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Standing Committee on Finance and Economic Affairs

Comité permanent des finances et des affaires économiques

Building a Better Ontario Act (Budget Measures), 2024

Loi de 2024 visant à bâtir un Ontario meilleur (mesures budgétaires)

1st Session
43rd Parliament

Monday 22 April 2024

1re session
43e législature

Lundi 22 avril 2024

Chair: Ernie Hardeman
Clerk: Vanessa Kattar

Président : Ernie Hardeman
Greffière : Vanessa Kattar

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

COMITÉ PERMANENT DES FINANCES ET DES AFFAIRES ÉCONOMIQUES

Monday 22 April 2024

Lundi 22 avril 2024

The committee met at 0900 in committee room 2.

BUILDING A BETTER ONTARIO ACT (BUDGET MEASURES), 2024

LOI DE 2024 VISANT À BÂTIR UN ONTARIO MEILLEUR (MESURES BUDGÉTAIRES)

Consideration of the following bill:

Bill 180, An Act to implement Budget measures and to enact and amend various statutes / Projet de loi 180, Loi visant à mettre en oeuvre les mesures budgétaires et à édicter et à modifier diverses lois.

The Chair (Mr. Ernie Hardeman): Good morning. We'll call the Standing Committee on Finance and Economic Affairs to order. We're meeting today to begin public hearings on Bill 180, An Act to implement Budget measures and to enact and amend various statutes.

Before I begin, I just want to welcome and point out that we have three new members on our committee: MPP Hogarth, MPP Harris and MPP Barnes. Welcome to the committee.

Applause.

The Chair (Mr. Ernie Hardeman): Hear, hear. Hear, hear.

STATEMENT BY THE MINISTER AND RESPONSES

The Chair (Mr. Ernie Hardeman): We also have the MPP from—where is he from?

Hon. Peter Bethlenfalvy: Pickering–Uxbridge.

The Chair (Mr. Ernie Hardeman): But anyway, the Minister of Finance is here this morning to talk with us and to open the debate on Bill 180.

Minister, you will have up to 20 minutes for your presentation, followed by 40 minutes of questions from the members of the committee. The questions will be divided in two rounds of seven and a half minutes for the government members, two rounds of seven and a half minutes for the official opposition members and two rounds of five minutes for the independent member.

Minister, with that opening, the floor is yours.

Hon. Peter Bethlenfalvy: Thank you, Chair, and thank you to everyone here. First off, let me just say a sincere thank you to the members of the committee and you, Chair. I'm pleased to be here today before you all at the Standing Committee on Finance and Economic Affairs in order to discuss Bill 180, Building a Better Ontario Act (Budget Measures), 2024.

Chair, I would like to start off by saying that our government always keeps the needs of Ontario families firmly in sight: the workers at their jobs, the patients at the clinic, the business owners at their shops, the drivers in gridlock and the young families starting out and worrying about making ends meet. It is with them in mind that we prepared the 2024 budget and prepared the measures contained in Bill 180.

Despite a challenging global economic situation, we are moving forward our plan and building a better Ontario. The world today is being tested by high interest rates and global instability. Governments of jurisdictions large and small have to make plans and decisions in light of these rates and this instability, this reality. And in light of this reality, we have a plan. Our government remains on a path to build for the long term while keeping costs down now. We are making the investments now that are needed and will support our growing province in the short term and in the long term.

Notre gouvernement continue de bâtir pour le long terme, tout en gardant les coûts bas maintenant. Nous faisons aujourd'hui les investissements qui sont nécessaires et qui soutiendront notre province en pleine croissance à court et à long terme.

Our government's commitment is firm and unwavering. We are here to help this province overcome any challenge. We are here to invest responsibly, and we are here to pave the way for a brighter future. This is what the 2024 budget and Bill 180 are all about.

Chair, any mention of our plan would not be complete without mention of our province's strong world-class workforce and our efforts to prepare workers for the jobs of tomorrow today. Sixty-eight per cent of adults in Ontario have completed tertiary education, the highest proportion compared to every other Canadian province and OECD country—OECD being the Organisation for Economic Co-operation and Development—and we continue to make investments in skills training for in-demand careers. I'm proud to say that our government stands by our workers, always has and always will. Day in and day out, we're at it working for workers.

In Bill 180, we are moving forward with regard to Ontario's pension plan landscape by making progress on implementing a permanent target benefit framework. This

would pave the way for more Ontario employers to offer workplace pension plans, increasing the opportunities for workers to save for their retirement. Target benefit pension plans are intended to provide a worker a monthly stream of income in retirement, with predictable contributions for employers during a worker's time under their employment.

We firmly believe workers deserve sustainable pensions. This is why we're taking action now to implement a target benefit framework that would help protect the retirement security of workers in the skilled trades and other occupations. This framework would help employees move from employer to employer while keeping the same pension, thus helping to keep their contributions going and their pension building towards their retirement goals.

Chair, we also remain committed to creating good-paying jobs, as well as fostering business investments that will deliver tomorrow's economic success today. This is why our 2024 budget allocates an additional $100 million to the Invest Ontario Fund, bringing its total to $600 million, to help attract investments and jobs in key sectors, such as advanced manufacturing, technology and life sciences.

While I'm on the topic of manufacturing and technology, part of our plan also includes attracting investment to Ontario. We benefit from having a diverse economy that is abundant with new and exciting industries, ranging from advanced manufacturing to information technology. These are crucial drivers of our provincial economy, with manufacturing accounting for 11.5% of Ontario's total GDP in 2022, and it continues to grow. Over the last year, employment in the manufacturing sector increased by more than 20,000 jobs. After two decades in decline, this is very meaningful progress for the sector and our entire province.

On top of that, we are boosting the growth of Ontario's end-to-end supply chain for electric vehicles and EV batteries. It is why I'm proud to say that, over the last three years, we have attracted more than $28 billion in automotive and EV-battery-related investments from global auto manufacturers, parts suppliers, and EV battery and materials manufacturers.

In February, BloombergNEF released its fourth edition of the global lithium-ion battery supply chain ranking, a 46-metric ranking system that evaluates each country's potential to build a secure, reliable and sustainable supply chain for lithium-ion batteries. Any guesses on where Canada ranked, Mr. Chair? Among 30 countries, Canada claimed the top spot, overtaking China and the United States in the top three spots.

In addition to spurring economic growth, these business investments are expected to create more than 12,000 new permanent jobs, jobs of the future for the future that will be here sooner than we think, jobs that will support Ontario workers and Ontario families for decades to come; les emplois de l'avenir pour un avenir qui approche plus vite qu'on ne le pense, les emplois qui permettront de subvenir aux besoins des travailleurs et des familles de l'Ontario pendant des décennies.

We are attracting investments, creating new jobs and supporting businesses large and small. For instance, in 2024 we are enabling an estimated $8 billion in cost savings and support for businesses, including $3.7 billion for small businesses. Some of those actions to lower costs include implementing the Ontario Made Manufacturing Investment Tax Credit to help local manufacturers invest and expand; reducing the small business corporate income tax rate to 3.2%, helping small businesses lower their costs; and implementing the Regional Opportunities Investment Tax Credit to support businesses that make investments and expand in regions in Ontario.

To also help create jobs and economic growth, we are supporting Ontario's mining sector with an investment of an additional $15 million over three years in the Critical Minerals Innovation Fund, an investment that will enhance research and development and the commercialization of mining-related innovations.

While on the topic of programs and investments relevant to the north and northern economic development, I'd like to add that we are increasing the Northern Energy Advantage Program, also known as NEA. This will help eligible large industrial operators manage electricity costs and create good jobs in northern Ontario.

Chair, our government is investing to create jobs and economic growth on many different fronts. Another, for example, is aimed at supporting Ontario's vibrant and growing film and television industry. The film and television industry continues to create high-value jobs and attract investments right across the province, including in film studios and location shoots in the north. In fact, as noted in the 2024 budget, productions that received support from provincial programs spent approximately $3.2 billion in Ontario in 2022, which contributed to over 45,000 full-time jobs. Thus, we are proposing to simplify the Ontario Computer Animation and Special Effects Tax Credit, or OCASE. This is an 18% refundable corporate income tax credit available to companies that undertake computer animation and special-effects activities on eligible film and television productions in Ontario. The proposed simplification of the OCASE tax credit rules delivers on our government's commitment to explore opportunities to simplify tax credit support for computer animation and special effects activities.

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Companies that choose to invest in Ontario can have confidence in our government's plan to build and in our determination to continue managing the public finances responsibly. For 2023-24, our government is projecting a deficit of $3 billion, an improvement of $2.6 billion from the outlook in the 2023 Ontario economic outlook and fiscal review. Over the medium term, we are forecasting deficits of $9.8 billion in 2024-25 and $4.6 billion in 2025-26, before reaching a surplus of $500 million in 2026-27.

And for our bond program: Ontario bonds provide investors with exceptional liquidity in a wide range of bond offerings, including green bonds. We are the largest and most consistent issuer of Canadian-dollar green bonds, with $18 billion of issuance since 2015, leadership

that we will continue. In February, we issued our second green bond for 2023-24 and 15th green bond overall, for $1.5 billion. This was the first green bond issued under our new sustainable bond framework, which allows for a broader range of potential bond offerings in the future, including zero-emissions nuclear power.

Ontario will continue to finance most of its borrowing program in the long-term public market in Canada, as well as internationally. We completed long-term public borrowing of $42.6 billion in 2023-24, and for this fiscal year, Ontario's long-term borrowing is forecast at $37.5 billion, $37.7 billion in the following year, which is only $0.1 billion and $0.7 billion higher than forecast in the 2023 Ontario economic outlook and fiscal review.

Our government remains committed to reducing the debt burden and putting Ontario's finances back on a more sustainable path, and we are already on the way there. We have kept our debt burden reduction targets unchanged from the 2023 budget, and I'm happy to point out that our interest-on-debt-to-revenue ratio is at the lowest level that it has been since the 1980s.

Chair, our 2024 budget proposal related to the taxation of gasoline and diesel fuel is one of the most visible and most talked-about of our government's initiatives contained in Bill 180. This proposed legislation, if passed, would extend existing gasoline and fuel tax rate cuts until December 31, 2024. I have to say, this proposal is well-known and well-received because, with this extension, we are continuing to keep costs down for families and for businesses.

As you may recall, our government temporarily cut the gasoline tax by 5.7 cents per litre and the fuel diesel tax by 5.3 cents a litre from July 1, 2022, and already extended these cuts several times to June 30, 2024. If approved, the new extension would ensure that the rates remain at nine cents per litre until December 31, 2024. If the extension is passed, households in Ontario will see a total savings of $320 on average over the two and a half years since the tax rate cuts were first introduced.

Our government understands that the average Ontario family and the average Ontario business are feeling the sting of high inflation and interest rates. That is why our government continues to support families at the pump with this latest cut to the tax on gas and diesel fuel.

A component of alcohol taxation is another of the specific budget measures contained in this bill. As this government has made clear, it is all for keeping costs down and supporting the province's alcohol and hospitality sectors. It is for these reasons that our government is proposing to eliminate the wine basic tax that applies to sales of Ontario wine and wine coolers in on-site winery retail stores.

It is also because of the need to continue keeping costs down and supporting businesses that our government stopped the estimated 4.6% increase to the beer basic tax and LCBO markup rates that was scheduled for March 1, 2024. You see, this increase would have resulted from rates being indexed to inflation—an increase the government has consistently stopped over the last six years. Halting this increase results in approximately $200 million in relief. And as pointed out when our government announced this latest change in February, the freeze will be in place for two years, until March 1, 2026.

As noted in the 2024 budget, the province will also conduct a targeted review of taxes and fees on beer, wine and alcohol beverages. The aim is to promote a more competitive marketplace for Ontario-based producers and consumers.

Chair, it's no secret that a big push of this government, as detailed in the 2024 budget and elsewhere, is on our critical, provincial infrastructure. This ties into another measure in Bill 180: the Building Ontario Fund. As I have said repeatedly in the week since the budget was released, our government is rebuilding the economy by accelerating Ontario's plan to build the most ambitious capital plan in the province's history, despite a challenging economic situation. Investments of more than $190 billion over the next 10 years to build and expand highways, transit, homes, high-speed Internet and other critical infrastructure are supporting our economic growth.

Bill 180 would enable us to continue the Ontario Infrastructure Bank in a new stand-alone statute, and renaming the agency as the Building Ontario Fund. The Ontario Infrastructure Bank was announced in the 2023 Ontario Economic Outlook and Fiscal Review as an important tool to attract capital to help Ontario build essential infrastructure. With this fund, we are further exploring opportunities to support large-scale projects in many sectors, including post-secondary student housing, long-term care, energy generation and municipal infrastructure sectors. These budget measures and the 2024 budget overall demonstrate how we are delivering on our plan to build.

This budget comes at a time when Ontario, like the rest of the world, continues to face economic uncertainty due to high interest rates and global instability. These are challenges that are putting pressure on Ontario families and their finances—challenges that are also putting pressure on the province's finances. Despite these pressures, we are continuing to deliver on our plan to build.

And make no mistake: Those workers at their jobs, those patients at their point of care, those small shopkeepers and the drivers in gridlock and the young families and countless others in the province—they are counting on us, and they are counting on the 2024 budget initiatives and investments to help them make Ontario the best place anywhere in the world to work, to live, to do business and raise a family.

Chair, I will close by saying this: Our government is focused on the present and the future. We're doing a great deal of things to build that future today, and we know there's more work to be done. At a time of high interest rates and global economic uncertainty, we know keeping costs down is more important than ever. We refuse to slow down our plan to build this province, and we refuse to put additional costs and taxes on families, businesses and municipalities. This is not the time for us to stand idly by and leave our province's bright future up to chance. We

must continue our prudent, responsible approach—and we are.

Dans un contexte de taux d'intérêt élevés et d'incertitude économique mondiale, nous sommes conscients qu'il est plus important que jamais de garder les coûts bas. Nous refusons de ralentir le travail que nous avons entrepris pour bâtir la province et refusons d'imposer aux familles, aux entreprises et aux municipalités des coûts, taxes ou impôts additionnels.

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

L'hon. Peter Bethlenfalvy: Ce n'est pas le temps de rester les bras croisés et de laisser l'avenir prometteur de notre province au hasard. Nous devons poursuivre notre approche prudente et responsable, et c'est ce que nous faisons.

We are building a better Ontario. Chair and members of the committee, I thank you.

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The Chair (Mr. Ernie Hardeman): We will now start the first round of questions with the official opposition. And as we have in the past, we will give a one-minute notice at six minutes. Then, we will end it at the end.

With that, we go to MPP Fife.

Ms. Catherine Fife: What are the rotations? How much time do we all have?

The Chair (Mr. Ernie Hardeman): You'll have seven and a half minutes in the first round.

Ms. Catherine Fife: Thank you, Chair.

I want to thank Minister Bethlenfalvy and ADM Elizabeth Doherty for being here. I will say that during your opening comments, Minister, you said that the needs of Ontarians are met with Bill 180, and you mentioned your support for workers. The province's finances have been greatly impacted by Bill 124, which the government had to repeal on February 13, 2024, just of this year, because it was deemed unconstitutional. So there's going to be a financial impact to the province and for this government based on some of the awards that are being met and the remedy that will happen, and I'm sure that this may have something to do with the $9.8-billion deficit that we have.

I just want to say, last year, you and I talked shortly about Bill 124. We disagreed at that point what the intentions of Bill 124 were. But I think now we have some sense that it was a disastrous piece of legislation in Ontario's health care system where it worsened the pressures on the province's nurses and hospitals after decades of cuts and underfunding.

The law also obviously disrespected public servants' contributions to Ontario. This impacted 700,000 workers, employees. And non-unionized employees were going to be tied to this legislation January 1, 2022. In the decision by Justice Markus Koehnen, he concluded that there was no justification for Bill 124, fiscal or otherwise. In the past, of course, wage restraint legislation had been brought forward because of the supposed need to address unsustainable public spending, but in Ontario, he found that no case existed.

Now that the government lost two challenges to the legislation where you said it wasn't non-constitutional, there's going to be a cost to rectify this piece of legislation and really build back staff and nurses that have migrated out of Ontario because of it. So I wanted to give you an opportunity to—any lessons learned from bringing in an unconstitutional piece of legislation like Bill 124, and what is your plan to do so financially to rectify the situation?

Hon. Peter Bethlenfalvy: Thank you, MPP Fife, for the question. I will say I disagree with you on many fronts—

Ms. Catherine Fife: You disagree with the law?

Hon. Peter Bethlenfalvy: I disagree with virtually everything you just said—

Ms. Catherine Fife: Including the determination of the court?

Hon. Peter Bethlenfalvy: I'm going to disagree with you on many fronts. And if you let me respond, I will.

The Chair (Mr. Ernie Hardeman): One at a time.

Hon. Peter Bethlenfalvy: First of all, when we launched Bill 124, we inherited a deficit of almost $15 billion in a much smaller economy revenue base, and so the context is important. Also, inflation was between 1% and 2% at the time, so 1% over three years is a 3% increase. Balancing the needs of taxpayers and workers, we felt was the right thing to do. And of course, we had a pandemic. We had extraordinary inflation and interest rates. The court spoke, and we decided to respect the court's decision and move on.

Those numbers for Bill 124 were incorporated in the—and the ADM will go through some of those numbers—

Ms. Catherine Fife: Chair, I'd like to reclaim my time.

The Chair (Mr. Ernie Hardeman): Okay.

Ms. Catherine Fife: Thank you very much. So it's interesting. You say that the costs are built in—the cost to remedy Bill 124. And that is interesting. There is a small increase in health care funding, and that money is going to go to Bill 124. It's not going to go to operational issues.

But honestly, Minister, I am genuinely surprised that you disagree with the court findings.

Hon. Peter Bethlenfalvy: I didn't say I disagreed with the court's findings. I disagree with some of your words like "disrespected" and "disastrous."

Ms. Catherine Fife: Well, those are the words of workers. Those are the words of workers.

Hon. Peter Bethlenfalvy: I deal with a lot of workers myself. And we are working shoulder to shoulder. Maybe that's why eight unions supported us in 2022, and I would submit many more will support us in the next election.

Ms. Catherine Fife: Well, I guarantee that the unions that took the government to court were not supportive of Bill 124.

So what I'm getting is that you—

Hon. Peter Bethlenfalvy: We respected the court's decision, and we're moving on.

Ms. Catherine Fife: The final price tag for Bill 124, according to the—

The Chair (Mr. Ernie Hardeman): If we can stay with the questions and answers.

Ms. Catherine Fife: Yes.

According to the Financial Accountability Officer, the cost of Bill 124 is going to be $13.7 billion. So you feel that pushing down this cost was warranted, given the chaos that was created by Bill 124?

Hon. Peter Bethlenfalvy: If I could use my own words and not your words, I will answer the question.

Ms. Catherine Fife: Well, I just asked you a question. Do you think it was worth it?

Hon. Peter Bethlenfalvy: I'm going to answer the question you asked.

You mentioned $13 billion. My understanding is that incorporates costs out to 2027-28. And I'll pass it to the ADM in terms of the breakdown of the numbers for the costs that we've incurred, which have been incorporated into our fiscal plan.

Of course, I'm not going to speculate on future costs, which is what the FAO is doing. We'll bargain in good faith. We'll go through the negotiations that we always do, balancing the needs of taxpayers with the needs of workers. We've had a successful track record. We have settled agreements with teachers, with nurses. We're going to move this province forward.

Ms. Catherine Fife: I actually do have a question for the ADM.

Do you have a costing of the court fees and the court costs that it cost the people of Ontario when the government challenged this piece of legislation?

Ms. Elizabeth Doherty: I do not have a costing of the court fees. What I do have is a costing of what has been accommodated within the fiscal plan, and I'm happy to walk you through that.

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

Ms. Catherine Fife: How would I find out how much the government spent on trying to uphold an unconstitutional piece of legislation? How would I find out that information? Taxpayers want to know. This is the finance committee. This is the place to ask the question.

Hon. Peter Bethlenfalvy: I believe that public accounts is the place that you can ask that question. It's disclosed in September—a range of information. You're welcome to ask that question when the Auditor General has signed off on the accounts, on behalf of the taxpayer.

Ms. Catherine Fife: But you're aware of how much the costs were to date? Is that right?

Hon. Peter Bethlenfalvy: Me, personally?

Ms. Catherine Fife: Yes.

Hon. Peter Bethlenfalvy: No, I'm not aware of the costs.

I run a province that has a $200-billion investment plan to transform our economy and build a more prosperous economy.

Ms. Catherine Fife: Unfortunately, the impacts of Bill 124 are—the cost of it will be hard to calculate because it was such a damaging piece of legislation.

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

MPP Andrea Hazell: Thank you for your presentation.

I'm going to go to the gas tax and fuel tax cuts. You said in the line of keeping costs down, inflation, interest rate—may I ask, for that extended six months that are going to be added onto extending the gas tax until the end of 2024, what is that costing in the budget? You have a big deficit right now.

Hon. Peter Bethlenfalvy: First, I would encourage MPP Fife to address that question to the Ministry of the Attorney General at the appropriate time—for the costs on any court actions.

With regard to your question, MPP Hazell, on the approximate costs—I'll pass it to the ADM, as well: It's in the order of a little over $600 million. Of course, it is providing relief. As you know, many people are hurting. One government is increasing, through the carbon tax, and our government is making it more affordable.

MPP Andrea Hazell: Well, that's what I want to stick on—because I looked at the budget, and maybe I missed it, because I looked at it again. I want to stick on the families and affordability.

Not everyone drives a car in Ontario. So for the other working families in Ontario, what part of this budget is helping them with the skyrocketing rent, inflation of food? You see the skyrocketing of families going to the food bank. So what part of the budget—except that you're not tied to an automobile?

Hon. Peter Bethlenfalvy: Thank you for that question.

I'll start off with an integrated one fare in the GTA, which is allowing commuters, for example, in Durham to take the Durham transit to the GO train, perhaps in Ajax, and then take the train down to Toronto and Union station, get on the TTC, all for one fare. The daily rider is estimated to save $1,600 per year. And, of course, that's broadly through the whole GTA. So that's one example.

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Another example would be that we're indexing and expanding the amount that low-income seniors can benefit through the Guaranteed Annual Income System. What does that mean? It means that, for the first time ever, of any government, payments are going to be indexed to inflation, starting on July 1. Plus, we have extended the amount, the number of people who can qualify for those benefits by up to 100,000 additional people.

Point number two, Ontario disability support payments: Not only did we increase that by 5%, one time, but last year's increase, indexed to inflation—which is the first time any government has indexed to inflation—was equal to 6.5%, so in one year, almost a 12% increase in ODSP payments. And again, they are indexed to inflation, so again on July 1, another increase. No government has done that. We've also increased the earning exemption for people on ODSP so they can earn more money, from $200 a month to $1,000, paying no additional taxes and no compromise on their services.

We increased the minimum wage, which is now the second-highest in the land, and along with the low individual family tax credit, means that Ontario workers, low-income workers pay, if not the lowest taxes, the

lowest amount of taxes in all of Canada, up to $50,000 of income.

So there's a host of measures that we have implemented, not just the cost of gas but in transit, for the most vulnerable and for those workers who are working to build our economy.

MPP Andrea Hazell: Where was this going, with the $600 million you said is going to be added to the budget for the extension of the six months? Could some of that money—and I know it's not a lot—have gone to the universities that need—

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

MPP Andrea Hazell: It's down $2.5 billion.

Hon. Peter Bethlenfalvy: We announced a $1.3-billion fund to help the colleges and universities over the next three years. We fundamentally believe that putting money back into the people's pockets is the right thing to do when many people are struggling to pay for rent, for groceries, for mortgage costs, for filling up their car, their tank. Because, as you know, many people can't access transit across this great province. They have to drive to get their kids to school, to get to work, to get to the hockey rink.

To me, it's really stark how one government in Ottawa is increasing people's costs, taking money out of their pockets, and another government has taken a different path, putting money into people's pockets.

MPP Andrea Hazell: So what we understood from the universities is that you have not costed for inflation, just like how you're costing for inflation and high interest rates with your budget.

Hon. Peter Bethlenfalvy: Our costs are—

MPP Andrea Hazell: Thank you.

Hon. Peter Bethlenfalvy: Okay.

The Chair (Mr. Ernie Hardeman): That concludes the time. MPP Crawford.

Mr. Stephen Crawford: Good morning, Chair, and good morning to committee members and to the minister for being here today. We appreciate you being before the finance committee.

I know you were just touching on the federal budget, which came out a week or so ago. It's a bit of a tale of two cities between Ontario and the federal government. Federal government: large budgets, tax increases, as per usual—carbon tax increase, capital gains taxes, taxing workers, taxing everybody through the increased carbon tax—and perpetual deficits. I think there's no path to balance whatsoever.

On the provincial budget that came out a few weeks earlier here, that you brought to the floor of the Legislature, there's a path to balance. And you have been able to do that without any tax increases. There have been zero tax increases since our government was formed in 2018. In fact, there have been tax cuts: tax cuts to business, tax cuts to small businesses, tax cuts for consumers and people that are filling up their cars.

My question to you is, how are you, as the Minister of Finance, able to increase the budget to $215 billion, and yet we have actually had tax cuts here, making life more affordable for the people of Ontario?

Hon. Peter Bethlenfalvy: Thank you for that question. Your grasp of the facts is always impressive, so thank you.

We fundamentally believe that a putting money back into people's pockets, businesses, others, is stimulative for the economy. And we're a government that supports economic prosperity, the conditions to create jobs, to create bigger paycheques, to create sustainability of those jobs, to expand the economic activity in this great province. And I've never seen where a government can tax their way to prosperity. I just don't understand how you can tax your way to prosperity.

Now government is also about making choices and priorities. Our budget has clearly outlined a path where those priorities are, and they are, given the population growth, to build the critical infrastructure necessary to accommodate that population growth which is productive for our economy—but we have to have that infrastructure in place. Because for too many years—15 years of neglect by the previous government means that we didn't build long-term-care homes. We didn't build hospitals. We didn't build roads. We didn't build subways. We didn't build the necessary infrastructure to accommodate the increased population growth which is good for our economy.

I'm the son of two Hungarian refugees. You've heard me say that many times. That's the experience of many people. They want to come to this great province and this great country. But we have to have the critical infrastructure. So we've chosen the infrastructure lane.

Secondly, we've chosen to rebuild the economy—given the high costs, people are hurting—to focus on affordability, to focus on housing, build more houses. We're focusing on investments into advanced manufacturing so we can bring those good jobs into Canada. Volkswagen: a 16-million-square-foot battery manufacturing plant, 1.6 kilometres long, one kilometre wide. I still can't get my head around 16 million square feet; 30,000 new direct and indirect jobs. Think about that for the economy, but again, we have to have the critical infrastructure.

And then, keeping costs down. I mentioned the gas tax cut. You can't have a more clear contrast: one government is taking money out of people's pockets, not changing behaviour or emissions; and the other government has a plan to get to net zero while not taking money out of people's pockets, through a gas tax cut and investment in a green, clean economy.

Now, your question, MPP Crawford, also touched on the fiscal balance. We believe that you can walk and chew at the same time: You can focus on economic prosperity while being responsible. I would highlight that the government of Canada, the province of BC, the province of Quebec do not have a path to balance. Of the majors, we are the only government that has a path to balance.

I would also highlight that our interest expense-to-revenue is the lowest measure since the 1980s. So that means we're giving less money to bondholders and more

money to the people of Ontario. Our spreads are lower. We're now the lowest borrowing cost in Canada of any province. That hasn't happened in over a decade. So our borrowing costs are going down because of our financial prudence and because of our investment in economic prosperity.

Don't listen to me on that; listen to the billions and billions of market investors who are choosing to invest in Ontario bonds. In fact, I was just down in New York last week talking about Ontario. And the attitude is Ontario is off-the-charts positive. In fact, some of them said, "I was just in Frankfurt, and I saw advertising for Ontario."

People, you have to understand that we've chosen a path for economic prosperity and fiscal responsibility that will allow for us to continue to invest in world-class health care, world-class education and support for the most vulnerable.

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

Mr. Deepak Anand: Thank you, Chair and Minister. It clearly shows what leadership is about. That's the leadership of Premier Ford. That's your leadership. And I'm sure not only the members from the other side but some other people think the same thing: How is it even possible? You reduced the cost, you reduced the taxes, and then, you're making historic investments. I think you explained it so well. It is the leadership that matters, and we've seen the leadership. So I just want to say thank you.

I want to take it away from the numbers and I want to talk about combatting crime. I'm proud to see that the government is acknowledging the disturbing rise in crime we're watching unfold across our communities. In my own community of Mississauga–Malton, my constituents have come to me countless times to share their concerns about the safety of their neighbours, their families and their fellow Ontarians. So saying that safety is paramount, I think all the members of this House can agree on—

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

Mr. Deepak Anand: There's something I hope my friends on the other side—NDP and Liberal colleagues—will consider while deciding whether to vote for our government's budget or not. Minister, very simply put, what is our government's 2024 budget doing to keep our streets safe and protect our communities?

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Hon. Peter Bethlenfalvy: MPP Anand, thank you very much for that question. I'll just highlight, in the short time I have, three things that pop to mind. Our investment is providing the tools to our front-line workers—our police officers, our enforcement officers, our specialists in guns and gangs—providing more funding for them. More funding for auto theft on a more coordinated basis; funding for more helicopters, four new helicopters, to combat auto theft, to combat violent crimes. But again, we have to work with others to get the job done, including the federal government. On bail reform: We can't have criminals out on the streets after they have committed serious crimes to be able to be repeat offenders. We have to work with the federal government—

The Chair (Mr. Ernie Hardeman): Thank you. We'll have to do the rest in the next round.

We'll now go to MPP Fife.

Ms. Catherine Fife: It's actually connected to this tough-on-crime question that my colleague has said. In the budget, you reference infrastructure investments. You've rebranded the infrastructure bank to be the Building Ontario Fund and yet—investing in infrastructure is one thing, but not having it be operationalized is another. In Ontario, we have a billion-dollar courthouse—this is a headline: "Billion Dollar Courthouse Is a Monument to the Ford Government's Failure to Plan."

"In Ontario, Justice Is Chronically Delayed and Denied and Too Often Abandoned."

"Criminal Cases in Ontario on Verge of Collapse Owing to Courthouse Chaos."

"Report on Backlog at Landlord and Tenant Board Says Ontario Government Seems Willing to Let Situation 'Fester.'"

"Double-Booked Courtroom, Crown Delays Lead to Ontario Sex Assault Case Being Thrown Out."

Finance Minister, you can build a courthouse, but if you don't have the people to run it—and this is actually what Ontario Court Justice Peter Fraser said: "Staff shortages have wreaked havoc on the orderly conduct of business in the Ontario Court of Justice in Toronto. On its face, this record represents a startling failure by the state to fulfill its basic responsibility to staff the courts."

So, you have this strategy around infrastructure development. But where is the strategy in Bill 180 to ensure that the courts are staffed? Because there's no dedicated funding to hire and retain court staff, and there was no discussion of reducing backlogs before Ontario's justice system.

Hon. Peter Bethlenfalvy: I'll address that. A lot of these questions, of course, the Attorney General can answer more specifically than I can, but let me just—

Ms. Catherine Fife: Well, it comes down to resource allocation, with respect. It's not just the minister's job; the funding needs to be there to staff the strategy. Don't you agree with that?

Hon. Peter Bethlenfalvy: We are putting a lot of resources through the Ministry of the Attorney General to fund resources for things like the Landlord and Tenant Board. In fact, the metrics are improving every single day as a result of the significant resources that we have put forward. We continue to put resources behind the court system. We continue to put more money, as highlighted in the budget, for gender-based violence, for anti-human-trafficking and for violence against women. That's been a feature for years, and we continue to fund those things, so they're all contained in the budget.

And may I remind you as well that we have a $190-billion, 10-year capital plan to make sure that we build the things that are necessary to sustain our population and the growth in that population so that we can have economic prosperity which pays for all of these things.

Ms. Catherine Fife: Thank you.

I'm going to pass it on to my colleague.

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

Mr. Terence Kernaghan: Thank you, Minister Bethlenfalvy and ADM Doherty, for appearing at the committee today.

Across the province, this committee heard about students struggling to access mental health supports. No one talked about accessing mental health supports within their school. Data shows that 28,000 children and youth waited as long as two and a half years to access mental health treatment. The committee heard about these incredibly long wait times for community mental health supports. Why is there no new money for increased student mental health supports within budget 2024?

Hon. Peter Bethlenfalvy: Well, there is. There's money through Minister Lecce, from the K to 12. There's money there—

Mr. Terence Kernaghan: Is it particularly earmarked for mental health supports?

Hon. Peter Bethlenfalvy: Yes, mental health supports—and that has been a hallmark, particularly through the pandemic and post-pandemic. There's also more money for mental health and addictions, writ large. We increased it. I'll defer to the ADM for the specific amount. It's about a $326-million increase on top of the commitment that we've made, the historic 10-year commitment for $3.8 billion, which is now at a run rate of $525 million a year. So, we're investing significant dollars in mental health and addiction—

Mr. Terence Kernaghan: Minister, I'd like to reclaim my time.

Specifically, Minister, I did want to point out that within budget 2024, student mental health appears zero times. Additionally, school violence appears in budget 2024 zero times. In my community of London and across the province, student dysregulation and school violence is at an all-time high. Most of this happens within the classroom. We see within budget 2024 the province investing in hallway security cameras and vape detectors while ignoring school violence and mental health supports for students.

My question: How will hallway security cameras stop the violence that is happening in classrooms?

Hon. Peter Bethlenfalvy: We are doing a lot to combat violence in schools across the province. I would just correct my earlier comment: The funding for mental health and addiction increase over the next three years is $396 million—just to correct that—versus the $326 million that I had speculated.

We continue to fund—and I know the ministers in charge of each area have committed, and continue, to combat violence for our youth in our schools, in the north, First Nations and our public at large. That commitment, both in terms of physical equipment, as you mentioned, plus the resources necessary to combat that violence, is something that we take extremely seriously. It's something that we continue to fund, and it's one that we won't relent on.

Mr. Terence Kernaghan: Well, specifically, Minister, I do think it's important that in order to deal with a problem, you need to address the problem, and part of addressing that problem is making sure it is included specifically within the budget, because, as I've stated, school violence appears zero times within the budget and student mental health appears zero times within your budget document.

I also wanted to specifically ask, why is the budget, in particular, in terms of education funding, inflated by including federal money that's allocated for child care? Is that not misleading to the public?

Hon. Peter Bethlenfalvy: No, it's not, and, Chair, I think that reference is completely inappropriate. Let me explain that the federal money that we get is shown in the revenue line and the expenditures against that are shown in the expenditure line.

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

Hon. Peter Bethlenfalvy: Let me highlight to the member that we could have just blindly accepted funding from the federal government, but we didn't. And why didn't we? We, of course, support child care—

Mr. Terence Kernaghan: I'm going to reclaim my time. I'm sorry, Minister. Time is running out and I did want to get into the question—

Hon. Peter Bethlenfalvy: Well, I'd like to answer your questions, but, of course, if you don't, then go ahead.

Mr. Terence Kernaghan: The ALS Society of Canada made a request for $6.6 million so people fighting this horrible disease of ALS can spend as much precious time with their family and loved ones in their own home. As it stands, I saw no mention of this within Bill 180 or the budget. Will the government be helping people and families who are battling this disease, or will they be ignored once again?

Hon. Peter Bethlenfalvy: We're always helping families. We're very sensitive to all forms of need from families and we take that very seriously. You see that within the budget—

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

We'll now go to MPP Hazell.

MPP Andrea Hazell: Minister, I want to go back to the universities and colleges.

Interjection.

MPP Andrea Hazell: Yes. I want to go back to universities and colleges because the blue-ribbon panel's recommendations were crystal clear on their funding criteria. They stated that the universities and colleges needed an additional $2.5 billion to remain financially stable. We've heard presentations from universities about pressures to their budget, to their fiscal year, for 2024.

And so, how did you come up with the funding criteria for the universities and colleges? How do you make that decision when you're still short because inflation has impacted that funding model and the number that you have invested for them?

Hon. Peter Bethlenfalvy: Well, the first thing I think we have to recognize is that we froze tuition and continue to freeze tuition to make it more affordable for people to

actually go to colleges and universities. We're in an affordability crisis, so we're not going to waver from that.

Secondly, we announced the $1.3 billion specifically to address those shortfalls that were caused by, primarily, the cap that the federal government put in place. So we've actually put funding for the next three years to support colleges and universities.

Thirdly, those reduced caps have been allocated to the colleges and universities, and, I think, successfully matching against the needs of employers so that we graduate the type of students that we need for our economy.

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And fourthly, I would say that the federal government, in the middle of the night, imposed these reduced caps without any consultation with provincial governments right across the land. We will continue to work with the federal government over these two-year imposed caps to make sure that we continue to have the best and brightest from around the world come to Ontario and try to get a world-class education that they've been providing for decades.

MPP Andrea Hazell: I understand what you're saying, and I get it, where you freeze the school fees for three years—is it three years?

Hon. Peter Bethlenfalvy: The freeze is in place, I think for—I'll have the ADM check.

MPP Andrea Hazell: You can understand that really impacted the revenue for the universities and colleges.

Hon. Peter Bethlenfalvy: With respect, we're focused on making sure the students can afford to get that education. We're not going to relent from helping students and families afford a world-class education. That's our primary goal.

As I said, we have a stability fund to support the institutions as they navigate the reduced caps on international students, which were imposed in the middle of the night on Ontario colleges and universities. We've been working collaboratively with colleges and universities, on the one hand, who have joined us to work with the federal government to navigate the system. As you know, the federal government is responsible for those numbers, not the provincial government.

Interjections.

Hon. Peter Bethlenfalvy: Three years? At least three years for the tuition freeze.

MPP Andrea Hazell: It's three years? Okay. Again, I'm going to say those three years really impacted the colleges' and universities' revenue—

Hon. Peter Bethlenfalvy: Enhanced the stability fund at $1.3 billion.

MPP Andrea Hazell: I understand that you're supporting the families. We all love that. We get it. I have my kids as well. That's okay. But in the meantime, the education is our future, these kids are our future, and when universities are suffering and feeling the budget and feeling the pressure, they've got to cut programs.

I'm just going to leave it there.

Hon. Peter Bethlenfalvy: Do I have time to respond?

The Chair (Mr. Ernie Hardeman): You have just one minute left.

Hon. Peter Bethlenfalvy: Okay, so I'll respond to that. Again, I'm glad that you support our tuition freeze, because making it more affordable for many people right across Ontario to be able to afford tuition—we used to have the highest tuition in Canada. We've been able to lower that cost so more people can get quality education. We're working with the colleges and universities. Clearly, we've put our money where our mouth is: the $1.3 billion, the biggest support program, as far as I know, in the history of the province to support our colleges and universities as we navigate this environment through a federally imposed reduction in the cap on international students.

I think we continue to advocate that this should not be on the backs of international students. We want to welcome them to this province and this country. We need them as we grow. We've talked about our heritage. We've come from other places. Many, other than Indigenous, came from somewhere else. We want to make sure that we continue to support people from around the world who want to come to this great province.

MPP Andrea Hazell: I just hope we can give to the universities and students more funding. They're experiencing budget pressure.

Hon. Peter Bethlenfalvy: Well, the students are getting better—they're getting funding.

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

Mr. Mike Harris: Thank you, Minister, for being here. It's good to see you this morning. In your opening remarks, you touched a little bit on the film and movie industry. I wanted to talk a little bit more about that, because I've seen first-hand in places, especially in northern Ontario, with some of the tax credits and different things, what that's actually done to really help revitalize, we'll say, economic opportunity in cities, towns that have really been hurt over the last little while with the downturn in manufacturing and forestry, which was decimated by the Liberal government, unfortunately, prior to us introducing our new forestry strategies and critical mineral strategy that's really helped revitalize the north. I've seen first-hand in cities like North Bay, where I'm from, how the film industry—it seems like almost every Hallmark movie is filmed in and around North Bay now, and there's actually a full set of a late-1800s or early-1900s town that's just south of North Bay in a small town called Powassan, Ontario.

I wondered if you could talk a little bit more about how this budget will reflect those incentives and what it means to small rural communities across the province.

Hon. Peter Bethlenfalvy: Thank you for the question, MPP Harris. It's funny; my mother's favourite channel was Hallmark, so I watched many Hallmark movies with my mother.

What that really underscores is how prosperity has to be for the whole province. It's not one region or another, it's the whole province, and for too long, the north didn't get the benefit of the attention of previous governments.

It's not just in the film and television industry—and what a great story about North Bay and beyond in the film and TV. But it goes beyond that, to opening up the Ring of Fire, the Far North. We have the critical minerals. Other places in the world are finding ways to mine those minerals, in China and other places, but they're right here in northern Ontario, and bringing that prosperity in northern Ontario, led by the First Nations, in terms of the environmental assessment, in terms of working on the infrastructure so the mining sector can actually access the minerals, working with George Pirie, the Minister of Mines, to make sure that the process—that it doesn't take 20 years to get a permit, that you'd be getting a permit in time, bringing up that prosperity.

And of course, that connects to southwest Ontario, where we have five major auto manufacturers rebuilding their plants here in Ontario, bringing great jobs and paycheques and our skills in advanced manufacturing and levering off of our great colleges and universities and private sector and public sector unions to be able to come together and have a sustainable long-term path for advanced manufacturing.

Of course, we highlighted Volkswagen coming to Ontario, which will take those critical minerals from the north and the processing to put into the battery manufacturing near London, Ontario, in St. Thomas, and then, of course to the assembly.

So this is not just in North Bay or in northern Ontario. You've highlighted that this is really a plan for all of Ontario. It's a plan that will bring everybody up on economic prosperity while not putting an unfair burden of costs and taxes on the people of Ontario.

Mr. Mike Harris: Thank you, sir.

The Chair (Mr. Ernie Hardeman): MPP Hogarth

Ms. Christine Hogarth: Thank you, Minister, for being here today. I want to talk a little bit about my riding of Etobicoke–Lakeshore. So, I took over after 13 years of Liberals before me who allowed massive developments without infrastructure. We have Humber Bay Shores, which was lacking transit. Thanks to the leadership of our government, we have approved a Park Lawn GO station. We have increased our numbers of trains that are coming along the Lakeshore line. We are building four schools, two that we're going to open in September, which is fascinating. It's amazing. And just two weeks ago, we were at the Queensway Health Centre, where we are putting in 650 new beds. So it's quite an accomplishment. Plus, if you're not in the community but you use the hospital to the east, which is St. Joe's, we've also put in billions of dollars in investments there. So we have really invested, since our government has taken leadership of this province, in communities that were left behind, allowed to grow but the infrastructure wasn't invested in.

I don't want to seem ungrateful for the great things our government is doing, but I do hear some concerns about our deficit and balancing our budget, because we do need to be fiscally responsible. So, with thanks for the investments in my community, for the members of my community, I'm just wondering if you can share what your plans are for balancing the budget.

Hon. Peter Bethlenfalvy: Yes, thank you for that. Of course, as I mentioned at the outset, no major province and certainly not the federal government has a path to balance. We're the only one. We're on credit rating positive watch with Moody's, S&P and DBRS. We have the lowest interest expense to revenue through prudent capital management on our funding. And we are meeting our fiscal targets, with the exception of the debt to revenue. We're staying with that target; we're going to be beat it. No government has beat that target since 2010, and we remain committed to beating it.

We have two choices with the softer revenues: Do we cut spending or increase taxes to balance the budget one year earlier? That's not the path that we've taken. We've chosen not to increase taxes and fees and tolls—just the opposite. While opposition parties want to increase taxes, increase fees, increase tolls, increase costs on the people of Ontario, we've gone the other way by reducing fees, reducing tolls, reducing taxes and putting it in the pockets of the people who are going to create the jobs, putting it in the pockets of the people who have to pay the cost of increased gas and rent and mortgages. So we've gone a different path.

The other thing is, do we stop the investment in infrastructure so that we can help the path to balance, or do we keep building that infrastructure?

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

Hon. Peter Bethlenfalvy: We've chosen to keep building. Those deficits will pass, but these infrastructures in your community—schools, hospitals, roads, transit—are going to be around for a hundred years.

So it's the unwise thing to think short-term and not continuing to invest, because you just defer the inevitable, which is what the previous Liberal and NDP government did. They deferred the inevitable for 15 years; hence, we're the government that's fixing it.

Ms. Christine Hogarth: Thank you.

The Chair (Mr. Ernie Hardeman): Thank you. That concludes the time for this presentation and concludes the time that was allotted for the presentation from the ministry. We want to thank the minister for coming here this morning to share your insight on the budget with us.

With that, the committee stands recessed until 1 o'clock.

The committee recessed from 1002 to 1302.

The Chair (Mr. Ernie Hardeman): Good afternoon, everyone, and welcome back. We're here to continue public hearings on Bill 180. Please wait until I recognize you before starting to speak. As always, all comments should be made through the Chair.

The Clerk of the Committee has distributed committee documents including written submissions via SharePoint.

As a reminder—and this is for everyone—each presenter will have seven minutes for their presentation. After we've heard from all three presenters, the remaining 39 minutes of the time slot will be for questions from the members of the committee. This time for the questions will be divided into two rounds of seven and a half minutes

for the government members, two rounds of seven and a half minutes for the official opposition members and two rounds of four and a half minutes for the independent members as a group.

I do want to add, on the presenters, you will have seven minutes to make the presentation. At six minutes, I will say, "One minute." Don't stop—we're waiting for the punchline—because at seven minutes I'm going to say, "Thank you," and not another word will be heard.

MS. NINA DEEB

ONTARIO SECONDARY SCHOOL TEACHERS' FEDERATION

ONTARIO ENGLISH CATHOLIC TEACHERS' ASSOCIATION

The Chair (Mr. Ernie Hardeman): With that, as I said, we will start with the three presenters we have in the first group. We have Nina Deeb, Ontario Secondary School Teachers' Federation and the Ontario English Catholic Teachers' Association.

Nina, you will be the first presenter, and your seven minutes start right now.

Ms. Nina Deeb: Good afternoon, Chair and committee members. Thank you for having me here this afternoon. My name is Nina Deeb. I've been a full-time real estate broker—today is actually my work anniversary—28 years.

This budget was introduced as an infrastructure budget. Infrastructure has a budget of $1.8 billion, and housing has a budget of $1.2 billion, which is an increase.

Page 93: Long-term-care-home building. The construction funding subsidy formula resembles a mortgage, $35 a day for 25 years. This is an additional subsidy of $311,500 per bed. This is $3.2 billion. This is massively increasing our debt and our interest on the debt, which has climbed to $14 billion. The formula milks our treasury the day the first resident moves in. This brings the long-term-care financialization to $3 million per long-term-care bed for 25 years.

I recognize Brookfield private equity. The long-term-care minister is under the Brookfield suite of corporations. Brookfield is one of the largest private equity corporations in the world with over $900 billion under management. Brookfield is in the infrastructure business. Under the Brookfield umbrella of corporations is a publicly traded real estate brokerage.

Royal Trust, which is finance, and LePage, which is the developer that built a house in one day, ventured into the real estate brokerage industry in 1984. This private equity corporation was named Royal LePage. Franchises were sold coast to coast to other brokerage brands and independent brokerages.

BlackRock ventured into Canada in 1995 with the identical business plan. Franchises were sold coast to coast to other brokerage brands and independent brokerages as Prudential Financial real estate franchises.

Brookfield acquired BlackRock's Canadian real estate collection in 2012. Prudential signs changed to Royal LePage coast to coast. The brand of blue was converted to the brand of red. There are approximately 8,000 Royal LePage agents out of 100,000 in Ontario. Brookfield dominates every board room of organized real estate. My board is currently five out of 10; 50% of my board are Brookfield agents.

Brookfield agents are legitimizing these tax-exempt associations and the delegated authorities. Most alarming is the panel appointments. They are installed as judges on per-diem commission. Brookfield is in the business of infrastructure building and long-term-care building.

Long-term-care beds and student beds are just beds. Beds are furniture. A bed is a chattel. When we sell homes, the beds are not included. If a home has four beds, that does not make it a fourplex.

In-law suites that are suddenly legal, long-term-care beds and student beds must be removed from the homes-built numbers on page 133. There were 89,297 housing starts in 2023. That is not negotiable. I find that I object to this new formulation. It is inappropriate to include chattels as homes built.

An entity that is publicly funded must never be permitted to be publicly traded. This a formula that socializes the expenses and privatizes the profits.

Revenue: ONCA must be repealed. In the skin of not-for-profits, private equity has been awarded coercive monopolies. This group is running multiple wealth transfers under the guise of consumer protection agencies.

These private actors are sitting in positions as the regulators. Two of the delegated authorities had the same Brookfield chair of their board. The Brookfield brand has dominated the boardroom of the Real Estate Council of Ontario. There were three delegated authority registrars on RECO's executive board simultaneously: There was the former TSSA registrar, the former ESA registrar and the RECO registrar. Analysis of the decisions published reflect that Brookfield agents are appointed as judges of the industry 4 to 1. The delegated authorities are run by the same small group. None of these corporations pay taxes.

Private equity is defunding Canada, Ontario, the municipalities and individuals. It stands in place of the experts of the sector they take over. Private equity is chewing up government and spitting it out like a piece of gum. This is costing us $250 billion. The people of Ontario are paying a fee for this and a fee for that. These policing corporations venture into vulture arbitration seeking profits. Privatization is not about keeping the lights on; it is seeking fees, fines and AMPs. These entities contribute nothing to our country; they are extractors.

The delegated authorities are breaking the law with impunity. These corporations must be removed from our economy the same way they were installed. Those we elected in the 1990s installed forever corporations that we did not elect. These corporations have collected billions of dollars and they have no product. We will not miss the nothing that they produce. They have access to our treasury to fund their own operations. They spend the compensation fund intended to assist consumers. They charge for inspections that do not occur. They refuse shareholder and

public participation at their annual meetings. I've been trying to break into these meetings; they won't let me in.

The housing shortage we are experiencing is what Ontario has budgeted for. When housing is planned but not budgeted, it will not be built. This is a plan without money. It's not a serious housing plan; it's a dream. Housing is a physical, not mystical, item that requires funding.

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

Ms. Nina Deeb: Thirty billion dollars of first-level provincial taxes were collected on housing. The province uses this housing taxation to build highways and long-term-care beds.

The request of $60 billion to be transferred to municipalities to meet their housing shortages was made at every level of the budget process. A bold housing plan requires funding. Cheques must be written for this to occur. There was $357 million of federal funding left on the table due to Ontario's fourplex phobia. This is federal funding Available and there is more that was recently added to the federal budget. We must receive $56 billion of this federal funding that's earmarked for housing.

Page 81: I object to the removal of provincial HST from purpose-built rentals unless this is deeply affordable housing.

And on page 129: Housing starts are down. While Ontario's population increased by 1.7 million residents, housing starts were declining. Complements to the advancement—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. Hopefully the rest will come out in the questions and answers.

With that, our next presenter will be the Ontario Secondary School Teachers' Federation and we ask—I forgot to mention it earlier—to start the presentations with your names to make sure we get the right comments to the right person.

So, we will hear from the Ontario Secondary School Teachers' Federation.

Ms. Karen Littlewood: Honourable members of the committee, my name is Karen Littlewood. I want to thank you for granting me the opportunity to present to you today.

I am proud to be here as the president of the Ontario Secondary School Teachers' Federation, representing more than 60,000 front-line education workers, including educational assistants, psychologists, office staff, custodians, university support staff, public high school teachers and occasional teachers. They support Ontario's students in classrooms every day and on post-secondary campuses across the province.

I, myself, am a teacher. I started my career in 1991—not my anniversary, but it's been a while. And unfortunately, Ontario's public education system is not what it used to be. Our province has been world-renowned for decades as having one of the best public education systems in the world. But instead of prioritizing investments in public education, this government has doubled down on underfunding schools and campuses, especially since taking office in 2018.

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Governing is about making tough decisions. What's best for some might not be best for others. The thing is, public education benefits everyone—every single person in Ontario, their families and their communities. Public education is supposed to be the great equalizer, which is why I continue to be baffled by the Ford government's choice to shortchange the public education system. Ontario is in the midst of the most severe staffing crisis in public education, an historic shortchanging, a crisis largely fuelled by the province's deliberate and continued underfunding.

And before you say this is the highest funding ever, I want to dispel any myths about education funding. Any increase that does not keep up with inflation is, in fact, a cut. We know that from 2018 until last year's budget, the Ford government has cut $1,200 in funding per pupil. I don't even want to think how high that number will be when we have the final calculations as we head into the 2024-25 school year.

The thing is, we know these cuts are intensifying the staffing crisis, as is the Ford government's refusal to invest in fair wages for teachers and, especially, education workers. Just this year, principals across Ontario were surveyed for the not-for-profit People for Education, and they identified staffing as their number one concern. A majority also said that relatively low wages are the main driver of this crisis because, in fact, the staffing crisis is not due to shortages. We have more than enough people in this vast province of ours to fill the positions. There are more than 46,000 qualified individuals with teaching certificates that have chosen to leave the profession or to teach outside of Ontario. Sadly, some graduates from the faculties of education never even go into teaching, having personally seen the effects of the government's underfunding and shortchanging in their practice teaching placements. It's such a loss. This departure is true for education workers as well; they can find far better pay and working conditions with far less chance of violence in the private sector.

I want to give you some concrete examples. The York Region District School Board routinely finds itself short-staffed with regard to psychologists, social workers and speech and language pathologists—the very people who help our most vulnerable students—leading to longer wait times or, in many cases, no service at all. Parents who can pay out of pocket for services that should be offered in schools, and parents who can't pay, their kids go without. It sounds like another form of privatization to me, haves and have-nots, and a further example of students being left behind.

The Bluewater board in the Owen Sound area had an IT, or information technology, position that had been vacant for three years and was only just filled last month. One of the main reasons that they gave for that is that the pay in the school board is significantly less than similar positions in the private sector.

There are significant funding issues at the post-secondary level as well. Ontario ranks last among Canadian prov-

inces in terms of public funding per university student—dead last. It's nothing to be proud of. Despite the minister of colleges, training and universities bragging about a billion-dollar investment, that money is far below what is needed, and the government has totally ignored the recommendations of its own blue-ribbon panel.

The government is always saying they want to invest in good, high-paying jobs for the future. I want that too. But you can't simply press a button and have an excess of talented professionals waiting to fill those high-paying jobs. You need to invest in today's students so they're ready for tomorrow.

I happen to believe that Ontario's students deserve the best, which means we need to recruit and retain the best. So, again, it brings me back to choices. The government chooses to shortchange public education, chooses to ignore the staffing crisis and chooses to abandon the students of Ontario. Qualified professionals leave public education, causing staffing issues, reduced supports for students and increased demands on education workers and teachers. Learning conditions worsen and, unfortunately, violence is all the more likely to occur. What was once an issue turns into a full-blown province-wide crisis. That's where we are right now. This was all entirely preventable. We know what the solutions are for this crisis. I have presented to this committee numerous times, as have my colleagues. And just this winter, OSSTF/FEESO presented—

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

Ms. Karen Littlewood: You always make me jump when you do that—38 recommendations to this committee that would address the staffing crisis and improve public education for all students in Ontario. But I don't see a single one of the recommendations addressed in the budget. Every one of our recommendations was affordable and doable with Ontario's current resources, and the crisis has actually intensified since we made that submission.

So I'm here today to say it doesn't need to be this way. We can work together to not only overcome the crisis but regain the world-renowned standing of Ontario's public education system. Our students deserve better. Ontario deserves better.

So thank you for listening and providing me with the opportunity to speak to you. I look forward to your comments and questions.

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

We now will hear from the Ontario English Catholic Teachers Association.

Mr. René Jansen in de Wal: René Jansen in de Wal, the Ontario English Catholic Teachers' Association. Thank you for allowing me to speak with you today.

I'm representing the 45,000 professionals who teach kindergarten to grade 12 in our publicly funded Catholic schools in Ontario. The past several years have been incredibly challenging for the students and families across the province of Ontario that we serve, challenges that are being exacerbated by the government's continued refusal to recognize or address many of those critical issues facing our schools.

Catholic teachers love to teach, and we want nothing more than to do our job that we love in a safe and productive learning environment. But to be at our best, we need a government that respects teachers and education workers and one that makes the necessary investments in the resources and supports that students and teachers need in order for them to learn, grow and thrive.

Ontario faces a growing teacher recruitment and retention crisis, increased violence in schools and a severe underfunding of the critical resources and supports that students need to succeed. But none of these issues are being treated as a priority by this government. This government refuses to meet with and listen to teachers. And workers know that good management respects, listens to and involves workers' voices. Instead of working together to best support students, families and teachers, focusing on Ontario's real priorities, the government has been spending time focusing on things like building a billion-dollar parking garage for a luxury spa, retrofitting staples for American-owned businesses so they can monetize sole-source service contracts.

Lack of consultation and effective planning has left this government flip-flopping and backpedalling, and bad decision after bad decision, from the greenbelt fiasco to the UP Express, the use of the "notwithstanding" clause—the list goes on and on.

This government has lurched from disastrous policy to disastrous policy because of stubborn refusal to consult meaningfully with the workers in Ontario. Unfortunately, this proposed budget reflects policy will continue to waste our time and public dollars. Not once in the main body of this budget that is purported to build a better Ontario does this government even mention teachers. Let me be direct: A government that ignores the teachers and continues to erode the world-class publicly funded education system, which they inherited six years ago, is not showing a serious commitment to the students, their future and what they need to succeed. A government that thinks a solution to the critical and complex issues of school violence is to install a camera is not one that understands schools or is seriously committed to the safe and healthy school communities we need.

The proposed budget demonstrates the disdain for the publicly funded services, like education and health care, and it seems like evidence of the government's plan to starve public services as it pursues disastrous US-style privatization models. When factoring for inflation, excluding funding for tax credits or boutique initiatives unrelated to the classroom, core per-pupil funding for elementary and secondary teachers has been cut every year since this government took office. This year, publicly funded schools in Ontario received $1,357 less per student than they would if the government had maintained funding at the 2018 rates. Multiplied across the system, that is $2.7 billion in inflationary cuts. The government's proposed budget continues to make cuts that hurt kids.

Ontario's front-line teachers and education workers have shown time and again that they know what the students need to succeed. This government should try actually

listening and working meaningfully with education workers and teachers, as our schools work best when the government listens to and respects the educators, their experience and our expertise.

The members of the 45,000 teachers across Canada are calling on the government to:

—invest in a real plan;

—offer real solutions to address the growing teacher recruitment and retention crisis;

—lower class size averages so we get more time dedicated to the one-on-one attention students so desperately need;

—significantly enhance mental health services in schools and expand school-based programs and services;

—ensure the funding necessary to provide extra math and literacy supports for students and to address the growing epidemic of violence;

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—prioritize students with special needs and stop underfunding school boards which have cut the critical programs they need;

—reinstate the funding for children with autism, especially those who require intensive needs-based interventions;

—cease the expansion of online learning, which fails the overwhelming majority of our students; and

—seek implementation through consultation and respect, as teachers in a collaborative partnership.

Let the teachers do the job they love to best support students in the class with their well-being and academic support. Catholic teachers, as always, stand ready to lend considerable experience and expertise to ensure the Ontario publicly funded education system remains world class.

Teachers are concerned that the research from the Canadian Centre for Policy Alternatives shows this government is taking Ontario backwards as per capita funding on public services and infrastructure, from schools to health care to colleges—the public services that are essential to Ontarians' lives—is dead last in the provinces across Canada.

This government's real impact seems to be to spend more to do less—less to support Ontarians, with more spending of public dollars that seems to enrich billionaire friends or seems to serve corporate greed. The 2024 budget is an opportunity for this government to place profits behind the people, and to put people ahead of profit; to abandon reckless cuts to critical public services like education and health care and do what our students desperately need: to make real investments in Ontario's publicly funded education system.

I thank you for your time, and I would be happy to take questions.

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

We now start the first round of questioning with the official opposition. MPP Fife.

Ms. Catherine Fife: Thanks to all presenters. It feels a little like déjà vu, I just want to say, a little bit, and I'm sorry about that.

This morning, I asked the finance minister direct questions about the impact of Bill 124, and I feel like your presentations are very much connected to that piece of legislation. On February 23, the government had to repeal the legislation through an order in council because, as you know, it was deemed unconstitutional. Ironically, the government at that time said that repealing it would "solve the inequality of workers created by the recent court decision"—a court decision upholding collective bargaining rights.

I wanted to give both Catholic teachers and OSSTF an opportunity to talk about the lasting impact of Bill 124, because there are some lessons to be learned when a government imposes unconstitutional legislation on the very people that are building the province.

Karen, you can go first, please.

Ms. Karen Littlewood: Thank you for the question. It's been a very challenging time period. Through our collective agreement that was from 2019 until 2022, with Bill 124 and a 1% increase, it over time became increasingly hard to staff the schools. Teachers have one salary, but we represent education workers, some people working in child care, barely making minimum wage. We have others who are in the university sector. We do have psychologists who earn more, but what we're finding is that people are leaving education, and it has a lot to do with the fact that they can't keep up with inflation, that they were absolutely restricted.

We knew from the start that the law was unconstitutional, yet how many dollars were spent trying to say, "No, this is okay. We can impose this kind of restraint"? And as I pointed out, it is déjà vu all over again. This is a women-dominated field. Those types of restrictions were not placed on male-dominated sectors, but they were on women-dominated sectors. Many of our education workers are single parents trying to make sure that their kids have what they need, working two, three, four jobs, and what we're asking them to do is just too much.

When you put it together with fewer and fewer supports in the schools and increasing violence, people are leaving education. And I think that is such a disservice to the students of the province. I think our students deserve the very best, and I think that means having a fully funded education model where we have trained individuals—not unqualified—filling in.

Ms. Catherine Fife: Thank you very much for that.

René, did you want to go as well?

Mr. René Jansen in de Wal: I think Karen has hit on a really critical part, the funding and the financial impact that it has, but it also severs the relationship. The "notwithstanding" clause, the use of legislation, severs the relationship that you have to have between workers and management. And that, to me, is a really critical indicator. It led to two years of instability, from—I don't think anybody wants instability, but that's a natural consequence in two years of bargaining because the relationship

is so strained. It's part of the challenge we face. So it's not only the financial impact that Karen pointed out, but it's just not really a good way to effectively implement or manage the system.

Ms. Catherine Fife: And the research and evidence is really clear about what's happening in our schools. So, in order for the government to ignore it, especially with Bill 180—I feel like we're at a tipping point. My husband is in OSSTF, as my sister and my dad was, as well, and new teachers are leaving the profession because it's so stressful and the tension is very real.

The other issue is that they feel helpless because the mental health supports are not there; the kids are not okay. We've been saying this to the Minister of Education now for some time. Cameras in schools are not a solution to the toxic social media world that our children are experiencing. This was a missed opportunity; it missed the moment of addressing this crisis.

Can you both touch on the mental health piece that's impacting both the working environment and the learning environment and staff, as well as students?

Ms. Karen Littlewood: Do you want me to go first?

Ms. Catherine Fife: Sure, yes. Go first, Karen.

Ms. Karen Littlewood: Yes, absolutely, and there's a third aspect to that for us in OSSTF where we have people who are child and youth workers who are mental health supports, as well. I spoke with someone who is a child and youth worker in a GTA board I won't identify who was assigned to one high school last year. This year, he's assigned to two, and he said to me, "I feel such guilt when I am at high school A and something happens at high school B and I can't be there to support the students."

Education workers have a real connection to the students and they want to deliver for them, but when somebody tells you that story, it's not just that worker; it's that student. Do they have the supports that they need? Because they don't. To see that kind of change and erosion over time—I'm not a trained mental health worker. If I was in the classroom right now, I'd be doing my best for the students, but I need a professional to do that job.

Ms. Catherine Fife: Okay, thank you.

René, do you want to talk about mental health?

Mr. René Jansen in de Wal: Yes. One of the challenges coming out of COVID is that even average students have a problem. They go to school and they recognize they have a learning difficulty—or, not a learning difficulty, a gap in their learning—and they're not used to that feeling, and so it undermines their confidence. So, we have more and more kids who are acting up. Acting up and violence are a form of communication, and it comes out of frustration; it comes out of not reaching their needs. And so, we have a heightened time where we need investments, and we're actually cutting all of the things that they need.

What I want to say, though, is I want to maybe talk just as a teacher, because I've been there and I remember a period in my career—I've been teaching since 1986—where we had something similar. And it's something to be in a classroom and look in the eyes of a student and look at them and think, "You're not going to get this credit, not because you can't learn and not because I can't teach you but because I don't have the time or resources to give you the credit." And that breaks teachers' hearts. That's why they're leaving the classroom. It's that simple.

Ms. Catherine Fife: Yes, and the facts of the money don't lie. We have had independent analysis from the Financial Accountability Officer. Also, the Canadian Centre for Policy Alternatives has determined that when you take inflation into account, school boards received an average of $1,200 less per student in 2023-24 than they received in 2018. So that's just since this government was elected. This year alone, funding was, on average, $600 lower per student than the year before.

Now, the government doesn't like us to talk about this because this is the true accountability, and it's past the press releases and the commercials that you're paying for that say everything is great. That's $600 less per student.

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

Ms. Catherine Fife: Give us, quickly, two quick examples: What does that mean on the ground?

Ms. Karen Littlewood: It means you don't have the staff that you need. It means that you don't have the supports that you need. It means that the students really are not able to be as successful as we would hope that they would be.

Ms. Catherine Fife: Sure. René?

Mr. René Jansen in de Wal: And you don't have the time to prepare the curriculum or the resources. You don't have the time to in-service the teachers, so you're bringing in changes that we can't even bring to the kids when they need it most.

Ms. Catherine Fife: Thank you.

And what I'm hearing is that the culture of education right now is quite toxic and we have to turn this around. I've never seen it this bad, and I thought it couldn't get any worse than last year. Thank you both for being here today.

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

MPP Andrea Hazell: Thank you to the panel for coming in and making your presentation. I feel you both, the secondary school teachers' federation and the English Catholic teachers' association. I've travelled with this committee and we've heard from many organizations about the budget pressures, about Bill 124, about the mental crisis to the teachers, to the students. As you just said, teachers are leaving in droves. I've got children in the education system. Children are being failed in the education system.

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This morning, I've asked questions directly to the funding for schools and I got that it's being funded. So I want to talk to you about what the funding means to both of you, and if you don't get that extra funding, because we know it's a shortfall, it's a horrible shortfall right now for you, what will your 2024-25 school year look like? We know it's grim, but just put it on the record.

Ms. Karen Littlewood: It's not really a correction, but it's not extra funding. Extra funding would be great. It's the funding that we need to do the work that has been done

over years. We're not keeping up. And when you talk to school boards and trustees speak out, and some of them are speaking out now, they're saying, "We can't balance the budget." It was a big news story, I think, last week in Toronto: What are they going to do to balance their budget?

When you talk about Peel, in the Peel board, they were going to not have the supports for deaf, blind and deaf-blind students. How are those students supposed to be successful in the schools? Parents spoke up and the board said, "Okay, well, we'll fund it for another year," but they don't know where the money is coming from.

So it has these long-term impacts on the most vulnerable students, but on the whole system. People are leaving the profession. We don't need to have retirees coming back in to fill the gaps. We need to have teachers for tomorrow. We need principals for tomorrow.

MPP Andrea Hazell: Thank you.

I will ask you the same question.

Mr. René Jansen in de Wal: Yes, I think maybe one of the ways—it's so hard to put it in terms. If you have a $17-billion backlog on buildings, and you invest a billon, that sounds like a lot, but let me make it as if it was in a classroom: If I'm in my classroom and 17 desks are broken, and you repair one of them, how am I going to do my class? Because that's, on a microscale, what's going on, right?

I also want to say that we need to think about what models we might be copying, because let's be clear: We're moving to an American model, but we have never had the conversation of what are the best—if we actually want the best for kids, then we should be looking at the best examples in the world and talk about how they fund their success and how they plan it and stuff.

Our funding is headed in the opposite direction. Ontario, at a time when we have more wealth than ever, is dead last in spending on health care and education. How do we explain that to ourselves and not see that as a problem?

Teachers believe there's a better future. We build a future every day: one student, one classroom, one day at a time. It's an act of hope, and we need help to do that.

MPP Andrea Hazell: Thank you for breaking that down for me. What I'm really worried about, because I see it a lot, I hear a lot about it with my constituency is the mental capacity of the students in those classrooms. It's really getting to the parents, it's already on the students, and now parents have to step in. They don't know how to help their children cope. I hear it.

I know you're seeing that a lot in your classrooms, but how are you dealing with it? Because at some point in time, you have to deal with it.

Ms. Karen Littlewood: There are people who are going off on leaves because it's far too challenging. When I'm expected to be a psychologist, a mental health worker, an attendance counsellor, a teacher in a de-streamed classroom, multi-level curriculum—I think I heard last week there were, in Toronto, some grade 4-5-6 classes being combined together because of staffing needs. That's not acceptable.

Principals are covering classes. Well, that's fine, except that's a Band-Aid. We don't need Band-Aids on the system; we need a plan going forward that's going to address the needs of students and make sure that we have the staff to deliver for the future of the province.

MPP Andrea Hazell: Thank you. Did you want to add to that?

Mr. René Jansen in de Wal: Yes. One of the challenges is we're turning education into a failure experience for more and more students—

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

MPP Harris—it will come on by itself.

Mr. Mike Harris: There we go, amazing.

Thank you, presenters, for being here today. Listen, I think we're going to beg to differ on a lot of the points, and there's certainly a lot of rhetoric that has been kind of thrown around here so far today.

When you talk about saying that we are the lowest-funded per capita, or whatever the term was, with health and education, you've got to remember we're a sub-sovereign nation. The other people or the other jurisdictions that you're comparing to, these are funded by countries. We get very little help when it comes to the federal government to actually deal with these types of issues.

I would say that, if you're having these types of conversations here, it would be incumbent upon you to make sure that you're having them at the federal level as well to say, "Hey, federal government, you need to give the provinces more money to help deal with these problems," because all the issues you've talked about, when you're talking about inflation and you're talking about all the other issues that come in—higher pricing for everything and supply chain issues and looking at interest rates and all of these things—they all contribute to that factor.

If you're looking at, say, Denmark or Scandinavia, which is usually always a benchmark, you're talking about populations of only a couple of million people, which is sometimes, in some cases, smaller than the city of Toronto. You're also talking about sovereign nations where they're able to deal with their problems as a whole, right? So I don't think it's a fair comparison. I'm not saying that we're right or wrong here, because I want to have a legitimate discussion today and that's kind of the point, but when we throw these terms out, I think it often starts to conflate issues.

I just wanted to set the table with that as we look forward into the questions that I'm going to ask.

School safety: I have five kids in the public school system with Waterloo Region District School Board. We hear stories from teachers. We hear stories from parents. We hear stories from students. You used the term "Band-Aid," I believe it was. Throwing more money at a problem is often a Band-Aid. What I'd really like to hear from both of you, and I'll certainly give you both an opportunity to respond, is what can we do from a policy standpoint, what

can we do from a real, in-reality, pragmatic standpoint to start changing the channel on some of this? Not just about money, but what can we actually do to make a tangible difference? If you wouldn't mind, Karen, if you'd like to start.

Ms. Karen Littlewood: Absolutely. I also sit as a vice-president of the Canadian Teachers' Federation, so just to your first comment: I have been lobbying that we should have a federal Minister of Education. I think we are the only country in the world that doesn't have that, and if we had someone in that type of position, they would be able to set those standards so provinces and territories could follow.

For example, when $2 billion from the federal government came in for COVID funding, we'd know where it went. Because we don't know where it went in Ontario. A nutrition program was just announced, a billion dollars. I'm really hoping the government is going to stand up and do their part, because other provinces and territories have already committed to that. Yes, let's work together on that; let's continue to push for those federal investments and let's make sure they actually happen in Ontario.

As far as health and safety and violence in the classroom, the previous government had committed to an education-sector-specific portion of the Occupational Health and Safety Act. That's going to be one concrete step. I would love to see that happen. This is not throwing money anywhere. What that does is it empowers workers to speak up about the violence that's happening in the classroom.

You know what I heard about this fall more often than I could have ever imagined? Pencil stabbings. Why is that happening in our schools? Who is making sure that the students have the supports long before it gets to that escalated time? An education-specific portion of the Occupational Health and Safety Act would actually empower workers, because, right now, we're kind of in an industrial field where people don't want to report because nothing happens when they do.

Mr. Mike Harris: I've never heard of that. Can you tell me a little more about that? It's not an issue that we've seen in Waterloo region. Where is it happening?

Ms. Karen Littlewood: Pencil stabbings?

Mr. Mike Harris: Yes.

Ms. Karen Littlewood: Well, I—

Mr. Mike Harris: Not to derail it, but I'm interested.

Ms. Karen Littlewood: One of the things I do in my job, and the other members of my executive do, is we go to local meetings, and I heard it once and then I heard it another time, and other members of my executive. I can give you specifics—

Mr. Mike Harris: Was it particular areas or was it all across?

Ms. Karen Littlewood: No, that's the problem. It was in a number of different areas.

Mr. Mike Harris: And is this student-on-student violence?

Ms. Karen Littlewood: Student-student and, sadly, a lot of student on staff as well.

Mr. Mike Harris: Interesting.

Ms. Karen Littlewood: These are students who are escalated, who are being really challenged to communicate, who maybe don't have the tools that they need and so they're acting out and picking the closest thing that they have to express their frustration. I think we should be dealing with the frustration long before it gets to that point.

Mr. Mike Harris: Would you say the incidents that are primarily happening, especially around that, are more in the special education classrooms or is it—

Ms. Karen Littlewood: No.

Mr. Mike Harris: It's across the board.

Ms. Karen Littlewood: Yes.

Mr. Mike Harris: René, do you want to—I see your head nodding there.

Mr. René Jansen in de Wal: Actually, that's an interesting question, and I tried to touch on it earlier. It's beyond that now. I think part of that is we always think of violence in the wrong context for kids. It's a form of communication. We're seeing more of it because more kids have lost their confidence they can learn. They have a sense of "I'm missing something," because they missed stuff in COVID and we haven't caught them up and they need more time. They're in a classroom going, "I'm not capable of doing this," when they are; they just don't understand how to get past that. That leads to frustration. When you have more and more people with those frustrations, we're getting all of these unusual behaviours, and I'm hearing the same kinds of things Karen is talking about.

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Part of that challenge too is at the same time we've compounded—because I have less time in a class with kids. The class sizes are up, and they need one-on-one time, and at the time they need it most, I don't have it. We have fewer child and youth workers. We have fewer social workers who help to bridge those kids who are having the most trouble get identified. We're great at identifying kids; we're just not really good at supporting them because we don't have the things in place. So we have lots of room to work, to your point earlier.

I think another example is the safety reporting—

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

Mr. René Jansen in de Wal: We used to have regular meetings of a safety table, but it's kind of dead in the water. We should be having regular communications. I spoke a lot to that. A partnership where we collaborate and speak with each other would inform our policy much more.

Mr. Mike Harris: Would that table come from board level or would that be ministry policy—

Mr. René Jansen in de Wal: We had a ministry one. And the ones at the boards need to be more functional too, let me be clear. At every level, conversations about safety—I agree with you 100%. Conversation is one of our best, most underutilized tools right now.

Mr. Mike Harris: Okay. Thank you.

Mr. Lorne Coe: Time check?

The Chair (Mr. Ernie Hardeman): You have 24 seconds.

Interjection.

The Chair (Mr. Ernie Hardeman): And you don't get them.

With that, we'll go to MPP Kernaghan.

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

I'd like to start off with Nina. Nina, you've described and shown a clear line of public funding being funnelled into private, for-profit interests. Does it make any sense that this government leaves the creation of affordable housing up to private, for-profit entities? Does that make any logical sense whatsoever?

Ms. Nina Deeb: No, that doesn't make any sense. Thank you for the question.

Mr. Terence Kernaghan: Also, you touched on the fourplex phobia that this government seems to be—that you've diagnosed them with. I wonder if you would like to comment about that a little bit more.

Ms. Nina Deeb: Yes. If Ontario would have made fourplexes as of right, we would have received $357 million from the federal government. I had actually testified on January 25, on pre-budget, on where we can get money for housing from. I was specifically asked, "Where do you want us to get this money?" and I said, "The federal government."

The federal government, with the size of Ontario now—we're 40% of Canada. The amount of money that has been earmarked for housing, I'm keeping an eye on it. It's so much money. I'm keeping an eye on it because we need it. And I'm just looking at it and thinking: We're dreaming about building housing. The money is right there; we just have to access it. We would receive $56 billion. I requested $60 billion for housing. It is desperately needed. People are really suffering without housing.

Mr. Terence Kernaghan: It's a strange and dark irony when folks show up at the finance committee and are asked to talk about things other than money. You've clearly shown where the money is available, yet they're choosing not to make use of it. Thank you very much.

I'd like to move on to Karen. I would start off by asking you the metric of, "Every dollar invested in education equals so much economic return," but it seems as though the government is immune to these simple fiscal arguments, logical arguments or even humane arguments.

Also, this morning we had an opportunity to talk to the Minister of Finance. It seems pretty basic that to properly address a problem, you have to name the problem in order to work to solve it. School violence appears nowhere in budget 2024, and student mental health appears nowhere in budget 2024. Would you care to comment about these?

Ms. Karen Littlewood: Yes. I'm hoping that the mention of security cameras is not the method for dealing with violence. Because just like if I get a photo radar ticket—which I don't get—it doesn't do anything to stop me from speeding. I could still have an accident from speeding. It does nothing. Afterwards, I get the punishment. But it doesn't do anything for me. The supports need to be in place beforehand.

Again, a lot of people working in education are doing their absolute best, and when an incident happens, they don't talk about it. They don't talk to their colleagues about it. They don't want to report. They report it even less, when in the past if they have, if the administrator—and I'm not blaming the principals; they have a lot on their plate. They say, "Well, you know, the student didn't mean it." Okay.

A colleague of mine, who is now a local president—and she stood up because of the incident—was just about punched to death by a student. She was off work for two years. She missed two years of her young son's life. There's a story about her on the front page of the Globe and Mail about what had happened. Those incidents are not rare. Those incidents are happening far too often. People who have—even wearing Kevlar. I had to wear Kevlar when I was a regular classroom teacher. You can still pinch pretty hard through Kevlar.

I need to make sure that I have the supports in place and that I have the social workers. Whether it's kids who need extra supports, in whatever form, they're diagnosed and they have the support they need, and not just if the parents are able to pay for that private testing, but to have it happen in the schools. It just has such a long-term impact, and the other students see it.

That's my concern. You talk about your five kids. I'm sure they're very well behaved and they're studying very hard, but what they're seeing in the classroom definitely has an impact, and the kids don't even talk about it. They don't go home and tell their parents. We keep it all really quiet, hoping it will get better. We don't accept that in the medical profession—there's signs saying we won't tolerate any type of abuse—yet in schools, it's part of your job. It's not part of your job.

Mr. Terence Kernaghan: I want to thank you also for recognizing the human impact, how that impacts people's private lives, as well as how school violence impacts an entire community for years to come.

René, I'd like to turn over to you. To begin, actually, I just want to say, it was quite a revelation, when hearing you speak, watching how fidgety and squirmy government members got when you were discussing all of your material. But I wanted to ask, what possible reason—

Interjections.

Mr. Terence Kernaghan: See? They're squawking now.

What possible reason would the government have for omitting school violence and student mental health from budget 2024?

Mr. René Jansen in de Wal: I can't speak to what people were thinking. What I would note is that we have been raising that at the highest levels for several years. The fact that it doesn't show up demonstrates that we have haven't been heard, which is what I was speaking to.

Teachers and workers in schools need to be respected. We all know the managers who don't listen to their workers, and we know the ones who cut back and remove

staff and tell you to do more work and wonder why the business is going downhill. Every worker understands that.

I can't speak to what people were thinking. All I know is that it's not in there, after we have done everything possible. After it's been in the media, it still didn't make it in there. So you're asking a really good question.

Mr. Terence Kernaghan: It's something that we as the official opposition have brought up numerous times. The Thames Valley teacher local has actually tracked the number of violent incidents per month. It's been brought to the government's attention numerous times, and yet we still see that very glaring omission from budget 2024.

I did want to—

Ms. Karen Littlewood: Sorry, can I add—

Mr. Terence Kernaghan: Of course.

Ms. Karen Littlewood: There was a safety blitz that was initiated by the government last year, and that was really important data to collect. But maybe you could ask for that data, because we haven't seen what the data is. We know what our members reported when the inspectors came to the schools, but we don't know overall what the data was. I think it would be really helpful if you saw that data. It would really point out what's going on in the schools.

Mr. Terence Kernaghan: Wonderful. Thank you very much for that. We will certainly follow up.

René, I just wanted to ask the exact same question I asked to the Minister of Finance today: How will hallway security cameras stop the violence that is happening in classrooms?

Mr. René Jansen in de Wal: Security cameras won't stop the violence that's happening in classrooms, and they're money that would be much better spent on people who could spend time with the kids who are most in need, because they're calling out for help and attention, and they need that more than a camera.

Mr. Terence Kernaghan: Karen, I'd like to ask you the same direct question: How will hallway security cameras stop the violence that is happening in classrooms?

Ms. Karen Littlewood: They're not. It's going to be something for someone to review afterwards.

I'm still attached to a school, and I get emails that say, "Can someone identify this student, please?" We're doing that. It's not changing anything. It hasn't made a difference. I think we need some concrete action addressing the needs of those students, as opposed to recording them.

Mr. Terence Kernaghan: Thank you very much. I appreciate it.

The Chair (Mr. Ernie Hardeman): Thank you very much for that. We'll now go to MPP Hazell.

MPP Andrea Hazell: Karen and René, I'm with you still. My follow-up question is: I know you have recommendations for this government. I want you to take my minutes and just state your top three—not a lot, just top three recommendations/priorities that you would like to put on record.

Ms. Karen Littlewood: Can I?

Mr. René Jansen in de Wal: Go ahead, yes.

Ms. Karen Littlewood: Okay. It seems like I've gone first every time, but I'm okay with that.

There is, through the Ontario Teachers' Federation, a supply and demand action table, and it's to look at the recruitment and retention issue in the province. We've met. There hasn't been a lot of concrete action that's come out of that, and that's something I would really like to see addressed.

Like I said, I'm still attached to a school, and three weeks ago I got an email on a Sunday night that said, "We have six teachers who will be away. We are unable to fill those positions, so here are the emergency on-calls. If you are sick, please call in as soon as possible so we can try and have that coverage." The next week, same thing: four people.

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You have to, according to the Education Act, have an adult in front of the students. They only need to have a high school diploma and a police record check. The students in Ontario deserve better than that, and I think that's really a concern going forward. So that's one recommendation we would like: to see some action on that supply-and-action retention table.

MPP Andrea Hazell: Thank you.

Mr. René Jansen in de Wal: I would echo that the recruitment-and-retention crisis cannot be left. It's the same in nursing and in a number of the other areas there. Lower class sizes and staffing: We need more time with the children who need us most.

Mental health services, which came up here—safety, data and dialogue. To the question that came up earlier about getting that data, let me be clear that the reporting of safety in schools is dysfunctional, and it is only partial. We need to improve the data collection, because even the data we're collecting right now is way under-representative of what's actually going on. We can get into all the reasons, but that would take a far longer conversation.

Ms. Karen Littlewood: If I could add a third one—

MPP Andrea Hazell: Yes.

Ms. Karen Littlewood: As an organization, we totally support the move to de-streaming, so that's where you don't have multi levels of students in grade 9 and grade 10, where every student has the opportunity to continue on whichever pathway. But the problem is, those students have come together in very large classes, so students who would have had more support, more adult contact in a class of 15 or 20 in the past are now in a class of 36. While there has been some training and professional development, it hasn't been addressed on a level that would allow that support for those students. I think we need to be looking at those supports so the students of Ontario are successful going forward, so that they have the context that they need, so that they have those supports.

We're doing a disservice to the students if we're making an announcement and then not doing anything to go along with it.

MPP Andrea Hazell: My last question—so you're here now; are you feeling better with your presentation? Are you leaving feeling better?

Ms. Karen Littlewood: I'm feeling like my members who are probably watching will say, "Thank you for speaking up." But we need to do more than cross our fingers and hope that the government will do the right thing, not just do the right thing when they've been caught doing something they shouldn't have been doing. Sorry.

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

Mr. René Jansen in de Wal: [*inaudible*] eternal optimist, but I'm also not naive. When people show you who they are, I've been told, "Believe them." So I would hope that we could see some changes, because if this current budget is the most recent message, it builds on a pattern that causes me great concern.

MPP Andrea Hazell: Thank you for putting all your concerns on the record.

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

MPP Coe.

Mr. Lorne Coe: Thank you to all the three presenters overall.

Mr. Church, my question is going to be directed to you, but I have a preamble to begin. I represent an area in the region of Durham. It has eight municipalities, and we have three boards of education: the public board, the Catholic board and the francophone board. I meet regularly with board officials. Recently, just about a week ago, I met with the chair of the public board directors. Also, I meet with the directors of education in the Catholic board and in the francophone board. I also meet with parents, and I think you would expect that, who go to schools in all three boards.

Uppermost in the minds of parents—and in the town of Whitby that I represent, I've had close to 30,000 people come in since 2018. Uppermost in their minds—and I'm just looking at my notes so I represent this accurately—is to build more schools and child care spaces. You both will know from your reading of the budget that we are investing $23 billion, including approximately $16 billion in capital grants over the next 10 years, to build more schools and child care spaces, directly responding to those thousands of parents that I have the privilege of representing, who have told me, and they've told me regularly—and I've reached out to them.

This is to your point about regular communications. I think it's important for us as representatives of communities to have regular communications with parents, to have regular communications with administrators, have regular communications of all three boards, right, like I just described earlier.

Do you support those investments that I just described? And if you do, I'd be pleased to hear that. If you don't, then I'd like to hear from you why you don't.

Mr. René Jansen in de Wal: So, let me start by saying I appreciate the point you're making and the value you place on conversations. I would note that, in saying you're meeting with directors and parents and stuff, it's absent the voice of teachers, which remains a concern for me.

Would we welcome building more schools? Absolutely. We work in the schools that are being run down; we know more than anybody how many need help. The question is not how much you're spending. The question is how much do we need to spend? I used the example earlier, if I'm working in a classroom where I've got 17 broken desks and you offer to fix one, I'll be happy to get the desk fixed, but I won't be able to do my job properly unless you fix all 17. So, even though it's a large amount of money, the question isn't how much we're spending. The question is what's the condition of the schools? From our perspective in the classroom, that's how we see it, and we would love to have more conversations so you would understand that perspective from the classrooms. But we welcome any investment, always.

Mr. Lorne Coe: All right. So, you do support the $23 billion that is in the Ontario budget?

Mr. René Jansen in de Wal: I'd be shocked to find anyone who wouldn't support making our schools—

Mr. Lorne Coe: All right, thank you—then Mr. McGregor.

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

Mr. Graham McGregor: Thanks. Time check, Chair?

The Chair (Mr. Ernie Hardeman): Three-point-five.

Mr. Graham McGregor: Awesome.

Well, thank you to all our guests for being here today. I do want to note the government currently has deals, and I believe they've been ratified with our two unions that are here today, by the members. I don't know if we always say this enough but thank you for that and thank you for the work that you undertook.

I want to talk about mental health a little bit. This is something that certainly has been a growing issue, certainly in this iteration of government but, I think, in society in general, across the country, across the province, across the world, probably. When the PC government took office—I was elected in 2022, but when these guys came in in 2018, the total mental health budget for schools in Ontario was, I think, $18 million—kind of in the late teens. Now, it's over $100 million. And I appreciate the ask for more, because the problem is growing.

And I do want to put on the record—I've done this a few times—I access cognitive behavioural therapy myself. I think everybody should. There's a few of us that are out that receive mental health support. There are many more MPPs that aren't out about it, but I feel comfortable being upfront about it, so it's important to do that. We know that we need to do more for the mental health of our kids. A lot of the problems that you've outlined, I think, are very conducive to that—or because of some of the mental health issues that we just didn't see in previous generations.

Talking about that investment that we've made, and I appreciate you want it to be higher. I'll maybe start with Karen: How much higher? What would a good dollar figure be? And then, do you also have some success stories of different programs in different school boards, ways that that money is spent that you think would be intelligent for the government to pursue?

Ms. Karen Littlewood: Maybe the Chair is going to give us an additional hour, because I always have lots of ideas. That would be great.

Mr. Graham McGregor: Happy to talk.

Ms. Karen Littlewood: Thank you, though, for being honest and open and sharing. I really appreciate that, and I think we have to do that more in order so that we can erase the stigma of mental health and address the needs.

More is good, but what the problem is right now is we don't have the people to fill the jobs. And the number of jobs that are going unfilled—and what's happening is many of our—we call them our PSP, our professional support personnel—psychologists, mental health workers, child and youth workers—are leaving the system.

I hear it all the time: "Oh, you teachers, you make lots of money. You have the summers off. You have weekends off." People are taking all of the school issues home with them, but what's happening more—it's like the person that I mentioned, who's a child and youth worker and is now split between two schools.

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

Ms. Karen Littlewood: That's really a challenge for them. Why can't we have a full person in each of those schools? The population hasn't changed. The numbers haven't changed.

Mr. Graham McGregor: Chair—sorry, no, I appreciate—again, we've heard some of the rhetoric around—we understand that you want more investment for your members, totally get that. What I'm wondering is, investments that have gone well that should be modelled and duplicated, could you point out to—it was $114 million last year. Point to some success metrics that stipulate a further investment in mental health care supports.

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Ms. Karen Littlewood: I want to say, it's not rhetoric. This is truth, that there are jobs that aren't being filled, that are going absent for extended periods of time. Many of our child and youth workers have programs in the schools. I'm not at that micro level; I'm at the larger level, but I do hear from our members saying—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time, not only for that question but for this panel. We want to thank the panel very much for the time you took to prepare and the time you took to come here today to present to us and help us in our deliberations.

CANADIAN PULMONARY FIBROSIS FOUNDATION

RE-OPEN THE MINDEN ER

MR. JEFF NICHOLLS

The Chair (Mr. Ernie Hardeman): With that, we will now move on to the next panel. We'll have them come forward: the Canadian Pulmonary Fibrosis Foundation, Re-Open the Minden ER and Jeff Nicholls. For the committee, Jeff Nicholls will be virtual.

With that, we'll give the instructions to the panel as they're coming forward to the table. As we start each, each panellist will have seven minutes to make their presentation. At six minutes, I will say, "One minute." Don't stop with that because you still have one minute to get the punchline in. And if you don't get it in by seven minutes, you will never get it in because I will stop you there. We do ask each panellist, as you present, to give your name for Hansard to make sure we can attribute your presentation to the right person.

We will start with the Canadian Pulmonary Fibrosis Foundation.

Ms. Sharon Lee: Hello. My name is Sharon Lee. I'm the executive director from the Canadian Pulmonary Fibrosis Foundation. I just want to thank everyone for the privilege of your time today because I know how busy you all are, and you have lots of important matters on hand.

I'm not going to read my speech because you've all got it submitted. I just want to talk about three very important points. First of all, for the budget this year, there was nothing in there for oxygen, so we were greatly disappointed in that. I just want to bring to your attention that people with pulmonary fibrosis—it is unlike COPD. We need higher flow rates of oxygen, and quite often, we need liquid oxygen. But so many of those companies now have been gobbled up and merged and it's becoming more and more difficult to have them provide liquid oxygen. The reason why our community needs liquid oxygen is because otherwise they would be tethered to their home oxygen tank. They're not able to then go travel, do their business and do all those things that we enjoy, like going out with our grandkids, going to the park or even just simply going to get your hair cut—all these things they can't do.

Oxygen is classified as a drug, and it's funded as a device. The two don't match, because oxygen is very expensive to produce, especially liquid oxygen. So when you're only paying $50—I'm just using an example; it's not true—for a device but oxygen costs $100, who's going to end up paying that difference? It's usually the patient. Unless you're age 65 and over, then it gets completely covered. But so many people now are coming to the pulmonary fibrosis foundation, because if you have scleroderma, if you have rheumatoid arthritis, after a decade, 30% of the women will cross over; the same thing with the men, 7%.

The most distressing news that we've heard is that the National Institutes of Health, the NIH, recently published a paper that said 45% of people who have had COVID will come towards fibrosing of their lungs. That means scarring of your lungs. If you think about that, that means our younger kids in high school—17-, 18-year-olds—and younger working people who have had to be working in the community. Because not everyone can work from home. Not everyone was able to do that during the three years that we had the lockdown. So all these people have been exposed to COVID.

We're just trying to let you know that you have to be prepared, because I don't believe we're going to be a rare disease in five years' time. We've done this sort of outreach to say, "Know the signs of PF." If you're fatigued, if you're breathless, if you have a hard time—if you can hear crackling in your lungs when you go to see

your family physician, get it diagnosed, because it's very serious.

We're just very concerned that no one is paying attention, especially with the COVID epidemic. This is going to be an impactful thing to all of us. I think all of us can relate to someone who's had it once. Some of us, unfortunately, had it a couple of times. So what does that mean? We recently met two patients that had gone to the fibrosing of their lungs, and we captured their message. They said they didn't know that this could happen to them, that having COVID could cause the fibrosing of their lungs and scarring of the lungs.

Because of the way the drug for treatment is diagnosed, doctors can't prescribe it right away to do preventive. They have to do a wait-and-see. I'm just saying, if you lose 4% of your lung capacity, you're never going to gain it back. Once it's gone, it's gone. If you wait for two years, you can lose up to 10% of your lung capacity. Again, once that's gone, that's gone. So what are you going to do, right? We have to be proactive, because we want to be a productive and healthy province. We want to be the engine that drives Canada. I think we need to think about, what are we really saying and doing in our health care system.

We're here to try to tell you there are some efficiencies. The hallway medicine that came out when Premier Doug Ford became Premier in the beginning—it said it costs $1,700 a day for someone to be in the hospital, in a hospital bed. If you think about all the patients that we have, most of them will go into hospital at least 10 days. That's almost $20,000. If you took that and applied it to the oxygen and gave them that capacity or did preventive stuff, you wouldn't have to spend that kind of money, right? So that's why I'm here today, to tell you, let's think about, how can we collaborate. How can we work together and do the preventive things that we know we can do, the efficiencies?

And I want to say thank you to this government that we no longer have to do that IEA test, which is the independent exercise assessment. So, once you are diagnosed and you need oxygen, they don't have to make you do that test every year again to qualify. Because honestly, as I said to a lot of doctors, and they say the same thing, when you have this disease, if you have it today, you're going to have it tomorrow. You're going to have it until the day you die or if you get a lung transplant. It's not like it's going to ever go away. So that's a waste of money. You could take that money, that cost to do that test, and put it somewhere else. So I'm really glad that, as of April 1, that's been done away with.

There are other efficiencies in there that you could also do away with and save that efficiency and invest it back into the system. So that's why I'm here. So thank you very much.

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

Our next presenter will be Re-Open the Minden ER.

Mr. Patrick Porzuczek: Hi, and thank you for having me today. I'm Patrick Porzuczek from Re-Open the Minden ER, based out of Minden, Ontario, in Haliburton county. April 20, 2024, marked the one-year anniversary of the announcement of the permanent closure of the Minden ER, which came as a surprise for our community. The closure was announced by the HHHS without prior notice, public consultation or an opportunity for the community to explore alternative options. The doctors and staff were not even told prior to the announcement. This sudden loss deeply affected our community and neighbouring areas, as the Minden ER was known for its dedicated, compassionate and highly trained staff. This permanent closure marks a significant milestone as it is the first time in nearly a decade that an Ontario emergency department has shut down indefinitely.

It is crucial to emphasize that the impact of this closure extends beyond more mere inconvenience. Lives are at stake, and the underfunding by the government is exacerbating the situation. It is distressing for residents like us in Minden and the entire catchment area, given our rural status. The burden of additional costs for services and reliance on private clinics is particularly challenging in the rural setting, which greatly differs from urban settings.

Here are a few examples of shortcomings in the health care model in Minden and Haliburton county. For myself, the fight is about my daughter. Waiting over 30 minutes for EMS to come to my home because my daughter was in the middle of a cardiac disturbance is unacceptable.

A father en route to Haliburton during a cardiac episode lost his life. If the Minden ED was open, there's a great possibility that that life could have been saved as the travelling distance was much shorter.

A child at the Canada Day fishing derby who had a fishing hook lodged in her eye, only two minutes away from the permanently closed Minden ER, was transported by EMS 30 minutes away.

Doctors are advising a patient not to summer at their seasonal property in Minden due to lack of emergency care to deal with her and her husband's health issues if it's needed.

A car accident victim suffered in agonizing pain on the helipad at the now-closed Minden ER as they waited for air Ornge. This patient could have been treated, stabilized and medicated prior to transport.

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The closure of the Minden ER has had a significant impact on our community, depriving us of quick, accessible, high-quality care, especially for our vulnerable population. The Minden ER had a dedicated team of 11 highly trained emergency doctors. One doctor stayed on permanently. Today we are left with only half a hospital and fewer doctors to serve our county, yet we are one of the fastest-growing areas in Ontario. The ER played a crucial role in saving numerous lives of residents, cottagers and visitors, particularly during the summer months when our population would triple.

Unfortunately, the closure of the Minden ER is not an isolated incident, as many hospitals, including emergency departments in Chesley, Clinton, Durham, Seaforth and many other rural areas have experienced temporary closures. The Ontario Health Coalition reported 1,199 closures of

vital ER departments for the year 2023, up to November 2023. How many lives were lost because of these temporary and permanent closures? Just one of these hospitals was a permanent closure: The Minden ER, which has never even had one temporary closure in its history, was closed.

This budget does not prioritize the efforts to attract and retain doctors and nurses in rural areas, including Minden and Haliburton. According to our elected councillors, Haliburton needs 13 family physician. We have only one family health team, with eight doctors to service the entire county. Their wait-list has long ago been abolished—no room. We have no doctors.

The new urgent care clinic falls short of providing comprehensive health services, with limited hours and services and caps on the number of daily patients seen. Your government has just made a commitment of nearly $1 billion to build two brand-new hospitals an hour away, 25 minutes apart from each other, while Minden and our county is left without adequate emergency and health care services.

The recent Ontario budget, Building a Better Ontario, fails to address the health care needs of rural Ontario. The 4% increase for health care in this budget does not allocate sufficient funding for health care. It needs to be adjusted to the rate of inflation and account for the aging population. Spending needs to be drastically increased to 6% or higher.

Nor does the new budget embrace the findings and recommendations of the Auditor General's December 2023 report on emergency room closures. They made 15 specific recommendations. However, their number one conclusion currently is we are unable to ensure "continuous availability of timely and patient-centred emergency care" in Ontario.

Health care is the heart of the community. It has a broad impact. Minden is seeing a negative impact in housing, resale value, tourism, small business prosperity and the overall growth of the township.

To address these health care challenges, immediate action is required. Firstly, the Minden ER should be reopened without delay. Secondly, a new pilot program should be implemented, utilizing both nurse practitioners and our ER to reduce patient wait times and alleviate stress on health care professionals, ultimately leading to better patient outcomes.

Additionally, a rural doctor program should be established, offering incentives and extra certification or credits in rural health care for newly graduating doctors. The same approach can be applied to nurse practitioners, facilitating a better understanding of the unique dynamics of rural health care.

Furthermore, efforts should be made to bring back the foreign doctors and Canadian doctors who pursue their educations overseas, due to the overcrowding of domestic universities. Minden can serve as a platform to gain experience and certification to reintegrate these doctors into the Canadian and Ontario health care system.

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

Mr. Patrick Porzuczek: Lastly, more needs to be done to improve doctor, nurse and health care professional retention in rural Ontario, particularly in Minden and Haliburton, offering better wages and creating dedicated housing for incoming doctors to help remove the barriers and attract health care professionals to settle and adapt to rural living. The Minden emergency department closure was partially fuelled by the shortage of doctors and nurses, which underscores the importance of addressing these issues.

In conclusion, the closure of the Minden ER had a profound impact on the community. The current budget fails to meet the health care needs of rural Ontario. Immediate action is necessary to reopen the Minden ER and allocate increased financial support.

We elected you, and we are counting on you to fix rural health care and reopen the Minden ER. Lives depend on it. Let's build a better Ontario.

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

Our next presenter will be Jeff Nicholls. This one will be virtual.

Mr. Jeff Nicholls: Good afternoon. Thank you for selecting our group, Minden Paper, to appear before the Standing Committee on Finance and Economic Affairs. As volunteers, patients and residents, we appreciate the chance to provide feedback on Bill 180, the Building a Better Ontario Act (Budget Measures), 2024.

My name is Jeff Nicholls. I'm a member of Minden Paper and our feedback today comes from our year-long, 10,000-hour research analysis and advocacy effort on the permanent closure of the Minden ER and the financial health of Ontario hospitals.

I want to take a moment to acknowledge the incredible work effort of my fellow team members past and present, with special thanks to Adria, Aurora, Tracy and Luis.

Our feedback today addresses schedule 1 of Bill 180, as it sets out the framework for the Building Ontario Fund, formerly known as the Ontario Infrastructure Bank. I'll speak to schedule 1 in the context of health care planning and provision with recommendations meant to ensure financial management, governance and community engagement are embodied in this legislation.

On financial management: Focusing on FY22 and FY23, we systematically calculated each hospital's year-end position and total funding, parsing revenue streams where possible, and included year-over-year comparisons. For FY22, 25% of Ontario hospitals posted a deficit; that's 33 hospitals. Their average deficit was $545,000 and their total deficit was $17.9 million. For FY23, 75% of Ontario hospitals posted a deficit; that's 122 hospitals and a 209% increase. Their average deficit was $5.9 million; that's a 992% increase. Their total deficit was $610 million; that's a 3,300% increase.

One health care system, Mackenzie Health, posted a $93-million surplus, which was greater than the other 29 hospitals with a surplus combined. It was also 564% higher than the $14-million surplus of a second hospital. Mackenzie Health's surplus could have covered the deficits of 67 hospitals in FY23.

Additionally, Mackenzie Health had a $32-million surplus the previous year and experienced a 24% increase in total funding year over year despite the average increase in total funding for hospitals being around 4%. In FY23, our local health care system posted a $4.2-million deficit and permanently closed our local ER amid a negative-4% year-over-year total funding trend.

The funding allocation inequities suggest disparities and necessitate a review of funding processes to ensure fair distribution and a transparent, data-driven approach. As far as we can tell, five hospitals have publicly stated what they project for year-end FY24, which was March 31, 2024. Their combined stats are as follows:

—FY22: a $15.5-million surplus—this is five hospitals;

—FY23: a $38.3-million deficit—that's a 347% increase in deficit;

—for FY24, which just ended recently, these five hospitals posted a $145.8-million deficit. That's a 280% increase over the previous 347% increase.

The picture we paint herein is not reflected in Ontario's 2024 budget. Four factors have led Ontario's health care system into financial ruin yet they are not adequately addressed: There is chronic year-over-year underfunding, which is known as insufficient structural base funding; due to insufficient structural base funding, hospitals have become dependent on one-time funding, which has now been removed; Bill 124 incapacitated hospitals' ability to recruit and retain staff; and Bill 124 led to private nurse agency dependence, forcing hospitals to spend three times or more on labour.

Our audit process included auditing every financial statement, reviewing every page, every note and every schedule—in many cases, multiple times. Note that hospital funding, similar to Bill 124 expense reporting, was not shown consistently on financial statements. Some hospitals showed a single line of revenue from the Ministry of Health at the top of their income statement. Some referenced a note or a schedule to support what was included in that line item; some did not. Some showed a separate note on COVID or pandemic funding, with or without reference to that note on the income statement. Some hospitals showed many separate line items of revenue from the Ministry of Health on their income statements, and again, some had, and some did not have, note references.

Our recommendations:

—introduce emergency funding provisions in Bill 180 to address our health care system's financial constraints;

—develop a funding formula that considers the social and commercial determinants of health relative to each localized region;

—establish mandatory financial health assessments for each hospital in Ontario, led by an external organization instead of the Ministry of Health and/or each health care board.

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On governance: We audited our local health care system's board minutes, bylaws, multi-service accountability agreements, health spending accountability agreements and other relevant documents. We also documented, ranked and categorized over 320 editions of our local newspaper, the Highlander. We then examined a considerable number of other health care systems' board meeting minutes and found that there is a significant lack of consistency in how each health care board conducts, records and reports on their board meetings; 42% of health care boards don't post their minutes online; and most board meeting's minutes are extremely out of date.

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

Mr. Jeff Nicholls: Thank you.

Our recommendations:

Implement universal standards of transparency and accountability that all health care boards must meet. We're concerned that ONCA, ECFAA, the Canada hospital act and other critical legislation are not being followed or enforced. They exist for a reason.

Introduce rigorous oversight mechanisms within Bill 180 that require boards to report information in a timely and relevant manner.

Mandate specific qualifications and training for board members to ensure they are adequately prepared to oversee complex health environments.

The ministry should regularly review health care institutions' governance practices to ensure adherence to these standards. This should include establishing clear compliance checkpoints, conducting regular external audits and publishing audit outcomes to ensure all stakeholders are informed and engaged in health care institutions' governance.

Our findings highlight the communication gap between health care systems, the provincial government and the communities they serve. The permanent closure of Minden ER—conducted without consulting doctors, nurses, EMS, patients or the public—illustrates a systemic disregard for community input in health care decisions. The closure of Minden ER serves as a microcosm for the challenges and threats facing every hospital—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. And with that, that concludes the three presentations.

We'll start the first round of questioning with the independents. MPP Hazell.

MPP Andrea Hazell: To all three of you, and online, thank you for coming in and doing your presentations.

Because Jeff just finished, I'm going to start with Jeff first. I want to touch on your presentation, on your community engagement section. What strikes me here is when you're asking the government to move away from large, ambiguous funding announcements and towards clear, detailed communication that reaches and involves community members directly, that this will help with accountability. That caught my curiosity. Can you explain further for the record?

Mr. Jeff Nicholls: Yes, absolutely. In the context of immediate, short-term crises within health care, it means very little to the populace to hear about hundreds of millions of dollars in investments without actual indication of who, what, where, why, when and how. When we speak

to the necessity of communication relative to each local region, we're really speaking to the necessity of the populace being able to follow up and see how things are going relative to statements made.

MPP Andrea Hazell: I want to go back to the community engagement, where you say, "Our findings highlight a communication gap between health care systems, provincial government and the communities they serve." Can you elaborate on that? Could you detail it for us?

Mr. Jeff Nicholls: Yes, sure. Basically, in terms of the hierarchy or relationships, we have minister of Ministry of Health, which oversees technically the boards, which oversee technically the CEOs of each hospital or health care system. When we're talking about community engagement, the boards exist to represent patients, residents and communities. Where we feel we're falling down here is that residents of communities such as Minden, such as Chesley, such as Durham—all across Ontario—were not really being afforded opportunities to weigh in throughout the decision-making process.

We talk about communication gaps. It's really about before, during and after major decisions, such as closing a health care system, a hospital, permanently, for the first time in over a decade, with six weeks' notice.

MPP Andrea Hazell: Thank you very much for detailing that.

With the rest of my minutes, I want to go to Sharon. Sharon, I had an opportunity during the budget presentation to do the straw test. That woke me up, so I really feel it for the patients. I want to zero in—especially during this affordability crisis—on those that cannot afford this device. What happens to those people?

Ms. Sharon Lee: Well, it's very simple: They have to figure out where they're going to cut the budget somewhere else. Because if you're 64 and younger, you have to pay up to 25% if there's a difference. Some of them will go apply for the Trillium health foundation to see if they can do that, and if they don't qualify for it, then they have to figure out where they're going to cut. So they cut their food, they go and use the food bank—they do all sorts of stuff because you need to breathe. One of the things that people are always concerned about is that because oxygen is classified as a drug, they think it's going to be addictive. I would say: Well, then, I'll be your first addict, because I'm addicted to oxygen. I need it every day. And so do we all.

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

MPP Andrea Hazell: What's the percentage of those people that are being impacted during the affordability crisis? Do you have the amount of those patients that are waiting to get served—

Ms. Sharon Lee: Well, actually, we're doing a patient survey right now. We're asking that question. We're asking everybody, "How much are you paying?" so that we can get that data. Because I understand that to come to government, we need hard data for that.

MPP Andrea Hazell: Yes, and that was my suggestion. Without that data—it's needed to strengthen your presentation. I hope you can get that soon and send it in.

This is hard. This is really hard. My heart goes out to you.

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

Ms. Christine Hogarth: I just want to thank all of you for being here.

Our government has a record spend on health care dollars. And just a note for the Minden ER: In Ontario, like many other jurisdictions, the Ministry of Health provides funding to hospitals that are independent corporations. But they're governed day to day by their board of directors, who are responsible for their own day-to-day operations, including the decisions of what services are provided in what locations. We worked with the Kawartha North Family Health Team to establish a new urgent care clinic at the site of the former Minden emergency department to continue to connect residents of Minden to convenient care, closer to home. We have made a lot of investments. I just wanted to share that because we hear what you're saying. But our government has come up with some solutions for these concerns.

My comments are for Sharon. First of all, I want to thank you for your work. My father passed away in 2007 from pulmonary fibrosis, so I've been through the process. I'm sure things have changed over the years, because things change in medicine all the time. I just want to thank you and your foundation for your work and your support for patients who are in this situation. It's very hard when you're watching a loved one who can't catch a breath. It is tough. We learned the process from living with the portable oxygen. You mentioned liquid oxygen, so I want to get on that later. But we have made some investments in health care, including a 4% base budget funding increase for all hospitals and $2 billion over three years in home and community care.

I know when my father was ill, we used our home and community care quite frequently. We had Medigas come—this is certainly not an advertisement for any gas company—and even if we travelled. I remember taking my dad for his birthday to see Tony Bennett in Niagara Falls. It was one of our best dates, I would say. When we showed up in our hotel room, our gas was sitting there waiting for him so he could continue enjoying life.

You mentioned liquid oxygen. I'm wondering if you can just explain what the difference is between liquid oxygen and regular oxygen. And the other is the percentage of people under the age of 65 that would be affected by pulmonary fibrosis, who would be in this catchment area that is maybe missing some of the funding.

Ms. Sharon Lee: The difference is that when you have a concentrator, it's on pulse. When you draw a breath, it actually takes the oxygen from the atmosphere and pushes it into your system. That's if your lungs are working. But when your lungs are deteriorating to the rate you need liquid oxygen—because that machine actually pushes the liquid oxygen into your system so that it can go through your lungs and all the other vital organs. At that rate, you need a faster, more expensive machine to push that, and liquid oxygen is often very expensive to produce and there's less and less of them that are doing that.

Your father was very fortunate that if you wanted to go somewhere, you could make that appointment and everything. Unfortunately, a lot of them are telling us that they can't do that anymore because of transportation. It's hard to say, "Oh, well, I'd like to go to my cottage." We had one person who said, "You know, before I die, I would like to go to my cottage, but I can't get the liquid oxygen to go up there. I can't get enough electricity to go up there. I can't get the tanks." Quite often, people travel with those little tanks in their cars, and they're just worried because if they run out, where do they go get more? They can't, right? So it's really hard.

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As for the number of people who are under the age of 64, it's getting to be more and more. Our youngest is 15 years old. We have people in their forties now. We have people in their thirties. Many of them are crossing over because they have had scleroderma, they had rheumatoid arthritis as a teenager, and some of them have crossed over because of COVID. They've caught it several times, and they just can't understand why they can't get rid of the cough. They can't seem to catch their breath. It isn't until they've tried everything, like puffers and everything else, and they finally go to get examined and do that pulmonary function test that they realize they have lost capacity in their lungs. And by then, they're already two years into the game and they have lost quite a bit of function.

Ms. Christine Hogarth: Thank you for that. Do you know a percentage, or can you estimate a percentage of younger folks that may be having this—

Ms. Sharon Lee: Currently, only 10% that make up our population. But as I was telling MPP Hazell, we actually are sending the survey out. We're asking people now to indicate their age, their sex, where they live, so that we can build a better picture, because I understand that it's always best to come back with hard facts and numbers and to bring that forward. May 3 is the last day of the survey, so we hope that by the end of May, we'll have some good stats we can come back and share.

Ms. Christine Hogarth: I appreciate that, and I hope you will share it with us on the committee and, of course, the Ministry of Health. Just if anybody is—we were in the situation that we ran out of oxygen, but we were close to a hospital, so they were able to fill it up for us. So there are some of those locations, and some clinics also do that—they'll do the fill—but you have to be close to them.

Thank you. No further questions. But again, thank you for what you do.

The Chair (Mr. Ernie Hardeman): One point five, MPP Anand.

Mr. Deepak Anand: Thank you to the presenters here. We met at the pre-budget. We met in Mississauga. These are tough questions, and thank you for advocating for the community. Thank you for standing up for the community.

I have many questions similar to those the MPP asked earlier about the data, because I was looking at trying to find out the data on oxygen therapy and the cost and stuff. In terms of, say, as an example—not necessarily above the age of 65, but below the age of 65—how much does it impact their work, if somebody's working? What can we do to help those people who have this? Day to day, with the work also, what can be done in that case?

Ms. Sharon Lee: One of the things I'm trying to do is work with the oxygen providers to say, what is really involved in delivering the oxygen, setting up the equipment? How expensive is it to buy something that's portable so that someone can actually go out and do grocery shopping or little things? By working with them, we've actually got some answers, but this time around, we're going to get some clarification.

On our website, at cpff.ca, you can go there, and you can read our survey that we did two years ago with the health care professionals, with the community and as well with oxygen providers. And from there—this is why we're here today to tell you some of the systemic problems that we see. We're trying to work with everyone. We're trying to say to the health care professionals, "Where do you see the efficiencies? How can we make it more streamlined so this costs less, and how can we work better with the oxygen providers?" Because if it costs $100 and we're only compensating for—

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

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

Mr. Terence Kernaghan: Thank you to our presenters, here as well as virtually today. I'd like to begin my questions with Patrick.

Patrick, I just want to thank you, first of all, for sharing the human side to these short-sighted, reckless decisions that have led to the closure of the Minden ER. I just want to thank your family for attending with you today. It's nice to see them doing well, especially your daughter. To think of somebody having a cardiac episode and waiting half an hour—it's unacceptable in a province as rich as Ontario.

It's also very clear that this Conservative government has taken and continues to take rural Ontario for granted. Nobody likes to be taken for granted, and rural Ontarians are smart and they have a long, long memory.

I wanted to know if you had any comments on the government spending over a billion dollars on private, for-profit, temporary nursing agencies where the nurses are paid three times more than those full-time staff.

Mr. Patrick Porzuczek: That's the thing. Our hospitals in rural communities are driven into these major deficits. The hospitals can't pay for the doctors, the retention, the nurses. The agencies are killing them.

When you look at the amount of dollars we're spending, especially for last year, prior to the hospital closure—and we're talking about the staffing models and about HealthForceOntario and the different agencies—the amount of money has tripled to four times the amount they would pay for full-time staff being paid to these private agencies, when those nurses and doctors should be able to work, live and play in the areas where they live and work. More needs to be done to bring these nurses and doctors to those areas. We should be spending the money not on the agencies, not forcing these boards to pay more

expenses out of pocket and go broke so we can afford to have these doctors and nurses locally.

They say part of it was being with—the reason why they closed the Minden hospital is the fact that that they're short-staffed. Well, the thing is, when they closed the Minden ER, we had 11 highly trained emergency doctors. All of them were on their own locum, their own program. That all left the moment the ER closed. They didn't go to Haliburton; they left the system.

Dr. Fiddler once wrote in an article in the local paper that if one of the hospitals were to close permanently, the other hospital will fail, the reason being that the staffing model does not work. We need more money from the government. We need an increase in funding. This way, our local and rural hospital boards can actually afford to pay higher wages, better wages, improve living, and have those nurses and doctors actually practise locally.

We are short out of the amount of even family health care practitioners that we need to serve the Haliburton county, let alone emergency care. We can't pay the doctors enough to be there. We don't have the funding; we don't have the spending from the provincial government. We're spending 4% this year to help the hospitals, to help health care. The only thing is, even the FAO that was just released said that's still not even enough. That doesn't gear with inflation. That doesn't gear with the aging population. It takes away from the rest of us to actually have quality health care.

Privatization for rural Ontario doesn't work, especially with the agencies, especially with these clinics. They're all based in urban clinics. Where does that leave northern Ontario? Where does that leave rural Ontario? We don't have the funds. We don't have the means to keep continuously driving to urban, populated areas so we can gain the extra benefits of these private clinics, from cataract surgeries to hip and knee replacement or what have you. It is failing rural Ontario. It's failed Minden. It's failing Chesley. It's failing the north. It's failing everywhere, and our population, just like my daughter, who has a heart condition, who's having surgery this July at SickKids, is suffering because this government fails to set the needs and put the financial increase in spending to help serve the rural population.

Rural population health care and urban health care are two different beasts. We need to start investing in rural health care. We need to start attracting doctors, maybe run a pilot program, have the doctors that had to go overseas for an education that they should have had domestically but our universities were full—now they have an education, but they cannot come back and practise in Ontario because of the difference and limitations of them being able to practise. Minden can be a new spot where a new pilot program will reintroduce these doctors back as—call it a learning hospital—to allow nurse practitioners to work alongside these doctors.

Let's set a new example, a new precedent, and let's start bringing these doctors back. Start incorporating nurse practitioners into our health care system, especially in areas like Minden that are suffering with not enough health care professionals to serve even our local population. We need an increase in spending.

Mr. Terence Kernaghan: Thank you very much, Patrick. You've outlined it very well, that a pro-privatization agenda is not only fiscally irresponsible, but it's also very elitist. It is very focused on those high-population centres and completely shuts out rural Ontario, yet again, so I want to thank you very much for that.

I'd like to move on to Jeff now. Jeff, I believe—and Patrick has also mentioned this within his statements—that the government laid the blame on a staffing shortage. That was the claim that had been made about the reason for Minden ER closing. But I did want to ask, if the hospital legitimately closed due to staffing shortages, if that were the real story, what should the government have done to address that?

Mr. Jeff Nicholls: I mean, we can start with the government, but let's start with doctors, nurses, EMS, patients, residents, non-profits, businesses. The fact that nobody knew that a permanent closure was under consideration—a permanent closure was not under consideration. We audited every single board minute going back to 2017, every single word of every single board minute. We audited 324 newspapers locally. That's just locally. We have all this in the spreadsheets; we have all the data.

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Basically, less than one month before Minden ER closed, the finance chair of the board said that the deficit was creating stress and that financial pressures and staffing pressures were informing every decision that they make. Additionally, the board is in the paper all the time, the CEO is in the paper all the time talking about the financial and funding pressures and struggles, and so, please—

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

Mr. Jeff Nicholls: Thank you—on the side of the funding and staffing question, we would question how come the solution to staffing shortages continues to be finding staff magically from private agencies, CEOs and their private sector corporations. If we have a staffing shortage, how do we keep solving it with staff? The issue is that we're spending far too much money, time and effort trying to aim for a two-tiered system when the one we have needs to be supported and it needs to grow and we need to prosper with it.

Mr. Terence Kernaghan: Thank you. The government has recently announced that they are going to allow hospitals to take out high-interest loans. Does it make fiscal sense for the province to make this change when—it's almost as though it's a clear admission that they're not funding hospitals properly. Would you like to comment on that?

Mr. Jeff Nicholls: Yes, please. Part of our analysis included auditing both our local health care system's board minutes but also a tertiary examination of every single board minute for every hospital in Ontario, and we can tell you definitively that the issue—

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

We'll now go to MPP Hazell.

MPP Andrea Hazell: I want to ask my last question to Jeff and Patrick. It's Minden ER—we know the situation, we know why this is happening. We feel your pain, we feel your suffering. We were all in the news when this was happening, and unfortunately—I don't think we wanted it to actually get closed.

My concern is for the community. It's about 11 months now since the closure. So, from both of you, can you share the pressures that your community is feeling right now? Because this must impact the community greatly.

Mr. Patrick Porzuczek: I'll allow Jeff to go first if he'd like to comment.

Mr. Jeff Nicholls: Oh, sure. This is my second time losing an ER. I grew up in Fort Erie when we lost our ER, so basically, I kind of knew what was going to happen when the news came out. I basically left my house one day and found out the hospital was closing permanently with no plan to replace it with anything. That led me and us down our journey.

It's incredibly difficult to watch your friends, family and neighbours stand on your back deck and cry. It's incredibly difficult to watch the same thing happen to you over again 10 years later in your new town. I set out to grow a family here—I've got a kid on the way—and looking to get the hospital back but also to grow and evolve our county. It's not just about Minden. We have tens of thousands of people who come here. We have a growth trajectory that is astronomical. We're growing faster than every single surrounding census division, and we have probably the fourth-fastest growing population of elderly people in Canada. We are here, and we need proper health care planning and provision.

MPP Andrea Hazell: Thank you very much.

Mr. Patrick Porzuczek: The other thing that I've found is the struggles, the shock. We basically lost a guardian, the mother of our community. Minden was loved by everybody. Minden was located centrally between Lindsay and Huntsville. We were right on that Highway 35 corridor.

I used to be a volunteer firefighter. I've pounded on chests of patients in the Minden ER. I've also helped stabilize them in the ER and with EMS en route to the hospital. I've been directly involved but also involved as a family member and myself. I've been cardioverted there three times for my own heart disturbance.

Having this government force hospital boards to pay an unfathomable amount of money to have agency nurses and doctors to fill shifts—there is no shortage of nurses and doctors who are available, because, if that was the case, like Jeff said, how are we able to pay three to four times as much and have those nurses and doctors be available to us at a moment's notice when we should have the increased spending by the Ontario provincial government, especially to rural Ontario and northern Ontario? To put the money in to allow these hospitals not to run a deficit, be able to properly afford these nurses and doctors and employ them.

Also, they should look at the hiring model of each hospital board. There were so many nurses and doctors who actually did apply during the closure and prior to the closure who the HHHS actually ignored. We asked many times to have the government step in, put in a supervisor and find out why these nurses and doctors were not hired to fill the gap. It seems like more a less Minden was a trial run for the rest of rural Ontario. It's the six weeks' closure option that it seems that the Ontario government wants to put forth versus increasing spending to where it needs to be.

With Chesley, with all the other communities that are suffering, when will they be surprised with a six-weeks' closure?

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

Mr. Patrick Porzuczek: Because it can happen in Minden. It can happen all over our province.

MPP Andrea Hazell: So I want to ask both of you again: What's your next step in trying to get this government to reopen Minden ER? What's the next step?

Mr. Patrick Porzuczek: We're going to keep stepping up. The community is going to keep rising up and letting the people know. More cities and towns are going to start standing up.

Like Jeff said, he was part of Fort Erie when Fort Erie lost theirs. I'm originally from Niagara myself. I remember when that happened and the struggles with the Welland hospital. I also remember with West Lincoln; I was there too.

A lot can come down to the 2026 election. A lot of people are going to be heard. The low spending, the 4%, doesn't go with the rate of inflation. It doesn't help service the aging population, and people are starting to take notice. A little town in Ontario, Minden, made such noise that we were heard nationally. The noise is just going to keep getting stronger, especially when these other little towns start to speak up and start taking a stance for our health care.

MPP Andrea Hazell: Thanks for putting that on the record.

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

We will now go to the government. MPP Anand.

Mr. Deepak Anand: I'm going to be sharing my time with MPP Graham.

Patrick, we were talking about the ER, and I noticed that the government has worked with the Kawartha North Family Health Team to establish a new urgent care at the site of the former Minden emergency department to continue to connect the residents of Minden to community care closer to your home.

But my question is with respect to—I'm an immigrant. I came to Canada in 2000 and started my journey. I was an undergrad in chemical engineering, but I had to start as a lab technician. By the time I found out it takes forever to become an engineer, I had to pick a choice between feeding the family or continue to do what I loved to do. I actually left what I love to do and I picked feeding the family.

I, in fact, agree with you about working on making sure that the foreign-trained health professionals and some of the foreign-trained health professionals born in Canada—we need help, and help today. So again, you already raised your voice on it, and I have actually been an advocate for that, helping support those foreign-trained professionals, because it's meaningful. At this time, when we're actually losing $15 billion to $20 billion of GDP, it's a simple process. When they're working at less than what they should be, they're making less, they're spending less, the government is collecting less, and the government is not able to invest more as well.

So within health care, what is your suggestion in terms of helping and supporting those foreign health care professionals?

Mr. Patrick Porzuczek: I would say, let's have a fast track, especially in Ontario. It takes one hospital board to actually make a recommendation, to come forward and say, "Look, we're going to support this. We want to start an initiative. We want to start a pilot program. We need a facility. We need it to be close to an urban centre so we can actually have the shared communication when it comes to teaching and accreditations"—so teaming up, say, with York, with the announcement they just made, or teaming up with Sudbury and all the other universities.

Bring over, especially, the domestic doctors—the doctors that were born and raised in Ontario that went overseas to Ireland or what have you just so they can get their education—to be able to come back and serve the population of Ontario. But now they can't. There are roadblocks. Like you said, it takes forever to try to get through it. They had to go overseas because our universities and our colleges were full. Well, let's help fast-track them. It takes one board to stand up and say, "Hey, we have a location. We have Minden."

Let's work something out with the universities. Let's bring a pilot project in that helps them fast-track and get their certifications, to get their endorsements, to actually get them equated to what it takes to be a rural doctor. Introduce them into Ontario and get into our health care system—somewhere where it speeds up, like an urban centre, come the summertime, but then slows down in the wintertime—to help them grasp and realize what it takes to be a doctor in Ontario.

You made a comment earlier about Kawartha North Family Health Team and about how it was. I'm totally, 100% on board. I actually endorsed it, but one of the problems being that how it's failing is the structure. They're only allowed to look at 25 patients a day. They open at 10 in the morning. Sometimes it could be closed at 1 and 2 in the afternoon, when they still have a lineup of patients outside, waiting to get care that they cannot be seen by. Plus, they're limited; they're nurse practitioners.

Incorporate that with an ER. Bring the ER back. Bring some of these practitioners in with them. Bring in the doctors. We had 11 doctors that never wanted to leave. They were ready to stay for it. So, there wasn't a problem with doctors.

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Mr. Deepak Anand: How much time do we have, Chair? Because I want to give time to—

The Chair (Mr. Ernie Hardeman): Three point three.

Mr. Deepak Anand: Okay. My apologies.

Mr. Patrick Porzuczek: Let's open Minden to let it be a pilot program.

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

Mr. Graham McGregor: Thanks, Chair—three minutes?

The Chair (Mr. Ernie Hardeman): Three minutes left.

Mr. Graham McGregor: My question is for Ms. Sharon Lee. I just want to say from the outset, I admire you and I admire what you're doing here today. Actually, I admire all of our witnesses. I understand the testimony we're hearing today, very critical of our government, and I appreciate that. But I appreciate you taking the time in the service to the public to make sure you're testifying that to the committee and getting your opinions on the record. So I really admire and appreciate what you're doing.

I'm empathetic—look, in my area that I represent in Brampton, we saw a hospital close. The Peel Memorial Hospital was the hospital I was born in. The previous Liberal government, in 2007, shut it down. When we were supposed to get a new hospital to be our second hospital, they kind of finished the building of the new hospital and then kind of hoodwinked the community and said, "Okay, well, we're taking the other one away," which I think was a big, major reason, frankly, why Brampton put some Progressive Conservatives into office in 2018.

When we brought in things like the medical schools—we brought the TMU medical school to Brampton—the first time in over 100 years in the GTA a medical school has ever been opened, and the Liberals actually voted against it. And they can say, "Oh, it was in a big budget bill. We didn't like the other parts." The fact was, in the campaign that I ran, not a single Liberal candidate in Brampton put a flyer out or a release endorsing our pledge around the TMU medical school—it was called Ryerson at the time. Obviously, we had to change the name. And we saw the results there, where Brampton decided to elect even more Progressive Conservatives.

And the health care challenge: Brampton is a large urban centre. The challenges in rural Ontario and across Ontario obviously vary community to community. One of the things that's in this budget that every member of this committee is going to be able to vote on—and whether or not they vote on it, they'll certainly be able to either endorse it through their actions, their words or statements they put out—is an investment of $2 billion over the course of three years in home and community care, talking about investing in the continuum of care.

And I'm wondering, for our friend Sharon Lee—sorry; I went off on a tangent. My question is for Ms. Lee: Could you talk about the importance of home and community care for people living with pulmonary fibrosis? Is that going to make an impact? Is that going to help? What kind of wraparound supports are required for individuals living—

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

Ms. Sharon Lee: I just want to share that my father got into home and community care, which used to be the LHINs, and they are so stretched. It's so difficult to get anything done. I mean, if you're living with a rare disease and you go into a long-term-care home, they don't understand how to look after you because they're just doing it by rote. They're going to change you four times a day, they're going to feed you three times a day, and they're not going to understand that they have to monitor every breath that you take or any other medications you're taking. It's very hard.

And that sounds like a lot of money, but I'm telling you right now, that system is almost broken, from my personal point of view, because it's so hard to get in anywhere. My mother is going to be needing it soon, but they told her it's an eight-year wait to get anywhere into the system for a long-term-care home or residence or anything.

So, all I can say is that the system is going to be filled very soon with people with complicated health care needs—

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

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

Ms. Catherine Fife: Thank you to everyone who appeared today. I'm going to focus, at the beginning, on Minden. Thanks, Patrick and Jeff, for being here.

What happened in Minden is something we've never seen before, quite honestly. I mean, maybe it happened in Fort Erie a long time ago, but no consultation whatsoever—even, I think, your mayor was blindsided. No communication—the public was given only six weeks' notice, so it was steamrolled through. No plan—there's no plan of any substance, anyway, to ensure that people are safe.

I believe your team posted a picture of a phone that was left in the emergency room, and I think that phone is now broken. Is that correct?

Mr. Patrick Porzuczek: The phone is actually completely removed [*inaudible*] signage for it.

Ms. Catherine Fife: Yes. So, this is a—and I just want to thank you. You've really pulled back this curtain on what really happened in Minden, because with no due process and no transparency, it seems like this decision happened right from this place, right? And I also would note that my friend and colleague the MPP representing Minden was also fairly silent on this issue as well—which is not like her, I also want to say.

Going through some of the statements that you have shared, the story has also changed a few times. The public statements from HHHS's CEO, Veronica Nelson, beginning shortly after Minden ER was permanently closed, now blame insufficient structural base funding for operational challenges. You note that these funding struggles were not disclosed during the Minden ED closure process mere months later. Why do you think the story changed on why Minden closed?

Mr. Patrick Porzuczek: The story changed because we needed to be a guinea pig. We needed to start somewhere. There is so much happening within Ontario that's focusing on a two-tiered system—the agencies, privatizations and what have you—and the best way to do it is: Let's start removing the thing that doesn't really make Ontario money. It's more of a cost than it is a profit, and that's health care. By removing it and taking away from the people and giving them just a little bit so they can hold on to, it's not enough. It's sad. It's disheartening.

Ms. Catherine Fife: Yes, it does seem like a true betrayal of the language that we hear about serving the province equally around health care.

Jeff, the HHHS has faced imminent bankruptcy without significant funding support from the Ministry of Health. You noted that they had nearly maxed out their line of credit, choosing to keep Haliburton's hospital doors open.

It shouldn't be one or the other, right? That's what the government would like. You pit community against community, and then you're supposed to be satisfied with the leftovers.

Jeff, did you want to talk a little bit more about the lack of transparency? Because you even noted in your letter to the Auditor General that a meeting happened between Haliburton county and HHHS on April 27, which was deemed illegal by the Auditor General. I wanted you to talk about that a little bit, please.

Mr. Jeff Nicholls: Yes, of course. So the Ontario Ombudsman—

Ms. Catherine Fife: Can you please speak up, Jeff?

Mr. Jeff Nicholls: Yes. The Ontario Ombudsman deemed a meeting on April 27 to be illegal. They deemed that meeting, which discussed the decision-making process surrounding the decision to close Minden ER—they deemed that decision to be held in camera, so held behind closed doors, when it was legally not allowed to. So they illegally met and discussed the rationale for the closure.

A citizen submitted an FOI request, a freedom-of-information request, seeking the rationale for the decision. They were also seeking who voted on the decision. To date, the public does not know the rationale behind the closure decision, as promised by Chair David O'Brien. The public also does not know who voted. They do not know when the vote occurred, and it will not be released.

We talk about transparency, and we use Minden as an example a lot, but Minden is a microcosm. It's not just happening in Minden. And only the board can close a hospital; the CEOs cannot. Only the board can close a hospital, in partnership with the Ministry of Health. What can they do? They can consolidate. Why did Minden call it a consolidation? Because closing Minden ER with six weeks' notice, with no consultation, would have literally been illegal and it would have breached the MSAA that exists between the hospital and the ministry. So the ministry—

Ms. Catherine Fife: And that is the key piece right there.

Mr. Jeff Nicholls: That's the key caveat.

Ms. Catherine Fife: Using the word "consolidation" was basically a distraction and bypassed the legality of closing the emergency room within a six-week notice.

You're quite right, though: If they can do this to Minden, then they can do this to any hospital in the province of Ontario.

There was also a question of $2 million that was owed the Minden emergency hospital. Can you talk a little bit about that, perhaps, Patrick?

Interjection.

Ms. Catherine Fife: Okay. Jeff, go ahead, please.

Mr. Jeff Nicholls: Sure. So our team plotted the financial—basically the deficit situation. For FY 2021 and FY 2022, $800,000 and $900,000, respectively, were withheld by the Ministry of Health. So basically, this was approved funding that we begged, kicked and screamed for. It's all over the board meeting minutes.

Haliburton's hospital budget is not that big, like $40 million to $50 million. So $2 million doesn't seem like much to folks from the larger centres. Two million dollars, especially in the context of COVID funding that was not released—it was not released directly before they permanently closed Minden ER. So let's think about that.

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Ms. Catherine Fife: Yes, so you think the fix was in, then? If the money was there, it was owed Minden, it had been approved funding and it was supposed to flow, this would have kept Minden emergency room open, yes?

Mr. Jeff Nicholls: The experience was not mirrored in LTC.

Ms. Catherine Fife: Okay, thank you very much. So what we have here, really, is a shocking abdication of responsibility on health care.

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

Ms. Catherine Fife: I do want to say, Patrick, thank you for telling the story about your daughter, because that's what we're talking about here. We're actually talking about trying to keep people alive. When I was up in Minden this summer, the seniors are absolutely terrified of getting ill.

I wanted to give you one last message to give to this government, other than "open Minden ER," which we actually have said we will do. We will fund health care appropriately. Last word to you, Patrick. Please go ahead.

Mr. Patrick Porzuczek: You know, one of the biggest points that was made in the 2024 budget, Building a Better Ontario, was the last line: "This will help address health human resources shortages, increased agency staffing costs, emergency department closures and other areas requiring stabilization."

All of rural Ontario and all of northern Ontario are in desperate need of stabilization. They are in need of increased funds—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. Not only is it time for that question, but it's time for this panel; we've reached the end of the line.

We want to thank all the presenters for a great job in taking all the time to prepare and the time you took to present it to us this afternoon. It will be of great assistance to us, so thank you very much.

ONTARIO TRIAL LAWYERS ASSOCIATION

ADVANTAGE ONTARIO

The Chair (Mr. Ernie Hardeman): Our next panel, as they come forward—just to advise the committee, the first one, the Ontario Association of Fire Chiefs, have cancelled, so we will only have two panellists in this one, the Ontario Trial Lawyers Association and AdvantAge Ontario. I believe that they are making their way to the table.

We will give the instructions. You'll have seven minutes to make your presentation. At six minutes, I will say, "One minute." Keep talking, because that's the last chance you'll have, because at seven minutes I will say, "Thank you" and there will be no more.

Also, we ask you to start your presentation with identifying yourself to make sure, in Hansard, we can attribute the comments to the right person.

With that, we start with the Ontario Trial Lawyers Association.

Ms. Laurie Tucker: Good afternoon. My name is Laurie Tucker. I am the president of the Ontario Trial Lawyers Association, otherwise known as OTLA, and we're an association of plaintiff lawyers that advances the cause of civil justice for injured and disabled people in Ontario. Thank you for inviting me here today to speak to the standing committee.

I want to start by addressing our disappointment about what's not in the budget. The government has introduced yet another budget that does not fulfill its previous commitment to restore the catastrophic benefit limit to $2 million—a commitment, I might add, that was made by the government five years ago, in 2019. This change would have vastly improved the lives of the most seriously injured in auto collisions and, in particular, our catastrophically injured children and young adults who face a lifetime of treatment and attendant care needs. Instead, they will have to rely on the already overburdened taxpayer-funded system to make up for the massive gaps in care. We urge the government, in the strongest possible way, to complete the plan they developed in 2019 and restore the catastrophic benefit limit to $2 million.

The budget is also silent on the need to improve access to justice and reduce the backlog that exists across this province in our civil justice system. This was a missed opportunity to take real and meaningful steps toward solving the court backlog and modernizing our courts, but, instead, the budget is silent.

The civil backlog will continue to grow and litigants will continue to experience significant delays unless and until the government puts a restriction on the use of juries in civil cases. This approach has worked in many Commonwealth countries and most provinces across Canada, but where Ontario is almost always a leader, on this issue we are failing to lead and instead we are falling behind.

Restricting civil juries in Ontario to cases that have a public interest component or engage the community's values will not only put us in line with similar jurisdic-

tions, but it will also significantly reduce the number of civil trials, reduce the length of the trials that do proceed and help get our courts moving again. Restricting civil juries will improve access to justice and reduce red tape, all while saving the province, taxpayers and litigants substantial costs and delay. These are important themes that this government has been focused on for years in other sectors, but unfortunately not in the justice sector.

Now, I'd like to take a few minutes to address what is included in the budget. The decision to allow greater consumer choice in auto insurance takes a page right out of the insurance industry's playbook. While consumer choice sounds attractive, when it comes to auto insurance it means less protection for drivers in the long run, while insurance companies continue to see record-high profits and fail to pass on savings to consumers with premium reductions.

OTLA is also deeply concerned that the government did not heed our advice that any further optionality, otherwise known in the budget as consumer choice, should be on an opt-out basis, not opt-in. When consumers hear that they must opt in to certain coverages, they assume they don't need those coverages and they will choose not to opt in. Nowhere is this more apparent and more important than for our most vulnerable citizens—families who are struggling to pay for rent, housing and groceries. They will understandably choose not to opt in, but then they will be left without adequate protection and coverage for lost income and treatment when an accident occurs.

We have already seen that consumers do not opt into certain coverages that are currently optional. The regulator and many individual insurance brokers and agents have failed to properly educate drivers on these important choices. Since options were introduced in 2016, I have had only one client in my practice who has come to me having purchased optional benefits—one client in eight years. And I will tell you that my OTLA colleagues across the province who do the kind of work that I do report similar kinds of numbers. Their clients just are not coming to them having purchased optional benefits.

Optionality does not work, unless the goal is to continue to reduce coverage in exchange for ever-increasing premiums. More options in a mandatory insurance product and opt-in provisions, rather than opt-out, fail to provide the kind of protection Ontarians expect from this government. Opting out at least balances optionality with a requirement that the consumer ask more questions and really consider their insurance needs, and it forces the insurance industry to provide information and education to consumers.

The second issue we have with the auto-insurance-related section of the budget is with the language used to discuss health services provider guidelines. OTLA applauds the government for including increases to attendant care and health care provider rates in the budget. These rates are abysmally low and prevent injured people from getting the attendant care and treatment they need. The concern, though, is that the government has simply requested that the regulator consider reviewing these rates. There are no teeth to this request. The regulator, FSRA, has known that this has been a very serious problem for well over a year. FSRA should have already addressed this issue, but they have not to date.

The government should take real action and require FSRA to increase the attendant care rates and the health care provider rates immediately. No one is going to work for less than fair market and minimum-wage rates, and nor should they. The result is that injured people are not getting the care they need. This change is long overdue and should be implemented immediately, in our view.

The reality is that this budget does nothing to fix our broken auto insurance system. It does not work for any stakeholder except the insurance industry.

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

Ms. Laurie Tucker: This current plan suits the industry well because it ensures their continued excessive profitability for years to come, at a significant cost to Ontarians.

Meanwhile, as I said in my last presentation to this committee, the decisions made by this committee, the current government and the entire Legislature have real implications for everyday people that will resonate in the province for years to come.

I urge the government to consider taking action on civil justice reform by restricting juries in civil cases, by restoring the catastrophic $2 million, as promised in 2019, and by bringing attendant care and health care provider rates in line with current market rates.

Thank you for allowing me to present to the committee today. That's everything. Thank you.

The Chair (Mr. Ernie Hardeman): We will now go to AdvantAge Ontario.

Ms. Lisa Levin: Great. Good afternoon. My name is Lisa Levin and I'm the CEO of AdvantAge Ontario. We're a provincial organization representing the full spectrum of not-for-profit seniors' care in Ontario, including not-for-profit, municipal, charitable and hospital-led long-term-care homes, as well as community support services and housing for seniors.

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We're deeply connected to our communities, including small towns, rural areas, urban neighbourhoods and ethnic, cultural and religious communities. We have over 500 members, operating 245 long-term-care homes, 139 housing projects and over 100 community support services.

Thank you for accepting our request to appear before you today. I am pleased to be able to bring thanks today on behalf of our membership to the Ontario government for your considerable investment in seniors' care through the recent provincial budget bill. They are truly historic.

Our board chair, Sue Graham-Nutter, was supposed to appear with me today—she is the CEO of the Rekai Centres, a not-for-profit charitable corporation that owns and operates two long-term-care homes in downtown Toronto—but she was called to an important meeting at the same time with Minister Stan Cho and the deputy

minister regarding the construction of a new long-term-care home in downtown Toronto.

She asked me to convey the following messages, so now pretend I'm Sue.

"Minister Cho received two standing ovations at our conference last week. This is unprecedented. The reason is simple: The 2024-25 budget reflects our request for funding that supports a person-centred approach in long-term care. When a new resident and their family approaches our homes for a tour or to be admitted, they're mainly looking for the following key attributes: Are the staff interacting with the residents they see? Do the residents seem happy and cared for? Does the home look like a 'home,' not an institution? And is the physical plant well maintained, clean and modern?

"The budget that was recently tabled will allow us to build more new beds across Ontario, helping to address the enormous wait-list in Ontario. We were waiting for an extension of the construction funding subsidy so the not-for-profit sector could build more beds, and we got this.

"We can see it every day in our homes. Seniors are living longer than ever before. It's not unusual to have seniors over 100 years old living in our home. And over 65% of our residents live with dementia or Alzheimer's.

"This budget recognizes the unique needs of our seniors. Every family and every one of us is affected by the aging process. This budget allows us to respond in a caring and thoughtful manner."

Now I'm going to be me, Lisa. When our association submitted our pre-budget document, we implored the government to continue to invest in seniors' care, as time is running out to address demographic changes and provide people with the choices they want to have as they age.

The investments in budget 2024 are at an unprecedented level, which is what we needed, given the rapid aging of our population. We can't wait. Minister Stan Cho, his staff and senior officials at the Ministry of Long-Term Care really listened to us, and for that, we are grateful.

We're grateful for the following, among others: a $155-million investment to fast-track construction and redevelopment of new and existing long-term-care beds, which will provide a time-limited, supplementary top-up funding of $35 to the base per diem of the construction funding policy; and eligible not-for-profit homes can convert up to $15 to upfront equity.

This new tranche of funding, coupled with the anticipated assistance from the Building Ontario Fund, will enable modern, new long-term-care homes to be built and expanded across the province.

We're also thrilled that the province is providing a 6.6% increase to the level-of-care funding. This is the highest annual increase we can recall ever having seen in long-term care and it is so, so needed.

What this means is that homes will be able to provide much-needed increased wages to hard-working staff, increase the food budget for residents and invest in new models of care that focus on residents' well-being, especially for those with dementia.

There is also a $202-million, one-time investment to help homes with minor repairs and redevelopment. This will help with things like deferred maintenance to ensure homes are in good repair.

Given that our association is focused on the continuum of care of seniors, we're also pleased with the investment of an additional $2 billion over three years to increase compensation for PSWs, nurses and other front-line health care providers and to stabilize expanded services in home and community care. This additional 4% in funding includes a 3% increase to compensation alone and an unrestricted 1% base increase.

For community care, the government is also providing supports to strengthen critical programs such as adult day programs, meal services, transportation and assisted living. We know that seniors want to stay in their homes for as long as possible and these programs will help them do that.

There were other important investments in areas such as enhancing capacity in rural and northern health care, health care technologies, community palliative care beds and behavioural support units.

We're grateful for the recognition of the need to invest now in our seniors by this government so that older Ontarians who built this province can age with dignity. I have to say, I think all of us know an older Ontarian—we all have parents, relatives, friends etc. We all hopefully will become old ourselves, and these are the investments that we need for the future of Ontario. Thank you very much.

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

We'll now start the round with the government. MPP Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: Thank you to our presenters for being here today.

I would like to start with Lisa, if I may, because I had the pleasure and honour of being the parliamentary assistant to the Minister of Long-Term Care for our first term in government for about four years, and so I know what it was that we inherited as a government in 2018. It's often been said that if you looked at previous eight years prior to our government coming into office, there were only 611 net new beds across the province that actually had been built at the time, and many of us can claim to have more than those beds in each of our communities since then. Our planned investments total a historic $6.4 billion since 2019, and we are making great progress on being able to build the 58,000 new and upgraded beds across the province by 2028.

You've outlined a lot of the issues and challenges at the time and how much our government has been able to move forward to take up the challenge. We know about the four hours of direct care. Our government responded. We know about the need for a nutritious-food budget. The government has responded. We know about dementia care because, as you were saying, Lisa, many of the people that now live in long-term care are, in fact, people that are

living with dementia. We also heard about the need for having a campus of care.

So I wonder whether you could speak specifically to some of the challenges we faced and how you feel that our government today has been able to do, in terms of our report card, on these issues.

Ms. Lisa Levin: Thank you so much, MPP Triantafilopoulos. It was wonderful working with you.

Well, long-term care pre-COVID did not have—and still doesn't, but we're getting there—enough staff. We need to ask: Why is it long-term care is treated differently than hospitals? Why is it that staff who work in long-term care get paid less than those in hospitals? Why is it is that infection-prevention-and-control measures and funding were less in long-term care than in hospitals?

So before COVID-19, there weren't enough staff in homes. Our members wanted to redevelop their older homes; there wasn't enough funding to do that, so they couldn't go forward and redevelop and modernize them. And we didn't have the four hours of care, which we are quickly heading towards right now. That recommendation was made over a decade ago, to have four hours of care, and it didn't happen.

I know that government has many competing priorities, but we know the population is aging. The first baby boomers have already reached 65, so we're happy that we've been heard, because we couldn't wait any longer for these investments. We are just very pleased that we can move forward now with more funding for staff and more building of long-term care homes and all the other funding that I mentioned.

Ms. Effie J. Triantafilopoulos: As you know, the government also announced funding in order to graduate nurses and PSWs. I think the number was 27,000 over a period of several years. Have you been able to see the recruitment and the graduation of those PSWs and nurses now being reflected in the care that our residents in long-term care are getting?

Ms. Lisa Levin: It's difficult to know exactly. I mean, certainly I have never seen so much investment and so many initiatives in health human resources in my career in long-term care. We need to look at retention, though. Just because someone graduates—because salaries vary and are lower in long-term care than hospital care, people often start off in long-term and then move on to go to hospitals. We also have a wage-compression issue so registered practical nurses now make the same or less than the PSWs they supervise.

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So I think we really need an approach that looks at the whole health human resources system now that we've stabilized long-term care, which we are very grateful for. If you are a nurse or a PSW, for example, working in long-term care or home care, and you're doing similar duties to someone in hospital, you should be making a similar wage. Until we have that really comprehensive look, which is a massive undertaking, I know, there will continue to be challenges. But certainly, a lot has been done. I don't have the statistics—we'd have to ask government—but definitely, it has helped.

Ms. Effie J. Triantafilopoulos: I should also add that my colleague MPP Hogarth and I, in December this past year, had been invited by one of the long-term-care homes that's actually in my constituency, by the nurses and the PSWs, who were having their Christmas party. We were delighted to be able to attend and to be able to thank them in person for all of the great work that they did, and they actually got both of us dancing, so that was quite a feat.

Ms. Lisa Levin: Well, people are starting to dance again. I don't know if I'm allowed to answer, but yes.

Ms. Effie J. Triantafilopoulos: Chair, how much time would I have?

The Chair (Mr. Ernie Hardeman): You have one point five.

Ms. Effie J. Triantafilopoulos: May I pass this on to one of my other colleagues?

The Chair (Mr. Ernie Hardeman): Yes. MPP Barnes.

Ms. Patrice Barnes: I thought she was going to dance—continue dancing; I wasn't paying attention.

Thank you to the presenters for being here. I think it's so important to have these conversations around this. I'm glad to hear that the investments that are being put into long-term care are seeing that growth and support of the not-for-profit and for-profit sector. I'm excited about that. The expansion of beds is so very important.

My question for Laurie is, for the Ontario Trial Lawyers Association, when you were talking about the removing of a jury for civil cases, what do you think—could you expand a little bit more on what you think the biggest impact would be in regard to that change?

Ms. Laurie Tucker: The biggest impacts in a positive way?

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

Ms. Patrice Barnes: Or both.

Ms. Laurie Tucker: All right. So I could talk about civil juries for a long time, but I'll see what I can do in a minute.

Civil jury cases take longer than civil cases by judge alone. There's a shortening of the time; estimates are anywhere from 20% to 30% to even 50% of the time. So there's a tax savings. There's a savings on resources. There is a cost savings to the litigants.

I think one of the most important things that it also does is it provides stability and certainty and predictability in the system. When you have a jury decision, you don't have a written decision. When you have judge-alone cases, you have written decisions that future parties can rely on as precedent. It puts everyone in a better position of being able to advise their clients, and that certainty as well, in terms of being able to say, "This is likely what a judge will do in your case," I think then also results in more settlements over time.

Ms. Patrice Barnes: So do you think it would impact—

The Chair (Mr. Ernie Hardeman): Thank you very much. Maybe you can finish that in the next round.

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

Ms. Catherine Fife: Thank you both for being here. Laurie, I'm going to start with you. The Ontario Trial Lawyers Association presented a very well-thought-out strategy to address fairness in Ontario during pre-budget.

You were really clear about the pressure points, I think, from an auto insurance perspective. We agree that it was a huge missed opportunity in Bill 180. Your comments here about, "We are deeply concerned that the government did not heed our advice that any optionality should be on an opt-out basis. When consumers hear that they must opt in to get certain coverages, consumers assume they don't need those coverages, and simply will not buy up"—we are very worried that people will reduce their coverage and then be left vulnerable. I wanted to give you an opportunity to address this concern.

Ms. Laurie Tucker: Yes, as I said in my presentation, I worry most about our most vulnerable citizens. I don't worry about the individuals who are making a good income and have benefits at work. It makes sense for them to opt out. But insurance is meant to be spread. The risk is spread across the population, and we have mandatory auto insurance in this province. The example I always give is of the single mom earning $25, maybe even $30 an hour, but has no work benefits, and no income benefits in the case of an accident, no extended health benefits. That person may be struggling to pay rent or mortgage, put food on the table, pay for activities for their children and all of the other things. We all know the costs have gone up so high recently, and just the cost of living.

To save some money on premiums, first of all, that person may assume—we're not seeing the education from the brokers and the agents, so people are left to kind of figure it out on their own. I think if it's optional, people assume, "Well, I don't need it if it's optional." So then they don't opt in because they'll also be able to save on premiums. When we think of the example of this single mom and she opts out, then what happens when she's in an accident? She's barely sort of making ends meet, and now she has got no income protection aside from 15 or 16 weeks of 55% sick leave through employment insurance. Then, there's nothing else if she has opted out of income replacement benefits, which is one of the benefits I understand will likely become optional.

Ms. Catherine Fife: Thank you for raising that point. I mean for some people, it's not a choice as well.

There's also an issue with attendant care being funded after accidents. I'll leave that issue for another day, but it is incredible to me that both the Liberals and the Conservatives have really failed to try to hold the insurance sector accountable for their record profits.

FSRA is supposed to keep profits in the insurance sector capped at 5%, and I think the last stat was 28%. So the insurance companies are doing okay; Ontarians are hurting. I think we need to create some balance between those two issues. But I wanted to thank you for being here today as well.

Lisa, thank you very much for the presentation. You mentioned the four hours of minimum care. Our health critic, who I know you know well, France Gélinas, has introduced this legislation almost for a full decade. I think you were asking for minimum levels of care for a decade as well. It's good to see the government acknowledge that this is a good direction to go in, but as you pointed out, you need the staff to get there, right? And the staffing piece is one of those barriers, I think, to getting to the four hours minimum of care and quality care for residents.

I did want to ask you a favour though: Next time you see the Minister of Long-Term Care, would you please mention to him that my bill, Till Death Do Us Part, has been sitting at committee for over 400 days. This is Till Death Do Us Part, and we're looking at options to try to keep seniors together, right? Because the research and evidence shows that when they are together in care, their health improves and they do some of that family caregiving as well.

So if he just calls Bill 21 to social policy, maybe we can find a compassionate solution together, and I would think that that would be care campuses, because not everybody ages at the same time.

I just want to give you an opportunity then to talk about the importance obviously of capital funding; however, you can't open a bed if you don't have the staff. Really, the front-line staff in long-term care are primarily women, they're primarily racialized women—and how important it is to ensure that their work is respected with wages that are commensurate with their importance of the work that they do.

Ms. Lisa Levin: Can I respond?

Ms. Catherine Fife: Yes.

Ms. Lisa Levin: So, firstly, yes, thank you for your Bill 21. We have advocated heavily to government to enable spousal reunification on campuses and also to enable people who live on a campus of care in housing to get priority if they are already in crisis and are already a priority to enable them to stay on the campus to go into the long-term-care home. So that's something that apparently is being considered and worked on, as is cultural admissions, which needs to be addressed in long-term-care admissions.

In terms of the wages and the staffing, I heard the previous group talk about temporary agencies. So that's an area that needs to be addressed still in long-term care, because we have some agencies that do price gouge and charge two, three and four times higher. They poach staff. They wait in the parking lots of long-term-care homes and try and take staff away. So people basically leave their jobs, come back the next day, work in any unit they want in the home, any shift they want and make more money.

1530

Ms. Catherine Fife: Isn't that incredible, that the government can find a way to fund three or four times the hourly wage for an agency nurse? I mean, we would redirect that $1 billion that they spent on agency nurses last fiscal year. That's a lifeline for the long-term-care and hospital and community care wages. And so, thank you very much for telling us what's actually going on, because getting poached in the parking lot shouldn't be the reality of personal support workers in Ontario.

Just one final comment: My colleague across there said they were dancing at a long-term care, and maybe the dancing is coming back, but I just want to leave you with this: Jim McLeod and Joan McLeod aren't dancing. They've been married for 65 years; they've been separated for six and a half years. If we can't fix this, then it really is a very hopeless situation, and so I hope that you're right—

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

We'll now go to MPP Hazell.

MPP Andrea Hazell: Both of you, thank you very much for coming in and presenting to us today.

Laurie, your presentation that you did, I've heard it before to the government, and I remember I got cut off during my last question. It was about the $2 million that is still not coming your way. And so, can you tell me what's happening out there to the victims, I would say, that are not covered? Where do they go? They don't have it at their work. They're in that accident, they're coming to you for help. Where do they go?

Ms. Laurie Tucker: Well, unfortunately, they have to fall back on the taxpayer-funded system, right? If they don't have adequate coverage for attendant care and they don't have adequate coverage for treatment, they don't have a lot of recourse unless they can fund personally.

And as I said, the biggest concern about the $2 million—and just to clarify, it's a very small number of people who qualify as catastrophically impaired, and even within that group, they wouldn't all qualify for the $2 million. They still have to prove entitlement to those benefits. But it's the young people, the children and the young adults, that I'm most concerned about and that my organization is most concerned about because they have a lifetime of care needs ahead of them when they've been injured. A million dollars falls far short of what they need; $2 million may fall short, but it's a heck of a lot better than the $1 million that is currently available to them.

MPP Andrea Hazell: And so, because you did this presentation before, is there anything that you can change in your presentation this time around? Do you share the impact of the stories to the families? Do you have data? Is that in your submission?

Ms. Laurie Tucker: It's really hard to get individuals to come forward. They're already dealing with difficult, traumatic situations. They don't necessarily want to come forward. They don't want to come to present to government, for example, or even to go meet with an MPP. That's been a difficult thing for us to be able to get. But those stories are out there. We can certainly provide some of them to you.

I don't think there's much I can change in the presentation. I've tried to talk more recently with really a focus on the children and the young adults, because I think that that's where we see it the most, although there are adults in their thirties, forties, fifties who may need substantial care, as well.

All that I can say is that we were encouraged in 2019 when this government said they were going to restore the $2 million, and all I can say is that we just urge you to follow through on that commitment. It is a really important commitment. It is not a big expense to the insurance industry, because it is a very small number of people who would qualify. But obviously in 2019, the government was on board to do this, and we would just really urge you to push that forward.

MPP Andrea Hazell: Yes, that's why I'm spending this time with you: because it didn't happen in 2019, and I know you presented before, and you're here presenting again. I'm just wondering what's next. What can you change? Because I really need you to get this to a resolution state.

Ms. Laurie Tucker: Yes, I wish I knew what else I could say to convince the government to do this—

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

Ms. Laurie Tucker: Yes—I have certainly tried, and I appreciate you giving me some extra time to speak about that today. I'm happy to talk to anyone on the government side who wants to talk more about this issue.

MPP Andrea Hazell: I think you need to do that.

Ms. Laurie Tucker: We talked lots about it at our lobby day in early March with all the MPPs and ministers that we met with, and I'll continue to talk about this until we see that change made. It is really important and I know that this government cares about children and our young adults, so I hope that that's enough to incentivize them to move forward with this.

MPP Andrea Hazell: Thank you so much.

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

Ms. Patrice Barnes: I'm just going to finish off where we were before I ran out of time. We were talking a little bit about the civil case by judge only, and we had talked about some of the positive things that came out of that. What would be some of the other sides of that impact? We talked about some of the things that would be really good if it was done, but what would be some potential drawbacks to that?

Ms. Laurie Tucker: I don't think there are a lot of potential drawbacks, but I think if you talk to the insurance industry, they fight very strongly against this. They don't want to see it happen, and I think that's because they can benefit from the uncertainty that a plaintiff, an individual who's been injured, can't withstand. They can't withstand the delay, the uncertainty. It's more risky for them from a financial perspective. Of course, there's an uneven playing field economically when you're going to trial between an insurance company and an individual. I don't see that there are any drawbacks.

We saw this government make significant changes during the pandemic to our court system that have helped move our court system forward, have helped modernize that. We've spoken at length with the Attorney General about those changes and commended him for them, and I understand the Attorney General is interested in making this change to civil juries. I don't know why it hasn't happened either. But when we see most of the other provinces in this country and many Commonwealth juris-

dictions having long ago made this change—a restriction on civil juries to only cases that attract the public interest or engage community values, which is really the purpose of a jury in the first place—I wonder why Ontario hasn't moved forward with that. I just really don't see any drawbacks.

Individuals who sit on these juries—these trials are anywhere from four to eight weeks long, and asking an individual to give up that much of their time to adjudicate a private dispute, they're not thrilled about it. I think people understand their civic duty to sit on a jury in a criminal case. We all know that that's our responsibility. But to sit on what is essentially a private dispute over a motor vehicle accident that goes on for weeks and weeks, that's a lot to ask of our citizens and it's a lot to ask of our judiciary and the courts and the litigants, and I don't see any drawbacks.

Ms. Patrice Barnes: You might know the data or not: Was there any increase in court cases when there was a switch from jury to judge only in any of the provinces that you're aware of?

Ms. Laurie Tucker: I don't have any of that data. I would doubt that highly. I know the Attorney General was recently over in the UK and speaking to his counterparts there, and he told me that they're looking at even restricting more civil juries. Right now, for example, in a defamation case, you can have a civil jury in the UK, and my understanding is, they're looking at even removing that as a right.

I don't know if the Attorney General has any of those statistics. We don't have statistics per se, but we know that jury trials take longer. We know that certainty and predictability results in more settlements. So the expectation is that there would be fewer cases that would go to trial, but even those that would go, they would be shorter. There's no question.

Ms. Patrice Barnes: Thank you. I'll turn my time over to—

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

Mr. Mike Harris: Good to see you both. I want to talk a little bit about building and long-term care. That's something that your organization and I have talked about numerous times, with the Nithview community being in my riding and Steven Harrison being a wonderful champion for long-term care certainly in Waterloo region and beyond, as they operate in Stratford as well.

I know there's been a lot of challenges around building—physical building, capital infrastructure and being able to just add more capacity into the long-term-care system. I wondered if maybe you could take just a couple of minutes—I know we don't have a ton of time left, but just to talk about some of the challenges and barriers that you've seen in regard to building, and maybe if there's anything constructive you could sort of leave us with to look at as to how we can maybe move forward.

Ms. Lisa Levin: Sure. Thanks so much, MPP Harris. I would say that building for not-for-profit or municipal homes is different than building for for-profit homes. As you know, I represent the not-for-profit and municipal sector. It's really important that there be access to financing, which is why we're really happy to see the Building Ontario Fund being put in place, because our members need access to financing because they don't have massive amounts of land or many other holdings. That's a really big precondition. Another is being able to have money upfront so that they could go ahead and invest in the working drawings and all of the other pieces. There is some money upfront. We've asked for more this time around. We didn't get it, but we're still very happy with what we did get. I think that there's a number of suggestions that we've made to government that would enable not-for-profit long-term-care homes to build more.

1540

Another thing that would be really helpful is if it wasn't a time-limited fund. Homes have until November to break ground, and if you can't do it by November—and some things are unpredictable, like the municipal planning process—then you have to take a chance. Do you keep going in your planning or do you stop? A lot of our members aren't risk-takers, or they're municipalities that are conservative or they're just a small organization, so they're afraid to move forward and put a million dollars into working drawings or whatever so that they're ready for when the next tranche call comes forward.

The Chair (Mr. Ernie Hardeman): One-point-one—MPP Graham.

Mr. Graham McGregor: Thanks to our witness for being here. The question is for Ms. Levin. One of the fantastic non-profit projects we have in my area is actually the Niwaas Campus of Care, which is going to be the first Sikh-focused, for the Sikh community, long-term-care home. It's happening at Sandalwood and Fernforest in my riding. Getting through those hurdles, it was supported by this government through a ministerial zoning order. We're very excited to be breaking ground very soon. It looks like that's happening more and more across Ontario.

I'm just wondering, with the remaining time, could you speak about those specific kinds of ethnocultural long-term-care homes and how important they are and the needs that they're meeting?

Ms. Lisa Levin: As people age, they want to be surrounded typically by the comforts of their culture. They often revert back to their mother tongue, particularly if they have dementia. They often want to eat certain kinds of foods, they want to speak their language—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. It was a good question but no time for an answer.

MPP Kernaghan.

Mr. Terence Kernaghan: Thank you to our presenters here today. I'd like to start off with you, Laurie. I want to thank you for pointing out the promise that was made in 2019 and advocating for changes to the $2-million catastrophic benefit limit. It's upsetting that this promise was made in 2019, and here we are in 2024 still not making good on that promise.

I wanted specifically to cite some numbers that a lawyer from London has provided me with, and they were con-

cerned about the deductible for pain and suffering increases. I believe they pointed out to me that, prior to 2015, the deductible amount was $30,000, but January 1 of this year and until end of this year $46,053.20 will be deducted from awarded non-pecuniary damages. If the victim's pain and suffering is assessed at more than $153,509.39, then the deductible does not apply. I think it used to be if the victim was awarded more than $100,000. Why has this threshold change made it much more difficult for victims?

Ms. Laurie Tucker: That's a good question. Thank you for that question. When I started practising in 2001, the deductible was $15,000, and I think it was in 2010 it increased to $30,000. Then it was around 2015 or 2016 that it was decided that that deductible should increase annually for inflation, so every year it goes up. Unfortunately, what we don't see is we don't necessarily see pain and suffering damages keep pace with that inflationary increase.

What we also don't see is on the accident benefit side of things. We don't see the inflationary increases to things like benefits. For example, the Income Replacement Benefit, which, as I said earlier, is likely to become optional, as I understand it, is currently not optional, but it is capped at $400 per week. I think you'd be hard pressed to find anybody who could live on $400 a week. It has not increased since the early 1990s; that is, no inflationary increase. You can purchase optional benefits to increase the amount of the income replacement benefit, but as I said, in the last eight years, I have one client who has purchased that—and actually, she didn't purchase that option; she purchased an option for medical benefits.

We don't see the attendant care rates being increased for inflation. We don't see the health care provider rates keeping up with inflation. The rate, for example, currently, for a psychologist is something like $149 per hour. You would be hard-pressed to find a psychologist who would work for that rate. So we see psychologists and occupational therapists leaving the insurance industry in droves. They don't want to do the work anymore—the bureaucracy of having to put in documentation, wait for the person to be assessed after the insurance company sends them for an assessment, only to have it denied, perhaps go to the Licence Appeal Tribunal, and then, even if it's approved, they don't get paid anywhere near their hourly rate. We are seeing, across the province, psychologists and OTs leave in droves and refuse to do insurance work. That's a whole other problem, but inflationary increases that benefit the insurance industry seem to be there. The ones that benefit the plaintiffs, the claimants, are sorely lacking.

Mr. Terence Kernaghan: Understood. It's incredibly lopsided, and I want to thank you for pointing that out.

For the members across, I wanted for them to hopefully take note of this: If an accident victim is awarded $50,000, is it true that they will only receive $3,946.80?

Ms. Laurie Tucker: That's correct. The at-fault driver's insurance company keeps the first almost $50,000 of their compensation, and that will be, no doubt, over $50,000 in 2025. That's one of the hardest conversations I have with a new client, is to say, "The drunk driver that caused this accident," for example, "his insurance company or her insurance company, at the end of the day, is going to keep the first $50,000 of your pain-and-suffering compensation, after you've proven to the court that you have a permanent and serious injury."

We've called on the government to do away with the deductible. There is a threshold test that requires the plaintiff to prove they have a permanent and serious injury. That should be sufficient to keep out the smaller cases but ensure that those cases that do go forward, those individuals are fairly compensated and not see a windfall back to the at-fault driver's insurance company.

Mr. Terence Kernaghan: It doesn't seem to make much sense that the at-fault driver's insurance company, essentially, receives money or does not have to pay out as much.

I did want to ask: If that's true—$50,000 means that you get just under $4,000—what happens if you're awarded $35,000 in a claim for pain and suffering?

Ms. Laurie Tucker: You get zero.

Mr. Terence Kernaghan: Ah. I want to thank you very much for pointing this out. I hope that the government members will take notice of this very lopsided system.

Lisa, I'd like to pose my next questions to you. I want to thank you for your presentation this year. Would you like to speak about the value for money that is realized through not-for-profit as opposed to for-profit care homes?

Ms. Lisa Levin: Absolutely. It's my favourite topic.

Non-profit long-term care: Money gets reinvested back into care. So if there's any surplus, it goes back into the care. In addition, they tend to have more volunteers, so there's community volunteers. Speaking to MPP McGregor's question about cultural care, you'll often have volunteers in the home. You'll have funding from the community that's used to put capital funding in for new development or redevelopment or for many other types of things. They'll come and they'll volunteer. There will be activities. There's a significant amount of money that goes back into the system from the not-for-profit. Municipal homes as well contribute money from their tax base.

Mr. Terence Kernaghan: Understood. It comes down to a focus of whether you're focused on care or focused on profit, doesn't it?

Ms. Lisa Levin: But also, care outcomes are better. Numerous studies have shown—many, many, many studies have shown better health outcomes and reduced hospitalization etc. from those in not-for-profit long-term care.

Mr. Terence Kernaghan: I see.

It's concerning, because recently, in my community of London, the government came and made an announcement about a new nurse-led outreach team for long-term-care homes, and it begs the question as to whether this nurse-led outreach team is going to not-for-profit homes or supporting those for-profit homes, who really don't need yet more support.

The Chair (Mr. Ernie Hardeman): Half a minute left.

Mr. Terence Kernaghan: It's deeply concerning that they're going to go across 24 long-term-care homes in the area. Do you think for-profit homes need more support and more money from the government, or should we be focusing that money on not-for-profit?

1550

Ms. Lisa Levin: I think that new money for redevelopment and new development should go to not-for-profit homes, but we also have homes across the province caring for everyone, so that's the reality right now.

Mr. Terence Kernaghan: Thank you.

The Chair (Mr. Ernie Hardeman): That concludes the time.

We'll now go to MPP Hazell. Maybe you can finish the question there.

MPP Andrea Hazell: My question is for Lisa. Lisa, during the recent pre-budget consultation, I heard from many health care organizations, senior health facilities, long-term-care homes—you name it. They were all feeling the pressures to their budget—the operational pain, the HR pain—impacted by Bill 124.

Today, you're the first organization that I see presented very positive, so I'm becoming very hopeful. Do you have a perfect operational model system that other homes and hospitals didn't have? How did you bounce back? Because you gave a nice story of your success.

Ms. Lisa Levin: I could certainly sit and talk for two hours about more money we need in different areas, but I am very, very thankful for the money that we've received, which is a historic investment.

Unfortunately, we've had thousands of people die of COVID to shine the light on the inadequate funding in long-term care. But even before that, I was getting really interesting conversations with the Minister of Long-Term Care. When they split up the ministries, greater attention was placed on it.

I think as the population ages—and we know it's the reality—people realize we need to do something. The other thing is that it helps the entire health care system, because if we have proper care for seniors, then they don't need to be unnecessarily in hospital beds that cost way more money than long-term care. They can also go into supportive housing, which is something that I really advocate hard for, which is much cheaper than long-term care. We need to do a lot more for the continuum of care.

But really, the success is that we have an amazing minister who listened. We have a population that's aging and everybody values seniors. Our time has come, and we need to keep going with looking at the continuum and more prevention.

MPP Andrea Hazell: Yes, I just wanted to put that on the record, because I still know of a lot of nursing homes that are struggling and hospitals that are still struggling. I just wanted to put that on the record.

Ms. Lisa Levin: Well, let's see how they do after they get all the money, and then we'll come back with more asks.

MPP Andrea Hazell: We're hoping they're going to get the money.

Ms. Lisa Levin: Yes. Then we're coming back. Don't worry. My job is not done.

The Chair (Mr. Ernie Hardeman): Do you have a further question? You have 1.4 left.

MPP Andrea Hazell: I'm good.

The Chair (Mr. Ernie Hardeman): You're done?

MPP Andrea Hazell: Yes.

The Chair (Mr. Ernie Hardeman): Okay.

With that, that concludes the time. We thank both of you for making your presentation, taking the time to prepare it and delivering is so ably. I'm sure it will be of great assistance to the committee.

CANADIAN CANCER SOCIETY

FAIR ASSOCIATION OF VICTIMS FOR ACCIDENT INSURANCE REFORM

ONTARIO MEDICAL ASSOCIATION

The Chair (Mr. Ernie Hardeman): We will now go to the next panel: The Canadian Cancer Society; FAIR Association of Victims for Accident Insurance Reform; and the Ontario Medical Association. We have only one at the table. The Canadian Cancer Society and FAIR are both virtual.

Interjection.

The Chair (Mr. Ernie Hardeman): Okay, we have more here.

Interjection.

The Chair (Mr. Ernie Hardeman): I understand a committee member has asked for a break, so we will break for five minutes.

The committee recessed from 1555 to 1600.

The Chair (Mr. Ernie Hardeman): We'll call the committee back to order.

I believe we have two at the table. As I introduce them, this panel is the Canadian Cancer Society, FAIR Association of Victims for Accident Insurance Reform and the Ontario Medical Association. You will have seven minutes to make your presentation. At six minutes, I will say, "One minute," if I remember. Sometimes, I have to say, "Half a minute," but you'll have one minute. Don't stop, because at seven minutes, you will stop.

So with that, we do ask each presenter to identify themself to make sure Hansard can record the presentation to the proper presenter.

With that, we will hear from the Canadian Cancer Society first.

Ms. Hillary Buchan-Terrell: Hi. Good afternoon, everyone. My name is Hillary Buchan-Terrell, and I'm the Ontario advocacy manager at the Canadian Cancer Society. Today, I am joined virtually by my colleagues Stephen Piazza, director of advocacy, and Rob Cunningham, senior policy analyst for tobacco.

Thank you for having the Canadian Cancer Society here again to share our thoughts on the 2024 Ontario budget. First, I would like to acknowledge a few key items that CCS has noted, including the investment of $45 million over three years to enhance the Northern Health Travel

Grant Program to ensure that patients can access care without undue financial hardship of travel, and the expansion of palliative care services, with 84 new adult beds and 12 pediatric beds.

It was just a few months ago that I was here, again, alongside my colleague Steve and a patient advocate, Dr. Anthony Dixon, to highlight three priorities from our submission along a common theme: the cost of cancer here in Ontario. And again, we highlighted two of our long-standing asks.

As many of you know, the Canadian Cancer Society has been urging the Ontario government to automatically cover take-home cancer drugs. We have been advocating for this for over a decade. Ontario's standard of cancer care is behind other provinces. These drugs are now often offered as a standard of care for treating most cancers. But there's clearly a gap between the innovation and our province's drug coverage policies—and it's an easy one that could be fixed. People with cancer should never worry about how to pay for their cancer drugs. Patients must begin with their own private insurance coverage and often have to wade through weeks of paperwork and process, plus play high co-payments and deductibles to access programs such as the Trillium Drug Program. Importantly, this issue is not only financial for patients in Ontario. We also have to reduce the administrative burden that is required for patients to access the care they need when and where they need it. While the commitment to the advisory table from the 2022 budget remains unfulfilled, we continue to hear from cancer patients in Ontario who face increased delays, dollars and distress just trying to access their take-home cancer drugs.

Our recommendation is not only good for patients, but it is good for government too. A truly connected and convenient health care system includes access to take-home cancer drugs in the same way as IV drugs. "Connected care" means that patients don't have to fill out loads of paperwork to access the medications that are best suited for their cancer, and government cuts the red tape and process to do so. "Convenient" means patients being able to take their treatments at home, without travel and other associated costs, and that the burden on our cancer centres and hospitals is eased.

In a similar vein and as you likely already know, in Ontario and BC, the cost of the PSA test is not covered through provincial insurance for asymptomatic men who are referred by a health care provider. As evidenced by your investment in breast cancer screening for women aged 40 to 49 in last fall's fall economic statement, the government believes that early detection plays a critical role in improving health outcomes for patients while decreasing the cost to the health care system overall. We agree. We are urging your government to apply the same lens to PSA testing.

We wish to be very clear with you about what we're advancing here and recognize that the task force does not support a population-based screening approach for PSA testing, and neither do we. However, CCS, along with the Canadian neurological association; the US task force; the American Cancer Society; the American Neurological Association; the American College of Physicians; Cancer Research UK; and Cancer Council, Australia, all believe that asymptomatic men should be able to access this test without paying out of pocket if they've made an informed decision with a health care provider.

Early detection is key to better outcomes, but cost is an unnecessary barrier that may prevent or discourage men from getting tested and delay early detection. Requiring men to pay out of pocket suggests that this test is not important enough to be covered and thus might not be worth doing. However, we know that prostate cancer is the most common cancer in men, so let's empower the one in eight in Ontario who will be diagnosed with it in their lifetime to access the care when and where they need it, with their OHIP card instead of their credit card.

As our patient advocate, Dr. Dixon, spoke to you last time, currently asymptomatic men who wish to access this test pay $37 to LifeLabs while that same company bills only $9.50 to government for the exact same test. This is not right and would be a good first step to reducing the barriers to testing. The time is now to ensure cancer patients can receive the right care with the most effective treatment in the right place and at the right time.

I'd like to now pass it to my colleague Rob.

Mr. Rob Cunningham: On issues related to tobacco control, first I acknowledge the provisions in schedule 10 in Bill 180—provisions that strengthen enforcement of the Tobacco Tax Act. The context is that tobacco taxation is the most effective strategy to reduce smoking, especially among youth. Tragically, tobacco causes 46,000 deaths each year in Canada, 16,000 in Ontario. There are still 3.8 million Canadian who smoke, 1.4 million in Ontario.

Ontario has not increased tobacco taxes since 2018, meaning that the effective tax rate is being eroded by inflation. With cumulative inflation of 20.1% over six years, Ontario needs a tobacco tax increase of $7.44 per carton of 200 cigarettes just to match inflation. By comparison, in its last two budgets, Quebec increased tobacco taxes by $12 per carton. Ontario is, however, participating in the federal e-cigarette tax. We support this.

While acknowledging the provisions in Bill 180, more can be done regarding enforcement. For example, Quebec has done many things Ontario has not.

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

Mr. Rob Cunningham: Ontario could ban Internet sales and increase enforcement resources, among other initiatives. Ontario could require an annual licence fee for tobacco retailers, as some provinces and municipalities have done, and use the revenue for enforcement.

As a complement to tobacco taxation, Ontario could recover the $44-million annual cost of the provincial Smoke-Free Ontario Strategy from an annual fee on tobacco companies, as the US FDA has done since 2009, and as—during the federal election in 2021, the platforms of the Liberal, Conservative and NDP had it included.

Finally, Ontario and the other provinces are currently engaged in historic ongoing lawsuit settlement negotiations with the major tobacco companies. We urge that

Ontario ensure as a top priority that any settlement contains significant measures to reduce tobacco use.

Thank you. We look forward to your questions.

The Chair (Mr. Ernie Hardeman): And thank you; your time is now expired.

We now will hear the next presentation: FAIR Association of Victims for Accident Insurance Reform.

Ms. Rhona DesRoches: Hi. Good afternoon. My name is Rhona DesRoches, and I'm the chair of the FAIR Association of Victims for Accident Insurance Reform. FAIR is a not-for-profit organization of motor-vehicle survivors, and we struggle with the current auto insurance system in Ontario. We're about access to benefits and fair treatment from Ontario's auto insurers. We are the people who have used the product that we all pay for. Thank you for having me today.

Overall, Ontario drivers should be pleased the government is going to take action, but as they say, the devil is in the details, and that's what concerns us going forward. Consumer choice sounds like a good thing if you already have other coverage, but how it gets implemented will be key to ensuring consumers are protected. Like the direct compensation property damage, or DCPD, brought in earlier this year, this new income replacement option should be an opt-out process so consumers are aware of what they're giving up.

We are pleased to see that the Financial Services Regulatory Authority, or FSRA, as we call them, is going to take action to address the fees paid to health care providers. We feel the wage suppression was insurers attempting to drive providers out of the sector so insurers could make things right later by substituting their own preferred treatment provider networks. That would seriously impact consumer choice, so we're relieved to see the government has agreed to adjust this.

Auto insurance is a complicated product, and like a fabric does when a thread is pulled, the product can easily become compromised. So, we stand behind paying treatment providers a fair wage, and no one should be expected to do without a pay increase for 10 years—no one. Fixing that problem means another will immediately pop up, because the minor injury guideline, or MIG, as it's called, will immediately be affected. Injured Ontario drivers will instantly have less dollars for treatment they need for recovery. Ontario needs to be sure that the increase to providers comes from insurers and not out of the meagre dollars allotted to survivor rehabilitation resources.

The MIG in Ontario is considerably less than other provinces. We aren't any different than anyone else in Canada, but a mere $3,500 is allowed for rehabilitation here. How can that be when we pay the highest premiums in Canada? Because the MIG has not been increased since 2010, and it was too little then. In Nova Scotia, their minor injury cap is $10,400 in 2024; in Alberta, it's $6,061; in BC, it's $10,402. Other provinces index this coverage and so should Ontario.

In the larger picture, this low MIG is why there are so many cases at the Licence Appeal Tribunal's auto accident benefits system, or LAT. The inadequacy of rehabilitation resources is a driver for litigation when Ontario's MIG is one third of what other provinces are allowing. There is no increase to the unfair or deceptive acts and practices administrative monetary penalty, otherwise known as UDAP AMP, that would enable FSRA to hold insurers and their associates to account in a meaningful way for unacceptable behaviour. This is a big mess, and consumers will continue to be at risk during the claims process, because accountability needs to have teeth and FSRA could have used more tools for accountability.

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Currently, the insurance sector is subject to monetary penalties where an individual could be fined up to $100,000. An insurer could see a penalty of up to $200,000 for unfair or deceptive acts and practices. Contrast that with FSRA's ability to penalize a mortgage broker or a credit union for up to $500,000. The message is injured people matter less. That's not a good message, especially since unpaid car crash survivors don't just go away when their insurance company fails them; they go on social supports like ODSP and Ontario Works, so they end up impoverished and without rehab resources. That's not good insurance, and it's getting worse.

In 2022, just under 34,000 people were injured in auto collisions in Ontario. That same year, there were almost 16,000 people who applied at the LAT for a hearing. The cost of denying almost half of all claims isn't cheap. We don't know what that insured legal cost is because insurers control all the data, but we do know that insurers' legal fees are built into our premiums, and claimants generally don't hire legal representation until their claim is denied. So the insurer denial is the catalyst to litigation, and most denials are coming at that MIG, or $3,500 cap, threshold.

It's time for insurers to be accountable and for legislators to put back some of the disincentives for insurers who abuse their customers. When meaningful prejudgment interest was lowered and when special awards became more rare, it emboldened insurers. Special awards are now only applied when insurers behave badly during the course of a hearing or the process of the LAT and not during the claims itself. No wonder the LAT is overrun with claimants who are without treatments they need.

From start to finish, car crash survivors face obstacles. Injured car crash survivors are waiting at the LAT for over two years, or 854 days, for a hearing and to get a decision. That's more than double the wait since 2018. We see no funding to adjust the shortage of adjudicators at the LAT in the budget. Insurers still manage to have a secret court deductible of over $45,000, though, money they keep from the most injured claimants, and that is indexed to inflation.

I want to end with this: In the past month, Ontario's disabled population has been kicked to the curb by both the provincial government's budget, which allowed no—

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

Ms. Rhona DesRoches: —increases to a [*inaudible*] and now at the federal level, where nominal help isn't on the way until July 2025. That's a long time to wait for assistance needed today. This affects every seriously injured car crash survivor struggling to recover.

Most benefits paid to claimants have not been increased since the 1990s, and this means basic coverage of income replacement, if you can get it, is still at $400 a week or 70% of your wages. This is far below the poverty line, and if you end up on ODSP, you'll be $1,000 below that poverty line.

Will our legislators put injured car crash survivors' interests first? Because you can't focus on recovery if you're worried about where your next meal is coming from.

Thank you today for your attention, and I look forward to questions.

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

Our next presentation will be the Ontario Medical Association.

Dr. Andrew Park: Good afternoon, members. My name is Dr. Andrew Park, and I'm the president of Ontario Medical Association. I've met with a lot of you, and it's nice to see a lot of you again.

On behalf of Ontario's 43,000 doctors, thank you for the opportunity to appear here today. In January, we brought forward 11 recommendations to this government to see progress in three key areas, and last month, we were encouraged to see some of these solutions reflected in the latest provincial budget. However, while Ontario's doctors say that the health care measures in the budget are a welcome start, much more work at a faster pace is needed.

Before I elaborate on this point, I would like to begin with a reminder that our system affects the health and well-being of every Ontarian on a daily basis. I witness a system that is at its breaking point every day as an emergency physician, and this speaks to the struggles that doctors across the province are experiencing due to the major cracks in our system that have ballooned over decades. Last October, we released our latest advocacy document, which contains pragmatic solutions to address our three urgent health care priorities. Today, I want to remind you that these three key areas are where we need to focus our immediate action and build on recent investments.

Firstly, it is imperative that we fix the crisis in family medicine. Every Ontarian should have a family doctor, full stop. This budget builds on the government's initial investment in team-based care, in line with the OMA's recommendations. We are glad to see that the province is moving forward to implement it. However, we must move much faster. We forecast that there will be over four million Ontarians without a family doctor by 2026. That is one in four Ontarians.

System-level solutions are also needed to address this crisis. We need to reduce the burden of unnecessary administration to enable doctors to spend time caring for patients. The OMA is committed to our ongoing work with the government to tackle this.

The OMA has also called to tackle hospital overcrowding, which is heightened by limited community capacity. We're pleased to see the investments in home care and palliative care in this year's budget as a means of strengthening community capacity.

At this time, I would like to turn your attention to our CEO, Kimberly Moran, who will discuss our thoughts on the latest provincial budget in further detail.

Ms. Kimberly Moran: Thank you, Dr. Park. Fixing Ontario's health care systems needs to be addressed urgently. Every Ontarian deserves a family doctor. Our taxes pay for that. The OMA wants to work together to build a system Ontario deserves.

We've been sounding the alarm on the family medicine crisis for years now. That seems to be falling on deaf ears. Maybe we have to say, "Prepare for the coming apocalypse," to get the right attention to this issue. We appreciate the investments the government has made, but the work is happening too slowly to stop the rapid increase of unattached patients, estimated at one in four by 2026.

We all know the solutions; they're well agreed. For this specific budget, just under $200 million per year was advanced towards primary care teams, which we appreciate. It's unclear exactly how much is going towards the expansion of teams when that funding will roll out, but Ontarians can't wait until the third year. Even that funding is not enough. Using the government's numbers, the investment required to expand teams to all Ontarians is over a billion dollars, six times that amount. We strongly urge the government to act much faster, to invest much more, to expand interdisciplinary primary care teams to all Ontarians.

The lack of investment in building a primary care system over the last number of years is also resulting in a staggering admin burden borne by doctors. The OMA has called on the government to reduce this unnecessary administration, an alarming 19 hours of physician time each week, keeping them from patient visits and clinical tasks.

The budget didn't include any specific investments to reduce burden, but there's still an opportunity for the government to send a strong signal to Ontario's doctors. For example, a centralized referral system can be a game-changer for patients and physicians. Unlike other provinces, Ontario has not invested to deal with the unnecessary complexity, frustration and inefficiency that goes into a simple referral from a family doctor to a specialist. Nova Scotia has been a leader and committed to action. BC has had a centralized referral system for over a decade, as has Alberta.

Sick notes also take an inordinate and impractical amount of physicians' time. We'd like to see employers prohibited from asking for sick notes. Sick notes is just one form of the many forms physicians fill out every single day. Work is under way between the Ministry of Health and the OMA to reduce or simplify government forms, but the pace has to be much faster.

We also ask that the government take urgent action to reduce the burden of the MedsCheck Program on family physicians. Many MedsCheck forms arrive every day in the inbox of physicians, using up unnecessary time and

energy. We strongly urge the government to act swiftly to reduce doctors' administrative burden.

The budget announced a new medical school at York, which we're very happy to see, focusing on family medicine for underserved communities. The OMA supports the expansion of medical education as part of a long-term strategy that Ontario's health care system needs. It's critical, though, to make successful. All medical schools need to be funded for all elements of the process, from student to doctor. For example, payments to preceptors, or teachers of residents, and payments to students for expenses have not increased in 17 years.

We will not be able to sustain the expansion in family medicine training without immediate resourcing of all family medicine teaching units. And a reminder that all the other solutions have to be implemented for family medicine graduates to remain in comprehensive care.

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We need much greater investment in northern Ontario and a clear plan to address the profound challenges they're facing. Emergency department closures in the north are multiplying at a disconcerting pace, leaving patients without care and doctors overworked. The crisis will not go away on its own, and we must improve the recruitment and retention of physicians in the north.

We appreciate the significant funding we saw into increasing community capacity, including $2 billion in funding into home care, investment into 96 new palliative and hospice beds. Community capacity and increases thereof are key priorities.

We want to remind you that physicians are fighting to preserve a system that is hanging by a thread. There is an opportunity in the coming months to affirm physicians' value to Ontarians through the process currently under way for the new physician services agreement.

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

Ms. Kimberly Moran: We urge you to ensure physician income keeps pace with inflation and make targeted investments to solve critical health systems issues.

Ontarians are seeing chronic underfunding result in long wait times for health care. The people of this province should demand and receive the health care system they pay for through their taxes. Every Ontarian deserves a family doctor, but that's not the case for millions of Ontarians. Sixty thousand Ontarians a month lose their family doctor now. That has to be stopped.

Ontario's doctors want to care for patients, but working in a system that is underfunded simply doesn't function to benefit patients or support those who provide care. The time is now to fix these issues and ensure there's a system in place for today and for generations to come.

Thank you for your attention, and I look forward to answering your questions.

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

We'll start the first round of questioning with the official opposition. MPP Fife.

Ms. Catherine Fife: Thank you to all folks who came forward today. We appreciate your insights.

I'm going to start with the FAIR Association of Victims for Accident Insurance Reform. One of your key messages for the government reads as follows: "There are a lot of issues not addressed in this budget, not the least of which is the poor state of the justice system claimants find themselves having to navigate. We see no funding to address the shortage of adjudicators at the LAT or to make any significant changes to the civil court system."

I mentioned this to the finance minister this morning and cited: "Billion Dollar Courthouse Is a Monument to the Ford Government's Failure to Plan."

"Double-Booked Courtroom, Crown Delays Lead to Ontario Sex Assault Case Being Thrown Out."

The report on the backlog at the Landlord and Tenant Board is festering.

"Criminal Cases in Ontario on Verge of Collapse Owing to Courthouse Chaos." And the list goes on.

The justice system—there was nothing in this budget to address the backlog. I just wanted to give you a sense, Kimberly, about—there are some solutions out there; we found them during the pandemic: using technology, using alternative methods. Would you be supportive of the government going back to the drawing board to accelerate some of these solutions to deal with the backlog in our court system?

Ms. Rhona DesRoches: Well, I certainly would. FAIR is on the record as supporting the abolition of the use of juries in auto insurance cases. We really think that that helps insurers. I don't think it really helps many accident victims. So unless there is an element of a social issue or an element of criminality, why are we using juries? I think that slows down the system for everyone.

As far as the LAT is concerned, that's a huge backlog. That's about 4,000 people every three months who are applying for a hearing at the LAT. That speaks to how the MIG isn't working. So if you have a really low MIG, people run out of care really quickly, and so they apply for a hearing and then create the backlog. That is why the LAT AABS was created in the first place, was to address a huge backlog at the Financial Services Commission of Ontario, or FSCO. At that time, there were 35,000 people waiting for mediation.

The government really needs to work on the LAT, to take a hard look at it, to start putting disincentives for insurers to turn down claims willy-nilly and to make them accountable when they do improperly turn down claims. There's just too many people in this—

Ms. Catherine Fife: Yes, and that was one of the original—the regulator, FSRA, we're just really asking them to do their job, really, at the end of the day.

So I want to say thank you very much for those suggestions, and we're going to try to do something about the justice system. It can't continue on this way because we can't have people who have legitimate cases having those cases thrown out. Justice delayed is justice denied.

I'm going to move over to the OMA. Thank you very much for your presentation today. I've found the MedsCheck forms have become very political, as you know, because Shoppers Drug Mart has this account with

the government and people are getting unsolicited, not-needed calls from Shoppers Drug Mart on these MedsChecks, and then they're charging the government $80, which is considerably more than, I think, doctors make per visit.

Your recommendation is to reduce the administrative burden, but do you see that there's a connection here about where the money is going and where it's needed to go, which is some of the suggestions that the OMA have put forward? Perhaps the president might comment on that.

Dr. Andrew Park: Yes, I'm happy to comment. Absolutely, I think—

Ms. Catherine Fife: Can you please speak up or into your microphone? We're having a hard time hearing you.

Dr. Andrew Park: Yes. Is that better at all?

Ms. Catherine Fife: That is better, yes.

Dr. Andrew Park: So I think any time you're dealing with system inefficiencies, you have to find out where they are. Layering on further system inefficiencies, especially where they're not integrated and coordinated across health system partners, serves nobody—particularly our patients.

In an era where family doctors—I'll highlight family doctors in particular—are really struggling to provide efficient-level care, the bevy and the onslaught of MedsCheck forms as well as pharmacy assessments hasn't helped to improve the efficiencies that family doctors face. I think that that poses a real issue and a real threat to the provision of family medicine in the province.

I'll let Kim respond if she has any further comments.

Ms. Kimberly Moran: Yes. There's always sort of a rumoured 30% of health care costs that are inefficient, but we can never find them. I think we've found some.

Ms. Catherine Fife: That's a really good quote. I think you're going to get quoted on that. I can almost guarantee.

Interjection.

Ms. Catherine Fife: No, when I talk to this budget bill, there are huge inefficiencies in the health care system right now, in where money is going and—as the president of OMA has just stated—it's not going to quality care. It's not patient-centred.

So I really thank you for that. We are all very worried, as the OMA is, that in a few years, one in four people are not going to have a family doctor. I mean, family medicine is basically the anchor for our entire health care system. If you don't have a doctor, then having access to the rest of the system becomes very complicated, right? Therefore, it's a compounding problem. But it's not rocket science, you know?

We just had Minden emergency room here earlier and they had good doctors in that community, and then the government shut down that emergency room and those doctors didn't go work in other hospitals. They left. Because when you're so dismissive of care, it sends a signal about how the province treats doctors, family doctors.

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

Ms. Catherine Fife: So huge, huge improvement that has to happen there.

Going over to the Canadian Cancer Society—honestly, the take-home cancer drugs. I mean, your testimonial here by Sharon Dennis where she says, "I'm dealing with a hard-to-treat cancer, and the time-consuming paperwork and month-long delays have been my biggest challenge," that's really—like, we're putting people who have cancer through the wringer because we won't fund take-home cancer drugs?

Last word to you: Please go ahead, Hillary.

Ms. Hillary Buchan-Terrell: Yes, absolutely. I mean, it's great to be here alongside the OMA as well.

When we talk about administrative barriers, it takes about a month to kind of go through the process for the Trillium Drug Program, and while the minister has responded, in terms of take-home cancer drugs, that they are in fact funded, the reality is that they're not automatically funded. So you have patients who have cancer who are sitting in front of a computer—they've just recently changed to electronic forms now; they used to be paper forms. They're having to fill out paperwork. And our patient advocate—

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

MPP Bowman.

Ms. Stephanie Bowman: It's great to be here today. I will start with the OMA.

We know that this government is on a mission to privatize health care. They don't come out and say it directly, but we all seem to feel that. I think when we hear that the administrative burden continues to create challenges for our doctors so that they are unable to provide care to as many doctors as they would normally be able to, we know that it's a sign that they're not committed to really funding our public health system and fixing the problems.

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Do you have any confidence that this government is listening to your pleas year after year around some of the initiatives that you're recommending around reducing the burden of administrative processes, providing the admin support to you to, again, free up your time, which would create capacity to take on millions more patients? Do you have any confidence that they're listening to you on those recommendations and that action is forthcoming?

Dr. Andrew Park: Can you hear me okay? I just want to make sure I'm being heard.

A couple of things: We have 2.3 million Ontarians without a family doctor. Closing that gap—we're not going to hire or train our way out of that. The greatest capacity is within the workforce. Our ability to absorb those patients is going to depend on our ability to not have 19 hours of administrative burden, because what that does is it takes doctors away from their patients and in front of computers, where we don't want to be.

The system has gotten here over decades, and I think it's really important that we have a really hard look at where we're at. We either pay now or we're going to pay later. The pay later is always going to be more expensive. I recognize for governments that that is a big challenge, but we're at a tipping point for Ontarians and, frankly, Canadians when we're talking about primary care that, if

we don't make those investments now, we are telling you the payment and the cost down the road will be exorbitant.

Ms. Stephanie Bowman: Thank you. I appreciate that.

To the CEO, your phrase about preparing for the coming apocalypse—I'm not sure how much louder you could be unless you scream that into the microphone—in the terms of the impact that we're facing now, but that we will face in the future. As the doctor has said, we will pay now, or we will pay later.

Could you talk a bit about what your family doctors are telling you in terms of their level of burnout and frustration? I'll just ask you to limit it briefly so I can get to the cancer society as well.

Ms. Kimberly Moran: I think Andrew is best positioned to answer that one.

Dr. Andrew Park: The family doctors, what they're saying is exactly what we're reflecting here. They can't do their jobs. The reality is that providing care is something that every single doctor went to medical school, studied 10, 15, 20 years to do, and we just can't do our jobs. We're drowning in paperwork and we're saying to anyone who will listen, "Whatever we can do to be able to see patients is what we want to do."

We recognize and want to care for every single Ontarian. That is our mission. That it is our raison d'être. We just can't do it. There are too many barriers to providing care, and we need the government's help in order to alleviate those and we need to see those coming down the pipeline quickly.

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

Ms. Stephanie Bowman: Thank you, Dr. Park.

Hillary, I'll turn to you now. Thank you again for being here. Again, you've talked about the taxes, the need to raise taxes, the need to take other measures like other provinces have done. You've been talking about that for a few years now. Who benefits when the government doesn't take those actions?

Ms. Hillary Buchan-Terrell: I'll just tag in Rob here.

Mr. Rob Cunningham: [*Inaudible*] the tobacco taxes—clearly, sales would go down if they were implemented, so the tobacco companies benefit from higher sales than would otherwise be the case.

Ms. Stephanie Bowman: That's pretty clear, right? Any other closing comments around your ask that you'd like to make?

Ms. Hillary Buchan-Terrell: Ontario is definitely second to last when it comes to tobacco taxes. We've recently seen Alberta raise their provincial taxes as well, so it's about time that Ontario caught up.

Ms. Stephanie Bowman: Second to last—another record that's almost being broken. Thank you.

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

Mr. Deepak Anand: Before I start, I know May 1 is around the corner. May 1 marks Doctors' Day, and I'd like to thank Ontario's doctors for being there for the patients, both in happiness, when we are expanding the family, or during pain and sorrow, we need doctors. We know we have the best doctors in the world. That's why, under the leadership of Premier Ford, our government is expanding primary care, investing in hospitals and building new medical schools.

We are not the only ones to acknowledge and respect the hard-working doctors. I know many landmarks across the province will be lit blue to mark May 1, including the CN Tower and Niagara Falls. Thank you to all the doctors and thank you to the Ontario Medical Association for your ongoing collaboration. I just wanted to have that on the record.

My question to the OMA is: Do we need doctors in Ontario? Yes or no?

Dr. Andrew Park: Sorry. Is your question, "Do we need doctors?"

Mr. Deepak Anand: Do we need doctors in Ontario? Yes or no?

Dr. Andrew Park: Yes.

Mr. Deepak Anand: Okay. The reason I asked is, I actually got a text about half an hour back from a student born in Canada but educated in a foreign-based medical school, a student who was looking for a residency. He said, "On one go we need doctors, but on the other go I don't have a residency. I have a degree."

Where is the missing link and what can we do to match this?

Dr. Andrew Park: I'll start by highlighting something you opened with. I want to thank you for your comments, but I do want to highlight this, and I think everyone in the room should be aware of this and hear this: We do have the best doctors in the world in Ontario. We have an incredible workforce. We have over 43,000 members, all of whom are extremely and proficiently able to provide world-class health care. I think we should all be very proud of that. As I said before, I do think it's really important that in order to support those doctors, we need to support their ability to do the work.

We do have some real challenges about Canadians who do go abroad and want to come back. We have seen loosening of regulations through the college in terms of who can get licensed here in Ontario, and we want to see that expanded. The Conservative government has opened 50 practice-ready assessment spots to foreign graduates to allow for those assessments about how we use foreign graduates in our system. We want to see that continue to expand and grow, and we want to see the physicians on the ground who are supporting those physicians who have been trained in foreign countries being supported as well.

Mr. Deepak Anand: Thank you. Again, I'm going by the data, which says there are roughly 1,000 Canadian doctors who want to have a residency spot.

I will stop here.

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

Mr. Mike Harris: I just wanted to circle back to some of the conversation we were having earlier about take-home cancer drugs. Since 2017-18, which is essentially when we took government, I believe—and correct me if I'm wrong—take-home cancer drug treatments have gone up I think in the neighbourhood of about 54%, which is great news. I'm hoping that you can talk a little bit more

about what you are seeing as some of those barriers, like you said, with bureaucratic paperwork and how we might be able to streamline some of that. I know that moving things online is a great first step.

It's neat that the OMA is here, actually, because maybe you can talk a little bit about this as well: how you're going from your diagnosis, your clinical opinion, to then having to fill out the paperwork to then getting the actual treatments given to you—I assume it's by an oncologist or someone of that nature—and then you're taking them home. Maybe walk us through a bit of that journey—I know we don't have a ton of time—and maybe let us know how we can move forward.

Ms. Hillary Buchan-Terrell: Absolutely. What I was starting to say was that last year we had a reception here at Queen's Park and we heard from a patient advocate. I've been speaking to her recently. She had her third craniotomy last November for brain cancer. Last year in the spring, she spoke about the trouble she went through of having her craniotomy and having her private health insurance coverage capped at about $5,000 a year. Her drugs cost well in excess of $5,000 a month, let alone a year.

By the time she got to her craniotomy and required take-home cancer drugs for her treatment, she was having to go online and fill in these forms, with brain cancer. When I was recently letting her know about continuing to raise the profile of this issue, she shared with me a photo of herself going through filling out those forms, calling her insurance company, just having to fill out all that paperwork and having to ask her mom to help her do it because her head hurt so bad, because she couldn't just lie down and rest.

Mr. Mike Harris: I'm just going to interject, just for a sec. I think we can all agree that there are probably some forms and checks and balances that are going to need to be filled out. But who is best suited to do that? Is it your doctor, your oncologist? Is it in this case, like you say, a family member, or yourself, if you have that capacity? How can we reduce the amount? I get that it's an issue; how do we fix the issue?

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Ms. Hillary Buchan-Terrell: Simply put, we just need to cover them the same way as IV drugs. Everywhere else in Canada, other than the Atlantic provinces, does this. Nowhere else is anybody required to fill out paperwork, whether it's through their private insurance plan and then going through the Trillium Drug Program and having to wait a month for that approval—because I don't think most people at this table, including myself, can shell out $5,000 a month and wait for reimbursements. It's really just making sure they're covered in the same way, that regardless of whatever treatment option your doctor prescribes, you can leave that hospital or that cancer centre with your prescription or pick it up at another pharmacy and bring it home.

Mr. Mike Harris: Maybe we'll just flip over to the OMA for a second and whoever would like to answer. From your perspective, how do you see something like this working? What's the journey for you as the prescriber, and then how do you get it into the hands of the person who needs to actually consume the medication?

Dr. Andrew Park: I think there are a few things there.

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

Dr. Andrew Park: Number one is, oftentimes as it pertains to forms, as mentioned by the cancer society, do we need the forms? Are the forms relevant to the patient and the process they're going through? And then, can we shorten those forms or make them more efficient? Because at the end of the day, the longer we make this process, the more difficult it becomes to access both treatments as well as medications and processes from a health care perspective.

I think we have to have a real lens on those three questions, because currently doctors fill out forms that I can tell you—the vast majority of which are frankly either unnecessary, too long or really burden the patient from access. That's really what we're talking about.

Mr. Mike Harris: Okay. Interesting. I wish we had more time. Thank you.

The Chair (Mr. Ernie Hardeman): Nineteen seconds—thank you very much.

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

Mr. Terence Kernaghan: Thank you to our presenters here in person as well as those virtually. It's good to see you again, Dr. Park.

My first questions will be for Hillary. Hillary, you know the official opposition has been very active on the file of PSA testing. I think in November 2022 the MPP for Niagara Falls tabled a private member's motion to extend OHIP coverage for PSA testing when prescribed by a doctor. I think this was also tabled in 2019 and in 2020. Yet we see the Conservative government voting it down time and time again. Would you like to see PSA testing added to standard medical requisitions and properly funded under OHIP?

Ms. Hillary Buchan-Terrell: Absolutely. Some of the cost estimates that we've found have been in the range of about $3 million a year. It's really a small amount. As I mentioned at the end of my comments, and Dr. Anthony Dixon mentioned this last time, what the government is billed from the same company that does the testing—when the government says, "Hey, we'll pay for this testing," it's $9.50. It's $37 if you haven't got a requisition from your health care provider saying, "We'll allow this to be covered with asymptomatic condition." I think that that really just speaks to something really easy that can be fixed. It's not that big of a cost, but just the fact that it's a cost in and of itself—you have to take out your credit card instead of your OHIP card when you go to the lab—I think really places a burden on cancer patients.

Mr. Terence Kernaghan: Absolutely. And I want to thank you for pointing out that this would be something that is prescribed by a doctor, and it would realize cost savings for this government. I'm hoping that their ears perk up and realize it is simply the right thing to do.

And thank you for your advocacy on take-home cancer drugs. It is something that is long overdue in the province

of Ontario, absolutely unconscionable that we are not doing it at this moment.

Next, I'd like to move over to Rhona. Rhona, we had the Ontario Trial Lawyers Association here, and they were speaking a lot about the secret deductible. I want to thank you for bringing that up again, the changes to it from 2021 to currently. It's interesting that, when being indexed to inflation, benefits have been realized by insurance companies and yet have been unfortunately not realized by those victims of accidents.

I wanted to specifically ask about changes to pain and suffering judgments under the Family Law Act as it pertains to families who are fighting for this. The deductible has been increased from $15,000 to $23,026.61, unless the victim dies. These awards have to exceed $76,754 before the deductible is waived, but the threshold used to be $50,000 before 2015. So if you're awarded $50,000 for pain and suffering for a sibling, for a parent, is it true that you will only actually receive $26,973.39?

Ms. Rhona DesRoches: It is absolutely true, and it's absolutely outrageous. The idea that just the money that flows towards insurers is what's indexed and, going the other way towards claimants, nothing gets indexed except under older portions of the act. I think 30 years ago the deductible was $10,000, and it was $5,000 for the Family Law Act. That's how much things have gone up, and yet the amounts awarded have not gone up—

Mr. Terence Kernaghan: So, you know, since these—sorry.

Ms. Rhona DesRoches: No, I'm sorry. It's just that I don't think people understand how this is a secret deductible. This plays into why insurers like to use juries, because juries are a little bit easier to lead down a pathway of listening to the experts—which may not be all that unbiased—and then they award an amount. They have no idea. In fact, judges are not allowed to inform the jury about this deductible. So that tells you right there. It's totally unfair and it totally helps insurers, not claimants.

Mr. Terence Kernaghan: Absolutely. And when you consider that these deductibles increase every year, it means that accident victims will receive less every year. They will have less money in their pocket and insurance companies will have yet more, already being in an incredibly profitable business. Thank you very much for appearing today.

I'd like to now move on to the OMA. I want to thank you for your recommendations. They're thoughtful, they're well-researched, they would make a huge difference in terms of addressing the health care crisis here in Ontario.

I wanted to turn it to Dr. Park. Why are primary care physicians the backbone, the lynchpin, the gateway to health care in Ontario?

Dr. Andrew Park: They're not just the lynchpin, the foundation, the gateway, whatever you want to call it, in Ontario; they are worldwide. So any health system that does it well has a good health system that promotes primary care, for a couple of reasons. Number one, access to care: If you're sick, you want to know where you can turn to, and that's your primary care doctor. And number two is—and perhaps something that we have not focused on a lot as a health care system has been prevention. The more we can talk about prevention and really have health education, promotion, public health conversations within a well-functioning, a well-supported primary care system, the better off we all will be. The costs of the system are rising and the ability to have properly functioning primary care, family doctors at the helm, is what will turn this ship around.

Mr. Terence Kernaghan: Thank you. You know, I think, from your presentation, it had been mentioned that 60,000 people lose their family doctor every single month. We were proud as an official opposition to have our leader, Marit Stiles, bring forward a practical solution to address the administrative backlog, which would have provided care for two million more Ontarians. Unfortunately, the Conservative government voted against it.

I want to know if either of you would like to talk about wage parity for health care disciplines. How does that affect the acute care physicians and emergency care physicians? As well, if you'd like to add any comments about the $1-billion overreliance on these for-profit agency nursing companies.

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

Dr. Andrew Park: I'll start and turn it over to Kim very briefly. Inflation has been 25%; our wages have increased 6%, and when overhead is 45%, these are numbers that—the math just doesn't work.

Kim?

Ms. Kimberly Moran: Yes, absolutely, Andrew, I would agree. I think that we have to make sure that our health care system is well protected, and compensation is a key part of that, making sure that health care professionals are paid at pace with inflation.

Mr. Terence Kernaghan: Absolutely. The 25% metric, it has not kept up. It's disturbing to see Bill 124 and the reluctance to pay people what they're worth. When there's a tiered idea, that home care receives less than long-term care, which receives less than acute care, it's no wonder that people are going to go towards the places where they're going to make the most money in a cost-of-living crisis. So thank you very much for your very practical solutions. I hope that the government will listen.

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

Ms. Stephanie Bowman: I want to come back to Kimberly with a question about, again, some of the finances. We know that the government spent about a billion dollars last year on nursing agencies, staffing agencies, and that with a 50% profit margin, that probably means about half a billion dollars went out in profits instead of "keeping" that in care in the system. Could you talk about some other examples like that that concern the OMA as it relates to how money is being spent in our public health system today?

Ms. Kimberly Moran: Yes, absolutely. I'd be happy to do that. I mean, 19 hours of administration by a family doctor right now—that is not where we want our family

doctors spending their time. We want them to spend their time on clinical visits working with patients, as Andrew said, preventive care, navigating the system for patients. So that is a key area where government can take action right now to make the system far more efficient.

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The other area would be expanding team-based care. We know, and all the evidence points to, that in primary care, the best primary care systems in the world are operating in teams now. Honestly, with the decline in family doctors, it's the only way forward that we have that's going to make sense. So as a result, making sure that doctors can share the work with other health care professionals, all working to the top of their scope, that's where we're going to find efficiencies.

Andrew, did you want to add anything?

Dr. Andrew Park: Yes. Just on that team-based care component, I would say efficiencies around complementary skill sets as opposed to competing or replacement skill sets is a real priority. We are at a brink where things will get a lot worse if we don't look thoughtfully at how to make them better together in a coordinated fashion. The more we create silos in our system, the worse off patient care gets.

Ms. Stephanie Bowman: Yes. It's interesting; I was out in Milton yesterday, and I knocked on a door and talked to a nurse practitioner. Again, unprompted, she said, "We just feel so demoralized. There are just so many opportunities for us to work at our skills, work at the top of our potential. And yet, the opportunities to work in family health teams—there are just not that many today." That's one more example. Thank you.

I want to come to Rhona to talk a little bit about insurance. Rhona, I'm wondering whether or not the changes around the first payer, the insurance company being the first payer instead of a benefits plan that a person may have through their work insurance—was that a surprise to you? Did people know that that change was coming?

Ms. Rhona DesRoches: Well, we had hoped because we had certainly brought that issue up to the government, because it was extra work for claimants, and it was a lot of extra work for the treatment providers. There has been a lot of pressure on the treatment providers, and it's driving them out of the auto insurance world, so we definitely support that. I think it's a great idea. It's a time-saver.

Ms. Stephanie Bowman: Okay. So, in terms of the action, you think it will have a positive impact on accident victims, but it's really the amount that you're concerned about, that the $3,500 is just not sufficient. So once that is maxed out from the insurance company, then what happens?

Ms. Rhona DesRoches: Well, then you pretty much will end up at the Licence Appeal Tribunal fighting to get more coverage.

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

Ms. Rhona DesRoches: We've got a couple of thresholds. One is the MIG, or the minor injury guideline, and the other one is the serious injuries. So you go from $3,500 to $65,000, and then the million dollars is available to the most catastrophically injured accident victims. Those are big gaps and big steps, so insurers are not happy to go above that $65,000 but the litigation starts really at that $3,500 mark. I think that if we increase the MIG, you'll see a lot less people coming through the LAT. You'll see a lot of the people have enough to be able to recover. It's a win-win, I think, all the way along for insurers, whether they like it or not.

Ms. Stephanie Bowman: So the burden, again, is with the accident victim around going back to their insurance company to seek those additional funds to continue and pursue—

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

MPP Quinn.

Mr. Nolan Quinn: Hopefully you'll humour me a little bit just to go back in time and a little bit of history. When the NDP were in office, which was many, many years ago, their short-sighted decision was to cut medical school enrolment by 10%. I know they like to forget that but very short-sighted. Under the previous Liberal government, they actually cut 50 medical residency seats—again, another short-sighted move. Now, we're in the current situation we're in, and we're fixing their problems.

My question is for Dr. Andrew Park. Another announcement that I am quite proud of, and I know my colleagues are as well, is the York medical school with a focus on family doctors. From your organization's point of view, how important is that type of investment? Do you see it having a serious long-term impact, unlike the previous NDP and Liberal government?

Dr. Andrew Park: Yes. So, we're also—

Interjections.

Dr. Andrew Park: We're excited about the York University announcement. The first graduates will be coming out in 2034, so it will be a while, as they start in 2028. These are long-term solutions. Certainly, our fear is that, if the investments aren't made sooner than that, then they won't have a system to practise in. So I think that we have to be both long-term-minded as well as what the needs are short term.

I would highlight that this is a making of multiple governments, not just one or the other. I think that it is our responsibility as Canadians and Ontarians to do what we can to ensure that we're putting the proper investments where they belong in health care.

Mr. Nolan Quinn: Thank you. I know it really riled up a response from my opposition colleagues on the other side.

Another aspect of the budget that I'm quite proud of as well, coming from Saint Elizabeth home care—I used to work there in the HR department—was our announcement of over $2 billion over three years in home and community care. Dr. Park, can you explain to me some of the ways you'll see this investment having an impact? How is it different from other investments that we're doing in health care?

Dr. Andrew Park: You're absolutely right. Around home care, where we currently have our system right now is inefficient. As an emergency doctor, what I see is that as a patient you have to fail in order to qualify for home care. By putting those investments into a more proactive sense, with primary care teams who can identify their patients that are at risk of failure so we can, again, be proactive—any cost that we delay down the road is going to be more. Hospital admissions are more than supporting patients in their home, where they want to be and where they get better care—it is extremely important. These investments help in that. As long as we're seeing that the workers are well supported and that we're seeing a proactive model of home care delivery, that will help offset some of the pressures on acute care.

Mr. Nolan Quinn: Thank you, Dr. Park. Another question for yourself or Ms. Moran: Obviously our government has shovels in the ground in the Niagara Health system, the Scarborough Health Network, the Ottawa Hospital, Cambridge Memorial, as well as others. I believe that there are 50 across the province. Can you just explain the impact of the 4% funding increase on the hospitals? I believe this is the second year on average that there has been a 4% increase in the hospital budget. Again, knowing that we have aging infrastructure, I would like for you to touch upon our hospital reinvestment, as well as some of the investment in the base funding for hospitals.

Dr. Andrew Park: Kim, do you want to take this?

Ms. Kimberly Moran: Sure. I think that from the Ontario Medical Association's perspective it's very important that all parts of the health care system are funded to keep pace with inflation, and that includes Ontario's doctors. We have our physician services agreement we're negotiating and hopefully will come to a decision shortly. That counts for doctors as well. They haven't kept pace with inflation, and what we're seeing is that they can't afford to pay, say, their nurses, their medical assistants, their office rents because they've skyrocketed with inflation. I think that, as with every part of the health care system, we want to see it appropriately kept pace with inflation so that we can have a high-functioning health care system that we all deserve.

Mr. Nolan Quinn: Dr. Park, I'm hoping you can answer the question I asked about the 4% increase in funding on the hospital-based budget and the projects we're working on to ensure that we have the infrastructure, the hospitals across the province to ensure that patients are looked after carefully, understanding there's been inflation right across all ministries. I'm just curious if you want to touch upon the 4% increase, the second year on average for our hospitals.

Dr. Andrew Park: Anything that provides improved care, certainly as an emergency physician, that's something that's welcome in terms of ensuring that our acute care sector is appropriately funded.

I would point out that 80% of health care is in the community and away from hospitals. That is one of our most expensive resources, so we have to ensure that both are appropriately funded and that they're working seamlessly across.

As Ms. Moran pointed out earlier, with the 30% inefficiencies in health care, what we have to ensure is that those stopgaps between community, to hospital, back into the community for our patients are more coordinated, seamless and integrated with one another.

The Chair (Mr. Ernie Hardeman): Two minutes left. MPP Barnes.

Ms. Patrice Barnes: My question as well is for Dr. Park. We have invested a lot in expanding nurse practitioner-led clinics. We've invested as well in expanding the roles of pharmacists in taking some of those everyday diagnoses out of the system to address some of the challenges that doctors are having. What are some of the concerns that have come forward with those particular investments?

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Dr. Andrew Park: The concerns in particular around pharmacy prescribing have been that they have increased significantly the amount of paperwork that doctors face because there is a diagnosis being given by a pharmacist and then sent to the doctor, who either has to accept, change or modify the care being provided.

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

Dr. Andrew Park: Understanding the desire to provide access, what I would suggest strongly is that what we're looking at is instead of looking at pharmacists as standalone, integrate pharmacists, integrate nurse practitioners with teams that can then upscale their capacity to provide more care as opposed to saying, "Look, we've got silos of pharmacists providing care, we've got silos of nurse practitioners and doctors," because that creates inefficiencies in an already inefficient system.

Ms. Patrice Barnes: Is that model where you have a doctor in charge that oversees the two, or—what does that model look like? Because right now, I think, depending on what that model looks like, it would be creating a sort of bottleneck, wouldn't it?

Dr. Andrew Park: No, no. We're open to any model that looks at how the team appropriately functions. Here's the bottom line: When you have teams, it's like saying one plus one equals four as opposed to one plus one equals one and a half, because that's currently what we're—

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

We want to thank all the participants for all the work they went through to prepare for this meeting and thank you very much for ably presenting it to us.

ACCESSIBLE HOUSING NETWORK
YWCA HAMILTON
BIRTH MARK

The Chair (Mr. Ernie Hardeman): With that, we will move on to the next panel. The next panel is the Accessible Housing Network, YWCA Hamilton and Birth Mark. If

they would come forward—I believe two of them are going to be virtual. The Accessible Housing Network is the only one that will be coming to the table. If we could come forward, and those that are on the screen for this panel, I will give the instructions.

You will have seven minutes to make your presentation. At six minutes, I will say, "One minute." Don't stop, because you have the best minute of your presentation yet to do. With that, at seven minutes, the presentation will be over. We again also ask all the presenters to make sure you identify yourself as you start to make sure that great presentation will be awarded to the right presenter.

With that, the first one to present is the Accessible Housing Network. That's the one that's here at the table. We will turn it over, and the floor is yours.

Ms. Kate Chung: Thank you very much for listening to the public. My name is Kate Chung. I'm with the Accessible Housing Network.

We're an informal group of over 70 organizations across the country, more than half of them in Ontario, because they started right here in Toronto. Our whole goal is to change all the building codes in the country and all the regulations for housing to require that all new housing be fully accessible. They have done this now in Australia, so there's no excuse for not doing it here. What's wrong with us?

As far as from my point of view, a budget is not just a listing of planned expenditures; it's also a means of assessing ways to save money while meeting responsibilities.

Please keep in mind, if you don't remember anything else from what I say, we are all only temporarily abled. We are all only temporarily abled. That's every one of you and me, as I'm finding out.

For-profit services always cost more than non-profits because profit is skimmed off the top. For this reason, health care has to remain non-profit. Likewise, long-term care has to remain non-profit. To do otherwise is to waste taxpayers' money. Large institutions are far more costly than home care. They're also far more damaging environmentally—all that concrete. You've heard about cement and the damage it does. So it's urgent to prioritize home care and related services.

This is what's more than 90% of seniors want. I'm 82 years old and I am absolutely terrified of what is going to become of me. I do not want to be jailed in a long-term so-called "care" prison, but that seems to be where we're all being forced to go because there's no home care and our housing is not accessible, including my own condo apartment.

Home care can be more efficiently provided if the homes are fully accessible. You won't have caregivers burning out. Accessible housing universal design has many benefits that you'll find listed in the presentation I've given you. There are fewer falls; fewer ambulance calls; fewer hospitalizations; reduced costs for long-term care, because people will be able to remain in their accessible homes; protection of seniors and people with disabilities from the horrible situation, the catastrophe that we found in long-term care during COVID.

If you have accessible housing, there's less burnout for staff and for family caregivers. There is reduced need for PSW help. There's reduced need for other kinds of household help. There's improved mental and physical health, and there's increased employment of people with disabilities. Those who are working part time can work longer hours. Those who aren't working at all could maybe take part-time work because they don't have to use up all their spoons of energy trying to get around in housing that's not accessible.

I know people who were crawling on the floor because they can't get their wheelchair into their apartment. There are people carrying teenagers up and down stairs because they cannot find a house that's accessible. This shouldn't be happening. There's a 17-year-old boy right here in Toronto that has to wait outside for a neighbour to come and open the door because he can't get the door open to get in. He has cerebral palsy and uses an electric wheelchair. Once he gets in, he can pull himself up the stairs to the second floor, where he and his mom have an apartment, and then the landlord comes out and slams the wheelchair against the door so that if there were a fire, he would die. This shouldn't be happening.

And all of these benefits of accessible housing save the government money. I just don't understand why there is this push for long-term-care institutions but not to change the building code. Universal design will accommodate almost anyone—all of us, of any age or ability—and demonstrates an underlying commitment to including everyone with a wide range of abilities and disabilities.

Stats Canada says that, as of 2022, 28% of Ontarians have a disability and thousands of these are children. People forget about the kids. Many more seniors have disabilities, but they don't declare them on the census so they don't even get counted. The Ontario Building Code only requires that 15% of apartments in a new building be visitable. So you can come in and have a cup of tea and use the washroom. You can't live there. It's not accessible enough.

Thousands of people are forced out of their homes at the most vulnerable time of their life simply because their homes are not built to accommodate their changing needs, and this results in hallway medicine and long waiting lists for nursing homes, and millions of health care dollars could be saved just by having people stay in accessible homes.

We have to amend the building code to make universal design the mandatory standard for 100% of all units of all new housing in both rental and ownership, and cost is not an issue. I keep having people ask me, "Well, who's going to pay?" You actually save money, because CMHC has reported that to build a new apartment costs the same, whether it's accessible or not. So why are we not making them all accessible? A universal design apartment looks a little more spacious. Anybody can live there. To build a house costs only a little bit more than a standard construction.

In addition, human rights are supposed to take precedence over all other laws in Canada, everywhere in Canada, including building codes. The government of Ontario is obliged to meet the requirements of the UN Convention on the Rights of Persons with Disabilities, the Canadian Charter of Rights and Freedoms, the Ontario Human Rights Code, the Canadian Human Rights Act, and all of these prohibit discrimination on the basis of disability or age. So why is this being ignored?

I urge you to do the right thing: Honour our human rights laws.

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

Ms. Kate Chung: Mandate that all new housing be universal design, and this will save Ontario millions of dollars.

Remember, it could be you or your family member diagnosed with MS like my nephew, suffering a stroke like lots of people we know, a heart attack or hit by a truck like lots of people I know. We're all only temporarily abled.

I welcome your questions.

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

Our next presentation will be the YWCA Hamilton, and I think one is virtual.

Ms. Medora Uppal: Yes. Good evening.

The Chair (Mr. Ernie Hardeman): Very good.

Ms. Medora Uppal: Thank you. My name is Medora Uppal. I am the CEO of YWCA Hamilton. Thank you for the invitation to share feedback on the Building a Better Ontario Act, budget 2024.

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YWCA Hamilton serves over 10,000 women, children, gender-diverse people and families per year and directly employs more than 500 people. We provide residential supports and day services to nearly 200 adults with intellectual disabilities and provide affordable, high quality child care to 350 children in Hamilton and Haldimand. We run training and employment programs that help women and youth enter or re-enter the workforce to improve their economic conditions in Hamilton and Niagara.

We also operate housing for 195 women and their children through emergency shelter, transitional housing and permanent, affordable housing. The women in our programs are escaping violence, and access to our services can improve material conditions, foster independence and, most importantly, save lives.

We applaud the government's support for Bill 173, to declare intimate partner violence an epidemic, and look forward to working with you to strengthen violence prevention, crisis response, and help women and children rebuild their lives.

Through your comprehensive budget, we see significant opportunities to work with the government to improve the lives of people in three areas: supportive housing, developmental services and employment and training.

We applaud your government's investment of an additional $152 million over the next three years to support individuals facing unstable housing conditions and dealing with mental health and addictions challenges.

We're ready to work with you to build more supportive housing, and I look forward to future discussions about our housing projects that are already in the early stages of development and design for women and children, including one site in Hamilton with 90 units of supportive affordable housing, that will require all three levels of government to make it a success.

Your $15-million mobile maternal care program for remote communities where hospital access is challenging is very innovative. We ask that the government invite conversations about adaptability of such programs to serve those experiencing homelessness while pregnant. This has the potential to avoid hospitalization and negative birth outcomes by equipping non-profits who serve vulnerable pregnant populations to provide respite and care in coordination with health practitioners pre- and post-natal at far lower cost than hospitals.

We also welcome the additional $13.5 million over three years to enhance initiatives that support women, children and youth and others who are at increased risk of violence. We welcome opportunities to discuss the wraparound supports we offer in community, outside of hospital, where the majority of survivors are seeking support, and we look forward to finding upstream solutions with you, but our greatest threat in this epidemic is the immediate safety of those women and children unable to leave because shelters are full, the rent is unaffordable and they don't have a safe place to land. We know housing options and wraparound supports are critical to escaping violence so that women can rebuild their lives, their confidence, become financially independent and live fulfilling lives. YWCA is ready to work with you.

We're pleased to see an increase in the budget in developmental services base funding but still believe a more significant increase is needed for this sector to maintain stability. We are absorbing the costs of inflation, and we don't want that cost burden to result in reducing services or quality for the most vulnerable in our communities.

The additional $100 million in the Skills Development Fund that you've provided will continue to help job seekers advance their careers, and we're appreciate of other investments in skilled trades. However, the annual changes to funding for programs in skilled trades and pre-apprenticeship destabilize the system and result in quick starts and stops that prevent us from providing the consistency of supports women need who are entering skilled trades or re-entering the labour market. We welcome discussions on how to increase funding for women's skills development programs through multi-year funding. We can produce more value per dollar through retaining qualified staff and sustaining relationships with employers, participants and other partners.

The reality is women's participation in skilled trades and non-traditional occupations has been moving at a snail's pace for too long. Over the last 40 years, women's participation in the manufacturing sector alone in Ontario has stayed steady at 29%. We can't move the needle on the economy and address the labour shortage without signifi-

cant long-term investments in the potential of 51% of the population.

Non-profits like YWCA Hamilton provide upstream solutions to prevent future crisis and relieve stress on governments and public institutions. We run efficiently and report success often. We share the government's goals of building a better Ontario, and the investment in non-profits will help people be resilient in our communities and contribute to a better Ontario.

Thank you for your time, and I look forward to your questions.

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

Our next presentation is Birth Mark; I believe it's also virtual. The floor is yours.

Ms. Gillian Cullen: Hi. Good afternoon. My name is Gillian Cullen, and I am pleased to be here and honoured to be here with you today. As I stand before you, I'm going to speak to the issue that goes to the heart of our collective well-being: the importance of community-based health care and the vital role that organizations like us, Birth Mark, play in sustaining our communities.

In response to Ontario's budget, Bill 180, we submit a request for funding consideration aiming to ensure that essential services we provide can continue to benefit the people who need them most. It is no secret that our health care system is under immense strain, with emergency departments overcrowding, the shortage of family doctors—which is leaving 6.5 million people in Ontario without a family doctor—and regular care physicians. Community programs and projects such as ours at Birth Mark are uniquely positioned to address immediate needs effectively and provide a more connected and convenient care experience for Ontarians.

Birth Mark is a trusted registered charity that specializes in comprehensive reproductive health care support, filling critical gaps within our health care system. Our tailored program prioritizes reproductive rights, perinatal health and community empowerment. We offer personalized care through reproductive support, doula support programs, providing versatile non-medical assistance during birth, postpartum, abortion and support for the 2SLGBTQIA community. Our services are designed to meet individuals where they are, providing an emotional support system, navigation and informed decision-making guidance.

We have served over 3,700 people in the last six years. The populations we serve are facing gender-based violence, facing homelessness or experiencing homelessness, food insecurities, mental health issues and crisis, as well as folks who are disabled. These are just a few of the folks that we serve here.

Through our social reproductive care model, we focus on preventative measures, addressing the social determinants of health and minimizing complications that could lead to hospitalizations. This approach reduces strain on health care facilities, improves mental health outcomes and contributes to a more resilient health care system. Our advocacy and system navigation services guide individuals through the complexity of the health care system, optimizing resource allocation and insurance of efficient utilization.

Our clients are facing crisis moments at every turn. Now imagine being pregnant and facing these pressures. We can close these gaps, give 24-hour crisis prevention care and reduce emergency medication costs while keeping people connected.

Everyone is impacted by reproductive health care. We believe that the goals and objectives of Birth Mark align closely with the Ministry of Health's mandate for promoting health equality and inclusivity. Our work contributes to a more compassionate and inclusive health care system where everyone, regardless of background, has access to the support they need.

As we consider the future of Ontario's health care system, it is imperative to recognize the value of investing in organizations like Birth Mark and other community, charity and non-profit programs. The cost of funding these initiatives will ultimately save taxpayer money in the long run as improved health outcomes and preventative care reduce the need for costly emergency and hospital-based interventions. We urge Ontario's leaders to consider expanding funding for community support organizations and recognize their critical role in supporting our health care system and promoting the well-being of our communities. The impact of this investment will be felt not only by the individuals and these families we serve but also the health care system as a whole, creating a more sustainable and resilient future.

Thank you for your attention and for your commitment to the health and well-being of all Ontarians. Together, we can work towards a brighter and healthier future.

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I am open to your questions. Thank you.

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

Now we'll start the first round of questioning. We'll start with the independents. MPP Hazell.

MPP Andrea Hazell: Thank you to everyone for presenting today.

My first question is going to go to Medora and YWCA. I do love the YWCA. I don't know; who doesn't like the YWCA? The 10,000 women that you're taking care of; 500 employees; over 350 children. Thank you for the great work that you continue to do.

I know you threw out some numbers—$13.5 million; I think I got that. I think you threw out another amount, but I'm just curious to learn about your budget pressures coming off of 2023, and then what does it look like going into 2024? I want you to relate it to your operation costs, HR gaps, staffing issues etc.

Ms. Medora Uppal: I appreciate the question about budget pressures. This is one of the big questions all non-profits are facing, particularly women's organizations. We don't actually have core funding, and never have had from any level of government, in order to exist. We continue to push for charitable donations as part of our practice, and the charitable sector—as you know, donors are giving less.

The financial reports are coming out on less money through charity. That's creating an immediate pressure for us.

Staffing costs and, of course, the costs of inflation have pushed up all sorts of operational costs, especially with infrastructure. We have a number of large buildings as well as housing for people with developmental disabilities, child care centres, so those costs are going up.

The costs of labour are really high, and we have to be very competitive. We have to be competitive across regions. We can't just focus on our own local costs. We have to be competitive even with the private sector, and this is creating a real pressure. The living wage went up again and in October; it's going to go up again, along with minimum wage going up. We are a living-wage employer, and so that puts pressure on our whole wage grid.

What we find most challenging is when investments in women are really project-based, and that includes children as well. It's project-based funding. It's inconsistent. It's unpredictable. Pre-apprenticeship was a good example: We lost $2 million this year in pre-apprenticeship investments because there wasn't enough to go around. So we got one program instead of three programs funded, and we had to let go of—end 10 positions that were only contract-based because we couldn't actually afford to keep people in a permanent employment because of this contract-based funding.

So the costs are very real and the pressures are considerable. I am concerned for what's going to happen. As I mentioned, in developmental services, we were asking for 5% across this sector for each organization to receive a base funding increase, because we haven't seen a base funding increase, and we only got 2%.

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

MPP Andrea Hazell: Thank you for detailing that.

With my one minute, I want to ask you one question and I'm going to get back to you in my second round. Are you getting more funding right now from charitable donations versus funding?

Ms. Medora Uppal: No. We are reliant on government funding. Charity is only about 5% of our budget.

MPP Andrea Hazell: And can you live without that 5%? Because we're going through an affordability crisis—

Ms. Medora Uppal: No.

MPP Andrea Hazell: Okay. Thank you for stating that.

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

Ms. Christine Hogarth: I just want to thank all the people who are here today for your time coming to Queen's Park. Those who are not here are lucky because it's really, really warm in this room today. But thank you for taking the time and participating in this session. It's very important to hear what people have to say.

I do want to talk a little bit to the YMCA. First of all, thank you for the great work that you do. Actually, while you were speaking, I was googling your organization just to see some of the items that you offer people. As my colleague mentioned, YMCA always does good work.

Ms. Kate Chung: YWCA.

Ms. Christine Hogarth: YWCA does great work.

Just last week, we had a debate in the Legislature and we talked a little bit about intimate partner violence, domestic violence and human trafficking, and that's why, since 2018, our government has worked extensively to ensure that women and children who are victims of these horrific crimes have the supports they need to get out of harmful situations and to heal afterwards.

I have in my riding of Etobicoke–Lakeshore an amazing organization, led by Carla Neto, called Women's Habitat. Often, she speaks to me about housing, and she says sometimes when a woman and her children flee their home, they're homeless and they go to these organizations. I noticed in your bio that you talk a little bit about housing service for women fleeing violent situations and often they have children with them.

Now, one thing we also talked about when we were debating in the Legislature is the $1.4 billion over four years. The government is providing an additional $13.5 million over three years to enhance initiatives that support women, children, youth and others who are at increased risk of violence or exploitation.

We didn't just agree with this bill. We went a step forward and we're asking the Standing Committee on Justice Policy to conduct an in-depth study on all aspects with respect to intimate partner violence.

Now, looking at the money that the government has put forward, we always say that sometimes money is not the answer. Is the money going to the right places? First, I ask you to join us and get involved with this committee once the hearings are set—that's justice policy—but your thoughts on the money that is flowing right now, the $1.4 billion over four years and the additional $13.5 million over three years, is it going to the right place? Can you just expand on how that helps your organization—and not just the organization; the clients that come to your organization.

Ms. Medora Uppal: Thank you. Medora Uppal again for YWCA Hamilton.

Through the Chair, I do think the investments are critical, very important. It's a significant investment. In terms of where it's going, I always say the devil is in the details. As it rolls out, we will understand better where this money is going. I'm quite anxious to get as much in community, in our women's organizations as possible to deliver these services.

I know there's a range of organizations potentially that will have them. I saw a significant investment, for example, in hospitals where sexual assault and domestic violence support is happening. I would urge that we really focus into women's shelters and transitional housing and supportive housing programs. These are really critical keys to addressing this epidemic.

I think the investments need to be multi-faceted. I do believe prevention is a strategy we need to focus on and young people and education. But there is such a crisis, that we have to make sure that women and children are not avoiding leaving because they have nowhere to go—sleeping in cars. There are shelters that have opened up their boardrooms to pull out beds. We've had women and

children not thriving but suffering in hotels for over six months to a year, in some cases. These are not solutions, and we need to get the investments right in terms of housing. When you're talking about housing for women and children fleeing violence, you have to be very intentional in how you design and build that, and you have to have the operating supports.

I will say that there's a great opportunity partnering with both the federal government and the municipalities for the province to bring that forward. For us, the key is to see the province investing money directly in the operating. In our 90-unit project, that's a $40-million capital project, we need $6 million annualized to operate the right supports for women and children. That kind of investment will make a real dent in Hamilton, to have 90 units of supportive transitional housing for women and children, but the investment has to be there from the province.

Ms. Christine Hogarth: We agree. We will continue with those investments, and I'm looking forward to some of the items that come out of the hearing.

Some of the investments through the Ministry of—I think it's called—Children, Community and Social Services; we change the names all the time. Some of these investments go to 24-hour hotlines, making sure that there is shelter support.

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But again, I want to make sure some of this funding is getting to the ground level, because the last thing you want is a woman to stay home and be abused because she's afraid and doesn't have a place to go. We need to let people know that there's help out there, that you are not alone. If we could say anything to women: You are not alone. There is help in communities all across our great province.

Any advice to us of how we get that message out to women, that help is there? To me, it has to be cultural as well. We have different aspects of it. So any advice for the government on how to get this message out?

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

Ms. Medora Uppal: I think getting the message out through the organizations that are already working with women—we have settlement programs. We do employment programs; we have child care, a whole range. We have the opportunity to help you get that message out, so coordinating and connecting with us. We do it in a culturally competent way, in a way that reflects communities that we work in, as opposed to going through a provincial corporate kind of envelope and pushing it out that way. You really need to work within community, with community organizations that know their communities.

Ms. Christine Hogarth: That's a wonderful answer. We need to encourage everybody to look at your local supports in your community. Thank you once again for the work you do.

The Chair (Mr. Ernie Hardeman): Thank you. We'll now go to the official opposition. MPP Fife.

Ms. Catherine Fife: Thank you to all presenters. I really appreciate you being here. You are the last group of the day.

Kate from Accessible Housing, I just want to say I like how feisty you are. Did you say you're 82?

Ms. Kate Chung: Yes.

Ms. Catherine Fife: Wow. I can only hope to be that feisty when I'm 82 after this experience at Queen's Park.

I just want to say, we totally agree. It doesn't make economic sense to be building housing that is not accessible. It's such a straightforward comment. We should be planning for an aging demographic because we are going to see a population in Ontario and across the country age, and they want to stay in place. Your fears that you expressed in your comments around being terrified of going to long-term care, especially after what we saw during the pandemic, I think that this is a generally held view. People want their independence, and they don't view institutional care necessarily as the destination. Do you know what I mean? Because people very rarely leave that destination to go to another destination.

We do have AODA guidelines, which are supposed to come into effect in 2025.

Ms. Kate Chung: AODA doesn't even mention housing.

Ms. Catherine Fife: I know. I did learn that the Ontario building code also does not contain anything regarding accessibility for personal residences either. This is why we have these committee sessions. It's good for all government members and opposition to learn that the AODA is silent on housing and the Ontario building code has nothing around accessibility as well.

Also, we're not going to hit our guideline. The AODA was supposed to be in place, actionable, for 2025. Now there's some walking back around that because (1) we're not going to meet our deadline and (2) now the government is calling that these are just guidelines; the AODA is just guidelines. But it's still worth pursuing. It's pursuing as housing is health care, right? As a long-term option along that continuum of care, we need to make sure that seniors can age in place.

You're talking about creating a retrofit program—well, why don't you tell me? Sidle up to that microphone and give me a little lesson here.

Ms. Kate Chung: The thing is, people think that accessible housing is expensive. That's because renovations are so expensive. Building a new apartment costs the same, whether it's accessible or not, and a house costs less than 1% more. You can go to CMHC and ask. You can go to the ISO; you can ask them. You can go to any architecture firm. I've asked them all and they all say less than 1%, and CMHC says for apartments the cost is the same. So what is going on?

Ms. Catherine Fife: If we're talking about universal design around standardizing accessibility in new builds, that's one thing. However, we also have to be mindful of the ability to make current housing accessible as well, and I would argue that those are good local jobs, good local trades jobs. Perhaps even tax credits could be applied, because it's a very accountable mechanism to flush out the underground economy, generate revenue, value skilled trades, and create good local jobs. So I see it as a win-win.

I just want to say, your comments today have resonated with me, and I do appreciate the sentiment that disability can happen to anybody, so it's important for spaces to be designed for people to ensure their independence. I want to get that on the record.

I want to go over to Birth Mark. Gillian, you're quoted in the Toronto Star from an article from 2020, and the headline reads: "Hundreds of Babies Are Born into Homelessness in Toronto Each Year, Even Under COVID-19. Their Mothers Scramble to Find Them a Safe Place to Live—in City Shelters or a Friend's Apartment." Of course, you made the point that we don't really keep track of this either, because if you had to keep track of it, you'd have to do something about it. So the numbers, a count that had grown, is up to, now—because this is 2020—

Interjection.

Ms. Catherine Fife: I'm just trying to get my presentation in between coughs.

I think that we're up to, now, 1,000. Anyway, this was the stat. This is a stat that we're not really sure of. We just know that it's growing.

Gillian, do you want to talk about the importance of tracking births to those who are homeless and the impact that has on the overall health care budget?

Ms. Gillian Cullen: Through the Chair: We have seen an increase. And the thing is that there is a lack of reporting. It has to be done in a way that ensures safety for some of the folks who are reporting it. We're not going to get true numbers, in fear of apprehension or child protection involvement—so there's that level where we're not going to get those numbers.

Back in 2020, we were helping folks navigate about one in four of the reported in Toronto, and this was done by Toronto Public Health—that was reporting these numbers.

I'm not sure, because we work primarily in Hamilton and Toronto, exactly what the reporting looks like on a provincial level.

We're not going to get these numbers unless we're working hand in hand with the community organizations like ourselves or the YWCA, where we have that first-line communication with a lot of the folks who are facing homelessness and pregnancy. Having services within the shelter system or folks who are navigating with a trusted community organization, with a trusted community worker is going to help be able to bridge that gap and to ensure that we can get numbers reported correctly, so we can really make investments into folks who are pregnant, in the reproductive—

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

Ms. Catherine Fife: Thank you very much for that, Gillian.

Just quickly for the YWCA: Last year, you really advocated for a budget that is with a gender-diverse lens. Some 51% of the population are women. We should be more aware of what's needed.

Meaningfully addressing gender-based violence—we clearly are not there. The committee will be looking at the IPV motion.

I just want to let you know that I have introduced Lydia's Law, which will compel the Attorney General to report on court cases that have been stayed or thrown out because of a delay in court services.

We don't have enough time to talk about all the things that need to happen to put a gender lens on budget 2024. But I think we can agree that it doesn't do that right now.

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

MPP Andrea Hazell: Medora, I promised to come back to you, so here I am. My question to you is around the readiness for women—getting them back into the workforce. That is something that I'm always interested in, and that's one of the reasons why I also have a women's foundation. So I want to hear from you, what is your process of getting those women back into the workforce—because it takes time—and what are the costs?

Ms. Medora Uppal: Through the Chair: The costs are fairly significant. It costs time, right? It's time, resources, relationship-building. Gillian spoke to that as well. You have to build trust and relationships with these women when they're leaving violent situations. They're also coming into shelter in crisis. They need to resolve those crisis points, and we need to support them through their housing.

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So what we've done with women to see successful employment is we've stood alongside them through their journey and we've assisted them in re-entry—some of these women have never been in the labour force. Many have but need to have the skills for re-entry. So it's about creating safe spaces, also, for retraining. How do you deal with the real lived experience and challenges of managing differently as a single mother? How do you work in non-traditional spaces when you're dealing with the reality of sexual harassment or other forms of discrimination?

So we focus on helping women feel supported and build a network so that they can be successful in re-employment opportunities. We have tried throwing women just into employment training and, "Get a job." It doesn't work. It fails every time. To create the success, you have to stay with women on their journey, and the costs are very real.

Any of our employment programs—and we have a budget built out for every employment program. But you must build in—and I heard that today from women in our programs—wraparound supports. If there are not wraparound supports attached to those employment investments, they will fail, because most women coming out of violent situations, their income—they have less money, they're dealing with poverty, they are trying to overcome hurdles and barriers that most people don't face until you have to leave a domestic violence situation. So it's a big undertaking and a lot of costs and an investment.

MPP Andrea Hazell: Just one last question: Do you have any data to share of your success? If you don't have it, it's okay. I'm just curious.

Ms. Medora Uppal: Yes, through the Chair: We have lots of data for all of our programs. We have about an 80% success rate through our employment programs for getting

employed. Some of those can be, actually—we have reskilling programs and upskilling programs that see women result with, on average, $70,000 incomes—not even minimum-wage jobs. We are doing things in cyber security, data analysis, advanced manufacturing.

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

Ms. Medora Uppal: In our basic entry jobs, an 80% success rate, and that can include women returning or youth returning to school. So it's not always about employment right away; sometimes education is the key and they go back to school. That's our success in our YWCA. And we are the largest employment and training program across the country—YWCAs, collectively, are the largest—so we know what we're doing here.

MPP Andrea Hazell: Thank you for sharing that.

My last comment is to Kate. Kate, thank you for coming down to Queen's Park. It's not easy to get to this building, and you're advocating for those that can't make it here. In my constituency, that's a concern, because a lot of seniors are coming forward and saying, "Andrea, we need to get a petition starting," so they're also starting it. What they're saying to me: "You don't know how painful it is until you get into that space." So, thank you so much.

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

We will now go to MPP Harris.

Mr. Mike Harris: Thank you, everyone, for being here and presenting today. I want to focus my comments primarily around youth and young women and young pregnant women or women with very young children. MPP Fife will know we have very good organizations in Waterloo region that help young women become self-sufficient. Often, they're getting out of situations where perhaps the father in the relationship is less than thrilled about what has happened and they're looking for ways to be able to become healthy young mothers and the be able to give birth and raise their child. There is, in my estimation, a shortage of organizations that do this. I'd love to get a little bit more thought from both of you—independently, together, however you guys want to structure this—on what your organizations are doing to help young girls, young women in those types of situations, and how you think as a government we can better allocate funds or more funds but at least set the groundwork for these types of organizations to be able to continue doing good work in their communities.

Whoever wants to start; maybe YWCA.

Ms. Medora Uppal: Thank you. Through the Chair: Yes, the investment in young women is really critical and important and when you talk about young mothers, we do see an underinvestment in that area, particularly when they're fleeing violence. There's a lot of supports that are needed: skill building, becoming a new parent. There's also the postnatal care, the prenatal care.

Unfortunately, we're seeing women coming in—and Gillian; we're working with Birth Mark. We're seeing women coming in who have had zero prenatal care and could be as far along as eight months into their pregnancy. So it's really important that we look at a different route and path and supports and that not all responses can be the same.

I'll stop there, and I'll let Gillian take on the rest of the question.

Ms. Gillian Cullen: Through the Chair: Definitely, it's about creating—what we do is, we're referral-based, so we're going to see clients being referred into our organization and creating that customized client-centred care. That's the only way that we're going to be able to tackle this because each individual that's coming to us is going to have different intersectionalities that need to be addressed, and the way we can do that is to make sure that they're able to navigate the system and get connected to the programs and the things that they need. That does have to be done by planning prenatally, by making sure that they're connected to a care provider, to making sure that they're connected to the right resources, whether it's mental health resources, housing resources, food resources. The only way we're going to be able to do that is to have somebody to help them and create that wraparound care, and through doula work, through reproductive support work, we're able to do that.

It's also to think about, what choices do they have? Are they going to parent? Are they not going to parent? And being able to connect them, then, to the right resources too. Our team needs to be trained efficiently to understand the intersectionalities that they're facing and ensure that these folks that are coming to us, from the positions that they're in, that they're feeling that they can—

Mr. Mike Harris: So what about from a residential support capacity? Is that something that your organizations kind of play in that space? I know Monica Place in Waterloo was a great example of where they would actually have resident space and young mums could be there and learn skills and how to eventually be able to move on and hold a job and rent an apartment and build their life. I was a big supporter of them, and they've now been rolled into another agency within the region.

What are your organizations doing to help support those types of initiatives?

Ms. Gillian Cullen: Do you mind if I just continue on this point?

Mr. Mike Harris: Sure, go ahead.

Ms. Gillian Cullen: So our service has actual mobile care. We go into those spaces, which makes it more accessible. We're able to partner with these communities, homes and shelters, and organizations that are doing this work—food programs—and go into those spaces so we can actually hit more of the population, more of the community. I think that's what's the important piece of it, is that we can go into every space—we can go into a shelter, we can meet in the community—and really tailor that service towards each individual. Because we could go in and do group, but honestly, sometimes that group—it's great to educate the group, but that follow-up care has to be client-centred and individualized care.

Mr. Mike Harris: Okay.

How much time left, Chair?

The Chair (Mr. Ernie Hardeman): Two minutes.

Mr. Mike Harris: I know my colleague MPP Anand wants to have a little bit of time left here, but I did just want to say thank you both, and you as well, Kate. I'm sorry I don't have any questions for you, but thank you all for appearing here today. I'll pass it over.

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

Mr. Deepak Anand: With the limited time that I have available, I just want to again thank all of the presenters here for taking their time and being an advocate for the community and Ontario at large.

YWCA Hamilton, my question is very simple. We have a program—and I am a student of sustainability, and I love this program because of this. The government of Ontario, when collecting the taxes, takes a little bit of that money and finds people who are looking for support through skills development. So we have an SDF, which is the Skills Development Fund, investing the people's money into the people's requirements. Through that program, through the SDF, the people get the training, and then they start working.

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

Mr. Deepak Anand: When they start working, they start paying back. It's kind of an ongoing, vicious cycle of prosperity wherein we are taking the money from the people, investing into the people, and people pay back. Have you heard of SDF?

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Ms. Medora Uppal: I have heard of SDF. We were funded by SDF in partnership, and we did not get new funding realized this round. I mentioned in my comments that the SDF program we actually think is a value added. We'd like to see more money. It was over-subscribed to and competitive, and we will be reapplying in the next round.

Mr. Deepak Anand: Perfect. That's what I wanted to ask you, because through this budget, there is going to be $100 million for the SDF so that we can take that—

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

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

Mr. Terence Kernaghan: Thank you to our presenters here in person as well as those virtual today.

I'd like to begin my comments with you, Kate, in terms of accessible housing, and your comments about people crawling around in unsuitable housing. You think about safety, quality of life and just simple human dignity that is being robbed from people. It truly is. The built environment can deliberately include but it can also deliberately exclude. What message does it send to persons living with disabilities, to seniors, to children, to families that principles of universal design are not being added to the Ontario building code?

Ms. Kate Chung: Oh, it's just [*inaudible*] that they don't count. Their message is, "We are no longer hidden in the back bedroom on the farm. We're out there. We have jobs. We're going to school."

I'll give you the example of Tracy Odell, who, at the age of seven, along with her sister, who also had a serious problem—they both had serious disabilities. They lived in Ottawa. Their parents had to place them in a hospital school here in Toronto. That's where they grew up: a residential school for kids with severe disabilities. At age 18, when the kids turned 18 in that hospital school—it was Bloorview hospital—they were sent to nursing homes. Never mind that they were 18 and the people in the nursing homes were 80 or 90 and maybe had dementia; it didn't matter. They were all terrified of what was going to happen to them.

Tracy was lucky. There was a pilot program through which she was able to get an apartment that was accessible at the time she turned 18—just sheer luck. She went to university. She got two degrees. She worked for the Ontario government for years and years and years. She's retired now. She had a couple of kids; she has got grandkids. She has had a life. But if she had been forced into that long-term-care jail, she would be dead now.

I have a little video of her. If you look on our website, which I think I forgot to give you, it's on accessiblehousingnetwork.org. If you just look up "accessible housing network," you'll find us. There's a short video there, about three minutes, of Tracy saying, "If I didn't have accessible housing, I'd be dead now." So really watch that. She's a fantastic speaker.

Mr. Terence Kernaghan: Definitely. I will certainly check that out. Thank you for mentioning that. You're absolutely right.

I did want to ask—we've seen a real focus on the re-institutionalization of people in Ontario. In fact, we've seen that there are currently long-term-care-home providers that are now opening their doors to people living with disabilities, people with developmental disabilities, which is truly concerning.

I wanted to ask: Would you like to comment on the Denmark model, where they have put a moratorium on the creation of new institutions and instead are investing money in accessible housing and making sure that the current housing that seniors are living in is suitable and an accommodation where they can continue to thrive?

Ms. Kate Chung: There was a really good video that Dr. Samir Sinha—he went to Denmark, and he investigated this. In the video, he shows that when people turn—I forget—60 or 65 in Denmark, a social worker comes and visits them, just automatically. And they decide, do they need any help so that they can remain in their housing? And people come in with home care so that they can remain in their housing. I don't know why we don't do that here. I have a suspicion, but I won't say it.

Mr. Terence Kernaghan: Absolutely. Well, I suspect that institutionalization makes certain people a great deal of money, and unfortunately, we see a province that is more concerned about profits for certain people than people. But I want to thank you for your presentation—very well done.

I would like to turn it over to Medora. I wanted to know if you had any comments about the #5ToSurvive campaign that developmental services were advocating for in budget 2024.

Ms. Medora Uppal: Through the Chair: #5ToSurvive was a campaign that we supported as well. So, it's a 5% increase in developmental services organization towards our base funding. Really, there are organizations within our sector who actually need a 10% increase because of the costs, so 5% was a fair number to ask the province for.

We're receiving, my understanding is, a 2% investment increase in base funding this year. It's a start. It's not enough. It's not going to keep us stable. It's certainly not going to help us address that very long wait-list of people who are waiting for access to the developmental services that we have to offer, whether that's residential—and largely residential programs for people with really complex needs, who do include some of the populations we've actually talked about today in terms of women. They include women who are dealing with homelessness, young women who are pregnant. We've been supporting, with residential services, young women who have had babies with developmental disabilities. That takes a lot of costs and work and there's a lot in that, so that 5% is really critical to keeping our system thriving.

Mr. Terence Kernaghan: Understood. You know, in my home community of London, Anova has indicated that they received so many—hundreds of requests for women who are fleeing violence to find shelter. They have 3,000 requests and only 150 women fleeing violence were able to find shelter. They had to turn away 95% of people who just wanted to be safe, just wanted to protect themselves, just wanted to protect their children.

Does YWCA Hamilton face a similar problem of having to turn away people who are seeking shelter?

Ms. Medora Uppal: Through the Chair: Yes, we are seeing—that has been a problem for more than 10 years in our community. We haven't made more investments in violence against women shelters and spaces. Part of our plan with the 90 units we're proposing is—it's transitional housing for women fleeing violence.

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

Ms. Medora Uppal: We have a number of population groups that we think are at particularly high risk who would be served by that, but that's because there's an absolutely high need.

We are seeing, as I said, women living in cars with their children, women couch-surfing with kids. In the summertime, families are camping the entire summer. No one is camping; that's how they're living. And they're very hidden. People are living in substandard conditions, trying to manage through, and it is really shocking and disturbing when you are working on the front lines, but we are seeing it everyday.

Mr. Terence Kernaghan: I know there's not much time left. Gillian, did you want to talk about why the caring economy is underfunded?

Ms. Gillian Cullen: Definitely. We at Birth Mark are facing a funding crisis right now. We've never had ministry funding and we're about to close our doors in the next three or four weeks, which means there are going to be thousands—

The Chair (Mr. Ernie Hardeman): Thank you very much. That does conclude the time for this presentation. It also concludes the time for this panel, and it also includes the business for today.

I want to thank the presenters in this last panel for the time you took to prepare and the great job you did of making the presentation here today. It will be helpful to us as we move forward. So, with that, a reminder that the deadline for written submissions is 7 p.m. on Wednesday, April 24, 2024.

The committee is now adjourned until 9 a.m. on Tuesday, April 23, when we will resume public hearings on Bill 180.

The committee adjourned at 1801.

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