



Legislative Assembly
of Ontario
Second Session, 38th Parliament

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**Official Report
of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Tuesday 24 October 2006

Mardi 24 octobre 2006

Speaker
Honourable Michael A. Brown

Président
L'honorable Michael A. Brown

Clerk
Claude L. DesRosiers

Greffier
Claude L. DesRosiers

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**LEGISLATIVE ASSEMBLY
OF ONTARIO**

Tuesday 24 October 2006

**ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO**

Mardi 24 octobre 2006

*The House met at 1330.
Prayers.*

MEMBERS' STATEMENTS

TOBACCO INDUSTRY

Mr. Toby Barrett (Haldimand–Norfolk–Brant): I rise today to continue to raise awareness of the devastation occurring in tobacco farm country.

As I've made clear over the past several years, this government has helped escalate a decline in the farming of tobacco. The McGuinty government has waged war on tobacco farm families in the counties of Brant, Oxford, Norfolk and Elgin through increased taxes and the smoke-free Ontario legislation. This has eliminated farms and resulted in lost jobs, not only for local labourers but for offshore workers as well, who spend their hard-earned dollars in our small towns.

Our small towns and their respective businesses are suffering, and there's little sign of anyone lending a helping hand. Just yesterday, the Ontario Flue-Cured Tobacco Growers' Marketing Board was forced to send out pink slips to all 150 workers at the Delhi auction exchange. This is horrible news for those 150 workers, who will have to find jobs in an area that's already plagued by high unemployment.

Tobacco growers are also confused: Is yesterday's announcement by the board an indication an exit plan is imminent? If the auction exchange is closing, will there be a 2007 growing season? Are Ontario's Minister of Agriculture and Premier McGuinty working with their federal counterparts on a tobacco exit plan? There are too many unanswered questions.

FOREST INDUSTRY

Mr. Michael Gravelle (Thunder Bay–Superior North): Despite relatively strong criticism of our government's response to the forestry crisis in northwestern Ontario from various quarters, I am genuinely grateful for the time, attention and resources that have been forthcoming from the highest levels to find a positive resolution for the perfect storm that has gripped this vital industry for the past few years.

The financial incentives totalling \$900 million that have been put in place over the last year are beginning to bear fruit as delivered wood costs have been lowered and

applications to the forest prosperity fund have grown. In addition, it is clear that Terrace Bay pulp would not be in operation today, nor would Buchanan Northern Hardwoods have avoided an indefinite shutdown, without the support and co-operation of our government.

Having said that, there is no question that there continues to be a deep fear, if not a sense of despair, amongst my constituents that suggests that unless our government provides additional assistance, particularly with lower energy rates, there will be more mill closures with further job losses on top of the ones that have already occurred. Frankly, I cannot accept that ugly scenario and, while I am acutely conscious that global competition and the high Canadian dollar are not areas over which the province has any control, I am equally conscious that we have the ability to provide assistance with the cost of energy.

So I stand before the House today, proud to be part of a government that recognizes the crisis, but also as a member extremely anxious to see us bring forward the further assistance this industry needs in order for it to survive. Time is running out.

**ONTARIO ASSOCIATION OF
CHIEFS OF POLICE**

Mr. Garfield Dunlop (Simcoe North): I'm very pleased to rise today and welcome the Ontario Association of Chiefs of Police to Queen's Park on their annual day at Queen's Park. I would particularly like to congratulate Chief Terry McLaren of the city of Peterborough Police Services for a job well done.

Each year we see the chiefs here, and we listen to their concerns and the issues that they face. Usually, there are issues around financing and resources. I just finished a quick meeting with maybe 18 of the police chiefs in Ontario and listened to a number of the concerns they have, many of them around court security, maybe some problems around CSOs, the possibility that they'd like to see a pawnbrokers act brought into effect. I can tell you that our party will be working very closely with the Ontario Association of Chiefs of Police as they try to implement a number of the recommendations they brought forward too.

I want to say today, on behalf of John Tory and our caucus: Welcome to Queen's Park. We're listening carefully to the concerns you have and we will work very hard over the next eight or 10 months, putting some of the concerns you have into our platform so that when we form the next government we'll be able to handle your issues.

Mr. Gilles Bisson (Timmins–James Bay): I would say to the Conservative member not to be so presumptuous about who is going to form the next government and not to make promises to the chiefs of police because, quite frankly, this will be a three-way race. All of us in this assembly feel very strongly that the work that police officers do in our communities is very important, not only to the safety of our communities but also to the social fabric that makes them up.

I want say up front that parts of the issues we have to deal with when it comes to policing are, at times, fairly straightforward—we try to make them complex. The issue is, why do people break the law? People break the law because sometimes they think they can get away with it. If you don't have the force of police out on the street—people doing the patrols that need to be done, checking our downtowns, patrolling our highways and basically having boots on the ground, as George Bush would have it and as Stephen Harper would say—people are going to think they can get away with things.

It's incumbent upon us—and I speak on behalf of our critic, Mr. Kormos, and our leader, Mr. Howard Hampton, within the New Democratic Party—to support our police officers by putting your money where your mouth is, as they would say, and ensuring that police officers, their chiefs and their municipalities have the resources necessary to be able to do the kind of work they've got to do in our communities.

Let's also recognize that policing has changed over the years. It's much more complex. The skills that police officers have to bring to the job of policing our communities aren't as straightforward as they used to be, in the sense of just having somebody who's strong and who can basically handcuff somebody. You have to have people with varying skills. In that light, we need to be able to—

The Speaker (Hon. Michael A. Brown): Thank you.

Members' statements? The member for Etobicoke North.

EID-UL-FITR

Mr. Shafiq Qaadri (Etobicoke North): Thank you, Speaker. To begin with, I'd like, with your permission, to recognize, salute and honour the celebration of diversity that this government, and particularly this House, espouses. In that spirit, it's a privilege for me to rise today and recognize one of the great Islamic celebrations and, on behalf of all members of the Legislature, to extend to the Muslim community of Ontario, some 500,000 strong, felicitations at the end of Ramadan, the holy month of fasting, and the celebration of Eid.

This is a time of festivity, of overeating, of exchanging gifts, of good fellowship. I know my own young ones, Shamsa and little Shafiq, have really enjoyed this wonderful occasion of dressing up and exchanging cultural knowledge with many of their peers. I think, as we go into the new year, that this is a time when all of us need to celebrate the types of things that join us together,

that build stronger communities, that build stronger cultural traditions so that we can go forward and build a better Ontario for us all.

Once again, on behalf of the Legislature of Ontario—and as you can imagine, Speaker, it's a privilege for me particularly—I offer greetings to the 500,000-strong Muslim Ontarians. Eid Mubarak.

NATIVE LAND DISPUTE

Mr. Robert W. Runciman (Leeds–Grenville): Today, I want to indicate the official opposition's continuing concerns regarding the ongoing illegal occupation of land in Caledonia and the McGuinty government's failure to respect the rule of law. Mr. McGuinty's latest pronouncement that they're sending a \$6-million bill to the federal government is simply another sad commentary on his inability or unwillingness to deal with a challenge that is clearly a provincial responsibility.

Some months ago, McGuinty indicated that Caledonia was an accounting problem, not a land claim issue. But now, with no resolution in sight, he's attempting to fob off his responsibilities on another level of government.

The administration of justice is a provincial responsibility. The McGuinty Liberals are now discovering that the application of different laws for different people is an expensive proposition. Blaming someone else for your failures is not a winning formula, but it's a consistent theme for this McGuinty Liberal government.

Caledonia is an ongoing example of this government's failure to uphold the rule of law, and in so doing, has reduced respect for the application of laws in this province and seriously damaged the reputation of the Ontario Provincial Police in the process.

1340

JONATHAN BROWN

Mr. Phil McNeely (Ottawa–Orléans): On Friday, October 13, Jonathan Brown, an Orléans native, returned home to be honoured with one of the most prestigious policing awards in Canada: the Governor General's Medal of Bravery.

Jonathan Brown is an officer with the RCMP, and for his years of service he has already received the RCMP Commissioner's Commendation Award for Bravery and the Lieutenant Governor's Award.

Last Friday, he returned to Ottawa to receive the medal of bravery at Rideau Hall from none other than Michaëlle Jean, Governor General of Canada.

Jonathan Brown has been honoured with these medals for his heroic rescue of two BC residents who were trapped in a burning apartment building. On Christmas Eve 2004, Brown and his partner arrived at the scene before fire crews could respond and fearlessly stormed into the burning building, awoke and carried out a sleeping woman and then tore back into the flames to find a man unconscious on the ground, overwhelmed by smoke.

Both residents were treated in hospital and both Brown and his partner spent Christmas Day in the emergency room.

This bravery is commendable but it is by no means rare. It is so important to remember just how dangerous the job of a police officer can be and to appreciate the men and women who risk their lives for our safety.

The Ontario Association of Chiefs of Police is at Queen's Park today. I would like to encourage all my colleagues to attend their reception this evening to show our support.

Finally, I would like to congratulate Officer Jonathan Brown on the receipt of the Governor General's medal this past Friday. He is well deserving of this honour and an inspiration to all of us.

SUPPLY MANAGEMENT

Mrs. Carol Mitchell (Huron-Bruce): Ontario farmers need a predictable and stable business environment, and that is why this government supports supply management. Supply management is a tool that can and does address certain farm income issues. The Ontario Federation of Agriculture had this to say: It is an "absolute necessity to support and strengthen marketing structures like supply management ... and these systems continue to provide profits for farmers operating within them, allowing them to plan a successful future."

That is because Ontarians deserve a healthy, safe and secure source of food—food that has come through a proven system of tests and approvals. Marketing structures like supply management empower farmers and create profitability. The government must maintain them, not undermine them, states the OFA.

This government understands that principle. We offer our continued support for Ontario's supply management market systems. Even Jim Flaherty, who sat with the members opposite, made a promise in the 2006 federal election supporting supply management and preservation of assistance programs. But now the federal Conservatives are proposing shattering changes to the wheat marketing board in western Canada. I wonder if this bait-and-switch strategy is what the Leader of the Opposition plans to do. Apparently Mr. Tory supports supply management, but with all these secret meetings, I wonder what his real intentions are.

Let me be perfectly clear. This government is in support of Ontario's supply management system, and we know that our farm families need a predictable and stable business environment to be successful.

RURAL ONTARIO

Mr. John Milloy (Kitchener Centre): I stand today to applaud my rural caucus colleagues and the investment this government has made in rural Ontario. By working with legitimate, law-abiding organizations, we've invested in rural Ontario farmers and farm families, including \$51 million to keep good schools open; a \$31-million fire grant focusing on smaller rural communities; BSE relief

funding; \$174 million to grain and oilseed farmers; \$50 million for tobacco farmers; \$20 million in nutrient management assistance; the hiring of more full-time and part-time meat inspectors, and I could go on.

All Ontarians deserve to know what John Tory is up to, holding election planning meetings with the Ontario Landowners Association, headed up by none other than Randy Hillier.

Let me tell you about Mr. Hillier. When an OPP officer who was standing at the foot of the driveway asked the driver to stop, Mr. Hillier encouraged the driver to run into the officer and, according to the Ottawa Citizen, he said, "Keep moving. Keep coming forward. Let's see how tough this guy really is." According to the Ottawa Sun, Mr. Hillier said, "If you're doing the right thing and you're breaking the law, the law is wrong."

The leader opposite has a secret scheme. He's making a deal with people who break the law, and I believe Ontarians deserve to know the truth. John Tory needs to come clean. We, on this side, know that rural Ontarians are good, honest, law-abiding people. We are proud to be the voice of law-abiding rural Ontarians. All members of this caucus support the government's rural—

The Speaker (Hon. Michael A. Brown): Thank you.

INTRODUCTION OF BILLS

RED LEAVES RESORT ASSOCIATION ACT, 2006

Mr. Miller moved first reading of the following bill:
Bill Pr30, An Act respecting Red Leaves Resort Association.

The Speaker (Hon. Michael A. Brown): Is it the pleasure of the House the motion carry? Carried.

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

ELECTORAL SYSTEM REFERENDUM ACT, 2006 LOI DE 2006 SUR LE RÉFÉRENDUM RELATIF AU SYSTÈME ÉLECTORAL

Mrs. Bountrogianni moved first reading of the following bill:

Bill 155, An Act to provide for a referendum on Ontario's electoral system/ Projet de loi 155, Loi prévoyant un référendum sur le système électoral de l'Ontario.

The Speaker (Hon. Michael A. Brown): Is it the pleasure of the House that the motion carry?

All in favour will say "aye."

All opposed will say "nay."

In my opinion, the ayes have it.

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

The division bells rang from 1347 to 1352.

The Speaker: All those in favour will please rise one at a time and be recognized by the Clerk.

Ayes

Arnott, Ted	Hudak, Tim	Phillips, Gerry
Arthurs, Wayne	Klees, Frank	Qaadri, Shafiq
Balkissoon, Bas	Kular, Kuldeep	Racco, Mario G.
Barrett, Toby	Kwinter, Monte	Ramsay, David
Bartolucci, Rick	Lalonde, Jean-Marc	Rinaldi, Lou
Bentley, Christopher	Levac, Dave	Runciman, Robert W.
Bountrogianni, Marie	Marsales, Judy	Sandals, Liz
Bradley, James J.	Martiniuk, Gerry	Scott, Laurie
Chambers, Mary Anne V.	Matthews, Deborah	Smith, Monique
Chudleigh, Ted	Mauro, Bill	Smitherman, George
Colle, Mike	McNeely, Phil	Sorbara, Gregory S.
Craitor, Kim	Miller, Norm	Sterling, Norman W.
Crozier, Bruce	Milloy, John	Takhar, Harinder S.
Delaney, Bob	Mitchell, Carol	Tascona, Joseph N.
Di Cocco, Caroline	Mossop, Jennifer F.	Van Bommel, Maria
Dombrowsky, Leona	Murdoch, Bill	Wilkinson, John
Duguid, Brad	O'Toole, John	Witmer, Elizabeth
Flynn, Kevin Daniel	Oraziotti, David	Wynne, Kathleen O.
Fonseca, Peter	Ouellette, Jerry J.	Zimmer, David
Gravelle, Michael	Patten, Richard	
Hardeman, Ernie	Peters, Steve	

The Speaker: All those opposed will please rise one at a time and be recognized by the Clerk.

Nays

Bisson, Gilles	Horwath, Andrea	Prue, Michael
DiNovo, Cheri	Kormos, Peter	Tabuns, Peter

The Clerk of the Assembly (Mr. Claude L. DesRosiers): The ayes are 61; the nays are 6.

The Speaker: I declare the motion carried.

The minister may wish to make a brief statement.

Hon. Marie Bountrogianni (Minister of Intergovernmental Affairs, minister responsible for democratic renewal): I'll wait for ministers' statements, Mr. Speaker.

VISITORS

Hon. Steve Peters (Minister of Labour): On a point of order, Mr. Speaker: I know that I did not speak to you in advance, so this may not necessarily be a point of order, but I'd like the House to—and the London colleagues would like to—welcome the students from Regina Mundi who are here today. Enjoy your tour of Queen's Park.

MOTIONS

COMMITTEE SITTINGS

Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader): I move that, in addition to its regularly scheduled meeting times, the standing committee on the Legislative Assembly be authorized to meet the morning of Thursday, October 26, 2006, for the purpose of conducting public hearings on Bill 52, An Act to amend the

Education Act respecting pupil learning to the age of 18 and equivalent learning and to make complementary amendments to the Highway Traffic Act.

The Speaker (Hon. Michael A. Brown): Is it the pleasure of the House that the motion carry? Carried.

STATEMENTS BY THE MINISTRY AND RESPONSES

ELECTORAL REFORM RÉFORME ÉLECTORALE

Hon. Marie Bountrogianni (Minister of Intergovernmental Affairs, minister responsible for democratic renewal): I'm pleased to rise today to introduce the Electoral System Referendum Act, 2006.

The McGuinty government continues to be a leader in advancing an ambitious democratic renewal agenda. This government is committed to engaging more Ontarians in our electoral system. We are working to reduce voter cynicism and increase voter turnout.

We have made a commitment to allow the citizens of Ontario to analyze our provincial electoral system and propose a change if they think one is required. We have delivered on that commitment.

On March 27, 2006, I announced the creation of the Citizens' Assembly on Electoral Reform. When it comes to shaping democracy, our government feels it is important to give a voice to the people, to the Citizens' Assembly on Electoral Reform.

D'autres ressorts au Canada et dans le monde se sont penchés sur la question de la réforme électorale. Toutefois, c'est la première fois dans l'histoire de notre province que les citoyennes et citoyens ont la possibilité de participer à un vaste débat ouvert sur le système électoral dont nous avons hérité et de choisir le système électoral qu'ils estiment servira au mieux les intérêts de l'Ontario.

All Ontarians will have the opportunity to participate in one of the most important and exciting democratic renewal initiatives in our province's history.

There are 103 members on the Citizens' Assembly on Electoral Reform—one from each of Ontario's ridings. This process will empower the citizens of Ontario as never before. The assembly process is structured to ensure that assembly members and Ontarians are as well-informed as possible.

The assembly members are currently involved in a learning phase that Ontarians can follow online at www.citizensassembly.gov.on.ca. There will be a public hearings phase to listen to the views of other Ontarians and, finally, a deliberation phase in which members will discuss and decide on their preferred electoral system.

1400

On or before May 15, 2007, the assembly will announce their recommendation. If the assembly decides that there should be a change to our current electoral

system, a referendum is needed to allow all voting Ontarians the opportunity to participate in the final decision.

I rise in the House today to introduce this very important piece of legislation that would allow a referendum to take place if the citizens' assembly recommends a new electoral system. The adoption of a new electoral system would represent a foundational change to Ontario's democracy. A decision of this magnitude deserves to have the support of a solid majority of Ontarians across the province. This bill outlines a legitimate process that will result in a clear outcome for Ontarians. This is historic legislation.

A decision to change electoral systems should not be taken lightly. Therefore, to adopt the citizens' assembly recommendation, the legislation requires that at least 60% of all the valid referendum ballots cast province-wide support the new system. As well, more than 50% of the valid referendum ballots cast in each of at least 64 electoral districts is required for the new system to be adopted. This decision threshold indicates the importance of the work being done by the citizens' assembly. It will ensure that any change to the system is done thoughtfully and carefully and reflects the views of Ontarians.

This is democracy in action—a democracy that belongs to the citizens of Ontario. I'm very proud to introduce this bill today, and I urge my colleagues on both sides of this House to join me in supporting it.

LOCAL HEALTH INTEGRATION NETWORKS

Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care): It is with very great pride that I rise in my place to tell my colleagues about the latest milestone in our government's local health integration network initiative.

First, though, let me remind you that our government is determined to build a health system that's better able to respond to local needs, whether "local" means an inner-city neighbourhood in my Toronto riding or a far northern reserve, and to provide integrated, high-quality services to meet those needs. Our entire plan for health care is built upon the principle that health care is best delivered close to home, and it makes every bit of sense that local people are best able to determine their own community's health service needs and priorities.

Three years ago, we recognized that the status quo was failing the health system. The health care system was a giant machine. The parts weren't really running in sync and it was evolving in a haphazard fashion. That is why LHINs are such an important part of the transformation of health care in Ontario. We conceived and implemented them as a method of changing health care in this province from an uncoordinated collection of services to a truly integrated health care system. That's starting to happen now as the 14 LHINs get up and running across the province. And I'm proud to say that we can look forward to a real and tangible improvement in the way Ontarians access and use the health services they need.

Local health integration networks are mandated to improve access to health services; that is, their goal is to make it easier for patients and their loved ones to find their way through an often complex health care system. By devolving responsibility for the delivery of health care services to LHINs, we'll then be able to play a stronger role in concentrating our strategic directions and provincial priorities to improve the overall health system.

The 14 LHINs have made tremendous progress since the passage of the Local Health System Integration Act. Our government is proud of the work that they've done so far in transforming health care. The LHINs are talking to their communities and they're making plans for local decision-making for health care delivery. So far, more than 40,000 Ontarians have provided input to this dialogue. That's a great start.

Since March of this year, the 14 LHINs have been hard at work developing their integrated health service plans, or IHSPs, to help direct local decision-making over the next several years. Many of these reports are currently circulating in a draft version, inviting further input from the public and health service providers alike. And they're continuing to put qualified staff in place to take on the funding accountability and decision-making roles the LHINs will assume on April 1 of next year.

Today, I'm pleased to inform Ontarians they've reached a significant milestone with the release of their annual reports, which I'm privileged to be tabling today. These reports outline the LHINs' achievements to date.

Let me share with you just one example of a success. In the South West Local Health Integration Network, organizations involved in the wait times strategy have begun to reduce wait times and make system improvements. To leverage these achievements, the South West LHIN formed the Hip and Knees Quality, Utilization and Access Steering Committee to identify actions, recommendations and plans that improve the coordination of care, define standards for quality of care, improve access, and clearly define roles and responsibilities amongst organizations.

There are many other stories of how local agencies and health care providers are sharing best practices to improve access to care. I encourage my fellow MPPs to read these annual reports and learn about the great work that's happening on the ground across Ontario.

This is indeed an exciting time for health care in Ontario. LHINs represent the first time in our history where government is committed to engaging Ontarians from every corner of the province in a discussion about their health care and its future.

At the same time, we're working on ways to get more people involved in helping our government determine the overall direction we need to take when it comes to health care. This is our best bet when it comes to ensuring the best possible quality of health care for Ontarians, now and down the road.

Accountability and transparency are the keys to making sure that Ontarians know what they're getting and to us knowing what they need by getting their help in

defining local health care priorities. We've got to ensure that health care dollars are going to meet the specific needs of Ontarians and the specific priorities of separate communities, be they north, south, east or west.

To that end, you need good people in those communities, on the ground, helping to manage the system in the best interests of Ontarians. LHINs are the key to moving forward on the delivery of health services and the realization of our vision of keeping Ontarians healthier, improving access to doctors and nurses and reducing wait times.

In the long run, we're improving not only the care Ontarians receive but also the system that delivers that care itself—a system with the structural strength to last. As the fledgling LHINs spread their wings, Ontario's health system will never be the same again, and that's the best outcome of all.

ONTARIO ASSOCIATION OF CHIEFS OF POLICE

Hon. Monte Kwinter (Minister of Community Safety and Correctional Services): I rise today to pay tribute to the members of the Ontario Association of Chiefs of Police as they join us for their annual Queen's Park Day. I'd like to take a moment to acknowledge the presence of Chief Terry McLaren, president of the OACP, and all of the other chiefs and senior police officials who join us today in the members' galleries. Gentleman, would you stand up and be recognized? This is an occasion to not only recognize the chiefs for the important leadership role they play but to thank them for their tireless contributions to law enforcement in Ontario. I'm also pleased to be welcoming Julian Fantino back to the OACP as he takes the helm at the OPP as its new commissioner.

Today is a reminder of how important it is to provide the support that police chiefs need to do their jobs. Since October 2003, the McGuinty government's partnership with the OACP has resulted in achievements of which we can all be proud: The crime rate declined by 4.5% in 2005 compared to the previous year, and Ontario had the lowest crime rate of all the provinces for the third year in a row.

Together we have ensured the success of the Safer Communities-1,000 Officers partnership program. Of the 1,000 officers, nearly 150 are assigned to organized crime investigations and another 109 are assigned to guns and gang enforcement—areas of particular concern to the OACP.

Our combined efforts, in particular with GTA police chiefs, to get criminals with guns off the streets have gone further. The \$51-million anti-gun violence initiative announced by Premier Dalton McGuinty in January 2006 is increasing the police services' ability to deal with organized crime.

Through this initiative, we provided \$14 million to accelerate the implementation of the Safer Communities-1,000 Officers partnership program, and we earmarked

\$26 million for a new state-of-the-art operations centre for Toronto's guns and gangs task force. The funding also included \$5 million for the Toronto anti-violence intervention strategy, which resulted in the deployment of three teams of 18 officers in high-risk neighbourhoods. We will continue to address ongoing concerns of Ontario's police chiefs.

The OACP's partnership with the McGuinty government also extends to other ministries. The OACP has worked closely with the Attorney General to make possible the introduction of Bill 14, the Access to Justice Act. That bill, which was passed last week, aims to modernize the justice system, regulate paralegals, reform the justice of the peace appointment process and allow video testimony.

Our collaboration with the OACP is not limited to increasing enforcement and reforming the justice system; police chiefs and the McGuinty government also work together to support community-based crime prevention programs. The McGuinty government will soon announce its new \$792,000 safer and vital communities grant program. This program encourages communities, businesses and the police to work together to prevent crime in key areas, such as youth crime, guns and gangs and protecting children from Internet luring and child pornography. Our government will continue to do its part to ensure that our partnership with the OACP continues to thrive and that Ontario is safer and more prosperous as a result.

1410

Today, I'm pleased to salute the hard-working people who make up the Ontario Association of Chiefs of Police. Thank you for helping us to make Ontario a stronger and safer place in which to live, work and play.

ELECTORAL REFORM

Mr. Norman W. Sterling (Lanark-Carleton): I am pleased today to see the Electoral System Referendum Act come into place, but perhaps not for the same reasons as other members of the assembly. By putting the 60% approval rating on a new electoral system, it virtually renders the work of the citizens' assembly useless. This 60% threshold will not be reached in a referendum which will be held on October 4, 2007.

I want to explain exactly why our position is that way. It was explained in our dissenting opinion, of Mr. Miller and myself, in the select committee's report on electoral reform:

"With the present lack of trust by the public in their politicians, the temptation to seek change will be overwhelming. It will be difficult if not impossible for an objective assessment of the current system to be carried out due to the cynicism and distrust that has arisen towards politicians and the political process.

"We believe it would be a mistake to assume that cynicism and distrust have as their principal cause a concern by the population about how their elected representatives are elected. We believe the cynicism and

distrust have a lot more to do with what the elected representatives actually do once elected and to some extent how well or how poorly the institution to which they are elected actually functions, as opposed to the method of election.

“Consequently we believe that, prior to examining the method by which we elect our members of provincial Parliament, we should show the leadership necessary to reform the Legislative Assembly itself and its functioning in the public interest. These reforms should ensure a meaningful role for elected members and for the opposition parties, restore real accountability by the executive to the Legislature, regain real control by the Legislature as a whole over taxpayers’ money and generally implement measures to cause the Legislative Assembly to function in a businesslike, productive and responsive manner.”

We go on to say, “Accordingly we believe that we are putting a great deal at risk by merely continuing down the unduly narrow path chosen by one political party during one election campaign and based on a false premise, namely that this type of electoral reform will address the current levels of cynicism and distrust and improve the public’s faith in the political process.”

We go on, then, to say: “The government should focus its attention first and urgently on meaningful parliamentary reform. A citizens’ assembly could be very objectively helpful in addressing this challenge, and real, immediate and lasting benefits would result. With those benefits would come increased public confidence. The current exercise should be put aside”—that is, the current objective of the citizens’ assembly should be set aside—“in favour of this more sensible, more urgent alternative” to the way we run this institution.

Our position remains the same.

LOCAL HEALTH INTEGRATION NETWORKS

Mrs. Elizabeth Witmer (Kitchener–Waterloo): I’d like to make a response to the statement regarding LHINs. I would say that the verdict is probably still out on the LHINs. I know there have been many meetings, and although there has been some participation, I think the public input and public participation has been very disappointing. The public does not seem to be yet engaged in what’s going on or even seem to be aware of it.

The minister did say one thing which I was pleased to hear: He made some sort of a comment about providing better care close to home. With that in mind, I want to draw to the minister’s attention the reason why this is such a significant comment. It was an approach that our government used. Certainly, if we take a look at what happened this morning—the GTA/905 Strong Communities Coalition was here. They have pointed out that there is a huge \$1.5-billion annual funding gap. They’re lacking \$551.5 million in social services funding and \$993.7 million in health care services. The gap results from a—

The Speaker (Hon. Michael A. Brown): Thank you. Responses?

ONTARIO ASSOCIATION OF CHIEFS OF POLICE

Mr. Peter Kormos (Niagara Centre): New Democrats join in welcoming Ontario’s chiefs of police here to Queen’s Park. We especially want to congratulate Ottawa’s police chief, Vince Bevan, on his upcoming retirement, and applaud him and thank him for many years of service to this province and communities in this province, service which began many years ago in Niagara region with the Niagara Regional Police Service.

I want to say very, very clearly to the government that cash-strapped small and mid-sized Ontario communities are finding it increasingly difficult to maintain even core policing services. Police have been very effective with guns and gangs enforcement, but the reality is that the focus on Toronto has dispersed those guns and gangs throughout smaller communities outside of Toronto and metropolitan areas, and it’s those smaller police services, the smallest up to the mid-sized, that need additional funding from this government. Courtroom security means an incredible burden on those communities, and this government has to step up to the plate to ensure adequate financing when it comes to courtroom security as well.

LOCAL HEALTH INTEGRATION NETWORKS

Mr. Gilles Bisson (Timmins–James Bay): I rise in regard to the comments made by the Minister of Health regarding local health integration networks, otherwise known as LHINs.

I’ve got to say a couple of things. First of all, what is quite interesting is the approach that the LHINs are taking to some of the services in our communities. We know, for example, that community care access centres, CCACs, are grossly underfunded, to the point that they’re having to reduce services in communities like Hamilton and others across the province in order to deal with budget restrictions.

At the same time, these LHINs are basically taking away CCACs’ decision-making, putting it further away from where the patients are. In our case in northeastern Ontario, the LHINs are going to be centrally regionalized in Sudbury or North Bay, to the detriment of all of the other communities around. So I say to the government across the way, I don’t know what you’re celebrating, because all I know from where I sit is that it’s not going to be good for the people of our area.

ELECTORAL REFORM

Mr. Michael Prue (Beaches–East York): In response to the minister of democratic renewal: I have to say that today is a very black day and that I’m very disappointed with what you have come forward with. The

select committee set up by this Legislature and all members of all parties of this Legislature travelled across Canada and elsewhere in the world and unanimously came to a decision that recommended that 50% plus one should be the amount of people necessary to vote to change the electoral system. We did so because we were mandated to try to get more women, more aboriginals, more young people and more people of colour involved in the political process and eventually into this House.

The reason why we came up with this was quite simple: It has been the Canadian tradition, until British Columbia, to have 50% plus one. Fifty per cent plus one of the people of Newfoundland voted in 1949 to enter Canada; had they set it at 60%, it would have never happened. Fifty per cent plus one was set as the standard in Quebec to get out of Canada. I held my breath on that night and I'm glad they didn't get it, but it was democratic; it was 50% plus one. Even in terms of the fluoride in the water, it was 50% plus one in Toronto and in all the other municipalities.

Here we have a government setting a standard that failed in British Columbia, that was cynical, that was discredited. It was widely reported in the press and known by almost every single political commentator in that province that when British Columbia set the standard at 60%, they did so because they knew it could not be met and were counting on it not being met. They set it there because that's what was going to happen. In fact, when the people of British Columbia voted 57% in favour, all the discredited Premier could do was turn around and say, "We're going to do it again because perhaps we did it wrong," and in fact, he did do it wrong.
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You have set the standard beyond the traditions of this country. In fact, you have set the standard beyond the traditions of the entire world. The entire world understands that to change laws you need 50% plus one. We in this party and I'm sure all people know that this has been designed to fail. The people who have been set up, the people who are meeting every weekend, must know at this point that whatever recommendation they made has been designed to fail.

We want more women; we want aboriginals; we want young people; we want new Canadians. That's what is essential to happen here. It will not happen with your legislation. You should withdraw the 60% and come back with the democratic tradition of 50% plus one.

VISITORS

Mr. Dave Levac (Brant): On a point of order, Mr. Speaker: I'd like to welcome Chief Derek McElveny from the services in Brantford, a long-time friend and a homegrown Brantfordian. Thank you for being here.

Second, I'd like to say that this is United Nations Day, and we should all take pride in this House that the United Nations was given birth to by an idea from a Canadian. I want to thank us for having United Nations Day.

Hon. Harinder S. Takhar (Minister of Small Business and Entrepreneurship): On a point of order, Mr.

Speaker: I would like to recognize three individuals and welcome them to the Legislature: Gurcharan Singh and Rajinder Singh from Brampton, and Rachpal Singh, who came all the way from India.

Mr. Kuldip Kular (Bramalea-Gore-Malton-Springdale): On a point of order, Mr. Speaker: With your kind permission I want to recognize the delegates from the region of Peel who are representing here the Strong Communities Coalition. Their names are Shelly White, Edna Klaznek, John Huether and Jennifer Grass. I welcome them to Queen's Park.

ORAL QUESTIONS

SEX OFFENDERS

Mr. Robert W. Runciman (Leeds-Grenville): My question is for the Premier. Premier, yesterday convicted sex offender Malcolm Watson was told by a US judge that he had the option of serving his sentence in the comfort of his Canadian home rather than a US jail. The official opposition thinks this is a mind-boggling, horrific decision and hopefully not a precedent for US courts treating Ontario as a haven for sex offenders.

When your Attorney General was asked about this in a scrum today, he fobbed it off onto the federal government and the police. He didn't indicate he would contact the New York State Attorney General's office to ask for an appeal or to ensure that this decision doesn't become a precedent. He didn't suggest any action the province could take. Premier, is this an indication that you do not see any appropriate action your government can take to deal with this situation?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): I'm delighted to take the question. I think the member opposite will know that I myself had an opportunity to speak to this as well this morning in a scrum, and I made it clear that it is certainly not a precedent that we're prepared to accept. I think we are of one mind in that regard.

I think the honourable member will also recognize that principal responsibility for dealing with an international issue like this lies with the federal government. We are more than pleased to lend our support to any actions that the federal government might take, and of course we're very much concerned with any particular jurisdiction south of the border that might want to use Ontario as a dumping ground for convicted felons. That's not something we're prepared to accept, it's not something we're prepared to tolerate, and of course we'll work hand in hand with the federal government to ensure that is not something that in fact takes place.

Mr. Runciman: The Premier cannot accept or tolerate, but no specific actions. The good folks living in the Niagara-St. Catharines area, given past history, are very upset about this situation. My colleague Mr. Hudak's office has been inundated with calls. He has written the

Attorney General. They're going to have a convicted sex offender living within their midst, and all you can say is, "It's somebody else's problem."

Premier, under the Community Safety Act, police chiefs can identify sex offenders in their communities and their locations. Are you prepared to encourage this to happen, and if not, why not?

Hon. Mr. McGuinty: We are prepared to explore any particular initiatives—and I appreciate the advice just offered by my colleague—understanding that ultimately it is the federal government that assumes responsibility for who comes into this country and who does not. We are prepared to take a look at this particular option; we're prepared to talk to our chiefs of police, some of whom have the benefit of being present here today; but most importantly, we will work hand in hand with the federal government to ensure that these kinds of individuals are not admitted to our country in the first instance.

Mr. Runciman: It's a common theme: dither, deflect, deny. It's always someone else's fault or responsibility.

Premier, there's another option for you to consider if you're serious about dealing with this, and that is an amendment to the sex offender registry to cover a person who is a resident of Ontario but who committed an offence outside this jurisdiction. The official opposition is prepared to move on this quickly and provide some level of protection from sex offenders who commit crimes outside our borders. Will you agree to work with us on this?

Hon. Mr. McGuinty: I'm mindful of the constructive nature of the proposal just put forward by my colleague, but I remain very optimistic that it will not come to this. I am confident that if we work together with the federal government, we will ensure that these kinds of individuals are not admitted to the country in the first instance. There has been a proposal that has been put forward—a suggestion by a member of the judiciary south of the border—that would see a particular individual, a convicted felon, have the option of spending some time here in a part of Canada. That is something we are not prepared to accept. Rather than contemplate the possibility, as my friend implicitly suggests, what I think we should do is work with the federal government, ensure that if an individual is here, he is sent out, and that the federal government take steps to ensure in a proactive way that this does not happen again in the future.

HEALTH CARE FUNDING

Mr. Tim Hudak (Erie–Lincoln): My question is to the Minister of Finance. The budget that was released on March 23, 2006, contained, of course, interim expenditures for that fiscal year. The public accounts were released five months later, which showed the final expenses for 2005-06. The minister is probably aware that there's a major discrepancy between those two sets of numbers when it comes to health care funding. Health and long-term-care expenses were \$1.4 billion less than had been estimated only a few months before. Hospital

expenses were also off by some \$755 million. The minister knows these numbers are extraordinarily off target. Will the minister please explain to the assembly what caused these \$1.4-billion and \$755-million gaps?

Hon. Greg Sorbara (Minister of Finance, Chair of the Management Board of Cabinet): I appreciate the question from my friend from Erie–Lincoln. I think he would want to acknowledge as well that when you look at the overall expenditures for 2005-06, our revenues were up somewhat and our expenses were down by about 1.5%. When you add all of that up, that provided the first surplus in the province of Ontario for quite some time. It was a modest surplus, but it was a surplus nonetheless.

I'm sure as well, when he's talking about health care expenses, that he would want to acknowledge, because I think he's had a briefing on this, that part of the difference there was the fact that in 2005-06, we were consolidating for the first time the budgets of all the hospitals in the province and were able to manage a reduction in expenditures when you add them all up. I think that's, frankly, good news.

Mr. Hudak: I say to the minister again that these are major gaps in his own numbers. Here's what the minister said in public accounts when comparing the forecasts: "Health care spending was \$528 million lower than forecast, primarily due to the ... consolidation of the hospitals sector." That would leave Ontario taxpayers with the impression that consolidation of the hospital sector lowered expenses. In fact, that would be a false conclusion. It's just the opposite. Hospital expenditures after consolidation were actually up by \$755 million. The reality is that the rest of the health and long-term-care budget was over \$1.4 billion less than promised.

Will the minister please explain the \$1.4-billion hole in the health care budget and tell the assembly why he has offered no explanation for this gap in the public accounts?

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Hon. Mr. Sorbara: I must confess I'm having a little bit of difficulty understanding where my friend from Erie–Lincoln is coming from. I know that, were his party in government, what they would be doing is removing \$2.5 billion out of the health care budget. What he has been advocating by doing that is closing hospitals, reducing the quality of home care and reducing the quality of long-term care.

Since we have come to government, we have increased expenditures for hospitals by 4% this year, by 4.7% the year before and by 4.3% the year before that. We are also charged with the responsibility, I want to tell my friend from Erie–Lincoln, of managing with great discipline and prudence every single penny we spend, and we will continue to do that on behalf of the taxpayers of this province.

Mr. Hudak: It's hard to believe that the books are fully transparent when you see gaps of some \$1.4 billion on the non-hospital spending and a \$755-million misstatement on the hospital statement.

This is particularly concerning in a highly sensitive area like health care, as the minister would agree. The

minister's claim in public accounts, I would say to him with all due respect, does not meet with the facts, and thus far the Ministry of Finance has failed to disclose what actually happened with that \$1.4-billion misstatement in the health and long-term-care spending.

The minister knows that these kinds of obligations for full disclosure immediately are standard in the OSC, for the SEC, for GAAP or PSAB accounting rules.

So I ask the minister again, has the minister violated his own standards that they regulate through the OSC? Has he broken his promise to the hard-working taxpayers in the province of Ontario? And most importantly, when will the minister actually come forward in the assembly and tell us what really happened with health care spending the last fiscal year?

Hon. Mr. Sorbara: This is magnificently strange, coming from a member of the Progressive Conservative Party. I want to tell him very clearly that in 2005-06 we were able to manage our expenditures in health care so that when the final numbers were in, we saved about \$1.4 billion on a \$35-billion-plus budget. That's good management.

He talks about transparency. In 2003, the Progressive Conservative government presented a budget which they said would be balanced. Five months later, when we took power, there was a \$5.5-billion hole. As a result of that, this assembly passed the Fiscal Transparency and Accountability Act so that that kind of behaviour could never happen again in the province of Ontario.

COLORECTAL CANCER SCREENING

Mr. Howard Hampton (Kenora-Rainy River): To the Premier: During the last election, you promised to make colorectal cancer screening publicly available to all adults over the age of 50. On February 28, April 11 and October 16, your health minister repeated this commitment here in the Legislature.

My question is this, Premier: Where is the public colorectal cancer screening program, covered by OHIP, that you promised?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): I know that the Minister of Health can speak to this in more detail, but let me just say this at the outset. We have, together with Ontarians, particularly those who devote themselves to working day in and day out in our health care sector, made some significant progress, whether it's in terms of the number of doctors who are practising in Ontario, the number of nurses who have been hired on, the number of patients who have found access to Ontario physicians, the number of home care opportunities we've created, and the like. And of course we've got wait times down.

We have one quarter left in this mandate. I know that the leader of the NDP waits eagerly for us to deliver on yet another commitment, and we look very much forward to doing so ourselves as well.

The Speaker (Hon. Michael A. Brown): Supplementary?

Before it's asked, I might just remind members that questions should be placed through the Speaker. That means that when you're placing the question, you always refer to other members in the third person.

The leader of the third party.

Mr. Hampton: Well, Premier, we still don't have a publicly funded colorectal cancer screening program, but if people have thick wallets and can afford to pay \$495, they can go to the Cleveland Clinic Canada here in Toronto. It's an American-style, profit-driven private health care corporation now operating right here in Toronto. It's exactly the kind of pay-your-way-to-the-front-of-the-line health care you promised to keep out of Ontario.

My question: Is it acceptable to the McGuinty government that patients with thick wallets can purchase colorectal cancer screening from a profit-driven American health corporation here in Toronto while other Ontario patients who do not have thick wallets do without?

Hon. Mr. McGuinty: I'll refer this to the Minister of Health.

Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care): The honourable member has sought to somewhat confuse two issues. Most certainly, we seek to be the first jurisdiction in Canada that moves forward with a universal colorectal screening program—I've been candid with the honourable member, as I was with the critic from his party when she asked the question just about a week or so ago.

The delay at present has been my desire to ensure that the model that comes forward appropriately uses our primary health care providers, be they community health centres, doctors or nurse practitioners, to be directly involved in encouraging a high degree of testing. Other models that have evolved in Europe have not experienced as high a degree of participation as we would prefer, obviously given the opportunities to help people save lives by detecting any growing cancer early.

We're working to get it right, and I can tell honourable members that we'll be coming forward very, very quickly with such a program.

Mr. Hampton: The Minister of Health says that the McGuinty government is "working to get it right." Meanwhile, a profit-driven American health care corporation puts out brochures like this, saying that if you've got a thick wallet in Dalton McGuinty's Ontario, you can get colorectal screening and a lot more. You can get state-of-the-art diagnostics, offered by some of the best medical experts; you can get timely follow-up and individualized treatment solutions; and you can get seamless referral service for care in Cleveland. This looks a lot like two-tier medicine, but I know that the people of Ontario believe in medicare.

My question for the Premier is this: Why does the McGuinty government allow profit-driven, private American health care corporations to turn back the health care clock to the day when wealthy individuals can pay their way to the front of the line while people who are not wealthy do without the health care service?

Hon. Mr. Smitherman: The honourable member stands in his place today and talks about how much the people of Ontario love medicare. But when the vote came down in this Legislature, that honourable member didn't have the wherewithal to stand in his place and support the Commitment to the Future of Medicare Act. Now the honourable member seeks to pretend there has never been a circumstance in Ontario when a service that is not insured, not presently part of OHIP, hasn't been available in an offer from other providers. This is what the honourable member seeks to pretend his way through in the Legislature today. We know that's not the case.

But it doesn't separate the clear point, which is that we are going to be the first jurisdiction in Canada to move forward with a colorectal screening program that has the potential to advantage many Ontarians. That's why we're working so hard to ensure that the program design is bang on to deliver the best result for the investment of public dollars.

WATER QUALITY

Mr. Howard Hampton (Kenora–Rainy River): Meanwhile, people see two-tier medicine breaking out across Ontario.

To the Premier: Yesterday, when I spoke up for the people of Pikangikum—Ontario citizens being denied safe drinking water—your minister defended your inaction by blaming the victim, by blaming First Nation communities for unsafe drinking water because, he says, they never asked your government for help.

Interjections.

The Speaker (Hon. Michael A. Brown): Order. I need to be able to hear the member place his question.

The leader of the third party.

Mr. Hampton: Grand Chief Stan Beardy, of Nishnawbe Aski Nation, says that nothing could be further from the truth. He has written to you, and he says, "Contrary ... to David Ramsay's comments in response to NDP leader Howard Hampton ... NAN has been at the fore in addressing safe drinking water concerns by lobbying both treaty partners—Ontario and Canada."

My question is this: Why isn't the McGuinty government being straight with the people of Ontario about tainted water in First Nation communities?

1440

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): To the minister responsible for aboriginal affairs.

Hon. David Ramsay (Minister of Natural Resources, minister responsible for aboriginal affairs): I wish the leader of the third party had been straight in the House in interpreting a letter that he brought forward to the House yesterday. I have a copy of the letter now. It only arrived at the health minister's desk yesterday afternoon, after question period. In following up the letter, I called the deputy chief and spoke to him about an hour ago. The request from the chief of Pikangikum is not for us to intervene directly in the situation but to act as an advo-

cate on his behalf and call a meeting with the representatives from Ottawa to hold their feet to the fire.

Interjection.

The Speaker: Minister of Northern Development.

Mr. Hampton: I guess I have to quote not only from Grand Chief Stan Beardy's letter but from the chief's letter: "Please consider this to be a formal request for your involvement in the situation facing Pikangikum First Nation, with the type and extent of this involvement to be discussed primarily with us, and secondarily with the federal departments of Indian Affairs and Health Canada, and then only in our presence." So he's saying he wants your primary attention to this, and then secondarily he wants a discussion with Ottawa. But don't say that they didn't write to you.

The question is even more interesting than that, because yesterday this minister told reporters he was unaware of the Ontario government's historic role in bringing safe drinking water into the homes of First Nations. I already asked you that question last November when I pointed out that Ontario had invested over \$118 million to help bring safe drinking water. Why is the McGuinty government now denying that historic fact—

The Speaker: The question has been asked.

Hon. Mr. Ramsay: I'm very glad that the member directly quoted the letter. That's going to save me the time doing that. As I think the members of this House now realize, what the chief has asked us to do is to become their advocate on their behalf to the federal government to live up to their responsibility. I committed to the chief that I would do that, and that letter is being drafted as we speak. I will sign that after question period. That letter will go off to Jim Prentice and to the Minister of Health. We have already talked about having a meeting up in Thunder Bay to deal with this situation.

Again, I think the leader of the third party owes this House an apology to make it clear that this First Nation wants us to help them make sure Ottawa lives up to its responsibility.

Mr. Hampton: I produced two letters—one from the Grand Chief of Nishnawbe Aski Nation asking the McGuinty government for help; one from Pikangikum First Nation's chief—and the McGuinty government says that this is somehow not true.

The only problem I have with the truth is that the minister said yesterday he had an imminent meeting set with his federal counterpart. We called his federal counterpart, who says there has been no meeting scheduled between this minister of the McGuinty government and federal officials. What we see here is once again the McGuinty government seeking to blame someone else, seeking to play political football with the issue of safe drinking water for First Nations. I simply say to the Premier, what's it going to take for the McGuinty government to assume responsibility—

The Speaker: Minister?

Hon. Mr. Ramsay: The Honourable Jim Prentice has agreed to a meeting, and our staffs are working to set up a time for that meeting. The plan now is to have a

meeting over the phone to set the agenda, and next week to have a face-to-face. But this is the type of thing that the member wants to argue about.

What's important here is the quality of water in our First Nations right across northern Ontario. That's what is important and that's what we're working on. That's why the chiefs have asked us to be an advocate for them and not to let the federal government off on this responsibility. It is their responsibility, and we have a record of letters that we have written and meetings where we've had dialogue with the minister. The federal government very well knows the position of the Ontario government: that it's a federal responsibility to provide clean, safe drinking water to First Nations across this province.

HEALTH CARE FUNDING

Mrs. Elizabeth Witmer (Kitchener–Waterloo): My question is to the Premier. Today, the Strong Communities Coalition had a press conference here, and they presented clear evidence, based on an audit done by PricewaterhouseCoopers, that provincial funding for health and social services in the GTA/905 has not kept pace with a rapidly growing number of residents in those communities. In fact, when we take a look at per capita funding for these services, the total gap is \$1.5 billion and growing.

These people do need timely and local access to human services. I know there have been discussions with your government, and I know you've indicated to these people that you understand. My question to you today: Will you demonstrate your commitment by beginning to address this growing population funding gap in your Economic Outlook and Fiscal Review this fall?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): To the Minister of Finance.

Hon. Greg Sorbara (Minister of Finance, Chair of the Management Board of Cabinet): To my friend, I just say that we're going to be presenting the fall economic statement in a couple of days in this Legislature.

I had an opportunity to review the materials prepared by the Strong Communities Coalition, and I commend them for their work. I think one of the things they indicate clearly, and it's one of the things this government acknowledges, is that the regions of York, Peel, Durham and Halton are growing very rapidly. We've been making very significant investments in those communities, not only in strengthening the business components of that community but in the things that the strong coalition group advocated: the social and health services in that community. So we're working with the group. I know that my colleagues representing those areas are making strong representations in that regard, and we're going to do what we can to continue the strength of all of the 905 area.

Mrs. Witmer: I say again to the minister: Certainly there is a growing problem. Our government recognized the need for these people to have services close to home. As you know, we built new cardiac centres, new cancer centres, and we also expanded MRIs.

These people are actually paying one quarter of the total revenue that your government is collecting through the health tax, and yet the funding gap has grown dramatically since 2003. So I would ask you again, are you prepared to start to address this inequity in your fall funding statement? And are you also prepared, as we move forward—I would ask you to seriously consider this, Minister—to revise the way that you provide funding, and to do so on a population-based growth and characteristics model?

Hon. Mr. Sorbara: I'm surprised at the way in which my friend has characterized what they did in this growing area during the time that she was in government. I just want to point out that we are building two new community health centres in the 905—one in Vaughan and one in Bramalea. We're developing four new cancer centres, two new cardiac surgery programs and five new regional dialysis units. That's not to talk about the hundreds of millions of dollars that we're investing in transit, which is really a foundation for the entire community.

I am not trying to suggest that my friend did nothing during her time as health minister. I just want to wonder out loud, because I think the people wonder how you would meet those commitments, given your party's program of cutting \$2.5 billion out of health care. It's the 905 that would suffer under that kind of policy.

Mrs. Witmer: On a point of order, Mr. Speaker: Our party has never, ever—

The Speaker (Hon. Michael A. Brown): Order.

Interjection.

The Speaker: The member for Lanark–Carleton will withdraw that statement.

Mr. Norman W. Sterling (Lanark–Carleton): I'll withdraw that it's a lie.

The Speaker: Could we just withdraw?

Mr. Sterling: I'll withdraw.

The Speaker: Thank you.

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HOSPITAL SERVICES

Mr. Howard Hampton (Kenora–Rainy River): My question is for the Minister of Health. Grand River Hospital's emergency room nearly closed on October 1. Since then, Kitchener–Waterloo residents have been very worried that it may yet close, and they've been very worried about the understaffing.

You promised weeks ago that Mr. Tom Closson would become the regional provincial investigator as well as the supervisor for Grand River Hospital's emergency room situation. But we have learned that instead of going to Grand River and meeting with the emergency room doctors and nurses, Mr. Closson has been on an unrelated trip to England. Minister, how much are you paying Mr. Closson, and exactly when is he going to show up at Grand River and start doing the job you promised he was going to do weeks ago?

Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care): Firstly,

Tom Closson has been in the Kitchener-Waterloo community. He brings to his work a foundation of knowledge, which sets him, I think most people would agree, ahead of the pack. He is, to the best of my knowledge, the best we have in terms of public health administrators. Frankly, the circumstances in Kitchener-Waterloo, in our opinion, dictate that we put the very best people on the file.

It's not the only thing we've done, obviously. St. Joseph's hospital here in Toronto has been tremendously helpful, and the doctors and other front-line health care providers in Kitchener-Waterloo have been doing a fantastic job. Good progress is occurring there. We recognize that there's more work to do to give the people in that community all of the confidence that they need, but our dedication to this is not appropriately called into question by the honourable member.

There is more work to do to stabilize the circumstances at all of Ontario's emergency rooms. That's work that is currently under way and will be directly aided by the expertise of Tom Closson working more particularly in the Kitchener-Waterloo community.

Mr. Hampton: Not only is Mr. Closson missing in action, but you told reporters last week that your province-wide emergency room strategy would be released early this week. Now you're telling us that it may be in seven days, perhaps 10 days. Meanwhile, emergency rooms are in crisis across the province, from Kitchener-Waterloo to Sault Ste. Marie. Wait times for treatments in emergency rooms are shamefully long, and wait times for the McGuinty government to keep their promises are even longer.

My question is this: Where's the emergency room report you promised? Where's the action to fix the emergency room crisis gripping more and more Ontario hospitals?

Hon. Mr. Smitherman: There's no evidence to the last part. I did not say that the report would be released early this week. He made that up.

It's interesting, isn't it, that in the last week or two when he was on his feet, he talked always about the Manitoba model? Today, we had an inquiry from the Minister of Health's office in Manitoba: "Do you have any ideas that we might draw upon here in Ontario to address the challenges that we're currently experiencing with emergency room coverage?"

The honourable member's credibility on this issue was already weak enough, given that he sat on his hands and kept quiet while the doctor shortage was being created. He's the daddy-o of the doctor shortage in Ontario, and now he's bringing even more disinformation to the subject at hand.

EDUCATION FUNDING

Mr. Brad Duguid (Scarborough Centre): My question is to the Minister of Education. We all know the importance of a well-funded public education system. When you look at the Tory record on education, quite

frankly, it's horrific. They lost teachers, encouraged parents to send their children to private schools, neglected our school infrastructure, and left many students learning in unhealthy environments. In stark contrast, in the three short years that we've been in government, we've reached peace and stability in our schools, we've increased the graduation rate, lowered primary class sizes, and seen improved literacy and numeracy scores. This could not have been accomplished without a significant change to the education funding formula. The system was broken, and we're fixing it.

Can the minister tell the House what the McGuinty government has done to ensure that our changes to the funding formula will reach each and every student?

Hon. Kathleen O. Wynne (Minister of Education): Thank you to the member for Scarborough Centre for his question. I do appreciate the opportunity to talk about this issue, because I know that it's a hot one in the province at this moment.

Since we were elected, we have been fixing a broken funding formula that we inherited from the previous government. We've provided funding for 7,000 more teachers. We have provided, just in Toronto alone, 1,185 teachers for the Catholic board and the public board. In the member's riding, there are 40 capital projects that are ongoing because of money we've invested in the system.

Not only have we put more money in the system; we've also fixed the funding formula in the sense that we've created new categories. The school foundation grant provides money for principals and secretaries for small schools. That was completely overlooked in the drafting of the funding formula when the previous government presented it.

I've been working with the school boards, and I look forward to continuing to do so.

Mr. Duguid: Although I represent an urban constituency, I know our rural and northern caucus members are seeing the results of the changed funding formula as well. One of the recommendations we've heard from stakeholders is that they'd like to see the release of the grants for student needs earlier to help them plan for the 2007-08 school year. Other stakeholders have mentioned they want an independent review of the funding formula.

We know the funding formula is a work in progress and that the minister is working on changes for next year. Can the minister tell this House what her next steps are with respect to the funding formula, and can she commit to when the grants for student needs will be announced?

Hon. Ms. Wynne: I've already committed to boards and to the partners in education to have the funding information to them by early spring. I know they need that funding information to get their planning going. A letter is going out today from my office to all boards, trustee associations and education partners, including CUPE, to ask for their input on the funding formula.

Every year, we've talked to our partners to lead up to the budget and the GSN announcements. This year, I'm being very intentional about asking that question of our education partners. I'm looking for common ground; I'm

looking for themes and local pressures. I can't speculate on the amount of money, but what I can tell you is that there's been a call for a massive teardown and rebuild of the funding formula. I'm not willing to do that, because we can't afford to lose that time. We could call a review now and have an answer in 18 months. We need to know now what the pressures are, and I've asked the boards to provide that to me.

RESPIRE CARE

Mr. Frank Klees (Oak Ridges): To the Minister of Health: Minister, yesterday I brought to your attention the plight of Rosa and Carlos Tavares. I explained to you yesterday that in moving from Mississauga to Richmond Hill, Mr. Tavares's respite care was cut off.

I'd like to ask you today what steps you've taken to ensure that Mr. Tavares's care is reinstated, and perhaps you could also explain why, under your watch as Minister of Health, health care in this province is so inconsistent from one region to another.

Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care): Firstly, I'll say to the honourable member that I believe that information may have been passed on to his office even while we've been here. I don't have a particular update for him, but I believe that information has been relayed from my staff to his.

I think on the matter, though, of equitable access to services, the honourable member's on to something. If he wants to lay all of that responsibility at our feet, that's okay, but the reality is that the health care system, as it has evolved over decades, has not necessarily been able to create an equitable output. The reality is that one of the most powerful elements of local health integration networks, by creating a consistent boundary and by measuring information on a consistent basis within it, actually gives us the evidence we need to be able to address inequity.

I agree with the honourable member that there's dramatic work that needs to be done on this. The community of Ottawa, just as one example, when we came to office seemed to have been forgotten about in a variety of ways, and especially with MRIs. So LHINs are actually going to be helpful to us in delivering a more equitable result, which we all agree must be a principle and a feature of a public health care system.

Mr. Klees: I'm going to assume, then, that the minister will ensure that Mr. Tavares's care will be reinstated.

With regard to his mention of Ottawa, the March of Dimes confirmed with me, for example, that just recently a university student from Ottawa had their funding that was being received in Ottawa transferred to York region, so it's not impossible to have funding transferred from one region to another.

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My question to the minister is: If it is possible to have funding follow the client, why in the case of Mr. Tavares

did that not happen, and will he ensure that that care will in fact be reinstated to Mr. Tavares without any further delay?

Hon. Mr. Smitherman: When you speak of the March of Dimes, I believe you're speaking of a program that is an individualized funding program. That would lend itself more easily to the kind of cross-local health integration network or regional basis that the honourable member speaks about. We'll look at the matter. I can't give him any further information. As I said, that's been passed along to his office.

But at the heart of it, we released annual reports of local health integration networks today. If we look at those reports and at the mechanism there, we're starting to create more of the comparative capacity to make adjustments on funding allocation that address the inequities that we're speaking about. I realize that this is question period and it's all rhetoric and politics—or largely—but I do believe that this initiative is one of those pieces of the puzzle that is necessary to produce a more equitable result, which is a principle of the public health care system that we very much agree with.

CONSUMER PROTECTION

Mr. Peter Kormos (Niagara Centre): To the Premier: Last week, your government talked about the dangers of online gambling websites when it introduced legislation that it said would ban advertising of those websites. Currently there's a banner advertisement for the World Poker Tour website featuring online gambling on the Fallsview Casino home page, on their website. Premier, how is it that the government on the one hand can talk about the dangers of online gambling, the need to ban the advertising of it, yet at your very own casino you're advertising online gaming?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): To the Minister of Government Services.

Hon. Gerry Phillips (Minister of Government Services): By way of background for the public, what we've run into is our business community saying to us, "We're operating by all the rules and we've got some competitors here that are operating illegal gaming sites on the Internet." So what we said was, "We're going to amend our Consumer Protection Act to prohibit people from advertising illegal Internet gaming sites"—very simple.

Now, once the bill is passed, a matter like the member is talking about will be dealt with. I'm not going to determine in advance whether that is legal, illegal. That's up to a court to decide. What we want to do is make sure that we have legislation that will ensure that illegal Internet gaming sites are not advertised. Then, of course, we'll deal with the matter.

Mr. Kormos: Last week you said there was a need to protect vulnerable consumers, including underage youth, by prohibiting advertising for illegal Internet gaming websites, knowing that you couldn't prohibit the activity.

You talked about vulnerable consumers. You talked about underage people gambling. Your casino not only promotes online gambling on its website but, when I called their further information number at 1:10 p.m. today, your Fallsview Casino told me to type in “ultimate bet” or “paradise poker” to play along on the Internet with the World Poker Tour website at Fallsview Casino.

How is it that you can talk a big game about protecting consumers but when it comes to your own casino, all you're doing is bluffing?

Hon. Mr. Phillips: Again I say to the public, what we are proposing in our legislation is that, if passed, it will ban the advertising of illegal Internet gaming. We then deal with the bill and we let the courts decide. So I just say to all of us, let's not get ahead of ourselves here. I'm not going to prejudge and make the decision that is a court's decision. Let's pass the legislation that will ban advertising of illegal Internet gaming sites and then let the courts decide that.

SUPPLY MANAGEMENT

Mr. John Wilkinson (Perth–Middlesex): My question is for the Minister of Agriculture, Food and Rural Affairs. As you know, the supply management sector of our agriculture industry has proven itself an effective way of ensuring that farmers earn stable, profitable income. For years, Farmgate5 has proven its ability to provide the high-quality products consumers demand at a fair price for both farmers and consumers. I regularly meet with local farm representatives in my riding, including the Perth County Federation of Agriculture. During these meetings, my local farm leadership regularly repeat the call for both the provincial and federal levels of government to continue defending the interests of my farmers dependent on supply management. Minister, can you please tell this House today what our government is doing to protect the interests of supply-managed producers?

Hon. Leona Dombrowsky (Minister of Agriculture, Food and Rural Affairs): I thank the honourable member for the question. He does listen carefully to the issues in rural Ontario and the issues of agriculture. Members of the opposition laugh at that. I think the agriculture community is very concerned that they don't ask any agriculture questions; they're not prepared to advocate for their industry, as our members are.

Last week, the Chicken Farmers of Ontario were here in the Legislature, and the one point they wanted all of us to hear and wanted our commitment on was that our government would continue to demonstrate our support of supply management. I went to the WTO trade talks in Hong Kong to support them in that initiative. That has been demonstrated very clearly by our government. They're very concerned that the federal government, however, has brought forward their plan to disband the Canadian Wheat Board, and the supply management folks are worried that they will be next on the federal government chopping block. We can say in this House that our government is absolutely—

The Speaker (Hon. Michael A. Brown): Thank you, Minister. Supplementary?

Mr. Wilkinson: It's reassuring to hear that our government is strongly defending the interests of supply-managed farmers. What troubles me is that the official opposition seems to be aligning with the group that has publicly and repeatedly opposed supply management. According to one of the Ontario Landowners Association discussion papers, this organization wants our supply-managed sectors to become “optional.” There is no such thing as optional supply management. This is very troubling to Ontario's poultry and dairy farmers and to the rural communities that depend on them. Supply management is what enables the poultry and dairy farmers in my riding to succeed.

The leader of the official opposition obviously is quite comfortable sitting down and talking with the group that wants to dismantle supply management. Minister, can you reassure the supply-managed farmers in my riding that our government will protect their livelihoods?

Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader): That's a good question.

Hon. Mrs. Dombrowsky: It's a very good question. I think it is very troubling that the Leader of the Opposition would make a deal with a group, with Randy Hillier—a group that is actually promoting that it thinks supply management should be optional. There's no such thing as an optional supply management system.

I'm going to quote the member from Leeds–Grenville, who last week said, “... the Ontario Landowners Association, on a broader scale—the derision emanating from the Liberal benches, suggesting that these people are something to be afraid of.... offends ... the Progressive Conservative Party.” Well, I say that what offends the people of Ontario are threats of violence and intimidation. People who employ these tactics are now making deals with John Tory and his caucus. These are the people who would put supply management at risk.

Our government is committed to protecting supply management. We are on the side of supply management, John Tory is making deals with Randy Hillier—

The Speaker: Thank you.

TRANSIT FUNDING

Mr. John O'Toole (Durham): My question is to the Premier. Yesterday I was reading the Globe and Mail and was quite impressed by the very welcome and ambitious ad talking about improvements that GO Transit intends to make, not just at Union Station but across the system on which they provide the service. It included longer trains, larger platforms and an additional 400 passenger trains per day. You would know that one 10-car train takes 1,400 cars off our gridlocked highways and they make our environment cleaner.

When you announced, in your last budget, over \$1 billion, there was very little money for the region of Durham; as was commented on by Roger Anderson, very little money east of Toronto.

1510

Premier, will you assure the House that your government is committed to providing Durham region and the eastern GTA the same level of service you've planned for other communities?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): The Minister of Public Infrastructure Renewal.

Hon. David Caplan (Minister of Public Infrastructure Renewal, Deputy Government House Leader): I'm delighted with the question, because I have had conversations with Mr. Anderson, the chair of Durham region. They have recently uploaded transit into Durham region, and we are very eager to work with them as they're able to develop a transit plan for Durham.

But the member mentioned GO Transit. We celebrate the billionth rider. In fact, we have fully funded the 10-year GO capital plan in association—a strategic infrastructure investment—with our federal partners. Since 2003-04, the province has committed approximately \$1.6 billion to GO Transit, including—I hope the member will listen—\$830 million this year. These are historic investments in a regional transit system that are long overdue, which I would note that this member and his government had previously downloaded onto municipalities.

Mr. O'Toole: To this government and this minister in particular, and I would hope that the Premier would also be listening: What Roger Anderson actually said about your funding for transit in the last budget was that you're spending a lot of money west of Yonge Street and very little east of Yonge Street. I believe that remains the record today.

When I listen to the reports on gridlock in our infrastructure, our devastated infrastructure, you really have no plan. I see that your promises are up, but your delivery on these promises is down. You promised to raise the issue of transit within Durham region, and you've actually done nothing about it. In fact, gridlock is worsening day by day. I would ask you once again to commit today to look at improving services of GO Transit to the east of Toronto. Will you promise that today to the constituents of the region of Durham?

Hon. Mr. Caplan: I still haven't heard an apology from the member opposite for downloading transit onto Durham. It was this government making the investment, I'm sure the member would want to acknowledge, in the Lakeshore east corridor, a third track added between the Don River and Scarborough station to allow more service between Toronto and Durham region and increase rail service on the Stouffville corridor. The budget amount for engineering construction is \$62 million. GO Transit is currently undertaking the environmental assessment for the project, and it will be completed in 2009.

But there are other investments in the region of Durham that I'm sure the member would want to acknowledge: Highway 401, \$61 million for highway widening from Harwood Road to Salem Road; Highway 401, \$6.4 million to resurface from Stevenson Road to Salem Road; Highway 7A, \$8.4 million; Highway 7—

Interjection.

Hon. Mr. Caplan: My colleague asks, "How come Durham gets so much from this government?" It's because this government—

The Speaker (Hon. Michael A. Brown): New question.

FAMILY RESPONSIBILITY OFFICE

Ms. Andrea Horwath (Hamilton East): My question is for the Minister of Community and Social Services. The FRO mistakenly issued my constituent Brandi Thorne a manual cheque for her September support payment and then deposited the same amount into her bank account, so she went and ripped up the cheque. The FRO is now withholding her October payment as security in case the cheque is actually cashed, but this was after the FRO told Ms. Thorne to complete the lost-cheque form, have it notarized and return it to them, which is everything she did. In fact, she took an unpaid day off work to get the form sworn as an affidavit. But now the FRO says that her funds are going to stay frozen for up to another 30 days anyway, just to make sure that the cheque isn't cashed.

My question is twofold, Minister: Why haven't you fixed the FRO computer problems that lead to these kinds of situations, and will you intervene personally to unlock the FRO's deep-freeze and ensure that Brandi Thorne gets access to the money she needs?

Hon. Madeleine Meilleur (Minister of Community and Social Services, minister responsible for francophone affairs): **Hon. Madeleine Meilleur:** Yes, there was some difficulty early in September with the computer system at the Family Responsibility Office. We were very quick in responding and providing cheques to those in need. Unfortunately, after that, some received two cheques. We are trying to correct the situation, and we have communicated with the individuals involved and tried to solve the problem.

If the member from the third party has a problem, I cannot discuss it; she knows perfectly that I cannot discuss any particular case in this House. But I'll be willing and glad to sit down and try to understand and work out a solution.

Ms. Horwath: Minister, the FRO told my constituent to provide a sworn oath, and then they bumped her to the back of the red-tape lineup while withholding her support payments. Listen to what Ms. Thorne says—this is in her own words: "Between now and November 1, I have daycare to pay for, my fifth mortgage payment on my very first house, car and house insurance and two cheques for school photos, all of which will bounce and cost me more money."

Minister, many women have been hit with bank penalties, late payment fees and interest charges because of your FRO boondoggle. Along with fixing Ms. Thorne's specific issues, will the McGuinty government agree to reimburse all FRO clients for their extra costs resulting from your inability to get their support payments to them on time, just like you were trying to get when you were in opposition?

Hon. Mrs. Meilleur: I say to the member of the third party that the FRO is a good process and helps a lot of individuals, especially women, to get the benefits they should get from the payers. I will also say that we were very quick in responding to the problems we experienced because of an old system that we're in the process of replacing.

I will offer this: Why don't you call my office and we will work to help this lady to solve her problem? If some of them have experienced extra fees, we will look at each individual case and support and help them through this difficult time.

REGULATORY MODERNIZATION

Mr. Kevin Daniel Flynn (Oakville): Today I have a question for the Minister of Labour. Tomorrow you will introduce second reading of Bill 69, the Regulatory Modernization Act. This legislation, if passed, will reform the way regulatory ministries deal with the province's business community.

I understand that it's the intention of the legislation to strengthen the tools that our inspectors need to do their jobs more effectively. It also gives Ontario's businesses the support they deserve to more efficiently meet their own responsibilities. Currently, we have 13 regulatory ministries, whose mandate is to inspect, investigate and enforce under various statutes. All 13 are part of this legislation, which your ministry's inspections, investigations and enforcement secretariat is leading. Ontarians agree that this co-operation is impressive.

Minister, please tell this House how this legislation will affect Ontario and its businesses.

Hon. Steve Peters (Minister of Labour): I'd like to thank the member for Oakville for his hard work, dedication and commitment to the public service here in the province. We recognize that improved communication means less duplication. The RMA, if passed, will allow ministries to work together more effectively. It will improve their ability to interact with the business community, because improved communication means less duplication, and less duplication means fewer headaches for our businesses here in the province.

We're committed to changing our approach. By changing that approach, we can use compliance information more effectively, we can target our enforcement efforts where they count and we can reduce duplication in compliance activities. It just makes sense.

This bill is part of a wider strategy, as we move forward, that includes performance-based strategies to recognize companies with exceptional records and target enforcement efforts—

The Speaker (Hon. Michael A. Brown): Thank you, Minister. Supplementary?

1520

Mr. Flynn: Thank you, Minister. That's great news.

I understand that your inspections, investigations and enforcement secretariat is simultaneously pilot-testing a small business compliance improvement project in the

auto body sector, with association support. The secretariat is working in co-operation with the Ministry of Small Business and Entrepreneurship and the Ministry of Economic Development and Trade. As I understand it, the pilot project is designed to help small businesses better understand their unique compliance challenges. It has also involved them in developing tools that assist them to meet their compliance requirements.

We know that small businesses already face enough challenges and that as a government we should nurture their growth. Could you please inform this House on the status of this very innovative project?

Hon. Mr. Peters: I will refer that question to the Minister of Small Business and Entrepreneurship.

Hon. Harinder S. Takhar (Minister of Small Business and Entrepreneurship): I also want to thank the member from Oakville for asking this question. We are actually very, very proud of this initiative, and I want to thank the Minister of Labour for really taking a strong leadership role on this initiative.

For the last several months, we have been consulting with this sector. We wanted to know from them what key issues were really facing this sector so that we could address them. Based on the input that we received—they told us they wanted to make sure that the information was readily available to them and that it was on one site. That is why we have created this one-stop shopping where they can actually go and look for the information for compliance. From our point of view, this initiative has been very, very successful, and we look forward to working with the Minister of Labour on the—

The Speaker: Thank you, Minister. New question? The member for Oshawa.

WASTE MANAGEMENT

Mr. Jerry J. Ouellette (Oshawa): Thank you, Mr. Speaker. I know this is a question that is of strong concern to you as well as your constituents. It's a question to the Minister of Northern Development and Mines. The dump sites at Vixen Lake, Garden Lake and Ranger Lake have all been closed now. What's taking place as a result of this is that all these individuals and unorganized townships are now taking all their garbage into the municipalities that are organized, which is putting pressure on the organized townships. So what we're seeing here is a reorganization and a reassessment taking place in all these unorganized townships. Are those reassessments a result of the pressure being put on those organized townships from your closing of those unorganized dump sites?

The Speaker (Hon. Michael A. Brown): Minister of Northern Development and Mines? Minister of the Environment?

Hon. Laurel C. Broten (Minister of the Environment): I'll let the member opposite know that obviously the responsibility to manage waste is that of the municipalities.

In the north, there are very different challenges. The Ministry of the Environment works very closely with all

of our communities in the north to assist those communities and make sure that they have the tools they need to be able to manage their waste in those communities. We have wonderful and responsible and dedicated people, men and women, who work in the Ministry of the Environment, and they are available to assist with those communities, and are already doing so on an ongoing basis.

MEMBERS' COMMENTS

Mr. Robert W. Runciman (Leeds–Grenville): On a point of order, Mr. Speaker: I'd like to refer you to standing order 23(h) and (i). There was an exchange earlier during question period in a set-up question to the Minister of Agriculture from the member for Perth–Middlesex. I would indicate to you, Mr. Speaker, with the comments made that the member and the minister were making allegations against another member of this assembly, which is purely a breach of the standing orders, as well as imputing false or unavowed motives with reference to comments made by the Minister of Agriculture. Again, I think that clearly breaches the standing orders.

Untruths emanating from that side of the House are becoming common practice, and we're not going to stand for it anymore, Mr. Speaker. I ask you to rule on this, please.

The Speaker (Hon. Michael A. Brown): Thank you. I think it would be appropriate to caution all members to be very, very careful that they aren't seen to be imputing motives to other members. Just to be helpful to the Speaker, if, in fact, there is an allegation of such behaviour, it's more helpful if that gets raised at the time rather than subsequent to it. It just makes it very difficult for the Speaker.

I didn't hear it at the time. Therefore, I'm not going to rule in favour of your point of order. But I would again caution all members to be very careful about their language. I would also like to caution the member for Leeds–Grenville in his use of the last suggestion that he made about untruths being commonplace in here.

Mr. Frank Klees (Oak Ridges): On a point of order, Mr. Speaker: As a member here who feels that his privileges have been hampered, quite frankly, pursuant to section 23(h) and (i) of the standing orders, as someone who was involved in a meeting that was referred to by the member for Perth–Middlesex and, as well, the exchange between the member for Perth–Middlesex and the Minister of Agriculture and Food, I am very concerned that the Minister of Agriculture, in her response to the question that was put by the member for Perth–Middlesex, made the specific comment that, in fact, a deal had been entered into by the leader of the official opposition. As someone who was party to those discussions, I take great offence. It does, in fact, impute false or unavowed motives.

I would appeal to you, Speaker, that you would review the Hansard, seeing as you perhaps don't recall spe-

cifically what the Minister of Agriculture responded. But there is clear evidence—there were reports in today's press, very clear statements by the—

The Speaker: I've heard enough. The Speaker, as you know, has no opportunity to understand what members may assert to being a fact or not. I only know what is said in this place at the time. So I have no ability to do that, nor does any Speaker in any jurisdiction that I'm aware of. It's now time for petitions.

Mr. Klees: On a point of order, Mr. Speaker: With respect, Speaker, that's why I'm asking you as a Speaker of this House to review the facts. I would ask you—

The Speaker: The Speaker does not review the facts. The Speaker reviews what was said at the time. That's what I do as Speaker.

Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader): On a point of order, Mr. Speaker: The opposition has raised a number of points of order in regard to matters that have come before the House on things that are stated in the House. I have to say that fingers can't be pointed in one direction only. It reminds me of one of my favourite biblical quotations: "Let him who is without sin cast the first stone." None of us in this House—and I will be one of those who will say that. I will not cast a stone at the others while they cast stones back and forth. But I think if you're going to review Hansard—

The Speaker: I have ruled. It's time for petitions. The member for Durham.

1530

PETITIONS

LONG-TERM CARE

Mr. John O'Toole (Durham): Thank you very much, Mr. Speaker, for the time here in the Legislature to be used for petitions from the riding of Durham.

"To the Legislative Assembly of Ontario:

"Whereas long-term-care funding levels are too low to enable homes to provide the care and services our aging seniors and parents who are residents of long-term-care homes need, with the respect and dignity that they deserve; and

"Whereas, even with recent funding increases and a dedicated staff who do more than their best, there is still not enough time available to provide the care residents need. For example, 10 minutes, and sometimes less, is simply not enough time to assist a resident to get up, dressed, to the bathroom and then to the dining room for breakfast; and

"Whereas those unacceptable care and service levels are now at risk of declining;

"Therefore, we, the undersigned, who are members of family councils, residents' councils and/or supporters of long-term care in Ontario, petition the Legislative Assembly of Ontario to increase operating funding to long-term-care homes by \$306.6 million, which will

allow the hiring of more staff to provide an additional 20 minutes of care per resident per day over the next two years (2006 and 2007).”

In respect to the order before the House today for debating Bill 140 on long-term care, I am pleased to support this and endorse the theme on behalf of the riding of Durham and present it to Paul.

MUNICIPAL GOVERNMENT

Mr. Michael Prue (Beaches–East York): I have a petition that reads as follows:

“We, the undersigned residents of the city of Vaughan, petition the Legislature of the province of Ontario to establish a public inquiry into the city of Vaughan, based on the proposed terms of reference which are on the opposite side of this page, which were proposed to the council of the city of Vaughan for adoption on May 8, 2006, but which such council refused to adopt.”

For greater clarity, they are seeking—on the back of the page—that section 100 of the Municipal Act be invoked by the minister and that an inquiry be held into alleged wrongdoings by the municipal council of that city.

I affix my signature thereto.

IMMIGRANTS’ SKILLS

Mr. Jeff Leal (Peterborough): Every day now it seems I get a petition on Bill 124.

“Petition to the Ontario Legislative Assembly

“Access to Trades and Professions in Ontario

“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, arbitrary 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 action by Ontario’s trades and professions could remove many such barriers, but Ontario’s trades and professions have failed to recognize that such structural barriers exist, much less to take action to remove them, and to provide fair, timely, transparent and cost-effective access to trades and professions for new Canadians trained outside Canada;

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

“That the Ontario Legislative Assembly urge the members of all parties to swiftly pass Bill 124, the Fair Access to Regulated Professions Act, 2006, and to require Ontario’s regulated professions and trades to review and modify their procedures and qualification requirements to swiftly meet the needs of Ontario’s

employers, Ontario’s newcomers and their own membership, all of whom desperately need the very skills new Canadians bring working for their organizations, for their trades and professions, and for their families.”

I agree with this petition and will affix my signature to it.

HEALTH PREMIUMS

Ms. Laurie Scott (Haliburton–Victoria–Brock): “We Call on the Government of Ontario to Eliminate the Health Tax

“To the Parliament of Ontario:

“Whereas, according to the Department of National Defence, there are over 30,000 serving military personnel who call Ontario home; and

“Whereas, according to the most recent census data, there are more than 1.6 million senior citizens over the age of 65 living in Ontario; and

“Whereas the Progressive Conservative Party of Ontario plans on eliminating this illegitimate tax for all Ontarians after it forms government in 2007; and

“Whereas, as an interim measure, the illegitimate health tax should be removed from those who protect Canada and those who have built Ontario;

“We, the undersigned, call on the government of Ontario to immediately eliminate the illegitimate health tax, beginning with serving military personnel and senior citizens.”

It’s signed by many people, and I affix my signature to it.

LANDFILL

Mr. Gilles Bisson (Timmins–James Bay): I have a petition here addressed to the Parliament of Ontario, and it reads as follows:

“Whereas the Oneida Nation of the Thames people located near Southwold, Ontario, have been opposed to the Green Lane landfill operations for a number of years and have questioned the premise for landfill expansion at Green Lane; and

“Whereas the Oneida Nation of the Thames people and the public have learned through media reports as of September 20, 2006, that the city of Toronto had voted to purchase the landfill in order to address its waste issues; and

“Whereas the First Nations’ interests in the operation of this site were referred to Ontario’s environmental assessment process, which is a proponent-driven process and did not satisfactorily address First Nations’ concerns and interests; and

“Whereas First Nations feel that their interests in the Green Lane landfill expansion and operations have not been dealt with adequately by the provincial crown based on recent case law in the Haida Nation, Taku River, Mikisew and Platinex cases;

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

“That the provincial crown adequately consult First Nations in a manner that is consistent with the Haida Nation, Taku River, Mikisew and Platinox cases regarding previous and proposed operations of the Green Lane landfill.”

I’ve signed that petition.

IMMIGRANTS’ SKILLS

Mr. Kuldip Kular (Bramalea–Gore–Malton–Springdale): This petition is to the Ontario Legislative Assembly.

“Access to Trades and Professions in Ontario

“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, arbitrary 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 action by Ontario’s trades and professions could remove many such barriers, but Ontario’s trades and professions have failed to recognize that such structural barriers exist, much less to take action to remove them, and to provide fair, timely, transparent and cost-effective access to trades and professions for new Canadians trained outside Canada;

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

“That the Ontario Legislative Assembly urge the members of all parties to swiftly pass Bill 124, the Fair Access to Regulated Professions Act, 2006, and to require Ontario’s regulated professions and trades to review and modify their procedures and qualification requirements to swiftly meet the needs of Ontario’s employers, Ontario’s newcomers and their own membership, all of whom desperately need the very skills new Canadians bring working for their organizations, for their trades and professions, and for their families.”

I agree with the petitioners and put my signature on it as well.

ELECTRICITY SUPPLY

Mr. Norm Miller (Parry Sound–Muskoka): I have a petition to do with forestry work for Hydro One Networks Inc., and it reads:

“To the Legislative Assembly of Ontario:

“Whereas Hydro One Networks Inc. provides hydro to many communities in the region of Parry Sound–Muskoka; and

“Whereas there have recently been several lengthy power outages in this region affecting both private residences, schools and businesses; and

“Whereas rural customers pay among the highest distribution and delivery charges for electricity;

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

“That the Minister of Energy and the Ontario Energy Board require Hydro One Networks Inc. to make improvements in line maintenance and forestry management in the region of Parry Sound–Muskoka to ensure reliable energy for its customers.”

I support this petition and affix my signature to it.

LONG-TERM CARE

Ms. Cheri DiNovo (Parkdale–High Park): “To the Legislative Assembly of Ontario:

“Whereas, in June 2003, Dalton McGuinty said Ontario Liberals are committed to ensuring that nursing home residents receive more personal care each day and will reinstate minimum standards, and inspectors will be required to audit the staff-to-resident ratios; and

“Whereas Health and Long-Term Care Minister George Smitherman, in October 2004, said that the Ontario government will not set a specified number of care hours nursing home residents are to receive each day; and....

“Whereas studies have indicated nursing home residents should receive at least 4.1 hours of nursing care per day; and

“Whereas a coroner’s jury in April 2005 recommended the Ontario government establish a minimum number of care hours nursing home residents must receive each day;

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

“That the government of Ontario immediately enact a minimum standard of 3.5 hours of nursing care for each nursing home resident per day.”

I am pleased to affix my signature to this.

1540

IMMIGRANTS’ SKILLS

Mr. Michael Gravelle (Thunder Bay–Superior North): I also have a petition in support of Bill 124, sent to me by some of the 50,000 clients of Intercultural Neighbourhood Social Services. I’ll read the petition.

“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, arbitrary 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 action by Ontario’s trades and professions could remove many such barriers, but Ontario’s trades and professions have failed to recognize that such structural barriers exist, much less to take action to remove them, and to provide fair, timely, transparent and cost-effective access to trades and professions for new Canadians trained outside Canada;

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

“That the Ontario Legislative Assembly urge the members of all parties to swiftly pass Bill 124, the Fair Access to Regulated Professions Act, 2006, and to require Ontario’s regulated professions and trades to review and modify their procedures and qualification requirements to swiftly meet the needs of Ontario’s employers, Ontario’s newcomers and their own membership, all of whom desperately need the very skills new Canadians bring working for their organizations, for their trades and professions, and for their families.”

I’m in support of this. I’m very happy to sign it.

HEALTH PREMIUMS

Mr. Jerry J. Ouellette (Oshawa): I have a petition to the Legislative Assembly of Ontario:

“Whereas, according to the Department of National Defence, there are over 30,000 serving military personnel calling Ontario home; and

“Whereas, according to the most recent census data, there are more than 1.6 million senior citizens over the age of 65 living in Ontario; and

“Whereas the Progressive Conservative Party of Ontario plans on eliminating this illegitimate tax for all Ontarians after it forms the government; and

“Whereas, as an interim measure, the illegitimate health tax should be removed from those who protect Canada and those who have built Ontario;

“We, the undersigned, call on the government of Ontario to immediately eliminate the illegitimate health tax, beginning with serving military personnel and senior citizens.”

I affix my signature in full support.

FAIR ACCESS TO PROFESSIONS

Mr. Jeff Leal (Peterborough): I have a petition today: “In Support of Skilled Immigrants—Bill 124

“To the Legislative Assembly of Ontario:

“Whereas the McGuinty government is committed to establishing measures that will break down barriers for Ontario newcomers; and

“Whereas these measures will ensure that the 34 regulatory professions in Ontario have admissions and application practices that are fair, clear and open; and

“Whereas these measures will include the establishment of a fairness commissioner and an access centre for internationally trained individuals; and

“Whereas, through providing a fair and equitable system, newcomers will be able to apply their global

experience, which will not only be beneficial to their long-term career goals but also to the Ontario economy as a whole;

“We, the undersigned, respectfully petition the Legislature of Ontario as follows:

“That all members of the House support the Fair Access to Regulated Professions Act, 2006, Bill 124, and work to ensure its prompt passage in the Ontario Legislature.”

I agree with this petition and will affix my signature to it.

WATER QUALITY

Mr. Jerry J. Ouellette (Oshawa): I have a petition. It reads:

“To the Legislative Assembly of Ontario:

“Whereas every Ontarian wants the best water quality possible; and

“Whereas the goal of clean water can be achieved effectively through amendments to existing legislation; and

“Whereas the McGuinty Liberals are determined to hammer through the flawed legislation known as the Clean Water Act; and

“Whereas the McGuinty Liberals have failed to put in place adequate, stable, long-term funding into the bill; and

“Whereas the McGuinty Liberals have failed to effectively address the numerous problems in the bill; and

“Whereas rural Ontario stands to suffer significantly under this poorly-thought-out policy;

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

“To not pass Bill 43 (the Clean Water Act) until proper funding and amendments are in place.”

I affix my name in support.

ORDERS OF THE DAY

LONG-TERM CARE HOMES ACT, 2006

LOI DE 2006 SUR LES FOYERS DE SOINS DE LONGUE DURÉE

Resuming the debate adjourned on October 23, 2006, on the motion for second reading of Bill 140, An Act respecting long-term care homes / Projet de loi 140, Loi concernant les foyers de soins de longue durée.

The Acting Speaker (Mr. Ted Arnott): When we last debated this item in this House, the member for Brant had the floor, so I’ll return to the member for Brant.

Mr. Dave Levac (Brant): I appreciate the opportunity to complete my comments. I want to do a short recap. I hope I spoke with some passion about the need for all of us to set aside the shackles of the common point that seems to get made in this place from time to time that it’s

all about politics. The point I was making was not to cast aspersions on any member in this place or any party in this place, because collectively what has been happening over the decades is that there have been progressive and important steps taken towards improving the lives of those who are at end of life and those who need to be finding themselves, through no fault of their own, in a shelter, in a home, and in this case—Bill 140—we're talking specifically in long-term-care facilities.

I also spent a little bit of time—well, actually quite a bit of my time—praising the front-line staff, as my witness of seeing it happen, as having loved ones in long-term-care homes, and also to understand the trials and tribulations those staff go through and the passion and love they present to our loved ones. So I want to compliment them one more time.

I do want to make a couple of quick points to indicate two things, importantly: that progressive parties over the years have seen this as a coming need. So successive parties, successive governments, have taken steps—some slow, some fast, some aggressive, some passive. Each of those governments in the past, when I did my research, have worked towards improving our ability to deliver long-term-care homes in the way that we want our relatives to receive, and indeed all of the citizens of Ontario. So my kudos to all of those at the government levels who have progressively moved forward.

I believe our government is attempting to do that and I believe our government will not solve all the problems with Bill 140. I do not believe Bill 140 will cause problems and I do believe that there are some important points to be made.

If this bill is passed, we will entrench in legislation a residents' bill of rights, which already exists, but we did point out that there are other issues within this bill that we believe will improve. One third of the issues coming up are complaints using the bill of rights, so I think it's important to entrench this in a single piece of legislation. We will promote and want zero tolerance of abuse and neglect of long-term-care home residents. We will provide whistle-blower protection for staff, residents and volunteers who report abuse and neglect. The bill requires a nurse, in law, to be 24/7, seven days a week, in our homes. We will incorporate detailed provisions to minimize the use of restraints on residents. I know that the previous NDP member who's now the chair of United Way in Toronto was passionate about that, because she expressed to us in this place the unfortunate situation her mother went through and used that as a vehicle to explain to us about the use of restraints. And we will limit the licence terms of long-term-care homes up to 25 years, to reward and acknowledge those who do good work, but also make sure that if the homes do not comply with legislation, their licences are revoked quicker and easier. To date, we've hired 3,140 front-line staff, including 682 nurses—\$740 million, or a 34.1% increase since we've taken office; a \$155-million or 5.9% increase this year alone.

So I would suggest respectfully that I, along with my members, would be more than willing to receive con-

structive criticism and opportunity to present the best foot forward that this Legislature can do. I also respectfully suggest to you that this will go to committee and that we will have an opportunity to have those voices heard. I, along with every member in this House, will commit to continue to meet with the administration, the front-line staff, the residents, the residents' families and anyone who has a concern about how we are going to prepare for the future, because we are all going to be there someday.

1550

I also would like to leave as a final note for my own riding that I have set up meetings for the future with our long-term residents in our long-term-care homes, and will also want to continue to meet those I already have met in the homes I have visited, to see if we can get a handle on this to progressively continue to take those steps forward and improve the lot of the people who use those homes as their homes.

Thank you very much. I appreciate the opportunity to address this.

The Acting Speaker: Questions and comments?

Mr. Norm Miller (Parry Sound—Muskoka): I'm pleased to add some comments to those of the member for Brant on Bill 140, the long-term-care bill.

I would like to get on the record a constituent's concerns to do with long-term-care homes and a specific situation to do with her sister, who is 51 years old and is in a long-term-care home, which is really not where she should be.

She has written the editor of the Toronto Star, and I'll just summarize part of it in the two minutes I have: "I write in response to a letter which speaks to the tragic plight of individuals with developmental disabilities in this province moving from government-run institutions into Ontario nursing homes." I'm going to skip a paragraph.

"Such is the case in point for my sister who has cerebral palsy and is too young to be living in a long-term-care facility for the aged at 51 years old. Two years ago because of health reasons our mother was unable to continue caring for my sister in the family home. Despite the Ministry of Community and Social Services' promises to people and their families for the transformation of developmental services for better supports and individualized funding to help people have choices and options for community living, they refused to provide help to my sister and our family in our time of need. MCSS refused to provide any additional funding over and above \$19,000 a year necessary for my sister to remain in her community, to have a place of her own with 24-hour assistance.

"Trying to convince MCSS was a bitter and deeply disappointing process that our local MPP and other families with similar circumstances tried to support us with. In the end the government let us down. I have asked the north east regional office of MCSS to try and help my sister find a way out of the nursing home, but to date we have not heard from them.

"My sister is tucked away in a place out of sight and out of mind, where the elderly and medically ill move in to live for awhile before they pass on. Rarely does she leave the facility. She is totally disconnected and isolated from her community.

"Clearly, community living is not for all."

I wanted to highlight, in the short time I have, this situation where the minister would not meet with this individual and where we have someone in a long-term-care home who really should be in a group home or their own home.

Ms. Cheri DiNovo (Parkdale–High Park): I speak with some first-hand knowledge as well of this situation. As a clergyperson, it was part of my job description, and a pleasurable one at that, to work with our seniors in long-term-care facilities, so I've been in and out of a number of them. In the time allotted to me later, I'm going to describe some of the conditions I've witnessed there.

In the time right now, what I'm going to highlight is the Ontario Health Coalition and their concerns about this bill, and I read:

"We have total consensus among seniors' groups, workers, nurses and public health advocates that the key issue is a staffing standard. You can't have two baths per week (in any humane way) without enough staff. Staffing levels are key to prevent abuse, to ensure safety for residents and workers, to improve quality of life. Ontario used to have a minimum standard of 2.25 hours of care per day per resident until the Harris government withdrew the regulation. Now we have no minimum staffing standard. Thirty-six American states," by the way, "have a minimum standard, schools have maximum class sizes, daycares have staffing standards, but vulnerable seniors living in Ontario's long-term-care homes have no such protection. This legislation will not achieve the promised 'revolution' in long-term care unless a minimum staffing standard is introduced."

That's from the Ontario Health Coalition. I'm going to go through that; also, some of the problems with community care access centres, the backdrop of the nursing shortage and continuing shortage, and the fact that our nurses have worked without a contract for many, many months now; also our OPSEU brothers' and sisters', as well as other union brothers' and sisters', concerns about this legislation.

First and foremost, of course, what I'm going to talk about are the people concerned. We in the New Democratic Party have the utmost respect for those front-line workers who work every day, and have to work, in conditions that are less than ideal even with this bill.

Mr. Jeff Leal (Peterborough): I listened carefully to the very passionate comments from my colleague the member for Brant. He touched upon the Residents' Bill of Rights, one of the key elements of Bill 140, An Act respecting long-term care homes in the province of Ontario.

There are 26 elements in the Residents' Bill of Rights. In the short time I have, I'd like to read several of them

into the record, because I think it's very important for citizens of Ontario to understand and hear about these 26 points:

"1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

"2. Every resident has the right to be protected from abuse.

"3. Every resident has the right not to be neglected by the licensee or staff.

"4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

"5. Every resident has the right to live in a safe and clean environment.

"6. Every resident has the right to exercise the rights of a citizen.

"7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.

"8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.

"9. Every resident has the right to have his or her participation in decision-making respected...."

It goes on and on. These are 26 very, very important points. They talk about the ability of a person to get spiritual assistance in his or her own religious affiliation. This bill of rights is very important. For example, number 24 says, "Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints."

These are fundamentals of this bill that I think are very important for all the citizens of Ontario.

Ms. Lisa MacLeod (Nepean–Carleton): I'd like to congratulate my colleague from Brant. I know this is a very passionate issue for many people in every community across this province, because seniors built this province and we expect that they're going to get the care they need and deserve.

A big issue in my community is bed-blocking of approximately 20% of beds that are needed in hospitals for acute care. In a recent Conference Board of Canada survey, 43% of provincial health expenditures in Ontario were accounted for by services for seniors. Expenditures for people 75 years of age or more will double over the next 10 years unless we change our approach to seniors' health. According to this, appropriate geriatric care results in better outcomes for seniors and major reductions in the use of hospital services.

I'm just wondering if my colleague from Brant would like to comment further on bed-blocking in our communities. It's a critical issue in Ottawa, and certainly many of my constituents brought this issue up to me over the summer and at the beginning of the fall. We hope our seniors who are in long-term-care facilities or in hospital beds are receiving the absolute care they need in a homey environment, so that they're comfortable and can live

independently or can live with their families in a long-term-care facility that they believe suits their environment.

Again, I'd like to congratulate my colleague from Brant, and see if he has any thoughts on bed-blocking.

The Acting Speaker: That concludes the time for questions and comments. I'll return to the member for Brant, who has two minutes to reply.

Mr. Levac: I accept the challenge, and I'll get back to you in a minute.

I want to thank the member for Parry Sound—Muskoka—as always, bringing the issues of his constituents to the front; I appreciate that—the member for Nepean—Carleton, the member for Parkdale—High Park and obviously the member for Peterborough.

Let's get right to it and explain the blockage situation. With David Crombie, one of the PCs who was tapped on the shoulder to do Who Does What when we originally did it, and also the health restructuring commission, there was an awful lot of discussion about how we should deconstruct and then reconstruct.

The biggest problem was when the government of the day decided to reconstruct hospitals. He was told that the thing he should have done was put the services outside the hospitals in first, and that never happened. Because that never happened, we are doing catch-up to make those spaces available. So when the hospitals are stuck with the blockage you're talking about, it was originally because there wasn't anywhere to put them. If we had done that first, we probably would have avoided an awful lot of the discussion you're having now. I sympathize with you because that is an issue not just in your riding; it's several ridings. We've got to get that solved. There's no question about it.

1600

Each government had their decisions on how they perceived—and I think we should be working towards solving that problem by making sure patients and people have a place in a home to go to. That's what we're trying to accomplish. As far as our discussion today, I think we should be focusing on making sure that we're providing the best steps forward for our senior citizens, because, I'm telling you, we're all going to be there, and it's going to be a very large, critical mass. So I take the challenge from the member that we have to analyze very quickly how we can get these things staffed, and as we continue to put money and investments into our long-term care, are there different ways to look at it? We have to be creative, and I know we can do it in this place. I challenge us all to keep thinking that way.

The Acting Speaker: Further debate?

Ms. MacLeod: I'm proud to have this opportunity today to stand up on behalf of my residents in Nepean—Carleton on Bill 140.

I wanted to commend our PC health critic, Elizabeth Witmer, who provided a very rational critique of this bill. I'd just like to go back and use some of her words when she first spoke to this legislation. She said:

"Let's go back to 2003, when the minister said he was going to start a revolution in long-term care. This bill,"

she says, "is anything but a revolution. The minister talked today about the fact that we have these homes. Well, if the minister had taken a look—we started talking about homes and home-like settings in 1998. Eight years later, he's promising that there will be homes, there will be home-like settings. He has totally missed the fact that this all happened eight years ago. The unfortunate reality is that he has not moved forward one iota to make sure that half of the people who live in long-term-care homes today are going to be the beneficiaries of the same design standards that we introduced in 1998."

Bill 140 is yet more evidence of another broken Liberal promise from the 2003 election and the fact that they continue to demonstrate that they are prepared to do anything and say anything just to get elected, even if it means breaking promises to Ontario's most vulnerable.

In 2003, three long years ago and over 200 broken promises ago, the Liberals made a commitment to the people of Ontario that they would provide \$6,000 in additional care for long-term-care residents and that they would ensure an additional 20 minutes of care for every long-term-care resident. Surprise, surprise—yet another broken promise from the McGuinty Liberals. On a day when more Adscam questions have arisen and, according to the CBC French-language service, more charges are expected to be laid against Liberal-friendly ad firms, it seems no one should be surprised by another broken McGuinty Liberal promise—not surprised but disappointed.

John Tory and the Progressive Conservative caucus recognize the importance of constructive and substantial updates to long-term care in this province. Unfortunately, this bill did not reach that goal. In my city of Ottawa, which I referenced earlier today, we are short at least 850 long-term-care beds—that's the size of a community hospital—beds people need today, not some undetermined date in the next few years after the next election. What the people of Ottawa and Ontario need is real, well-thought-out long-term-care legislation, not just another Liberal pat-on-the-back bill that contains catchphrases and little substance.

When I stood up in this House and asked the health minister about the long-term-care bed shortage and crisis in the national capital region, I was mocked and laughed at, and I was heckled. This is not a laughing matter to me and it's not a laughing matter to the people of Ottawa or the people of Ontario. The Minister of Health and his associate Minister of Health Promotion are more concerned with who called whom than with solving the real problem at hand. To that I say, who called whom is a lot less important than what got done. Unfortunately, nothing got done at all, but Ontario needs something to be done and so does the city of Ottawa.

A mere week after my question, in the Ottawa Citizen Andrew Duffy wrote a compelling piece that backs up the issue I highlighted during question period. He called it "bed blocking," which I spoke about earlier. In fact, the Ottawa Citizen cited the following, and I'm going to quote from the article:

“Ottawa seniors face some of the province’s longest wait times for a bed in a long-term-care facility. All of the city’s 28 long-term-care facilities have wait lists.

“In fact, the occupancy rates among the city’s long-term-care facilities are the highest in the province, which leaves few beds available to relieve the pressure on hospitals....

“With so many acute care beds occupied by elderly patients, surgeries—sometimes as many as five a week—are cancelled because hospitals do not have beds available for surgical patients to recover.... Emergency wards can become crowded with patients on stretchers waiting to be admitted to other wards. And ambulatory patients, instead of being transported to the nearest hospital, can be sent to the one with available emergency beds....

“[T]he inappropriate use of acute care hospital beds ‘is one of the primary reasons’ that Ottawa has not been able to meet provincial targets for cancer surgery, heart procedures, cataract surgery, diagnostic scans and hip and knee replacements.

“Although surgical queues in the Ottawa region have improved significantly during the last two years, the region still has wait times that are higher than the provincial average for four of five targeted health services. The wait time for a diagnostic scan is the lone exception.”

The article goes on to cite other areas of particular concern:

“—prostate and other genitourinary cancer surgery: 49 days in Ottawa versus a provincial average of 25 days.

“—heart bypass surgery: 31 days in Ottawa versus a provincial average of 16 days.

“—hip replacement surgery: 154 days in Ottawa versus a provincial average of 99 days.

“—knee replacement surgery: 194 days versus a provincial average of 146 days.”

We’re underserved in Ottawa. You see, we are in real trouble there, and this legislation will not make it better.

Just today, I received a letter from Councillor Jan Harder, who represents Bell-South Nepean in my riding of Nepean–Carleton. She’s one of my mentors. I spent several years working for her at Ottawa city hall. A great supporter of mine, she is also the chair of the home advisory council at Carleton Lodge. I told Councillor Harder I would bring this issue to the Legislature for her. I’m going to quote a direct e-mail from her today:

“Bill 140 does not address the real needs of our very vulnerable long-term-care-home residents. It adds a burden of administrative compliance and documentation that will bleed dollars from front-line care without a significant increase in funding. For municipalities it represents another download of legislative requirements without the dollars to support them.”

That’s very important, and I just want to move outside the quote for a second to reiterate this: A city councillor is telling us, “For municipalities it represents another download of legislative requirements without the dollars to support them.”

She goes on: “I strongly support the spirit of the bill that outlines resident rights and safeguards. However, it is unfortunate that Bill 140 is punitive in tone and content. It assumes all homes need close monitoring and does not reward consistent strong compliance. A more productive alternative would be to integrate accreditation and compliance, thereby eliminating redundant processes and reducing costs. As it is now framed, Bill 140 moves us in the opposite direction.”

She continues—and this is a direct quote, for my colleague across: “We have caring and competent front-line staff in place and we do not need to take them away from their primary mission with an excessive regulatory regime. Despite the quality of care they give there are not enough of them to meet the residents’ needs. Our staff are frustrated by the gaps they see between resident need and their ability to meet them. Adequate funding is needed to ensure the needs of our residents are met. The government’s commitment to increase operating funding to \$6,000 per resident has yet to be achieved. To date it has reached less than \$2,000 per resident.

“I have other concerns with Bill 140, including section 133 pertaining to orders for renovations, section 156 pertaining to compliance and enforcement and section 67 that implies that municipal officials could be found guilty of an offence for infraction of administrative requirements that have no connection to the well-being of residents.

“But I am most concerned about what Bill 140 will do for resident quality of life. As a frequent visitor to Carleton Lodge I have seen first-hand the impact of a caring touch, a shared laugh and a warm, homey atmosphere. I want to be sure Bill 140 supports residents and their families.

“This is important legislation and there is too little time for consultation.” She makes a valid point here: “Municipalities are involved in municipal elections and councils do not have adequate time to respond before final reading of the bill.

“I urge the minister to slow down to allow for full discussion of Bill 140. Our common goal is long-term-care homes all Ontarians can be proud of.”

She makes the point, but not to worry; I’ve already warned Ms. Harder to expect a harsh phone call or e-mail from the Minister of Health Promotion or the Minister of Health or their staff, because she dared to stand up and speak on behalf of the residents and the people of Nepean–Carleton and Carleton Lodge, and the people of Ottawa as well. I think it’s high time the two health care ministers found out that not everybody can be bullied; not everyone will bow down before them and accept their edicts without question.

1610

Many long-term-care facilities in this province have caring and competent front-line staff in place. I, as well as many others, am wondering why the Minister of Health feels it is necessary to take those front-line workers away from their primary mission and impose an excessive regulatory regime. Adequate funding is what is

needed in our long-term-care facilities. They need it to ensure that the needs of the residents are met.

Where is the \$6,000 promised by the McGuinty Liberals? To date, less than \$2,000 has come through. That's what Councillor Jan Harder is telling us. Where are the 20 additional minutes of care? Where are the promised beds? They're probably in the same place as the scores of other broken promises: lost in a sea of election readiness. But in December 2003, the health minister vowed to take immediate action, saying he wanted to start a revolution, as I said earlier. Three years later, that same minister has put forward what he calls a major piece of legislation that does little more than consolidate three existing acts.

One of the biggest surprises has been the fact that there is very little new in this highly anticipated piece of legislation. The bill is a long time coming. Ontario was told in 2004 that this long-term-care bill would be introduced in early 2005. I'm thinking, right now we're at the end of 2006. Ontarians are in need of long-term care, and their families have been left waiting two long years since that commitment. I'm not sure about the member from Toronto Centre—Rosedale or his assistants, but the calendar in my office says it's October 24, 2006. It's not 2005. I said it before and I'll say it again: He is either responsible for his department or he is not.

Despite this massive delay in having this bill come forward, it contains little that was not already legislated in this province. With so much lead time on this bill, the people of Ontario should be able to expect, even demand, a revolution, as the animated health minister promised. I guess he has been too busy working as Ontario co-chair for Bob Rae or writing press releases about my leader.

We need a bill that addresses the real problems in Ontario's long-term-care facilities, not a bill that pats Liberals on the back, a bill that is little more than electioneering.

Once again, I would like to refer to some comments by Jan Harder, chair of the home advisory board for Carleton Lodge: "I am most concerned about what Bill 140 will do for resident quality of life. As a frequent visitor to Carleton Lodge, I have seen first-hand the impact of a caring touch, a shared laugh and a warm, homey atmosphere. I want to make sure Bill 140 supports residents and families."

I want to go back to the words of my colleague Elizabeth Witmer, who is a tried, trusted and true health care expert in this province and a former minister. I'm very proud of her. She says:

"This bill does not speak to improving the dignity and the comfort for half of the residents in this province who require a change in their accommodation and should be given the support in order to make sure that we can continue with the capital renewal plan that we put in place in order that they can live in homes that meet the new 1998 standards.

"There is nothing in this bill—very little—that wasn't there before. I think that was the biggest surprise. You take a look at the newspaper articles, at any of the edit-

orials, at what the health care professionals, the providers, the associations are saying about the legislation—there's nothing here. Most of it was already part of other pieces of legislation."

So I would like to close with this: Long-term care is too important an issue to rush through. The municipalities that this bill is being pushed upon are in the middle of elections and they have little time to respond properly to this bill. Everyone's common goal should be a bill we can all be proud of, not a bill that Liberals are proud to rush through just in time for the books of the next election.

Before I conclude, let me go back to April 1998, when the provincial Conservatives announced they would invest \$2.1 billion into long-term care. They were opening new homes, investing in community-based programs, and announced 20,000 new beds. In that year, they released mandatory design requirements that came into effect on April 1, 1998. That "superseded all prior structural standards and guidelines, which meant that all residents—and that is about half of the residents in the province of Ontario—would now actually be able to live in the dignity and the comfort that they deserved." This is according to Elizabeth Witmer. She goes on: "We provided the capital funding for the new beds. Then we announced that the D beds also were going to be renewed, and we had a plan in order to ensure that that was going to happen. Unfortunately, this Liberal government has not continued with the plan for capital renewal, so we now have half of the beds, about 35,000 to 36,000, that are still only meeting the design standards of 1972."

It's 2006. I was born in 1974, and half of the hospital beds our seniors are living in today are at 1972 standards; they're older than me. That's not what I would call dignity. I wouldn't even call it respectful. This bill fails to even mention that.

The fact that we've got our seniors in Ottawa being called bed blockers because there's no place for them and the fact that there aren't the appropriate programs in place so that they can live independently in their own homes are critical issues we have to address, and this bill doesn't do that. It's a start; I'll admit that. But it only combines three pieces of legislation and it's three years too late.

I want to go back to the Conference Board of Canada. When I say, "43% of provincial health expenditures in Ontario were accounted for by services for seniors," expenditures for people 75 years of age or more will double over the next 10 years unless we change our approach to seniors' health. "Appropriate geriatric care results in better outcomes for seniors and major reductions in the use of hospital services."

Our health care system needs a cash injection for these seniors, it needs new spaces and it needs new programs for Ontario seniors. I welcome, in debate, all the ideas from my colleagues across the floor, but in closing and in parting, I would encourage my colleagues on the other side of this Legislature to listen to the people like Councillor Jan Harder and to slow down, so that we're not

rushing something through. Key stakeholders such as our city councillors right across this province, from Ottawa to Toronto to Hamilton, want to have their say. You're downloading without giving them the monies they're going to need to carry this out. They need to be at the table, and you're rushing this through.

I'd be happy to address any comments from my colleagues.

The Acting Speaker: Questions and comments?

Ms. Monique M. Smith (Nipissing): I appreciate the opportunity to address some of the rhetoric that has been flowing around this place for the last 18 minutes. The member spoke of this legislation as being too late, but she also said we are moving too fast. Too fast or too late? I'd like to know where she stands on that. She said there is nothing new in the legislation but that there are also excessive regulatory amendments. Is there too much or too little? That is what I'd like to know from the member for Nepean–Carleton.

I'd like to address some issues she raised that she attributes to Ms. Harder. Ms. Harder suggested that we move to an accreditation and compliance format. In fact, accreditation and compliance are two very different issues. I've met with the accreditation association, and I've also visited homes that have been accredited and have not done so well on compliance. So there are two different regimes, and I don't think they should be confused.

We do recognize good homes. In subsection 141(2) of the legislation, we allow for the recognition of exemplary homes to be determined in the regulations—how we're going to do that.

She suggested there is no support for residents and families in this legislation. In fact, the bill of rights has been enhanced. We again enhance the roles of residents' councils. We're encouraging the creation of family councils. We finance both of those organizations to increase the ability of those groups to develop in our homes across the province. We've seen an exponential growth in family councils in the three years since we started funding the family councils project.

We have provisions in the legislation that will post information for residents and that will provide the information upon their admission. We've also created the long-term-care-homes resident family adviser, or the ability to create such an office, to assist families and the residents with any questions or queries they have.

In closing, I'd like to ask the member for Nepean–Carleton a few questions. The Tory record stands on its own: You cut minimum standards in our homes; you cut the number of baths that residents were supposed to have; you proposed to increase the co-pay by 15% for these, our most vulnerable; and you cancelled annual inspections. I'd like you to answer—

The Acting Speaker: Thank you very much. Questions and comments?

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Mr. Toby Barrett (Haldimand–Norfolk–Brant): I appreciate the opportunity. I listened intently to this

presentation by the member from Nepean–Carleton and I felt that she presented some concerns and some excellent questions. For example, she pointed out, as I recall, the failure of this legislation to address that \$6,000 promise that was made during the last election by the present Liberal government, a promise of money for direct care and services. Rather than a one-off \$6,000 promise, a promise as yet unfulfilled, long-term-care facilities really need something more than that. They need certainty. They need, at minimum, a modicum of secure funding, multi-year funding, and obviously many of the homes that I think of in Ontario and a few in my riding quite simply need, at minimum, adequate funding.

This legislation—I think the member pointed this out—does have serious implications for the not-for-profit long-term-care sector, those municipally funded homes, those charitable organizations. There are concerns with respect to the micromanagement that is found within this legislation. I hate to think about regulations that may be forthcoming that would present homes with a constellation of rules, regulations and red tape, things that would take up staff's time in filling out forms when their resources could be better used.

Mr. Gilles Bisson (Timmins–James Bay): I want to congratulate the member from Nepean–Carleton for her comments. It was interesting, because a lot of what she had to say, quite frankly—basically what we've been saying in regard to this bill—is that everybody agrees that we need to deal with making sure that specific standards are put in legislation so that people who live in long-term-care facilities can be guaranteed that they're going to get X level of service as a bare minimum. The problem is that it falls short of what the government really talked about doing and promised to do during the last election.

I know that my good friend from Nepean–Carleton is about to embark on the same tours that I did earlier—only because they called me first, and I guess they called you after—when it came to visiting long-term-care facilities. I was really struck. I've got to say it—I think I mentioned this before—I had not been in a long-term-care facility for some time, at least about a year or so. When I did, it was just flying in and flying out, for a 100th birthday or whatever it might be. What really struck me was the level to which the staff were understaffed to deal with the needs of the residents living within those particular homes.

I was in Kapuskasing at the North Centennial Manor. It's the same story if you go into the extended care in Timmins or Foyer des Pionniers in Hearst. The story is: We have a lot of part-time staff. There's a huge issue here. It's a real problem trying to schedule people in. In one of the units I went into, there was a full-time staff that was assigned to two units, and a half-time staff in each of the other units to give all of the care in those particular secured units. If anything happens, if any resident has a crisis, you're not able then to respond adequately to other people who might be in crisis. They're having a real problem trying to schedule, not to talk about what

happens if we have a pandemic, because most of these people work in multiple institutions.

I'm going to get a chance to speak to that a little bit later, but I think it speaks to what the problems are within the system and what we need to do to fix it.

Mrs. Liz Sandals (Guelph–Wellington): I'd like to comment a little bit about what we have done for long-term-care homes. In fact we have made significant investments, significant improvements already, even without this bill. The bill is just the next step.

Since we have taken office, we have increased spending on long-term-care homes by 34.1%. That's a huge amount in just three years. Partly that's because we've hired new staff. There have been 3,140 new staff hired in our long-term-care homes to assist with the care of the residents, and that includes 682 new nursing positions. In particular, we brought in a regulation in 2005 which requires that a registered nurse be on duty—not just on call but in the home—24/7. In fact, it was the member for Nepean–Carleton's party that cancelled the requirements to have standards of care. We are gradually bringing those back in.

In January 2006, we introduced two new standards, one for skin care and wound management, and a second one for continence care. In addition to that, for the first time in 20 years we've increased the comfort allowance. That's the amount of money each individual resident has to spend on cards, chocolate bars, whatever are the small, little things they would like to have each month. We have increased that for the first time in 20 years.

For the first time, as of December 2005, every long-term-care home now has access to a physiotherapist—

The Acting Speaker: Thank you very much. That concludes the time for questions and comments. I'll return to the member for Nepean–Carleton.

Ms. MacLeod: I appreciate the comments from all of my colleagues, from Haldimand–Norfolk–Brant and Timmins–James Bay: They always enter the debate. Obviously, I'm on House duty with them, so they quite frequently impart their wisdom upon me. To my colleagues from Nipissing and Guelph–Wellington, I have two things to say: too fast, too late. It took you three years to bring this piece of legislation through, a big download, and you're doing it right in the middle of municipal elections and a municipal councillor has called you on it.

I want to say, to the 31% increase that you're talking about, I challenge you to table those numbers. I also challenge you to tell me why you broke that \$6,000 promise. The fact remains, the article I referred to in the Ottawa Citizen says this, and it's worth putting on the record again:

“—prostate and other genitourinary cancer surgery: 49 days in Ottawa versus a provincial average of 25 days.

“—heart bypass surgery: 31 days in Ottawa versus a provincial average of 16 days.

“—hip replacement surgery: 154 days in Ottawa versus a provincial average of 99 days.

—knee replacement surgery: 194 days versus a provincial average of 146 days.”

Where are the results? They're not in this bill. They haven't been done in the last three years.

Interjections.

The Acting Speaker: I'd ask the member for Scarborough Centre and the member for Guelph–Wellington to come to order.

I'll return to the member for Nepean–Carleton.

Ms. MacLeod: Thank you, Mr. Speaker. I knew I couldn't get through a 20-minute speech without being heckled by this crowd to the point that I had to sit down. But I beg them to please listen to the councillor from Ottawa who's telling them we have a crisis in our city. We've got wait times that have increased far above the provincial average. We've got real issues with this being put through during a municipal election. It's not just me saying this. These are the people—regular people, voting people, you might say—you represent, and the people so frequently in this place that you do not respect. You don't even accept that they have a differing opinion than you, and that is what's going to take you out in 2007.

The Acting Speaker: Further debate?

Ms. DiNovo: First of all, as to what is in the bill and what is positive in the bill, and then I'm going to go on to share the story of a congregant and a constituent to show you, I hope, what's not in the bill and what needs to be in the bill to have this bill be as effective as it could be in changing the system.

First of all, this bill aims to give the long-term-care-home sector one comprehensive piece of legislation. So in effect, what it's doing is taking three pieces and putting them into one. It enshrines in law some of the commitments that have been made by the McGuinty government: the registered nurse we've already heard about—that's 24 hours a day, seven days a week; the requirement of a residents' council, which was not a requirement before; and unannounced annual inspections are also included. It also attempts to address the abuse and neglect of seniors by letting whistle-blowing stand and allowing whistle-blowers to be safe in pointing to that abuse and pointing to the neglect and pointing to the problems. Also, there are fixed licence terms for long-term-care homes of up to 25 years, and these licences, most importantly, can be revoked in cases of non-compliance. These are all good things, and all, of course, actions that a New Democrat would support.

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But I want to tell you a story about a congregant; I'm going to call her Mary. She was also a constituent. She was very, I think, prototypical of what many of our seniors go through and what maybe we'll go through one day.

Now, Mary was one of the lucky ones. She owned her own home and she had paid it off, and she lived in it as long as she could. All her mental faculties were there; she didn't have a problem in that regard. But as she got older, into her 80s, it became more and more difficult for her to look after her house. Part of this is unaddressed in legislation; part of it was the property taxes she faced that her CPP payment couldn't include, along with utilities, but partly it was just physical. She couldn't take the

garbage out any more, she couldn't do the housekeeping on her own, she couldn't do her own shopping, and she couldn't provide the minimal maintenance. Neither could her children, who had moved out of Toronto, out of the riding, and weren't able to be there on a weekly basis, certainly not on a daily basis, to help her out.

So, being one of the lucky ones, Mary sold her house, and with the proceeds of her house managed to find herself a place. She did it herself, in a retirement home, a private one where the fees were in excess of \$4,000 a month, and there she got excellent care. I know because I visited her there. I also provided services at that said retirement home. I used to go and do Sunday services for them when they needed me to.

She had her own little place, a bachelor apartment. She was able to keep her own things with her. She was able to take her cat. She was able to have some of the amenities that she had enjoyed in her own house. And she got excellent care, certainly more than the 3.5 hours a day of minimal care that many stakeholder groups are asking for. She also got programming. She got company. Her food was certainly well above the \$5.46 allowed for now per day, and I highlight that, if we can pause for a minute and think about who could feed themselves on \$5.46 a day, never mind that we ask our long-term-care facilities to provide food for our most vulnerable citizens at that. But at any rate, she was in one of the better ones, a private one, and she was able to receive excellent quality nutrition and excellent quality food.

The problem was for Mary, and the blessing was for Mary, that she outlived the amount of money she had in her house that could pay for such accommodation. So when the money ran out, she, now in her 90s—mental faculties still completely there, still strong enough but failing in some regards—had to move to another long-term-care facility. Again, I went to visit her there. This one was far, far away from any friends she had made in the church, far, far away from her community of support, far away from the friends she had made in her retirement home, far away from her family. But it was the only one available, and we all know the waiting list situation. So it was the only one she could get into.

In that care facility, and I really stress this, certainly she had excellent care. The staff gave her excellent care, such as they were able to do. The reality was that there were so few of them, and they were stretched so far, and the amount of money that was given per resident to this facility was not nearly enough to cover what we ask for and what stakeholders ask for, and certainly not nearly enough to cover what Mary herself needed.

So how did Mary's quality of life change? Well, she went from her own small place where she could have her own belongings around her, her own cat, into a situation where she was sharing a room, too small to move in her own belongings. The cat couldn't come with her; it had to be destroyed. She shared a room with a woman with dementia, and this woman with dementia would keep her awake all night long, screaming. Again, staff did what they could, worked as hard as they could. They couldn't work hard enough because there weren't enough of them.

The quality of food went down, of course, because how can you feed someone on \$5.46 a day? It simply can't be done well.

So what happened to Mary? Well, within a few short months, I as her pastoral caregiver watched this vibrant woman go from being a vibrant woman into being another senior that we see too often in homes like it, where they are simply sitting in their wheelchair all day long, watching the television, unable to respond very coherently. That happened so quickly, and it was sad for everyone. I want to stress that it was sad for everyone. It was sad for those who worked in that facility, it was sad for Mary's family and it was sad for me.

Mary has passed on, but the issues that affected Mary's life have not. And so, then, I want to look at this bill. How would this bill change that life? First of all, let's look at a little bit of the background to this bill. I want to look, first of all, at the community care access centres because one might ask, "Wouldn't it have been nice if Mary had been able to stay at home? Wouldn't it have been nice if she could have stayed in her own home and just had some care so that this cycle didn't begin in the first place?"

I quote from the Hamilton Spectator; this is an article from September of this year. They talk about a crisis in their community care access centre. They quote Barb MacKinnon, the vice-president of that centre, who talks about the 11,000 clients she tries to service each month; how she tries to service them with 20 different agencies; how she has seen a 255% increase in the client load while she has been there. When she says she appealed to the province for help, what did the province say to her? She said, "They aren't in a position to talk with us about it at this point." That was just a month ago.

We also know that community care access centres are required by law to pass a balanced budget. This sounds familiar; it sounds like our school boards now and what they are going through. Of course it will be interesting to see what the government across the floor does with these community care access centres. Will they send in the same kinds of supervisors to force them to balance their budgets that they're sending to the school boards? Meanwhile, 20 out of 42 are projecting deficits—20 out of 42. I know this firsthand as well, because my mother-in-law works as a community care worker. She's a first-generation Portuguese woman. This points to another issue with community care: Often they hire first-generation immigrants, many of them sometimes refugees. My mother-in-law does not speak English well. She is often unable to communicate with the client she is sent out to serve. Needless to say, she works extremely hard and has for many years. She works part-time. She is not covered by employment insurance benefits. She doesn't have a pension. Now she's in the position of probably needing community care herself, and she won't get it, because there are 10,999 ahead of her. So that's community care access centres. That is why Mary couldn't stay in her own home.

Then we go on to the nurses. Now, we know in this legislation it's a step forward, yes, because here we're

asking and the legislation is asking that there be a 24-hour RN on duty. But I ask you: Where are these RNs who will be on duty? Again I quote from a recent article. This is from the Star. This is Monday, October 9. This is the president of the Ontario Nurses' Association, Linda Haslam-Stroud. Here's what she says about the nursing situation:

"While physicians have seen their salary caps lifted to encourage more productivity while new doctors are trained, registered nurses are experiencing something very different.

"Ontario's hospital nurses have been working without a contract since March 2006, when the Ontario Hospital Association walked away from the bargaining table because nurses wouldn't agree to their sick-leave provisions being gutted."

She goes on to say, "The need to attract and retain nurses in this province has never been greater. Beginning next year, 15,000 to 30,000 registered nurses—that's one third of those practising in Ontario—are eligible to leave the system.

"Without concrete incentives for late-career nurses to stay in their jobs longer, such as improved working conditions, lighter workloads, better wages and the preservation of hard-earned sick-leave provisions, Ontario will see the media covering stories about emergency room closures because of the shortage of nurses, not doctors."

How many of those scarce RNs, one can ask, will work in the field of gerontology, will work for the kinds of salaries that long-term-care facilities can pay? I suggest that they are going to have a very hard time finding those RNs.

Of course, then there's the question, again, of the backdrop of all of this, which is the increased privatization of our health care generally and the increasing development of LHINs. That, of course, has been objected to by all of our major health coalitions and unions. I point there to 80,000 Ontarians—this was back in May—voting to stop the privatization of their hospitals in Sarnia, in the Soo. Some 80,000 Ontarians voted not to have the privatized companies come into their hospitals, because we know—and this is the case, of course, with long-term-care facilities as well—that private companies want to turn a profit. That is what they need to do. They need to do it for their stakeholders and their shareholders. They have to turn a profit. So where does the profit come from?

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Then, moving on to the Ontario Health Coalition, who points that obvious fact out, they say that as we increasingly privatize long-term-care facilities, we're going to see what we've seen in the British system, with increasing privatized hospitals: less care, less well delivered. That's the simple reality.

But the Ontario Health Coalition—again, this is a coalition of health care workers not only across the province but across every field of health endeavour—has pointed to a number of problems, first of all the minimum: The province-wide minimum staffing standard

they're calling for is actually 3.5 hours per day of nursing and personal care per resident. I hearken back again to my story of Mary. We're talking about 2.5 hours to 3.5 hours of care per day out of 24. Mr. Speaker and honourable members of the House, these are our most vulnerable citizens. These are our seniors. These will be ourselves one day. Would you want to go into a facility with disabilities, with health problems, with perhaps some degree of dementia, and have 2.5 hours to 3.5 hours of care a day maximum? We don't have that as a minimum. We don't have anywhere near that in our facilities. And this bill doesn't ask for that.

Why don't we have that? We don't have enough money. As the honourable member from Nepean-Carleton pointed out, we don't have enough money because that's another promise broken. Again, the promise was an additional \$6,000 in care for every resident, and the Ontario Association of Non-Profit Homes and Services for Seniors reports only \$2,000 has been directed to the seniors who need it. We heard earlier today in question period about the surplus in the health care budget, a huge surplus of over \$1 billion. Where is that money? Why does that money not go to our most vulnerable citizens, our seniors?

We know we have the money: It's the surplus. We heard our finance minister get up and talk about that surplus and how proud he was of that surplus. Well, why don't we spend that surplus where it's needed: \$6,000 in care for every resident? That's the minimum. Think about it: \$2,000—that's not enough; it's simply not enough.

The other problem is the oversight problem. We need an ombudsman, and we need an ombudsman who is going to be independent of the long-term-care facility system, who's going to be able to report back about that system. We need an ombudsman for a number of systems, of course, in government, but this is certainly one of them. Here are vulnerable people at stake. We have a wonderful Ombudsman now who has delivered wonderful recommendations in other areas. Where is the provision in this bill for the ombudsman?

We heard earlier that Mr. George Smitherman told the Royal Canadian Legion in February 2004 that he would introduce independent oversight in the form of an ombudsman for long-term care. Today's bill contains no mention of third party oversight for long-term care. Promise broken, and broken again to our veterans—our veterans who are seniors, our veterans who served their country and who now find themselves in a situation of needing our help. Are we there for them? I would suggest that we're not.

What else? I've already mentioned the meal allowance: \$5.46 per day. This is a 12-cent increase over last year. I think again of Mary, what she went from and what she went to. She was a vibrant woman who was used to preparing her own meals. She went to a wonderful residence—too expensive, but wonderful—where she had quality food. Now the residents have to struggle with that kind of budget. It's an impossible budget.

Then, if you're going to send in inspectors and if you're going to make them a surprise visit, I would suggest that once a year is probably not enough. I wonder too where the funding is for such inspectors. There's no mention of what kind of funding is going to go behind these inspectors, how often, what's going to happen, how that's going to be adjudicated, how they're going to be sent in, when they're going to be sent in, who's going to be able to send them in and what they're going to be met with when they get there. Again, there are some problems there and we would like to see those addressed.

Simple things like air conditioning: There's no maximum indoor temperature standard for long-term-care facilities despite the serious dangers posed to seniors during summer heat waves and smog alerts.

And the zero tolerance for abuse—well, that sounds wonderful and of course there should be a zero tolerance for any kind of abuse, but it's toothless. If it's toothless, it's not zero tolerance for abuse.

What would teeth look like in Bill 140 for zero tolerance for abuse? Shelley Martel, our own health critic, has put her own private member's bill through. It's called Bill 77, Safeguard Our Seniors Act. What she's asking for is a penalty for an individual of \$50,000 and a fine for a corporation of \$1 million. Now that's teeth.

In the current bill, the individual fine for a first offence is \$25,000 and the subsequent is \$50,000, while the corporation fine is \$50,000 for the first offence and \$200,000 for the subsequent. The only difference is that Bill 140 speaks of jail time. But I suggest that money speaks here. When you're dealing with a corporation where profit is the bottom line, you have to have a strong enough incentive to follow what's recommended, and that incentive is almost always financial.

To get back to some of the problems with the staffing, we hear from our union brothers and sisters on this and we defer to them. I read here from the National Union of Public and General Employees, and they say:

The "long-term care act fails to give Ontarians promised revolution.

"The long wait for a long-term care act was hardly worth it, says the Ontario Public Service Employees Union.

"This is hardly the "revolution" the health minister promised us three years ago," says Leah Casselman, president of the OPSEU. "Instead it's mostly a formalization of policies that have already been put in place."

She goes on to say, "The ministry is trying to legislate standards without putting in place the necessary resources to meet those standards...."

And again, to the money: "Despite promising an additional \$6,000 per resident per year, the government has only moved the funding benchmark by \$2,000 per resident...."

"The union is urging the government to amend the act and introduce a minimum staffing standard of 3.5 hours of care per day per resident—a recommendation widely agreed upon by labour organizations, seniors' advocacy groups, and the Ontario Health Coalition." And also, I might add, by the coroner's report in 2005.

To finish up in the minute or so that I have left, I want to go back to Mary. This is a vibrant woman, and she is a woman very much like many of our mothers, grandmothers, aunts—precious people. They're precious people we're talking about. These are not widgets; these are precious people. We are not giving these precious people enough money for their care, and that's the critical hub of why this bill isn't adequate.

Nobody is saying we shouldn't have a residents' bill of rights. Nobody is saying we shouldn't have a bill that moves forward in some of the ways that this bill moves forward. What we are saying is that it certainly doesn't go far enough.

This bill needs to go to committee. It needs to go to public hearings. This bill needs to be spoken to. It needs teeth, so that Mary can die in the same dignity in which Mary lived.

I thank you very much for your time.

The Acting Speaker: Questions and comments?

Ms. Smith: I would like to thank the member for Parkdale-High Park. I had an opportunity to visit her riding a number of times as I was visiting long-term-care homes across the province. While I was visiting those homes, there were some in her riding and in the west end of Toronto that were exceptional. There were others, however, that fell well below the mark, and those are the ones we're trying to address with many parts of this legislation.

One such part is section 15, where we require every home to have a volunteer program. There was one home in particular in the west end of Toronto that I visited where, when we signed in as visitors to this home, we noted that only six people had signed in during the month ahead of us—six people over a month. That is why we are instituting in this legislation that every home have a volunteer program and that every home strive to attract new volunteers by looking at a number of sources: church organizations, student groups in our high schools where they have to do 40 hours of service. We've listed a whole number of organizations in areas where we think homes should be looking for volunteers. We are now requiring homes to have an organized volunteer program.

The member will also be interested to know that under section 13 we ensure an organized program for the home, to ensure that residents are given reasonable opportunity to practise their religious and spiritual beliefs, which I think would be important to the member.

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The member talked about not enough funding for our CCACs. When I was running in 2003, I remember visiting one of my seniors in a retirement apartment. She too was having to go into a home because CCAC funding had just been cut. We've made unprecedented investments in home care, and we certainly recognize that most seniors want to age in place. However, not all seniors can age in place because of their medical needs, and in that area we have to provide them with long-term care. We try to provide that with dignity and respect for all those residents.

The member talked about lack of nurses. In fact, we've hired over 3,000 new front-line staff, and included in that are 682 new nurses.

She talked about privatization in long-term care. There's nothing whatsoever in this legislation that addresses that issue.

I look forward to a chance to speak to—

The Acting Speaker: Thank you. Questions and comments?

Mr. Miller: I'm pleased to add some comments to the speech on Bill 140 by the member for Parkdale–High Park. She raised concerns about individuals who are in long-term-care homes and how that isn't the appropriate place for them, as I have at the times I've had to speak on this bill. But I want to bring up another issue that will affect residents of long-term-care homes.

I'm receiving e-mails and letters from many pharmacists in the Parry Sound-Muskoka area who are concerned about whether they will be able to provide drugs going forward because of some of the actions of this government. I note an e-mail I received just yesterday from Steve Vandermolen, pharmacist/owner of Gravenhurst Pharmasave in Gravenhurst. He says, "To be brief, this bill will put at risk what was a safe drug delivery system in Ontario. Staffing and services will be reduced, leading to a lower standard of care for patients in this province who are heavily dependent on pharmaceutical services because of our medical expertise ... and intensified by the inaccessibility (shortage) of family physicians in Ontario.

"Of immediate concern is the drug pricing issue outlined by Ms. Luvison, which is threatening to make an already terrible situation even worse.

"My 16 years' experience is less than that of Ms. Luvison, but I can certainly concur that this is the most serious threat I've ever witnessed to our drug distribution system," which is certainly going to affect residents of long-term-care homes if there are no pharmacies able to provide the drugs they need.

I don't have time to get Ms. Luvison's whole letter on the record, but I would like to summarize. She says, "A once comprehensive, economical and safe system of drug distribution is being threatened by the Liberal government's policy.

"In my 25 years as a pharmacist I've never seen such a threat to Ontario's drug distribution system."

That's from Helen Luvison of Huntsville's Hometown Drugstore in Huntsville. They're talking about how Bill 102 will affect drugs, which of course will affect people in long-term-care facilities, which Bill 140 is talking about.

Mr. Bisson: I want to congratulate my colleague from Parkdale–High Park. I thought it was really well put together and tried to focus on what this is all about; that is, we need to take a look at the people this bill is going to affect.

Certainly I took to heart her comments when she said to remember that one day not too long down the road, if we're so lucky, we'll be in long-term-care institutions, if we end up living that long, and what we do here is

important, not only to those who are there now, but we have to take a look at it from the context of people.

She talked about a constituent and what happened to her: how her quality of life was affected when she ended up in a long-term-care institution that wasn't able to provide the type of service she was accustomed to, living at home with proper supports from the community and from her family, and how quickly she deteriorated and went downhill. I think we need to listen to that, because it is part of the reality.

What is a long-term-care system? I think this is one of the things we're missing in this legislation. It's not just about facilities; it's not about long-term-care facilities alone. It's about community services.

We, on all sides of the House, agree that the best thing to do is to try to have people stay at home as independently as possible for as long as possible, properly supported through the CCACs. She points out correctly that 20 of our 42 CCACs are in financial difficulty and are not going to be able to balance their budgets. That means there are a lot of residents in communities across Ontario who may end up being forced into long-term-care facilities early because we can't support them in the community.

The next step to me—and this is one of the big holes in the system—is that we don't have transitional housing. What do we do with people living in the community who need more services than we can provide through a CCAC but not as much as we provide in a long-term-care facility? We need to take a look at the whole issue of transition. I think that's where this bill falls apart. It doesn't look at a continuum of long-term care; it only looks at one part.

Mr. Leal: I listened very carefully to the member from Parkdale–High Park, and I sense from her remarks that we collectively want to have a piece of legislation, Bill 140, with input from all sides, that's the very best it can be to protect, aid and assist some of our most fragile residents of the province.

I really listened carefully to the story. She talked about her friend Mary and her experience in going from her own home to one long-term-care-home facility to another. But I note one of the things that I think is particularly important in addressing concerns of an individual like Mary, which we all have in all of our ridings throughout the province. In part II, section 6 talks about a plan of care, and I'll just read into the record section 6:

"Every licensee of a long-term care home shall ensure that there is a plan of care for each resident that sets out,

"(a) the planned care for a resident;

"(b) the goals the care is intended to achieve; and

"(c) clear directions to staff and others who provide direct care to the resident as to how and when to provide the care."

I think that's a very important part of this bill, that when one is dealing with a loved one or a friend as they move from their own home into a home setting, there is a plan for that individual going in, whether it's for their personal or spiritual needs, whether it's an opportunity

for socialization, an opportunity to go out of the home to pursue activities in the community. One of the reasons I know that a number of communities have taken their gas tax is to provide a—

The Acting Speaker: Thank you very much. That concludes the time for questions and comments. I will return to the member for Parkdale–High Park.

Ms. DiNovo: I thank all the honourable members for their input, in particular Ms. Smith. I understand that in spring 2004 she produced a report called *Commitment to Care*, and I'm sure she does have a commitment to care. She's done a lot of work that led up to this bill, so I just wanted to acknowledge that. But I also want to answer her question. She said, "Well, there's nothing in this legislation that addresses the privatization issue," and that's exactly the problem—or one of the problems. There is nothing in this bill that addresses the privatization issue. I read again from the Ontario Health Coalition here. They say in point 5 on long-term care:

"All long-term-care-facility beds receive public funding. The legislation must include strong message of support for public and non-profit delivery of care. All new capacity should be built in public and non-profit homes. Operators that transfer their licences must transfer them to public or non-profit ownership only."

So they call for a clear commitment. This government has not made a clear commitment for non-profit. They mention this issue as well and say that the for-profit homes are pushing to have the beds treated as licensed beds. This is akin to privatization of the beds in that sector. Again, this is an issue we would want looked at.

But I go back to the key points: They need at least 2.25 hours of daily nursing care and three baths a week. Is that so much to ask for? Is it too much to ask that this bill enshrine that? It certainly wasn't too much for the coroner's report to ask for in 2005. Also, it is critical that we have an ombudsman, an independent oversight of what happens in our long-term-care facilities. Of course, finally, there's the money issue, that we actually fund each resident \$6,000, which was the promise back in 2003, and not the \$2,000. That is the reality, and this bill does not address it.

The Acting Speaker: Further debate?

Mrs. Sandals: I'm pleased to be able to rise this afternoon and speak in support of Bill 140, the Long-Term Care Homes Act, 2006. This bill actually replaces three bills. Currently, we have the Nursing Homes Act, the Charitable Institutions Act, and the Homes for the Aged and Rest Homes Act, which in itself creates a fair bit of confusion, in that these acts each have somewhat different rules. One of the things the Long-Term Care Homes Act does is actually pull all these different homes together under one set of consistent rules. But it will do a lot more. It will enhance the culture of community in homes, because we do want to reinforce the idea that these are not facilities, these are homes where people live.

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We also want to strengthen the enforcement and improve the accountability around how these homes are

funded and managed. There are a number of things that will have a direct impact on the quality of life for residents and their families. For example, there is embedded in the bill an enhanced bill of rights, and that talks about protection from abuse and neglect; it talks about residents being able to meet privately with their spouse or another person of their choosing in a private place; it talks about the right to participate in the life of the long-term-care home. In fact, it requires that the home put in programs to prevent, detect and address any instances of abuse and neglect. While we understand that the vast majority of our homes provide a wonderful quality of life, there are those that don't, and we must ensure that our senior residents are not subjected to abuse or neglect.

There are enhanced whistle-blower protections, in case somebody does report one of these unfortunate instances. There is, as I mentioned earlier, a requirement that a registered nurse would be both on duty and in the home, physically present, 24/7.

One of the things we have instituted is unannounced annual inspections, and to appreciate what that means, under the previous rules the inspections of nursing homes were carried out by appointment. So the inspector would call up a week or so ahead and say, "I'm going to come and visit you on such and such a date and I'm going to book the inspection." Of course, it doesn't take a whole lot of smarts to know that if somebody just called to book the inspection and you've got something you may not want the inspector to notice, you'd better clean up your act. We said that really makes no sense. We have already instituted unannounced inspection visits, but we will actually be putting that right in the act to require that those annual inspection visits be unannounced, so that the inspector will see what's really going on in the home when they get there.

We are also establishing a new Office of the Long-Term Care Homes Resident and Family Adviser. The function of this adviser office will be to help families and residents, first of all when they're looking for homes, to figure out how the process works to access that, but then, if they have issues in the home, to provide advice and information about how to cope with any problems they may encounter in working their way through the system. There have been a number of comments about not having somebody labelled as an ombudsman. I would suggest to you, when you look at the complaints process we have enshrined, what is actually needed is somebody to help people, and that is the function of this office, to make sure that residents and families get the assistance they need in coping with the system.

I'd like to talk a little bit about the complaints process, because we've had a number of comments here about a lack of teeth. I think it's important that people understand that what's enshrined in the legislation in fact provides significant teeth.

The proposed legislation requires home operators to ensure that there are written procedures for initiating complaints to the home, and there must also be a procedure in place for how the home operator deals with those complaints once the complaint has been received.

These procedures for complaints must be posted in the home so that visitors to the home—that is, family—will be able to see posted, if you have a complaint, that this is how you deal with it, and how to start that process. When a resident is first admitted, they must be given in writing the information about the complaints.

When a complaint concerns the care of a resident or the operation of the home, the home operator, by law, will be required to forward the complaint to the Ministry of Health and Long-Term Care and it will then be dealt with quite stringently. When the complaint is received by one of the ministry's seven regional offices—it could be received orally in writing, it could be received in the action line, however it's being received—it will be investigated.

A complaint that is of a serious nature must be, by law, investigated within two working days. To give you an example of what we mean by "serious complaint," we would be looking at a situation of resident abuse resulting in an injury requiring hospitalization, an unexpected suspicious death of a resident, something of that nature. Other types of less serious complaints are investigated within 20 working days of the complaint. If there is a complaint of abuse or neglect, it must, by law, be investigated immediately.

Suppose that the unfortunate happens and one finds that the complaint is justified. Given that the complaints could be of varying nature, there will be a graduated system of sanctions that is again proposed right within Bill 140. So once the complaint has been investigated and found to be justified, there will absolutely be a plan of correction required of the operator. If that doesn't sort things out, the ministry will issue a compliance order or a work order, and if it's a case of fixing something, that will just automatically be billed to the operator of the home.

If there is non-compliance, then there are financial sanctions that can be applied against the operator of the home—and remember that the ministry is also the funder of these homes, so they do have the wherewithal to impose financial sanctions. If it's continuing complaints, there could be mandatory assisted management of the home, that is to say somebody from the ministry will come in and supervise the management of the home. And in extreme cases, we may simply revoke the licence of the home. It will cease to operate once the safe placement of the residents has been arranged for.

So I totally reject the idea that this act has no teeth. In fact, this act has significant teeth. In addition to that, because one of the concerns is always, "Okay, so suppose a staff or even residents and their family are reluctant to complain when they see something going on," the act also has embedded in it whistle-blower protection. What the whistle-blower protection does is provide that employees, volunteers, residents or anyone else making a report will not experience reprisals as a result of making that complaint. For example, dismissing a staff member, disciplining or suspending a staff member, intimidating, coercing or harassing any person, discharging a resident, discriminating against any person who has made a

report—all of these things are expressly prohibited by Bill 140. We want to make sure that if a complaint is received, it is dealt with very seriously, because we are determined that every long-term-care home in the province of Ontario will in fact deliver a high quality of care to its residents, that it will in fact be a home to the residents who are living in the home as they face serious health problems. We do not want the homes contributing to and compounding that; we want to make sure that they get the support and the care that we would all want our relatives to receive if they were residents, if we were the family of those residents. I am confident that that's exactly what Bill 140 will provide.

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The Acting Speaker: Questions and comments?

Mr. Miller: I'm pleased to add comments to the speech from the member for Guelph–Wellington on Bill 140, the long-term-care bill. As I've had a chance to say in the opportunities I've had to speak on this bill, it really comes down to a couple of things, a critical one being, as I outlined when I had a chance to speak last night, that there's not money coming to fulfill the demands in the long-term-care facilities. In fact, this bill, which has some good aspects to it, could actually end up lowering the amount of time that those working at long-term-care homes have to spend with people, the residents who need the care so much, by requiring more rules, more red tape, more forms to fill out.

The other key thing, of course, is that the money is not following to adequately deal with the provisions of this bill. This is in direct contradiction to the \$6,000-per-resident commitment this government made in the last election—another broken promise.

Another area that this government has just not addressed in terms of long-term care is capital projects for new beds. We saw the past government add some 20,000 new long-term-care beds and rebuild 16,000 long-term-care beds. Well, there are a lot of older homes that are very much in need of rebuilding. Some of them are at 1972 standards, where there are ward rooms with four people in a room and no private washroom. I have one home in Huntsville—Fairvern—that is very much in need of upgrading at this point. I would like to see this government address some of those older homes that have great staff and great atmosphere but need to have some of the physical facilities upgraded and addressed.

Mr. Bisson: To the surprise, I think, of the government member, I actually enjoyed some of what she had to say, because I think this is the—

Applause.

Mr. Bisson: Well, it's true. Sometimes we do agree with some of the issues.

I'm trying to put this into some perspective, and I thought the member from Parkdale–High Park had done a fairly good job of that in trying to put a face on it. I don't think there's anybody on either side of the House who disagrees that we need to find a way to make the system seamless and more effective when it comes to the residents that the homes are there for.

I guess part of the problem I'm having is, as I look at what happens to seniors within our community—not only seniors but others who fall into the system for varying reasons—we do have a bit of schism within the system. There is a disconnect, I believe, between what happens in the community and what happens when it comes to the long-term-care facility itself. We know there are a couple of big problems. One is, there are huge waiting lists. We have them in all of our ridings. People end up on the waiting list for placement in a long-term-care facility; it could take the better part of two years to get in. There's a shortage of beds. The response—and I think my good friend Mr. Miller raises this—is that the ward system is not necessarily the best way to go, especially as we know that the people who end up in long-term-care facilities tend to be older and frailer and are less tolerant of other people around them if there are episodes of dementia or if there are other things going on that will disturb them and make their lives more difficult. So the problem I'm having is that if you know there are huge waiting lists, that tells me we have a problem within the system and we need more beds.

We know that there is not enough support within the community. Is that to say that the system has failed and is not working at all? Of course not. But what it tells me is that we've not done as good a job in this bill as I think we need to do to take a look at the system as a whole. I'll get to speak to that in more detail later.

Ms. Smith: I appreciate the opportunity to speak yet again to our bill and to speak about some of the things that are in fact in the bill that address some of the concerns raised by my colleagues. I appreciate the member for Guelph–Wellington's comments, outlining a great deal of what's in the bill and some of the real activity that we are taking in order to improve the quality of life for our residents across the province.

I've had the opportunity to visit le Foyer in Hearst with the member from Timmins–James Bay, and what a gorgeous home that is. Je suis très contente que nos résidents à Hearst sont très bien servis là. I have also had the opportunity—well, I kind of share Eastholme with the member for Parry Sound–Muskoka. The member for Parry Sound–Muskoka spoke, as did the member for Timmins–James Bay, about the need for some redevelopment and some new homes. The member for Parry Sound–Muskoka is very fortunate, and I would say it's perhaps the legacy of his predecessor that has allowed him to have the benefit of four new homes in his riding when many of our ridings are without new homes, and certainly there are ridings across the province that need more beds, and upgrades of some of the homes that are there.

Part of the new licensing scheme that we've adopted in our long-term-care legislation will allow us to address the system as a system, as the member for Timmins–James Bay spoke of. It will allow us to look at those homes as they age and start to talk about what is needed for that home to renew a licence, to have a new licence in order to continue to operate. We're not talking

about closings homes; we're talking about a mechanism that will allow us to improve the stock of our homes across the province. We really believe that everyone across the province who lives in our 618 long-term-care homes that we presently run—and there are 75,000 residents across the province—live with dignity and respect, and we think that through this legislation we will be able to provide them with the same level of care and ensure that there is a consistent compliance mechanism for all of those homes to live up to the standards that we expect for all of our seniors across the province.

Ms. MacLeod: When I spoke earlier today, I was talking about how some of our seniors are actually living in long-term-care facilities that are older than me: since 1972. They're talking about investments here, there and everywhere, but they were all under the previous Conservative administration.

I've said to them today as well that we are short 850 long-term-care beds in Ottawa. You have been in power for three years and almost a month, and you've done nothing. It's taken you three years and a month to get this piece of legislation tabled, and you're rushing it through during a municipal election.

We've got 36,000 long-term-care residents who are living in 1972-designed long-term-care facilities—36,000 people. They deserve far better. They should be looked after under this piece of legislation, but they're not. In Ottawa, we're 852 long-term-care beds short. We are short one small hospital in that city, and you've done nothing with this piece of legislation to ensure that the residents in my city and in my constituency are going to be looked after.

Interjection.

Ms. MacLeod: You guys are the ones who are supposed to be providing the answers, and you're not. You're sitting there looking at us and asking us to provide you with the answers. You're the government. You have to start understanding that you are the government; you have to start responding like you are the government and not blaming other people. That's what this government does. They don't go back and they don't do creative things; they blame.

The last major investment in the long-term-care facilities in this province was in the Progressive Conservative administration between 1998 and 2001. I would ask the members opposite if they would actually look at the city of Ottawa, go there and invest what they need to invest so that the residents in my city are well cared for and well looked after, like they deserve to be.

The Acting Speaker: That concludes the time for questions and comments. I'll return to the member for Guelph–Wellington, who has two minutes to reply.

Mrs. Sandals: Thank you to my colleagues from Parry Sound–Muskoka, Timmins–James Bay, Nepean–Carleton and my seatmate from Nipissing, whose file this is and who has done a tremendous amount of work. So congratulations to Monique on all the wonderful work she's done on this file.

Just a few brief comments: The member from Timmins–James Bay mentioned the whole issue around

what happens in the community in a seamless interface. I think it is worthwhile to note that we agree with the member that many of our seniors can, as the phrase goes, “age in place.” Because we recognize that many people are happiest in their own homes, we have in fact increased the funding for community care access for home care significantly to ensure that that will happen.

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One of the consequences or results of that, I suppose, is that when we look at the actual long-term-care population, we find that residents in long-term-care homes are tending to have more and more serious problems. In the lingo of long-term care, we would say they have higher acuity. Because we recognize that they have much more serious problems, we have, in fact, already provided \$19 million to the long-term-care sector to purchase 3,827 ceiling lifts and 189 bariatric lifts.

You might ask, “What are lifts?” This is to enable the staff in nursing homes to get people in and out of wheelchairs, in and out of bed and in and out of bathroom needs without endangering the staff, and to make it much more comfortable for the residents, who aren’t being sort of manhandled and lugged by the staff. So we do understand that we need to improve—

The Acting Speaker: Thank you very much. Further debate?

Mr. Barrett: I appreciate the opportunity to weigh in on Bill 140, the Long-Term Care Homes Act. I would like to thank my colleague, who has exited to attend to some important duties.

I want to make it clear that I, along with the PC caucus, recognize the importance of constructive input to this legislation. It does need some substantial rewriting as the Legislature takes a look at the three existing pieces of legislation. The concern is that it really does little to address some of the problems we’ve been hearing about during this debate. During the debate this afternoon, we do see that it’s really a study of contrast.

Many of those who were in the Ontario Legislature in 1998 will recall that the Mike Harris government of the day announced an investment of \$2.1 billion in long-term care, to build 20,000 brand new beds and rebuild 16,000 of the province’s oldest beds—essentially, we’d consider those beds structurally non-compliant. In many ways, the former Mike Harris government indeed stepped up to the plate when it came to long-term care with this \$2.1-billion announcement. This isn’t the kind of announcement we’ve been hearing of late with the present government.

This announcement came to have a significant impact in my area of Haldimand–Norfolk–Brant. In Haldimand, for example, under the Ernie Eves government, there was a big shot in the arm with respect to long-term care in the year 2003. We saw the announcement of 64 new long-term-care beds for Parkview Meadows, a home in Townsend. It’s adjacent to Jarvis, at the intersection of Highways 3 and 6.

It took months and months of meetings and discussions over that winter—sometimes heated debate, as I

recall. I was quite heartened, by spring, to finally be able to put the issue of long-term-care distribution throughout Haldimand county to bed.

In addition to Parkview Meadows, there were other facilities involved, such as Grandview in Dunnville. Also, new beds were allocated to War Memorial Hospital, located in Dunnville. They received 64 new beds, as did Parkview Meadows.

My discussion with the good people running not-for-profit Parkview Meadows goes back to shortly after I was first elected. They asked me to come in and sit down with the board, and explained to me, 11 years ago, the plans and the foresight they had to extend their existing facility. When they did the initial build, they set up the infrastructure—for example, the waterlines—to accommodate the additions that now have been made under part of that \$2.1-billion announcement. I certainly congratulate those people for their optimism and their patience as they worked together to make their dream a reality. It really is a beautiful facility.

As many of us well know locally, much of that impetus, the sealing of the deal, came through former provincial health minister of the day Tony Clement, with a great deal of assistance as well from the Associate Minister of Health and Long-Term Care at the time, Dan Newman. That Parkview announcement was quite heartening and one of a number of announcements to strengthen long-term care in my area.

One piece—actually the first piece—of Haldimand county’s long-term-care puzzle also fell into place with a new partnership that was announced that saw 128 beds remain at the existing Grandview Lodge long-term-care facility in Dunnville and then, as I had mentioned, an additional 64 beds were created to be operated at Haldimand War Memorial Hospital in the town of Dunnville. That bed allocation again was part of that 20,000 new long-term-care bed announcement that was made and, in this case, to be fulfilled, hopefully, by the year 2005. A lot of people will be watching to what extent this government is going to complete that process.

In December 2002, I had accepted an invitation from the mayor of Haldimand county to appear as a deputant before Haldimand county council. As I mentioned, there was quite a debate that winter. I was asked for advice on the redevelopment of long-term-care beds within the county. I was in a position to provide advice but not solutions. We still, at that time, did not have any requests for proposals available to people in the county. There was frustration. It took a while to get these requests for proposals out, but it gave people an opportunity to hammer down their thoughts on what they felt was really, really needed in Haldimand county. As it turned out, in addition to the changes that were being made in Dunnville, which is down at the east end of the country, there was an opportunity for people in the west end to discuss this and, lo and behold, did come up for that proposal for the Parkview Meadows area in Townsend. I know there were meetings certainly in Dunnville and there were petitions, much consultation and, in my view, a very important political process went on that winter.

While the area was strengthening its long-term-care services, support and improvements came forward for other health services as well locally. As far as long-term care in Norfolk county, also in my riding, I had an opportunity to attend the groundbreaking ceremony for the new Norview Lodge. A number of us posed for the photographs. I was really pleased that my cousin Robbie Blake was also there. He has adopted that facility as his own, which is much appreciated by residents and people in the area. That commitment to the brand new Norview Lodge by the provincial government—the existing building had to be torn down; basically nothing there but bulldozed sand—was something in the order of \$13 million, again depreciated over 20 years, to build our new Norview.

Also at that time, Tony Clement, the health minister, confirmed additional ministry support for Norfolk General Hospital. This was a much-required top-up to deal with an overrun, if you will, a top-up to the additional request of years earlier for \$2,949,190 for the emergency room expansion, a project that was completed. That announcement, I think, covered the additional cost.

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I remember that the go-ahead for that emergency department came from the Ontario government as far back as 1989, and originally \$5,284,000 was approved. There was need for an elevator and additional construction, and the revised ministry grant came in at well over \$8 million, representing approximately 50% of what was finally projected at about \$16.5 million. That was also followed with approval by the ministry for a CT scanner for Norfolk General, again marking, as with long-term care, months of perseverance and patience by hospital board members, by people throughout the Norfolk county catchment area, which is most of the county other than the far western portion relating to Tillsonburg hospital. Much work went into that, a great deal of work, again working with the Minister of Health's office and a great deal of work on behalf of my staff in my constituency office. So we now have new diagnostic equipment. It offers our area reduced waiting times, less travel time and access to CT services right in Norfolk county.

I mentioned Tillsonburg. At that same time, the road map, the groundwork, was done for dialysis service at Tillsonburg District Memorial Hospital. I had an opportunity to work on that project with Ernie Hardeman and also Steve Peters, the minister and member for the neighbouring Elgin county—a much-required and asked-for service that pulls together dialysis treatment for people in our area, throughout Elgin county, Norfolk county and Oxford county.

Just to go back, an awful lot of activity occurred within a one-year period, and certainly the long-term-care development was driven by that \$2.1-billion announcement for the construction of 20,000 new long-term-care beds across the province. I sincerely hope that the present government does not abandon that initiative and is up to meeting that mark.

All of this occurred in the 2003-04 fiscal budget year. It was a breath of fresh air for our area hospitals. I know

there were very significant amounts of funding. I've got all the figures here. Much of that is a history that I certainly, as an MPP, look on with a great deal of pleasure. I'm personally proud of that legacy and what was accomplished at that time: the investments in our hospitals, the creation of additional long-term-care beds and the plans that were set for future developments. Some plans are somewhat in abeyance at present, and I have great hopes for the future.

Times have changed, and many in this House will know that during the last election, the present government promised to continue with these kinds of investments made by the previous governments—the Ernie Eves and Mike Harris governments. There was a promise with respect to a seniors' strategy, a promise to ensure more respect and dignity for people in their senior years. Again, there is concern. We're concerned with respect to something in the order of 36,000 seniors who are presently, in many cases, in antiquated B- and C-grade long-term-care beds.

As I went through this particular piece of legislation, I came to realize that there is really not an indication of a commitment or fulfillment of a promise for continued investments. When you look at Bill 140, for example, there's nothing in there that would state that it would protect residents from extreme temperature fluctuations. I'm thinking primarily of the heat waves that we have been exposed to, not so much last summer but the summer before. It doesn't seem to be enshrined here to provide any responsibility to provide air conditioning, for example, something that is very important for people in long-term-care facilities when we see news reports that advise people who are vulnerable, people with respiratory problems, to stay inside during heat waves.

We see a government that's unplugging snack machines in our schools, reminding young people to eat vegetables, and we fully support that, but I don't see anything in Bill 140 to ensure that residents in long-term-care facilities have a guarantee of nutritious, fresh food.

I'm very concerned that much of this isn't spelled out in the amalgamation of three existing pieces of legislation, and I am concerned, if we have taken three existing pieces of legislation and merged them together and come up with one piece of legislation, that it is essentially not much different than the existing pieces of legislation that it replaced, those separate pieces of legislation, I'll remind the House, being the Nursing Homes Act, the Charitable Institutions Act and the Homes for the Aged and Rest Homes Act.

As we debate this legislation—and I've received some very good advice from the former Minister of Health, the MPP for Kitchener-Waterloo, Elizabeth Witmer, who has worked very hard on the health file and the long-term-care file. I'm saddened when my colleague Elizabeth Witmer points out that the bill really amounts to not much more than smoke and mirrors. For example, Bill 140 refers to patients being given two baths per week, but what it doesn't say is that this is already the case. Again, when you take three old pieces of legislation and merge them together, you end up with one old piece of legis-

lation, essentially. We were looking for something much more than this.

Bill 140 promises that nursing care must be available 24/7. This is a promise that was made nearly two years ago. It doesn't provide any way of producing enough nurses or caregivers to actually fulfill this promise.

We're aware of other figures. Nursing homes spend something in the order of \$5.46 on meals, and we are aware that in correctional facilities, something in the order of \$11 is spent on a meal.

There's a perception that this government is shelving its commitment to provide those new facilities, those new beds, for residents. We don't see the construction of new long-term-care homes that we were seeing in recent years. I'm not sure how many are on the go in the province of Ontario. Maybe during the hits someone will give me that information. I don't know whether it's maybe 300 or 400 beds over the last three years. I'd like to get some information on that.

I'm very concerned that Bill 140 indicates that this government seems to be content with that 36,000 figure—36,000 people living in beds that are in wards with four people, no washroom within, very narrow hallways. Again, the concern is that we don't see the plan, we don't see the announcements, let alone the delivery, with respect to a continuation of the funding, that \$2.1 billion, that people in the province of Ontario have grown used to expecting would continue over the last eight years.

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I was reading a news release from the Ontario Long Term Care Association. The title kind of sums it up: "Would You Call Living in a Four-bed Ward 'Home'?" I would like to quote, in part—I realize I have about one minute left: "The new Long-Term Care Homes Act falls far short of its goal to create resident-centred home environments for the over 36,000 residents who live in the 350 older B- and C-classified homes in communities throughout Ontario.

"Without significant changes and a commitment to a capital renewal program, these residents will be denied the same physical comforts, privacy and dignity already being enjoyed by residents in newer homes. Most of them will be forced to continue to call a three- or four-bed ward room 'home.'"

That comes from the Ontario Long Term Care Association. It goes on to say, "It also appears that almost half the province's long-term-care residents have been forgotten when it comes to a realistic vision for their future physical comfort, privacy and dignity."

I concur in that statement.

The Acting Speaker: Questions and comments?

Mr. Bisson: I want to thank the member for his contribution to the debate. I thought he made an interesting point—maybe he'll want to speak to it a little bit more fully in his two-minute response—that really there's nothing earth-shattering in the legislation. I like the way he put it, because it's probably fairly descriptive: What we're basically doing is taking three old acts and creating

one old act. I thought that was kind of an interesting comment. Although there are some new aspects in the legislation, basically there's nothing earth-shattering. I think the point he's trying to make is that this is not like we're creating some kind of revolution in home care or in long-term-care facilities, as was promised by Mr. Smitherman, the Minister of Health, when he referred three years ago to the changes that could be anticipated.

What we're seeing in this act is basically what currently exists by way of regulation being brought into the legislation and in some cases just remaining in regulation, but being spread from three acts into one. I think it's an interesting point that he makes.

The other thing is that he points to the difficulty we have; that is, the distribution of beds within the system across the province. We have some areas that are luckier than others because of the demographics of the population: There's been a buildup of residential long-term-care beds in those particular communities or a diminishing of the population; it goes to both sides. One of the great difficulties we have is ensuring we have the proper amount of beds available in each area or each community for people who need to go into long-term-care institutions.

I think that's important, but we cannot forget the community, and I always want to come back to that. I think we all agree that if you can leave somebody at home and allow them to live independently with proper supports, that's always the first option. I think that's the part I would much rather be working at, because I think we have some problems in how we integrate the community care access centres and the long-term-care facilities. We'll talk about that later.

Ms. Smith: I appreciate the opportunity to respond to some of the comments the member for Haldimand-Norfolk-Brant made.

He questioned the diets that are available to some of our residents in long-term care. I would ask him to perhaps turn to subsection 10(1):

"10(1) Every licensee of a long-term care home shall ensure that there is,

"(a) an organized program of nutrition care and dietary services for the home to meet the daily nutrition needs of the residents; and

"(b) an organized program of hydration for the home to meet the hydration needs of residents.

"(2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied."

As well, during our term in office we have implemented a regulation that requires that all menus in long-term-care homes are not only reviewed but approved by a dietitian, which is an upgrade to what existed under the previous government's management of long-term care—they now have to be approved. So we're ensuring that our long-term-care residents get the proper nutrition they need in our homes.

I'd also like to dispel the myth the member raised yet again that people in jails receive food to the tune of

\$11.56, while those in long-term care receive five dollars and some cents for food. In fact, that's apples and oranges. The raw food number is what is used for long-term care. When you compare apples to apples, the amount that's spent on food in long-term care, including preparation and service, is \$18.10.

The member also spoke about our need for nurses. In fact, we've hired over 3,000 front-line workers in the last three years in our long-term-care sector and, among those, over 600 nurses. We've invested an unprecedented \$740 million in long-term care. We also have seen the implementation of 24/7 RNs, and in fact that has been in place for the last two years; again, one of the initiatives that we implemented in response to my report of 2004.

Ms. Laurie Scott (Haliburton–Victoria–Brock): I'm pleased to rise today to comment on my colleague from Haldimand–Norfolk–Brant's comments on the Long-Term Care Homes Act, 2006. Yes, it is bringing three acts together. The present government, when they were campaigning in 2003, said they wanted to start a revolution in long-term care. They do have a quote here from George Smitherman—at the time, he wasn't yet the minister—"a revolution in long-term care."

I think it's our responsibility to point out some things in the act that we would like to see strengthened. These are the people who are most vulnerable in our society, the people in the long-term-care centres. Yes, there is certainly a need to make sure they have adequate nursing care in the long-term-care centres. I know that many of the long-term-care centres in my riding of Haliburton–Victoria–Brock struggle to get adequate staffing in place to give those patients the care they deserve.

I have the Bon-Air Nursing Home in Cannington. They're pretty concerned, under this legislation as it stands now, that they're not going to be able to get a licence. They're classified as a C facility, so renewing their licence mightn't be possible in the next four years. They're having trouble. They want to improve their home. Can they go to the banks for financing? There are a lot of questions yet to be answered here. It doesn't give them the security to update their long-term-care facilities the way they want to, to ensure that their clients receive the best care possible.

I know that the previous government invested to build 20,000 new beds and rebuild 16,000 of the province's oldest and structurally most non-compliant beds. They put many thousands more beds in my riding of Haliburton–Victoria–Brock, but the need is there again. That is part of what we're saying—the demographics. The need is going to continue to be there. It shouldn't be one-time funding. It needs to go on and on.

Mrs. Sandals: I'm pleased to respond to the comments made by the member from Haldimand–Norfolk–Brant. One of the things we've recognized is that when you look at the whole issue of improving quality of care, as in many other areas and walks of life, if you're going to improve the quality, you need to improve the training; you need to make sure that staff are highly trained around how to provide those services. So the legislation actually

sets out some requirements for the training and orientation of long-term-care home staff, and also for volunteers, because it's important that the volunteers understand how to work with the residents as well.

One of the issues that has been identified to me by the long-term-care providers in my hometown has been that increasing number of long-term-care residents who suffer from dementia. In my community—ours, Speaker, because we share the agency—the community mental health centre has been working with the long-term-care homes to make sure that the staff are trained around handling elderly residents who suffer from dementia. I know that both the long-term-care homes and the community mental health centre were delighted last year when in our budget we invested \$2.4 million in dementia care training for front-line staff at long-term-care homes. That has enabled the community mental health centre workers to work with the long-term-care staff to increase their confidence around how to appropriately deal with residents who are suffering from dementia—just one of the improvements.

The Acting Speaker: That concludes the time available for questions and comments. I'll return to the member for Haldimand–Norfolk–Brant to respond for two minutes.

Mr. Barrett: Thank you for the comments. I appreciate that the member from Timmins–James Bay reiterated the principle that you can't take three old acts and, in my view, just do a cut-and-paste and come up with anything other than one old act. It's like vaudeville. It's the same old act, and the audience soon tells you, "New material." You need new material. You can't just repeat. You can't do a cut-and-paste and pretend you've come up with new material.

To the member for Nipissing: I recall visiting a long-term-care facility in that riding. That was during a by-election. We arrived on election day, early in the morning, and to our surprise, every single person in there who wanted to vote had already voted. Someone had wheeled everybody down, and I sincerely hope that staff person who wheeled people down to vote during that by-election explained to them the variety of parties that are available during an election. I know in my riding, many of us visit the long-term-care facilities, many of which are a poll on their own. I'm always surprised to see in many elections where a candidate will win every single poll—I think of Conservative candidates, and I think of some of my elections—but in some of these long-term-care facilities, it's exactly the opposite: Every single person voted Liberal, and I always wondered how that came about. That's not right. That is not appropriate, and I wish to raise that. I suggest that, on occasion, people are unduly influenced in some of these facilities when they end up voting the way they didn't really want to. That's what I object to.

The Acting Speaker: It being very close to 6 of the clock, this House stands adjourned until tomorrow at 1:30 p.m.

The House adjourned at 1753.

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Stoney Creek	Mossop, Jennifer F. (L)		

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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.

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