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**Official Report  
of Debates  
(Hansard)**

**Journal  
des débats  
(Hansard)**

**Tuesday 8 June 2004**

**Mardi 8 juin 2004**

Speaker  
Honourable Alvin Curling

Président  
L'honorable Alvin Curling

Clerk  
Claude L. DesRosiers

Greffier  
Claude L. DesRosiers

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LEGISLATIVE ASSEMBLY  
OF ONTARIO

Tuesday 8 June 2004

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

Mardi 8 juin 2004

*The House met at 1330.  
Prayers.*

MEMBERS' STATEMENTS

RELAY FOR LIFE

**Mr John Yakabuski (Renfrew-Nipissing-Pembroke):**

This past weekend, I had the honour of participating in the Canadian Cancer Society Renfrew county unit's Relay for Life, which was held at Canadian Forces Base Petawawa. When the final numbers are tallied, the total raised will exceed \$300,000. These funds will be dedicated to cancer research and to local support and transportation services.

At this year's event, 140 teams participated and 228 cancer survivors took part in the victory lap. The most poignant part of the event was the luminary ceremony, during which Legion members and army cadets lit candles in memory of those who have lost their battle with this dreaded indiscriminate disease or in honour of a cancer survivor.

The generosity of the people of Renfrew county has once again made this one of the most successful events of its kind in the entire province.

I would like to thank all those who have given so much to make this possible, including the organizers, participants, volunteers and sponsors, with a special thank you to Lieutenant Colonel McBride and all the personnel at CFB Petawawa. With this dedication and determination, the fight will continue at home in Renfrew county and indeed everywhere, until that glorious day when we can rise and say, "Cancer has been beaten."

At this time I would also like to draw your attention to the members' gallery and welcome my wife, Vicky, who is attending a legislative session for the first time.

COLLINGWOOD COLLEGIATE  
INSTITUTE

**Mr Jim Wilson (Simcoe-Grey):** It gives me great pleasure to rise in the House today to welcome three students to the Ontario Legislature. Kaley Reid, John Taylor and Josh Sanderson are all grade 12 students at Collingwood Collegiate Institute in my riding of Simcoe-Grey, and I'm pleased to have them here today as my guests.

A couple of weeks ago I was invited to the school by Sasha Helmky, CCI student council president, who

asked me to speak to her peers about Ontario's parliamentary tradition. It was an absolute pleasure to have this chance to meet with this group of talented and intelligent young people. The students ranged from 14 to 18 years of age, and I've got to tell you, they were a gifted and engaged audience. I want to take this opportunity to thank Sasha for inviting me to CCI and to congratulate her teacher, Mr Marty Wilkinson, who I know must be proud to lead such an exceptional group of fine young people.

It also gives me great pleasure to congratulate another former CCI student, Stacey Van Boxmeer of Collingwood, for her tremendous performance as the goalkeeper for the Canadian Women's Under-19 Soccer Team. Stacey is now a freshman at Indiana State University and a recent graduate of Collingwood Collegiate Institute. She played an integral role in Canada's 2-1 victory over the favoured US side on Sunday in the gold medal game.

This is quite an accomplishment for Canada. It points to the hard work and dedication of all members of the team, and especially Collingwood's Stacey Van Boxmeer.

Stacey, on behalf of the people of Simcoe-Grey and the people here, represented in this Parliament of Ontario, I want to thank you for being such a terrific representative of our community. Best wishes for future success.

NORTHEAST MENTAL  
HEALTH CENTRE

**Ms Shelley Martel (Nickel Belt):** The Liberal government has failed the Northeast Mental Health Centre, its patients and staff. Despite repeated requests for financial help to cover the deficit and avoid program cuts and cancellations, the centre has not received any consideration from the government. As a result, children and adults in northeastern Ontario who suffer from mental illness and rely on the centre for help are at great risk.

Cuts to children's services include cancellation of mental health services for children aged zero to six living in Sudbury district east, Espanola and on Manitoulin Island; cancellation of mental health support for children living in CAS foster homes; and cancellation of the district day treatment program, which helps secondary students fighting addictions to finish high school. Services for children who are duly diagnosed with mental illness and developmental disabilities will be reduced, and the waiting list for pre-school speech and language services will grow from eight months to one year.

Adults will lose their community-based programs in Elliot Lake and Walden; counselling services will be reduced elsewhere in Manitoulin-Sudbury; the wait time will grow for seriously ill patients needing help from the ACT teams; and nine acute care beds on the hospital side of the centre will be left empty by the end of the fiscal year 2004-05.

This is a crisis, and the Liberal government hasn't responded. The government promised more funds for mental health services before the election and in the budget, but the centre hasn't received any money to stop the cuts. Patients suffering from mental illness are already vulnerable. The government must act now, so they are not put at even greater risk.

#### HEALTH CARE

**Mr John Wilkinson (Perth-Middlesex):** I rise today to talk about health care. In today's opposition motion debate—

*Interjection.*

**Mr Wilkinson:** —a number of relevant facts, Mr O'Toole, should not be forgotten. By 2003 the Tory health record included the following sorry facts: We had fewer nurses per capita than any other province in the Dominion; ninth out of 10 provinces for the number of family doctors per capita; eighth out of 10 provinces for health care expenditure per capita; and a gross fiscal mismanagement of the province's books that led to a deficit of \$6.2 billion, which put all our social programs at risk.

Also not to be forgotten are the following comments. The former Premier, Mike Harris, said in the 1995 election, "I can guarantee you that it is not my plan to close hospitals." Then he closed or merged 36 hospitals.

He also referred to nurses as Hula Hoop workers and claimed the profession was outdated. Well, this wasn't true during the SARS outbreak, when nurses who worked for private agencies had to be brought in to cover shortages.

On two-tier health care, the former Premier, Mr Eves, said, "People should be able to buy their way to the front of the health care line." The Tories introduced P3 hospitals and approved five private MRI clinics and four private CT clinics.

The McGuinty government should be compared not to the Almighty, but to the opposition. We are investing heavily in public health and are rebuilding a public health care system all Ontarians can be proud of. We've made tough decisions in the best interests of all Ontarians, something the opposition can't say about themselves.

1340

#### LIBERAL CAMPAIGN PROMISES

**Mr Frank Klees (Oak Ridges):** Today is the ninth anniversary of Mike Harris's first victory and of my first election to this House.

Our caucus learned very quickly that demonstrations and protests were not something that working families

are usually inclined to attend. After all, working families are too busy raising a family, working in their community and working long hours to pay their bills. Yet Dalton McGuinty broke his promises to ordinary working families. He raised their taxes; then he broke his promise to uphold the taxpayer protection law.

Tomorrow, the Canadian Taxpayers Federation is holding a rally on the Legislature steps to demand the referendum we were promised. That takes place at noon tomorrow. Speaker, I trust you will be there as well. Millions of Conservatives, New Democrats and even Liberals are in support of those who can be there, even if they can't be there in person. Over 100,000 people have already shown support by signing the CTF's petition at [www.taxpayer.com](http://www.taxpayer.com). Many others have collected original signatures for my petition to be presented in this House, which can be downloaded from [www.frank-klees.on.ca](http://www.frank-klees.on.ca).

I hope everyone in this House will join us tomorrow at that rally, especially those Liberal MPPs who have so casually shown contempt for ordinary families.

#### IMMIGRANTS' SKILLS

**Mrs Donna H. Cansfield (Etobicoke Centre):** Today I have a message for thousands of people across Ontario who are termed internationally trained professionals but who cannot enter their chosen professions: Don't give up.

Almost half of the internationally trained professionals in Ontario are working in areas other than their chosen profession or are underemployed as professionals. The Ontario economy forgoes billions of dollars each year because of the unrecognized qualifications of this group.

After years of neglect under a very different government, and by working with Ontario occupational regulatory bodies, this government is pledged to reduce barriers by January 2005. The Minister of Training, Colleges and Universities is personally committed to monitoring progress and reporting regularly to the House. The budget contained new investments for training of up to \$12.5 million a year by 2005-06.

My message to the people of Ontario who are trained is, the barriers are coming down. My message is also for the government and for the regulators. It is urgent to make full use of this human capital before skills become eroded and people run out of the energy to battle any longer.

We can't place people specifically in jobs, but we can and we must finally remove from professions the barriers that do not protect the public interest. There are thousands of trained, willing and able people in our province who have been waiting too long for a fair chance.

This afternoon in room 228, from 5 to 7, internationally trained professionals will host a reception.

#### PROVINCIAL DEFICIT

**Mr John Milloy (Kitchener Centre):** Confusion appears to be reigning in the Conservative caucus surrounding the provincial deficit. As a candidate in the

provincial election, I constantly heard the then-Premier, now the Leader of the Opposition, tell us, "Don't worry. The books are balanced." These words were echoed by every single Ernie Eves candidate on the campaign trail.

Following the election, respected former Provincial Auditor Erik Peters revealed that there was in fact a \$5.6-billion deficit being kept under wraps. At that time, the Tories dismissed Peters as a Liberal consultant. Now, all of a sudden, the tune has changed. The member for Simcoe-Grey, for example, recently told this House that we should have known there was a deficit because of SARS and 9/11. "Ontario had a bad year," Tories are telling us, "You should have known."

Not only did they never say anything like that during the election, but their own public accounts, published in August 2003, after SARS, said, "The 2003-04 fiscal outlook is on track with the 2003 budget plan ... a balanced budget is projected, unchanged from the budget plan."

The people of Ontario see through this revisionist history. They want a government that will give them the straight goods. Our new Fiscal Transparency and Accountability Act will require independently audited pre-election reports and make sure that kind of illusion is never again perpetrated on the people of Ontario.

#### LIZ LOGOZZO

**Mrs Linda Jeffrey (Brampton Centre):** I rise today to recognize an extraordinary act of compassion. Liz Logozzo of Brampton is the mother of Sarah, Brianna and Julia. She is also a parent volunteer of Mother Mary Ward School in Brampton. She is in our audience.

Since January, Liz Logozzo has been battling breast cancer. Out of concern for her mother, Brianna and her grade 5 schoolmates raised \$150 toward the Humber River Regional Hospital Foundation's chemotherapy clinic. The foundation has set a goal to raise \$1 million for the expansion. As well, Liz's 11-year-old daughter, Sarah, and her classmates made 1,026 paper cranes as a symbol of hope after learning about an old Japanese legend. These paper cranes now hang from Liz Logozzo's ceiling and will remain there until she is completely recovered.

These initiatives not only demonstrate how important Liz Logozzo is to her community in Brampton, but the students at Mother Mary Ward are an example to us all of good citizenship. They are here today in the House to show their support. I believe I speak for this Legislature when I thank the staff at Mother Mary Ward School, Mrs Logozzo and her daughters Sarah, Brianna and Julia, who are sitting in the members' gallery, for their courage, compassion and strong example of citizenship.

#### NURSES

**Mr Brad Duguid (Scarborough Centre):** On behalf of my constituents in Scarborough Centre, I rise today tell you how proud I am of our government for taking yet

another step in bringing substantial improvements for health care in Ontario.

On June 3, Minister Smitherman announced a \$50-million strategy to help retain recent nursing graduates and experienced nurses in Ontario. Our province invests heavily in our youth, from junior kindergarten to graduate studies, and it is important to keep our young nursing professionals in this province.

This is a critical step for rebuilding health care in Ontario. This plan involves creating new positions in hospitals and long-term-care facilities for young nurses while allowing them to mentor with more experienced nurses. It will also allow nursing schools to buy clinical training equipment so their students are better prepared for the workforce. Finally, it will enable us to find new roles for late-career nurses who have been injured on the job. This will allow them to move to less physically demanding tasks while taking advantage of their skills and knowledge. Not only do we need the bright, energetic initiative of new nursing grads, but we also need the knowledge of experienced nursing staff to help to maintain a strong health care system for all Ontarians.

#### INTRODUCTION OF BILLS

##### MUNICIPAL AMENDMENT ACT, 2004

##### LOI DE 2004 MODIFIANT LA LOI SUR LES MUNICIPALITÉS

Mr Gerretsen moved first reading of the following bill:  
Bill 92, An Act to amend the Municipal Act, 2001 /  
Projet de loi 92, Loi modifiant la Loi de 2001 sur les municipalités.

**The Speaker (Hon Alvin Curling):** Is it the pleasure of the House that the motion carry? Carried.

Mr Gerretsen?

**Hon John Gerretsen (Minister of Municipal Affairs and Housing, minister responsible for seniors):** I'll wait until ministerial statements.

##### REDEEMER UNIVERSITY COLLEGE ACT, 2004

Mr McMeekin moved first reading of the following bill:

Bill Pr6, An Act respecting Redeemer University College.

**The Speaker (Hon Alvin Curling):** Is it the pleasure of the House that the motion carry? Carried.

Pursuant to standing order 84, this bill stands referred to the standing committee on regulations and private bills.

#### MOTIONS

##### HOUSE SITTINGS

**Hon Dwight Duncan (Minister of Energy, Government House Leader):** I move that pursuant to standing

order 9(c)(i), the House shall meet from 6:45 pm to 9:30 pm on Tuesday, June 8, 2004, and Wednesday, June 9, 2004, for the purpose of considering government business.

**The Speaker (Hon Alvin Curling):** Is it the pleasure of the House that the motion carry?

All those in favour of the motion, please say "aye."

All those against, say "nay."

I think the ayes have it.

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

*The division bells rang from 1351 to 1356.*

**The Speaker:** All those in favour, please rise and be recognized by the Clerk.

#### Ayes

Arthurs, Wayne	Hardeman, Ernie	Ouellette, Jerry J.
Bartolucci, Rick	Hoy, Pat	Parsons, Ernie
Bentley, Christopher	Jeffrey, Linda	Peters, Steve
Berardinetti, Lorenzo	Kennedy, Gerard	Phillips, Gerry
Boutrogianni, Marie	Klees, Frank	Pupatello, Sandra
Brownell, Jim	Kular, Kuldip	Qaadri, Shafiq
Cansfield, Donna H.	Kwinter, Monte	Racco, Mario G.
Caplan, David	Lalonde, Jean-Marc	Ramsay, David
Chambers, Mary Anne V.	Leal, Jeff	Runciman, Robert W.
Colle, Mike	Levac, Dave	Sandals, Liz
Delaney, Bob	Marsales, Judy	Smith, Monique
Di Cocco, Caroline	Matthews, Deborah	Sorbara, Greg
Dombrowsky, Leona	McMeekin, Ted	Van Bommel, Maria
Duguid, Brad	McNeely, Phil	Wilkinson, John
Duncan, Dwight	Miller, Norm	Wong, Tony C.
Flynn, Kevin Daniel	Milloy, John	Wynne, Kathleen O.
Fonseca, Peter	Mitchell, Carol	Yakabuski, John
Gerretsen, John	O'Toole, John	
Gravelle, Michael	Oraziotti, David	

**The Speaker:** All those against, please rise and be recognized by the Clerk.

#### Nays

Arnott, Ted	Horwath, Andrea	Prue, Michael
Barrett, Toby	Kormos, Peter	Wilson, Jim
Bisson, Gilles	Marchese, Rosario	
Chudleigh, Ted	Martel, Shelley	

**Clerk of the House (Mr Claude L. DesRosiers):** The ayes are 55; the nays are 10.

**The Speaker:** I declare the motion carried.

## STATEMENTS BY THE MINISTRY AND RESPONSES

### POST-SECONDARY EDUCATION

**Hon Mary Anne V. Chambers (Minister of Training, Colleges and Universities):** I am pleased to rise in the House today to speak about an important initiative our government is undertaking to improve Ontario's competitive edge and to renew our post-secondary system.

Our Premier is committed to our province's increased prosperity, and he has great expectations for what Ontario's colleges and universities will contribute to that prosperity agenda. Not only does he want to increase the number of students in colleges and universities; he wants

Ontarians to strive for higher levels of education. Our Premier is convinced that this must happen if we are to build a stronger economy and a better quality of life for the people of Ontario.

We have already taken an important step by freezing tuition fees for two years and providing fair compensation to colleges and universities to fund the tuition freeze while a review of post-secondary education is conducted. This funding will enable Ontario's students to continue to have access to the quality of post-secondary education that our province requires if we are to remain competitive. We did this despite the fiscal challenges we face.

Last month's budget announced that former Premier Bob Rae will conduct a comprehensive review to examine the design—

*Applause.*

**Hon Mrs Chambers:** I'll just say that again, Mr Speaker.

Last month's budget announced that former Premier Bob Rae will conduct a comprehensive review to examine the design and funding of Ontario's post-secondary education system to ensure that we have a high-quality, accessible and affordable system for today's students and for future generations. We are pleased that he has agreed to head this very important work as adviser to the Premier and to me, the Minister of Training, Colleges and Universities. I would like you to acknowledge again the Honourable Bob Rae in our gallery today.

*Applause.*

**Hon Mrs Chambers:** I would also like to announce the seven members of the advisory panel who will support Mr. Rae:

Leslie Church is a law student at the University of Toronto and former executive director of the Ontario Undergraduate Student Alliance.

Ian Davidson is chief of police for Greater Sudbury and is active in community service, participating in a wide range of First Nations, multicultural, youth and seniors' initiatives.

The Honourable William Davis is a former Premier and education minister who presided over the reshaping of Ontario's education system, creating new universities and our college system.

Don Drummond is senior vice-president and chief economist for TD Bank Financial Group and recently co-authored a special report on post-secondary education in Canada.

Dr Inez Elliston is an educator and community worker who has been involved in teaching, professional development and training in schools and at the university level for more than 30 years.

Richard Johnston is president of Centennial College and retires this month. As past chair of the Ontario Council of Regents, he implemented a range of reforms and helped establish two French colleges.

Huguette Labelle is chancellor of the University of Ottawa and has served on the advisory council of the

Canadian Bureau for International Education and the boards of post-secondary institutions.

We are grateful that Mr Rae and the distinguished members of the advisory panel have agreed to serve the province of Ontario by contributing their extensive experience and expertise to this review.

I have asked Mr Rae to make recommendations to deliver a more coordinated, collaborative and differentiated system, and to develop a sustainable funding framework, including operating grants, tuition and student assistance in support of the newly designed system. These suggestions would allow students to move easily between institutions, promote greater enhancement of institutions' unique strengths, provide opportunities to invest in particular areas of specialization and make Ontario's post-secondary system more internationally competitive.

Mr Rae will develop recommendations through consultation with colleges and universities, students and their parents, faculty, staff and members of the private and public sectors. He will also ask leaders, innovators and experts drawn from Ontario and beyond for advice on issues such as system design; opportunities for specialization, differentiation and collaboration; funding; student assistance; and accountability. Mr Rae will look not only at what we have done in Ontario but also at jurisdictions from around the world where leading-edge colleges and universities exist, so that we can put Ontario at the forefront of innovation.

We will move quickly. Consultations will take place over the summer and fall. Mr Rae will provide his report to the Premier and myself in January 2005. Our government thanks Mr Rae and the members of the advisory panel for committing their time, energy and expertise to the review of Ontario's colleges and universities.

## MUNICIPALITIES

**Hon John Gerretsen (Minister of Municipal Affairs and Housing, minister responsible for seniors):** Today, I have the privilege of introducing a bill that would, if passed, entrench for the future a new relationship between the provincial government and Ontario's municipalities. The bill I'm introducing is an amendment to Ontario's Municipal Act, 2001, that would recognize in legislation the memorandum of understanding between the provincial government and the Association of Municipalities of Ontario.

Before I go any further, I would like to recognize Mayor Ann Mulvale, president of the Association of Municipalities of Ontario, who has joined us in the gallery today. She is joined by Mayor Jacques Héту, chair of the Association française des municipalités de l'Ontario, along with Pat Vanini, executive director of AMO, and Brian Rosborough, a senior policy adviser with AMO.

This bill represents a new way of dealing with Ontario's municipalities, a new approach to the relationship between the province and municipalities. It demon-

strates our government's conviction that municipalities are, and should be treated as, accountable governments. Far too often in years past, municipalities have been caught off guard and taken by surprise by the provincial government of the day. After they've worked hard to draft their annual budgets, the province has often come along and imposed new standards, programs and other municipal requirements that leave them scrambling to meet these new financial and regulatory requirements.

This government does not believe this is a proper, respectful way to treat another order of government. Right now, there is a memorandum of understanding between the provincial government and the Association of Municipalities of Ontario that expires on December 31, 2004. It sets out the framework by which the province consults Ontario's municipal leaders on matters that affect their municipalities and their residents. However, this memorandum of understanding is not recognized in Ontario's Municipal Act, 2001.

Municipalities have been saying for some time that the people of Ontario are best served when the different orders of government work together, and we wholeheartedly agree. They have asked the government to recognize the memorandum of understanding in legislation as a way to reinforce that co-operative spirit. This is something we are pleased and proud to do.

### 1410

The bill we have introduced today would, if passed, recognize the memorandum of understanding which sets out the province's commitment to prior consultation with municipalities on matters of mutual interest that affect all of our residents. If passed, it will be a cornerstone of a new and stronger relationship between the province and municipalities.

The memorandum of understanding provides for regular meetings, which give provincial cabinet ministers and municipal representatives an important opportunity to discuss matters of mutual interest to both orders of government. It allows the province to get feedback from municipal leaders before putting in place new laws and regulations that affect the ability of municipalities to meet their communities's needs.

That is the right way to treat another order of government. Clearly, the people of Ontario are better served when all governments work together for good policy development and, most of all, good service delivery to the people.

The government knows we have to rebuild a trusting, progressive relationship where municipalities are heard and listened to. This government is committed to working with municipalities, not against them, to build stronger, more self-reliant communities that offer Ontarians a higher quality of life.

In fact, we have made building stronger communities a key goal of our first year in office. Strong communities, large and small, urban and rural, are the essential ingredient for the high quality of life we all want for ourselves and our children. Ontarians depend on municipi-

palties to play a key role in building those strong, safe and livable communities.

If passed, the bill would enshrine the memorandum of understanding in the Municipal Act, 2001. It will give municipalities a voice in provincial plans so that, collectively, we can provide the best services possible to all Ontarians.

**The Speaker (Hon Alvin Curling):** Responses?

#### POST-SECONDARY EDUCATION

**Mr Garfield Dunlop (Simcoe North):** I'm pleased to rise this afternoon to respond on behalf of the official opposition to the comments made by the Minister of Training, Colleges and Universities.

To begin with, I think it is important that we take this opportunity to review the post-secondary education system. Former Premier Rae will lead a team of seven very credible individuals. All have a keen interest in Ontario and in education. In particular, I would like to thank former Premier William Davis for participating on this committee. As we all know, under the Davis years as Minister of Education and later as Premier, the community college system that we rely on today was established.

The timing of the announcement today, though, is quite fascinating. Obviously the McGuinty Liberals needed something warm and cozy to announce, following an Ontario budget that has all but eliminated Paul Martin's chance of being re-elected and following a poll that now puts the McGuinty Liberals seven points behind the Progressive Conservative Party only eight months after the 2003 election. Clearly Mr McGuinty needs something very positive to announce. As well, it is interesting to note that this announcement is made on the same day as Elizabeth Witmer's opposition motion on health care campaign promises.

Let's see what Canada's NewsWire printed in response to the budget of May 18 as it relates to community colleges:

"Funding announced in today's provincial budget will not meet the critical operational shortfall facing Ontario's colleges of applied arts and technology.

"The colleges are facing an \$80-million shortfall in operating funds for 2004-05.

"The lower-than-needed funding provided in today's budget will mean cuts to programs, student services and layoffs," says Richard Johnston, chair of the funding advisory committee of the committee of presidents of the Association of Colleges of Applied Arts and Technology of Ontario.

"We are disappointed that the government has deferred significant operating increases to the colleges," says Johnston....

"At best, we see today's commitment only as an initial recognition of our immediate needs, with a hope that the remainder will be provided in the coming months. Realistically, though, this will hurt ... it will hurt our students, it will hurt employers who need our gradu-

ates and, ultimately, this will hurt the communities we serve," says Johnston."

We await the report from former Premier Rae, and we await the implementation of its recommendations.

#### MUNICIPALITIES

**Mr Frank Klees (Oak Ridges):** In response to the Minister of Municipal Affairs and Housing, I too want to welcome Ann Mulvale to this place. She has certainly done a great deal to advance the cause of municipalities. In fact, the minister may not be aware that Ann Mulvale signed the original agreement, December 19, when our government implemented this memorandum.

The fact of the matter is, Ms Mulvale, I want to caution you that putting things into law by this government really doesn't mean they're going to hold to their end of the bargain. This is the same government that voted for the Taxpayer Protection Act and now breaks it without even flinching. The fact of the matter is, that law would have called for a referendum before you pass tax increases into law.

Ms Mulvale, I trust this government will at least uphold this part of the law when they pass this into legislation. Don't hold your breath on that either, because the credibility of this government to do anything, prescribed by law or not, is at an all-time low. According to the latest polls, 9% of people in this province believe what this Premier says. That is at an all-time low. The credibility of this government is zero in this province.

**Mr Norm Miller (Parry Sound-Muskoka):** I would like to add a few comments on the statement made by the Minister of Municipal Affairs and Housing in the minute I have left. I would say that the actions of this government demonstrate their new approach to dealing with municipal government. We need to look at the actions of the May 18 budget, when this government unilaterally removed the six municipalities of Muskoka from northern Ontario.

I would like to ask, how much consultation did you do with the six municipalities in Muskoka? Who did you talk to? Who did you ask? To whom did you justify your reasons for removing Muskoka from the north? If ever there were six municipalities caught off guard, it was those six municipalities. I would say that demonstrates the true spirit of this government.

Regardless of what we're seeing in this new legislation today, the actions speak for themselves. It's about time this government started consulting instead of just unilaterally passing very significant changes that will very dramatically affect municipalities.

#### POST-SECONDARY EDUCATION

**Mr Rosario Marchese (Trinity-Spadina):** I want to say there is no doubt that Mr Rae is eminently suitable for the job. I can vouch for the fact that, as a former leader of our party, he is a man of integrity, experience, knowledge and with a strong commitment to the post-secondary education system.



There is also no doubt about the fact that the new economy demands that knowledge—not “demands,” but we know knowledge is key to the wealth of nations. We know that in the past our post-secondary education system has served us well, except in the last eight or so years when we’ve had chronic underfunding, and it has shaken—they have shaken—the foundation of our post-secondary education system.

What do we know about funding? Ontario universities have the second-lowest funding in Canada: \$5,948, compared to the national average of \$8,044. What do we know about the college system? The college system serves 49% more students than it did 15 years ago, but gets 44% less in operating funding in constant dollars. Ontario colleges receive \$4,700 per student for operating support, in contrast to a national average of \$6,800.

We have a funding problem. We don’t need a study to necessarily tell us that we have a funding crisis. What I say to this government is this: What we need you to do today is deliver the money so our universities are able to do an effective job in order to meet the demands of a knowledge economy. But we’ve waited so long under the Conservative government that we can wait yet another two months until Mr Rae delivers a report that will address this particular issue. I can wait. I’ve waited very long.

The fact that our universities and colleges have not received the funding they deserve has increased tuition fees more than 60% in the last eight years. Deregulated tuition fees have seen more dramatic increases, up to 700% in some colleges and universities. It’s more costly to go to university in Ontario than in any other province except Nova Scotia.

1420

When universities and colleges do not get the support they need, the burden shifts to students. If you are a child or a student of a wealthy family, you’re OK; you’ve got no problem. But if you are a daughter or son of someone who earns \$20,000, \$30,000, \$40,000, \$50,000, even \$60,000, you’ve got a problem.

We’ve got to stop shifting the burden to students. Tuition fee levels are unacceptable. We demand from the Liberal government that tuition fees go down and not up. Mercifully, they’ve frozen them for two years. We demand they go down.

As to the matter of the review, which speaks to having a more coordinated, collaborative educational system, we’ve got no problem with that, but we do have concerns about the differentiated system. I don’t know what Mr Rae is going to do about what you think about this specialized system, but I’ve got concerns. I don’t want to have to travel thousand of miles to get to the program I need. So we look forward to the report. I don’t know what he has to say about that, but I’m expressing my concerns right now.

#### MUNICIPALITIES

**Mr Michael Prue (Beaches-East York):** On the whole issue of dealing with municipalities, we welcome

here Ann Mulvale and the entire team. But I’ll tell you that the real person that you should have on that team is Jerry Maguire, because he wants to know, “Where is the money? Show me the money.” If you can find him, put him on the team as well.

I tell you that this government has not been kind to municipalities. This government is not giving as much money to the city of Toronto for transit as the former government gave to the city of Toronto for transit. You are giving less money. The Ministry of Municipal Affairs is one of those 15 targeted ministries that is going to get a cut. It’s going to get a cut that over the next couple of years is going to amount to some 12% of their budget.

Last but not least, you have not been kind to municipalities or voters. I point out the city of Kawartha Lakes, which held a referendum where the people voted. You denied the referendum; you denied their democratic rights. You have denied the rights to them and, I would put it, to every other municipality that is seeking the same redress against the former government.

I will point only to the province of Quebec on June 20, which is going to do the right thing. Please watch that referendum. Please have the guts to do the same thing they’re willing to do, because the people have spoken and the people need to be heard.

#### ORAL QUESTIONS

##### LIBERAL CAMPAIGN PROMISES

**Mr Ernie Eves (Leader of the Opposition):** To the Deputy Premier—or the real Deputy Premier, I guess I should say. Mr Deputy Premier—

**Hon Greg Sorbara (Minister of Finance):** Acting Premier.

**Mr Eves:** I can’t help but chuckle at the fact that the Minister of Finance wants it on the record that the government House leader is not the Deputy Premier. I can only infer from that that he wishes he was. He gets very upset when I refer to the government House leader. However, be that as it may, I’ll leave the internal politics for that side of the House.

My question is very simple: Ninety-one per cent of the people in the province of Ontario believe that you have a credibility problem over there. I think that you can seriously address it. If you’re still talking to the Prime Minister’s office over there, you can probably help him in the process by simply living up to your commitment to have a referendum so the people of Ontario can give you their opinion as to whether they think your new health tax is the best way of addressing the future of health care in the province of Ontario.

**Hon Dwight Duncan (Minister of Energy, Government House Leader):** The Premier of Ontario, Dalton McGuinty, has more integrity than any premier I’ve ever known. I will stand behind that integrity as long as I can. My friend opposite forgets that on June 27, Mr Baird, Mr

Arnott, Mr Chudleigh, Mr Dunlop, Mr Hardeman, Mr Eves, Mr Hudak, Mr Jackson, Mr Klees and Mr Miller—what did they do on June 27, 2002? They voted to break the Taxpayer Protection Act. That's what they did. They voted on a budget bill that had no public hearings and no third reading debate.

I need no lecture from the member opposite about integrity in government. I look at their financial statement that was put out in August, and what did it say? That statement said there would be a balanced budget. Two months later we found out that wasn't the case. Premier McGuinty is a man of integrity, is delivering better—

**The Speaker (Hon Alvin Curling):** Thank you. Supplementary?

**Mr John Yakabuski (Renfrew-Nipissing-Pembroke):** My question is also for the Acting Premier. The Premier stated on a segment of Focus Ontario in April that he would not be raising taxes, this after he promised in the election campaign that he would go to a referendum before raising taxes. Now he's raised taxes to the tune of, and in the effective amount of, \$9 billion for the people of Ontario. Only 9% of Ontarians believe the Premier can be trusted at this point. Will you not attempt to restore some faith in the people of Ontario by holding a referendum on these taxes?

**Hon Mr Duncan:** The Premier, the Minister of Finance and this government are delivering a budget that will improve our health care and our education. That is the priority of this government. Our priority is about kids, about the schools and the education that that member's government cut. It is about improved health care service, more cataract surgery, more heart surgery.

This budget is not about tax cuts; it is about improved health and education. Premier McGuinty and this government are delivering the improvements we need, and we're confident that the people of Ontario, when they see the results of this transformation, will see a better health care system that serves the people, a better education system that serves our people. And they will understand that these choices were made in the context of a government that ignored health care and education far, far too long.

**The Speaker:** Final supplementary.

**Mr Robert W. Runciman (Leeds-Grenville):** A final supplementary to the Acting Premier: I encourage him to think about the response of Ontarians that is reflected in the current polls, where you have dropped like a rock. Part of the reason for that is not just your broken promises but the responses, or lack of responses, the opposition parties are getting from you in the Legislature. We're getting an indication of that here today: non-answers, political rhetoric.

Let's set aside the deficit question, whether there was a deficit that you suggest there was—

*Interjections.*

**The Speaker:** Order.

**Mr Runciman:** Two of the 231 promises the Liberals made in their platform were (1) they would not run a

deficit, and (2) if they did increase taxes, they would have a referendum. There are two separate issues here. The Liberals continue to try to ride on the deficit issue. But regardless of the deficit issue, they made a solemn promise to the people of Ontario that they would not increase their taxes without having a referendum. How do you jibe with that, Mr Acting Premier? What's your response to that? Give Ontarians a straight answer for a change.

**Hon Mr Duncan:** It's clear that my colleague opposite wants the people of Ontario to forget that government's eight years in power. But do you know what? We can't forget. We can't forget the people who haven't been able to access proper health care. We can't forget the fact that too many of our children are not achieving the provincial standard in education. We cannot forget the need to deal with affordable housing.

*Interjections.*

**The Speaker:** I'm going to ask the leader of the official opposition if he could allow the Acting Premier to respond.

**Hon Mr Duncan:** We won't forget those people on ODSP who didn't have an increase in 11 years. We won't forget the people on welfare who didn't have an increase in nine years. No, we won't forget. And the people of Ontario won't forget the \$5.6-billion deficit you left this province. They won't forget the mess you left in the electricity sector. They won't forget the mess you left in the health care sector.

This government is taking tough decisions in a responsible fashion—

**The Speaker:** Thank you. New question.

1430

**Mr Frank Klees (Oak Ridges):** My question is to the Deputy Premier. As you know, there will be a rally on the front steps of the Legislature tomorrow at noon. It's to be held by very good friends of yours. The Taxpayer Protection Act is going to be challenged by the Canadian Taxpayers Federation. Those are people with whom you, during the course of your election campaign, made a great show of signing a pledge, and that pledge was to support and uphold the Taxpayer Protection Act of this province.

Given your alignment with this organization during the election campaign, will you align with them tomorrow on the steps of this place in support of the Taxpayer Protection Act? Will you do that? Will you be there tomorrow?

**Hon Mr Duncan:** On June 27, 2002, that member, Mr Klees, voted to break the Taxpayer Protection Act. That's in the record. That was his government's act. We're making common cause with all the people of Ontario to improve our health care and improve our education system. No doubt there are people who will not support all of our decisions, but I am confident that, unlike the previous government, the people of Ontario will see the wisdom in the choices we've made—the wisdom in improving our health care system, the wisdom in improving our education system. They'll see through this

argument by a member who, on June 27, 2002, voted in favour of breaking the Taxpayer Protection Act himself. We need no lecture from you on keeping commitments. That's one that you broke in this House that day.

**Mr Klees:** I'm very pleased to respond to that. The fact of the matter is that this member continues equivocation. People are watching this member and people are watching how this government plays with the truth. He knows full well that what we did when we were in government was to defer a tax break. That's what we did; we deferred a tax break. We also brought that back in. So it is not at all the same thing, and the people in this province know that.

He knows what he is doing by deflecting the reality, that he and his government are in fact breaking the law. I challenge him to face the very people with whom he aligned arm in arm during the election campaign. Will he have the guts to show up tomorrow on the steps of the Legislature?

**Hon Mr Duncan:** I'll remind the member opposite that he had signed the taxpayer pledge before he voted on June 27, 2002, to break that particular act. I'll tell you what takes guts. Taking guts means taking tough decisions. It means fixing the health care system that your party left in a mess. It means facing up to the \$5.6-billion deficit that you left. It means acknowledging that this financial statement was hoey, was garbage. It said in September 2003 that there would be a balanced budget, and what did the auditor say? He said no such thing—a \$5.6-billion deficit. This government's taking the tough choices to ensure that our priorities and the priorities of the people of Ontario—better health care, better education—are properly looked after and properly funded, something you failed to do in eight long, painful years.

**Mr Klees:** The real tough job for this government is going to be to tell the truth one day. That is the real challenge for this government.

Along those lines, yesterday in question period I put to the Premier that he said one thing and the Prime Minister said another, that he, as Premier, had said he had disclosed to the Prime Minister that there would be a health care premium. It was reported by the Canadian Press yesterday. The Prime Minister denied it. The Premier undertook to correct that record yesterday. We have checked CP today, we've checked BN: no correction. I'd like to know from the Deputy Premier, will he make the tough decision today and have his Premier admit that either he or the Prime Minister was not telling the truth? Will he do that?

**Hon Mr Duncan:** One thing we won't do is cook the books the way that government did in its last budget. Another thing we won't do is have a budget at Magna. Another thing we won't do is close 39 hospitals. Another thing we won't do is take money out of classrooms and give it to corporations in the form of tax cuts. Another thing we won't do is try to pretend that our record didn't exist.

This government has now, and will take into the next election, a record that it can be proud of. It will be a

record of improved health care; it will be a record of improved education, something you'll never be able to say. I believe strongly—and you'll see—that the people of Ontario will see the wisdom of this budget and will understand that the actions we've taken will ensure better health care and better education for everybody.

## HEALTH PREMIUMS

**Mr Howard Hampton (Kenora-Rainy River):** My question is for the Minister of Finance. I heard on the radio this morning that the Premier is promising that every penny of your regressive and unfair health tax on working families will go to health care. Then I looked at Bill 83, your budget bill, to find the legal provision that would make that so, and what a surprise. There's nothing in your budget bill that requires that the money raised be spent on health care. What a shock: the Premier out there promising something again, promising that all the money will go to health care, but when we look for the provisions that will make that the law, they're not there. Minister of Finance, how do you explain the Premier making more promises, but when you look for the law, when you look for the provisions that will make it so, once again they don't exist? How do you explain that?

**Hon Greg Sorbara (Minister of Finance):** I simply invite my dear friend from Kenora-Rainy River to look at pages 43 and 44 of the budget papers. On these pages he will see that in this year alone we are going to be spending an additional \$2.3 billion in health care, \$406 million in long-term care. That's going to affect your mom and my mom and his mom and his mom and her mom, who are in long-term-care facilities. We are going to be spending an additional \$470 million to improve the quality of care in our hospitals. This year the Ontario health premium will raise an additional \$1.6 billion. This year we'll be spending an additional \$2.3 billion to make the kind of health care system in Ontario that we can be truly proud of. I think the fact that we have made that commitment in this budget and right the way through a four-year plan should give the member for Kenora-Rainy River some comfort.

**Mr Hampton:** My question is about what will be in the law, not about more of your rhetoric. This is rhetoric. This is what will become law, and there is not one word that says the money you're taking out of the pockets of hard-working modest- and middle-income families is going to go to health care. There is nothing that requires it go to health care. And do you know what that means? Speaker, you know what it means. Absent that provision, your government can spend it on advertising if you want. You can spend it on anything. You don't have to spend it on health care.

So tell me: The Premier is out there promising it's all going to health care, but there's nothing in your budget bill, which is going to become the budget law, that requires that. Is this just Dalton McGuinty making more empty promises, since it isn't in the law?

**Hon Mr Sorbara:** Honest to God, I would have expected more from the leader of the third party. You

know, he's read the budget. He's an intelligent man. He understands budgeting. He understands long-term plans. Certainly someone in his office has looked at the four-year spending plan of the Ministry of Health and the government of Ontario in health care and has seen in the budget we presented that every single year over the next four years, every single cent from the Ontario health premium will go into improving health care services. Every single cent, I repeat, will go into improvements in health care in this province.

1440

**Mr Hampton:** Do you know what I think the Minister of Finance and the Liberal government are saying? They're admitting it's not in the law. What they're saying to people is, "Trust us." Liberals, who've broken just about every election promise they've made, are saying to the people again, "Trust us."

Minister of Finance, when governments really care about something, they create a dedicated fund. That's why we have a forest renewal trust fund in the province. The money that comes from stumpage fees can only be spent to renew the forest. I don't see a dedicated fund. I don't see the provisions for establishing a dedicated fund. I don't see that at all. My question to you is, given that Dalton McGuinty has become the consummate promise breaker, why should the people believe this promise when you've broken all the others?

**Hon Mr Sorbara:** His story line, to people watching who don't know how this place works, maybe has some sort of resonance. He knows full well that estimates are presented in this Legislature, that those estimates and votes govern where money is spent, and that this Legislature—all 103 members—have the responsibility to hold the government to account on its budget.

We've done more than that. We have set out a four-year plan to ensure that every single cent of the Ontario health care premium will go into improved primary care, into reducing the waiting times for cataract surgery, into better community level care, better home care, better long-term care. He knows that. For him to propose anything else in question period is simply a distortion and is unacceptable.

**Mr Hampton:** I am—

**The Speaker (Hon Alvin Curling):** This is a new question.

**Mr Hampton:** My question is to the Minister of Finance. I am here to hold a government of promise breakers to account. I went to your budget document, looking for any provision that would require that money, the \$2 billion you are taking out of the pockets of hard-working families, to go into health care. Do you know what I found? All I found is section 17, dealing with the Taxpayer Protection Act, which says that the Taxpayer Protection Act "is amended by adding the following subsection:

"(7) Despite subsection (1), the following provisions may be"—may be—"included in a bill that receives first reading in 2004:

"1. A provision that amends the Income Tax Act to establish a new tax...."

It doesn't say all the money has to be spent on health care.

Only 9% of the people in the province believe the Premier any more. Given that he has broken all the other promises, given that there is no provision in your budget bill, why should anybody in Ontario believe that this money—

**The Speaker:** Thank you. Minister of Finance.

**Hon Mr Sorbara:** My goodness, he has been around here too long to ask questions like this. I will simply refer my friend again to the estimates this year. I will refer my friend to page 43 and page 44 of paper A of the budget papers presented on April 18. There we have expenditures of some \$2.36 billion set out in detail. If he goes to the revenue side of the budget papers for this year, he will see that the Ontario health premium will raise \$1.6 billion. I will tell him in addition that in the estimates that will be presented in this House shortly, all of those expenditures will be detailed in votes that will ensure the expenditures are made exactly in the areas provided for in the estimates and in the budget and in the votes this House takes.

**Mr Hampton:** The Minister of Finance is trying to confuse people. This is just a budget speech along with your rhetoric. This is what will become the law. There is nothing in Bill 83, the budget bill, that requires that the \$2 billion you're are taking out of the pockets of hard-working families is going to be spent on health care. Dalton McGuinty is out there running radio ads: "I'm Dalton McGuinty, and I want you to know that every penny of the health premium will go to health care." But it's not in the law. Given that the Premier has broken every promise already, why should people believe him? Why isn't it in the law if all of this money is supposed to go to health care?

**Hon Mr Sorbara:** This guy would not get a job in a C movie in Hollywood. Honest to God, Howard, this is unacceptable. Howard Hampton, the member for Kenora-Rainy River, knows full well that the bill dealing with the Ontario health premium has not even been introduced in this Legislature yet. In fact, it will not be introduced till after the bill he is referring to is passed by this Legislature. So for him to suggest there's nothing in the legislation currently before the House dealing with the Ontario health premium is obvious and apparent. He knows that bill has not even been introduced yet, and for him to suggest otherwise is just foolish and unacceptable.

**Mr Hampton:** I want you to know I feel terribly wounded. The government that only 9% of the people in the province believe wants to insult me because they don't want to answer the question.

Look, here is what it says in your budget provision. It says that a provision that amends the Income Tax Act to establish a new tax may be introduced.

Do you want the people of Ontario to believe you after all your broken promises? Introduce that bill today. Introduce that bill that says that all this money that's being

taken out of the pockets of hard-working families is going to health care. Do it today; otherwise, nobody will believe you. Do it now, Minister.

**Hon Mr Sorbara:** When he is asked the question outside this Legislature, he or his House leader will have to admit that it is impossible to introduce a bill in this Legislature to deal with the Ontario health premium until the bill that we are currently debating is passed. He knows that. Every member of this Legislature knows that. The only person in the House who doesn't know that is Howard Hampton.

I simply refer my dear friend to pages 43 and 44 of the budget papers. He will see there that some \$406 million, increased, in long-term-care facilities is going to be spent in this year. Every single expenditure is itemized on these two pages. If he would have the courtesy to look at those pages, perhaps his questions could be taken somewhat more seriously.

**Mr Hampton:** On a point of order, Mr Speaker: I ask for unanimous consent for the government to introduce their legislation which says it will all be spent on health care.

**The Speaker:** I ask, and I heard a no.

#### HEALTH SERVICES

**Mrs Elizabeth Witmer (Kitchener-Waterloo):** My question is for the Deputy Premier. There are 91% of all Ontarians who disagree with your health care decisions, and as you know, every day you and all of us in this House are being inundated with thousands of e-mails, phone calls and letters regarding your decision to delist physiotherapy, chiropractic and eye exams.

I have a letter from Cindy Beatty. She has suffered from migraines most of her life. She suffered from whip-lash as a result of a car accident, and she now visits the chiropractor and is finally getting some relief. However, she is struggling to pay the portion of the cost not covered by OHIP. She says that if delisting occurs, she will not be able to afford chiropractic care and will experience increased pain, time off work and greater disability.

Deputy Premier, could you please tell Ms Beatty how she now will be able to receive the care that she needs to lead a relatively normal life?

**Hon Dwight Duncan (Minister of Energy, Government House Leader):** I refer that to the Minister of Health.

1450

**Hon George Smitherman (Minister of Health and Long-Term Care):** As I've had the opportunity to several times in the days since the House resumed, I'm pleased to respond to the honourable member. The honourable member makes the assertion that there's some number out there who have reported on their state of acceptance of our health care priorities, but what the honourable member didn't speak to, as an example, was the Meningitis Society of Canada, which said that in one fell swoop, as a result of the initiative our government has

taken, we have done more to help children than the introduction of the car seat.

I didn't hear in the honourable member's question a recognition that this budget brings \$191 million to upgrade substantially the quality of care that our seniors are receiving in long-term-care facilities, a sorry legacy of your time in government.

I didn't hear from the honourable member the percentage of Ontarians who very much support the idea that, as a result of our family health team initiatives, we will begin to reduce the number of communities in our province that are underserved from the standpoint of physicians, a number of communities that, under their watch, almost tripled. Where are the comments about those people in the member's questioning?

**Mrs Witmer:** This Minister of Health was unable to answer the question I put to him. He's the individual. His government promised to increase accessibility to health care. They have now delisted services. My question is pretty simple.

We have a letter here from Cindy Beatty. It is among thousands of letters, e-mails and phone calls that we are getting. In fact, 91% of Ontarians disagree with your decisions on health care. I want you to tell her how she can continue to receive the chiropractic care she needs in order that she will have less pain, less time off work and less disability and be able to lead a relatively normal life. I don't want rhetoric, nor does she. Show your compassion and answer the question.

**Hon Mr Smitherman:** First, in the honourable member's earlier question she referenced a car accident, and we all know that if that is what caused the injury to the individual, then auto insurance coverage will be of assistance.

I also didn't get any recognition from the honourable member that in her role as Minister of Health on February 12—my birthday—1999, she substantially reduced the amount of provincial assistance to people receiving chiropractic. She doesn't reference that, nor anywhere in her questioning does she stand in her place and acknowledge that in a wide variety of other areas our government has moved forward with changes in the Ontario health care system that will lead to a transformation that makes it sustainable for future generations and frankly addresses so many of the problems related to quality that are the tired and sorry legacy of that party when they were in government in this province.

**The Speaker (Hon Alvin Curling):** New question.

**Ms Shelley Martel (Nickel Belt):** My question is to the Minister of Finance. Your cuts to essential health care services promote two-tier health care here in Ontario.

*Interjection.*

**The Speaker:** I would ask the member from Bruce-Grey-Owen Sound to come to order.

**Ms Martel:** Minister, your cuts to essential health care services promote two-tier health care in Ontario. That means if you can afford to pay for health care you can buy quality care and if you can't, you do without.

Cheryl Letheren is an optometrist who trained and practised in the United States and now practises in London. She knows what private two-tier health care does to patients. She said, "I saw people coming in with really atrocious things because they didn't have the money and they waited until it was really bad."

Minister, why are you promoting two-tier health care here in Ontario?

**Hon Greg Sorbara (Minister of Finance):** I think the Minister of Health wants to comment on this question.

**Hon Mr Smitherman:** I'm pleased to say to the honourable member in response to her question that our government's plan with respect to health care is an investment of \$2.2 billion, which significantly alters the way care is delivered in this province through a transformation agenda which drives resources to the community level. You see this in our reforms to primary health care, where over the period of the next four years an additional \$600 million will help develop family health teams.

The reality of the situation is that our plans with respect to optometry that the honourable member mentions are to reprofile that program in a fashion which frankly makes it more consistent with the way programs are delivered across the country, which reaches out to protect low-income individuals and those with established medical conditions in every other province and makes certain that the youngest and those who are oldest in our province, who have the highest and most obvious need for these services, will continue to gain advantage of them.

One more point on this: The honourable member is now a great supporter of optometry, but why is it the sorry record of those two parties that over a period of 12 or 14 years, while they were the government, there was no increase in the amount of services—

**The Speaker:** Order. Supplementary.

**Ms Martel:** Last time I checked, it was you and your Liberal government that are cutting access to optometry services—cutting. You see, during the election you and your friends said you wouldn't cut health care services, and here we are, after the election, and this Liberal government is delisting essential services like eye exams, physiotherapy and chiropractic care.

Minister, these are not luxury health care services. The five leading causes of blindness in Canada, for example, have no pain signals at all to warn of serious eye problems. That's why we need annual eye exams in Ontario to detect those problems, and we need those exams to be paid by OHIP. There's no need for Ontario to race to the bottom and follow other provinces that might be there.

You said you wouldn't cut health care services. After the election, here you are doing just that. Two-tier health care is bad health care. Will you reverse your decision and continue to pay for these essential health care services?

**Hon Mr Smitherman:** Only the honourable member could take \$2.2 billion in additional funding and call that a cut. Where does the honourable member speak? Where

is the recognition—the same as the honourable member for Kitchener-Waterloo likes to pretend that our government's budget is not one which makes significant new investment in quality health care services that are essential to the quality of life for people in Ontario. One hundred million dollars in additional funding for home care stands out as one example where we hear no comment back from the honourable member.

This was a difficult decision, but it is a decision that was made to make possible the provision of health care services in this province that are more essential to the day-to-day quality of life for the people of Ontario. At the end of the day, it's about priority.

I close with this point to both of those parties: They make a lot of noise about optometry now, but it is the sorry but true record of both of those parties that while they were in government they did not bring forward any increases to the amount provided. Our government was left with a choice, an enormous unfunded liability in the form of enormous cost pressure—

**The Speaker:** Thank you. New question.

#### CHILD CARE

**Mrs Maria Van Bommel (Lambton-Kent-Middlesex):** My question is for the Minister for Children and Youth Services. As you well know, there is a premium on the number of daycare spaces in this province. At this time of year, the need for additional daycare spaces becomes even more urgent in rural communities such as mine, as farm families try to get their crops into the ground. But we continue to hear from children's advocates and child care advocates that they are increasingly worried about the closing of daycare spaces. They have appealed to the provincial government to spend federal child care dollars on child care. Minister, can you reassure those advocates and the parents in my riding that this will indeed happen?

**Hon Marie Bountrogianni (Minister of Children and Youth Services, Minister of Citizenship and Immigration):** Indeed, in the last few months, going across the province, I did hear those concerns and fears. Child care has been neglected for almost a decade. We will spend, as we announced in our budget, every penny of the \$58 million from the multilateral framework on child care and early learning. We understand the importance of the peace of mind parents need, when they drop their kids off somewhere to be taken care of, that good, regulated child care spaces are necessary.

With respect to rural areas, there are special challenges out there, and we are developing our best start plan to address some of those needs as well, I can assure my colleague.

1500

**Mrs Van Bommel:** I have been hearing that the federal Conservatives under Stephen Harper do not believe in boosting spending on institutional daycare. In fact, he has stated he will provide funding to families with no concern for how those dollars will be spent. We know

what happens when governments do not spend money on quality, accessible daycare.

The evidence is in the eight years that Ontarians have watched as the foundation of our own provincial child care system has crumbled.

There are now huge waiting lists for subsidized day-care spaces, daycare spots have closed and families are worried that their children will not have access to the quality care they deserve because they, as parents, cannot afford to send their children to these spaces.

Minister, the debate on daycare has gone on for far too long. We know that quality, accessible child care and early learning programs are the best way to ensure that our children and grandchildren have the very best start in life. Why would Mr Harper ignore the evidence and refuse to acknowledge that funding child care and early learning is critical to our children's future?

**Hon Mrs Bountrogianni:** I couldn't have said it better myself. That was excellent. Indeed, the debate is over. The research is clear. Good, quality early childhood education, child care and early learning are important. The Eves-Harris Tories ignored that, even though Dr Fraser Mustard told them and criticized them about how they were spending their money.

Mr Harper's Conservatives seem as ideologically bent as the Harris-Eves Conservatives. They want to reduce the opportunities for children to receive the child care they need and deserve. In contrast to the federal Conservatives, Mr Martin's Liberals get it. They know that child care is important and I applaud their new child care initiative, and I look forward to working with the municipalities in spending the monies.

#### HEALTH PREMIUMS

**Mr John O'Toole (Durham):** My question is to my good friend the Minister of Finance. Yesterday, Premier McGuinty, in his response to a question raised by Elizabeth Witmer on whether it's a health tax or a health premium, left everyone wondering. I ask you today: Is it a health tax or a health premium?

I believe John Weatherup had it right when he said, "I don't think the government knew what it was doing." Would you stand in your place and simply do the right thing and cancel your broken-promise, mean-spirited health tax or health premium today in the House?

**Hon Greg Sorbara (Minister of Finance):** The Ontario health premium, along with the other measures that we put in the budget, will bring us back to financial health in this province over the course of four years. It is a very important mechanism. You have to understand that the situation we were confronted with in preparing the budget was what's called a structural or embedded deficit.

Had we not taken steps to raise additional revenues, we were really confronted with two choices: Allow an historic deterioration of public services, like closing major hospitals and removing funding from major sectors of government, or doing the right thing and ensuring that

this province could have both a sound balance sheet, so that we're not borrowing more money to finance our services, and a very high quality of public services. I want to tell my friend that the Ontario health premium is a major component of that plan to put us back into sound financial health

**Mr O'Toole:** The minister clarifies one thing: that it is a tax on health care. Whether it's called a premium or a tax, you know it's going to cost tens of millions of dollars to every teacher, every educational worker, every CUPE worker, every OPSEU worker. Every public sector employee is going to demand that you pay the premium. It's going to mean that small business and all the other taxpayers of Ontario are going to be paying for your mistakes.

Minister, I'm asking you if you have actually thought this through, or do I have to look at other quotes where people say they actually think the government has lost its marbles? I honestly don't think that you get it. In your budget you mistakenly called it a premium to avoid the word that it was a tax increase. Are you going to raise this tax, or are you going to take the money out of the classrooms and the hospitals of this province? Tell the people today where you are going to get the money to pay for this increased tax or premium.

**Hon Mr Sorbara:** I am not going to seek unanimous consent to allow the member to rephrase that question even though, frankly, I'm still worrying about what the content of it is.

Let me be very clear about it: The Ontario health premium is a levy that will be collected through the income tax system. It is the first of its sort that is geared to income so that those on more modest incomes, those earning \$20,000 or less, will pay absolutely nothing at all, and those at the highest income levels will pay the highest level of the premium.

But I want to tell my friend that it should be clear to everyone that failure to pay the premium is a violation of the Income Tax Act; it does not disqualify anyone from services in health care in this province. Much more important than that, it gives us the resources, as my friend the Minister of Health said just a few moments ago, to build a health care system that is sustainable for generations to come. That's the magic of this budget and the premium.

#### HOSPITALS

**Ms Shelley Martel (Nickel Belt):** I have a question for the Acting Premier. On May 28, 2003, your Premier told the Ottawa Citizen that he "believes that public-private sector partnerships in health care would ultimately cost the province more money than traditional arrangements," and he is exactly right. On May 17, 2004, an internal document from the board meeting at the William Osler hospital revealed that the private sector consortium now wants an additional \$22 million before it will sign a final deal. This is a project that has gone from \$165 million to \$325 million to \$550 million, and now

the private sector wants \$22 million more before it will sign on.

Your Premier promised to cancel P3 hospitals because they cost too much. Will you do the right thing, cancel this deal and build this important project with public financing?

**Hon Dwight Duncan (Minister of Energy, Government House Leader):** I refer that to the Minister of Health.

**Hon George Smitherman (Minister of Health and Long-Term Care):** I find it slightly passing strange that the honourable member, who is from Sudbury, would try to make it seem that hospital projects undertaken with private sector involvement are the only ones that undergo extraordinary increases in their projected costs. I think she would well know that in Sudbury, Thunder Bay and pretty much every other place that government undertook a new project, that's been the legacy.

To the question the member asked, I had a chance to read the same story. The issue of the negotiations between the consortium and William Osler Health Centre is their issue. The government has indicated a ceiling to the amount of support we're prepared to provide for this badly needed new hospital in Brampton, and that's an amount we're sticking with. My message to the honourable member, but more particularly to the consortium and the hospital board, is that it's time to get on with it to get this project built, because frankly speaking, the people of Brampton have waited too long for a good, quality health facility and we think it needs to get built sooner.

**Ms Martel:** I say to the minister, this is your issue and your problem. The board minute also says that the private sector consortium has channelled this appeal for an additional \$22 million directly to the government. So now it's sitting on your desk to deal with. It is your issue and your problem because it is very clear that with private sector financing the taxpayers of the province and the people in Brampton will pay more. They will pay more because it costs the private sector consortium more to borrow the money for the project and because the private sector consortium wants a profit for their undertaking.

You should be building this hospital in the traditional fashion, with public financing through capital grants. You should not be forcing this hospital to try to pay for a mortgage through its operating grant when it already has a \$27-million operating deficit and a cash deficit problem of \$30 million. Minister, do the right thing. Your Premier was right: It does cost more for private hospitals. Cancel this deal and build this hospital in the public sector.

**Hon Mr Smitherman:** I would say to the honourable member that the right thing to do at this point is not, for the purposes of her own political wish and expediency, to be sending a message that because somebody asks—in this case, a private sector consortium—they should get. The point is, if you go back and read what I said in my first answer, we have clearly established as a government the amount of money we are prepared to provide to

William Osler Health Centre to build a new hospital facility that is publicly controlled, publicly operated and accountable for the people of Brampton. That is the number we are prepared to provide.

For the purposes of the honourable member's argument, it seems she wants to accede to the wishes of the private sector, to offer more money to the consortium. Our point is different. It is that there is an amount that we have established and will provide in annual capital instalments to the William Osler Health Centre. These are the conditions that we have supported; they are the conditions that we continue to support. While the honourable member may wish to see a bigger payment to the private sector, we do not, and therefore I will not be proceeding on the basis that the honourable member recommends.

1510

#### HOME CARE

**Ms Kathleen O. Wynne (Don Valley West):** My question is for the Minister of Health. In my opinion, among some of the best news in the budget is our government's commitment to invest in Ontario's home care sector. We all know that home care is critical for our seniors, that it contributes to their ability to stay in their homes and age with independence and dignity.

In Don Valley West, most home care services are coordinated by the North York Community Care Access Centre and the East York Access Centre. I understand that CCACs will play a significant role in the government's plan to deliver the additional home care to 95,000 clients in the years to come. Minister, what will the home care funding announced in the budget mean to the community care access centres that serve my constituents in Don Valley West?

**Hon George Smitherman (Minister of Health and Long-Term Care):** As a result of our government's commitment to home care, all members of the Legislature will be able to see the benefits that accrue to the folks in their ridings. I'd say, quite frankly, this is disproportionately seniors, as is appropriate, because we all share the view that the best place for people to live is in their homes, homes that they've come to know. So we support their independence.

As a result, there's \$100 million in additional resources in this year's budget to support home care, \$70 million of that targeted at post-acute care, but also significant investments, for the first time in a long time, of additional resources for mental health and the development of palliative end-of-life care.

The honourable member can expect that the residents of Don Valley West will continue to receive benefit, and will see enhanced benefit, as a result of our contribution of \$100 million of new money.

**Ms Wynne:** Thank you, Mr Minister. It's good news that our CCACs are going to have increased capacity to deliver home care.

Last Friday, I held my first post-budget seniors' advisory council meeting. This council is made up of



seniors' reps, advocates for seniors and agencies that serve seniors in the community. In particular, members of my advisory council were concerned to ensure that part of the new home care funding will be directed to enhancing the budget for home care for the frail elderly, for those who are trying to age in place, in their homes. Such funding ensures that they can stay in their homes. It's not so much the acute care issue as people who are frail elderly.

Minister, will you assure my constituents that some of the new home care funding will be earmarked for care for the frail elderly who have not yet experienced acute issues, to help them stay in their homes?

**Hon Mr Smitherman:** I want to make it clear to the honourable member that in addition to the \$100 million that I've been speaking about quite a lot, there are two additional allocations that are designed to offer enhanced assistance to those people who are suffering perhaps from chronic situations where it is more along the lines of homemaking services that are required. Set against a trend, which has been reduction of these services over the past number of years, we are working hard this year to make sure that we consolidate what we have and look for opportunities for expansion. Therefore, there will be \$4.9 million in additional funding for long-term chronic care needs and about an additional \$15 million for community support services. These are things associated with Meals on Wheels, Alzheimer day programs and the like.

I think it is the combination of these additional allocations of funding that will make a significant contribution, with much more work to do, to be sure, to the benefit of the members of the riding of Don Valley West and all ridings across Ontario.

#### HEALTH SERVICES

**Mr Jim Wilson (Simcoe-Grey):** My question is for the Minister of Finance. After promising Ontarians for years and years not to delist medical services, and the Liberal Party indicating that it would never bring in two-tier medicine, that's exactly what you did when you delisted chiropractic services, eye examinations and physiotherapy services. After promising very clearly not to privatize health care services, it's exactly what you are doing by delisting these services. You say that in the chiropractic services alone you're going to save \$93 million, and that the reason you have to privatize these services and take them out of OHIP is that you need that money to improve health care services somewhere else. It affects 1.2 million chiropractic patients. The chiropractors say it will cost \$200 million in other health care services, because people will now have to go to their local doctor for lower back pain problems and things they used to go to their chiropractor for.

What studies have you got, as Minister of Finance, or does your government have, to actually show that you're going to save money overall in the health care system and that you're going to reinvest that money for improved services? What studies do you have? Should

we believe you, at 9%, or Ontario's chiropractors, who actually say this is going to cost \$200 million?

**Hon Greg Sorbara (Minister of Finance):** The studies we have indicate that if we can reorient primary care in the province of Ontario toward a community-based system, we can deliver a far better level of care than we do currently. The studies we have say that if we can invest more in home care, we can give more compassionate care, particularly to those who suffer chronic ailments, than we can through the current hospital model. The studies we have say that if we spend the money to provide free vaccinations to our children in the area of meningitis, in the area of chicken pox and in the area of pneumonia, we can make a truly tremendous difference in the lives of families and children.

In fact, I recall the words of the Minister of Health. A doctor practising in this area said to him, and he referred to it today, "You've done more with the stroke of a pen with these free vaccinations" than he has done in a lifetime of practise. Those are the studies we used to make the determinations we made on health care in the budget, and we're very proud of it.

**Mr Wilson:** First of all, if you have studies to indicate that you're going to save money overall by delisting and privatizing chiropractic services, eye examinations and physiotherapy services, then please table those studies, because that comes as great news to the millions of practitioners out there who are believed by their patients and have a lot more credibility than you do.

I was hoping you'd get up in your answer, Mr Sorbara, and indicate that you had saved some money and were going to improve services, because in the gallery today is a constituent of mine, Josh Sanderson, from Collingwood Collegiate Institute. He has a sports injury, a soft tissue injury. In May he got to his local doctor, he got to a specialist, and lo and behold, he has been told he has to wait until some time late in 2005 for an MRI. The man's in pain. He's with us today. His quality of life is diminished. He can't play sports, and you can't prove to him that you're going to have any money to improve MRI services in my part of Ontario. Shame on you.

**Hon Mr Sorbara:** My friend from up there in Simcoe knows—the point he makes about MRIs, there's real truth to that. That's why, I tell my friend, we put resources in the budget for nine new MRI and CT scans. That's why we're spending that money.

But on the subject of chiropractic care, I simply remind him and his constituent that the most severe impact this delisting could have is \$150 per individual per family. I understand that for some—for many—that's going to be a significant burden. But in terms of what we are going to achieve in other areas of health care, from vaccines to better home care to new MRI facilities and CT scan facilities, I think it's a trade-off worth making, and that's why we made it in the budget.

#### ROYAL BOTANICAL GARDENS

**Ms Andrea Horwath (Hamilton East):** My question is for the Deputy Premier. Your government says it wants

a new deal with municipalities. In fact, your minister earlier today talked about the new relationship you want to put together with municipalities. But in Hamilton, you are trying to download financial responsibility for the Royal Botanical Gardens to a couple of municipalities. The Royal Botanical Gardens is in serious danger of closing any day now, yet your response is to try to dump the costs on to local taxpayers, who already face a 6% property tax increase because of downloading.

Deputy Premier, will you pay the cost of keeping the RBG open, or is your new deal for municipalities no better than the paper it's written on and just another broken promise?

**Hon Dwight Duncan (Minister of Energy, Government House Leader):** I understand the member is new, and so I want to stress that we're not downloading anything. First of all, RBG is important, and we're not closing the door to future discussions. We're at the table, we've been at the table and we want to work with our partners. Today the minister introduced legislation that puts partnerships into legislation, so we don't need to be told that we're not working on this.

I would ask again that you understand that our annual contribution to the RBG has remained constant, just under \$1.6 million a year over the past five years. The minister has just received RBG's multi-year financial plan, and plans to have a public auditor review its books are underway. We're at the table and we're going to continue to be there. The minister is doing a great job, and I look forward to working with the member opposite to ensure that we keep RBG open.

1520

**Ms Horwath:** I spoke to the mayor's office in Hamilton today and my understanding is that talks are not going very well. In fact the RBG, as the Acting Premier will know, gets far less support from the provincial government than other provincial tourist attractions. It's a beautiful, serene place. It's a place where many, many people go in our community and have done so for decades. Your response, and that of the Premier, seems to be that if the municipalities won't pay, the place will close.

Minister, it's time to live up to your responsibilities. Commit today that you will provide the money to keep the Royal Botanical Gardens open so that tourists and workers will all be there at the gardens and the people of Hamilton can be sure they'll stay open. Will you do that? Will you hear this request, as you've said you would? Will you listen to Hamiltonians and to the governments of Hamilton and Halton so that your Minister of Municipal Affairs and Housing will also live up to the pledge that was made earlier today?

**Hon Mr Duncan:** I refer that to the Minister of Culture.

**Hon Madeleine Meilleur (Minister of Culture, minister responsible for francophone affairs):** As I explained in my previous answer, I met with the board of directors of the RBG, their representative, the mayor of Hamilton and the regional municipality of Halton, and

we have just received the financial plan for the next four years. Our staff is reviewing it, and we are going to have a working committee with the three partners—stakeholders—and we will come to an agreement, I'm sure, with the participation of the two other partners. We will be able to find an agreeable solution and keep the Royal Botanical Gardens open, because we know it's very important for Hamilton.

## PETITIONS

### CORMORANTS

**Mr Bill Murdoch (Bruce-Grey-Owen Sound):** I have a petition that has been signed all over Ontario, especially a number of signatures from Jerry Ouellette's riding of Oshawa.

"To the Legislative Assembly of Ontario:

"Whereas cormorant populations in the Great Lakes basin have increased to ... 450,000 ... over the past several years, are continuing to grow, and are significantly depleting fish populations; and

"Whereas numerous scientific studies have clearly shown the serious negative impact on fish stocks and freshwater habitats; and

"Whereas the Ministry of Natural Resources continues to study the impact of cormorants and possible management strategies; and

"Whereas the Minister of Natural Resources has committed to experimental control of cormorants at specific sites;

"Therefore, be it resolved that we, the undersigned, respectfully petition the government of Ontario and the Ministry of Natural Resources to immediately begin to significantly reduce cormorant populations in areas where they are having a demonstrably negative impact on local fisheries through managed culls."

I have signed it.

### PROPERTY TAXATION

**Mr Jeff Leal (Peterborough):** "To the Legislative Assembly of Ontario:

"Whereas recreational trailers kept at parks and campgrounds in Ontario are being assessed by the Municipal Property Assessment Corp (MPAC) and are subject to property taxes; and

"Whereas owners of these trailers are seasonal and occasional residents who contribute to the local tourist economy, without requiring significant municipal services; and

"Whereas the added burden of this taxation will make it impossible for many families of modest income to afford their holiday sites at parks and campgrounds;

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

“That these seasonal trailers not be subject to retro-active taxation for the year 2003; and that the tax not be imposed in 2004; and that no such tax be introduced without consultation with owners of the trailers and trailer parks, municipal governments, businesses, the tourism sector and other stakeholders.”

I'll affix my signature to these 11 petitions from people across the province.

### CORMORANTS

**Mr Jerry J. Ouellette (Oshawa):** I have a petition as well from good friends of ours, Terry and Karen up in Deep River, that reads as follows:

“Whereas cormorant populations in the Great Lakes basin have increased to ... 450,000 birds over the past several years, are continuing to grow and are significantly depleting fish” stocks; and

“Whereas numerous scientific studies have clearly shown the serious negative impact on fish stocks and freshwater habitats; and

“Whereas the Ministry of Natural Resources continues to study the impact of cormorants and possible management strategies; and

“Whereas the Ministry of Natural Resources has committed to experimental control of cormorants at specific sites;

“Therefore, be it resolved that we, the undersigned, respectfully petition the government of Ontario and the Ministry of Natural Resources to immediately begin to significantly reduce cormorant populations in areas where they are having a demonstrably negative impact on local fisheries through managed culls.”

I sign my name in full agreement.

### AJAX-PICKERING HOSPITAL

**The Speaker (Hon Alvin Curling):** The member from Whitby-Ajax.

**Mr Wayne Arthurs (Pickering-Ajax-Uxbridge):** Pickering-Ajax-Uxbridge, Mr Speaker. Whitby-Ajax would be a different side of the House.

I'm probably going to need the assistance of a couple of pages today, because I'm going to present the balance of some 10,000 petitions this afternoon. This will complete this part of the process.

“To the Legislative Assembly of Ontario:

“Whereas at the time the Centenary Health Centre and Ajax-Pickering hospitals amalgamated under the umbrella of the Rouge Valley Health System, a commitment was made by the Health Services Restructuring Commission that the communities of Whitby/Pickering/Ajax, according to the amalgamation agreement, would not lose a full-service hospital and would maintain all existing services; and

“Whereas municipal governments in the region of Durham have provided financial support to the Rouge Valley Health System on the understanding that Ajax-

Pickering hospital would continue as a full-service hospital; and

“Whereas numerous service clubs and other organizations have also raised money in support of the expansion of the Ajax-Pickering hospital and services provided therein such as the maternity unit on the understanding that the Ajax-Pickering hospital would continue as a full-service facility; and

“Whereas the Rouge Valley Health System has changed its strategic plan without consulting its key stakeholders, such as the residents who use the hospital, the doctors, nurses and other professional staff that work within the system and the local governments and organizations that fund the hospital; and

“Whereas this has led to a decrease in the level of service provided by the maternity unit and the number of acute care beds;

“We, the undersigned concerned citizens of west Durham, petition the Legislative Assembly of Ontario as follows:

“That a full-service hospital with all the existing services at the time of amalgamation be maintained at the Ajax-Pickering site and new services added as the population continues to grow and age, as agreed to by the Ajax-Pickering General Hospital and Centenary Health Centre in the amalgamation agreement signed May 31, 1998.”

### WATER QUALITY

**Mr John Yakabuski (Renfrew-Nipissing-Pembroke):** I have a petition concerning the new Ontario Safe Drinking Water Act, 2002, Ontario regulation 170/03.

“To the Legislative Assembly of Ontario:

“Whereas the Ontario government is implementing regulation 170/03, and in doing so will affect town halls, churches and private property owners including small businesses, local community centres and campgrounds; and

“Whereas meeting the requirements of regulation 170/03 has meant and will mean excessive costs and financial burdens for all drinking water system owners; and

“Whereas there is no demonstrated proof that this new regulation will improve drinking water that has been and continues to be safe in rural municipalities; and

“Whereas Ontario regulation 170/03 was passed without adequate consultation with stakeholders throughout Ontario; and

“Whereas stakeholders should have been consulted concerning the necessity, efficacy, economic, environmental and health impacts on rural Ontario;

“Therefore, be it resolved that the Legislative Assembly of Ontario abandon the implementation of and immediately repeal regulation 170/03, as well as amending the pertinent enabling legislation.”

I support this petition and affix my name to it.

## IMMIGRANTS' SKILLS

**Mr Dave Levac (Brant):** This is to the Legislative Assembly of Ontario:

"Whereas Ontario enjoys the continuing benefit of the contributions of men and women who choose to leave their country of origin in order to settle in Canada, raise their families, educate their children and pursue their livelihoods and careers; and

"Whereas newcomers to Canada who choose to settle in Ontario find frequent and unnecessary obstacles that prevent skilled tradespeople, professional and managerial talent from practising the professions, trades and occupations for which they have been trained in their country of origin; and

"Whereas Ontario, its businesses, its people and its institutions badly need the professional, managerial and technical skills that many newcomers to Canada have and want to use;

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

"That the government of Ontario, through the Ministry of Training, Colleges and Universities and the other institutions and agencies of and within the government of Ontario, undertake specific and proactive measures to work with the bodies regulating access to Ontario's professions, trades and other occupations in order that newcomers to Canada gain fair, timely and cost-efficient access to certification and other measures that facilitate the entry or re-entry of skilled workers and professionals trained outside Canada into the Canadian workforce."

I sign my name to this petition.

1530

## DISTRICT OF MUSKOKA

**Mr Norm Miller (Parry Sound-Muskoka):** I have 750 petitions to add to the thousands I've already received, to keep Muskoka part of northern Ontario.

"To the Legislative Assembly of Ontario:

"Whereas the district of Muskoka is currently designated as part of northern Ontario; and

"Whereas the geography and socio-economic conditions of Muskoka are very similar to the rest of northern Ontario; and

"Whereas the median family income in the district of Muskoka is \$10,000 below the provincial average and \$6,000 below the median family income for Greater Sudbury; and

"Whereas removing the district of Muskoka from northern Ontario will adversely affect the hard-working people of Muskoka by restricting access to programs and incentives enjoyed by residents of other northern communities; and

"Whereas the residents of Muskoka should not be confused with those who cottage or vacation in the district; and

"Whereas the federal government of Canada recognizes the district of Muskoka as part of the north; and

"Whereas this is a mean-spirited and politically motivated decision on the part of the McGuinty government;

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

"That the McGuinty government maintain the current definition of 'northern Ontario' for the purposes of government policy and program delivery."

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

## TENANT PROTECTION

**Mr Tony Ruprecht (Davenport):** This petition is addressed to the Parliament of Ontario, and it comes from the tenants of Doversquare Apartments in Toronto. It reads as follows:

"Whereas the so-called Tenant Protection Act of the defeated Harris-Eves Tories has allowed landlords to increase rents well above the rate of inflation for new and old tenants alike;

"Whereas the Ontario Rental Housing Tribunal created by this act regularly awards major and permanent additional rent increases to landlords to pay for required one-time improvements and temporary increases in utility costs;

"Whereas the same act has given landlords wide-ranging powers to evict tenants;

"Whereas before last October's elections Premier McGuinty promised real protection for tenants at all times;

"Whereas our own MPP ... called for a rent rollback (reduction) at a public event in June 2003;

"We, the undersigned residents of Doversquare Apartments in Toronto, petition the Parliament of Ontario as follows:

"(1) To immediately scrap all Tory guideline and above-guideline increases for 2004, as an elementary gesture of goodwill toward tenants who voted massively against the Tories in last October's election;

"(2) To shut down the notoriously pro-landlord Ontario Rental Housing Tribunal; and

"(3) To abrogate the Tory Tenant Protection Act and draw up new landlord-tenant legislation in consultation with tenants and housing rights campaigners."

I'm presenting this petition to you, Mr Speaker.

## CHIROPRACTIC SERVICES

**Mr Garfield Dunlop (Simcoe North):** This is from the chiropractic services, and it refers to the Ontario health insurance plan.

"Whereas elimination of OHIP coverage will mean that many of the 1.2 million patients who use chiropractic will no longer be able to access the health care they need; and

"Whereas those with reduced ability to pay, including seniors, low-income families and the working poor, will be forced to seek care in already overburdened family physician offices and emergency departments; and

“Whereas elimination of OHIP coverage is expected to save \$93 million in expenditures on chiropractic treatment at a cost to government of over \$200 million in other health care costs; and

“Whereas there was no consultation with the public on the decision to delist chiropractic services;

“We, the undersigned, petition the Legislative Assembly of Ontario to reverse the decision announced in the May 18, 2004, provincial budget and maintain OHIP coverage for chiropractic services, in the best interests of the public, patients, the health care system, government and the province.”

On behalf of many people in my riding of Simcoe North, I'm pleased to put my name on that.

#### PROPERTY TAXATION

**Mr Jeff Leal (Peterborough):** “To the Legislative Assembly of Ontario:

“Whereas recreational trailers kept at parks and campgrounds in Ontario are being assessed by the Municipal Property Assessment Corp (MPAC) and are subject to property taxes; and

“Whereas owners of these trailers are seasonal and occasional residents who contribute to the local tourism economy, without requiring significant municipal services; and

“Whereas the added burden of this taxation will make it impossible for many families of modest income to afford their holiday sites at parks and campgrounds;

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

“That these seasonal trailers not be subject to retroactive taxation for the year 2003; and that the tax not be imposed in 2004; and that no such tax be introduced without consultation with owners of the trailers and trailer parks, municipal governments, businesses, the tourism sector and other stakeholders.”

There are four petitions from various people in the province. I'll affix my name to it.

#### CHIROPRACTIC SERVICES

**Mr Ernie Hardeman (Oxford):** I have a petition here concerning chiropractic services in the Ontario health insurance plan. It is to the Legislative Assembly of Ontario, and it's signed by hundreds, if not thousands, of my constituents.

“Whereas,

“Elimination of OHIP coverage will mean that many of the 1.2 million patients who use chiropractic will no longer be able to access the health care they need;

“Those with reduced ability to pay—including seniors, low-income families and the working poor—will be forced to seek care in already overburdened family physician offices and emergency departments;

“Elimination of OHIP coverage is expected to save \$93 million in expenditures on chiropractic treatment at a

cost to government of over \$200 million in other health care costs; and

“There was no consultation with the public on the decision to delist chiropractic services;

“We, the undersigned, petition the Legislative Assembly of Ontario to reverse the decision announced in the May 18, 2004, provincial budget and maintain OHIP coverage for chiropractic services, in the best interests of the public, patients, the health care system, government and the province.”

I will affix my signature to this petition, as I totally agree with this.

#### HEALTH CARE

**Mr John O'Toole (Durham):** It is my pleasure to present petitions on behalf of the chiropractors in my area, specifically Dr James Hadden and others whom I met with. I'm going to present these literally thousands of petitions, and I will read them into the record now.

“To the Legislative Assembly of Ontario:

“Whereas the Liberal government has announced in their budget that they are delisting key health services such as routine eye exams, chiropractic and physiotherapy services,

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

“To reverse the delisting of eye exams, chiropractic and physiotherapy services and restore funding for these important and necessary services.”

This is signed by thousands of patients who otherwise are in pain. I'm pleased to endorse it on their behalf.

**Mr Tony Ruprecht (Davenport):** On a point of order, Speaker: I thought we went in rotation, but it seems that you've got a blind eye for this spot over here somewhat, and you don't recognize us. Now, it seems to me that the Conservatives had their petition read. When our man got up here, you didn't recognize us. I'm just wondering whether this is a blind spot or whether there's some other action we should be taking to get recognition on this side.

**The Speaker (Hon Alvin Curling):** Thanks for bringing the matter to my attention, but as you realize, while it's rotation, it's those I can spot getting up first whom I recognize. I think I try to do it as fairly as possible.

#### OPPOSITION DAY

#### HEALTH SERVICES

**Mrs Elizabeth Witmer (Kitchener-Waterloo):** I move that the Legislative Assembly call upon the government,

To recognize that the McGuinty Liberal government made a specific campaign promise that: “We believe all Ontarians should have access to medically necessary

health care services based on need, not on ability to pay”—that’s page 3 of the Ontario Liberal platform, *The Health Care We Need*;

To recognize that the McGuinty Liberal government in its first budget is putting the health of patients at risk by delisting health care services and no longer providing OHIP coverage for eye exams, chiropractic and physiotherapy services for the people of Ontario;

That Premier McGuinty live up to his campaign promise and immediately reinstate OHIP funding for eye exams, physiotherapy and chiropractic services.

**The Speaker (Hon Alvin Curling):** Mrs Witmer has moved opposition day number 3.

1540

**Mrs Witmer:** I am very pleased to speak to the opposition day motion. I have to tell you that as a member of this House since 1990, I have never seen such anger as I have seen from people throughout the province of Ontario over the government’s budget and broken promises, but in particular over their health tax and the delisting of health care services. In fact, the anger over the delisting of health care services has spread like a brush fire throughout Ontario.

People know that this is not what the Liberals promised, nor did they discuss this in their pre-budget consultations. The public truly believes that they were deceived. In fact, the polling today shows us that 91% of Ontarians do not support these health care initiatives of the tax and the delisting of optometry, chiropractic and physiotherapy services. They heard this government repeatedly, before and since, commit to improving the health care system, and they have done exactly the opposite.

In the election platform, the Liberals stated, and I quote, “We believe in a universal, publicly funded health care system that gives all the care we need when we need it.” Their actions speak to the contrary. This delisting of services does not improve access to care. It does not equate to a universal publicly funded health care system; rather, it provides access only to those who can afford to pay.

This government went further in their efforts to fool the people of Ontario when they introduced the Commitment to the Future of Medicare Act, Bill 8. In their press release of November 27, the Minister of Health and Long-Term Care stated, “We are slamming the door shut on two-tier, pay-your-way-to-the-front-of-the-line health care in Ontario.” Well, this initiative to delist services is exactly that: It is two-tier health care. It is there for people who can pay for it and not there for others. Furthermore, you can pay your way to the front of the line of the optometry, chiropractic and physiotherapy services—again, if you have the money to pay for it. So this commitment in the press release is wrong. It was misleading.

Ontarians are angry; 91% of them disagree with the initiatives to delist health care services. Today, we finding ourselves in a situation where we urge the Premier, we urge the members of the government to listen to their

constituents. We know full well that your offices have also been inundated with e-mails, faxes, phone calls and letters. In fact, a few of you have had the courage to publicly acknowledge the fact, and we applaud you, that you are listening.

However, what the government has done is delist services, which is going to hurt people. They say they’re doing this because they’re going to improve the system. I would say that their improvements pale in comparison to the improvements we made to our health care system since 1995. We increased annual funding for health care by almost \$11 billion. That was despite the fact that the finance minister, Minister Martin, reduced federal funding to the provinces. In fact, our funding grew from 1995, at \$17.4 billion, to \$28 billion, an increase of 60%. I can also tell you that only 12 MRIs existed in the province prior to 1995. Since that time we brought on board 52 new MRIs and 55 CAT scans, and an additional 20 MRIs and five CAT scans were scheduled for completion.

I’m also pleased to say that we struck a nursing task force. We responded to every one of the initiatives. We invested in excess of \$375 million annually. We created 12,000 new nursing positions. We invested in continuing education for nurses. In fact, we were the government that created the nurse practitioner position, the first in Canada to do so. We provided funding for an aggressive—

*Interjections.*

**The Acting Speaker (Mr Ted Arnott):** Would the member take her seat.

I would ask the Minister of Health and the Minister of Public Infrastructure Renewal to allow the member for Kitchener-Waterloo to make her points uninterrupted.

**Mrs Witmer:** I’m very pleased to say that our government, since 1999, invested \$1.1 billion into nursing and nursing strategies. We created the nursing secretariat and the position of provincial chief nursing officer.

I would say to this government: We made the improvements to health care. We made it without the delisting of any services. In fact, we were proud to be one of the provinces that provided coverage for chiropractic services, optometry and physiotherapy.

I can tell you today that Ontarians are angry and frustrated with the decision you have made, the broken promise. Nowhere in your document did you talk about the delisting of eye services. In fact, you went so far as to say they shouldn’t vote for us because we were going to delist physiotherapy.

I’ll tell you, it’s you who have broken your promise. It’s you who are hurting seniors. It’s you who are hurting those people on low incomes who cannot afford to pay for these services.

These services are important for people. This is what Janet from Ottawa says: “I am ... offended by the health care cuts....”

“We trusted you to take care of us and you have let us down. If you have any integrity, you will admit the error and reinstate our health care.”

We've heard from Dave, who says: "I cannot afford to pay for eye exams ... and will likely wait until something seems to be wrong and I will then allow the government to pay for my medical care." This is just a little bit of the thousands and thousands of communications that we've all received.

People are extremely upset that you broke your promise. You are not providing accessibility to health care services. You are moving down a path of greater privatization, where people are being asked to pay out of their pocket for these services. This is two-tier medicine.

What are the consequences of your actions? Let's take a look at chiropractic services. You know and I know—we all know—that if people cannot afford to go to the chiropractor, they're obviously going to have to seek treatment from their family physician or go to the emergency department, which is simply going to cause more expense and further delay on an overloaded system.

In fact, many people will simply not go for treatment. That is going to mean that they're going to suffer from increased pain, increased time off work and long-term chronic problems. It's going to affect 1.2 million citizens who use this service. That's the impact on these individuals. The decision that you have made is very, very short-sighted, because you are eroding our publicly funded health care system by removing access, particularly for those with lower economic means, to an appropriate and cost-effective health care service such as chiropractic.

**1550**

Let's take a look at schedule 5, the physiotherapy services we have in place that serve about six million people. Do you know that 80% of those people are seniors who are going to be hurt by the decision you have made? You are providing a gap in service for individuals who may well go through surgery, but then there's no one there to help them with the therapy to regain full independence.

We also know that much of the work that goes on in physiotherapy is prevention. It allows people to remain mobile and live independently in their own homes and not in a hospital or long-term-care facility. We also know it prevents chronic disability, and that's really important. Again, this particular decision is going to have long-term negative consequences for the health and safety of people in this province, particularly since 80% of the people who access these services are seniors.

Third, let's take a look at the impact of delisting eye exams. As Judith Parks, president of the Ontario Associate of Optometrists, notes, "People will go blind that need not." She goes on to say, "The health and safety of our patients will suffer. People will experience more preventable eye disease." In fact, according to optometrist Cheryl Letheren, "There are no pain signals to warn of the five leading causes of blindness in Canada."

We all know, and I'm surprised this government didn't know and doesn't care, that early detection of eye disease is absolutely critical to the successful treatment of many conditions. Take a look at glaucoma and macular degeneration and other diseases that can lead to

blindness. We know they need to be detected early to prevent any damage to our eyesight.

The Canadian Diabetes Association has added its voice to the chorus of concerns about the delisting of eye exams for those between the ages of 20 and 65, because the reality is, folks, that your eyesight is vulnerable to disease within those years of 20 to 65. We know that the ages of 40 and 50 are just as vulnerable. The Canadian Diabetes Association says that optometrists are part of Ontario's early warning system for diabetes screening. Diabetes is sometimes assessed for the first time during a routine eye exam.

I think you can see, and I hope the members of the government understand, the risk to health and safety to which they have put Ontarians in this province, who are not going to be able to afford to pay for these services that this government promised. They promised universal access to services. I can tell you that the delisting of physiotherapy, eye exams and chiropractic is a step backwards for Ontario, a province that always considered itself the leader in the delivery of health care services. That's why we were the first to introduce the family health networks and the eye practitioners, and to expand the long-term-care facilities and home care services.

The actions of this government are not acceptable. They are hurting hard-working Ontarians who expected more, and who certainly did not expect you to break your promise. What you are doing now is breaking your commitment to medicare, supporting two-tier health care for those who can pay and moving down the road of privatization.

I call upon the Premier to live up to his campaign promise and immediately reinstate OHIP funding for eye exams, physiotherapy and chiropractic services.

**The Acting Speaker:** Further debate?

**Mr Gilles Bisson (Timmins-James Bay):** I want to thank you very much, Mr Speaker. I really love the 1986 rules. Aren't they great? I've got to say that this is a much more civil way of being able to debate.

I want to take part of the time on this particular debate, on this opposition motion that's put forward by our good friend Mrs Witmer. She's getting at an issue that I think, quite frankly, is bang on as far as part of the problem that we have with this provincial budget. The provincial government, as we well know, has decided by way of this budget to delist services that are currently covered under OHIP. I would never have thought, in the last election, listening to Dalton McGuinty and all the Liberal candidates, that the Liberals would actually, when elected, come into this Legislature and delist essential medical health services in Ontario. I would never have believed it.

In fact, I remember being at debates in the last provincial election with both the Liberal and Conservative candidates, where the Liberal was charging the Conservatives with doing exactly that. Participating in that as well, I was thinking to myself, "If there's one issue the Liberals and New Democrats can allow on, it is supposedly that we believe there should be a public health care system and that we should not allow the encroachment of private health care in the public system."

When you looked at the platform that the Liberals put out, if you read it, you thought you were reading NDP policy. I've always said that at times of elections and leading up to elections, the Liberals campaign like New Democrats. If you close your eyes and you don't see that they're a Liberal and you listen to what they've got to say, they sound just like New Democrats. But the minute they get elected, this great metamorphosis happens. They become transformed into Conservatives.

On this particular budget bill that we've just had introduced this spring, Bill 83, and the motion that we debated earlier in regard to the actual budget, I've got to say those Liberals are looking more and more like a bunch of Tories in a hurry. If you look at what they've done inside that budget, they're doing a whole whack of things, as my friend Rosario Marchese would say, that say, "Wow, they're in a hurry." These Liberals are trying to race to the centre and past the centre to the right side of the political landscape in Ontario quicker than the Tories dared to do it.

I've got lots of problems with my friends in the Conservative Party as far as some of the policies they had while they were in government. But on this issue, Mike Harris, in his worst nightmare or his best dream, would not have done what this government is doing. Tinker around with it, yes. Mike Harris went to every second year that you could get an eye exam from your eye doctor. But they didn't dare say, "We're going to get rid of it." Even the Conservatives understand, within the Tory party—and this is a pretty right-wing group—that you don't start delisting entire professions within health care services for all kinds of reasons. One is because politically it is not palatable by part of the electorate. Most people in Canada get it. I'm surprised that the Liberal Party doesn't get it; that is, a majority of people want a public system of health care and want to make sure that it works for them when they unfortunately get sick and have need of health care services.

The other reason we need to talk about what's really the crazy part about what the Liberals are doing on delisting essential health services like chiropractors, eye doctors, physiotherapists and others is it's going to cost us more money. We're not saving any money with this. As I see the figures in the budget, they're going to save up front, in the first full year of implementation, on the line part of the ministry budget that deals with chiropractors, physiotherapists, eye doctors and others, about \$200 million. The government says, "Wow, we're bright. Oh, we're smart. We saved \$200 million by saying you can't go to a chiropractor and have the chiropractor charge for part of his visit on the OHIP formulary," or the eye doctor or others.

There's a problem with that. You haven't stopped to think what's going to happen when people can't go into the chiropractor's office or can't go into the eye doctor's office to deal with their issues. Chiropractors and patients are telling us that people are basically going to stop going to chiropractors, in some cases—not all—because some people can afford it, because it's a partial system now.

Let's be fair. You go to your chiropractor's office and you pay part of the fee out of your pocket and it's supplemented by OHIP, but some people need that supplement to be able to do the visits they need at the chiropractor's.

**1600**

So what's going to happen, and we know already, because patients are now coming to our constituency offices and telling us that—in fact, I held two press conferences this weekend, one on Friday in Kapuskasing and one in Timmins on Saturday morning, where we had the chiropractors, the physiotherapists, the eye doctors and others who attended at the office. It was quite amazing in Kapuskasing. Every one of those health care professionals in that community and Hearst showed up at the press conference. Can you imagine that? All of them. All of the eye doctors, all of the chiropractors, all those people in those critical health services, other than doctors, showed up at the press conference and said, "This is nuts. It's going to cost the system more money, because what's going to happen is patient X, who goes to the chiropractor, who can no longer afford to go because it's no longer covered by OHIP, says, 'OK, I'm not going to go see you, Doctor. I'm going to make do with my problem in my back,'" or their upper back or their leg or whatever it is. "I'll just make do."

They all tell us the same thing: If you don't treat this stuff earlier on, in many cases it gets worse, and when it gets worse, the person goes into crisis. Then what happens? The person is either going to walk into an emergency room—have you checked out how much it costs every time a patient walks into an emergency room? It's a lot more than the 10 or 11 bucks we're paying now for OHIP to supplement the services of a chiropractor. You're talking much more than eight or 10 bucks. So they're going to end up inside the emergency ward, and once inside the emergency ward they are going to basically be dispatched to some other health professional within the system who is going to be paid by the public health care system at a much higher rate than it would have cost if we had treated it in the first place. Or the person is going to go to the doctor's office, and every time you go to the doctor's office, there's a bill that's put forward to the OHIP system that's a heck of a lot more than the 11 bucks that the chiropractor charged.

Chiropractors and others within those very important health services are saying the same thing. They're saying, "Listen, in the long run we're not going to save any money." It's going to initially, in the first year of implementation, save the government some money. But as patients go deeper and deeper into crisis because they can't afford to go to chiropractic services—they are eventually going to go further into crisis, and the further into crisis they go, the more it's going to cost the health care system, because they will become patients of the public health care system either by way of the doctor's office or by way of the emergency ward or the health clinic, if you're lucky enough to have one of those in your community, as they do in Sudbury.



By the way, my good friend Mr George Smitherman is here, and I know he's looking at health services to be established by way of health clinics. I remind him, Kapuskasing is at the top of the list, George, right? Say yes, George: Kapuskasing is at the top of the list.

**Hon George Smitherman (Minister of Health and Long-Term Care):** Where's that?

**Mr Bisson:** You know where that is. I know you know where that is—Kapuskasing. Anyway, that was just digressing.

*Interjection.*

**Mr Bisson:** No, Kapuskasing has a big underserved area, and I'm just saying that's one of the applications that are there.

**Mr John O'Toole (Durham):** He said, "Where's that?" That's what he said, "Where's that?" He didn't even—

**Mr Bisson:** I didn't hear that, so I don't want to repeat that. That wouldn't be nice.

Anyway, I just say it's going to cost the government more money when people are diverted into the health care system.

Now, the other part about all this is what it means in underserved areas. And this is the part that really burns me up. My good friend Shelley Martel is here, the member from Nickel Belt. She understands well that in our communities across the north, as in other places in Ontario, we have a shortage of physicians. There are numbers and numbers of patients who are without a doctor; I think in Sudbury it's 22,000.

**Ms Shelley Martel (Nickel Belt):** Thirty thousand.

**Mr Bisson:** It's 30,000 in Sudbury. My Lord, 30,000 people in the city of Sudbury are without a family doctor. In the city of Timmins, 14,000 people out of a population of 45,000 or 46,000 are without a family doctor. We're going to say, "Don't go to your chiropractor, don't go to your physiotherapist, don't go to your eye doctor. Go to your doctor." And the person's going to say, "I don't have a doctor." "Well, then, go to the emergency department." What kind of solution is that? We're going to put our already overburdened doctors in more of a situation of having not enough time to deal with the multitude of patients they have, and it's going to divert their much-needed attention off more complex cases to deal with things that are probably better dealt with by chiropractors and other professionals, because they're trained to do that kind of work; that's what they went to school for.

So part of the problem I'm having with the decision the government is making is that if we're trying to resolve the underserved problem of physicians in northern Ontario, as well as other parts of the province, it seems to me that the worst way to deal with that is to say, "Let's divert all patients away from other regulated health professions into the doctor's office or into the emergency ward." It doesn't make any sense.

I raised in the House the other day—I think it was yesterday—by way of a question to the Premier the other cost of all of this, and this is truly the cost that I think is probably the saddest; that is, people are going to be put at

risk. I was at a press conference, as I said, in Kapuskasing, out on Byng Avenue, in front of my constituency office. We had so many physiotherapists and doctors and others that we had to move the press conference outside at one point because it was a bit too small in the constituency office to accommodate everybody else.

A woman came walking by, a woman I've known for some time. She saw this press conference, stopped and looked at what we were doing and heard what we were talking about. It just happened that her eye doctor, Dr Ravine, was one of the people attending the press conference. The woman said, "I want to say something." As a politician, when you're having a press conference and somebody pops out of nowhere and says, "I want to say something," you get nervous. But I figured, "What the heck. It's a public street, so she can have her say."

**Ms Monique M. Smith (Nipissing):** You're a classy guy.

**Mr Bisson:** I'm a very classy kind of guy. You would know that when you were in Hearst on Friday I gave a very nice welcome to my good friend Monique Smith and invited her to come back. So I know I'm a classy guy; you don't have to repeat it in the House. I blush when you say that, Monique. I really do. I have a very small ego, you must know. Any politician, I want to warn the public and members of the assembly, who says he has a small ego, don't trust him. We all have big egos; that's why we're here.

Back to my point: This particular woman walked by, saw the press conference and said, "I want to say something." OK, the media was there. So they turned to her and said, "What's the story?" She said, "I think it was three or four years ago that I decided to go see my eye doctor to get my eyes checked. I hadn't been there in a while and I thought, it's been a lot of years, maybe it's time that I get them checked. I did so because it was no cost to me. I went to Dr Ravine at the time. The visit was covered, and I figured it was a good thing for me to be doing. I hadn't seen my eye doctor in a while."

Sure as form, what happened? Dr Ravine did a routine eye exam and found out that she had a carcinoma behind her eye. As a result of the examination he found a cancer behind the eye—eventually it was found to be malignant—in its very early stages. She underwent therapy, and I think some surgery, and as a result of that she was basically saved. She's still with us today because of that routine eye exam. She just decided one day, "I haven't been to the eye doctor in a lot of years."

Then she blew the whole press conference away. She said, "I was watching the budget, and I've been watching what's going on. I probably wouldn't have gone to my eye doctor after the Liberal budget."

That's pretty serious stuff. We're talking about people's lives. I've got to believe that my good friends in the Liberal caucus and Mr Smitherman, the minister, don't want to see that kind of thing happen. But there are consequences for all the decisions we make here. I say to the government, you backed down on the soup-and-salad tax, rightfully so, when you saw that the people out there

were opposed to the soup-and-salad tax. You had the courage. It says something if you have enough courage sometimes to back off and say when you're wrong. You backed down partially, not entirely, on the LCBO privatization. You were going to privatize. Now you're saying, "Maybe," a little bit different. If you're going to back down on something, this is the one to do it on.

I've got to believe there are a lot of Liberal backbenchers, including cabinet ministers, who are getting lobbied in their constituency offices by the professions and, more importantly, by patients, who are saying, "This is a real problem, and we need you to back down."

I say to my friends across the way, this is really serious business. At the end of the day, we're all charged with one responsibility: When people stand for office, run, and are fortunate enough to be elected, we're here to serve the people who elected us and those who, unfortunately, didn't vote for us. But they're still electors; we're there to serve them. At the end of the day we have a responsibility to these people to make sure there are good public services there so that our society works, and one of those very important services is health service.

I agree with much of what the previous speaker had to say. I know our health critic has lots to say, so I want to leave most of the time to her. But I just wanted to put that on the record, because this is really serious business, and I'm hoping the government will come to its senses and back down on this.

One last point, because I see the minister wants to get up—he's probably going to say something, and I want to pre-empt what he's about to say. Are you getting up, George? You looked as if you were getting up.

**Hon Mr Smitherman:** I'm next, yes.

**Mr Bisson:** You are next. I'm clairvoyant: I can see this.

They're going to say, "Don't worry, we can refer. If a person has to go to an eye doctor, don't worry. You're going to be able to get referred by your family physician." That's a bit of a problem, too, because we're already saying it's too expensive. So we're going to send the patient to the doctor in underserved areas, where there are no doctors in most cases. In our community, 14,000 people don't have doctors, so they have nowhere to go to be referred. But those who are lucky enough to have a family doctor are going to go to the family doctor to get referred, a fee is going to be charged, and then we're going to refer them back to the eye doctor who's going to charge another fee to deal with what has to be done.

**1610**

I say, let our doctors do the more complex cases. That's what they're trained for. Allow the other health care professionals who are properly trained to do the other stuff, to do what they're trained for. They're not going to save any money by having one doctor refer to an eye doctor what the eye doctor could have done in the first place. It's all about preventive medicine. We all know, number one, that a better lifestyle so we don't get sick, and number two, catching diseases in the early stages will save us health care dollars in the long run.

**Hon Mr Smitherman:** I'm pleased to have an opportunity to join in the debate today.

**Mr Bisson:** Tell us you know where Kapuskasing is.

**Hon Mr Smitherman:** I do know where Kapuskasing is. I love the north and look forward to August when I intend to spend quite a lot of time up there.

I want to start by trying to correct the record a little bit, because the fact of the matter is that both speakers to date in this debate have indicated they don't understand the legal definition of the phrase "medically necessary." That's not so shocking when it comes from the honourable member for Timmins-James Bay, but when it comes from a former health minister, it's particularly daunting.

I want to say very clearly that as to the changes before us, which we're speaking about today, with respect to the difficult choices made to change the way Ontario provides support for some services, the Canada Health Act is clear. It talks about medically necessary services, and all the necessary protections to ensure Ontario remains consistent with the Canada Health Act are absolutely provided.

These are difficult decisions, which are put in sharp focus in part measure as a result of the speech by the member from Timmins-James Bay. His answer at the end of it all is to say, "A lot of people don't have doctors." Yes, we know that. That is unfortunately the legacy more of his party than any other, because when they were in government, they severely cut down on the training spots available. They cut down on the production line of doctors. As a result, we suffer from serious challenges, where one million Ontarians don't have access: basic medical care, medically essential care, in the form of a doctor.

What is our government's priority, therefore, and what is our budget about? It is, in a word, about priorities. It means difficult choices, but it's necessary to make difficult choices, to be able to find the amazing new support we find from immunization, which will take our province from being one of the laggards on immunization to one of the leaders.

Revamped home care with a serious focus on post-acute care, where reprofiled dollars from physiotherapy will be found: I found it astonishing that the member from Timmins-James Bay was a strong supporter of the status quo as it relates to physiotherapy in this province, when the fact of the matter is that no government of any political stripe has expanded schedule 5 clinics in Ontario since 1966.

What is the reality, then, of government-funded physiotherapy services in our province? It is a reality that those services are concentrated in the greater Toronto area. There is no regional equitable distribution of physiotherapy services across the province, but as a result of our changes there will be, because we're not getting away from all government support for physiotherapy. We are going to make that support available in our home care where there is a common assessment tool that makes sure that in our province we dedicate those precious resources to those who have the greatest demonstrated need, and by

using our community care access centres and the common assessment tool, we can ensure a more equitable distribution of these precious resources.

As a result of the difficult choices we made, we can begin to address the reality of a million Ontarians suffering from not having access to family health teams, by family providers. So we're moving forward with a massive \$600-million investment to bring family health teams to communities, including many in our province, 136 communities, that don't even have access to basic medical care. Our government's priorities, therefore, are clear. It's our obligation, it's our responsibility and it is a highly ranked priority to make sure we bring progress on this file so that the former Tory government's record of moving from 55 communities underserved when they took office in 1995 to 136 underserved communities when they left—that is their record and we're working to address it, and that makes difficult choices necessary.

Public health renewal, another area: Shameful, woeful, inadequate investments by these two parties when they were in government. We're moving to address that so that Ontario is more properly prepared should we ever have to confront something like SARS again.

Mental health and addictions, yet one more example of the woeful record of those two parties when they were in office: no investments in mental health and addictions for 12 years.

No doubt there are difficult choices involved here, but these choices reflect our priorities: a half-billion-dollar investment in our hospitals and new money for strategies designed to address wait times around MRI and CT scan clinics, with nine new clinics coming; shortening of wait times for cataracts, for cancer, for hips and knees. These are our priorities. It's in sharp contrast to the track record of the previous government.

What did Mike Harris say in 1995 when he ran for office? I quote: "I can guarantee you that it is not my plan to close hospitals." What did he do subsequently? He closed or merged 36 of them. What else did Mike Harris say? Harris complaining—

*Interjections.*

**Hon Mr Smitherman:** You called me to order? Harris complaining—

**The Acting Speaker:** Take your seat. I would ask the opposition members to come to order. I would ask all members to come to order. The Minister of Health.

**Hon Mr Smitherman:** The member for Simcoe North defends the closure of hospitals. Unbelievable.

**Mr Garfield Dunlop (Simcoe North):** You have no idea what you're talking about.

**Hon Mr Smitherman:** You're doing good.

Mike Harris comparing fired nurses to Hula Hoops: "Just as Hula Hoops went out and those workers had to have a factory and a company that would manufacture something else that's in, it's the same in government."

That was Mike Harris defending a decision to lay off thousands and thousands of nurses, only to be repurchased at a price that has not yet been properly

calculated because of what it did to diminish the nursing profession in our province. That is their sorry record.

In contrast to the member for Kitchener-Waterloo's record on this, what did she lead in her government's budgets while she was the health minister? Reductions in OHIP support for optometry, to reductions in OHIP support for chiropractic, and she did absolutely nothing to address these enormous inequities in the provision of physiotherapy services, which, frankly speaking, have been concentrated in northern Ontario. Only one of the schedule 5 physiotherapy clinics in all the province is to be found in the north, and no action from either of these two parties when they were in government.

One further point on this: We inherited, as a government, a variety of what I might call unfunded liabilities. I talked earlier about a lack of investment in mental health and addiction that is the woeful legacy of those two opposition parties when they were in government. Let me add one more to the list. Not since there was a Liberal government in this province in 1988 and 1989 did optometrists and physiotherapists gain the benefit of a government acknowledging their need for enhanced fees. What did we inherit as a government? A 15-year, pent-up, unpaid bill and enormous expectations of significant and very costly increases to pay more for exactly the same services that have not been made available on an equitable basis.

I could talk all day about this, but because there are so many other fine members who want to, I want to close. I want to close by talking about reprofiling. This is a phrase that I have adopted because they want to make it seem that in one fell swoop we've eliminated our government's and our province's capacity to support physiotherapy services. It's simply not true. What we have done is made a move to make sure that those services are being provided, given the reality of our precious fiscal capacity, to those in our province who are most vulnerable and who have the most expressed need. How are we doing that? By enhancing physiotherapy services available in our long-term-care facilities because we know that those 70,000 Ontarians who live in long-term care are at the greatest risk, so we prioritize our services to them. And how else? By making more physiotherapy dollars available in our home care settings, so that the common assessment tool can be used to ensure the most equitable distribution of these precious resources to those in our province who are most vulnerable. These are appropriate responses to the difficult choices the government faced. They are found as well in our changes in the way that optometry services will be delivered in our province.

**1620**

First and foremost is the point that medically necessary access is guaranteed for people who have an established medical condition. That is an appropriate response to make sure that those with the greatest express need get it and, similarly, to make sure that these services continue to be provided to the youngest in our province—vulnerable—to the oldest in our province—vulnerable—and to the lowest-income in our province—vulnerable.

At the end of—

**Mr Ted Chudleigh (Halton):** You're closing obstetrics in Georgetown. No more babies born in Georgetown.

**The Acting Speaker:** Take your seat, please. I would ask all members of the House to show appropriate respect to the Minister of Health.

**Hon Mr Smitherman:** That might not be enough, Mr Speaker.

The fact of the matter is that the member from Halton, so stifled as he is in his role over there that his party won't allow him to ask a question in the Legislature, has to heckle me. Perhaps he'll break through one of these days and actually get a question.

Let me close on this note: These are difficult choices, and the fact of the matter is that other members have highlighted the fact that they're hearing from constituents around this. That comes as no surprise. I recognize that there are many services in our province that are therapeutically beneficial. But that is different from being medically necessary, under the definitions of the Canada Health Act. We are, as a government, faced with making difficult choices and establishing clear priorities, and we've done that.

We know that it's a priority that home care work for people, and we're making an investment. We know it's a priority that long-term care provide a dignified and healthy setting for our seniors, and that wasn't being provided adequately. We know that all across our vast province, in community after community, people go without access to basic medical care provided by doctors, nurses and nurse practitioners working in a team.

I stand four-square behind the commitments we have made and that we're delivering on, because at the end of the day it is the responsibility of government to ensure that we use our precious resources as best we can. The decisions we have made are difficult decisions, but they are decisions that at the end of the day will provide an enhanced level of benefit to more Ontarians and that—

*Interjections.*

**The Acting Speaker:** I would once again ask the opposition members to refrain from heckling the Minister of Health.

**Hon Mr Smitherman:** It's the weakest row two I've ever seen.

I want to say that at the end of the day we are, as a government, charged with important responsibilities. The priorities we have made are priorities that are well received in communities. I encourage the honourable members, as they'll have the opportunity in this discussion today, to put on the line the funding increase they would rather not have seen in exchange for these important and difficult decisions that we've made.

Are they against immunization for our children? Are they against additional resources for home care? Are they against enhanced support for long-term care? Do they oppose our commitment to mental health and addictions, or is it our renewal of public health in this province that they're opposed to? These are the things that, as a result of this government's budget, we're going to be able to move forward on to create in the province of Ontario a

health care system which is stronger, in better shape and more sustainable for future generations of Ontarians to benefit from. Thank you very much.

**Mr Toby Barrett (Haldimand-Norfolk-Brant):** Close to half the Ontario budget is used to fund health care, and therefore close to half of all the taxes one pays to the Ontario government are already health taxes.

Back in October, I don't think the people of Ontario understood that they were voting for an increase in income tax, the so-called health tax, and I don't think they understood they were also going to lose health services at the same time. They certainly understand it now, and as has been indicated here, this government breaks more promises than a long-nosed wooden boy in a toy shop.

Ontario residents will soon pay out-of-pocket for physiotherapy, chiropractic visits, as well as most routine eye exams. The Liberals claim this will help create a stronger, more accessible health care system. I indicate to people: Don't be fooled. When it comes to health care, you'll now pay more but you'll get less. The truth of the matter is, those who cannot afford to pay for such services will experience a reduced quality of life or they will simply make more visits to their family physician or to their emergency department.

While health care taxes and other increased taxes hit the pocketbook, the real issue, according to many of my constituents, is the issue of trust. Since the budget came down on May 18, Premier McGuinty has attempted to steer the debate away from promise breaking. The fact is, the provincial Liberals said one thing during the election and did another when they were elected.

I'd like to read an excerpt from the 2003 Liberal platform: "We believe all Ontarians should have access to medically necessary health services based on need, not on ability to pay." The 2004 budget proves that this Liberal government has turned its back on its much-publicized commitment to universal health care, not only with its regressive, two-tier health tax—and remember, McGuinty promised no new taxes—but also with this regressive, two-tier delisting of vital health services.

Again, despite paying lip service to medicare, this government will no longer pay for visits to optometrists, chiropractors and physiotherapists. This is privatization. Optometrists, chiropractors, physiotherapists and their patients feel betrayed by a government that has not only turned its back on preventive eye care but has sentenced people to live with back and muscular pain if they can't afford access to this kind of assistance.

While the Liberals across the way continue to defend their actions, their move to delist health services creates a situation where health care will be denied to those who do not have the money to pay for it. In my book, that's two-tier health care. That's called privatization.

It flies in the face of promoting preventive, community-based primary health care services. Health professionals and their patients question why this government, a government supposedly committed to universally accessible health care, would now bring in this regres-

sive, two-tier privatization of eye care, chiropractic and physio services.

I support the provincial associations of chiropractors, optometrists and physiotherapists in demanding that this regressive, two-tier treatment of key health care services be rescinded.

**Ms Martel:** I'll be taking up the rest of the time on behalf of the NDP as health critic. It's a pleasure for me to participate in this debate.

Let me begin at what I think is the most important point, which is the point the minister made, that somehow his government had no choice, had absolutely no choice but to cut what really are essential health care services. Anyone who goes for an eye exam, uses physiotherapy or gets chiropractic services would tell you that this isn't a luxury; it's an essential health care service. It maintains them, it allows them to go to work, to have a high quality of life, to identify eye disease before that becomes serious eye damage.

It is ridiculous to listen to the Minister of Health and the Liberals say they had no choice but to cut these services. They surely did have a different choice that they could have made in the budget. I want to repeat what that choice is. You see, the government could have reversed the 35% income tax cut that was given by the Conservatives to the wealthiest Ontarians over the last number of years.

We know that tax cut has overwhelmingly benefited a small few in the province. It has come at the expense of important investments in health care and education. If the government was really serious about investing in important public services again, the government would have gone to those people who net over \$100,000, and who have enjoyed a huge tax break under the Conservatives, and said, "Guess what, folks? It's time for you to make a greater contribution. It's time for you to pay a fair share. It's time for you to start paying some more to have important public services in the province, because frankly, you have been getting away without making an appropriate and adequate contribution under the Conservatives." Did the Liberals do that? No. If the Liberals had made that single tax change, the Liberals could have brought in \$1.6 billion this year, if they had said to those people who have benefited the most under the Tories, "We're going to take that tax break back. You're going to contribute more."

1630

If the government wanted to have a different choice, the government would have gone back to the 1999 corporate tax rates in place in Ontario. In 1999, the corporate tax being paid by Ontario companies was very competitive with those US jurisdictions which are our neighbours and with which we do a great deal of our trading. But those big corporations got a huge tax break under the former Conservative government, and this current Liberal government did nothing to reverse that. This Liberal government did nothing about going to those big corporations and saying, "You know what, folks? You did really well under the Tories. It's time for

you to pay your fair share to support important public services in Ontario." The government didn't do that.

The government had another choice. The government could have said very clearly that the break on the first \$400,000 of payroll in the employer health tax was really designed for small and medium business in Ontario. It wasn't designed for Bell Canada or other big companies in Ontario. It was designed to give small and medium business a bit of a break. But because of that loophole in the employer health tax, big corporations like Bell Canada have enjoyed an enormous financial advantage. This government could have gone to those big companies and said, "This exemption was never meant for you. We're going to close this exemption. It's time for you to start paying what you should." The government could have raised \$700 million through that.

Through those three choices in tax measures that I just mentioned, if the government had had the courage to do that, the government would have raised \$2.4 billion alone to invest in health care. That's what they could have raised by those three measures for the wealthiest Ontarians and the wealthiest companies that can afford to, and should be, paying more. Instead, the government delists or cuts funding for important health care services and raises the money to pay for new health care on the backs of modest- and middle-income Ontario families. That's a choice this government made. They had different choices. They didn't have the courage to go after those who can afford to pay the most and who should be paying now.

Instead, this government is going to whack modest- and middle-income Ontarians, who are already going to be hit by an increase in their hydro rates—an increase last year, after you broke your promise about maintaining the cap until 2007, and another hydro rate increase that comes in the provisions in the budget. After these, working families are also going to pay 50% more for their driver's licence—another provision that's in this budget. And now you're going to have Ontarians, who already pay for health care through their taxes, pay again through a terribly regressive, unfair health tax and pay one more time if they have to go and access services from a chiropractor, optometrist or physiotherapist. There's something really wrong with that kind of choice. Some of the Liberals who are here today should really be thinking seriously about the choices their cabinet made for them.

I listened really carefully to the minister, and I've been asking him some questions about these issues. He said today, as he has said before—he has given some really bizarre arguments about why the government is cutting funding for these essential health care services. He makes an argument, as he did today, that in the last 15 years there has been a freeze in terms of the funding for optometrists, so governments really didn't care about optometrists anyway. Then he and his government cut funding for eye exams for all those people between ages 20 and 64. What a bizarre argument to make, that because there hasn't been an increase in the fee schedule

for optometrists for the last 15 years, the solution to the problem is then to cut OHIP funding for thousands and thousands of people who now get that covered. That is a ridiculous argument to make to try and defend a cut in health care services.

The minister made another bizarre argument, that because there has been no new establishment of schedule 5 clinics since 1964, there is now unequal access. The way we deal with that is to make sure that nobody can afford to go to the existing clinics and they can all shut down. What a dumb argument to make.

You don't get equal access by shutting down the existing schedule 5 physiotherapy clinics; you take what you have in place, continue to support them, as we did when we were in government and the Conservatives did, and then in those parts of the province where you have gaps, you create new services. You don't make a situation that might be unequal any better by making sure all of the physiotherapy clinics shut down because no one can afford to go because this government just pulled OHIP funding for those essential services. It's a silly argument to make.

There's one more argument he has made, and he made it again today in response to a question I raised. That was to say, "Ontario is the last jurisdiction in Canada that has been paying for eye exams. We should be the same as all other jurisdictions and we shouldn't pay for eye exams for the vast majority of people who now receive them." What a silly argument to make.

I thought that in Ontario we wanted to be leading in health care. We wanted to be leaders in the provision of high-quality health care. I'm not interested in a race to the bottom when it comes to support of primary care services.

What a silly argument to make, that it's OK to cancel the payment through OHIP of the vast majority of eye exams in the province because other provinces do it and now we're all going to be the same. We're all equally going to be at the bottom.

We should be leading when it comes to supporting primary care providers like chiropractors, optometrists and physiotherapists. The lame excuses and lame arguments today that I heard from the minister make me wonder what the government's priority really is and certainly points out to me the contradiction between their alleged support for prevention and what the reality is, because many of these health care providers whom we are talking about, who have had some support because their patients have been able to receive OHIP funding, are providing preventive care and they should be allowed to continue to do so. Patients in the province should have direct access to a physiotherapist, a chiropractor and an optometrist, and the province of Ontario, through OHIP, should be paying for that.

What have some people had to say about these changes? Remember, during the election, of course, the Liberals promised they wouldn't cut health care, but now after the election, like so many of their other election promises, here we are: slap, snip, cut and burn. Any

number of election promises aren't being kept, and here we are looking at the demise of OHIP funding for a number of services.

Dr Edward English, chief of orthopaedics and rehabilitation at Scarborough hospital, says physiotherapy is key to the outcome of orthopaedic surgery. I quote from a May 28 article: "Patients who have had amputations or joint replacement surgery need more than three weeks of outpatient physio to get them back functioning in the community," English says. "Those who can't afford to pay will lose all of the benefits of their surgery." He goes on to say, "Hospitals may be forced to keep them as inpatients longer than the three to five days they spend now. Otherwise they run a high risk of reinjuring themselves, leading to further surgery and hospitalization."

So, you see, we're going to cut off our nose to spite our face because we're going to pretend we're going to save maybe \$100 million or \$150 million in physiotherapy and then you're going to have all those people staying longer in the hospital, at an enormous cost to the health care system, because they can't get access to physiotherapy in the community. Where are the savings in that, never mind quality health care for people who need it?

1640

**Mr Richard Patten (Ottawa Centre):** Say one nice thing.

**Ms Martel:** At the Ottawa Hospital—your neck of the woods, Mr Patten—Dr Eugene Wai, who specializes in spinal surgery, says that the impact on patients who are economically disadvantaged could be severe. He said, "I would say it's not worth doing elective surgery if the patient can't afford the necessary physio." Did you hear that? That's a pretty strong reaction from someone in the know.

**Mr Patten:** If it's medically advised, they'll get it.

**Ms Martel:** No, that's the point of the exercise. The minister has said, "Do you know who is going to continue to get physiotherapy? Those people who are in long-term-care facilities." Richard, those people in long-term care facilities. All right?

He talks about home care. Isn't it interesting? Let's talk about home care, because here is Christina Boyle, president of the Ontario Association of Physiotherapists: "It also promised"—this is the budget—"more funding for home care but there's no guarantee any of that will be dedicated to physiotherapy services." She's exactly right, because if you folks go back and read your budget speech again, and look at the very small section in there that talks about home care, there is nothing in the budget document, Mr Patten, that says very clearly that any of the money going to home care is going to go to physiotherapy services.

The minister says, "Trust me." The Liberals say, "Trust us." Folks, all I have to say to you is, take a look at the poll results today, or take a look at the poll results on the weekend. Your leader's credibility is dropping like a stone. You guys have a credibility gap that's bigger than Lake Ontario. No one, but no one, believes you any

more when you make promises, because you have broken too many. All I have to say is, look at the drop of your party in the polls, folks. Look at the poll results today, where 86% of the population says they don't believe you on the promises on health care. They don't believe you. Why should they? Look at your track record, right? You were the government that got elected and you said, "We're going to maintain the freeze on hydro rates until 2007." One of the first pieces of legislation that came forward in the House was a bill to lift the cap.

You were the government that said you were going to stop the development of 6,000 houses on the Oak Ridges moraine. Those 6,000 houses are going up. They were at the time the election promise was made, for goodness' sake. You were the government that said, "People's auto insurance rates are going to drop by 20%." I'm getting the calls in my office so I know you're getting the calls in yours. People are not seeing a 20% decrease. They are seeing an increase in their auto insurance rates.

This was the group that said before the election, and Dalton McGuinty said it himself, "We're going to stop discriminating against autistic children over the age of six." You know what? The Ontario government is going to be in court tomorrow at the Supreme Court of Canada, arguing it has a right to continue discriminating, continue withholding medically necessary IBI treatment from autistic children. Your tax dollars and mine are going to pay for lawyers supported by the AG to go and attack these kids and their families one more time. You wonder why no one believes you, specifically on autism.

You were the group, might I remind you, whose Premier during the election campaign was smiling into the camera with the taxpayers' federation, signing the pledge, saying, "We will not increase taxes." Here we are with this most recent budget and we have got a new health tax alone that's going to take \$2.4 billion out of the pockets of Ontarians, primarily, because it's so regressive and so unfair, out of pockets of modest- and middle-income Ontarians.

I listened to the minister get up and talk about how we're going to have physiotherapy through home care. Sorry, folks; nothing in the budget promised that, even though I wouldn't have believed it anyway. There is nothing in the budget document that said anything about the \$41 million that was going into home care going to physiotherapy. What's interesting is, if you would call CCACs now, you would see that there are very few, if any, people who are getting physiotherapy as the single and only service from the CCAC; very few, if any.

So I don't hold my breath when the minister says, "We are now going to get physiotherapy through home care," because, frankly, like many Ontarians, I just don't believe it. There have been too many broken promises by the government, and the promise that somehow we're going to get more equitable access because CCACs are now going to deliver physiotherapy—well, sorry, it's not happening now, there is nothing in the budget to provide specifically for that and I don't think it's going to happen.

*Interjection.*

**Ms Martel:** I wait for you to prove me wrong, I say to Monique Smith. I wait.

You guys have a sad, sad problem in terms of your broken promises and a huge credibility gap. The problem is, there have been so many broken promises, some of which I've already referred to, that people don't believe it any more. They don't believe it when a Liberal makes a promise.

I think what is most interesting for me is to compare what the government tries to say, for example, in Bill 8, which regrettably passed yesterday in this House, where the bill says in the preamble that Ontarians and "their government"—meaning this government, I suppose—"continue to support the prohibition of two-tier medicine." Well, you know, when you cut back OHIP funding for chiropractic care, when you cut back funding for eye exams, when you cut back OHIP funding for physiotherapy services, people have to pay out of their own pockets for those services, if they can afford it. That's two-tier medicine. That's privatization of important health care services. We have—

**Mr Peter Fonseca (Mississauga East):** It's happening right across Canada.

**Ms Martel:** It's happening right across Canada, so it's OK for it to happen in Ontario? Well, that's another bizarre argument that ranks right up there with the bizarre arguments that I heard from the Minister of Health. So it's happening in other provinces. That's the same kind of sad excuse that the minister gave earlier about why we are cutting eye exams: "No other jurisdiction in Canada does it, so why should we?" Maybe because we want to be a leader in health care? Maybe because we believe in preventive medicine? Maybe because we support optometrists, because we know they are highly qualified, skilled practitioners who can diagnose eye disease? Maybe we should pay for all those things because it is right thing to do. Maybe it is kind of a sad excuse to cut off funding for that because everybody else is.

You're the government who said very clearly in the preamble to Bill 8, which was just passed yesterday: "continue to support the prohibition of two-tier medicine." That's what you said in Bill 8. I didn't say that; you did. I certainly pointed out the contradiction during the public hearings and the debate on second and third reading, because there's a huge contradiction.

When, in the budget, you cut off OHIP funding for important health care services, you promote, you reinforce, you increase two-tier medicine in Ontario. That's what you do. Because the fact of the matter is, those people who can afford to pay for an eye examination will be able to get it, and those who can't will go without. Those people who can afford to pay the full fee for a chiropractor will be able to buy high-quality health care, and those who can't afford it will go without. Those people who can afford to pay for a physiotherapist will purchase access to high-quality health care, and those who can't afford it will go without. That's two-tier medicine. That's what you are reinforcing with your delisting of these important services.

I don't care if other provinces are doing it; we shouldn't be doing it here. That's the point that should be made. We especially should not be doing it here because these Liberals promised during the election campaign that there wouldn't be cuts to health care services. That's what the promise was.

These cuts will do nothing to improve people's access to health care. More importantly, at the end of day, these cuts are going to cost the health care system oh, so much more. They really are.

**1650**

I look in my own community, where there are 30,000 people without a family doctor, and I say to myself, "If the minister decides, as he has been musing publicly in the paper that he will, that you're going to have to get a referral from a family doctor to see an optometrist in order to get your eye exam covered as medically necessary, where is the saving in that?" Right now, it doesn't cost you to go to see an optometrist. You don't have to get a referral from a family doctor to see an optometrist. In Ontario, you have direct access to that highly qualified health care professional. What sense does it possibly make to force someone to go to their family doctor in order to get a referral to the eye doctor, especially, for example, in the case where someone already has diabetes, where someone has been under the care of an optometrist for diabetes? Now the government of Ontario is going to tell them, "Go see your family doctor to get a referral to the optometrist." What kind of sense does that make?

You guys had better read this, and I challenge you to go read what he said in the paper, because he said very specifically that you will have to go to a family doctor to get a referral.

*Interjection.*

**Ms Martel:** No, he did not say that. I'm sorry. You should read what he said in response to the question that I raised. How much sense does that make? None.

Do you know what's going to happen in my community, where there are 30,000 people without a family doctor? Now they're going to end up at the after-hours clinic, with someone who doesn't even know them and where the charge to the system is going to be that much more because of the premium paid in an after-hours clinic. Or they're going to end up in the emergency ward trying to see a doctor there to get a referral, and that's going to cost the health care system a whole lot more.

There are no savings through that process; none at all. Never mind those people who may not have diabetes, who, like the woman from Kapuskasing, won't go see an optometrist because now they can't afford it any more and whose tumour behind the eye, like our friend in Kapuskasing, will go undiagnosed because that person couldn't afford to go to the doctor, and didn't go and get a referral because there was no indication that that visit would be medically necessary.

No savings here whatsoever. It will cost the health care system a whole lot more. It will come at the expense of patient care, patients who now use these very prac-

tioners very much for preventive purposes but also for rehabilitation, and it will not save the health care system one cent. I predict that by time this is over, we will have paid a whole lot more by people who can't get the care they need, can't afford to, and end up in a much worse state or end up at an after-hours clinic, which costs more, or at the emergency ward to try to get prescriptions or to try to get some relief.

We shouldn't be operating to the bottom, which is what this government really wants to do. We should be ensuring that we don't have two-tier health care, just like the government promised in Bill 8. But that's not what is happening. That's going to cost the system a whole lot more. That's going to be really bad for patient care.

**The Acting Speaker:** Further debate?

**Ms Smith:** I am delighted to speak today to this motion and to respond to some of the grand statements made by my colleague from Nickel Belt and my colleagues from Kitchener-Waterloo and Timmins-James Bay.

**Mr Patten:** Correct the record.

**Ms Smith:** I think we do have to correct the record.

I'll be sharing my time with a number of my colleagues in the Liberal caucus who are happy to defend this budget and speak to the great steps that will taken to improve health care and education.

In the campaign of last year, we made many promises. We promised to improve health care and education. In this budget, we are taking steps to do just that. Earlier this afternoon the member for Leeds-Grenville asked us as a Legislature to put aside the deficit for a moment. I find that laughable, at best. It is impossible to put aside a \$5.6-billion deficit that that party created and that party left us with.

**Mr Ted McMeekin (Ancaster-Dundas-Flamborough-Aldershot):** What's \$6 billion between friends?

**Ms Smith:** Between friends, I think it was up to \$6 billion by its final calculation, and we had to deal with that as we prepared this budget. We also wanted to ensure that we met our promises to improve health care and education in this province, and so we moved forward. We made very tough decisions. As the minister referred to, we had a number of tough decision to make and we made those. We are making \$2.4 billion worth of new investments in health care in 2004-05. That is a substantial investment in health care and will go a long way to improve health care in this province.

I want to speak today to a couple of really specific issues on the health care front. Mr Speaker, as you and the members of this Legislature know, I undertook a review of long-term care over the last six months. Over that time, I had an opportunity to visit over 25 long-term-care homes and speak to a number of stakeholders. What I heard was a sense of continuing despair about the state of our long-term care in the province.

What we've done in this budget is commit to \$191 million of new spending in long-term-care homes across the province. That will go a long way to including 2,000 new staff people in those homes, which will include



activities people, who will be working with our long-term-care residents to ensure that their quality of life improves and that their lives are filled with activities and interesting things to fill up their days. It will include 600 more nurses in our long-term-care homes. It will include more lifts to assist our nurses in providing the care that our residents need. It will also include physiotherapy, which the member from Nickel Belt was severely concerned about.

As well, as I did my review of long-term care, I understood from many seniors and seniors' advocacy groups that their preferred method of living out their lives was to live in their homes. They want to age in place, and I understand that. To that end, this government is providing home care for an additional 95,000 Ontarians by 2007-08. We are going to improve home care. We are going to allow our seniors to age in place, to live in their homes as long as they wish. It is the best place for them.

When I was knocking on doors last fall, I came across a number of seniors who had just recently had their home care cut. One in particular had lost her home care laundry service. She was 92 years old. She lived in an apartment complex with a number of other seniors. The other seniors spoke to me about her plight, and one particular woman, who was 86 years old, was rallying the neighbours in order to ensure that the laundry could be done for this resident so that she could stay in her apartment as long as possible.

In the future, that will no longer be necessary. We are putting the funds in place to ensure that home care is in place, to ensure that that senior in my riding can stay in her home as long as she physically can, as long as the needs are not so great that she has to be in a long-term-care home.

To that end, we are investing in long-term-care homes so that when the move is necessary, the supports are in place and the homes are at a level where you or I would feel comfortable that our parents could live there, that we would be happy to have our parents live there. That is our goal: to ensure that the long-term-care homes across the province are at a level such that anyone in this room would be happy to see their parents live there.

So I think that our government has made some tough choices, yes, some choices that not everyone agrees with, true, but some important choices that will ensure that our health care across the province improves and that Ontarians see results. I am sure that the member for Nickel Belt will be here in four years to ensure that she acknowledges the results and the improvements in long-term care and in health care across the province.

Mr Speaker, I appreciate the time that you've given me to speak to this today.

**Mr Norm Miller (Parry Sound-Muskoka):** I'm pleased to join in this opposition day, and I'll just refresh the memory of those watching what it's about:

Mrs Witmer has moved "To recognize that the McGuinty Liberal government made a specific campaign promise that: 'We believe all Ontarians should have access to medically necessary health care services based

on need, not on ability to pay'"—that's page 3 from the Ontario Liberal platform, *The Health Care We Need*.

"To recognize that the McGuinty Liberal government in its first budget is putting the health of patients at risk by delisting health care services and no longer providing OHIP coverage for eye exams, chiropractic and physiotherapy services for the people of Ontario;

"To ensure that Premier McGuinty live up to his campaign promise and immediately reinstate OHIP funding for eye exams, physiotherapy and chiropractic services."

That's what we're discussing this afternoon. This is directly related to the health premium that's just come in in the recent budget—the health premium, tax, levy, whatever you want to call it—on the hard-working families of Ontario that starts at \$20,000. You only have to make \$20,000, and then you start paying the \$300. This from the Premier of Ontario, who so very clearly said in the election campaign, "I won't lower your taxes, but I won't raise them either." Not one cent was he going to raise your taxes, and yet we have this massive health premium raising over \$2 billion in one full year, and this from the Premier who publicly signed the Taxpayer Protection Act. I think that's why only 9% of Ontarians think that the Premier is doing a good or very good job, and some 84% think that this health premium is a bad idea.

**1700**

A question I would ask is, where is the money going? There's over \$2 billion being raised but it doesn't seem to be getting spent on health care. In fact, in the budget bill that's currently before this Legislature there is no direct tie to link this new money that's being raised with health care spending. In fact, if you look at the budget papers, in the past few years in the hospital sector, one of the biggest parts of the budget for health care, there have been in our time 8% annual increases, big increases in funding for the hospital sector. In this year's budget there is half of that. We're seeing 4% spending in the hospital sector, so in fact we're seeing spending go down. I would have to ask where the money is being spent.

I only have a few minutes and I did want to talk about what it means to the people of Parry Sound-Muskoka to be losing these important services like chiropractic services. I received a letter from one of my constituents that very clearly enunciates some of the concerns this constituent had. I'd also like to mention that I've received thousands of petitions with complaints about these services being taken away from the people of Ontario. I'll very quickly read a part of this letter:

"I have just been informed that the government may decide, in the next few days, to delist chiropractic services from OHIP. So much for their promise not to reduce access to health care"—another broken promise.

"The news to eliminate funding was very disconcerting to me since I see my chiropractor on a weekly basis and do not have extended health coverage. I require the regular services of a chiropractor and would not be able to go as often as I do now since I would not be able to afford the extra charges. I have a temporomandibular

joint problem ... which causes headaches and also have chronic upper and lower back problems. The chiropractic adjustments keep my headaches under control as well as the other conditions that I seek treatment for, without the use of drugs which I feel only mask and do not eliminate the problems. I do not want to be running to the emergency department whenever I have a major headache or to a family clinic where I would not be able to see my own doctor.... Eliminating this coverage will end up costing the government far more in additional physician, emergency department and hospital visits since less than 0.4% of the health budget is spent on chiropractic services. The Manga report 1993 ... is proof that chiropractic services, for back pain, is the most cost-effective form of treatment for a patient....”

That’s about all I have time for because I know we have other members who would like to speak to this.

**Mr John Milloy (Kitchener Centre):** It’s a pleasure for me to speak on today’s motion. Like so many of these debates here in the Legislature, I think the best way to understand the motion and why we should be opposed to it is to go back to the election campaign. I think what you will find in the election campaign is that a certain reality probably occurred to every candidate in the election, certainly to everyone in the Legislature, and that is the wisdom of voters. I think you can never underestimate how smart voters are. As I went from door to door and started talking about the two basic themes in this election campaign, education and health care, what they told me about health care was that they wanted to see it fixed. They wanted to see more resources put into health care. But what they also said is that they recognized that health care has, unfortunately, become a black hole, and that’s not a partisan comment. Any government, no matter what its stripe, no matter what its level, whether we’re talking about the federal government or the provincial government, is faced with the fact that an aging population and changing technologies mean that more and more money is going into health care. What people said to me during the campaign was, “Fix health care,” but they said to fix health care in way that’s responsible and accountable. They realize that we could keep spending and spending, but we have to make choices and we have to make decisions.

The recent budget was about putting those principles into practice. It was about making very tough decisions. It was sitting down and saying we want to increase the health care budget, which we did—I think over \$2 billion—but at the same time, we want to identify those bundles of services that are the most important to the people of Ontario. That doesn’t mean the ones that we’ve delisted are not important, but what it means is that as a government we had to make those very tough choices to determine what the priorities were for Ontarians.

What were they? I could not believe my ears when the member for Parry Sound-Muskoka said, “I don’t know what’s happening to that \$2 billion.” I couldn’t believe it when I heard the member for Nickel Belt going on and

on and on about the fact that we’re not improving health care.

I ask about an additional 36,000 cardiac procedures per year; an additional 2,300 joint replacements each year; funding nine new MRI and CT sites; an additional 9,000 cataract surgeries per year; more than \$600 million to support and reform primary care, something which is of huge concern to my area where we have a doctor shortage. That’s not to mention the critical investments that we’re making in terms of long-term care for our seniors, which my colleague from Nipissing outlined with such passion.

These are tough decisions. There’s absolutely nothing wrong with the delisted services. They are excellent services that people take advantage of, but unfortunately we are in a reality now where we need to make choices. All governments are faced with that. For that reason, we decided to put our money to the top priorities and unfortunately delist them.

It’s something to hear the Conservative Party bring forward this motion today being critical. It was the same member for Kitchener-Waterloo, who, as Minister of Health, decreased the amount of money that was going toward chiropractic care every year. That was a tough choice. People who are in responsible positions of running our health care system have to make tough choices. No one liked to make them, but they were necessary.

It’s for that reason we put forward a budget that met the true needs of the people of Ontario, which was a responsible budget, which was an accountable one, which is why I plan to vote against today’s motion.

**Mr Robert W. Runciman (Leeds-Grenville):** I don’t know whether to laugh or cry listening to the Liberal member for Kitchener Centre talking about the wisdom of voters. The Liberal government has shown complete contempt for the people who elected them to office almost eight short months ago, when they had a platform—I think the latest count is something like 30 broken promises and the two centrepieces of their campaign: no tax increases and balanced budgets.

Of course what we’re talking about today is the delisting of very critically important health care services for people of Ontario, another promise that they’ve broken, and a serious one for so many citizens across this province, especially those of low and modest income, hard-working families, many of whom are having a tough time today meeting their ends, paying electricity bills, another broken promise by the Liberal government. We can go on and on: auto insurance, another broken promise.

These are building and building and building on the average citizens of Ontario and we’re seeing the impact. The member talks about the wisdom of voters. The cynicism of voters out there now, based on the litany of broken promises, is really saddening for all of us who believe in public life and public service. To see what the Liberal Party has done in this province, and what they’re doing to their federal colleagues, is shameful, at best.

The member for Kitchener Centre and other Liberals talk about making tough choices. They haven't made a tough choice. As usual, the Liberal way is the easy way: "Let's dig into other people's pockets. Let's increase their taxes." That's the easy way. That's not a tough decision. It's a dumb decision, a stupid decision, but it's certainly not a tough decision. It's a typical Liberal decision. It's a tax-and-spend decision.

That's what defines Liberals. When they had the opportunity to serve as government of Ontario for five years back in the 1980s, what typified that tenure? Tax and spend. There were 32 tax increases over five years. They almost doubled the spending in the provincial government. They put this province into an economic tailspin. That's where we're going to head now because of this incompetent tribe over there that we are unfortunately saddled with for the next three and a half years.

1710

I think there's a conspiracy afoot here. We heard the finance minister talk about this being a magical budget—magical, I guess, in many ways. Seven months ago, the Liberals were up here in the polls. Now they're down here. Is that magical? I guess that's magical. I call it sleight of hand. Randall Denley, in the *Ottawa Citizen*, described the budget as "an audacious deception job." I'd use "con job" as a more appropriate way of describing it.

Before I conclude, I want to read one note. This deals with chiropractic care:

"I am writing you to express my deep concern over the McGuinty government's proposal to remove ... the allowance for chiropractic care...."

"My wife and I are both seniors. As you get older your bones and joints don't function as well as they should and you frequently need the help provided by chiropractic services. I am on a pension and my wife is not yet 65 so her medicine is not covered. Once I retired I found I had no medical plan. I have to pay for her prescriptions and our chiropractic care when we accept the limit currently" in place. "This places a heavy burden on a person with a fixed income. Removal of the chiropractic coverage would make it very difficult to survive."

How many other Ontario citizens are in that kind of position—seniors on fixed incomes, elders who are just above this \$20,000 magical limit that the Liberal government has set who are now going to be faced with this additional extra burden on their income? They're having a tough time putting food on the table, putting gas in their car, paying the insurance on their home, on their car. This government now has imposed this on them. It's unconscionable. They should all resign. They should move out and let a new government in that will really respect the wishes of the people of Ontario.

**Mr Phil McNeely (Ottawa-Orléans):** It's amazing that the member from Leeds-Grenville never mentioned the \$5.6-billion deficit, the mess that was left for this province.

Ontario voted for change in the last election. Change is coming and it is a change for the better. It is change that will be marked by a restoration of common sense in

the programs and systems that Ontarians feel strongly about and that they want to see protected and enhanced, like health care, education, and support for seniors, children and communities.

I know that the health care levy is not what Ontarians voted for directly, but with the \$5.6-billion deficit, denied by the former government, it represents an infusion that was necessary in order to build a stronger and better system that we need and will get as the Liberal plan unfolds over the next four years. It is a fact that the many real benefits that will come from our budget initiatives will take a bit of time to make themselves obvious, but we will see better health care, shorter waiting times, more community-based mental health care, home care and family health services for all Ontarians, including seniors and children.

These changes will not occur overnight, but they will happen. That is why the Premier and our caucus remain firm in standing by the plan that is going to take us in an important new direction. He is keeping his most important promise of restoring public services to where they work for all Ontarians. Governing means making hard decisions. Delisting chiropractic, physiotherapy and routine eye exams is not in any way to suggest that these are not valuable services. But, on balance and after much consideration, it was decided there are more urgent priorities that need attention now within the resources available.

I'm particularly pleased that we will be moving to provide services where they are most appropriately given. Some 95,000 seniors—those released from hospital and the chronically ill—will be able to receive care at home, thereby freeing up hospital beds for the acute cases they most appropriately serve.

I was on the health, recreation and social services committee in the city of Ottawa when those home services were cut and left people who were able to take care of themselves with their families—those people moved up, not from the \$50-a-day home care cost, but to the long-term care, \$160 a day, or to the acute care, \$800 a day.

I am pleased that 6,000 Ontarians will now receive end-of-life care at a time when their needs must be met in the most sensitive way possible. I am delighted that we will be creating 150 family health teams to help address existing gaps in primary care.

I give the minister notice now that I already have professionals in my riding anxious to participate. Of great importance is the \$25 million that's being directed to the support and treatment of children and youth with mental health problems. It is well known that early detection and intervention is crucial in stemming the tragic slide of young people into mental illness. Resources directed to early intervention are a huge investment in their futures and in the health of our province. In my community of Orléans, individuals with mental health problems and their families do not at present have the support, early detection and intervention they need.

In 1993, there was a target to reverse the share of funding from 70% institutional and 30% community-based to the opposite, to 70% of the mental health dollars being spent in the community. This happened in some areas, but in Ottawa we're still at 30%, while the provincial average is 58%. We must get more resources into the community for mental health.

A young woman with anorexia met with a few of the Ottawa-area MPPs a few months ago. She told us that the system had given up on her. She was to be institutionalized for life. A support group came along, and now she is attending university, holding a job and living on her own as a productive member of our community. This beautiful young person is now slowly rebuilding her life and works every day at it, thanks to the help she received in her community.

We have much to be proud of in Canada in the sense of security we have in a health care system that is there for anyone, regardless of economic status. It is a fact that no one will be denied care when they need it, a remarkable achievement. But we need to come to the rescue now, each of us, to preserve what we most value. We will be held accountable for delivering on the promise of a revitalized health care system, and we will live up to that promise. These are tough choices to make, and we have made those choices.

**Mr Dunlop:** I'm pleased to rise today to support the member for Kitchener-Waterloo's opposition day motion.

I have to tell you, to begin with, I talked to a friend of mine in Orillia, a chiropractor, Dr Murray Miller. He's part of a group that's out soliciting names for the petition that many of us are reading in here today. I can tell you that not only in Simcoe North, Orillia, Midland and those communities, but right across the province, a tremendous number of people are concerned about the cost of delisting, particularly of chiropractic services. This is what I'm hearing a lot about now.

Obviously, physiotherapy and optometry were not areas where the government campaigned. We didn't read about any delisting of those services in their campaign documents. Mr McGuinty was wandering around the province last September promising everybody what they wanted to hear. He never promised anybody that he would delist services. So I can tell you, there are a lot of people extremely disappointed. As Mr Runciman said, it will have a negative effect on them in their pocketbook as well.

Certainly, when we look at the overall picture and we see the polling that was done today, no one believes these people any more. It's as simple as that. Nine per cent of the people in the province who were polled believe Dalton McGuinty is telling the truth. I cannot believe it, that in a matter of eight months—eight months since October 2, 2003—he's dropped to 9% support.

I'm guessing they'll have to be looking for another leader for the next election. They would never be able to go into an election with this guy as the leader. So right away you'll see the Liberal Party start to fracture. There

will be some potential—Mr Kennedy and Mr Cordiano will come forward again and they'll want to become the new leader. Any people who are supporting the Liberal Party don't believe them; they don't believe McGuinty. Quite simply, they'll try to oust him before the next provincial election and try to come up with some other reason why the people in the province should actually support them.

But you know, what was really disappointing to me, in light of all of the delisting, was that a rumour came out that they were about to reinstate sex change operations. I couldn't believe it. With all the people who were being damaged with the lack of funding and lack of assistance for chiropractic, all of a sudden they floated that trial balloon by. And immediately, of course, the Premier's office stomped on that, put it right out—we've got all the clippings, etc—and now that's a fact of life. He was about to relist sex change operations after delisting optometry, physiotherapy and chiropractic. That's very, very disappointing.

**1720**

I'd like to say in closing—we have a couple of more speakers who want to make a few comments—that we will never, ever, support this piece of legislation. The opposition motion that's in front of you today, I hope some of the members of the government side will either support it—maybe a lot of them won't appear for the vote. It looks like there are not a lot of them coming in tonight because they're disappointed. We all know what they've said in the past with their comments. They're disappointed in the government and in the fact that this party campaigned on one set of rules and then turned around and brought in these things that amount to a bunch of broken promises.

I'd now like to turn it over to my other colleagues and give them a chance.

**Ms Kathleen O. Wynne (Don Valley West):** I'm going to make a couple of points. I know the member for Mississauga East wants to speak, but I want to make a couple of points quickly.

First of all, we have to look at this budget document as an organic document. We have to look at the whole document. We can't pull apart individual pieces and not consider what the impact of the whole is going to be. My contention is that the impact of the whole budget is going to be greater than the impact of one part.

The second point I want to make is that we were absolutely committed, and we were asked by the people of this province, to make investments in home care, in our crumbling school buildings, in hiring nurses, training doctors, mental health services, palliative care, community health care centres—and the list goes on. All of those things received support in our budget. That's what we were asked to do.

I was sort of fretting about this the other night. I decided to go back to the documentation from my activist days—which went on for quite some time—and I pulled out the newsletters that were produced by the Citizens for Local Democracy in Toronto, just to have a reality check

about when it was that we knew that things were going off the rails, that this province was at risk. Well, it was very early in the Tory agenda. It was extremely early. It was in 1996, 1997, when talk of forced amalgamation started to happen, talk of forcing together school boards that had no business being forced together, creating huge, monolithic institutions that couldn't meet the needs of their communities.

In fact, I looked at a brochure that our group put out at that point. As it happened, on Saturday, February 15, 1997, up to 9,000 people in Toronto marched from north of Eglinton, Montgomery Avenue, to Queen's Park to protest the forced amalgamation of the city. During that same time period, we were not only talking about the forced amalgamation; we were talking about the degradation of publicly funded institutions and infrastructure in this province. A brochure that we put out at the time was really prophetic in terms of what this budget does.

**Mr Runciman:** Did you say "pathetic"?

**Ms Wynne:** Prophetic. On home care, we were quoting people who had written in to Citizens for Local Democracy about their concerns. One person said, "My mother's in hospital.... I can't look after her, but I feel terrible that she's occupying a bed when others can't get care." That was in 1998. We need home care. We knew it then; we know it now.

On education: "Last year we lost junior kindergarten and some ESL at my son's school. What will be left in two years for my youngest?" We needed money in education then and we need it now.

On housing: "My neighbour got downsized a year ago. Now they live in one of those motels for people without housing. I worry that could happen to us." We need affordable housing. We needed it in 1998; we need it now.

Consultations: We did an in-depth consultation before we brought this budget out. Here's what one of the citizens in Toronto was saying in 1998: "The government's been changing"—that's that government—"everything at once, no matter what we say. What happened to discussion and public debate?" Well, we brought back discussion and public debate, and I'm not surprised that my friends opposite don't have any understanding of how that works.

Finally, on municipalities, the Premier—that was Mr Harris at the time—promised that downloading wouldn't cost us more. Why do we have to choose between rec centres and garbage pickup and road repair? We need them all. Our budget recognizes that. Our budget recognizes that cities need support.

That's why I am not going to be supporting this motion. We have to look at the whole budget, and I'm supporting it because we're moving in the right direction. We're repairing the damage that was done by the previous regime.

**Mr John Yakabuski (Renfrew-Nipissing-Pembroke):** I'm sure they'll be repairing the damage to their tattered reputation as well, trying to do something about that. The member from Nickel Belt spoke earlier about the credi-

bility gap that this party, the Liberal Party, has created with this litany of broken promises. I would suppose that Evel Knievel at his prime would not try to jump that gap. He tried the Grand Canyon, but this is much, much wider than that. Nine per cent of the people of this province believe that this party is trustworthy. The Premier has the approval of 9% of people of this province.

But on this delisting, it is such a betrayal to working families, to seniors struggling in this province—such a betrayal. Not only are we delisting these essential services, but into the bargain, we're telling them to dip into their pockets some more to pay for these OHIP taxes, OHIP premiums. Less for more.

I have people in my riding of Renfrew-Nipissing-Pembroke who depend on physiotherapy and chiropractic services just so they can continue to work. They need those services so they can go to work in the morning. They don't have a job that provides medical benefits so that they will have these paid for by their employer. They've got to pay for them. Now it's coming out of their pocket. They can't afford it.

This government broke its promise, betrayed and threw away the trust of the people of Ontario and came out with this policy in this budget. It is a crime what they are doing to working families in the province of Ontario. My colleague the learned and sage member from Leeds-Grenville touched on it.

**Ms Laurie Scott (Haliburton-Victoria-Brock):** Saged?

**Mr Yakabuski:** Sage.

The results of this policy are going to hurt not only the health care system, but the economy itself. These people are going to have to be showing up at emergency wards in my riding when their back is out and they need help. They're going to be going to the after-hours at the hospital, to the emerge. Does that make economic sense for the health care system? Absolutely not.

This is a terrible mistake. I don't know where they got their advice. I don't know who is leading this party—nobody seems to know who is leading this party—but it has got to stop. They have got to somehow get a whack on the head and come to their senses, take a look at this budget and see what it's doing to the people of the province, revisit it if necessary, rewrite it if necessary, but stop this attack on working families in Ontario.

**Mr Fonseca:** I'd like to look at this motion in the full context of the budget and where we came from, as the member from Don Valley West, my esteemed colleague, did.

Earlier in the day, the member from Leeds-Grenville talked and said, "I want to forget the nightmare that we put this province in." He said, "I don't want to think about the \$6-billion deficit that we left. We don't want to talk about that." They didn't want to talk about that. They don't want to talk about how they slashed water inspectors, how they slashed meat inspectors, how they fired nurses, how they closed hospitals. They don't want to talk about the crises they left this province in. They don't want to talk about Ipperwash. They don't want to talk

about Walkerton. They don't want to talk about Aylmer. Here's what they want to talk about. Here's what they're telling everybody.

As the great Mayor Hazel McCallion said in Mississauga, "If you want to cut taxes, tell me what services you want cut." That's where the member from Leeds-Grenville is always going talking about taxes. Well, member from Leeds-Grenville, tell the people of Ontario what services you want cut, because you've left this province in disarray and we are fixing your mess, the huge mess you have left us in.

1730

Here's what we're saying: yes to 2,300 new joint replacement surgeries; yes to a \$448-million increase for home care; yes to nine new MRI machines. Here's what we're saying to you also: no to your long waiting lines; no to losing dignity and respect for the people of Ontario; no to staff shortages in hospitals and nursing homes; no to underfunding of hospitals; and no to you.

Here's what we're doing: In health care we had to make tough choices. It's a transformation of health care.

*Interjections.*

**The Acting Speaker:** Take your seat. I would ask the opposition members to please come to order. The member for Mississauga East.

**Mr Fonseca:** Tough choices had to be made, and when those tough choices had to be made, do you know what? We could have held the line on spending and here's what would have happened. We could have closed all the hospitals in Toronto. That would have helped with the \$6-billion deficit that was left behind. We could have invested nothing in schools and allowed them to crumble. We could have hired no more nurses, probably have had to fire many nurses.

We could have allowed services to deteriorate, but that was the wrong choice. The right choice was to set out a four-year plan, which we have. The right choice was to fix our health care system—or lack thereof is what we found. What we're working on is the transformation of a health care system that we believe in, that will be sustainable and there for everybody.

We're helping hospitals, putting them on a sustainable footing with long-term funding. We're making sure we get people out of hospitals and into their homes and get the care they need in their homes through home care, through that investment.

I want to talk about an incident I've mentioned before that happened in my riding. Due to the destruction of services by the previous government, it caused a horrific tragedy in my riding. The breadwinner of a family, a father, was murdered three months ago. He was murdered by another constituent. A young man, 24 years old, with schizophrenia murdered this breadwinner, a tragedy that never had to happen.

Three weeks ago his parents came into my office crying, his mother and father, saying, "We did all we could, everything for our son. When he was on medication he would be all right, but he thought the medication was killing him." That happens with schizophrenics

sometimes. They think the medication takes away their life, their strength. They don't feel well, so they get off the meds and then they have relapses. They should be getting help by getting some mental therapy and being in a home getting some therapy. This family often looked for that help, but the help was not there because mental health had not seen an increase in funding in 12 years, even though many more people are in need of that service.

As this mother and father cried in my office, at that moment I knew we were making the right choices. We've put \$65 million—not seen before—back into mental health, another \$25 million into children's mental health services.

The mother and father, as they sobbed there, talked about their story, their son and the horrific life he has had to endure. He now sits in the Queen Street mental health facility. After sleeping for three days, after that tragic incident, he woke up to the tragedy he had caused, and he will have to live with that for the rest of his life. His parents said, "We don't fault you. We don't fault the police. We don't fault the hospital. We fault the system. The system let us down, because when my son would be in hospital, he'd be there for 48 hours; they would let him go."

The police would drive him home, and they would say to the family, "If your son is to get a bed in a mental health facility, he has to cause bodily harm to himself or bodily harm to another." Another option was that they could throw their son out on the street. He would be a street person, as many are, and that would be one of the ways their son would be able to get the mental help he needed. "In the end, we found ourselves in a tragic situation, having lost the breadwinner of a family." By not taking preventive measures and investing in mental health, this has cost lives in our great Ontario and caused tragedy for many, in many communities.

Now let's look at what many are saying about the decisions we had to make. Dr Barbara Everett, CEO of the Canadian Mental Health Association, said, "Funding for mental health and addiction services is an excellent investment by the government." Hilary Short, from the Ontario Hospital Association: "Investments announced today in areas such as primary care reform, public health and home and community care are much needed and hold the promise of easing pressures on hospitals."

As the PA to the Minister of Health and Long-Term Care, I have had stakeholder after stakeholder come through my office, saying this was the right thing to do. This is going to put Ontario on the right footing as a compassionate province, because that previous government sucked the compassion out of this province. That's why the people, on October 2, 2003, said bye-bye to the Tories.

**Ms Scott:** I'm pleased to rise today in support of the motion put forward by my colleague Elizabeth Witmer to ensure that the Liberal government lives up to their promises and to reinstate OHIP funding for eye exams, physiotherapy and chiropractic services. It seems strange

today that we have to bring a motion forward in order for the Premier and the government to live up to the campaign promises they made, but it's strange times. I guess we're just going to have to beg them to reinstate very essential services to the people of Ontario.

Nowhere in the campaign did they mention health care premiums or delisting of any of the necessary health care services. My riding alone has some of the most beautiful scenery in Ontario but people have very limited incomes. They don't have extra cash to throw around. They're struggling financially already, especially with the changes brought about by this government in the last eight months.

The benefits of chiropractic services are clear. In case the members opposite haven't heard of preventive care before, chiropractic services are preventive care. They're not frills for people. They can provide life-saving benefits.

1740

I want to give you a couple of examples of the hundreds of people in my riding who have been contacting me. One is a former pastor of mine who says, "I would urge you" to get the government to stop this delisting of chiropractic service. "This is the only treatment that has kept my wife, Deb, active and off of disability. She has had a bad back that has hindered her for years. She attends a multidisciplinary back clinic in Orillia that has practitioners from every viewpoint with regard to joint and back problems.... therapists and chiropractors work together.... Where do the Liberals get off dictating the choice of care" that we receive?

Other people from my riding: The optometrists are really mad. There is the letter from Judith Parks of the Ontario Association of Optometrists. "In addition, family physicians already face huge patient workloads and stresses due to their own funding issues under OHIP. One hundred and forty communities across the province have already been designated as underserved for family practitioners. In the city of Kawartha Lakes, we're short 35 practitioners. The only way to ensure that adult patients continue to seek treatment and have access to needed diagnostic checkups is to ensure that they continue to be covered under OHIP for visits to their optometrists for sight-threatening diseases."

Please, I want the Minister of Health to reconsider. When Dalton McGuinty is at 9% in the polls, is that not proof enough that you're on the wrong track in delisting the chiropractic, optometry and physiotherapy services? I'm happy to speak to this motion. I again say, please do not delist the three services just mentioned, on behalf of all the people in my riding who are contacting me. I'd like to share my time with the member from Durham.

**Mr O'Toole:** Earlier today I presented some of the thousands of petitions I have received from the chiropractors in my riding. I want to thank them: Dr James Hadden, who arranged it, along with Dr John Clark from Newcastle, as well as Dianne Lott from Bowmanville, Kevin McAllister and Geoff Smith. All were in attendance, along with others. But there are the optometrists

as well: Darryl Workman and Karen McPherson. I've spoken with their offices. They're outraged, and the physiotherapists as well.

The point is that I feel that Elizabeth Witmer and the caucus on this side, the opposition side, have tried to bring some reason and balance, to give voice to the people who are outraged in the province of Ontario. I'll tell you that it's not just the 9% number. The people of Ontario are on to you. Your privatizing and delisting has been found out.

I know there's still hope on the other side. When I look at Jim Brownell from Stormont-Dundas-Charlottenburgh, he isn't happy. Phil McNeely calls it brutal. Kim Craitor, who is not even here today, demands they restore the coverage. Dave Levac, the whip, told chiropractors he felt their pain, but he's not doing anything about it. Marie Bountrogianni, a minister, knows that she wants the premiums lowered.

You're on the wrong track. I have letters and petitions from all over the province. These are real people. You're affecting the quality of their life. This is from Tracy Allen. She says, "Many health problems can be helped and avoided with regular chiropractic care, thus reducing more expensive medical expense costs."

I can say to you as well that on this side of the House Cam Jackson has been arguing with George Smitherman, the Minister of Health, to relist Zometa, which is a cancer drug, to save the lives of people and improve their quality of life. George Smitherman refuses to listen.

It's obvious from listening to the comments today, on opposition day, that you're not listening to the people of Ontario. I'm disappointed that, even when I look further along, they won't have a referendum. They won't listen to the people of Ontario. What choice do the people of Ontario—you're destroying the very root, the trust they have in people in public office.

I ask Jim Brownell and Phil McNeely to do the right thing. Stand up for your people, or at least leave the chamber. Don't vote. You know it's wrong. You've said it's wrong. It's in the media; it's recorded. If you betray your own feelings because you're being whipped, the press release will go out tomorrow and your names will be on it, because you should listen to the people who vote you into office. Support this motion. It's the right thing to do. The people of Ontario want you to stand up for them, and it sounds to me like the Liberals won't.

**The Acting Speaker:** That concludes the time available for this opposition day motion.

Mrs Witmer has moved opposition day motion number 3.

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

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

All those opposed will please say "nay."

In my opinion, the nays have it.

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

*The division bells rang from 1745 to 1755.*

**The Acting Speaker:** All those in favour of the motion will please rise one at a time.

**Ayes**

Baird, John R.  
Barrett, Toby  
Bisson, Gilles  
Chudleigh, Ted  
Dunlop, Garfield  
Eves, Ernie  
Klees, Frank

Kormos, Peter  
Marchese, Rosario  
Martel, Shelley  
Miller, Norm  
Murdoch, Bill  
O'Toole, John  
Ouellette, Jerry J.

Runciman, Robert W.  
Scott, Laurie  
Wilson, Jim  
Witmer, Elizabeth  
Yakabuski, John

Caplan, David  
Colle, Mike  
Delaney, Bob  
Duguid, Brad  
Duncan, Dwight  
Flynn, Kevin Daniel  
Fonseca, Peter  
Gravelle, Michael  
Hoy, Pat

Matthews, Deborah  
Mauro, Bill  
McMeekin, Ted  
McNeely, Phil  
Meilleur, Madeleine  
Milloy, John  
Mitchell, Carol  
Mossop, Jennifer F.  
Parsons, Ernie

Racco, Mario G.  
Ruprecht, Tony  
Sandals, Liz  
Smith, Monique  
Smitherman, George  
Sorbara, Greg  
Van Bommel, Maria  
Wong, Tony C.  
Wynne, Kathleen O.

**The Acting Speaker:** All those opposed to the motion will please rise one at a time.

**Nays**

Arthurs, Wayne  
Bartolucci, Rick  
Berardinetti, Lorenzo  
Bountrogianni, Marie  
Brownell, Jim  
Cansfield, Donna H.

Jeffrey, Linda  
Kular, Kuldip  
Lalonde, Jean-Marc  
Leal, Jeff  
Levac, Dave  
Marsales, Judy

Patten, Richard  
Peters, Steve  
Peterson, Tim  
Phillips, Gerry  
Pupatello, Sandra  
Qaadri, Shafiq

**Clerk of the House (Mr Claude L. DesRosiers):** The ayes are 19; the nays are 45.

**The Acting Speaker:** I declare the motion lost.

It being 6 of the clock, this House stands adjourned until later on tonight at 6:45.

*The House adjourned at 1758.*

*Evening meeting reported in volume B.*



**LEGISLATIVE ASSEMBLY OF ONTARIO**  
**ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO**

Lieutenant Governor / Lieutenant-gouverneur: Hon / L'hon James K. Bartleman  
Speaker / Président: Hon / L'hon Alvin Curling  
Clerk / Greffier: Claude L. DesRosiers  
Deputy Clerk / Sous-greffière: Deborah Deller  
Clerks at the Table / Greffiers parlementaires: Todd Decker, Lisa Freedman  
Sergeant-at-Arms / Sergent d'armes: Dennis Clark

Constituency Circonscription	Member/Party Député(e) / Parti	Constituency Circonscription	Member/Party Député(e) / Parti
Algoma-Manitoulin	Brown, Michael A. (L)	Hamilton East /	Horwith, Andrea (ND)
Ancaster-Dundas-	McMeekin, Ted (L)	Hamilton-Est	
Flamborough-Aldershot		Hamilton Mountain	<b>Bountrogianni, Hon / L'hon Marie (L)</b> Minister of Children and Youth Services, Minister of Citizenship and Immigration / ministre des Services à l'enfance et à la jeunesse, ministre des Affaires civiques et de l'Immigration
Barrie-Simcoe-Bradford	<b>Tascona, Joseph N. (PC)</b> First Deputy Chair of the Committee of the Whole House / Premier Vice-Président du Comité plénier de l'Assemblée législative		
Beaches-East York /	Prue, Michael (ND)	Hamilton West /	Marsales, Judy (L)
Beaches-York-Est		Hamilton-Ouest	
Bramalea-Gore-Malton-	Kular, Kuldeep (L)	Hastings-Frontenac-Lennox and	<b>Dombrowsky, Hon / L'hon Leona (L)</b> Minister of the Environment / ministre de l'Environnement
Springdale		Addington	
Brampton Centre /	Jeffrey, Linda (L)	Huron-Bruce	Mitchell, Carol (L)
Brampton-Centre		Kenora-Rainy River	Hampton, Howard (ND) Leader of the New Democratic Party / chef du Nouveau Parti démocratique
Brampton West-Mississauga /	Dhillon, Vic (L)		
Brampton-Ouest-Mississauga		Kingston and the Islands /	<b>Gerretsen, Hon / L'hon John (L)</b> Minister of Municipal Affairs and Housing, minister responsible for seniors / ministre des Affaires municipales et du Logement, ministre délégué aux Affaires des personnes âgées
Brant	Levac, Dave (L)	Kingston et les îles	
Bruce-Grey-Owen Sound	Murdoch, Bill (PC)		
Burlington	Jackson, Cameron (PC)	Kitchener Centre /	Milloy, John (L)
Cambridge	Martiniuk, Gerry (PC)	Kitchener-Centre	
Chatham-Kent Essex	Hoy, Pat (L)	Kitchener-Waterloo	Witmer, Elizabeth (PC)
Davenport	Ruprecht, Tony (L)	Lambton-Kent-Middlesex	Van Bommel, Maria (L)
Don Valley East /	<b>Caplan, Hon / L'hon David (L)</b> Minister of Public Infrastructure Renewal, Deputy House Leader / ministre du Renouvellement de l'infrastructure publique, leader parlementaire adjoint	Lanark-Carleton	Sterling, Norman W. (PC)
Don Valley-Est	Wynne, Kathleen O. (L)	Leeds-Grenville	Runciman, Robert W. (PC)
Don Valley West /		London North Centre /	Matthews, Deborah (L)
Don Valley-Ouest		London-Centre-Nord	
Dufferin-Peel-Wellington-Grey	Eves, Ernie (PC) Leader of the opposition / chef de l'opposition	London West /	<b>Bentley, Hon / L'hon Christopher (L)</b> Minister of Labour / ministre du Travail
Durham	O'Toole, John (PC)	London-Ouest	Ramal, Khalil (L)
Eglinton-Lawrence	Colle, Mike (L)	London-Fanshawe	Wong, Tony C. (L)
Elgin-Middlesex-London	<b>Peters, Hon / L'hon Steve (L)</b> Minister of Agriculture and Food / ministre de l'Agriculture et de l'Alimentation	Markham	<b>Takhar, Hon / L'hon Harinder S. (L)</b> Minister of Transportation / ministre des Transports
Erie-Lincoln	Hudak, Tim (PC)	Mississauga Centre /	
Essex	<b>Crozier, Bruce (L)</b> Deputy Speaker, Chair of the Committee of the Whole House / Vice-Président, Président du Comité plénier de l'Assemblée législative	Mississauga-Centre	Fonseca, Peter (L)
	Cansfield, Donna H. (L)	Mississauga East /	
Etobicoke Centre /		Mississauga-Est	Peterson, Tim (L)
Etobicoke-Centre		Mississauga South /	
Etobicoke North /	Qaadri, Shafiq (L)	Mississauga-Sud	
Etobicoke-Nord		Mississauga West /	Delaney, Bob (L)
Etobicoke-Lakeshore	Broten, Laurel C. (L)	Mississauga-Ouest	
Glengarry-Prescott-Russell	Lalonde, Jean-Marc (L)	Nepean-Carleton	Baird, John R. (PC)
Guelph-Wellington	Sandals, Liz (L)	Niagara Centre /	Kormos, Peter (ND)
Haldimand-Norfolk-Brant	Barrett, Toby (PC)	Niagara-Centre	
Haliburton-Victoria-Brock	Scott, Laurie (PC)	Niagara Falls	Craitor, Kim (L)
Halton	Chudleigh, Ted (PC)	Nickel Belt	Martel, Shelley (ND)
		Nipissing	Smith, Monique M. (L)
		Northumberland	Rinaldi, Lou (L)
		Oak Ridges	Klees, Frank (PC)

Constituency Circonscription	Member/Party Député(e) / Parti	Constituency Circonscription	Member/Party Député(e) / Parti
Oakville	Flynn, Kevin Daniel (L)	Stoney Creek	Mossop, Jennifer F. (L)
Oshawa	Ouellette, Jerry J. (PC)	Stormont-Dundas- Charlottenburgh	Brownell, Jim (L)
Ottawa Centre / Ottawa-Centre	Patten, Richard (L)	Sudbury	<b>Bartolucci, Hon / L'hon Rick (L)</b> Minister of Northern Development and Mines / ministre du Développement du Nord et des Mines
Ottawa South / Ottawa-Sud	<b>McGuinty, Hon / L'hon Dalton (L)</b> Premier and President of the Executive Council, Minister of Intergovernmental Affairs / premier ministre et président du Conseil exécutif, ministre des Affaires intergouvernementales	Thornhill	Racco, Mario G. (L)
Ottawa West-Nepean / Ottawa-Ouest-Nepean	<b>Watson, Hon / L'hon Jim (L)</b> Minister of Consumer and Business Services / ministre des Services aux consommateurs et aux entreprises	Thunder Bay-Atikokan	Mauro, Bill (L)
Ottawa-Orléans	McNeely, Phil (L)	Thunder Bay-Superior North / Thunder Bay-Superior- Nord	Gravelle, Michael (L)
Ottawa-Vanier	<b>Meilleur, Hon / L'hon Madeleine (L)</b> Minister of Culture, minister responsible for francophone affairs / ministre de la Culture, ministre déléguée aux Affaires francophones	Timiskaming-Cochrane	<b>Ramsay, Hon / L'hon David (L)</b> Minister of Natural Resources / ministre des Richesses naturelles
Oxford	Hardeman, Ernie (PC)	Timmins-James Bay / Timmins-Baie James	Bisson, Gilles (ND)
Parkdale-High Park	<b>Kennedy, Hon / L'hon Gerard (L)</b> Minister of Education / ministre de l'Éducation	Toronto Centre-Rosedale / Toronto-Centre-Rosedale	<b>Smitherman, Hon / L'hon George (L)</b> Minister of Health and Long-Term Care / ministre de la Santé et des Soins de longue durée
Parry Sound-Muskoka	Miller, Norm (PC)	Toronto-Danforth	Churley, Marilyn (ND)
Perth-Middlesex	Wilkinson, John (L)	Trinity-Spadina	Marchese, Rosario (ND)
Peterborough	Leal, Jeff (L)	Vaughan-King-Aurora	<b>Sorbara, Hon / L'hon Greg (L)</b> Minister of Finance / ministre des Finances
Pickering-Ajax-Uxbridge	Arthurs, Wayne (L)	Waterloo-Wellington	<b>Arnott, Ted (PC)</b> First Deputy Chair of the Committee of the Whole House / Premier Vice-Président du Comité plénier de l'Assemblée législative
Prince Edward-Hastings	Parsons, Ernie (L)	Whitby-Ajax	Flaherty, Jim (PC)
Renfrew-Nipissing-Pembroke	Yakubuski, John (PC)	Willowdale	Zimmer, David (L)
Sarnia-Lambton	Di Cocco, Caroline (L)	Windsor West / Windsor-Ouest	<b>Pupatello, Hon / L'hon Sandra (L)</b> Minister of Community and Social Services, minister responsible for women's issues / ministre des Services sociaux et communautaires, ministre déléguée à la Condition féminine
Sault Ste Marie	Oraziotti, David (L)	Windsor-St Clair	<b>Duncan, Hon / L'hon Dwight (L)</b> Minister of Energy, Chair of Cabinet, Government House Leader / ministre de l'Énergie, président du Conseil des ministres, leader parlementaire du gouvernement
Scarborough Centre / Scarborough-Centre	Duguid, Brad (L)	York Centre / York-Centre	<b>Kwinter, Hon / L'hon Monte (L)</b> Minister of Community Safety and Correctional Services / ministre de la Sécurité communautaire et des Services correctionnels
Scarborough East / Scarborough-Est	<b>Chambers, Hon / L'hon Mary Anne V. (L)</b> Minister of Training, Colleges and Universities / ministre de la Formation et des Collèges et Universités	York North / York-Nord	Munro, Julia (PC)
Scarborough Southwest / Scarborough-Sud-Ouest	Berardinetti, Lorenzo (L)	York South-Weston / York-Sud-Weston	<b>Cordiano, Hon / L'hon Joseph (L)</b> Minister of Economic Development and Trade / ministre du Développement économique et du Commerce
Scarborough-Agincourt	<b>Phillips, Hon / L'hon Gerry (L)</b> Chair of the Management Board of Cabinet / président du Conseil de gestion du gouvernement	York West / York-Ouest	Sergio, Mario (L)
Scarborough-Rouge River	<b>Curling, Hon / L'hon Alvin (L)</b> Speaker / Président		
Simcoe North / Simcoe-Nord	Dunlop, Garfield (PC)		
Simcoe-Grey	Wilson, Jim (PC)		
St Catharines	<b>Bradley, Hon / L'hon James J. (L)</b> Minister of Tourism and Recreation / ministre du Tourisme et des Loisirs		
St Paul's	<b>Bryant, Hon / L'hon Michael (L)</b> Attorney General, minister responsible for native affairs, minister responsible for democratic renewal / procureur général, ministre délégué aux Affaires autochtones, ministre responsable du Renouveau démocratique		

A list arranged by members' surnames and including all responsibilities of each member appears in the first and last issues of each session and on the first Monday of each month.

Une liste alphabétique des noms des députés, comprenant toutes les responsabilités de chaque député, figure dans les premier et dernier numéros de chaque session et le premier lundi de chaque mois.

**STANDING COMMITTEES OF THE LEGISLATIVE ASSEMBLY  
COMITÉS PERMANENTS DE L'ASSEMBLÉE LÉGISLATIVE**

**Estimates / Budgets des dépenses**

Chair / Président: Cameron Jackson  
Vice-Chair / Vice-Président: Vacant  
Wayne Arthurs, Kim Craitor,  
Caroline Di Cocco, Cameron Jackson,  
Kuldip Kular, Shelley Martel, Phil McNeely,  
John Milloy, John O'Toole, Jim Wilson  
Clerk / Greffier: Trevor Day

**Finance and economic affairs /  
Finances et affaires économiques**

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Vice-Chair / Vice-Président: John Wilkinson  
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Pat Hoy, Judy Marsales, Carol Mitchell,  
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Michael Prue, John Wilkinson  
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Jerry J. Ouellette, Ernie Parsons,  
Lou Rinaldi, John Yakabuski  
Clerk / Greffière: Tonia Grannum

**Government agencies / Organismes gouvernementaux**

Chair / Présidente: Elizabeth Witmer  
Vice-Chair / Vice-Président: David Oraziotti  
Lorenzo Berardinetti, Gilles Bisson,  
Michael A. Brown, Michael Gravelle,  
David Oraziotti, Ernie Parsons,  
Laurie Scott, Monique M. Smith,  
Joseph N. Tascona, Elizabeth Witmer  
Clerk / Greffière: Anne Stokes

**Justice and Social Policy / Justice et affaires sociales**

Chair / Président: Jim Brownell  
Vice-Chair / Vice-Président: Jeff Leal  
Jim Brownell, Kim Craitor, Brad Duguid,  
Peter Fonseca, Tim Hudak, Frank Klees,  
Peter Kormos, Jeff Leal,  
Ted McMeekin, Kathleen O.Wynne  
Clerk / Greffière: Susan Sourial

**Legislative Assembly / Assemblée législative**

Chair / Présidente: Linda Jeffrey  
Vice-Chair / Vice-Président: Mario G. Racco  
Donna H. Cansfield, Bruce Crozier,  
Ernie Hardeman, Linda Jeffrey,  
Jeff Leal, Rosario Marchese,  
Bill Mauro, Norm Miller,  
Mario G. Racco, Mario Sergio  
Clerk / Greffier: Douglas Arnott

**Public accounts / Comptes publics**

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Vice-Chair / Vice-Présidente: Julia Munro  
Laurel C. Broten, Jim Flaherty,  
Shelley Martel, Bill Mauro, Julia Munro,  
Richard Patten, Shafiq Qaadri,  
Liz Sandals, Norman W. Sterling, David Zimmer  
Clerk / Greffière: Anne Stokes

**Regulations and private bills /  
Règlements et projets de loi d'intérêt privé**

Chair / Président: Tony C.Wong  
Vice-Chair / Vice-Président: Khalil Ramal  
Bob Delaney, Kevin Daniel Flynn,  
Rosario Marchese, Jerry Martiniuk,  
Phil McNeely, Bill Murdoch,  
Khalil Ramal, Tony Ruprecht,  
Maria Van Bommel, Tony C.Wong  
Clerk / Greffier: Trevor Day

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