be bold, innovative and creative, and we absolutely are.

Over time, Ontarians will see and feel real improvements in the care they receive as we build a better health care system for the future, for my children and my granddaughters, Annette and Sophia. People have more information and better tools to make the right decisions about their health, and it will become faster and easier for Ontarians to connect to the health services they need in their community or at home, no matter where they live, using their OHIP card—not a credit card. This plan has been well-conceived and it's been based on wide consultation with different sectors across the province.

I'm happy now to turn over the next 10 minutes to my colleague MPP Trevor Jones.

Interjections.

The Acting Speaker (Ms. Bhutla Karpoche): Please be seated. I'm going to ask all members to keep in mind that you have to refer to other members by their riding names and not their actual names.

The member for Chatham-Kent–Leamington.

1530

Mr. Trevor Jones: Good afternoon. It's a privilege to speak today to Bill 60, Your Health Act, 2023. I'd like to thank the Minister of Health and her amazing parliamentary assistants for their tireless work and their collaboration with health care providers and Ontarians from every corner of the province. The objective? Bring innovation, best practices and real solutions to support efficiencies that benefit all of Ontario.

This investment has already begun. Since 2018, we have built 3,500 acute-care beds around the province, and even more importantly, staffed each bed with exceptional, trained professionals to provide the highest standard of care to anyone requiring it—world-class care, close to home, paid for with our health cards.

Our government has demonstrated a commitment to building a modern, sophisticated and agile health care system with resilience. We have grown our health care workforce by 60,000 new nurses and 8,000 new physicians since 2018. But even more promising—like my colleague alluded to—we have 30,000 nursing students enrolled in colleges and universities right now, including my son Samuel's friend Jackson, who chose to follow his

father's footsteps by choosing nursing as a career, bolstered, confident and inspired because of the actions of this government.

As a long-standing member of the Ontario Provincial Police, I had the privilege of serving in communities throughout Ontario, as far north as Kitchenuhmaykoosib Inninuwug and Pikangikum to our National Capital Region to right here in downtown Toronto, and as far south as Pelee Island, in the middle of Lake Erie, in my riding of Chatham-Kent–Leamington. In every community I worked in as a first responder, I came to closely rely on the brilliant, skilled and dedicated professionals, from paramedics to nurses, pharmacists, medical technicians, doctors and all the staff who support them. Probably more than any other profession outside of health care, police officers spend a considerable amount of time in hospitals and other health care centres by the very nature of our work. In some communities and at certain times, they were all I had. I deeply respect and value their insights, experience and the unique perspectives they candidly offered me. Those years working alongside so many diverse health professionals taught me a number of valuable lessons, the most important of which was to listen. These amazing people work with one common goal and one agenda: apply their training and experience to serve, care for, and support and improve the health of others to the best of their abilities. In my humble opinion, that is truly the most honourable pursuit. I have sought the advice and earned the trust and friendship of world-class orthopaedic surgeons, ER doctors, front-line nurses and paramedics.

At home, I've been blessed to live beside the same amazing family for nearly two decades, and I have watched their two brilliant, caring daughters, who babysat my own kids, graduate with distinction from the University of Windsor nursing school and begin their professional careers in our local hospitals.

Just around the corner from my home, our friends have three daughters very close in age to my sons, one of whom has just graduated from medical school and is currently completing her residency with the hope of gaining the skills necessary to set up her own care practice in our community. Interestingly, her two sisters are completing their undergraduate degrees with the hopes of aspiring to careers in health care.

As one of my first orders of business after being elected to this House, I sought out and met personally with health care leaders from Chatham-Kent–Leamington. The Chatham-Kent Health Alliance and Erie Shores HealthCare are both led by brilliant, credible, experienced women—leaders who started their careers, one as a pharmacist and the latter as a front-line nurse. Both women excelled in their fields and continued to advance their studies while getting the precious experience to take on greater leadership roles that culminated in each earning their titles as president and CEO. Cheers to that, and my congratulations.

The people I've spoken to across this province, including young recent graduates, established practitioners and formal leaders, all agree that the status quo is not working. Many of these same caring professionals were directly

impacted and suffered, witnessing first-hand the lack of investment from previous governments. I have listened and seen from personal experience that it's taking far too long to get an appointment or a surgery.

We now have a government committed to health care workers and everyone across this province who must rely, at many times in their life, on our health care system. This government agrees the status quo is not sufficient, and we were elected with a strong mandate to take decisive action and make the necessary historic investments to infrastructure projects like the one in Windsor and Essex county—the Windsor-Essex single-site acute-care hospital—and our Toronto Metropolitan University school of medicine.

There is genuine excitement building in our community as projects begin to materialize. Don't let the naysayers dissuade you. To accompany this important work and to propel our health care system forward, we need the critical legislation that is equally bold, creative and innovative. We need true collaboration across the health care system and the courage to install the proven best practices from our neighbouring jurisdictions, while protecting the fundamental way we pay for health care: with our OHIP cards.

Bill 60, if passed, will allow all Ontarians to be better connected to the care we all need at a time and a place where it's most convenient. We'll be able to get the care we need more quickly, when it has the greatest impact on our health. Further, all parts of the health care system will be more flexible and responsive to our needs, making it easier for everyone to navigate the system that our lives depend on.

This strategy, as my colleague alluded to, is based on three critical pillars:

The right care in the right place supports more care in the community, leveraging the very best virtual care, supporting targeted critical care needs and specialized supports, including mental health and addictions services.

Faster access to care—maximizing surgical capacity, expanding hospital and community bed capacity to provide needed services, and building new and improving existing hospitals. By maximizing the scope of practice, we increase access to care universally.

And, most importantly, hiring more health care workers—recruiting, retaining and optimizing to ensure we have the right number, types and distribution of health care professionals in every community in Ontario.

I have listened to our professionals. Our government has listened to our people and our professionals.

Bill 60, if passed, will support innovation and efficiency, like using community-based surgical and diagnostic centres with state-of-the-art modern facilities to diagnose and treat patients more quickly, while safeguarding and ensuring patients pay for such procedures with their health card. These investments, this collaborative effort, this support, and this bold, whole-health approach are what will draw our young people—just like my neighbours—into the critical broad spectrum of rewarding health care careers, where every day you get the opportunity to care for and improve the lives of those in your communities. I

encourage all members in this House to support a bill that will help safeguard and modernize this most precious resource for generations to come.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Wayne Gates: I always find it interesting listening to my Conservative friends. You talked about listening; I think both presenters did. There was no consultation with the nurses. There was no consultation with paramedics. You brought in Bill 124; you never talked to the union leadership. I'd just like to know who you consulted with—certainly none of those who really are front-line.

So my question is pretty easy—well, it's not easy for you guys. Why are you funding for-profit clinics instead of adequately paying doctors and nurses who would help increase surgical capacity in public hospitals? And this is the one that's really creating a crisis which they won't address—why is this government still challenging the ruling on Bill 124?

1540

Mr. Lorne Coe: Thank you to my colleague from the riding of Niagara Falls for his question and the passion that he provides in the Legislative Assembly on a variety of topics.

To the question: We talk to front-line providers all the time. Every other weekend, I'm out knocking on doors in my riding, and it's inevitable that I'm going to knock on a door that is inclusive of front-line providers—but more directly, we talked to front-line providers all along.

In terms of Bill 124, I can't speak to that directly because it's still before the courts, and my colleague knows that. In terms of—

Interjections.

Mr. Lorne Coe: Speaker, through you—if I can answer the question, please?

In terms of the Ontario Health Coalition, Ontario will continue to have one of the largest publicly funded—

The Acting Speaker (Ms. Bhutla Karpoche): Thank you. Questions?

Mr. Matthew Rae: My question is to my great colleague from Chatham-Kent-Leamington. He mentioned some great examples of young people getting into the health care profession, and it's great to see that. I just wondered if he could elaborate on some of our government's good investments—I know it's benefiting rural Ontario with the Ontario Learn and Stay Grant.

Mr. Trevor Jones: Thank you to my friend.

We've expanded the Ontario Learn and Stay Grant for health care graduates to receive a full tuition reimbursement in exchange for committing to practise in an underserved community. There's no place more underserved than northwestern Ontario, where I spent a good deal of my career working in communities like Pikangikum, Big Trout Lake, or Kitchenuhmaykoosib Inninuwug. These are places where, if we can invest in those young people to learn and stay in those communities, they'll build the bonds, they'll build their families, and they'll build the commitment to stay and practise and have a long, rewarding career in those communities.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

MPP Jamie West: I appreciated listening to the members' comments.

I have a question for the member for Chatham-Kent-Leamington. He talked about the importance of supporting health care workers, and we've heard this for years now from the Conservative government. We heard it when they tabled Bill 124 and we told them it was unconstitutional and that it would be struck down. We heard it when the Superior Court struck it down and in their ruling, which is over 100 pages, they said there's absolutely no reason to have it. Now we're hearing it again, even though they're appealing Bill 124 and attacking health care workers and public sector workers. So I'm wondering—to my colleague—how do you circle that, when you say you support health care workers, knowing the health care workers are outraged and offended by Bill 124?

Mr. Trevor Jones: Thank you for the question from my colleague. As he knows, the case is before the courts for various reasons, and we won't discuss that specifically in the House.

Building on 12,000 new nurses registered to work in the province only last year, our government is investing in a range of initiatives to attract, train and retain nurses to get them in the system sooner—including \$342 million to add 5,000 new and upskilled registered nurses and RPNs and 8,000 personal support workers.

This government listened for 15 years while the Liberal government, backed by the NDP, wasted away and directed money away and closed beds and really mistreated our health care workers. That's the truth.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Brian Saunderson: My question is to the MPP for Whitby.

We've heard a lot in the discussion about this bill, as well as the previous discussion about the opposition bill, about privatizing health care.

I'd like the MPP, please, to tell us what this government is doing to protect Ontarians from extra billing.

Mr. Lorne Coe: Speaker, through you to the member from Simcoe-Grey: What we're doing, in response to that particular question, is, we're expanding oversight and patient protections when it comes to your health—whether it's my family, your family or other families in this great province of Ontario.

Another aspect I think that's important for people who are watching this afternoon, or listening in, is that integrated community health services centres will now have to post any uninsured charges both online and in person. That's an important step. Whether it's the Oshawa community clinic on Taunton Road in the north part of my riding or any other six clinics that extend within the region of Durham, that is going to be the practice.

Last but certainly not least, patients cannot be denied access to treatment if they don't purchase uninsured services. That's a very important distinction that I want to leave—

The Acting Speaker (Ms. Bhutla Karpoche): Thank you. Questions?

Mrs. Lisa Gretzky: My question is for the member for Chatham-Kent-Leamington.

He talked about supporting front-line workers. If he really supported front-line workers, he would pass anti-scab legislation so that Highbury Canco couldn't be using scabs and keeping people in his riding out on the picket line.

Speaker, it's interesting; the member for Chatham-Kent-Leamington—I didn't know that he was a police officer.

Thank you for your previous service.

My question is around salaries. When we're talking about compensation, specifically with nurses and Bill 124—I think it's interesting that 78% men make up the OPP. They had a salary increase of 2.22%. Some 97% of firefighters are men. They had a wage increase of 2.5%. Yet nursing is made up of 93% women, and this government capped their wage increase at less than 1%. I'm asking the member for Chatham-Kent-Leamington, can you explain why you and your government value the important work of women-led professions far lower than those with men?

Mr. Trevor Jones: Thank you for the question from my neighbour. It's interesting that she brings this up now, because the focus has always been away from the agenda; the focus is always away from momentum; the focus is always no, when we're the government of yes and of action. And we're taking that action now. We're making those investments.

There's no small question and no curiosity that young people are more and more attracted to nursing and health care professions, as evident in a small sample size of people in my little community of Leamington. Why are these young people now attracted? Because they believe in this government of yes. They believe in the investments. Momentum is building. The party of no can say no, but young people are recognizing that these opportunities—

The Acting Speaker (Ms. Bhutla Karpoche): Thank you. Questions?

Ms. Christine Hogarth: I want to thank my colleagues for their speeches today.

I'm so proud of this government. You look at looking outside the box—we know that health care cannot be done the same way over and over and over again. We see that with our parents, our grandparents and our kids. We need to do better, and that's exactly what we're doing.

Even the announcement last week about 13 common ailments that can be fixed by our pharmacists—that's great news for anybody, all of our constituents. Regardless of your political stripes, you can't tell me that that senior is not saying thank you because they can go right down the street and get ear infection or pink eye infection medicine versus having to wait for their doctor.

Mrs. Lisa Gretzky: They won't say thank you when they get the bill.

Ms. Christine Hogarth: And they don't. It is free, because we are using our OHIP card, not our—it's an OHIP card, and that is very clear.

When it comes to the status quo, we all know—

The Acting Speaker (Ms. Bhutla Karpoche): Thank you. Response, member from Whitby.

Mr. Lorne Coe: I'd like to thank the member from Etobicoke–Lakeshore, who does tremendous work on the Standing Committee on Justice Policy. She was the lead on that committee. The report is going to be tabled soon.

Speaker, what we've done with the pharmacists is just another example of the innovative thinking that has taken place in the development of our plan. The plan that's in place wasn't in place for 15 years with the Liberal government—

The Acting Speaker (Ms. Bhutla Karpoche): Thank you. The time for questions and responses is over.

Further debate?

Ms. Jennifer K. French: Speaker, I'm very glad to have an opportunity to stand on behalf of the people from Oshawa and Durham region broadly to talk about health care today. We're debating Bill 60, which is An Act to amend and enact various Acts with respect to the health system. The short version of it is that this is an attack on medicare. I am a medicare defender and I am Canadian, and I recognize the value of health care access for everyone, and publicly funded health care, but importantly—what we don't hear from this government, we don't hear from the Liberals—publicly delivered health care.

1550

I'm going to explain a fair bit for the folks at home, but also for this government, because the government has its talking points and they seem to be confused when the members of the opposition are raising important concerns. I'm going to continue to do that and I hope we're going to have a spirited discussion this afternoon.

Tommy Douglas is known as the father of medicare, among other things, frankly. One of his quotes—and we've heard a lot of them lately, but one of them is, “We are all in this world together, and the only test of our character that matters is how we look after the least fortunate among us. How we look after each other, not how we look after ourselves. That's all that really matters, I think.” That's from Tommy Douglas.

We hear a lot in this space, especially from the government, that there's a lot being done for folks that they know—maybe folks they play golf with; I'm not sure—folks who stand to make a lot of money. This government makes a lot of decisions that benefit them. I can't speak to the why. I can't speak to the relationships. It doesn't look good, doesn't smell good, but that's where it stands. A lot of the decisions that are made are not benefiting the vast majority of Ontarians, the average folk, our friends and neighbours, people we haven't met yet. Imagine putting forward legislation that actually benefited people that they didn't know. That's how Ontario used to operate, but here we are.

Another quote from Tommy Douglas about medicare: He said, “I came to believe that health services ought not

to have a price tag on them, and that people should be able to get whatever health services they required irrespective of their individual capacity to pay”—again, having access to health care based on need, not the ability to pay.

That's something we've heard from folks across the community writing in to us. The government hasn't admitted it, but I'm willing to bet that they've also been hearing from folks saying, “Medicare is what makes us Canadian. That's part of who we are. That's part of our identity. It's part of how the world sees us.”

A bill like this, which is just chipping away at the system, which is undermining the integrity of medicare, will lead to more degradation and, ultimately, potentially, to a lot of people being sick, harmed or worse.

The government is going to stand—I can feel it coming—and they're going to call me a fearmonger. But what I am is a medicare defender. What I am is a champion for the folks who write to my office that say, “I already can't afford these random fees that I've got from my private clinic,” or that there's a blood test that they weren't told now requires a fee—that's not legal; we're working with them. But this is already happening. Now, imagine, with this bill, the private surgical clinics that are not going to have the oversight that they need—more on that later.

Speaker, we have a lot of folks writing in. I've got one here from someone named Krystle: “My name is Krystle and I am writing you because of fearing for our city, our province and our country.

“This week I waited eight-plus hours in Oshawa emergency department for my seven-year-old son to see a doctor.

“There is currently an 18-month wait to see a therapist/psychiatrist covered by OHIP in Ontario.

“Real people will die. That is unacceptable and too long in either regard.

“I urge you to please do whatever is in your power to request more funding for our health care. I fear our health care system is beyond repair. However, I can't stand idle while it crumbles.” That's from Krystle.

Folks are worried and they don't know where to turn, so they reach out to us and say, “Please stop this. Please help us.”

We've heard the term “manufactured crisis,” and I'm going to use it again. This is from an article. The Financial Accountability Office of Ontario has found that Ontario's per capita funding is the lowest in the country: “The report found that on the whole, Ontario's total program spending in 2020 was the lowest in Canada.” And then, “Since 2008 when the data is first available, Ontario has consistently had among the lowest levels of per person health spending in the country.”

There are reasons for that—there's all sorts of stuff—but this government has not changed that course. If you're starving a system, chances are it's going to be hungry. If you're starving a system, chances are a lot of people aren't going to be able to get what they need. And if you starve a system, you're manufacturing a crisis.

We had an opposition day motion how many hours ago today, and the short version of that—I know that folks

already heard that debate. They were saying, “Let’s utilize the resources that the taxpayers have already invested. Let’s utilize these surgical suites that already exist, the operating rooms that are already ready to go, with state-of-the-art technologies and whatever they need, that provide surgeries, that do the work, that do the surgeries”—the staff do them, excuse me, in these operating rooms. But then, as we heard our health critic say, around February or March, when the money runs out, when the government cap on “You’re only allowed to do this many surgeries. You’re only allowed to do this many cataracts or hip replacements”—once they have done that, there’s no more funding, so those operating rooms sit vacant.

Some of the members on the other side are kind of frowning their brow, like, “That can’t be right.” Well, ask your government, because it is. The member from Nickel Belt and the member from Timiskaming–Cochrane talked eloquently about exactly how many operating rooms there are and how many basically have to go offline, not because people don’t need surgeries. So we said, “Let’s use those resources before you guys are making all these deals for the private clinics.” It’s like you don’t make eye contact over there. Like, “Oh, we’ve got resources and we’re not investing, and we can’t use what we’ve got? But I promised Frank at golf on Saturday that we’d help him build his clinic.”

Interjections.

Ms. Jennifer K. French: Speaker, I withdraw. I don’t know that that happened, but—

Interjection: You can’t say that.

Ms. Jennifer K. French: True, I can’t say that, but I can wonder. I can wonder.

I’m going to continue along the lines here of the manufactured crisis. Bill 124—folks who are maybe just tuning in now and are like, “What is this Bill 124 I’ve heard of?” Well, specific to health care—and we could talk about all sorts of other sectors in Bill 124; ferry workers, for example. But the nurses are not able to be paid what they’re worth where they work, at the hospital. This is just a piece of it. When I had met with folks at the Lakeridge hospital, they’re basically being held hostage. Without Bill 124—with this foot on their head that they aren’t allowed to bargain fair wages—they would normally bargain a wage for their staff, whatever that is that is fair. But they’re not allowed; there’s a cap on that. Instead, they’re forced to pay less than 1% increases.

Then there’s the private agency world over here. The private agency world over here doesn’t have that foot on their head, doesn’t have that cap on wages, so they can pay more. A nurse might have to make that tough decision to walk away from benefits and union protections, because there’s so much money to be made over here that they leave. They’ve been leaving in droves, and the hospitals don’t have anyone to reach for. There’s no staffing because now they’re working at agencies. But they still require staff, because you, me and your neighbours, everybody sitting in emergency, sitting in waiting rooms needing help—they’re forced to go to the agencies, who can charge them whatever. The nurses are making more, and I

don’t begrudge them making more. But I do begrudge the agencies and their profit margins. They’re fleecing our hospitals. The hospitals—that, weirdly, have to answer to the government—are allowed to pay those staffing costs, but they’re not allowed to pay their own nurses. And the government is like, “Shh, stop talking. We don’t want to hear this.” Because that’s business. That’s options. That’s—I don’t know—innovation.

I’m going to read something here, a letter from nurses who are quite concerned. They had said, “Expanding private health care and forcing seniors into long-term-care homes are false solutions. They won’t address the real problem, Ontario’s nurse and health care staffing crisis....

“Thousands of job vacancies remain unfilled because there aren’t enough skilled nurses available and willing to do the work under unfair working conditions. Unprecedented backlogs of surgeries and other procedures can’t be cleared without proper investment and publicly delivered health care.

“People with urgent care needs are waiting longer than ever, with some overstretched emergency rooms having to close their doors and send patients elsewhere.

“These challenges are the result of underfunding and unfair legislation like Bill 124 making it harder than ever for our public health care system to retain and recruit nurses and health care professionals.

“This situation isn’t sustainable.” And it goes on.

1600

The court said Bill 124 was unconstitutional, and this government is fighting them. But we’ve heard today we’re not allowed to discuss it because it’s before the courts. This speaks to the government’s priorities: Don’t do right by the nurses; don’t do right by the health care workers; don’t fix the staffing problem; don’t address the backlogs when we have empty operating rooms because the hospitals aren’t allowed to ask for more money for certain types of surgeries because there’s a cap. All of this is manufactured.

The Ontario Health Coalition has been doing fantastic work, and they’ve been doing town halls across our community. I was proud to join in on one of the Zoom town halls to hear from people about what their concerns are, what their fears are, but also what their plans are. I’m proud to be a medicare defender; I’ll say it. There were also Liberals on some of those calls, which I thought was fun. I say “fun” because everybody is talking about publicly funded health care. Even this government talks about publicly funded health care. I’m not challenging publicly funded health care. Your tax dollars, my tax dollars—folks pay into the system, right? Health care is supposed to be one of the things that comes out of it.

So for publicly funded health care, the money goes into the health care bucket. Picture a big bucket; that’s where our health care dollars go. My concern is about “publicly delivered,” because if you’ve got this big bucket of money that’s meant to go to health care and then you’ve got all these for-profit companies that come along and say, “Oh, I can do it better, faster, cheaper”—no, they can’t. In fact, the evidence is that they can’t. But right now they say they

can. These private companies come along and they drill holes in that bucket and that money goes to profit margins, goes to shareholders, so the money doesn't go as far because that level goes down and down when it goes to profit instead of being reinvested in the system. So with publicly delivered, those holes don't exist because we don't have to pay profit margins. It's patient care instead of profit margins. That's the difference between publicly funded and publicly delivered.

The official opposition, New Democrats, understand that. The Ontario Health Coalition and medicare champions across this province understand that. And for the government that jumps up and down and says, "You will never have to pay with your credit card, and how dare you suggest such a thing"—you're going to have to pay fees with your credit card, and you're not actually arguing that. But you're talking about health care services that will never have to be paid for with a credit card and always paid for with the OHIP card. Okay, fine, but your OHIP card ain't going to go as far with all that money leaking out of your profit bucket, so how you pay for it is part of the conversation. How far that money goes in making decisions in the best interests of public health and care—that's the conversation I wish this government was capable of having.

Speaker, I have a stack of letters, and I am running out of time. I would actually invite folks to go online—and I know a lot of the government members are Googling the facts of the world the last couple of days. The Ontario Health Coalition has a whole bunch of fact sheets about the Canada Health Act, facts about two-tiered medicare, a lot of the myths that are out there, so take a look. Do some homework; learn a couple of things.

But I have a letter here that was sent in the mail from Judy in Oshawa, and I want to read this. She says, "It's easy to make privatization look appealing. There would be promises of low premiums from insurance companies from the beginning. But eventually rates would explode like they have in the USA. There are people there paying thousands of dollars per month for health care. How many of us make thousands of dollars a month that they could pay towards health care? And let's be honest ... private health care doesn't really want to pay out, especially on anything major. Their goal is to not pay out, like all insurance companies."

She goes on and on. She says, "Health care is expensive, but privatizing it would make it more expensive for individuals because of uncontrollable corporate greed. A proper government should be acting on behalf of the public, the individuals who live and work in this province. Not the rich (and often multi-national) corporations that Premier Ford appears to work for."

Judy also remembers. She says, "Our health care is something I remember my parents being so proud of. Universal health care came about when I was a young child. It sets Canada apart from many nations. We used to be a shining example that other nations looked to with envy." She talks about what they see in the States: "People can lose their homes and more if they have a very serious

medical issue; many die. It's a system that discriminates against anyone who is not rich. We should never allow this to happen here." Thank you, Judy.

Speaker, the government is going to get up and say, "Well, that's not happening," and I will say, "Yet." Because Bill 60—this is a dark day in Ontario. No matter what they tell you at the caucus table, government, this is a dark day, because you're not going to be able to come back from this easily. Once you've got the sharks in there, once you've got the profit margins, once you've got all that profitization of health care, they ain't giving that back.

Let's look at long-term care. At Orchard Villa in my neck of the woods, in Durham region, instead of holding them to account, instead of at the time shutting them down, instead of saying that that was not okay that those people died, this government rallied so fast to protect them from being sued. And now we wait with bated breath: Will they or won't they get their 30-year licence extension and additional beds? That's what you do. That's what this government has done when it comes to profit and for-profit companies, with their death grip on our health care system—in that case, long-term care.

Speaker, I have so many letters. Here's one. Kelly said, "I am writing with a truly burdened heart over the status" of "the health care system in both Ontario and Canada. The provincial and federal governments must do more to address the crisis in our hospitals. I wish that I could come up with the words to articulate how difficult the last week has been."

She wrote about her father, who was sent by ambulance to the hospital with a suspected stroke—and of course time is of the essence in that case. She said, "My father spent seven hours in a hard chair in the emergency ward and was sent home with the message that he had not had a stroke, and there was no treatment." However, it was later confirmed by his eye doctor that he had indeed had a TIA.

She says, "It is truly incredibly scary that in an emergency, our health care system is not equipped to respond in a timely or thorough manner. I know that there is a crisis in the system.... There is no excuse for not being able to provide proper emergency care where lives depend on it...."

"Please do your part to advocate to the provincial government that there must be more done. This is Ontario, and this is Canada."

There's a lot at stake right now. Bill 60 is a terrible mistake. It is unnecessary. Our opposition day motion earlier made the case—and it is a legit case, and you know it—that there are resources that we are not using, that we have operating rooms that could be utilized to clear the backlog, but you won't fund the staffing. We have a staffing crisis and shortage, and you won't allow hospitals to pay their staff what they're worth—won't allow.

We're talking about medicare, and people who are writing in about the fee that they're having to pay—we're just going to see more of that. In this bill there isn't sufficient oversight, and anyone who says there is cannot point to it in this bill. When it comes to oversight, it should be rigorous. Anything you do with health care should be about patient protection. There is not anything in this bill

about oversight. If you're going to move it into a for-profit, investor-driven corporate clinic, you're taking it out from under the CPSO, because it's no longer under physicians that these surgeries will be done; it will be done under a company. And if CPSO no longer has oversight, well, then what? Because patient complaints—do you want to spend some time talking about that? Your patient complaint system is insufficient today, before we do this. You are doing the wrong thing, and Ontarians deserve better.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Sam Oosterhoff: My thanks to the member for Oshawa for participating in debate this afternoon and for contributing her comments and remarks about the legislation. I think we have deep differences of perspective on how this bill will impact the people of Ontario.

I believe very firmly that the legislation before this House is going to have an immense impact, in a positive way, by reducing the wait times and ensuring that people in my riding are able to access the care that they expect and deserve when and where they need it.

My question to the member opposite is—I know she obviously supports the work that her former colleague Mr. Jagmeet Singh is doing in Ottawa. I'm just wondering if she would support, if she were a federal MP, the federal expansion of dental health benefits. And if she supports the federal expansion of dental health benefits, does she support the fact that that will be provided through private dentists?

1610

Ms. Jennifer K. French: I am very proud to stand in this House as a New Democrat and as a provincial member who is excited about having the opportunity to stand on behalf of people when it comes to public education, public health care. I want to strengthen the system we have before us.

Tommy Douglas—his vision was also about pharmacare and dental care. That's the whole thing—it's supposed to be about wellness and the idea of prevention and trying to keep people well before they get sick. Economically speaking, that should make sense to Conservatives.

From a human perspective, health and wellness should be based on need, not people's ability to pay, which is why we're standing here talking about the importance of protecting medicare from this piece of legislation—and I'm proud to do that work every day.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Wayne Gates: Just last week, I had a town hall in Niagara Falls, and we had over 200 people there. It was a full house. They were very passionate about protecting our publicly funded, publicly delivered health care. The health coalition was there, who we all know and have talked about in this House. We had an ER doctor. We had mental health organizations, paramedics who are saying that they're stuck at hospitals. So I believe that Ontarians are

going to fight tooth and nail to protect their publicly funded health care system.

It's interesting today, because it's the first time I've heard it—for the last three years, we've been raising Bill 124 in this House, and today they're now saying, "It's before the courts. We can't comment." I want to ask my colleague, why do you think they're saying that?

Ms. Jennifer K. French: I wouldn't even know where to begin with the why, but I think if I—I can't even pretend that I'd be part of that government. It should be a conversation that we're all having around the priorities of this government. Bill 124 has these tentacles that reach out across industry and across jurisdictions. We're talking about health care today. We're talking about nurses. I cannot pretend to know what motivates this government, but it isn't doing right by health care workers, and it isn't doing right by seniors and ailing Ontarians. It isn't about prevention; it isn't about ensuring that people have access to the benefit of a properly funded health care system when they need it—so if it's none of those things, I will let them speak for themselves as to what motivates them.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Trevor Jones: As I mentioned earlier, one key component to ensuring the right care in the right place is expanding care at local pharmacies. As of last week, 70,000 assessments were conducted by pharmacists—highly trained, trusted, regulated health professionals across the province.

Will the member opposite support expanding the scope of pharmacists so that constituents in Oshawa and ridings across Ontario can get better access to care closer to home?

Ms. Jennifer K. French: I'd love to know which part of the bill that's part of.

Anyway, what I will say is that our communities have complex needs, so the fact that folks can go to the pharmacists, who are professionals and are able to deliver important pieces of that care—everyone across communities is glad for that. Who benefits from that beyond the patients and actual folks in the community? I get pretty sticky when it starts to be Mr. Galen Weston, over and over and over. I want health care to be about health care, about caring about health, not just about making folks stupid rich.

I think that when we are focused on patient care, we're going to be doing the right thing—or, I guess, the left thing. When we're focused on profit care, I've got a problem with that.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Terence Kernaghan: I'd like to thank my colleague from Oshawa for her wonderful presentation.

I want to take you back to March 2022, when Ontario's former Patient Ombudsman and, at that time, the Conservative health minister, Christine Elliott, almost issued a warning—or, at the very least, let it slip. She stated: "We are ... making sure that we can let independent health facilities operate private hospitals." Possibly, when they realized how foolish and wrong this was, the minister's spokesperson said, of privatization, "The use or function

of private hospitals and independent health facilities in Ontario is not being expanded or changed.”

Clearly, funding is being cut for publicly delivered health care, as we’ve seen in the FAO’s report—cutting \$5 billion—and it’s being put into for-profit health care profiteers’ pockets.

My question to the member is, why did they flip-flop?

Ms. Jennifer K. French: Stop asking me about their motivations. I don’t know. I’ve never been a Conservative, and I never will be.

I’m going to do the opposite of that: I’m going to talk about why we should not privatize public hospital services, whatever that looks like, whatever they call it, them or the next—well, they won’t be the next. The next government will make the best decisions for Ontarians and their health.

Why we shouldn’t privatize public hospital services, from the Ontario Health Coalition—for-profit clinics and hospitals provide poorer-quality care; they hire less-qualified staff and direct public funds into profits rather than care, as we’ve talked about. It worsens staffing shortages. Private clinics take easier and less complex patients, leaving the more complex folks languishing, and they also charge user fees and extra-bill patients on top of OHIP for medically necessary services.

This is not the direction Ontario should be going. Reverse course, please.

The Acting Speaker (Ms. Bhutla Karpoche): A quick question?

Mr. Brian Saunderson: We’ve heard a lot about Tommy Douglas today and the great work he did in getting the Medical Care Act passed in 1966. I’m sure my friends opposite know that there are four core principles to that policy—before the federal government will entertain any health care transfer. Those four principles are public administration, comprehensiveness, universality and portability.

We know that this government spent \$78 billion last year on health care, which was a \$14-billion increase from the year before. We also know that in recent discussions with the federal government, they’ve increased that funding over the next 10 years by \$8.4 billion.

Will the member opposite agree that the federal government would have ceased the transfers if we were privatizing health care in Canada? Will you admit that this privatization is just a smokescreen that you are proposing to try to somehow discredit the much-needed changes this government is making?

Ms. Jennifer K. French: The last part: Is the privatization my smokescreen for the good stuff the government is doing? Oh, that I would have that kind of power.

Privatization or profitization, or whatever word this government is going to be comfortable with, is the wrong direction.

When it comes to the lowest per capita funding that we’ve got in Ontario—to the member’s question—there are multiple layers to why, but this government is not making it better. This government has not been investing what it needs to in health care.

The manufactured crisis is your smokescreen. That is this government’s “Hey, look over here. Look how bad things are. We’re going to have to rescue it with this absurd scheme that has been tried, time and time again, and does not bear fruit.” In fact, it will make sure that Ontarians don’t have what they need when they need it. That is the wrong way ahead.

This should not be a plan for just the wealthy. This should be a plan to—

The Acting Speaker (Ms. Bhutla Karpoche): Thank you. Further debate?

1620

Mr. Adil Shamji: I’m pleased to rise in the chamber today to speak to Bill 60. I’d like to point out, at the outset, that I’ll be sharing my time with the member for Kingston and the Islands—

Mr. Graham McGregor: Great member.

Mr. Adil Shamji: I couldn’t agree more.

I’d like to begin this debate by pointing out something that the member from Simcoe–Grey just remarked on, which is that medicare has four principles. That’s not true. Medicare has five principles, and the one that he missed was accessibility. For as long as there are fundamental differences on objective facts like the number of principles that we hold dear in the Canada Health Act, then it is just not credible that this government can be trusted to manage public health care in the first place.

Bill 60 remains the latest in a series of poorly conceived, superficial policies lacking thought, detail or any semblance of understanding about the challenges in our health care system. It continues with a series of failed policies, like the failed effort to increase credentialing of foreign-trained health care workers; the failed effort to regulate temporary for-profit nursing agencies; and the failed effort to reassure us that Ontarians will always pay with their OHIP cards, not their credit cards. We don’t need to look further than virtual primary care to discover that OHIP services are locked up in this province behind paywalls and credit cards already.

As a brief overview—what’s wrong with Bill 60?

(1) It completely misses the point of our health care crisis. Notably, it doesn’t address any of the challenges with our health human resources. It doesn’t address the massive underinvestment in our health care system under the current government.

(2) It only pays lip service to the things that actually matter in our health care system—oversight, protection against upselling and upcharging—but it delivers none of the details and leaves far too much to the regulations.

(3) Finally, I will say that it has failed even before it has passed, because we are seeing for-profit corporatization across our health care system, to the detriment of our patients and having surgeries and procedures addressed in a timely manner.

This government loves to rail against the status quo, without acknowledging that they are the status quo. The moment they took power five years ago, our health care system embarked upon a significant nosedive. They cut hundreds of millions in public health funding. They cut

staffing solutions like the practice-ready assessment program for foreign-trained family doctors. And they enacted the unconstitutional and wage-constraining Bill 124, which they continue to support and now appeal in the courts, to the cost of millions of dollars to the citizens of Ontario.

Bill 124 is the rate-limiting step that is preventing us from enhanced performance of our health care system. For those who don't believe me, I invite you to consider this quote from the Ontario Hospital Association, that very same organization that this government loves to go to when they need quotes to support their policies: "The OHA has consistently advocated that Bill 124 should not be extended nor should additional restrictions be imposed due to its impact on availability of HHR and other impacts on hospital operations." That's from their buddy.

It will come as no surprise, then, because they have persisted in defending Bill 124, that Ontario Health data reveals that under the Ford government, our health care system performance has been the worst in this province's history, ever. To be clear, every year of this government's so-called leadership has resulted in worse performance than the last.

What I'm here to argue today is that rather than throwing the baby out with the bathwater, what we need to be doing is moving our health care system from neglected under you guys—sorry; neglected by the current government—to protected.

Let's also not forget that by 2028, this government will have underinvested by over \$23 billion, according to the Financial Accountability Officer. I have heard that the government contends they disagree with the FAO, but I will also add that this opinion simply can't be trusted, considering their own estimates of this province's deficit swing by billions of dollars every few weeks.

Amidst this comedy of incompetence, we have a murky new bill whose impact really won't come into focus until it has passed, because so much of the stuff that matters isn't actually in the bill and is instead left to regulation. Who, for example, will perform the oversight? Is that body external or internal? And without such details, how could we possibly believe that there are credible protections against upselling or overcharging? After all, this government has insisted throughout the entire year that upcharging isn't actually even a problem, although the Auditor General has said that it is, and instead ignored her recommendations while reassuring us that everything is okay.

Madam Speaker, this bill really could have spent some more time cooking in the oven. For example, in schedule 2, the definition of "nurse" is thrown out the window and is instead replaced with the following: "registered nurse" means a member of the College of Nurses of Ontario who holds a certificate of registration as a registered nurse under the Nursing Act, 1991 or another person prescribed by the regulations...." So the definition is changing, but we have no clue what that definition will be. It is simply left to the regulations. How can we have a discussion about redefining an entire profession without any details about what that will be? The reality is that this is likely an approach to introduce as-of-right legislation, without

affording anyone an opportunity in this Legislature to have an actual debate about it.

I'm going to talk very briefly about moving surgeries out of hospitals. There is some precedent that in Canada and around the world, surgeries can be moved out of hospitals, but in order for that to be successful, it has to be done with adequate guardrails. Most importantly, time and time again we have learned that not-for-profit initiatives consistently outperform for-profit ones. This is not an ideological position. Apart from the fact that it has been demonstrated in journal after journal after journal, it is also the position of the Ontario Medical Association. In their report on integrated ambulatory centres in 2022, they made it clear that their position is that such centres should operate on a not-for-profit basis. So they should be not-for-profit, and they must have credible protections against profiteering, upselling and siphoning of health care workers out of the publicly funded system. Bill 60 doesn't do any of these things, and instead, it leaves massive gaps. Until such gaps are credibly filled, this bill is nothing more than window dressing and does nothing but threaten the quality of health care in this province.

With that, I yield the remainder of my time to the member from Kingston and the Islands.

The Acting Speaker (Ms. Bhutla Karpoché): Thank you. The member from Kingston and the Islands.

Mr. Ted Hsu: I want to thank my colleague the member for Don Valley East for serving almost like a one-person opposition on health care. He's done such a great job to hold this government to account. I'm going to try my best to add a few things to what he said.

What we're talking about today is establishing something called integrated community health services centres, and what we're repealing is something called the Independent Health Facilities Act. Now, already this sets off some flags in my head: Why are we changing the name so much? So I decided to compare the two acts a little bit just to see very quickly what the differences might be.

One thing that I found is that both acts rely on a director to grant licences, to look at licence applications, to conduct inspections, to potentially revoke licences if something goes wrong. But I noticed that in the previous act, the director had to be an employee of the health ministry, and in the current act, the director could be anybody. The legislation doesn't say.

Why is it, Madam Speaker, that the government made this subtle change in the legislation so that they did not have to appoint a director who is an employee of the ministry? They don't have to appoint a director who's used to giving fearless advice and loyal implementation. Why is it that they don't have to appoint a director who is an employee of the ministry and therefore, generally, is non-partisan, is not a big donor or is expecting favours or anything like that? That, to me, is a red flag, and I'd like to understand at the committee stage why the government made this change.

The act is quite long—it's a lot of pages and it takes a long time to read through. And sometimes little, subtle changes like that, especially when there's two different acts—one that's getting repealed and another one that you're trying to read through as the legislation is being

debated—you don't always see these comparisons. But I would hope that in committee, these little differences are examined. I would very much like to know why this government chose to change the act slightly so that they don't have to appoint the director—in fact, the most important person, the lynchpin in this whole system, the person who grants licences, reviews licence applications, oversees inspections and potentially revokes licences. Why is the government not committing itself to hiring an employee of the Ministry of Health?

1630

As my colleague said, a lot of the actual plan is going to be in the regulations. This is kind of like asking the people of Ontario to put down a deposit on a house by looking at the sales brochure instead of being able to walk through an open house. That's what it feels like. If you look at what the considerations are when licence applications are looked at, it doesn't include what the licensee is going to do in terms of protections from upselling. It doesn't include what the licensee is going to do to prevent poaching staff from hospitals.

If there are any complaints, what the act says is that the licensee—the operator of the integrated community health service centre—is required to establish a process for complaints, not the system. That strikes me as a little strange, because if we're going to change the system, it would seem to me that in the first few years, we would want to have a more robust system of hearing complaints from users to make sure things are working, to make sure that there aren't little adjustments we can make to make sure that the system is serving the people of Ontario properly.

There is no commitment from the government to increase funds to the Patient Ombudsman, but I feel like there needs to be a specialized response to Ontario consumers who are using these new services in integrated community health service centres at least for a few years, to make sure that things are working well.

The Acting Speaker (Ms. Bhutila Karpoche): Questions?

Ms. Teresa J. Armstrong: Either member could answer this question. I just want to go back a little bit. When the Liberal party was in charge of the government, back in the majority days, Premier Kathleen Wynne's government was trying to extricate itself from one privatization disaster, even as it sets itself up for another. That's the Ornge one that they're referring to. The current disaster of its handling of surgical clinics—Ontarians may recall the government's decision to expand the scope of private clinics, announced with much fanfare by then health minister Deb Matthews in 2012.

I just need to ask the members a question: Do they support privatization of health care expansion or not?

Mr. Adil Shamji: We stand categorically against Bill 60 and the way in which it gives way to corporatize profiteering in our health care system. There is absolutely no room for that. We have been clear. I campaigned as a Liberal in the last election saying that there is room to move some surgeries out of hospitals in a not-for-profit

model with adequate guardrails. That remains our position. To be clear, we are entirely against the profiteering and corporatization being proposed under this legislation.

The Acting Speaker (Ms. Bhutila Karpoche): Questions?

Ms. Christine Hogarth: I find it interesting hearing the Liberals. But I guess when the Liberals were in power, they didn't have to worry about health care because they were just driving 300,000 families and businesses out of the province. They didn't think we had people, because there really wasn't any jobs for them, so they just assumed there would not be any people so we wouldn't have to fix health care. But health care does need to be fixed. This government is the government that is fixing health care by looking outside the box and making sure this happens.

My question to the members opposite is: We launched the largest health care recruiting initiative in Ontario's history; will the member opposite support the future of our publicly funded health care system by supporting this bill?

Mr. Adil Shamji: What an incredibly peculiar question. I am absolutely an advocate for public health care that complies with the five—not four—principles of medicare. But I will stand firmly against any efforts that encroach or undermine the merits of that publicly funded health care system. Anything that moves towards corporatization, and specifically profiteering—in very much the same way that we saw under this government the further corporatization and profiteering in long-term-care homes which led to consistently inferior health outcomes, and to which this government had no response except to award more contracts and to do nothing to defend those patients.

The Acting Speaker (Ms. Bhutila Karpoche): Question?

Mr. Wayne Gates: My question is to the doctor. He said the Ontario Hospital Association has said very clearly to this government that Bill 124 shouldn't be extended. I think that's pretty clear.

What I've never understood is why a labour minister on that side of the House, who is supposed to be non-partisan, is supporting and continues to support Bill 124. I hope he hears me; I don't know if he can hear me or not, but I hope he does.

You also said that performance is better in not-for-profit compared to profit. When I look at long-term care, because I'm the critic, 5,400 people died in long-term care; approximately 3,800 of them died in private long-term care.

My question to you is, do you agree that everything should stay not-for-profit?

Mr. Adil Shamji: Thank you very much for that question. I absolutely agree that the solutions to our health care system lie in the not-for-profit sector.

We've seen the corrupting effects of profiteering in our health care system. We've seen how Bill 124, for example, has pushed nurses out of public health care. Things like temporary, for-profit nursing agencies, which have proliferated under this government, have subsequently pulled nurses out of public health care.

It's why, in my unwavering commitment to protect our public health care system, I introduced legislation that will hold these nursing agencies to account, that will commit to and strengthen our publicly funded health care system.

It's what I have done as a physician, it is what I am doing as an opposition critic, and it is what I and the rest of the Liberal caucus will always do.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Mr. Lorne Coe: To the member from Don Valley East—interesting presentation, isn't it? Fifteen years to get absolutely nothing—absolutely nothing.

One of the aspects of our plan supports expanding the number of physicians that can join a family health team. I'm from a region that has a million people. The people that I represent, 149,000 people—this is something they want, this is something I hear at the doors that I knock on, every other weekend.

Can the member for Don Valley East tell me whether he supports increasing access to family health teams?

The Acting Speaker (Ms. Bhutla Karpoche): Response?

Mr. Adil Shamji: I absolutely support the principle of increasing access to team-based primary care. I'm still waiting for a solution that will deliver that in this province, because Bill 60 certainly won't. It's simply window dressing. When the member across is ready to present a proposal that will credibly deliver that, I'll be here and I'll be ready to listen.

The member across also made the allegation that nothing happened under the previous 15 years of Liberal government. I would point out that the most immediate five years of performance under this Conservative government have been the worst years in this province's entire history. I would caution the member about any sort of chest-thumping, given the current state of our health care system.

The Acting Speaker (Ms. Bhutla Karpoche): Questions?

Ms. Sandy Shaw: I would like to pick up on your information—I thought it was very interesting—about how the director is being appointed and why that difference is there. I would refer back to the Auditor General's value-for-money audit, and I'm going to quote from that report. She said, "We found that some patients could be given misleading information as part of sales practices to make a profit.

"Several of our findings, such as the underuse of hospital operating rooms, and the lack of ministry oversight ... have been noted in our past value-for-money audits."

So the Auditor General has identified the lack of oversight, has identified that profiteering is a problem. I would give you an opportunity to comment on it. We haven't even addressed the Auditor General's recommendations, and now they're doubling down on the lack of oversight and profiteering.

The Acting Speaker (Ms. Bhutla Karpoche): Response?

Mr. Adil Shamji: Thank you for that very astute observation. It's a point, actually, that we've heard a few times in the chamber during question period and during past debates.

On repeated occasions, the Minister of Health has been very clear that she didn't believe that there was a problem in the first place. I recall quite vividly that she cited a 1-800 number, I believe, to anyone who believes that they have been upsold and upcharged, in frank contradiction to what the Auditor General has been telling us.

And so, amidst that backdrop, amidst this problem that we know is objectively a problem, this government now expects us to believe that, coming out of that fantasy land, they can be trusted to protect against upcharging and upselling with this new fallacy of a plan? It simply is not credible.

Thank you for your question.

The Acting Speaker (Ms. Bhutla Karpoche): A quick question: The member from Brampton North.

Mr. Graham McGregor: I appreciate the revised history lesson from our new Liberal colleagues. I can appreciate that they weren't elected during the 15 years when Liberal governments fired nurses and closed down hospitals, including the Peel Memorial Hospital, which is actually the hospital I was born in, in Brampton—and, actually, I guess the other previous Liberal members in the previous government also voted against rebuilding that hospital in Brampton, to get a second hospital at the site of Peel Memorial. So I can appreciate that these members might—

The Acting Speaker (Ms. Bhutla Karpoche): Question?

Mr. Graham McGregor: I look forward to their support on other measures that we're doing for Brampton.

When we talk about corporate profiteering and privatization—

The Acting Speaker (Ms. Bhutla Karpoche): Thank you.

A quick response.

Mr. Adil Shamji: I always enjoy hearing from my colleague in Brampton North. It's funny to hear him talk about closures. Under this government, we've seen closures of emergency departments, intensive care units, obstetrical units, walk-in clinics—everything. So it's dramatically hypocritical for him to be talking about closures of any sort, considering his government has resulted in more closures than any other government in history.

Report continues in volume B.

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Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
Gill, Hon. / L'hon. Parm (PC)	Milton	Minister of Red Tape Reduction / Ministre de la Réduction des formalités administratives
Glover, Chris (NDP)	Spadina—Fort York	
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	Deputy Opposition House Leader / Leader parlementaire adjointe de l'opposition officielle
Grewal, Hardeep Singh (PC)	Brampton East / Brampton-Est	
Hardeman, Ernie (PC)	Oxford	
Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Holland, Kevin (PC)	Thunder Bay—Atikokan	
Hsu, Ted (LIB)	Kingston and the Islands / Kingston et les Îles	
Hunter, Mitzie (LIB)	Scarborough—Guildwood	
Jones, Hon. / L'hon. Sylvia (PC)	Dufferin—Caledon	Deputy Premier / Vice-première ministre Minister of Health / Ministre de la Santé
Jones, Trevor (PC)	Chatham-Kent—Leamington	
Jordan, John (PC)	Lanark—Frontenac—Kingston	
Kanapathi, Logan (PC)	Markham—Thornhill	
Karpoche, Bhutla (NDP)	Parkdale—High Park	First Deputy Chair of the Committee of the Whole House / Première vice-présidente du comité plénier de l'Assemblée
Ke, Vincent (PC)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London-Centre-Nord	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
Kerzner, Hon. / L'hon. Michael S. (PC)	York Centre / York-Centre	Solicitor General / Solliciteur général
Khanjin, Andrea (PC)	Barrie—Innisfil	Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
Kusendova-Bashta, Natalia (PC)	Mississauga Centre / Mississauga-Centre	
Leardi, Anthony (PC)	Essex	
Lecce, Hon. / L'hon. Stephen (PC)	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
Lumsden, Hon. / L'hon. Neil (PC)	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	Minister of Tourism, Culture and Sport / Ministre du Tourisme, de la Culture et du Sport
MacLeod, Lisa (PC)	Nepean	
Mamakwa, Sol (NDP)	Kiiwetinoong	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
McCarthy, Todd J. (PC)	Durham	
McGregor, Graham (PC)	Brampton North / Brampton-Nord	
McMahon, Mary-Margaret (LIB)	Beaches—East York / Beaches—East York	
McNaughton, Hon. / L'hon. Monte (PC)	Lambton—Kent—Middlesex	Minister of Labour, Immigration, Training and Skills Development / Ministre du Travail, de l'Immigration, de la Formation et du Développement des compétences
Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
Parsa, Hon. / L'hon. Michael (PC)	Aurora—Oak Ridges—Richmond Hill	Associate Minister of Housing / Ministre associé du Logement
Pasma, Chandra (NDP)	Ottawa West—Nepean / Ottawa-Ouest—Nepean	
Piccini, Hon. / L'hon. David (PC)	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs
Pierre, Natalie (PC)	Burlington	
Pirie, Hon. / L'hon. George (PC)	Timmins	Minister of Mines / Ministre des Mines
Quinn, Nolan (PC)	Stormont—Dundas—South Glengarry	
Rae, Matthew (PC)	Perth—Wellington	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rasheed, Hon. / L'hon. Kaleed (PC)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	Minister of Public and Business Service Delivery / Ministre des Services au public et aux entreprises
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Indigenous Affairs / Ministre des Affaires autochtones Minister of Northern Development / Ministre du Développement du Nord
Riddell, Brian (PC)	Cambridge	
Romano, Ross (PC)	Sault Ste. Marie	
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	President of the Treasury Board / Président du Conseil du Trésor
Sarrazin, Stéphane (PC)	Glengarry—Prescott—Russell	
Sattler, Peggy (NDP)	London West / London-Ouest	
Saunderson, Brian (PC)	Simcoe—Grey	
Schreiner, Mike (GRN)	Guelph	
Scott, Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
Shamji, Adil (LIB)	Don Valley East / Don Valley-Est	
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Skelly, Donna (PC)	Flamborough—Glanbrook	Chair of the Committee of the Whole House / Vice-présidente et présidente du comité plénier de l'Assemblée Deputy Speaker / Vice-présidente
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, David (PC)	Scarborough Centre / Scarborough-Centre	
Smith, Hon. / L'hon. Graydon (PC)	Parry Sound—Muskoka	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Energy / Ministre de l'Énergie
Smith, Laura (PC)	Thornhill	
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	Leader, Official Opposition / Chef de l'opposition officielle Leader, New Democratic Party of Ontario / Chef du Nouveau parti démocratique de l'Ontario
Surma, Hon. / L'hon. Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	Minister of Infrastructure / Ministre de l'Infrastructure
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Nina (PC)	Mississauga—Streetsville	
Taylor, Monique (NDP)	Hamilton Mountain / Hamilton-Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
Tibollo, Hon. / L'hon. Michael A. (PC)	Vaughan—Woodbridge	Associate Minister of Mental Health and Addictions / Ministre associé délégué au dossier de la Santé mentale et de la Lutte contre les dépendances
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	Opposition House Leader / Leader parlementaire de l'opposition officielle
Vaugeois, Lise (NDP)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
Wai, Daisy (PC)	Richmond Hill	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
West, Jamie (NDP)	Sudbury	
Williams, Hon. / L'hon. Charmaine A. (PC)	Brampton Centre / Brampton-Centre	Associate Minister of Women's Social and Economic Opportunity / Ministre associée des Perspectives sociales et économiques pour les femmes
Wong-Tam, Kristyn (NDP)	Toronto Centre / Toronto-Centre	
Yakabuski, John (PC)	Renfrew—Nipissing—Pembroke	
Vacant	Hamilton Centre / Hamilton-Centre	