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Thursday 20 November 2014

Jeudi 20 novembre 2014

Speaker
Honourable Dave Levac

Clerk
Deborah Deller

Président
L'honorable Dave Levac

Greffière
Deborah Deller

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LEGISLATIVE ASSEMBLY
OF ONTARIO

Thursday 20 November 2014

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Jeudi 20 novembre 2014

The House met at 0900.

The Speaker (Hon. Dave Levac): Good morning. Please join me in prayer.

Prayers.

ORDERS OF THE DAY

BETTER BUSINESS CLIMATE ACT, 2014

LOI DE 2014 VISANT À INSTAURER
UN CLIMAT PLUS PROPICE
AUX AFFAIRES

Resuming the debate adjourned on November 19, 2014, on the motion for second reading of the following bill:

Bill 7, An Act to enact the Burden Reduction Reporting Act, 2014 and the Partnerships for Jobs and Growth Act, 2014 / Projet de loi 7, Loi édictant la Loi de 2014 sur l'obligation de faire rapport concernant la réduction des fardeaux administratifs et la Loi de 2014 sur les partenariats pour la création d'emplois et la croissance.

The Speaker (Hon. Dave Levac): When this item of business was last debated, the member from Wellington–Halton Hills had the floor. I recognize the member from Wellington–Halton Hills.

Mr. Ted Arnott: Thank you very much, Mr. Speaker. It's a real privilege and an honour to be able to start off the debate today at the Ontario Legislature with the continuing discussion on Bill 7. The Minister of Economic Development, Employment and Infrastructure, of course, introduced that bill on July 7, and I'm continuing my leadoff debate on behalf of our Ontario Progressive Conservative Party, the official opposition, in my capacity as critic to the Minister of Economic Development, Employment and Infrastructure.

As we've discussed and established, Bill 7 has two separate schedules, so it's like a mini-omnibus bill. Schedule 1 is the Burden Reduction Reporting Act, and schedule 2 is the Partnerships for Jobs and Growth Act.

Just to review, schedule 1, the Burden Reduction Reporting Act, requires the minister to publish an annual report on regulation or so-called burden reduction—burdens that the government, I guess, has created for small business. A burden is defined in the bill as a cost that is measured in “money, time or resources and is considered ... unnecessary to achieve the purpose ... that creates the cost.” In other words, the government is intending to report on how many unnecessary regulations

they have eliminated. This also permits the minister to make regulations respecting the report, which may itself include regulation.

Schedule 2 to the bill, the Partnerships for Jobs and Growth Act, permits the minister to prepare plans with respect to the development of geographical economic clusters. The minister has the authority to consult with those who have an interest in the plan, and amend, review and revoke the plan, if he chooses to do so. The minister can also make regulations about what goes into the plan, and he or she can decide who should be consulted and determines how the plan is reviewed, revoked and made public.

Mr. Speaker, we've said on a number of occasions now, over the course of this debate, we submit and believe that the minister could do both of these things without Bill 7 if he chose to do so. Instead, he's bringing in this bill, which would require him and future Ministers of Economic Development, I guess, to make this annual plan with respect to red tape reduction—although the bill calls it “burdens”—and to develop a cluster plan.

As I say, this is something that the minister could do in both cases, actually, without the necessity of passing Bill 7. Nevertheless, this bill is before the House.

I would again acknowledge that the Canadian Federation of Independent Business has indicated to me that they're quite supportive of the bill because they support the first schedule because they believe they've encouraged the government to do this. Again, I would remind the House that the CFIB, for years, has been encouraging the government to reduce regulatory red tape that's unnecessary. We know that small business people continue to express concerns about being encumbered—and in some cases being strangled—by red tape from the provincial government in particular, but other layers of government as well. The fact is every hour that a small business person has to spend dealing with government forms or dealing with what seem to be unnecessary regulations is an hour taken away from what they do best, which is actually servicing their customers and trying to expand their customer base so that the business can grow, so that the business can be profitable and so that the business can hire more people. That is the goal of most small business people, and it's a goal that we understand on this side of the House and that we share. We want to support them every way we can.

I want to again point out the CFIB's additional concerns with respect to red tape. As far as I'm concerned, this Bill 7 does not go anywhere near accomplishing all the requests of the Canadian Federation of Independent

Business in terms of red tape reduction. They've asked for the introduction of regulation on regulatory accountability. Again, the government I'm sure would argue that Bill 7 is a response to that, but CFIB is looking for much more. They're asking for legislation to prescribe regulatory reduction targets to ensure that there is zero net growth in terms of regulations and red tape, helping to reinforce the 1-to-2 rule, whereby for every new regulation affecting small business and tying them up, two regulations would be eliminated.

They've also asked that the government fully implement the regular review of high-impact regulations. They've asked that there be a review of the regulatory implementation process at all government agencies and delegated administrative authorities, DAAs, including organizations and government agencies like the Technical Standards and Safety Authority, Stewardship Ontario, Ontario Electronic Stewardship, Ontario Tire Stewardship and others. The CFIB has also asked the government to rebrand the online regulatory feedback form, make the tool permanent and improve services offered through bizpal.ca.

Again, I would recommend to the minister over the course of this debate that he look at all of these recommendations, not just implementing half of the first one and calling it a success on the part of the government.

But I looked at this bill in the broader sense, and we've talked about it in terms of the economic climate that this bill is being introduced in and also some of the other economic competitiveness challenges that we face in the province of Ontario.

As I've discussed in the past, in our riding we have an issue in terms of traffic congestion through the community of Morriston in Puslinch township. I should really begin by acknowledging and paying tribute to a good friend of mine, the former mayor of Puslinch township, Brad Whitcombe, who passed away tragically this past weekend. Brad was a good friend. He was an outstanding mayor of the township of Puslinch. He was a warden of the county of Wellington. He was really an outstanding community leader in our riding. He passed away so suddenly; it's a shock to all of us. I know that I pass along, certainly, the condolences of my family and of all in the House who knew him. He was a great man.

He advocated for the Morriston bypass very effectively through the years, and I worked with him on this issue. But as we know the Minister of Transportation is in the process of finalizing and preparing the southern highways program, the updated five-year plan for new construction for highways.

I'd like to again put on the record some of the concerns of my community as well as some of the adjacent ridings. We would argue that this is not just an issue for Puslinch township and Wellington county, but it's a huge issue for the Hamilton and Niagara regions because it involves the access of Hamilton traffic to the 401. Obviously the pressure point is in the community of Morriston in Puslinch township, which has become the bottleneck, but at the same time that affects a big part of

the province of Ontario, and I again look to the adjacent MPPs, some of whom are in the House right now. I see the Minister of Municipal Affairs; I appreciate his efforts in the past to advocate for this project. I see the member for Cambridge who is here; I believe she's very supportive as well. We're trying to work to get this on the five-year plan.

The Morriston Bypass Coalition was here in October. They put these facts to the government. A recent University of Waterloo study on the southern Highway 6 corridor estimates that daily commuter traffic is more than 22,500 vehicles annually—that's more than eight million vehicles—and annual commercial traffic is between 930,000 and 1.2 million vehicles.

0910

An analysis of Statistics Canada trucking commodity origin destination data illustrates that the corridor—again, Highway 6 through Puslinch township—is a key link in our trade with the United States, with up to 150 million kilograms of goods being transported to the eastern United States along the route each year. While the posted speed limit on Highway 6 through Morriston is 50 kilometres an hour, the peak speed reached is only 34 kilometres per hour on weekdays between 3 p.m. and 6 p.m. Mr. Speaker, if you had the opportunity to see this, you wouldn't believe it, because the traffic is sometimes lined up for kilometres and travelling at a snail's pace through this small community.

The Morriston bypass project would alleviate ever-worsening traffic issues in our area, saving local businesses and commuters more than \$15 million a year today and more than \$30 million per year by 2031. The estimated value of commuter traffic and commercial travel time saved during peak periods with the proposed bypass applied to 2011 traffic would be \$15.3 million. By 2031, the annual value of commuter and commercial time saved during peak periods with the proposed bypass is more than \$30 million.

Again, I would suggest that this is important information relevant to the debate of Bill 7, because it deals with economic competitiveness, and certainly the government would argue that Bill 7 is all about trying to make the economy more competitive. We need this project in our riding to make the province more competitive.

Despite the long-acknowledged need for the essential infrastructure by the government, construction of the Morriston bypass is now decades overdue. The province acknowledged the need to reroute Highway 6 more than 30 years ago, following an initial study that began in 1978, and the Morriston bypass project was presented to the Ministry of Transportation going back to 1994.

In January 2009, the Ministry of Transportation received environmental assessment approval for the new route from the Ministry of the Environment. That was after a meeting that we had here at Queen's Park with representatives of Puslinch township council and the Minister of the Environment of the day, John Gerretsen, that I had set up and arranged. We were very pleased to get the support of the Minister of the Environment, but

that is now five years ago, Mr. Speaker, and we're concerned that every year that goes by, this environmental assessment—someone along the line is going to say it's stale-dated, and force us all back to the drawing board. Surely the government can move more quickly than that, and it should.

In a letter to the Guelph Mercury newspaper published in April 2010, the Liberal MPP for Guelph, who is now the Minister of Education, wrote a letter to the editor. She was quoted in this letter saying, "The transportation ministry is actively working on this project, and the Morriston bypass will be built." I appreciate the support that the member for Guelph has demonstrated publicly for this project, and I would encourage her to continue to speak up for the need for it, because this issue affects Guelph and benefits Guelph, I would argue, as much as it benefits my riding.

Despite all of the past assurances from the government, the Morriston bypass unfortunately is not currently listed as a planned project in the ministry's five-year investment plan, or what we call the southern highways program. But, again, we are trying to get it on the plan.

Businesses have made significant investments in our area on the understanding that the government was moving forward, or will be moving forward, with the Morriston bypass. But with every passing year of inaction, the success of these investments and the jobs that they are have generated, quite frankly, are put in jeopardy. Opened in 2005, for example, Tim Hortons' Guelph facility has approximately 500 employees. Each year, more than 4,600 trips are made along the Highway 6 corridor to and from the facility.

Maple Leaf Foods has a new 282,000-square-foot distribution centre in Puslinch township and a 402,000-square-foot prepared meats facility currently under construction in Hamilton that will ship approximately \$200 million in goods along the Highway 6 corridor each year. It's my understanding that there have been meetings at the highest level within the government, with a Maple Leaf Foods' senior executive and with the Premier, urging—obviously, because of the significant investment, that Maple Leaf Foods has made in our area—that they need the Morriston bypass to be built. Of course, Maple Leaf Foods is part of the Morriston Bypass Coalition.

Canada Bread, in 2011, invested \$100 million to help build Canada's largest commercial bakery in Hamilton. Supporting 300 full-time jobs, the bakery ships approximately \$24 million worth of goods along the Highway 6 corridor each year. Of course, as you can imagine, the bread being shipped from the plant, stuck in that long lineup that's kilometres long through Morriston—obviously, we need to do something about it, and the solution is to build the Morriston bypass.

We have Nestlé Waters Canada located in Puslinch township. It is Canada's largest bottled water manufacturer and distributor. Its 900,000-square-foot facility in Guelph employs approximately 300 people and ships \$10 million to \$15 million worth of goods annually through Morriston. They are part of the coalition as well. They

are pushing for the Morriston bypass, and we are working together.

In terms of the Morriston residents: With their local main street serving double duty as a major transportation artery for the province of Ontario, local residents have legitimate concerns about the safety and well-being of their families. This section of Highway 6 has a much-higher-than-normal crash rate, with approximately 47% more collisions than the provincial average. Since 1994, 22 people have lost their lives on this stretch of highway, with four people killed, tragically, in head-on collisions since 2004.

I've met on numerous occasions with Bill Knetsch, who is the owner of the fine restaurant that we have in Morriston called Enver's, that many of you will have heard of. It's often written up in Toronto Life as an outstanding destination restaurant. Morriston restaurant owner Bill Knetsch said residents take their lives in their hands trying to cross the main street. Having witnessed a number of serious collisions himself, he shudders whenever he sees children riding bicycles along the roadway.

I would totally agree, having been privileged to represent Puslinch township now for a number of years, first between 1990 and 1999. After redistribution in 1999, I was no longer the MPP for Puslinch, and it was represented by other members, including the now member for Guelph. The fact is, I have again resumed responsibility for Puslinch township as a result of the redistribution in 2007 and have really tried to do everything I possibly can to advocate in this House.

We have a very good case that we've made. The Morriston Bypass Coalition actually came together as a result of a suggestion and a recommendation by the former Minister of Transportation at the time, Bob Chiarelli. We had a good meeting two or three years ago with representatives of township council. The minister said to us at that time, "Get the business community to speak up. If you want this road built, you've got to bring people together and get the business community to speak up and push for the economic arguments." Well, we've done that, Mr. Speaker. We've done it, and I think we've done it very effectively. We have this large coalition of big businesses. There are hundreds of jobs in play here. Surely to goodness the government is going to finally realize the importance of this project and get it on the five-year plan.

In closing, Mr. Speaker, again, I want to thank you for your indulgence on this important issue of Bill 7. I appreciate it. I look forward to the continued debate on Bill 7.

The Deputy Speaker (Mr. Bas Balkissoon): Questions and comments?

Mr. Gilles Bisson: I listened to the statement made by the member from Wellington—

Mr. Ted Arnott: Wellington—Halton Hills.

Mr. Gilles Bisson: —Wellington—Halton Hills. I'm going to learn these ridings yet. That's my thing for this particular session.

I just want to say this is quite an interesting bill. On the surface, people would argue that if you're trying to find a way to make sure that you have a strong regulatory system that protects the environment, protects health and safety but does it in a way that is able to make it a little bit easier to navigate through—I don't think anybody would be opposed to that.

The government is making a big fanfare with this particular bill and this particular initiative, but when you read the bill, it's a two-page bill. It essentially gives the government the powers it currently has, which is kind of an odd thing to do.

First of all, the government has delegated the authority of the Legislature to cabinet in most of their legislation. Whatever bill goes into cabinet, the regulations are written by cabinet, and that's something that has been delegated.

What this particular bill also does is it raises the question about how we write regulations. The problem in the way we do regulations now is, because it's done by cabinet, often those people who need to know, who want to be involved in the regulatory process, may or may not be part of that process, because it's by invitation only of the cabinet and of the minister responsible.

I think it begs the question: Should we be thinking about how we're better able to review regulations as they're written—or after they're written, at the regs and private bills committee, a committee that is specifically struck in order to look at regulations? Currently, the ability for members to review regulations is quite limited, and I think it raises an interesting point: that if the government was truly serious about being transparent, it would find some kind of way to take that whole regulatory thing out of the dark and put it under the light, where it needs to be.

0920

The Deputy Speaker (Mr. Bas Balkissoon): Questions and comments?

Ms. Soo Wong: I'm very pleased to rise this morning to speak in support of Bill 7, An Act to enact the Burden Reduction Reporting Act, 2014 and the Partnerships for Jobs and Growth Act, 2014.

I heard the words from my colleague opposite from Wellington–Halton Hills and my colleague from Timmins–James Bay. I want to challenge the member from Timmins–James Bay, because he didn't mention in his remarks, in his two-minute response to the member from Wellington–Halton Hills, that an important piece of Bill 7 talks about the issue of development of cluster growth, which is in schedule 2.

For those who are watching the debate this morning on this particular bill, the Toronto board of trade has put it very accurately that clusters collaborate to compete. If this bill gets passed, we will become the first jurisdiction in North America to focus on cluster development, and that is a good thing. Bill 7 will bring businesses together and keep clusters competitive and creating jobs, not just for today but for tomorrow. That is a very, very important piece of the legislation.

The minister—I know he kicked off the debate the other day on this particular bill—spoke well about the importance of the development of clusters. We know that the city of Toronto, which I am a member from, is ranked number three in North America and number 11 globally on competitiveness for a global financial centre. Ontario ranked number two in North America in terms of information, communication and technology. My colleagues from Kitchener–Waterloo, from Ottawa and here in greater Toronto know the importance of clustering and why we need to have this kind of legislation.

Mr. Speaker, thank you for this opportunity to speak about Bill 7.

The Deputy Speaker (Mr. Bas Balkissoon): Questions and comments.

Ms. Sylvia Jones: It's always a pleasure to be in the House when my colleague and friend from Wellington–Halton Hills is speaking. You wouldn't know it by looking at him, because he still looks 34, but the member from Wellington–Halton Hills is actually one of our deans here in the Legislature. He has served consistently and honourably since 1990. I think one of the reasons he does is his ability to work with all sides of the House. His advocacy on behalf of the Morriston bypass just reinforces that for me. It is an incredible amount of tenacity that, with very few exceptions, he is able to tie every legislative proposal that comes forward into the value of the Morriston bypass. The statistics and the material and the background that he includes in those debates and in his advocacy, I think, are what make him an outstanding member.

I just want to say, whatever you're doing, keep doing it, and maybe educate the rest of us, because his work on behalf of Wellington–Halton Hills really is the way we have to work as MPPs in this Legislature, regardless of whether we are in government, official opposition or the third party.

I just want to congratulate him on his work and hope that his message on the importance and the value of the Morriston bypass is getting through, because it's certainly getting through on our side.

Interjection.

Ms. Sylvia Jones: It is a discussion about the Morriston bypass and how it relates to Bill 7.

That's what I find is absolutely admirable, that the member from Wellington–Halton Hills continues to be able to bring forward his important policy points on why it has to happen.

The Deputy Speaker (Mr. Bas Balkissoon): Questions and comments?

Mr. Taras Natyshak: Good morning, Speaker, and good morning to my colleagues in the House. I'm pleased to join the debate. I listened intently to—

Interjection.

Mr. Taras Natyshak: I will speak to the Morriston bypass, because it was referenced, of course, by the member from Wellington–Halton Hills, who is quite knowledgeable on many subjects—all subjects, I would say—in the House.

The Morriston bypass: We all have important infrastructure files in our ridings. I, of course, have the Highway 3 expansion bypass that was started and worked on by my predecessor, Mr. Bruce Crozier. It is actually named after him, yet it has yet to be completed. I hope the minister is aware of that and has a plan to fulfill what I think Mr. Crozier put a lot of effort into.

Nevertheless, the bill before us, Bill 7, the Better Business Climate Act, we see as a bill that really, in terms of priorities, shouldn't be before the House at this very moment. We have the ability, or the minister has the ability, to set up different protocols for cluster development. I would say that maybe a more focused approach would be something that would call on the government to develop a national manufacturing plan or a provincial manufacturing plan in conjunction with partners at the federal level, something that's being called for not only by the manufacturing industry, specifically automotive, but also by workers' groups, whether they be union or otherwise, that are telling us, as lawmakers, that we're missing the boat. We're not really doing anything when it comes to attracting investment and consolidating. Whether it be regulatory burdens or incentive programs, we're not doing enough. It's too fragmented and the province needs a strategy. That, I would see as a priority and something we should delve into, but this bill, as it is, really doesn't come even close to the edges of getting into that issue.

The Deputy Speaker (Mr. Bas Balkissoon): I now return to the member for Wellington–Halton Hills. You have two minutes.

Mr. Ted Arnott: I want to express my appreciation to the member for Timmins–James Bay, the member for Scarborough–Agincourt, the member for Dufferin–Caledon and the member for Essex for their kind remarks. I know that this debate continues to unfold and we're looking forward to the speech that will be made by the New Democrats next—possibly the leadoff speech?

Mr. Taras Natyshak: Yes.

Mr. Ted Arnott: So we're looking forward to that. I would hope that I'll be able to be in the House to hear the comments of the NDP.

I think there's an emerging consensus that we perhaps have unanimous consent to rename this bill the Morriston bypass support act. I'd like to seek unanimous consent—I'm just kidding, Mr. Speaker. But it would be helpful for other members to express their support, as I say. I would look for that support from others.

I especially want to express appreciation to the member for Dufferin–Caledon for her kind comments. Yes, she does an outstanding job representing the people of Dufferin–Caledon. I've been privileged to work with her going back to 2007, and before that, when she worked in the offices of John Tory, Ernie Eves and David Tilson. I've known her for a long time. She is an absolutely outstanding MPP on behalf of her constituents and in her capacity as chair of our caucus, and of course as the Attorney General critic. I certainly find her comments very encouraging, but at the same time I would extend

the very same comments to her. She is an absolutely outstanding member.

Again, I want to say, in sum, as the critic for the Minister of Economic Development, Employment and Infrastructure, that I am recommending to my caucus colleagues that our caucus support this bill at second reading, but we look forward to sending the bill to committee, hopefully, and having some hearings and hopefully not time-allocating this bill, so that there is some meaningful debate, but sending the bill to committee such that we can have meaningful hearings and hopefully hear from the Canadian Federation of Independent Business and individual business people so that we can identify some of these so-called burdens, what I would call red tape, and get the government to move forward with a plan to eliminate unnecessary red tape and to do more on that respect.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

Mr. Wayne Gates: I'm happy to rise and talk on Bill 7. I got the privilege of talking for an hour on a bill that's a page and a half. I'm looking forward to doing that in the House. Bill 7 is a combination of two acts, the Burden Reduction Reporting Act and the Partnership for Jobs and Growth Act.

Ontario was once the engine for growth for the entire country of Canada and a major economic centre for the continent of North America. I remember these times well, because at that time I was working in the automotive industry in Niagara. As many of you know, Niagara was the centre of economic activity that fuelled the entire province.

During that period, we developed some of the strongest industries in the entire country and lots of clusters. A large majority of the cars this country built and exported to the world were made right in the place I call home, Niagara. We made these cars out of steel produced in Ontario, in Hamilton. We used resources drawn right here in Ontario. A few decades ago, there was massive economic development happening right across this great province, and I witnessed it first-hand.

0930

This bill discusses clusters, which it describes as a region of activity where related businesses work together to thrive. This was the steel manufacturing cluster in Hamilton, industrial sectors in Windsor and tourism in Niagara. These clusters developed on the backs of hard-working people of this great province.

Businesses looking to expand knew that Ontario provided the smartest, most dedicated and hard-working people you could find. They knew we had the capacity to take their businesses, to innovate, to have resources close by, to keep transportation costs low and to work with local companies to bring them to the next level. Without government interference, these businesses used their surroundings to expand.

Quite frankly, when businesses did well, people did well. When the automotive sector was booming, people in Niagara were doing well. They were employed. They

had decent, well-paying jobs. They could put in a good day of hard work and come home with a well-earned paycheque. This is the same story for the hard-working people of Ontario, from our resource industry clusters in the north to the industrial clusters in the south. As many of you know, the last decade has not been the same story unfortunately.

But these examples highlight the importance of developing our regional clusters. We do this through government support, by listening to our key stakeholders and by reducing unnecessary government regulations that stop businesses from coming to Ontario. The more businesses we can bring to Ontario, the better chance we'll have to develop these regional clusters. The stronger the development, the better it is for the taxpayers of this province.

Mr. Speaker, when it comes to Ontario, there is no reason why business shouldn't want to be here. We still have industrial buildings, which were so busy years ago, ready to be used again. We have an educated population, full of young workers who just want to work. I've met with these young people in my riding. It is incredible how smart they are, how dedicated they are and the hours they will put in to get the job done. When I talk to my colleagues here today, there are a lot of young people working for MPPs in this room, and I don't think anybody would ever argue how hard they work on our behalf.

We have got the resources and the infrastructure here to make our companies successful. The question becomes, how do we support these businesses? This bill proposes two ways. First is to reduce the burdens that might stop companies from coming to Ontario. The second is to encourage clusters so their development is quicker and much stronger.

So let's take a look at the first half of the bill. Reducing burdens is a good thing, so long as we know what they are. This bill defines this as "the purpose of the statutory, regulatory, procedural, administrative or other requirement that creates the cost."

If this bill is well-meaning, that is a good thing. I'll repeat that: If this bill is well-meaning, this is a good thing. If I'm reading this language right, this means that anything which cannot justify the cost paid for it should be eliminated. This is a statement that, at face value, is well-meaning. We just need to make sure we're not being unreasonable. Of course, there are a few things the current government has done which I believe can be eliminated, but I won't discuss that here.

Mr. Speaker, I want to take a moment to thank the staff from the Ministry of Economic Development. Yesterday, they had some of their very talented and intelligent staff sit down with me and brief me on the contents of this bill. They explained that the language referred to shortening forms that may have become pointless over the years.

Obviously, we do not want businesses having to cut through tons and tons of red tape if they want to set up shop right here in Ontario. But we have to be clear: It has to be unnecessary red tape. Of course, this bill isn't

entirely clear as to what the Minister of Economic Development will consider to be unreasonable burdens.

I made this clear as well: We support removing any of the burdens that may exist because of too much paperwork or outdated policies. We just want to make sure the bill says that. If not, Mr. Speaker, there could be issues around regulations and rules that exist to protect workers. Workplace safety regulations come to mind first. I know my colleagues that are here today, and probably all those glued to their televisions back in their offices, are worried about that too. They want safe workplaces across the province of Ontario.

But I'm worried that instead of helping businesses grow safely, this act is a smokescreen that will scale back safety laws that protect our workers. According to this bill, the minister could say we're paying too much to keep our workers safe in their work environments. Maybe the minister feels that instead of investing in our businesses here in Ontario, he can cut costs by cutting out regulations that companies are forced to have to keep our workers safe—the same safety regulations, Mr. Speaker, that workers have fought for decades to have. They're not in place to be inconvenient. They are in place to make sure that no man and no woman—and, in some cases, some of our young children that go and work part-time as they're going to school—ever has to worry about maybe not coming home, as we've seen in this province before.

There are examples of this all across the province of Ontario. As the member from Nickel Belt has mentioned before, there are serious concerns with the Liberal government and their love affair with private clinics that outsource medical care to private buyers. They're setting up shop faster than we can keep track of them, yet they are running around proper health and safety standards.

I had the privilege just the other day to go and talk to our brothers and sisters at ONA, right down here at the Westin. They had a thousand nurses and workers. I had a chance to talk to them. You know what they told us and what they informed us of, what their convention was about and what they said to our labour minister from the Liberal Party? They told him the number one issue in their workplace is safety and how they were being hurt on the job. When you look at sectors—you look at the steel sector, at the auto sector—you would think that's where all the injuries are happening. The number one workplace is with nurses, getting hurt on the job.

0940

So yes, reducing red tape has allowed private health clinics to open up quickly and allowed them to take Ontarians' hard-earned money, and put their health at risk. You only have to talk to ONA on that issue, and the nurses who do an incredible, incredible job for all of us every day.

Instead of people going to clinics to get healthy, they're actually getting sicker. Think about it: health clinics not following health regulations. Let me say this again: I'm all for reducing unneeded burdens that allow businesses to open right here in Ontario. But we can't

support it if the minister is going to use this clause to slash and burn regulations that keep our people safe and healthy in our workplaces across the province of Ontario.

On paper, it looks great. And quite frankly, it's a page and a half, this bill. Like I said, I was thrilled to get the opportunity to talk for an hour on a page and a half. But it wasn't the page and a half that concerned me; it was what was trying to be said in that page and a half. So on paper it looks great. The government lets a private clinic set up shop. They open quickly; the government overpays the developers; and in the end we pick up the costs when things go wrong.

Regulations need to be closely examined before they are slashed. This bill provides nothing up front to address that issue. It gives the minister the authority to slash regulations and report on them after the fact. We need provisions that protect citizens and employees.

Let's take a look at another issue, one raised by the MPP from Kitchener–Waterloo. We have a serious issue in this province where our young workers are being put in dangerous situations involving heights. There's no legislation that demands that employers do their part and properly give their workers height training. We see young workers, our sons and our daughters, our grandkids, workers who are out there striving to get a job, who are afraid—and my daughters have told me this—to refuse unsafe work, getting injured and killed in the workplace. We can't be cutting burdens like that when it comes to training and regulations. Certainly, we need to implement regulations to save workers' lives. When it comes to getting business here in Ontario, let's support them. Let's make sure there are no unnecessary burdens to overcome, but let's make sure this bill isn't used as a wholesale deregulation of very important standards.

It could be the case that some health and safety training that is regulated costs money. But companies that say that need to ask themselves a more important question. This is important. If you ask the businesses across the province in Ontario, they'll tell you the same thing: What is the cost of paying an injured worker or going to court? On the face of it, it may look like removing certain burdens would save money, but realistically, having some regulations and restrictions helps to make sure some companies aren't paying much higher fees later on.

That's what I'd say when it comes to the definition of a burden. If you're discussing removing procedures that are costly and unnecessary, let's get it done. Let's do it. Let's make sure it's easy for business to open up shop in my riding in Niagara, in Sudbury and in Toronto. But let's make sure we're not opening the doors for companies to skip over regulations and put the people of Ontario at risk. Let's make sure we legislate where we must to protect people and remove burdens where we can to foster better businesses and business growth here in Ontario.

We never want to see a person get injured or even killed because there was not enough analysis done when it comes to removing a regulation. If we do this right, we can create an Ontario where businesses have no fear of unnecessary regulations, but also where workers and

everyday citizens can sleep at night knowing that proper safety regulations are being followed. I believe, at the end of the day, that becomes a win-win for everybody. That's where we should go.

The first part of the bill is interesting. It requires that the minister submit a report to this Legislature every year on the work they've been doing to reduce unnecessary burdens. Like I said before, this bill is pretty vague in its language. The definition it offers of burdens can be looked at in a number of ways. If the minister were to clarify in the act how this government is going to distinguish between what a regulation is, a burden necessary to protect the public interest, and what burdens are unnecessary costs to businesses—that's what this act should be looking at. Then I would feel a whole lot better.

Clarifying this act is the best way to make sure we're eliminating what isn't necessary and keeping what is vitally important. I fear that one report always made after the fact will be quite lengthy and oftentimes far too late. In the case of our clinics or our workers, a report after the fact would reverse the side effects of mass deregulation.

When you take a look at the bill, it says that the report will be done sometime before June 30, but when you follow closer into the language, the language says, "but it may be extended." The word "may," in the world I come from, is a very soft word when it comes to language. You always like to say "shall"; you like to see something like that. What could happen in the report: The report could be done on June 30 one year and the next year you're expecting another report on June 30, but they could extend it to December 31 because that constitutes a year. You have to have some concerns around that.

The other concern I have around the reporting: Wouldn't it make a lot more sense that, before you do anything and eliminate any regulations or put any hardships onto the business—why wouldn't we do the report before, and have that discussion and make sure what they're doing is something that makes sense to all of us?

The example I got yesterday from my colleagues was WSIB. You can talk about WSIB in this room for probably hours, on the problems that we have there. But on the forms what they're saying is, "One of the things that's really giving us a hiccup is that somebody may get injured on the job, but there's no lost time involved." They didn't get off the job. They didn't lose, really, any time on the job, yet they have to fill out this long, long form on exactly what happened. They said that they would like to see that form shortened. Well, that would make a little bit of sense. I could understand that.

0950

Those types of things we could have, but it would be nice, before we see the report, if we actually had that dialogue. I think for everybody in this House—if they could make it a shorter form from a long form, I don't think that's an issue. That's my concern with the reporting, we're going to get it all after the fact, so clarifying this in the act is the best way to make sure we're eliminating what isn't necessary and keeping what is vitally important. I fear one report—always made after the fact—will be quite lengthy, so I'm concerned about that.

Let's make sure we make Ontario the best place in North America to invest. We all know our problems with people finding jobs. We've got everything an investor could want. I want to repeat that for my colleagues across so they hear it quite well: We've got everything an investor could want right here in Ontario. We have manufacturing, we have natural resources, and most importantly—and I've heard this coming from folks from all around the world—we have the smartest, most dedicated and the hardest-working workers in the world. There is no reason Ontario cannot be the economic powerhouse it has historically been. We need to work with businesses and workers alike to make that a reality.

If we have smart and dedicated economic development, we can finally lift Ontario out of the slump that has existed since the financial downturn and give people the work they deserve. That's in the first part of the bill, which is removing government from the process, where it makes sense, and allowing businesses the opportunity to set up and grow here in Ontario—that used to be a commercial. Do you remember that? “Set up and grow in Ontario.” Maybe I'm the only one who remembers that. Maybe I'm showing my age here; I'm not sure. I didn't get any feedback over there; they didn't even pay attention to that one. I thought that was a good line: Set up and grow here in Ontario. That's what we need.

The second part of the bill actually puts the government back into the process. The second part of this bill deals with clusters. For those of you who are unaware, according to this legislation, clusters tend to be considered geographic groupings of similar businesses. We all understand that. At first glance, it may just look like a few groups decide to set up shop in the same area, but identifying and nurturing these clusters is far more important than that. When a group of businesses cluster together we see some great things when it comes to economic growth. By being situated close together, there is an increase in competition, but not always just competition, oftentimes collaboration as well, which is equally important. By being so close to one another, these businesses tend to be innovative and grow off of one another.

So when these clusters start to form, the best and the brightest who work in these industries that are being developed move in to the region. When they move to the area, more businesses are attracted to come to these centres of innovation and take advantage of these employees or, just as important, the resource base. A pool of working, wherever it is made, makes a certain geographic area attractive, whether that be up north, whether it be in Kitchener–Waterloo or whether it be in Niagara. The more businesses that come, the more jobs they make. I think we all understand that. That's what the idea of the cluster is. The larger the businesses, the more competition, the more innovation and so on, as it goes. So you can see why developing these clusters is a good thing. Probably one of the most famous examples is Silicon Valley in the United States.

Mr. Speaker, right here in Ontario—right here in Ontario—we have a number of clusters that provide

some of Ontario's best jobs, well-paying—things that we need right here. Two great examples are the IT cluster in the Waterloo area and the automotive cluster in Windsor, and in Niagara, my area of the province of Ontario.

In St. Catharines, we have a General Motors plant that employs 2,000 people, both union and non-union. The plant builds a V6 engine. It has engine lines and assembly lines. But what happens when an automotive plant is in your area? The plant employs people who live in St. Catharines, Niagara Falls, Welland, Port Colborne—the entire area. Basically every city in the region would have employees there. But there's support there it builds off of.

There's a CAMI plant, which turns out the Equinox and the Terrain. So you can see, that's a bit of a cluster. If you talk to the workers down there, they have a lot of parts suppliers that are supplying to that plant. Well, CAMI has about 3,000 employees, and they say that every automotive industry job creates another six to seven spinoff jobs, direct and indirect jobs—very important clusters.

I'm going to tell you a quick story about a plant. It's called SpencerARL. It does logistics for the transmission plant in Niagara. Now this was a plant that came into Niagara Falls, and they were awarded the job of supplying to General Motors, doing some inspection, doing some of that stuff for them. They started with 11 employees—11. As we showed the highly skilled workforce that we had here—people in the manufacturing sector who unfortunately had lost their jobs in places like Hayes-Dana or Edscha—they saw that they had workers right in Niagara who had the experience to work in the automotive sector who understood what it's like to work in a plant, who understood what it was like to work shift work.

I don't know how many in this room have worked shift work. Shift work is not always easy. It's not easy on the family. Trying to get your kids to hockey when you're working shift work—a lot of that responsibility would fall on one of the parents, one of the partners of the relationship, male or female. Because in a lot of cases in these workplaces today, there are women working there. There are men working there. Some are working in the same plant, and they're all taking their kids to different stuff. But SpencerARL is a good example of what a cluster can do.

So General Motors awarded a new transmission line to the St. Catharines plant, and I believe it was close to a \$600-million investment in St. Catharines—all good news. General Motors made that decision. I believe—like I think everybody in the room does, all my colleagues here—that we have some of the most talented workers in the world right here. We know how to build cars in this country. We're the best.

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But SpencerARL started at 11. Today, Mr. Speaker, do you know how many employees they have there? I know you're dying for me to tell you, because you're

looking right at me. Three hundred—300 employees. They've grown from 11—by the way, all unionized; that was never an issue at this company, which I think I like to say. They came in and they sat down with the union when they had 11. We hammered out a collective agreement, and I can say a very good collective agreement, because I bargained it with the company across the table. They were excited to come to Ontario. They were excited to open up in Niagara Falls. It was the first manufacturing—I was on city council as well in Niagara Falls—to come to Niagara Falls in close to 20 years, and they grew from 11 to 300. That's what the cluster is about, quite frankly.

They're 12 minutes away from the plant, so just-in-time is nice and easy. We can talk about the infrastructure that we need to fix to help businesses as well; we can't be stuck on the highway, on the 401, all the time. But this is a plant that's 11 or 12 minutes away. Just on time, they get the parts there. It's absolutely incredible what's happened. But they grew from 11 to 30 because of a cluster, because General Motors made a business decision to come to St. Catharines and the surrounding area—SpencerARL being the case here—and grew from 11 to 30. I think that's what we're talking about when we talk about clusters.

The offshoot to that was that there's another company that, because the basement in General Motors was empty and because of, again—I didn't participate in this—the bargaining of the union, they agreed to utilize the open space in the basement to have another company come there. They're called Offsite. What happened is that they came into the basement and the same thing happened: They started with 12, maybe 14, employees. They're now up to 80.

As a cluster grows, what happens? It's a highly skilled workforce, so they're excited to come to Ontario. Why wouldn't you be? It's a great province. So the clusters can certainly work, and I think I've given you two pretty good examples.

Now, I don't know the names of the companies, but there are tool and die shops that have now come in and that are now doing work within the area. As you see the automotive cluster, you see how it grew. We went from, say, 11 employees at SpencerARL, 11 employees in the basement, to where now we're talking 400 employees making what I would consider a fair wage with fair benefits, working in the province of Ontario and taking home a paycheque to their families. I think that's all good news for us. I certainly believe, on our side of the House, that we can support that. Why wouldn't we support it? It's putting our kids and our grandkids to work.

The big thing in Niagara is that some of the other plants closed, like Dana, like Edscha, where they lost jobs, they've now been put back to work doing the same thing they've done their entire life because of the cluster and because of a decision, and, quite frankly, through the support of the Ontario government, that we were able to negotiate a brand new transmission line in the St. Cathar-

ines plant, and now the cluster is growing. Tool and die, inspection, machine shops: It's absolutely great.

I wanted to tell that story because I think it talks to the bill on how clusters can work. They certainly can work in Niagara around automotive.

I can talk about tourism because I have a few minutes left. It looks like I have lots of minutes left, so I've got lots of time to talk. It's one of the things I enjoy doing. We can talk about tourism, and I'll do that for a minute.

The reason why I'm going to do that is because I think it's important. We're going back a few years to 1995, in that area; it might be 1994, but it's back a bit. As you get older, your memory isn't quite as good, but it's in that area. There was a decision made to build a casino in Niagara Falls. It's going to create 3,000, 4,000, 5,000 jobs when it's up and running. It's a good-news story, right? It's tourism. I'd ask my colleagues, how many have been to Niagara Falls here? I think everybody has been to Niagara Falls. Right?

Interjection.

Mr. Wayne Gates: Exactly.

Hon. Tracy MacCharles: I lived there for a couple of years.

Mr. Wayne Gates: There you go: Some of my colleagues have been to Niagara Falls.

You can see what happened in Niagara Falls when the casino came. First of all, what happened is they hired 3,000 or 4,000 people—good-paying jobs, around the clock. Casinos are open 365 days a year, I believe, seven days a week. What it did is it created a cluster of other businesses, direct and indirect. You know what I said about the automotive sector? That's exactly what happened in tourism. Now you need somebody to supply the food, so now you have a group that is doing that.

What happened in Niagara Falls and, I believe, put it on the map just outside of the falls, was that billions and billions of dollars were invested in new hotels in Niagara Falls, creating thousands and thousands of jobs—again, a tourism cluster, something that we needed.

Quite frankly, I'm going to make a pitch. The city of Niagara Falls, while I was sitting on city council—we're happy with the two that we have. We believe there should be more investment in upgrading one of our casinos, but we believe there is room for another casino in Niagara Falls. That's one thing we think we should work at. The other thing is that we had a cluster in Fort Erie, the same type of thing around tourism.

Now, think about what we're saying here, because the bill is talking about clusters. We have an automotive cluster, we have an IT cluster, we have a tourism cluster. In Fort Erie, we had a cluster. They had the slots in Fort Erie, and the slots, through their revenue, were providing some revenue for the racetrack. You know how that all worked. It created 300 jobs, and then it created jobs in the hotel sector, the restaurants and all the local businesses. So now you're creating four and five more jobs.

The problem that we had with that particular cluster is—and a decision that I'm hoping, at some point in time, we can sit down with the government and get changed—

let's reopen that casino and continue to have that cluster and those jobs.

At the racetrack, there were 1,000 jobs: 700 direct, 300 indirect. The casino, the slots part of it, had almost 300 jobs. Revenue was going to the council. Some of the revenue was going to help with the purses at the track.

What happens with that cluster? Who wins? The government of Ontario wins, because they're getting tax dollars, which we know we need from looking at where we're at. We create jobs at the slots. We create jobs at the racetrack. We create jobs at the local businesses, the local restaurants and the local malls. That's how the cluster should work.

Tourism can be an extremely important cluster right across the province of Ontario. We know what it does for Toronto, with the tourists who are here—it's incredible every day—from all over the world. So the clusters can work. I know I got a little bit off topic there, but I think it's important to talk about how clusters can work and put people back to work.

I didn't talk—and I should, I guess, for the people who are from Toronto. I don't know how many are in the room today who are from Toronto. There's an auto plant right here on the highway in Oakville. It's a very good plant, Local 707, producing great products. They just had a big announcement of more jobs down there. They're running full out. It's a really good local, a really good plant: high quality, highly skilled.

What happens in Oakville—I saw you put your hand up. What happens in Oakville? It's the same thing. Right? In the plants there, the workers are going to work six, seven days a week. The skilled trades are in there working. What happens outside? You have all the other businesses outside that are feeding off that plant—a great cluster for Oakville, right here in Toronto.

These are just a few of the industries that form the automotive and industrial cluster from southern Ontario.

I would like to mention—because it has helped with the tourism cluster in Niagara Falls, with the plant operating at SpencerARL, with the GM plant getting the investment with the new V6—sorry, the new transmission line. A new engine line, by the way, also came to St. Catharines.

Why is that? Why are people choosing Ontario to do business?

Mr. Lou Rinaldi: It's a good place to invest.

Mr. Wayne Gates: It's the best. It's the best place to invest.

There's no doubt that the cluster will work. It's because of the workers. It's because they're highly skilled. It's because of how well they do their jobs. We produce.

1010

I want to be clear on this for all my colleagues here: We have nothing to be ashamed of in the province of Ontario when it comes to producing automobiles in this country. We produce the best automobiles because we have the best workers, we have the highest productivity and quality by far, and that's the reason they come to Ontario. I just wanted to throw that out.

Mr. Steve Clark: You should put some music behind that. That was a good commercial.

Mr. Wayne Gates: I can't sing; I'm sorry. I would if I could. I can't sing at all.

I can tell you, I am so proud of the workers of Ontario in the automotive sector and a lot of other sectors right across the province, because we are the best. We've got to get them to work. We've got to get everybody back to work. We still have too much unemployment.

There are a few of the industries that form the automotive and industrial clusters found in southern Ontario.

I find it interesting that this Liberal government has language like this in the bill—or maybe it isn't so confusing. The bill is particularly vague—and that's my concern with the bill—when it comes to the language around it and the support of the clusters. Remember, I used that example: “may” and “shall.” That's why it's important to have strong language when you put a bill together: “We shall do this.” “We shall do that.” “We may do a report once a year” or “We can extend that report”—those types of things are not, and why I say it's vague.

This bill says, “Ontario can act as a catalyst to spur the development of clusters. By working with businesses and other entities to develop plans with respect to the development of clusters, Ontario can promote the growth of jobs and the economy.” It sounds great, doesn't it? I can say I support that 100%. I support this province acting as a prime supporter of our businesses' clusters and working with key players in those sectors to create a strong development of our economy. I'm sure my colleagues heard that.

Mr. Speaker, maybe this bill means a big shift in policy from the Liberal government of two weeks ago.

Some time ago, Ford approached the province of Ontario with a plan. It was going to develop a small fuel-efficient engine right here in Ontario. It was going to tap into the manufacturing cluster that exists in Windsor—I never talked about that cluster, but there is a really good cluster in Windsor—use our hard workers, use our access to resources, our industrial strength. They were going to expand their operations to produce that engine right here in Ontario. By tapping into the manufacturing sector in Windsor, they were going to create 1,000 jobs.

We've got economists who say that for every one job created directly in the automotive plant, there are six spinoff jobs—some say it's as high as eight—created for the economy. So for 1,000 jobs, that's an extra 6,000 people, roughly, who would go back to work, and in this case, including the 460 people who are on layoff currently in that plant. I talked to their chairperson yesterday about this, and he agrees: We have to be more proactive; we have to sit down and make sure, with all the stakeholders, so that we're getting in the front door of these investments and finding out how we can make sure that when companies are going to invest, they're going to invest right here in Ontario. I think it's important that all the stakeholders do that and find the best way to be more proactive than reactive to these types of investments. I

think, collectively, we can do that, and I believe that everybody agrees with that as well.

These are not poor minimum wage jobs without benefits, but safe, secure jobs—oh, I'm sorry. You stand, I sit.

Second reading debate deemed adjourned.

The Deputy Speaker (Mr. Bas Balkissoon): Thank you. This House stands recessed until 10:30 a.m.

The House recessed from 1015 to 1030.

INTRODUCTION OF VISITORS

Hon. Ted McMeekin: I'm pleased this morning to introduce Anne and Chris French from my riding, the parents of Elijah French, who I'd like to congratulate on being page captain for today. Please join me in welcoming them.

Ms. Peggy Sattler: I'm very pleased to welcome three guests who are here today: Paul Smith from the Canadian Association of Career Educators and Employers; and Lisa Whalen and Kirk Patterson, who are from Education at Work Ontario. Welcome.

Mr. Mike Colle: I'm pleased to welcome here to Queen's Park the World Lebanese Cultural Union, who will be raising their flag at 12 noon here today in front of Queen's Park, and everybody is welcome.

With us today we have Judge George E. Khouri, the world chairman of the Commission of International Relations, World Lebanese Cultural Union; Rita Houkayem, youth chair of the World Lebanese Cultural Union, Toronto, and former Miss Lebanon Emigrant 2013; and John Gideon, treasurer, World Lebanese Cultural Union, Toronto. Welcome to the provincial Legislature.

Mr. Bob Delaney: On behalf of the member for Scarborough Southwest, I'd like to recognize not merely page captain Kate Beverly, but she's joined here by her mom, Karen Beverly; her dad, Rob Beverly; and her brother, Jack Beverly. They will also be in the members' gallery this morning and I hope members welcome her family.

Hon. David Zimmer: I would like to introduce two young community activists from Willowdale who do lots of stuff in Willowdale and worked very hard on my campaign: Frank Hong, who also is a former page, and Theo Poenaru. They're in the east gallery. Stand up.

Mrs. Marie-France Lalonde: It gives me great pleasure, on behalf of, I hope, all members, to say a happy birthday to one of our colleagues who is celebrating her birthday on November 22. Donc, j'aimerais souhaiter une joyeuse fête, une bonne fête, à notre collègue Madeleine Meilleur, qui célèbre son anniversaire samedi.

The Speaker (Hon. Dave Levac): Thirty-nine?

Further introductions.

Hon. Deborah Matthews: Today is a very special day for me because I have several members of my family joining us. I'm going to ask the opposition: If you're going to demand my resignation, wait until Monday, okay? Don't embarrass me in front of my family.

I'm delighted that my sisters Dona Matthews and Virginia Lato are here. Others are coming: my sister Shelley Peterson; my sister Carole Matthews; my father, Don Matthews; his sisters, Shirley Pettigrew and Barb Rutherford; Anne Pettigrew, my cousin; Nancy Rutherford; and Thelma Abriam. We're all delighted to be here today celebrating democracy in action.

The Speaker (Hon. Dave Levac): Welcome.

It is now time for question period.

ORAL QUESTIONS

TAXATION

Mr. Jim Wilson: My question is for the Premier. Premier, by 2017-18 the government expects to squander over 10 cents of every revenue dollar collected by Queen's Park towards servicing your Liberal government's reckless and unaffordable debt. That's taxpayers' money that should be reinvested in front-line health care, first-rate education, reliable roads and transit.

Instead of showing leadership and taking decisive action, you're going to force hard-working Ontarians to pay more for a decade of Liberal mismanagement.

Premier, what taxes will you raise on Ontario's families in order to service that debt and balance the books?

Hon. Kathleen O. Wynne: Mr. Speaker, let me just say that we've been very clear about the path to balance that we have laid out. We understand that it's extremely important that we continue to constrain increases on wages. We laid out clearly that we were going to be looking at the assets that are owned by the people of Ontario and making sure that they are working to the best advantage of the people of Ontario, and that's the work that Ed Clark and his commission are doing.

We also recognize that as the economic recovery takes hold, it's extremely important that we make the investments that are necessary so that we can continue to create jobs and work with municipalities to make sure that communities grow, because the economic well-being of communities across this province is part of the economic well-being of the province.

We have laid that all out in our budget, then in our platform and then in our budget again, and that's the plan we're implementing.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Jim Wilson: Back to the Premier: Premier, because of your inability to stop spending and reverse course, Ontario has a half-a-billion-dollar shortfall this year alone.

Ontarians cannot afford any more money taken out of their pockets. They cannot afford new and higher taxes.

On the issue of a carbon tax, your environment minister has said, "It is time for all of us to start to get comfortable with two words: carbon tax. Without it, all these dreams of a green tomorrow are hallucinations."

So, Premier, a straightforward question: Will you be introducing a carbon tax on hard-working Ontario families before 2018? Yes or no?

Hon. Kathleen O. Wynne: Mr. Speaker, what we are focused on is making sure that we do everything in our power to grow the economy. We understand that balancing the books and making sure that the deficit is reduced by 2017-18 is very much a part of the task in front of us, but we also know that building on the success of creating over 500,000 net new jobs since the recession, the lowest unemployment rate since the recession, at 6.5%—we recognize that building on those successes is what we have to do if we are going to be successful over the next decade.

The investments that we're talking about that will ease people's commutes, that will make sure that communities have the roads and bridges that they need, the hospitals and the schools—those contribute to a quality of life that is critical to the economic and the social well-being of the people in this province.

The Speaker (Hon. Dave Levac): Final supplementary?

Mr. Jim Wilson: Well, Mr. Speaker, it sounds like a yes to me.

Premier, Laurel Broten, a former Ontario Liberal environment minister and cabinet colleague of yours, is calling on the Nova Scotia government to introduce a carbon tax.

Quebec implemented a carbon tax in 2007 and then became part of the Western Climate Initiative. In August 2014, you announced a strengthened relationship with Quebec on the issue of climate change. Your news release even quoted Premier Couillard as saying, "We are looking forward to recruiting new partners among our neighbours."

Well, to be a partner, you have to have a carbon tax. So, Premier, do you plan on joining Quebec and imposing a carbon tax on Ontario families?

Hon. Kathleen O. Wynne: Mr. Speaker, here's what we're joining with Quebec on: an acknowledgment that reducing greenhouse gas emissions and dealing with the effects of climate change is a challenge for every single one of us. The member opposite is the first to jump up if there is a tornado or if there is a flood or if there is an indication of the impact of climate change.

On this side of the House, we believe that climate change is a reality that we have to deal with—

Interjection.

The Speaker (Hon. Dave Levac): The member from Renfrew will come to order.

Carry on, please.

Hon. Kathleen O. Wynne: The single most important thing that has been done in this country in terms of reducing greenhouse gas emissions is the shutdown of coal-fired plants in Ontario.

Are we going to continue to fight climate change? Are we going to continue to do everything in our power to guarantee that there is a world for our children in the future? Absolutely.

1040

EDUCATION FUNDING

Mr. Jim Wilson: Mr. Speaker, we can play the shell game all we want. A tax is a tax is a tax, whether you call it a carbon tax or not, Premier.

Back to the Premier: During the last election you called cuts to education "dangerous for children." In fact, you said cuts to education funding were "detrimental and have such a negative impact on so many people's lives in this province" that you would never support them. Yet you're now planning to cut \$500 million from the education budget because of your fiscal mismanagement. You claimed that these cuts were dangerous during the election, yet now your government is taking millions of dollars out of the classroom. Premier, is this just another case of you saying one thing and then doing another?

Hon. Kathleen O. Wynne: The fact is that our government has increased funding to the education system every single year we've been in office, and we're continuing to do that. We've increased education funding to \$22 billion this year. That's an increase of 56.5% since 2003, an increase of more than \$4,000 per student.

The fact is that we have made sure that the resources that go into education go into advanced student achievement. We came into office and 68% of kids were graduating from high school in this province; 83% of kids are graduating from high school in Ontario now. The reality is that, at a time of declining enrolment, we have continued to increase funding to the education system because we know that's how the talents and skills of our kids can thrive.

The Speaker (Hon. Dave Levac): Supplementary.

Mr. Jim Wilson: Again to the Premier: Your former Liberal colleague and successor as education minister, Leona Dombrowsky said, "The government believes locally elected school boards have sound processes in place to make decisions about school closures in consultation with their communities." You've said similar things many times. Yet yesterday, your current education minister made it pretty clear in this House that you will not fund under-capacity schools, leaving the impression that the minister will make the decision on what schools will close.

Premier, which is it? Will individual school boards decide which schools will close, if any? Or will you order the school closings yourself?

Hon. Kathleen O. Wynne: In fact, what I heard the Minister of Education say was that we have to make sure that we fund the students and the places in the schools—the students that exist—that we will make sure that we work with school boards to maximize the investments in their school boards, to make sure that the programs that are available to kids are the ones that they absolutely need.

I've been a school trustee. I fully support the authority of school boards to make decisions about program delivery to students. But it is only responsible that we

work as a provincial government with school boards—something, I might say, the member opposite doesn't know a lot about, given their track record in government—to make sure that the distribution of kids is in schools in the best way possible and that we're not funding empty or half-empty schools.

The Speaker (Hon. Dave Levac): Final supplementary.

Mr. Jim Wilson: I don't need any lectures, after 24 and a half years in this House, serving school boards, preaching for good education and supporting good education.

Premier, as education minister you said, "It would in fact be irresponsible—

Interjections.

The Speaker (Hon. Dave Levac): Stop the clock, please. Order.

Please finish.

Mr. Jim Wilson: As education minister you said, "It would in fact be irresponsible for any government to tie the hands of local school boards to make decisions about their communities." However, by slashing half a billion dollars from the education budget, you're doing exactly that. You're making school closures, particularly in rural and small-town Ontario, a done deal.

Premier, very simply, when will you release the list of the schools you're planning to close?

Hon. Kathleen O. Wynne: Let me repeat: We are increasing funding to the education system. In the face of declining enrolment, we are increasing the funding to school boards. That's a fact. That is the reality. That is the reality that school boards are dealing with.

Will we continue to work with school boards to make sure that kids are getting the programs that they need, that there are enough kids in schools to make them viable? Absolutely, we will continue to work with school boards.

Will we work with school boards to help them to consolidate where there's an opportunity for school boards to work together? Absolutely, we will do that. I think that is responsible management of the public dollars in this province.

Will we continue to work with school boards to improve student achievement as we have done—and we have seen student achievement increase? Absolutely, we will do that.

Will we fund empty spaces and will we step back from the process? No, we will continue to work with school boards.

EDUCATION FUNDING

Ms. Andrea Horwath: My question is for the Premier. Yesterday the Premier said, "The reality is that we continue to put more money into education." But an internal document says that under the Liberal austerity plan, "The recent pattern of annual increases in education funding is no longer sustainable." Internally, the Liberals say that half a billion dollars is going to be slashed from

schools. In public, the Premier is playing good cop, telling Ontarians that they are going to be putting more into education, and in private she's being bad cop and saying that the well is dry, Speaker. Why is the Premier telling one story in public and another story behind closed doors?

Hon. Kathleen O. Wynne: I know the Minister of Education is going to want to weigh in on this, but let me repeat what I have said: We continue to put more money into education. Even in the face of declining enrolment, that is what we have been doing.

The reality is that there are ways of school boards working together—and I'll use transportation as the example that is the farthest along. The reality is that we have worked over a number of years, in fact since I was Minister of Transportation, to make sure that school boards have the capacity to work together and that they have the ability to have kids from different boards and different schools on the same school bus, so that school buses driving down a particular road pick up kids and take them to a number of schools. That kind of co-operation, whether it's transportation or whether it's back office or whether it's sharing buildings—yes, we're going to continue to try to work to find those efficiencies.

The Speaker (Hon. Dave Levac): Supplementary.

Ms. Andrea Horwath: Despite the Premier's denials, internal documents say clearly that she's slashing \$500 million from schools. As a former Minister of Education and school board trustee, the Premier knows that it's always the most vulnerable students who suffer the most from this. Whether it's school closures or cuts to special needs, ESL, school breakfast programs, libraries, literacy and numeracy supports or counselling services, the bottom line is that it's going to hurt students.

Will the Premier commit to putting that half a billion dollars back into our schools, where it belongs?

Hon. Kathleen O. Wynne: On so many issues it is so dangerous to oversimplify and to take a particular notion and extrapolate that across a whole issue. The fact is that there are many, many instances across the province where school boards have made decisions about consolidating schools, and the programs have improved. Those very students that the leader of the third party is talking about get better service, Mr. Speaker, they get better opportunities, they have more opportunities because of the consolidation of a school board or because of the building of a new building. More times than not, when there's a consolidation of schools, there is a renovation or a new school built. So I think to oversimplify this issue and to somehow suggest that the fact that we're putting more money in education is a problem is irresponsible.

The Speaker (Hon. Dave Levac): Final supplementary?

Ms. Andrea Horwath: Speaker, there's nothing simple about it. Slashing half a billion dollars from education is going to mean ripping schools out of some communities and overcrowding others. It's going to mean program cuts. It's going to hurt the most vulnerable students in our schools, and this Premier knows that's true. The Premier

created chaos in our school system with Bill 115, and she's creating chaos again with a half-a-billion-dollar cut to schools.

If she's not prepared to put the money back into our schools, will she stand up and tell parents and educators exactly what it is that she's going to be cutting from them?

Hon. Kathleen O. Wynne: Minister of Education.

Hon. Liz Sandals: I think I'd like to start by talking a little bit about the funding model, because classrooms are funded, as you well know, Speaker, based on the number of students. Looking at boards and working with boards on whether they can operate the space more efficiently has nothing to do with the number of teachers or the amount of special ed money. That's all based on the number of students, and it has absolutely nothing to do with this issue.

What we do believe is that it's perfectly reasonable to work with trustees and say to them, "In terms of your operations," which is heating, lighting, space, "we can work together to make it more efficient."

All we're saying is good management, no matter who you are, involves good management of space.

1050

HEALTH CARE

Ms. Andrea Horwath: My next question is for the Premier. In health care, just as in education, before the election we were promised that things would get better. After the election, we see that things are getting much worse. Today, Health Quality Ontario released its annual report, and they say, "Access to care continues to be a problem in many areas of our health system."

When Ontario is compared to 10 countries, including Great Britain and the United States, we come dead last—dead last—when it comes to getting people in to see a doctor when they are sick. Yes, we even do worse than the US, Speaker.

Does the Premier think it's okay that Ontarians wait longer to see a doctor than patients in 10 other countries?

Hon. Kathleen O. Wynne: The fact is, we know that there is more that we can do. We have been working to transform the health care system. There are a number of areas where wait times have been reduced, and we have made a lot of progress.

But we also know that we're dealing with an aging population that needs a different kind of service, that needs more service at home, and that's the transformation that we are in the midst of. We're not proposing that we are finished with the transformation of the health care system. We know that there's more that has to be done, and part of that is getting the right services to people where they need them, whether that is in a hospital or whether that is at home or whether that is in some other kind of supportive housing.

This is an issue that is ongoing. We know that there's more to be done, and we are investing in those changes in order to get to those successes.

The Speaker (Hon. Dave Levac): Supplementary.

Ms. Andrea Horwath: During the election, the Premier said, "Ontario will be the healthiest place in North America to grow up and grow old." But now that the election is over, the Health Quality Ontario report says that long-term-care wait times for residents in hospitals have never been higher. They're higher today than at any other point since the Liberals came to office, tripling from just 18 days in 2004 to a staggering 65 days. Under this Liberal government, seniors are waiting longer than ever in hospital for the long-term care that they need.

How healthy does the Premier think it is to have seniors waiting over two months for long-term care that they need?

Hon. Kathleen O. Wynne: We welcome the release of Health Quality Ontario's report. It's called Measuring Up. We're committed to providing the best patient care possible.

We have adopted a process of transformation that has provided different kinds of service and has allowed people to get service at home, in the community, where they haven't been able to get it before. Are we finished? Absolutely not. But there are many areas in the report that show the successes that we have achieved. Measuring Up talks about the fact that Ontarians are healthier than they have ever been.

The fact is that the work we are doing is actually providing services that people need, providing them with the services that they've been looking for, and providing them in their homes and in the community, where they weren't able to get them before.

The Speaker (Hon. Dave Levac): Final supplementary.

Ms. Andrea Horwath: During the campaign, the Premier promised she would hire nurses, not fire them. In fact, she said, "I'm not going to apologize for hiring nurses." But after the campaign, the truth comes out. Every year for the last five years, we've had fewer registered nurses looking after our kids, our parents and our loved ones.

Ontario Nurses' Association president Linda Haslam-Stroud uses words like "appalled"—

Interjections.

The Speaker (Hon. Dave Levac): Stop the clock, please. Order, please. That's better. Thank you.

Finish, please.

Ms. Andrea Horwath: ONA president Linda Haslam-Stroud uses words like "appalled," "disgusted" and "horrified" to describe what's going on in parts of this province under this Liberal government. Registered nurse positions are being eliminated all over Ontario, creating an appalling situation in this province.

So I ask this Premier, will she apologize for that?

Hon. Kathleen O. Wynne: Let's talk about the facts. The fact is that we have hired over 20,000 nurses, Mr. Speaker. Let's talk about the fact that we've established 26 nurse-practitioner-led clinics. Let's talk about the fact that we have now got 10 aboriginal community health

centres, 76 community health centres and 200 family health teams.

We have diversified the ways in which people can access primary health care. We have hired more professionals, and we have put them into interdisciplinary teams that are delivering health care in a way that makes sense to people in communities across the province. That's why the Health Quality Ontario report is able to say that Ontarians are healthier than ever.

We will continue to make investments and continue to transform the health care system so that it meets the needs of the people of this province.

GOVERNMENT ACCOUNTABILITY

Ms. Sylvia Jones: My question is to the Premier. Repeated warnings about the structural problems at the Algo Centre Mall in Elliot Lake were ignored by your government. On January 11, 2012, an inspector from the Ministry of Labour performed an inspection of the mall that, to quote Justice Bélanger, “was perfunctory, incurious and inadequate.”

You have not apologized on behalf of your government for playing a part in the mall's collapse. An apology can go a long way. It can help speed up the healing process after a tragedy. Premier, will you apologize for your government's lack of oversight, which contributed to this tragedy?

Hon. Kathleen O. Wynne: I know that the Minister of Labour is going to want to speak to the specifics. I just want to say that we have said all along, and I have said all along, that our hearts go out to the community members, particularly to the family of the woman who died in the collapse of the mall. I'm very—

Interjection.

Hon. Kathleen O. Wynne: Sorry, the two people who perished.

I am very pleased that the report has exposed the issues that needed to have been dealt with, and I will let the Minister of Labour speak to the specifics.

The Speaker (Hon. Dave Levac): Supplementary.

Ms. Sylvia Jones: I think it would mean a great deal more if you actually went to Elliot Lake and did that formal apology, as you did with the other examples that we have.

In 2009, your government passed the Apology Act, which allows a person to apologize on a specific issue. The Attorney General at the time said this bill “gives people the opportunity to have closure, to speak frankly in relation to an issue, whether it's a health care issue or a legal issue or some other matter, without having those comments that they're making used against them in a court of law.”

You have an opportunity to show real leadership and apologize to the people of Elliot Lake for your lack of oversight. Premier, when will you apologize to the people of Elliot Lake?

Hon. Kathleen O. Wynne: Minister of Labour.

Hon. Kevin Daniel Flynn: I think I can speak for all members of the House that we were all saddened when we heard the news of this mall collapse. Our thoughts and our prayers have been with the families ever since then.

We would also, I think, all in this House, like to thank the Honourable Paul Bélanger for his work on this matter, for the report on this matter, for the recommendations he has made. All the ministries involved are reviewing the report. We're working together. We're looking at the recommendations that are contained within it. Some of the recommendations that have come forward, we've already acted upon.

I know one engineer has been charged under the Occupational Health and Safety Act in relation to the mall collapse. The individual was charged as a professional engineer for endangering a worker as a result of providing negligent advice, and as a worker for working in a manner that may endanger a worker.

Speaker, we were all saddened at the news. I think it's the intent of this House that this type of tragedy never happen again in the province of Ontario.

GOVERNMENT ACCOUNTABILITY

Mr. Percy Hatfield: My question is for the Premier. Good morning, Premier.

Speaker, the Liberals keep saying they're being transparent. They say they are telling the whole story on MaRS. Yet on page 1 of the agreement that the Liberals signed with MaRS, it says, “OILC has advised the borrower that its loan application number 11039, dated August 2, 2011, has been approved.” But, Speaker, the actual application paperwork for the loan is nowhere to be found.

Premier, where is the application?

Hon. Kathleen O. Wynne: Minister of Economic Development, Employment and Infrastructure.

Hon. Brad Duguid: I have instructed my deputy minister to release all documents that were requested, both during the time at estimates that I spent with the member and from the media. All requests for information have been released.

1100

For these loan programs, the application process is online. If a request is made to release that application, we're happy to do it. I've actually seen the application. There's nothing in it you don't already have, but it's something I'm happy to ask my deputy minister to have a look at, just to make sure it's something that's suitable for release. If it's his determination that it is, I'll be happy to release it.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Percy Hatfield: Well, let's cut to the chase. The Liberals have not released the business case for the loan that they made to MaRS—you haven't done it—a loan, Speaker, by the way, they had to bail out in secret during the election. They're not even releasing the loan application yet.

This government still hasn't explained why this multi-million dollar project, contingent on an 80% occupancy in order to be worth the investment, was allowed to go forward. What is the Premier so desperate to keep away from the public?

Hon. Brad Duguid: I'm glad the member modified his supplementary question to put the word "yet" in, because I just said yes to his request, and I'm not sure why he would not take that as an answer.

Mr. Speaker, we've released all the information we've been asked to release, and lo and behold, the information just confirms what we've been saying all along. We've made an investment by way of a loan, that is 100% secure, to ensure that phase 2 of MaRS could continue and get built. It has been built. Now the key is to make sure it gets leased up. We've made an interjection in the transaction by buying out ARE to ensure that that can now happen.

I'm awaiting advice from Michael Nobrega and Carol Stephenson to determine what the next steps are, but they've told me that this project is not a failed project. Indeed, with their advice, we should be able to get it back onto a positive keel. I hope I'll have the member's support when we get to that point.

ANTI-BULLYING INITIATIVES

Mr. Bob Delaney: This question is for the Minister of Education. Minister, this week is Bullying Awareness and Prevention Week. In western Mississauga, we have an outstanding school that has done some groundbreaking work in creating an open, supportive and accepting learning environment for all students.

St. Joseph Secondary School in the Dufferin-Peel Catholic District School Board won a Premier's Award for Accepting Schools last year for its accomplishments in creating a gay-straight alliance formed by a group of students who wanted to connect in a safe space. In Mississauga, St. Joseph's has provided Ontario with a template for excellence in a productive learning environment.

Minister, what has Ontario done province-wide to help all students feel safe while learning?

Hon. Liz Sandals: I'd like to add my congratulations to St. Joseph Secondary School in Mississauga for winning the Premier's award.

During this week, I hope that everyone will take some time to consider the issue of bullying and the role it may be playing in their lives or the lives of others. Every student has the right to feel safe and accepted at school. If the students don't feel safe, they can't be at their very best.

That's why I'm so very proud of our government's Accepting Schools Act. The act requires boards to provide supports for the bully, the bullied and the bystander, and requires principals to investigate all reports of bullying. The government has invested over \$425 million in Safe Schools initiatives that are helping to make Ontario schools safe. We've defined bullying in legislation

and we are making great progress on the whole issue of bullying prevention.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Bob Delaney: Thank you, Minister. St. Joseph school's work is led by its principal, Jeff Quenneville, whom I've come to know and respect. In fact, Jeff himself is one of this year's award winners for building an accepting school climate. The administration and staff at St. Joseph's have developed a healthy and respectful relationship among students throughout the entire school and in the surrounding community.

When this House considered bullying in Bill 13 last year, it saw that repeated, persistent and aggressive behaviour directed at an individual or individuals does cause fear and distress. Bullying involves more than physical and verbal violence. It includes social and cyberbullying.

Minister, how is Ontario addressing cyberbullying in respect to kids, computers and cellphones?

Hon. Liz Sandals: Thank you to the member for this very important question.

Cyberbullying has been a concern of our government and the Safe Schools Action Team for a number of years. That's why the Accepting Schools Act explicitly defines cyberbullying as part of its definition of bullying.

If a principal believes that actions that occurred online had a negative impact on the school climate, the principal legally has the authority to take action. Ontario's actually pretty unique in that respect because we know that when students bully each other outside of school online and come into the school, they don't feel safe and then they can't succeed. We know that we need to have a way for principals and teachers to intervene in the cyberbullying and the life of the student so that we can ensure that schools are a safe and accepting place for all our students, and that we will not tolerate bullying.

DISASTER RELIEF

Mr. Randy Pettapiece: My question is for the Premier.

Municipalities are still waiting for the millions the government promised to help them clean up from last year's ice storm. They have yet to see a dime.

My question is this: How many thousands of dollars that should be going to municipalities for disaster relief are instead being spent on consulting fees?

Hon. Kathleen O. Wynne: Minister of Municipal Affairs and Housing.

Hon. Ted McMeekin: I appreciate the question. Let me just try to bring as much clarity to it as quickly as I can. Our government, in response to some input from AMO and a number of communities that were stricken with difficulties—I think there were 53 that qualified—responded by putting in place a \$190-million fund that could be drawn upon.

We, of course, met with and provided training sessions for municipalities as to how to complete the accountability paperwork that was necessary. They're working very,

very hard at that. All of those sessions, by the way, were done internally by ministry staff. Sessions were done. Municipalities are processing their claims as quickly as they can. I'm pleased to say that as the paperwork comes in, we're releasing that money.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Randy Pettapiece: I didn't hear an answer there.

The Liberals hired a consulting firm, LandLink Consulting, to manage the process—so far with nothing to show for it. Now the government is telling municipal staff to register for a two-hour-long webinar just to learn how to fill out paperwork. Who is putting on the red tape webinar? LandLink. Who is in charge of reviewing the applications? LandLink. Who's paying for all this? Taxpayers. How much will it cost? The Liberals won't say.

Does the minister really have so little confidence in his own ministry that he would sign a secret deal with a private consulting firm? Or did he do it to evade accountability, like the Liberals did with eHealth and Ornge?

Hon. Ted McMeekin: I just did a quick check with one of my colleagues here around consulting fees, and just adding to my answer, in 2001-02, the Progressive Conservatives, when they were in government, invested \$650 million in consultants. In the last three years, our figure is under \$300 million.

We're working hard to curb the hiring of separate consultants, doing the job internally and working very hard with municipalities around their needs—something that government didn't do a lot of when they were in power.

HEALTH CARE

Miss Monique Taylor: My question is to the Premier. This government maintains that health care is not one of the ministries that will be cut by 6%, according to their budget. In my community of Hamilton Mountain, people are proud to be employed in health care, serving their neighbours who may need that care.

Lakeview Lodge is one of those places. It allows cancer patients receiving care at the world-class facility, the Juravinski Cancer Centre, to stay close by. They don't have to travel back and forth while they receive treatment that often makes them very sick. There, they receive immediate attention by trained medical staff on site—unionized staff—who can assess their needs and send them for emergency care at the nearby cancer centre if they need it. But now, Lakeview Lodge is slated to close, throwing cancer patients out to find lodging at area motels. My question is simple: Does the Premier think this is acceptable?

1110

Hon. Kathleen O. Wynne: Minister of Health and Long-Term Care.

Hon. Eric Hoskins: I'm happy to speak with the member opposite about this specific situation that she has described in Hamilton.

The accurate response to this question is that we are making massive and significant investments in health

care in our province, including in cancer care right across the province—

Hon. Deborah Matthews: Including in Hamilton.

Hon. Eric Hoskins: —and including in Hamilton, to the point where Cancer Care Ontario and our cancer prevention and treatment support system in this province is seen as among the best, if not the best, in the entire world.

I won't deny that there may be a local situation. I'm happy to speak with the member opposite to get a better understanding of precisely what her concerns are. But I think it's important that Ontarians understand the significant investments and what they're providing for the people in care.

The Speaker (Hon. Dave Levac): Supplementary.

Miss Monique Taylor: Mr. Speaker, I don't think the minister was listening. I was talking about the facility next door.

The reason that we're told Lakeview must close is because of the freeze in hospital budgets in the last three years by this Liberal government, what the NDP and many others have said amounts to cuts in our health care system.

My constituents want to know what non-union, non-health care cleaning staff are supposed to do when a cancer patient becomes sick from chemotherapy. Will the people in these motels know how to handle and dispose of it properly? Now these patients will have to take cabs and ambulances back to the hospital if they're urgent, where before the on-site nurse would be able to respond.

Speaker, it's this government's policies that have shut down Lakeview Lodge. Is the Premier going to intervene to keep Lakeview open?

Hon. Eric Hoskins: Again, this is a decision that was made by the local hospital.

It simply isn't true to talk about a lack of investments in our hospitals when in fact hospital operating budgets in the last 10 years in this province have gone up by an average of 50%.

We expect, in this particular case, as we would expect anywhere in the province, that the hospital and the LHIN that is supporting that hospital will continue to provide support to any changes made to the housing of patients, whether they be cancer patients or other patients who are in need of housing support. Again, I'm happy to talk with the member opposite.

We continue to support our hospitals. The funding has increased dramatically over the past decade. Changes are being made as we transfer more of that support into home and community care so that individuals can appropriately be cared for as close to home as possible.

ONTARIO PUBLIC SERVICE

Ms. Eleanor McMahon: Ma question s'adresse à la présidente du Conseil du Trésor.

Minister, I understand that the Ontario public service has once again been chosen one of Canada's top 100 employers for 2015. That's great news. I would like to

offer my congratulations to the Ontario public service, and in particular the members of the OPS who live in my riding of Burlington, who have served and continue to serve our province with unflinching dedication decade after decade.

I am proud to say that we have dedicated and committed individuals in our public service. It is an honour and a privilege to work with them. We rely on their advice, professionalism and expertise to help us make Ontario the best place to live, work and do business. They deliver vital services to our citizens in communities large and small and help propel this province forward.

Minister, can you please tell this House how it is that the OPS has been recognized once again with this great honour?

Hon. Deborah Matthews: Thank you to the member from Burlington for this really important question.

Speaker, this award gives us a great opportunity to say thank you to the public servants in this province who work so hard for Ontarians every single day.

Being seen as a leading employer is important to attracting and retaining the best and the brightest for the OPS.

It's not the first time the OPS has won this prestigious award. In fact, it's the fifth time that the Ontario public service has been chosen a top 100 employer in Canada.

Transformation of our public services continues to move forward—to change the way public services are delivered in Ontario, to give Ontario families the best possible value for money and streamline access to the services that they need. We're counting on our public service to drive that change. We have the best public service in the world, and I'm very proud to work with them every day.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Eleanor McMahon: Thank you, Minister. I agree, as, I'm sure, would every member of this House who has worked with the extraordinary, talented and dedicated members of our public service. We can't say enough about the important work they do and the significant contribution they make to our province. The OPS is instrumental in creating and implementing the policies and programs that Ontarians rely on, and we are thrilled that their achievements are being recognized and commended as a model employer.

I imagine there is stiff competition amongst employers to be chosen for one of these awards, which I understand were announced in the *Globe and Mail* two weeks ago. Minister, could you please enlighten us on just how the OPS was selected for this honour and what criteria are used to choose the top employers?

Hon. Deborah Matthews: I am delighted to provide a little background. Each year, an organization, *Mediacorp*, conducts research into the recruitment histories of more than 80,000 employers across Canada. Then they invite 35,000 organizations to apply for Canada's Top 100 Employers competition. So 80,000 employers, and we were chosen in the top 100.

Participants provide a detailed description of their operations and HR practices, including key areas such as

the physical workplace, the work atmosphere, health, diversity, environmental leadership, assisting recent immigrants, charitable efforts and community involvement. Winners are selected based on comparisons to other organizations within their respective sectors, and I am delighted to say that Western University was also chosen as a top 100 employer.

The OPS has led and will continue to lead by example to set the highest standards possible for other employers to emulate. These prestigious awards acknowledge those accomplishments.

CHILD CARE

Mr. Garfield Dunlop: My question today is for the Minister of Education. Minister, yesterday, in a friendly Liberal question, you said, "By playing games, the opposition is delaying implementing safety measures for our children."

I know I've asked questions in this House; many of us have. We have participated in rallies across the province. We have asked for committee travel to Ontario's municipalities. I have met with the Ombudsman. We have started petitions in opposition to the flawed Bill 10, and we will propose amendments to Bill 10. And finally, we have answered hundreds of letters and emails that your members ignored.

Minister, we have done our job as the official opposition. You, on the other hand, have simply time-allocated debate and committee time on this very important yet very flawed bill. So, Minister, can you explain to the House and to the people of Ontario exactly what games we are playing, and will you stand in your place and do the honourable thing and actually apologize for such a rude comment?

Hon. Liz Sandals: Yes, certainly, and I'm very—I'm very proud of Bill 10, because Bill 10, for the first time ever, gives our ministry, gives my inspectors, the authority to deal with unlicensed child care violations.

Now, I want to make it clear: Unlicensed home child care is totally legitimate and part of the child care scenario in Ontario, and we expect it to stay that way. But what we do want to do is make sure that no matter what form of child care someone chooses, be it a child care centre or home care, either licensed or unlicensed, that every single form of child care in Ontario is safe. If people break the rules, my inspectors will, under Bill 10, have the authority to deal with it.

The Speaker (Hon. Dave Levac): Supplementary.

Mr. Garfield Dunlop: Well, Mr. Speaker, she didn't say anything about us playing games, but she said it yesterday in a friendly question.

Minister, you proudly mentioned your Ottawa meeting last Friday. I know as a fact that participants from the independent child care providers had no idea that you would attend that meeting. It was to be the Ottawa area Liberal MPPs only. It was a surprise that you were in attendance. I guess you just happened to fly into the area. But let's face it: You kept it a secret from the public be-

cause you knew that it would draw a demonstration double the size of the 300-plus who rallied outside of your office in Guelph on November 9. That was the day you just drove by.

So, Minister, who is really playing games: the official opposition or the Minister of Education who has not the courage to face and speak to people on a badly flawed Bill 10?

1120

Hon. Liz Sandals: The member just demonstrated games-playing: Some woman with brown hair in a brown car drove by my office. Has anybody ever seen me? I have white hair. That's games.

However, I was really excited to visit with home care providers and the Child Care Providers Resource Network in Ottawa. I actually think it was a great opportunity for me to have a calm, private conversation where we were actually able to sit down and discuss the issues. I think that's what a minister, or any other MPP, needs to do, which is to sit down and calmly discuss issues.

HOSPITAL FUNDING

Ms. Andrea Horwath: My question is to the Premier. The gridlock crisis is getting even worse in Thunder Bay regional hospital. There have been too many patients and too few beds over 85% of this year. In fact, the hospital declared gridlock for almost four months straight this year. Every day that it operates, 36 unfunded beds are being operated to meet the needs of the residents, Speaker—beds that receive no funding at all from this Liberal government.

Does the Premier think it's acceptable to leave Thunder Bay hospital stuck in gridlock?

Hon. Kathleen O. Wynne: Minister of Health.

Hon. Eric Hoskins: Well, of course not, and we're not leaving them to deal with this challenge on their own. In fact, I recently was in Thunder Bay joined by two members, the member from Thunder Bay—Superior North and the member from Thunder Bay—Atikokan—great members who are very concerned about the situation of health care in their localities, as they should be. We're making important progress. The hospital itself acknowledges, and acknowledged in that meeting, that we are making progress with dealing with the challenges that they are facing.

In fact, it was not that long ago this year that we announced an additional \$14 million specifically to deal with the challenges faced by Thunder Bay regional hospital, the kinds of pressures that the leader of the third party has indicated. This additional funding specifically is going to support not just one institution in Thunder Bay, but the three largest health care providers—the regional health sciences centre, St. Joseph's Care Group and North West Community Care Access Centre—to solve these problems.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Andrea Horwath: Well, according to Thunder Bay regional hospital, it will take years for the gridlock

problem to be fixed with the current level of funding that they are receiving from this Liberal government. The hospital says it is “experiencing an erosion”—an erosion—“of its ability to meet its acute care service mandate.” That's a disgrace, Speaker. Thunder Bay regional hospital is being stretched to the limit because this government simply will not fix the problem.

Premier, exactly how many more years will the people of Thunder Bay have to wait for this Liberal government to fix the gridlock crisis at their hospital?

Hon. Eric Hoskins: Well, Mr. Speaker, we are fixing the challenges faced by Thunder Bay regional hospital. I know the member perhaps doesn't agree with this, but we are giving them precisely what they asked for. That \$14 million of funding is helping them recruit up to 10 full-time and 14 temporary emergency room doctors to improve access to urgent care, staff 10 new acute care hospital beds to treat up to 600 more patients per year, expand a nurse outreach program to provide up to 500 more seniors and people with complex needs with home care, create 26 new hospital beds to help more people with long-term illness or disabilities receive care and fund up to 17 more spaces in supportive housing to help our seniors and people in need of care remain independent.

Of course, there is always more work to be done, but we're actually working in coordination and collaboration with the regional hospital and with the local MPPs. It's working; we're making progress. I hope that the member of the third party realizes that.

RING OF FIRE

Mr. John Fraser: Mr. Speaker, my question is for the Minister of Northern Development and Mines. Yesterday, my federal counterpart from Ottawa South questioned the federal government on their commitment to the Ring of Fire. The question underscored its national importance. It was alarming to hear the federal Minister of Natural Resources attempt to defend the federal government's absence on the development of the Ring of Fire.

All members of this House recognize the importance of the Ring of Fire to Ontario's economy and understand that the development is a project of national significance. Will the Minister of Northern Development and Mines please share how our government is stepping up to the plate and showing real leadership in the absence of the federal government, who would rather be on the sidelines?

Hon. Michael Gravelle: Thank you to the member from Ottawa South for the question. I will acknowledge that I was startled, if not somewhat irritated, by the stunningly inaccurate comments that were made by Minister Rickford in the House of Commons yesterday. Let me once again be very clear about our absolute commitment to the Ring of Fire as we are leading to drive development in that extraordinarily important economic development opportunity, despite a lack of any similar commitment from the federal government.

We've been absolutely clear in our \$1-billion commitment to develop transportation infrastructure. We have established the Ring of Fire Infrastructure Development Corp.—we're working with our partners to move that forward—and we've reached an historic framework agreement with the Matawa First Nation.

When the federal government says they're waiting for us to demonstrate that this is an actual priority, that is nothing but an excuse—an excuse for their complete lack of commitment.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. John Fraser: The minister has made it clear that the Ring of Fire is indeed a priority for our government, highlighted in our most recent budget and last week's fall economic statement. The Ring of Fire is an incredible opportunity for communities across this province and across Canada—

Interjections.

Mr. John Fraser: —and while I appreciate the words of encouragement, we'd all be farther ahead if they directed them toward their federal cousins.

The Premier has made it clear that our government is committed to leading the way on this project, with mineral potential worth up to \$60 billion.

Can the minister please share how our government recognizes the need to work collaboratively with all parties when it comes to infrastructure development in the region?

Hon. Michael Gravelle: The heckling from the other side of the House is pretty interesting because I think it shows their embarrassment about the fact that they're not willing to stand up to the federal government—

Interjections.

Hon. Michael Gravelle: We understand how important the infrastructure is in terms of access to the Ring of Fire. The development corporation itself is another significant step towards building it. We're working very closely with First Nations, we're working closely with industry and we're working with communities across the province so that we can find the best way to tap into this extraordinary potential in the Ring of Fire.

We are going to continue to move forward, with the support of the Premier and all of us on this side of the House, to make sure that this project moves forward. It's time the federal government stepped up to the plate with their funding so that we can signal that not only Ontario, but Canada is actually is open for business.

INFECTIOUS DISEASE CONTROL

Mr. Toby Barrett: To the Minister of Health: I'm proposing legislation to better enable Ontario to deal with emerging infectious diseases—West Nile, Lyme, Ebola. There seems to be much work to be done on many fronts: diagnosis, treatment, prevention. The treatment of Lyme disease, for example, is fraught with conflicting medical, scientific, political and social dimensions, disputes that are long overdue for resolution.

Social media has been accused of politicizing the issue, communicating inaccurate information, pitching

dubious, sometimes expensive, treatment. There are also allegations of shortcomings in the diagnosis and treatment of Lyme directed at mainstream medicine.

Minister, we have government for a reason. Are there no adequate mechanisms in place to deal with some of these disputes?

Hon. Eric Hoskins: I appreciate the question. In fact, the opposite is true. There are many measures, policies and procedures in place. The member opposite knows that this government and my ministry are not only committed to protecting the people of Ontario from vector-borne and zoonotic diseases, but we have effective policies and programs for all of the items that the member opposite mentioned: surveillance, prevention, control of zoonotic and vector-borne diseases, including promoting, importantly, the public awareness of these diseases and also emergency preparedness.

1130

I appreciate the timeliness of the member's private member's bill because of the preparations that have been under way for quite some time in terms of Ebola preparedness. But you can appreciate, Mr. Speaker, being a public health specialist myself, with significant expertise precisely in these areas, I look at these policies and procedures and I look at them with great scrutiny.

I'm happy to continue in the supplementary.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Toby Barrett: Thank you, Minister. Over the past several months, I've developed legislation attempting to use a neutral, objective, science-based, research-based approach to emerging diseases like Ebola and Lyme. I am calling on your ministry to legislate a provincial framework, an action plan, encompassing surveillance, educational materials, as well as guidelines for prevention, identification, diagnosis, treatment and management, including emergency preparedness and sharing best practices.

The private member's bill comes up this afternoon. It mandates research, as well as collaboration, consultation with all concerned—and in particular with the public. Not many people know what's going on. They get information from websites and CNN, but there's a bit of a gap.

Minister, there presently is no legislation requiring all of this. Are there any reasons why you would not support such an approach?

Hon. Eric Hoskins: I welcome the private member's bill. In fact, I'll be participating in the debate about it later this afternoon. I can't speak for my colleagues, but I will be supporting the bill this afternoon. But I do want to say, just so there's no confusion or anxiety out there, that largely the reason that I can support it is because everything that Bill 27 is proposing is already in place to protect the people of Ontario from vector-borne and zoonotic diseases.

I sincerely want to thank the member from Haldimand-Norfolk for bringing this forward. I'm looking forward to the discussion and the debate. Quite frankly, we can always do more, so our government is very open to

having discussions on how to continue to improve the surveillance, the prevention and the control of our vector-borne and zoonotic diseases.

PRIVATIZATION OF PUBLIC ASSETS

Mr. Wayne Gates: Mr. Speaker, my question is to the Premier. Premier, the latest report from Ed Clark says that there is a market for the Ontario Power Generation's assets like the smaller hydroelectric stations in Niagara Falls.

Despite how important they are to the Niagara region and their place in the city of Niagara Falls, the latest from Ed Clark implies they will be selling these stations to private buyers. Can the Premier elaborate on Ed Clark's report and tell the people of Niagara if the government is planning on selling their hydroelectric stations?

Hon. Kathleen O. Wynne: Minister of Energy.

Hon. Bob Chiarelli: The simple answer is no.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Wayne Gates: Well, that's good.

Interjections.

Mr. Wayne Gates: I was just trying to figure out how much time I've got left to figure this out, so I'm good.

The Speaker (Hon. Dave Levac): Not very much.

Mr. Wayne Gates: But I am going to ask the last part of the question, just so we can get that "no" more than once.

Once again, I'd like to know if the Premier is intending on selling these stations and, if so, when you were planning on consulting with the people of Niagara? I'd like to hear that answer again. Thank you very much.

Hon. Bob Chiarelli: I'm going to say it very simply again: No.

Now we get to ask a question.

RURAL INFRASTRUCTURE

Ms. Indira Naidoo-Harris: My question is to the Minister of Agriculture, Food and Rural Affairs. Minister, if you were to drive down a street in my riding, it wouldn't be unusual to see farms and fields on one side of the road and subdivisions and box stores on the other side. That's because Halton is one of the fastest-growing areas in the country. In fact, the town of Milton has been the fastest-growing municipality in Canada for close to five years.

But with that remarkable growth in such a short period of time come congestion, traffic jams and infrastructure challenges. These challenges put undue stress on people's lives and our economy.

Investing in infrastructure is one of the most important things we can do to improve our quality of life and jump-start our economy so communities can move forward. I know that as part of the 2014 budget, our government created an infrastructure fund for small, rural and northern municipalities. Mr. Speaker, can the minister please update the House on this new roads and bridges fund?

Hon. Jeff Leal: That truly was a very impressive question from the member from Halton. I might add that my brother and sister-in-law are actually residents; they live in Milton, Ontario, and Gordon Krantz, who just got elected again, is one of the outstanding mayors in Ontario.

More importantly, we have a 10-year economic plan that's investing \$130 billion in infrastructure, making communities in the Halton region grow each and every day. A key step in our 2014 budget is the delivery of the \$100-million infrastructure program for small, rural and northern municipalities. We built that program in co-operation with the Rural Ontario Municipal Association, ROMA, and all those partners to make this a great success.

The member from Halton is doing an outstanding job in getting those investments in her community in the region of Halton, one of the outstanding areas in the province of Ontario.

VISITORS

The Speaker (Hon. Dave Levac): The member from Algoma-Manitoulin has a point of order.

Mr. Michael Mantha: I'd like to introduce a good friend of mine, Karen Cameron, who is the executive director for the Independent School Bus Operators Association. I look forward to having lunch with you, along with our critic, to discuss business.

The Speaker (Hon. Dave Levac): I better acknowledge this one: the President of the Treasury Board.

Hon. Deborah Matthews: Thank you, Speaker. Although I introduced them earlier, they weren't right here, so if everyone could just turn and wave at my dad up in the gallery there, I'd appreciate it. Thank you.

Mr. Gilles Bisson: Did you ever send her home without supper?

The Speaker (Hon. Dave Levac): I could have taken bets on some kind of comment.

Thank you for that warm welcome of our visitors.

DEFERRED VOTES

FIGHTING FRAUD AND REDUCING AUTOMOBILE INSURANCE RATES ACT, 2014

LOI DE 2014 DE LUTTE CONTRE LA FRAUDE ET DE RÉDUCTION DES TAUX D'ASSURANCE-AUTOMOBILE

Deferred vote on the motion for third reading of the following bill:

Bill 15, An Act to amend various statutes in the interest of reducing insurance fraud, enhancing tow and storage service and providing for other matters regarding vehicles and highways / Projet de loi 15, Loi visant à modifier diverses lois dans le but de réduire la fraude à l'assurance, d'améliorer les services de remorquage et

d'entreposage et de traiter d'autres questions touchant aux véhicules et aux voies publiques.

The Speaker (Hon. Dave Levac): Call in the members. This will be a five-minute bell.

The division bells rang from 1138 to 1143.

The Speaker (Hon. Dave Levac): Would all members please take their seats.

On November 19, Madame Meilleur moved third reading of Bill 15. All those in favour, please rise one at a time to be recognized by the Clerk.

Ayes

Anderson, Granville	Gravelle, Michael	Moridi, Reza
Arnott, Ted	Hardeman, Ernie	Munro, Julia
Baker, Yvan	Hoggarth, Ann	Murray, Glen R.
Balkissoon, Bas	Hoskins, Eric	Naidoo-Harris, Indira
Ballard, Chris	Hudak, Tim	Nicholls, Rick
Barrett, Toby	Hunter, Mitzie	Oraziotti, David
Berardinetti, Lorenzo	Jones, Sylvia	Pettapiece, Randy
Bradley, James J.	Kiwala, Sophie	Potts, Arthur
Chan, Michael	Kwinter, Monte	Rinaldi, Lou
Chiarelli, Bob	Lalonde, Marie-France	Sandals, Liz
Clark, Steve	Leal, Jeff	Scott, Laurie
Colle, Mike	MacCharles, Tracy	Sergio, Mario
Crack, Grant	Malhi, Harinder	Smith, Todd
Damerla, Dipika	Mangat, Amrit	Sousa, Charles
Del Duca, Steven	Martins, Cristina	Takhar, Harinder S.
Delaney, Bob	Matthews, Deborah	Thompson, Lisa M.
Dickson, Joe	Mauro, Bill	Vernile, Daiene
Dong, Han	McDonnell, Jim	Walker, Bill
Duguid, Brad	McGarry, Kathryn	Wilson, Jim
Dunlop, Garfield	McMahon, Eleanor	Wong, Soo
Elliott, Christine	McMeekin, Ted	Wynne, Kathleen O.
Fedeli, Victor	Meilleur, Madeleine	Yakabuski, John
Flynn, Kevin Daniel	Milczyn, Peter Z.	Zimmer, David
Fraser, John	Miller, Norm	

The Speaker (Hon. Dave Levac): All those opposed, please rise one at a time and be recognized by the Clerk.

Nays

Armstrong, Teresa J.	Gates, Wayne	Natyshak, Taras
Bisson, Gilles	Gretzky, Lisa	Sattler, Peggy
Campbell, Sarah	Hatfield, Percy	Singh, Jagmeet
Fife, Catherine	Horwath, Andrea	Tabuns, Peter
Forster, Cindy	Mantha, Michael	Taylor, Monique
French, Jennifer K.	Miller, Paul	Vanthof, John

The Clerk of the Assembly (Ms. Deborah Deller): The ayes are 71; the nays are 18.

The Speaker (Hon. Dave Levac): I declare the motion carried.

Be it resolved that the bill do now pass and be entitled as in the motion.

Third reading agreed to.

The Speaker (Hon. Dave Levac): There are no further deferred votes. This House stands recessed until 1 p.m. this afternoon.

The House recessed from 1147 to 1300.

INTRODUCTION OF VISITORS

Mr. Gilles Bisson: Welcome to all the students.

Mrs. Kathryn McGarry: It's my pleasure to introduce members just coming into the east gallery today.

From the Ontario Lung Association we have Andrea Stevens-Lavigne, Sherry Zarins, Vicki Poulos, Connie Choy, George Habib, Chris Yaccato and Anthony Alfred joining me today.

MEMBERS' STATEMENTS

AIR CADETS

Mr. Norm Miller: I rise in this House today to congratulate the 844 Norseman Royal Canadian Air Cadets squadron. Based in Huntsville in my riding of Parry Sound–Muskoka, the cadets were selected as the top squadron in Ontario for 2014.

This prestigious honour was based on a number of criteria, including attendance, number of cadets in the squadron, completion of training and levels of success. Along with the 50 exceptional individuals, I would also like to commend Commanding Officer Adam Smith; Deputy Commanding Officer Mel Wordragen; Training Officer Second Lieutenant Brenda Chikoski; the assistant supply officer, Officer Cadet Brad Gondos; as well as the civilian staff and the volunteers whose hard work and dedication all contributed to this accomplishment.

Since being formed in 1976, the cadets have served to allow youth from Huntsville and surrounding area the opportunity to develop leadership, responsibility, discipline and confidence. This is the first time that the 844 Norseman squadron has received such recognition. It is truly a great achievement for these young men and women.

I look forward to the results of nation-wide voting and wish you the best of luck to potentially be awarded the top squadron in Canada.

DANN BOUZIDE

Mr. Percy Hatfield: Many of us are still feeling the glow from the tremendous outpouring of support at our local Remembrance Day celebrations. Today, I'd like to tell you about a special person in my riding of Windsor–Tecumseh.

Dann Bouzide is the son of a veteran. For the past 13 years, Dann has hosted an annual Veterans Appreciation Day banquet. Veterans eat free. More than 700 people attend and enjoy great food at Windsor's Serbian Centre and museum. As president of the Windsor Historical Society, Dann and his team of volunteers, led by Second World War naval veteran Larry Costello, have been recording the personal stories of our local veterans through the veterans' memorial project. Veterans record their military experiences, real-life tales from the trenches, on the high seas, or in the air.

Speaker, this project is called Take a Glimpse into the Eyes of History, and the goal is to provide a DVD copy for every high-school history class in Canada. It's an ambitious undertaking. For these and other deeds, Dann Bouzide was recently awarded a commendation for

exemplary service to veterans. It was presented by the Minister of Veterans Affairs, Julian Fantino.

To Dann Bouzide, his family and all of the volunteers at the Windsor Historical Society, I say: a job well done, thank you very much, and a salute from the Ontario Legislature.

FOOD4KIDS

Ms. Indira Naidoo-Harris: It's a pleasure to rise today to tell you about a very special program I recently dropped into in Halton. Food4Kids is an incredible organization dedicated to feeding hungry kids. This program started with an idea: to develop a weekend food program for at-risk children in the Halton and Hamilton areas. Research showed that there were dozens of children in Halton and Hamilton who were going without adequate food over the weekend, and so an idea was born to help those little ones.

It's simple. It all starts with plastic bags and boxes of food to fill those bags. Here's how it works: Every Thursday afternoon, staff and volunteers gather at the Food4Kids offices. In the backroom are boxes filled with fresh fruit, healthy snacks and juice boxes. On the evening I was there, each of us picked up a bag, filled it with one item of food from each of the boxes and then sealed the bag and dropped it off into a bin. We did this over and over again for several hours. In very little time, we had managed to stuff over 140 bags with an assortment of fresh fruit and vegetables, along with a mixture of the healthy snacks.

Once filled, the packages are distributed to local schools every Friday morning for needy kids. The unmarked bags are then placed directly into students' backpacks. They are the only ones to know that they are receiving assistance.

Mr. Speaker, as a mother of two, I can't explain how good it felt to be helping these children.

These kids need support, and I'm pleased to say that organizations like Food4Kids are getting them help. Today the organization successfully provides assistance to hundreds of youngsters aged five to 14 in the Halton, Hamilton and Niagara regions.

UNIVERSAL CHILDREN'S DAY

Mr. Jim McDonell: November 20 is Universal Children's Day, which marks the adoption of the UN Declaration of the Rights of the Child in 1959 and the Convention on the Rights of the Child in 1989.

In Ontario, we can pride ourselves on many achievements to fulfill our obligations under the convention. Our children have access to a name, a citizenship, free health and education, and protection from abuse, exploitation, labour and conscription. But much more can be done.

Under the convention, governments must support parents, especially when both are in the workforce. Recent changes to daycare provision will make parents' jobs even harder, as the proposed bill will result in the loss of

over 140,000 daycare spaces. The convention grants children the right to care, to be fostered and to be adopted, yet many in Ontario fall through the cracks. Children with a disability in Ontario wait on long lists to have the special care suited to their needs. For families, escaping the poverty cycle is still a great challenge. The social assistance system needs to do more for poor children.

It is incumbent upon the current government to see that these rights become more than a place on a waiting list. Dedicated, stable funding to service providers and a real focus on local, cost-effective solutions will help make children's rights truly universal.

LEGAL AID

Mr. Wayne Gates: I'm speaking today on a topic that is extremely important to our democracy. Any person living in the province has the right to have fair legal representation, to have a trial, to be represented and to make their case. Yet today we see how expensive legal defence can be. Some people feel like going to a lawyer is not an option.

In my riding of Niagara Falls, in Niagara-on-the-Lake and Fort Erie, a lot of people have lost their jobs. I speak with these people every day. They're not bad people. They're smart. They're dedicated. They're hard-working. Through no fault of their own, they're out of work.

Legal aid has been providing the people of this province the chance to be represented when they've fallen on hard times. Yet as the need for these services grows, the support for legal aid has not.

I'm proud to announce that my office in Niagara Falls, which, again, is servicing Fort Erie and Niagara-on-the-Lake, will be partnering with Legal Aid Ontario to offer those services to the constituents of Niagara Falls, Fort Erie and Niagara-on-the-Lake at my office. I hope this helps people access rights that they're entitled to, and I hope one day soon we can come up with a true jobs plan to put people back to work so they never need to use legal aid again.

1310

JOUR DE L'INDÉPENDANCE DU LIBAN

LEBANESE INDEPENDENCE DAY

M. John Fraser: Je suis ravi de me lever dans l'Assemblée aujourd'hui pour célébrer la journée de l'indépendance du Liban. I rise today in recognition of Lebanese Independence Day, which is this Saturday, November 22. I had the honour of joining Premier Kathleen Wynne and many of my colleagues at the official flag-raising ceremony today at Queen's Park, where we celebrated that proud occasion in 1943.

The establishment of the modern state of Lebanon was a profound moment for its people, the fulfillment of a hard-fought dream to be a sovereign nation.

Ontario is proud to be home to a dynamic Lebanese-Canadian community, a community that has contributed

immensely to our social, cultural and economic life and has strengthened our ties with Lebanon.

My riding of Ottawa South is home to thousands of Lebanese-Canadian families that enrich our community through many aspects of their culture. A perfect example of this is the Ottawa Lebanese Festival that's hosted by St. Elias Cathedral each summer in my riding. The festival welcomes families from all over Ontario and Ottawa to Ottawa South to celebrate the rich traditions and delicious cuisine that the Lebanese people share with our province.

Ils enrichissent notre communauté et je les remercie pour leurs contributions.

I'd like to congratulate the Lebanese people all across Ontario on this special occasion and thank them for their contributions to our great province. Merci.

MURRAY GREENE

Ms. Lisa M. Thompson: I rise today to recognize Exeter resident and veteran Murray Greene for his dedicated service during the Second World War. This past August, Mr. Greene was awarded the rank of Knight of the French National Order of the Legion of Honour. This award is the highest decoration provided by France and was awarded to Mr. Greene for his role in helping the liberation of France during the Second World War.

Last Tuesday evening, on Remembrance Day, I had the honour of recognizing Mr. Greene for his award in his community at the Royal Canadian Legion, branch 167, in Exeter.

Mr. Greene first enlisted in the army in Ontario during September 1942. He then joined the Royal Hamilton Light Infantry in England, where he made his way over to France. A corporal in the army, Mr. Greene bravely fought alongside his compatriots in the trenches, often enduring nightly shelling. He did not return home to Canada until after the war was over.

This should remind us of how very important it is that we continue to remember and recognize the bravery, excellence and determination of Canada's veterans such as Mr. Murray Greene, as well as today's soldiers who continue to dedicate their lives for our freedoms and our security. It is their selfless commitment that has afforded us the peace, freedom and prosperity we enjoy today.

VIOLENCE AGAINST ABORIGINAL WOMEN

Mrs. Amrit Mangat: Recently, I had an opportunity to attend a Sisters in Spirit Vigil held in my community to raise awareness about missing and murdered aboriginal women in Canada.

As per reports, there are at least 1,181 missing and murdered aboriginal women and girls in Canada. The numbers are staggering. Too many families have lost daughters, sisters, mothers and grandmothers. The rate of violence against aboriginal women is troubling, particularly in a society and a country which claim to be civil and the best in the world. No woman should have to live

with the fear of violence and worrying that they may be the next victim.

Violence against women, particularly against aboriginal women, is not just an Ontario issue. It is a national issue that affects Canadians of all backgrounds from coast to coast. I call upon the federal government to hold an open-ended public inquiry so that we can find out the root cause of these heinous crimes and have a permanent solution.

LUNG DISEASE

Ms. Sophie Kiwala: November is lung health awareness month, and I would like to bring your attention to the prominence of lung disease in our province. Most people are either in one of two camps: one, you can breathe without thinking about it; and the other, every single breath is a struggle. Think about it—every single breath.

More than 2.4 million people in Ontario—that's one in five—live with chronic lung disease, such as asthma, lung cancer or chronic obstructive pulmonary disease, COPD. Lung cancer kills more than breast, ovarian, colon and prostate cancer combined.

Yesterday, I had the pleasure, along with MPP Thompson from Huron-Bruce, to receive a spirometry test at Women's College Hospital, a simple breathing test that calculates the amount of air that can be blown out of the lungs and the rate at which it can be expelled. This test can identify the disease in the early stages when treatments are far more effective.

The same test will be available for all members here on Tuesday night, November 25, thanks to the Ontario lung health association. The association is also organizing walk-in spirometry clinics in partnerships with health care facilities and centres across the province. Don't miss it. It's extremely important. As many of you know, the greatest cause of lung cancer is smoking.

Be proactive with your lung health.

INTRODUCTION OF BILLS

LEARNING THROUGH WORKPLACE EXPERIENCE ACT, 2014

LOI DE 2014 SUR L'APPRENTISSAGE PAR L'EXPÉRIENCE EN MILIEU DE TRAVAIL

Ms. Sattler moved first reading of the following bill:

Bill 43, An Act to amend the Ministry of Training, Colleges and Universities Act to establish the Advisory Council on Work-Integrated Learning / Projet de loi 43, Loi modifiant la Loi sur le ministère de la Formation et des Collèges et Universités pour créer le Conseil consultatif de l'apprentissage intégré au travail.

The Deputy Speaker (Mr. Bas Balkissoon): Shall the motion carry? Carried.

First reading agreed to.

The Deputy Speaker (Mr. Bas Balkissoon): The member for a short statement?

Ms. Peggy Sattler: The bill amends the Ministry of Training, Colleges and Universities Act to establish the Advisory Council on Work-Integrated Learning, which includes co-ops, placements, internships and more. The council's members are appointed by the minister from various groups who represent employers, post-secondary students, post-secondary institutions, economic development officials and others.

In general, the council's mandate is to advise the minister on increasing employer awareness of the benefits of work-integrated learning; encouraging more employers to provide paid work-integrated learning and improving oversight of unpaid work-integrated learning; supporting institutions in delivering effective work-integrated learning; and ensuring that qualified students who are interested in participating in work-integrated learning are able to do so.

The mandate also includes making recommendations with respect to a website to share information about work-integrated learning opportunities in Ontario. The bill requires the council to report annually on Ontario's progress in this area.

HIGHWAY TRAFFIC AMENDMENT
ACT (CLEARING VEHICLES
OF SNOW AND ICE), 2014
LOI DE 2014 MODIFIANT
LE CODE DE LA ROUTE
(ENLÈVEMENT DE LA NEIGE
ET DE LA GLACE DES VÉHICULES)

Mr. Yakabuski moved first reading of the following bill:

Bill 44, An Act to amend the Highway Traffic Act to prohibit driving a motor vehicle on a highway with a dangerous accumulation of snow or ice / Projet de loi 44, Loi modifiant le Code de la route afin d'interdire la conduite sur une voie publique de véhicules automobiles ayant une accumulation dangereuse de neige ou de glace.

The Deputy Speaker (Mr. Bas Balkissoon): Shall the motion carry? Carried.

First reading agreed to.

The Deputy Speaker (Mr. Bas Balkissoon): The member for a short statement.

Mr. John Yakabuski: The bill amends the Highway Traffic Act to prohibit driving a motor vehicle on a highway if snow or ice has accumulated on the motor vehicle, or on a vehicle or trailer drawn by the motor vehicle, in a manner that would pose a danger to other motor vehicles on the highway.

1320

STATEMENTS BY THE MINISTRY
AND RESPONSES

NATIONAL HOUSING DAY

Hon. Ted McMeekin: I'm pleased to stand in my place today in the Legislature to mark National Housing

Day, which officially occurs this Saturday, November 22. National Housing Day recognizes the importance of people having a house to call a home. Stable, permanent housing improves a person's health and the prospects of acquiring a good education and a decent job.

When it comes to affordable housing, we as a government have taken action we can be proud of. Since 2003, our government has invested more than \$4 billion in affordable housing. This investment has provided real, positive change that has improved the lives of many vulnerable people in Ontario.

But, at the very same time, National Housing Day is a time to reflect on how much more work we have in front of us, because the challenges are real and the challenges are growing. We need a bold transformation in the way we tackle the need for affordable housing in Ontario. I believe that we need to keep looking for ways to innovate and to look at alternative approaches that increase our supply of affordable housing units. I want to give thanks to certain members of this assembly who have taken the time to share some very good ideas that we are considering.

We are exploring every opportunity to increase affordability, including more options for lower- and moderate-income households. This means looking at ways to engage with the private sector to get them on board. We're committed to building these strong partnerships in support of social and affordable housing.

The Investment in Affordable Housing for Ontario Program is a key part of Ontario's poverty reduction strategy. This past August, I joined the federal government in signing a renewal of the Investment in Affordable Housing for Ontario Program.

Hon. James J. Bradley: That's good.

Hon. Ted McMeekin: Yes, it was good. We committed to another \$800 million in provincial and federal funding for housing over the next five years. These funds go directly towards building and repairing affordable housing units and provide rental and down-payment assistance to households in need. This includes approximately 1,000 new supportive housing spaces to help Ontarians with mental illness and addiction issues, as part of Ontario's Mental Health and Addictions Strategy—you may remember the working group we had, all members of the Legislature.

I'm pleased that the federal government has officially extended its commitment to the affordable housing program, but, despite this announcement, the federal government's funding for existing social housing continues to decline each year. We need a federal commitment—one that includes the creation of new affordable housing opportunities and maintains our existing social housing units. I can't think of anything better to aspire toward on National Housing Day than a collaborative, real national housing strategy.

Hon. Mario Sergio: Absolutely.

Hon. Ted McMeekin: Right on. We have a shared sense of purpose there. Amen, brother. Amen.

The demand for social housing is growing, and federal funds are gradually declining from about \$500 million a

year, as it was a few years ago, to nothing by 2033. That's why we're urging the federal government to return to the table as a long-term housing partner.

Mr. Speaker, in honour of National Housing Day, I want to reaffirm our government's commitment to provide long-term, predictable funding for affordable housing that works for the people of Ontario. We will continue to work collaboratively with our municipal partners, other provinces, all members of this assembly, the territories and hopefully the federal government, as well as the private sector, to improve housing outcomes for the people of our beloved province. We are committed to building those strong partnerships in favour of social and affordable housing.

Let's find ways to work together to build Ontario up. Together, we can increase home affordability and make the lives of some of our most vulnerable citizens much better than they are at the moment.

The Deputy Speaker (Mr. Bas Balkissoon): Responses?

Mr. Ernie Hardeman: Mr. Speaker, I'm pleased to rise today to speak to National Housing Day.

We understand how important it is for people to have a place that they can call home; a place where they can raise their families. But there are many people in Ontario who worry every day about getting evicted because they can't pay their rent; people who worry that they will lose their homes because they can't afford the cost; or worse, people who are worried about where they are going to sleep tonight. Imagine how hard it would be to try to get a job if you don't have a place to live. Imagine how difficult it would be to have hope.

As a Conservative, I believe the government's job is both to create opportunities for people to succeed and to help those in need.

This government has been in power now for 11 years. Over that time, they've made many commitments to housing. But the truth is, today it feels like minus 11 outside and there are still people living on the street, there is a significant backlog of repairs needed in existing affordable housing stock, and there are many seniors and families who have found themselves unable to afford to keep their houses because of the increased cost of living in Ontario.

Despite all their commitments, the government seems to be more interested in pointing fingers at the federal government than actually achieving and tracking their goals.

In 2003, this government committed to build 20,000 units in four years. In 2006, when I asked about their progress, they were already blaming the federal government, but they said they would still hit their goal. Today, seven years after it should have been completed, the number of units listed on their website puts them almost 3,000 short of their goal.

In 2010, this government issued the Long-Term Affordable Housing Strategy, which said one of the provincial responsibilities was to provide "annual reports on province-wide progress." But four years later, we

haven't seen a single annual report from the Ministry of Municipal Affairs and Housing. When the legislative library called to request them, they were told by the ministry that they weren't produced because there seems to be no agreement on the data.

The ministry was supposed to track the Ontario Housing Measure, but the only place you can find it on the government's website are the multiple times that they made the same promise.

They announced a goal to end homelessness but with no timeline.

The truth is that since this government was elected, the wait-list for affordable housing has increased. The Ontario Non-Profit Housing Association operates 163,000 units and now has 165,069 people on the wait-list. That wait-list has increased by almost 40,000 people since this government was elected.

Today the backlog for affordable housing stock repairs is so large that some units are simply being boarded up because they can't be lived in and they can't afford to fix them. Mr. Speaker, the cost to repair these units is less than the cost of building new ones, which means that for the same investment, they could help more families, but this government refuses to give organizations the flexibility in the investment in affordable housing program that they need to make the capital investments in these repairs.

1330

Ontario families are looking to their government for solutions. It's not enough to point fingers.

Instead of spending time focusing on the federal government, I ask the minister to report back to this Legislature on what they've actually accomplished. Instead of pointing fingers, I ask the minister to put together a plan to implement the affordable housing recommendation contained in the Select Committee on Mental Health and Addictions report; to put together a plan to reduce the long waiting lists that are as much as 10 years and are increasing; and to put together a plan to address the massive backlog of repairs in the housing stock, including the estimated 7,000 homes owned by Toronto Community Housing that will deteriorate into critical condition in the next five years, to make sure that you don't end up with more units that are simply boarded up because they can't afford to be repaired.

That's what all these families who are depending on social housing need and expect from their government.

Ms. Cindy Forster: National Housing Day is an important reminder to all of us about the role that safe and affordable housing plays in eliminating the cycle of poverty.

As Ontario's need for affordable housing grows, we need to ensure that there is a plan in place to provide adequate housing. But when we look at the government's record on affordable housing, it is clear that they've failed to address this pressing need. It has been 11 years since they were elected, and we still see the wait-lists increasing.

Since 2004, the Ontario Non-Profit Housing Association has reported on the number of households waiting

for rent-geared-to-income in Ontario. The list has grown by 38,000 in 10 years. This is a direct result of the lack of investment or setting of targets for affordable housing units for low-income people who are deeply in need.

Ontario's housing lists grew by more than 4%. In 2014, 165,000 households were on the waiting list for rent-geared-to-income housing. That was more than a 4% increase over the year before.

Families wait the longest, unfortunately. In 2013, the average wait time for a family was 3.89 years, a notable increase from 3.2 in 2012. On average, families experienced the longest wait—4.14 years—while seniors and single adults wait as long as 3.72 years. The government needs to fix this.

Local governments are responsible for the delivery of rent-geared-to-income, but they can't do it alone. They've come up with a number of innovative ways since housing was downloaded by our friends on the right here years ago. But Ontarians are facing a real affordable housing crisis, and solving that crisis will require a long-term commitment by both the federal and provincial governments.

Last October 27, municipal incumbents were elected—they're about to be inaugurated—and we have a federal election coming up. I think that those candidates as well need to turn their minds to affordable housing in this province.

The Ontario Co-op Housing Federation is here year after year, and they've been asking the province to help with respect to negotiating with the feds to make sure that those rent subsidies continue to be in place for co-op housing. I don't see any action actually happening on that, but it needs to start to happen. It's going to be a real problem, and we're going to have more people sitting on wait-lists.

Last year, I introduced a private member's bill, and it was to provide everyone in this province with rent controls. Any building that is built after 1991 is exempt from rent controls. That's unfortunate; that has to stop. I will introduce that bill again this year. We have tens of thousands of vulnerable people in this province who are being charged very high rent increases and unjustified rent increases. We need to fix this. Some 45% of tenants in Ontario pay more than 30% of their income on rent, and a full 20% pay more than 50% of their income on rent.

After I deliver this response, my caucus and I will meet with Campaign 2000 today. In fact, they're in my office today to talk about poverty and housing issues in this province. Actually, their first question to me in my office today was why housing and community and social services are not under one ministry, because certainly they cross paths every day.

I hope that National Housing Day actually reminds the government of this pressing issue for more affordable housing. It's clear that it's not been a priority for the last 11 years. We've had three different ministers in the three short years that I've been here.

There's a number of things the government can do. They can look at the vacancy decontrol piece for renters,

so that when somebody is leaving a rent-geared-to-income unit, landlords aren't bumping up the rates. We know that when there is affordable housing, it decreases health care costs, it decreases policing costs, it decreases corrections costs, and all of those funds could actually be flowed into making more affordable housing in this province.

VISITORS

The Deputy Speaker (Mr. Bas Balkissoon): It's time for petitions.

Ms. Sophie Kiwala: I have a point of order. I would like to make an introduction.

The Deputy Speaker (Mr. Bas Balkissoon): I recognize the member for Kingston and the Islands on a point of order, not petitions.

Ms. Sophie Kiwala: We have in our gallery Chris Yaccatto, Anthony Alfred, George Habib, Connie Choy, Vicki Poullos, Sherry Zarins and Andrea Stevens-Lavigne—all from the Ontario Lung Association. I would like to welcome them to our gallery. It's wonderful that you're here today. Thank you.

The Deputy Speaker (Mr. Bas Balkissoon): Thank you.

PETITIONS

LYME DISEASE

Ms. Laurie Scott: A Lyme disease petition:

"To the Legislative Assembly of Ontario:

"Whereas the tick-borne illness known as chronic Lyme disease, which mimics many catastrophic illnesses such as multiple sclerosis, Crohn's, Alzheimer's, arthritic diabetes, depression, chronic fatigue and fibromyalgia, is increasingly endemic in Canada, but scientifically validated diagnostic tests and treatment choices are currently not available in Ontario, forcing patients to seek these in the USA and Europe;

"Whereas the Canadian Medical Association informed the public, governments and the medical profession in the May 30, 2000, edition of its professional journal that Lyme disease is endemic throughout Canada, particularly in southern Ontario; and

"Whereas the Ontario public health system and the Ontario Health Insurance Plan currently do not fund those specific tests that accurately serve the process for establishing a clinical diagnosis, but only recognize testing procedures known in the medical literature to provide false negatives 45% to 95% of the time;

"We, the undersigned, petition the Legislative Assembly of Ontario to request the Minister of Health to direct the Ontario public health system and OHIP to include all currently available and scientifically verified tests for acute and chronic Lyme diagnosis, to do everything necessary to create public awareness of Lyme disease in Ontario, and to have internationally developed diagnostic

and successful treatment protocols available to patients and physicians.”

I'll sign my name to this and hand it to page Vida.

ONTARIO DRUG BENEFIT PROGRAM

Mr. Percy Hatfield: “To the Legislative Assembly of Ontario:

“Whereas Health Canada has approved the use of Soliris for patients with atypical hemolytic uremic syndrome (aHUS), an ultra-rare, chronic and life-threatening genetic condition that progressively damages vital organs, leading to heart attack, stroke and kidney failure; and

“Whereas Soliris, the first and only pharmaceutical treatment in Canada for the treatment of aHUS, has allowed patients to discontinue plasma and dialysis therapies, and has been shown to improve kidney function and enable successful kidney transplant; and

“Whereas the lack of public funding for Soliris is especially burdensome on the families of Ontario children and adults battling this catastrophic disease;

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

“Instruct the Ontario government to immediately provide Soliris as a choice to patients of atypical hemolytic uremic syndrome and their health care providers in Ontario through public funding.”

Speaker, I agree with this petition. I'll affix my name to it and give it to page Kate to bring up to the desk.

1340

LYME DISEASE

Ms. Lisa M. Thompson: “To the Legislative Assembly of Ontario:

“Whereas the tick-borne illness known as chronic Lyme disease, which mimics many catastrophic illnesses such as multiple sclerosis, Crohn's, Alzheimer's, arthritic diabetes, depression, chronic fatigue and fibromyalgia, is increasingly endemic in Canada, but scientifically validated diagnostic tests and treatment choices are currently not available in Ontario, forcing patients to seek these in the USA and Europe;

“Whereas the Canadian Medical Association informed the public, governments and the medical profession in the May 30, 2000, edition of its professional journal that Lyme disease is endemic throughout Canada, particularly in southern Ontario;

“Whereas the Ontario public health system and the Ontario Health Insurance Plan currently do not fund those specific tests that accurately serve the process for establishing a clinical diagnosis, but only recognize testing procedures known in the medical literature to provide false negatives 45% to 95% of the time;

“We, the undersigned, petition the Legislative Assembly of Ontario to request the Minister of Health to direct the Ontario public health system and OHIP to include all currently available and scientifically verified tests for

acute and chronic Lyme diagnosis, to do everything necessary to create public awareness of Lyme disease in Ontario, and to have internationally developed diagnostic and successful treatment protocols available to patients and physicians.”

I absolutely agree with this petition. I'll affix my name and send it to the desk with Mikaila.

WIND TURBINES

Ms. Lisa M. Thompson: “To the Legislative Assembly of Ontario:

“In light of the many wide-ranging concerns being raised by Ontario citizens and 80-plus action groups across Ontario and the irrefutable international evidence of a flawed technology, health concerns, environmental effects, bird and bat kills, property losses, the tearing apart of families, friends and communities, and unprecedented costs;

“We, the undersigned, ask the Legislative Assembly of Ontario to declare an Ontario-wide moratorium on the development of wind farms.”

I totally agree with this petition as well. I'll affix my signature and send it to the table with Joshua.

PRIVATE MEMBERS' PUBLIC BUSINESS

LUNG HEALTH ACT, 2014

LOI DE 2014 SUR LA SANTÉ PULMONAIRE

Mrs. McGarry moved second reading of the following bill:

Bill 41, An Act to establish the Lung Health Advisory Council and develop a provincial action plan respecting lung disease / Projet de loi 41, Loi créant le Conseil consultatif de la maladie pulmonaire et visant l'élaboration d'un plan d'action provincial à l'égard des maladies pulmonaires.

The Deputy Speaker (Mr. Bas Balkissoon): Pursuant to standing order 98, the member has 12 minutes for her presentation.

Mrs. Kathryn McGarry: I rise today to speak to my private member's bill, An Act to establish the Lung Health Advisory Council and develop a provincial action plan respecting lung disease. It's appropriate that we stand today to debate this bill in the House, as November is Lung Month.

I want to begin by once again welcoming and acknowledging the many stakeholders who are in the gallery today and who have actually been introduced twice. We recognize these individuals along with many others who work tirelessly to advocate for all Ontarians—and their families—who suffer from a variety of lung diseases. I can fully appreciate the fact that they are here in support of this bill, and they were here in the House as I introduced it yesterday as well. I want to acknowledge

the hard work they've done as lung health partners in assisting with this bill.

It takes collaboration amongst our many partners concerned with lung health issues to make changes to reduce the risk of developing lung disease. The Ontario Lung Association and their many partners involved in lung health have done tremendous work in advocating for legislative changes over these years, making a significant difference in lung health for all Ontarians.

Speaker, this past spring I went to the Run aLung event in my riding of Cambridge. It was created for Kayla Baker, an extraordinary teenager who had battled cancer, then pulmonary fibrosis, had received a double lung transplant at the last minute, then lost her fight to regain her health. Her story touched our entire community and many did the five-kilometre run in support of her.

After the run I met with her mother, Susan Tremblett, to discuss our shared experiences about raising children who needed a double lung transplant. My own son Rory was fortunate that he narrowly avoided a lung transplant, as his lung health improved enough during extensive treatment in hospital for his lung disease. I promised Susan that if I were elected I would do everything in my power to try to influence health policy in Ontario regarding lung health and to continue to raise awareness about lung health, the importance of prevention of lung-related diseases, and promote the importance of organ donation in Ontario.

It was actually at this event that I first met George Habib, the president and CEO of the Ontario Lung Association, who is here today. We spoke at length about our shared concerns, shared passion for improving lung health for Ontarians and shared vision for the government to look at any new legislation through a lung health lens. He asked me to sign the 4 Lung Years Pledge as a candidate in this past June 12 provincial election. I promised that, if elected, I would not only support a comprehensive lung health action plan for Ontario, but that I would present it as my private member's bill. Today, I'm very proud to keep that promise.

Speaker, this bill seeks to establish the Lung Health Advisory Council for the purpose of making recommendations to the Minister of Health and Long-Term Care regarding research, prevention and treatment of lung disease, and would raise lung health awareness about the risk factors that contribute to developing lung disease.

Chronic disease continues to be a growing economic burden on Ontario's health care system, and lung disease accounts for a significant and disproportionate portion of these costs. Lung disease is a leading cause of health care utilization, including hospitalizations, emergency department visits and admissions. Currently in Ontario, there are more than 2.4 million people living with a serious lung disease, including asthma, chronic obstructive pulmonary disease or COPD, lung cancer, pulmonary fibrosis, pulmonary hypertension and cystic fibrosis. This represents approximately one in five of all Ontarians. The current direct and indirect cost to the Ontario economy of these three diseases is estimated to be more than \$4

billion and is anticipated to grow by a whopping \$310 billion in 30 years. However, there are currently available solutions that could be implemented immediately. Prevention, early diagnosis and treatment can lead to positive health outcomes.

Better care in the community can and does prevent emergency department and hospital visits, admissions and re-admissions, as I well know as a former care coordinator for the CCAC. Our community team of health professionals was able to intervene with several patients many times on my caseload to prevent further hospital admissions.

Unfortunately, lung disease does not currently get the same attention as other chronic diseases and illnesses in Ontario. Of the four chronic diseases responsible for 79% of all deaths in the province, from cancers, cardiovascular diseases, lung diseases and diabetes, only lung disease is without a dedicated, coordinated, province-wide effort to minimize the health and economic burden of the disease. Health Quality Ontario plainly states that where there is a "clear strategy to improve results," progress, such as a reduction in expensive hospitalizations and better quality of life, follows. A coordinated and integrated approach to advancing Ontario's lung health is very necessary.

Caring for countless patients of all ages with breathing problems and lung disease for over 30 years as a nurse led to a lifelong concern about lung health and a passion, for me, to try to influence health care policy to improve factors that affect it.

1350

The feeling of being breathless is one of the most frightening experiences anyone can describe. Years ago in the emergency department one afternoon, a nursing colleague of mine was admitted with an acute asthma attack, with such little breath that he was unable to speak. The panic in his blue-tinged face was alarming. He was pulling off the oxygen mask that touched his face, as he felt he was suffocating, and he was thrashing around so much that it was difficult to provide the care and the life-saving treatments he urgently required. With calm and very swift care by our whole emergency team and a great deal of one-on-one reassurance, we were able to narrowly avoid putting him on life support and improve his breathing significantly.

The next day in the intensive care unit, he tearfully thanked his colleagues for saving his life. He articulated that when he could not breathe, nothing else mattered. He had not previously recognized the severity of his asthma. In fact, he said he probably denied that truth, even as an experienced health professional, and he wasn't sure or clear on what triggered his severe attacks. He said that more education needed to be done with the public about lung health to bring awareness to risk factors that contribute to lung health conditions.

Providing care in such emergency care situations, although difficult, was something that, as a critical care nurse, I was well trained to do. For me, the issues of lung health are also very personal. As a mother who raised a

child with severe lung disease who was often so short of breath that he could not walk up a flight of stairs or even remain at home for many months at a time, it was extremely difficult for our family to experience. Indeed, my husband, who wished to be here today, was so emotional about this time that he preferred to watch on TV. I understand the need for families caring for their loved ones with lung disease to have the best possible treatments—but more importantly, how best to prevent lung disease in the first place.

During the almost four years that Rory spent admitted to hospitals in the early 1990s, he was between the ages of 10 and 14. Some of the health care professionals who were involved in his care had a lack of knowledge regarding his condition and what caused it. They couldn't understand that his complex lung issues also included chronic obstructive pulmonary disease, even at such a young age. When he was about 13 years old, again in the early 1990s, during a prolonged nine-month stay at a hospital where he was under continuous observation, a doctor continuously asked him how much he smoked, because it was the only explanation she could think of to account for his severe emphysema. Clearly, there's more work to do to raise awareness about lung health, prevention and treatment in Ontario.

As a society, we have actually come a long way in awareness and behavioural issues regarding lung health. It's hard to believe this now, but when I started at SickKids, down University Avenue, as a new nurse over 30 years ago, there were smoking rooms for parents on each ward in the hospital. Staff could smoke in the cafeteria, doctors could smoke in their offices, and in adult hospitals patients could smoke in their beds.

Years ago, asthma care was inconsistent, medication regimes were less effective, and asthma attacks caused a great number of pediatric hospital admissions. Indeed, at peak times in the year at Sick Kids hospital, the ward census and number of asthma admissions were reported on daily. A focus on the prevention and treatment of asthma during studies to develop best-practice guidelines and a standard of care right across the province worked, in trying to have a consistent, effective approach to asthma treatment for all Ontarians.

In my experience, more can be done to make lung health a priority in Ontario, with evidence-based best practices that are communicated to and adopted by health care providers across Ontario. This approach means fewer hospital admissions and improved outcomes for those suffering from lung disease. I'm proud to be part of a government that continues to make changes to protect our lung health, and I look forward to the legislation that will be reintroduced regarding flavoured tobacco.

Previous legislation passed by this government restricts smoking from restaurants, workplaces, and cars with young children inside, and that further underlines our commitment to reducing smoking-related diseases.

The support of this government, which followed through on the commitment to close all coal-fired generation plants in Ontario by 2014, has also made a positive difference in the quality of air we all breathe.

I look forward this afternoon to the debate regarding this bill in this House.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

Ms. Laurie Scott: I'm pleased to rise today to speak to Bill 41, the Lung Health Act, introduced by my colleague from Cambridge, who is a nurse. I am a nurse as well, and I know the member from Scarborough—Agincourt is also a nurse. Maybe nurses in the Legislature are making a difference in disease prevention and wellness.

Interjection: Hear, hear.

Ms. Laurie Scott: Let's have a round of applause for that. I think we should.

Applause.

Ms. Laurie Scott: This being Lung Month, it's very good to continue to try and promote education awareness and to have a strategy from the provincial government on lung disease prevention—a coordinated effort.

The member mentioned a lot of statistics. I think people listening would be quite stunned to hear of the number of people who suffer from lung disease. To say that it's going to increase by 50% in the next 30 years is kind of shocking to people.

We both could probably tell you some awful stories from the hospital. I don't think that anyone who hasn't experienced not being able to catch their breath to fill their lungs with air, even a little bit—the panic in those patients is terrifying for us to see as nurses, because it is immediate. As Maslow's hierarchy of needs says, it's air first. If you can't breathe, nothing else matters. It is very terrifying. So anything that we can do to help in the prevention of lung disease, we should be doing.

She mentioned a coordinated and integrated approach—no question. It is kind of surprising that lung disease is the only major disease that does not have a strategy, so I applaud her for taking her past background as a nurse and bringing this issue forward.

I know that smoking is a large part of lung disease. I have, in my riding of Haliburton—Kawartha Lakes—Brock, one of the higher percentages of people who smoke, at 23.2%, with the Ontario average, which I know the member mentioned, at 17.8%. So we can do a lot better on the education aspect of that and keep assessing the stop-smoking programs that are available, if they're working, to see what we can do better.

It always alarms me when I go past high schools and see the number of kids out smoking, especially the number of girls. It's not an official poll; it's just me seeing what's going on in the community, and I'm shocked. Obviously, we need to do something better, and I don't know what it is out there.

I can share the nursing story of working the night shift at Toronto General Hospital, just down the road. The nurses smoked on the night shift. Sometimes in the doctors' offices, once you went in, the ashtray was there, and the doctors were smoking too. So we have come a long way. We do have to do a much better job.

The nice thing about private members' bills is we can bring a lot of things forward that are positive for our

communities and for the people in the province of Ontario. I hope this is one of these things that gets passed and is actually acted on by the government. I'm pleased to support the bill brought forward by the member from Cambridge today.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

Mr. Wayne Gates: I think I'll start by saying that I'm not a nurse, but I know that nurses always make a difference.

Bill 41 is very important. Hopefully, as I do this talk, you'll see why.

Thank you for allowing me to speak on the issue of lung health in regard to this bill. I'd like to take a moment and talk about one aspect of lung health, and that's lung cancer. It is an issue that has affected my life and my very dear family.

1400

But first, let's start at the beginning: what lung cancer is. Lung cancer is the leading cause of cancer deaths worldwide and one of the most commonly diagnosed cancers in Canada. There are two types of lung cancer: small-cell lung cancer and non-small-cell lung cancer. Both of these grow differently and have different symptoms. If you find lung cancer early enough, there's a 40% to 50% five-year survival rate, but the problem is that lung cancer is hard to find and sometimes there are almost no symptoms. In advanced lung cancer cases, this drops to around 1% to 5%.

Some 26,100 Canadians will be diagnosed with lung cancer this year. This represents 14% of all new cancer cases in 2014. On average, 72 Canadians are diagnosed with lung cancer every day. You can put that in perspective right in this chamber: That would mean that everybody in the PC party and the NDP could have lung cancer. Put that in perspective and take a look at what that means.

According to the Canadian Cancer Society, about one in 12 Canadian men is expected to develop lung cancer during his lifetime, and one in 13 will die from it. About one in 14 Canadian women is expected to develop lung cancer during her lifetime, and one in 17 will die from it. When those people get sick, the province is here to support them, but the best way to fight lung cancer is through prevention. So how do we do this? How do we protect ourselves, our loved ones and those in our community from this terrible disease? The first and best way is either to quit or avoid smoking—and I'll talk to that later.

In the last few years, we've made great strides in preventing smoking, especially around young people. We have to get to our young people to make sure they don't start smoking, before they become addicted. Nothing is more heart-wrenching than seeing a young person affected by this disease. Working hard and working together, we've managed to scale back those odds, though there's still work to be done in educating those in the province of Ontario about the dangers of smoking.

Evidence shows that you're 10 times more likely to develop lung cancer if you smoke. Think of that for a

minute; think about the danger you could be putting yourself into. I'm glad to say that I don't smoke and never have, but not necessarily some of my family members.

We're also starting to discover other things that cause lung cancer. Over the summer, in one of the neighbourhoods in Niagara Falls, we were delighted to have Mike Holmes stop by, whom many of you probably recognize from his work on TV. I went with him to one of our subdivisions to discuss the issue of radon in homes. Mr. Holmes was able to tell me and local residents of the importance of monitoring this odourless, colourless and hard-to-detect gas. It seeps into your house through cracks in the foundation. Though there's still research to be done, we can tell that some homes with high amounts of radon may be affecting people's lung health.

Mr. Holmes is working his way across the country to promote radon awareness and testing for it. He was quick to tell me that some homes might return a test to say there isn't any, and the house right next to them will be off the charts. I'm not a home construction expert by any means, but if I take my advice from anybody on this issue, it would be from Mr. Holmes.

Another factor is staying active. We need to make sure our young people—and our seniors, for that matter—are living active and healthy lifestyles.

These are the sort of things we can do to keep our lungs healthy and keep them safe. If we stop smoking, if we're aware of the causes and we stay active, then we can dramatically reduce the effects of lung cancer.

I'm happy we're discussing this because I do believe that the government plays a role in this. I believe we have a responsibility to monitor the effects of lung disease and do everything we can to educate people and prevent it.

Unfortunately, I want to close by talking about my own experience. My mother passed away in 1991, 23 years ago, at the tender age of 61. Mom was active in our community. My dad was fortunate enough to work part of his working career at General Motors. From that, there was an organization within the union movement called the Women's Auxiliary. My mother would go there. They would play cards and darts, and that would be their social connection, and she had a lot of good friends. They really loved each other. My mom ended up being the president of that organization for 20 years, arranging a number of socials. When people went on strike, they'd make sandwiches. Years ago, we used to have a hall, and they used to make the roast beef dinners.

I can remember telling a story about this. When I was young, nine or 10 years old—and, like today, there were not enough volunteers. So they're doing a wedding one night and my mom took me to the hall. I was thrilled to go at that young age. I was eight or nine. My mom told me that if I would come, she'd feed me a nice roast beef dinner. For me, that was important. When I got there, I didn't know I had to wash dishes for three hours to get that roast beef dinner. But having said that, they were preparing the food for a member of the local.

But unfortunately, my mom got sick. Then we found out that she had lung cancer, and she got really sick, and

she lost a lung. The doctor at that time said to her very clearly, “If you want to continue a productive life, you’re going to have to quit smoking.” Our family members, my sister, my brother, our relatives, our circle of friends, would say to my mom, “Mom, you’ve got to quit smoking.” So my mom tried a number of times, but she couldn’t quit smoking. A lot of us have friends, maybe some in this room or some within your caucuses, who smoke and have tried to quit and they couldn’t.

So what happened? The cancer came back. She had half her lung removed; she had half a lung left. My mom went down to—we’re not very big. You can tell I’m not very big, and my mom was smaller than I am. She went down to 90 pounds, 85 pounds. And we begged her, “Mom, you’ve got to quit smoking. It’s going to kill you.” We went to the doctor with her and the doctor was clear: “Gloria, Gloria, for your family”—my dad had already passed away—“for your grandkids, you have to quit.”

No matter how hard my mom tried, she couldn’t quit. No matter how much she loved her family, she couldn’t quit. At the end of the day, my mom passed away long before she should have.

So if there’s any advice I can give with this bill, it’s that we’ve got to tell our young people that when you have that first cigarette, that may be the start of a lifelong battle to stop smoking. Collectively, we have to do everything we can to make sure young people don’t start smoking. For my mom, it’s obviously too late. For people that are listening today, talk to your kids about it, because once you start, most people find it almost impossible to quit—including losing their life.

Thank you very much for giving me the privilege to talk to your bill.

1410

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

Hon. Mario Sergio: I’m delighted to have a couple of minutes to add my voice to this wonderful Bill 41, brought in by the wonderful member from Cambridge. Thank you so much for bringing it to the floor of the House.

Also, I want to acknowledge members from the Lung Association, including a young man who was stolen from me by the Lung Association. They saw a good young man, and now he’s working for them. It’s great that Chris Yaccato has moved from my office to the Lung Association.

What is very refreshing as well, recognizing the importance of Bill 41 and the efforts, the actions, the foresight and the willingness of the member from Cambridge—the bill, I can see, is having the support of the entire House, and deservedly so. It’s one of those bills that are hard not to support.

Briefly, what does the bill do? The unfortunate thing is that I only have a couple of minutes when I really have so much to say about it, as my first granddaughter and daughter-in-law also suffer from asthma. My granddaughter since has moved to BC. She’s a bit better; perhaps the air is better in BC. But I know the effect of that.

Very clearly, Bill 41 is called the Lung Health Act, 2014. To some, this might not mean very much, so we have the long explanation which the member has provided. The long name actually is “An Act to establish the Lung Health Advisory Council and develop a provincial action plan respecting lung disease.” How wonderful it is. In short, the bill calls for a health advisory council, which would create a provincial lung health plan. Why is that, Speaker? We heard the member say—and it’s worth repeating—that lung disease is the only major chronic disease without a dedicated strategy. If there is one—with many others—it’s the lung disease that should have a strategy. Speaker, you and I and everyone in our province, young or old, we want our lungs healthy for life. We want our lungs healthy for life.

What does the bill do? Through the council, it is to prevent lung disease, to improve patients’ outcomes and to save health care dollars as well.

I want to give you a few statistics, and then I’ll go to some of the other views about what the council could do.

Just to give you an idea, not only the health effects but lung cancer, in 2011, cost the province of Ontario some \$293.9 million. In 2021, it will jump to \$8 billion; by 2031, it’s \$19.6 billion. If I go to 2041, it’s \$33.5 billion. If we were to pass this through quickly and get it implemented, I can say without hesitation that this would go a long way in making a difference not only in the health of our people, especially our young people, but also financially for the health care system.

This has been said before: 2.4 million people in Ontario are living with asthma, COPD or lung cancer. I had to ask the member from Cambridge, “What’s COPD?” People watching the TV would say, “What the heck is Mario talking about, COPD?” It’s chronic obstructive pulmonary disease. This number is expected to grow to 3.6 million in 30 years.

There have been significant increases in the prevalence of COPD and asthma in the past two years. Approximately 850,000 Ontarians are living with COPD, and 1.9 million Ontarians with asthma—one in five children. Beyond chronic lung disease, influenza and respiratory infections cause 2% of all deaths in Ontario.

Also, according to the World Health Organization, lung disease is the third-leading cause of non-communicable-disease deaths in the world. Lung cancer is the number one cancer killer, killing eight out of 10 people who have it.

I think my time is up, Speaker. As I said, it’s unfortunate that I can’t say much more, because it requires much more, but I want to give some time to other members.

Again, I want to congratulate the member from Cambridge for bringing this wonderful Bill 41 to the floor of the House and, I hope, speedy passage.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

Ms. Lisa M. Thompson: It is indeed a good day in the House, as we debate and thrust our support behind Bill 41. I thank the member from Cambridge for bringing it forward. I also thank the members of the Ontario Lung Association for being here today. I salute you.

I think it's so moving, hearing everyone's personal stories as to why an action plan and focus on one of the most important things we can do—support easy breathing, and stand united, stand as Breathers United, to make a difference for people who have been so challenged.

We've heard about COPD. We've heard about asthma, cystic fibrosis, IPF. It just makes me think of so many people—and I stand on their shoulders. That's how I want to say that.

I think of a good friend of mine. We've been together for decades. She has dealt with asthma. From time to time, things will trigger her asthma, and she has to rush to the local hospital for Ventolin treatments. I know that scared look that the member for Cambridge referred to. But the other side of the coin is that I also stayed behind to care for their kids as she and her husband went to hospital. It affects everyone. When the kids don't understand what is happening to their mom when she can't breathe, that's something you don't forget either.

Then we talk about cystic fibrosis. Again, we stand on the shoulders of people who worked so hard to try and make a difference. I think of our local Kinsmen Clubs. The Teeswater Kinsmen and the Lucknow Kinsmen work so hard to raise money for cystic fibrosis, and I salute them too—in fact, all Kinsmen Clubs across the province.

In terms of IPF, I was thrilled this past summer to see action on this finally, once and for all. I've been reading in petitions for months upon months, in terms of getting some action on consideration of the drug known as Esbriet for people suffering from IPF. I think about Barb, one of the champions who have been to Queen's Park time and time again. She's just a wonderful soul. We stand on her shoulders today as we look forward and put our support behind something that has been long needed in Ontario.

In terms of IPF, I think about those petitions I read in, and I couldn't help but recognize so many names that stood behind specifically a family and a gentleman from Mildmay, Hugh Detzler. He was a poster child for the need for Esbriet in this province. I was very, very quick to respond in late August on Twitter—and it went around like wildfire—that considerations for qualified sufferers of IPF would now be given in Ontario for the drug Esbriet. That, too, was a good day.

We have to recognize that yesterday was World COPD Day. Yes, I did my bit. I'm looking at the member from Burlington as well—I hope your results were as good as mine—and the member from Kingston and the Islands. It was a very good exercise.

I learned something, though, in going to Women's College Hospital yesterday morning. Women at the age of 40 need to think about being tested earlier, because it may not be diagnosed as easily, and it hits them a little bit earlier as well. As you get older, those symptoms may be confused with other things—the way it was shared with me yesterday.

1420

I think what I realized yesterday is that my dad was right: You need to be proactive about your health. Taking

this test didn't last more than five minutes. The people who facilitate the test care so much. They make you at ease, and make it easy for you to be proactive. That's a message that's really important here as well, as we think about the type of action plan and framework that goes around the support that this bill requires.

I'd be remiss, as you all may know, not to touch a little bit more on COPD. As I mentioned earlier, the one thing I learned from my dad is that you have to be proactive about your health. A couple of years ago, the last photo I had with Dad—darn it, I thought I was going to make it through—was a Breathers United t-shirt. We were holding it up, and we were saluting everyone who was working so hard to make sure that people understand what it's like to have difficulty breathing. COPD is a nasty, nasty disease, but Dad surpassed his life expectancy by seven years because he chose to be proactive. He learned to live with COPD for 12 years, and that's, again, because he was proactive. He sought out support groups that were proactive.

His legacy is extended today through the actions that we're taking in supporting Bill 41. Again, I just want to go over the importance of this: This act will allow individuals and groups from across the province to voice their important stories and insights in living with lung disease.

Without further ado, I'd like to share the rest of the time with my colleague from Prince Edward—Hastings, because he knows first-hand how important this is.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate.

Mr. Gilles Bisson: Mr. Speaker, I don't have a lot of time, but I just want to bring a different issue to this debate, and that is industrial diseases. I got involved in provincial politics as a result of work that I did with the United Steelworkers and Local 4440 out of Timmins in order to identify, first of all, that people who worked underground at the time had been diseased as a result of what they were breathing underground, and had contracted lung cancer, which led to death for a great number of people. It's an awful disease that is caused by many things.

One of the things that we also need to keep in mind is that the workplaces across this province are an area where we need to do as much work as we can—to make sure that the workplace is safe, so that people don't have to go through the kinds of experiences that we saw in the dusty old gold mines of the 1940s, 1950s, 1960s and 1970s that led to many a miner dying of lung cancer and leaving their widows and children behind, alone.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate.

Ms. Eleanor McMahon: I add my voice to those of the members for Haliburton—Kawartha Lakes—Brock and Niagara Falls, the minister responsible for seniors and the member from Huron—Bruce, who spoke so eloquently and so personally. I want to extend her comments—because she's right; this is an issue that touches so many of us personally. I'm going to try to get through my speech

as eloquently as the member from Huron–Bruce did, without shedding a tear—because this is the kind of conversation that can generate those responses.

I want to start by expressing my support for the Lung Health Act and congratulating my colleague the member from Cambridge.

Just yesterday, I spoke, as many have done today, in recognition of World Chronic Obstructive Pulmonary Disease Day.

COPD is an issue that's prevalent in my own riding. I didn't know this until recently, but over 5,000 hospital emergency department visits related to COPD each year take place through the LHIN, which is really quite incredible when you think about it.

Preventive measures are of the utmost importance, and this piece of legislation will give more resources to health care workers in their fight against lung diseases. It will also give important focus and attention to some of society's most pernicious and prevalent conditions: asthma; lung cancer; emphysema; as the member opposite mentioned, IPF; and COPD, just to name a few.

The good news is that smoking is on the decline. In my own riding, the smoking rate is 17.4%, just below the provincial rate of 17.8%, but that number is still too high, and I believe that we can do more to lower this number. The Lung Health Act is another tool that we can use in this battle.

Just three to nine months after quitting smoking, lung function can increase by as much as 30%, and symptoms, such as shortness of breath and coughing, can disappear. After 10 years, the risk of lung cancer is reduced by 50%. So educating the public on all of the risk factors that contribute to lung health decline, including smoking, can go a long way in ensuring that Ontarians have healthy lungs today and in the future.

COPD is just one of the significant lung diseases, as we mentioned earlier, facing our society. Lung cancer, IPF, emphysema and asthma, among others, are serious problems in our community. They can devastate families, as has already been noted, and can cost our society billions of dollars.

On a personal note, I lost my father to lung cancer as well. Twenty years ago, Dad passed away, far too young, at the age of 72. We watched him die, and it was devastating. We could have prevented that, and I'm hoping that through initiatives like this legislation we can do that so that other families won't have to lose loved ones far too young.

At the age of four, I developed asthma and have coped with it my entire life. I became seriously ill with pneumonia and I was in and out of hospitals as a young person. It has gotten better with age, but I still cope with asthma. So I understand too what pulmonary function is all about and how, as a woman, it can be extremely devastating.

To tackle the diverse obstacles to achieving optimal lung health for all Ontarians, we must co-operate and share best practices. The Lung Health Advisory Council proposed in the legislation would do that.

Mr. Speaker, Boehringer Ingelheim, a research-based pharmaceutical company located in my riding of Burlington, is a shining example of the types of partnerships that can lead to improvements in the lives of Ontarians. Boehringer Ingelheim recently partnered with the Canadian Foundation for Healthcare Improvement in an effort to bring better care and outcomes to COPD patients through a program they call INSPIRED, Implementing a Novel and Supportive Program of Individualized care for patients and families living with REspiratory Disease.

Of the 19 sites in Canada, seven INSPIRED sites are in Ontario, and I'm happy to say that there's one at Joseph Brant Hospital in my riding, and it's working very well. A collaboration such as this is critical to the future sustainability of not only our health care system but all of Canada. Creating the Lung Health Advisory Council would only enhance the ability of organizations and programs like these to ensure that Ontarians get the most information about how to keep their lungs healthy and get easy and efficient access to health care programs when they need them most.

Monsieur le Président, ensemble nous pouvons créer un environnement plus sain pour les poumons de l'Ontario. Le Conseil consultatif de la maladie pulmonaire est un outil qui promouvrait la recherche, la sensibilisation et le traitement dans nos communautés. Avec la collaboration de l'Association pulmonaire, du ministère de la Santé et des Soins de longue durée et de plusieurs autres, nous pouvons améliorer la santé de notre province.

In closing, ultimately it's our responsibility as legislators to keep Ontarians as safe and healthy as possible now and in the future, and this bill will do just that. I would like to salute my colleague the member for Cambridge for her important work in this regard and for her efforts to make Ontario a healthier place with the Lung Health Act, 2014.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

Mr. Todd Smith: Thanks to all of you who have talked about the importance of lung health here this afternoon and told your personal stories. Congratulations as well to the member from Cambridge on putting forward your first private member's bill, which looks like it's going to be a successful one, so congratulations.

I only have a couple of minutes to add a quick personal story myself. I, like many of my colleagues, have read different petitions into the register here and talked about lung health and gone to the various events that the lung association has held here at Queen's Park. I was very pleased when Chris was in my riding earlier this year during the election campaign to sign the lung health action plan, and I felt great at that time. I was out running the roads in my shorts and sneakers and knocking on doors, and I felt fantastic.

How quickly that can change. I don't know if you noticed, but for the first couple of weeks that the Legislature was sitting after Thanksgiving, I wasn't here. The big reason for that was, leading into the Thanksgiving

holiday, a pulmonary embolism made its way from behind my knee into my lung and was pressing up against my heart. There have been a lot of tears here today as people have told their personal stories, but I can tell you, as the father of two young girls who are 13 and 11, there were a few tears shed when that happened as well. It's a very life-threatening thing. It certainly puts a lot of things into perspective when something like that happens.

1430

I'm so glad that I'm able to be here today. My daughters don't have to cry and tell the story about their dad. But, obviously, it has put a new perspective on how important our lungs are—I'll throw the heart in there, too. It's pretty important to operating on a daily basis.

Breathers United has a new meaning for me. "When you can't breathe, nothing else matters," has a brand new meaning for me. That's for sure. Fortunately, we have some great health professionals. We have great nurses. We have great doctors who were quick to find the problem.

I think it's fantastic that you, as a new member, Mrs. McGarry, have brought this bill forward here to the Legislature today. I look forward to its passage later on this afternoon.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

Mr. Arthur Potts: I too want to lend caucus support to the member from Cambridge for this very, very important bill. I am a member of the lung caucus, and I am a member for a number of reasons that are personal to my life.

Hearing these stories is so touching. This is such a prevalent problem in our society. I'll share quickly: My stepdaughter affectionately refers to me as her fake dad; I woke up about two weeks ago, and she could hardly breathe. She was throwing up. There was nothing in her lungs; she couldn't get it. She suffers from asthma—the dust and issues in the house. All of a sudden, it was very, very serious at 4 o'clock in the morning. You wonder what is going to happen next. So we comforted her, relaxed her and were able to get her breathing back.

We are looking for solutions, longer term, and I appreciate it. I hope this bill will go a long way to finding those solutions. Congratulations.

The Deputy Speaker (Mr. Bas Balkissoon): I now go back to the member for Cambridge. You have two minutes for a response.

Mrs. Kathryn McGarry: Thank you so much Speaker. Through you, I want to thank all of the members who spoke to this bill today: the members from Haliburton–Kawartha Lakes–Brock, Niagara Falls, York West, Huron–Bruce, Timmins–James Bay, Burlington, Prince Edward–Hastings and Beaches–East York. I so appreciate your personal stories, the personal touches. I think it is evident in the House today that lung health affects each and every one of us.

Today, I come full circle to the reasons I first ran to be a member of this assembly. My experience as a nurse and

parent who raised a child with severe lung issues emphasized the need for a more developed health action plan to prevent and effectively treat lung health issues in Ontario. It motivated me to bring this bill forward, and I do hear support throughout the House. I thank all the members in the House for their support a little later.

This bill, as we know, addresses the need for the Lung Health Advisory Council, to make the recommendations regarding lung health issues, and it would focus on research, prevention and treatment of lung disease. The economic burden of caring for so many Ontarians who have lung health issues is significant, and a more comprehensive approach would go a long way to reducing the number of admissions and preventing lung disease—as well as the costs, not only to our own families and our community members but also to our health care system.

We have tremendous support from our lung health organizations, such as the Ontario Lung Association, who do so much with public awareness and education campaigns. I thank them for the work that they do each and every day on our behalf.

I thank all the members in the House for their support today, and I too look forward to the passage of this bill.

The Deputy Speaker (Mr. Bas Balkissoon): We will take the vote on that item at the end of private members' public business.

PROVINCIAL FRAMEWORK
AND ACTION PLAN CONCERNING
VECTOR-BORNE AND ZOOLOGICAL
DISEASES ACT, 2014

LOI DE 2014 SUR LE CADRE
ET LE PLAN D'ACTION PROVINCIAUX
CONCERNANT LES MALADIES
ZOOLOGIQUES ET À TRANSMISSION
VECTORIELLE

Mr. Barrett moved second reading of the following bill:

Bill 27, An Act to require a provincial framework and action plan concerning vector-borne and zoonotic diseases / Projet de loi 27, Loi exigeant un cadre et un plan d'action provinciaux concernant les maladies zoonotiques et à transmission vectorielle.

The Deputy Speaker (Mr. Bas Balkissoon): Pursuant to standing order 98, the member has 12 minutes for his presentation.

Mr. Toby Barrett: Thank you, Speaker.

As I'll explain, over the past several months I have been working on legislation designed to hopefully better enable the province of Ontario to deal with emerging infectious diseases, diseases such as West Nile, Lyme, Ebola, diseases that seem to be catching us, as a society, kind of flat-footed or somewhat unprepared when they emerge.

When new or relatively unknown diseases advance, public health disease treatment systems often are unprepared. Again, public health will scramble to respond, as

do treatment systems, but in many cases with less than satisfactory success. We must have programs in place designed to not only accommodate some of the diseases I mentioned but any new threats. There probably will be something on the horizon, perhaps Marburg virus. We don't know.

Now, there presently is no legislation directing the Ministry of Health to call together any kind of comprehensive plan or program, so this proposed law would essentially set in place a decision-making tree or structure and set in place policies so that we can hit the ground running.

I've often felt that our province's health care system really doesn't adequately reflect the need for prevention to the extent that it should vis-à-vis treatment. In my view, it's a system designed to treat illness, not so much to prevent it. It's basically oriented towards physicians, towards hospitals that are in the business of treatment, by and large. I'm not a physician; I worked in the health care field for 20 years. I'm not a research scientist, but I did work for a provincial research agency for 20 years.

Many physicians in Ontario, unlike our present Minister of Health, are not trained in tropical medicine, or aren't necessarily trained in public health, for that matter. This hit home to me many years ago. I returned from a six-month stint in South America. I was working in shipyards. I owned a boat down there. I was up to my neck in the Paramaribo River and the Amazon, and I brought home a number of tropical skin diseases. Fortunately, my physician in Port Dover, Dr. Thompson, was from Jamaica and had training in tropical diseases, and he explained to me that there wouldn't be another doctor in the area who would know what to do with what I brought back from South America.

Given my previous background, I am bound—I feel bound—to take a neutral, objective, evidence-based, science-based, research-based approach to crafting this legislation. I'm calling for a provincial framework. I'm calling for an action plan through our Ministry of Health, a plan that, first and foremost, encompasses surveillance, education materials and guidelines—guidelines for prevention, identification, diagnosis, treatment and management, including emergency preparedness—and calls for the sharing of best practices provincially and across our country. It would instruct the Minister of Health to bring in legislation to bolster research collaboration among all concerned, particularly those in the public.

I would ask for referral to a standing committee for hearings, and I also know there is a call for a select committee. There are different ways we could go, of course. It indicates that a website should be set up within a year.

So again, one of my goals really is to facilitate an efficient, more effective allocation, essentially, of what I consider scarce health resources. Going back to prevention, it's much more cost-effective to prevent than to treat. We know that the worldwide cost of SARS, for example, was \$40 billion, and the bill in Canada came in at \$2 billion, so prevention is key. Prevention is certainly

key when there is no vaccine or no effective treatment. Obviously, when you're dealing with a particular affliction like that, prevention is the only option.

1440

As far as definitions in general in the legislation—when we talk about vector-borne or zoonotic diseases or infectious diseases, their transmission involves an animal host. In some cases, it involves a vector. It may be a mosquito, with respect to West Nile; it may be a tick, with respect to Lyme.

Over the past two millennia, there certainly have been periods in history where disease outbreaks have wreaked havoc in human populations. Advances in medicine have tamed much of this, but complete eradication is still at bay for so many diseases.

Those dealing death, like the present concern with Ebola, get most of the attention, but other newly arrived diseases like West Nile—there was quite a ruckus about West Nile, certainly in my area down on Long Point on Lake Erie, seven years ago—or Lyme disease are devastating for those who may have picked them up.

Changing environments: Diseases are changing, and those in charge need to change and accommodate, as do the rest of us. My concern is that these newly arrived diseases, the unknowns, compete for attention. They compete for scarce resources. To partly accommodate that, I call for a framework to set priorities with respect to allocation of resources.

I mentioned surveillance. Going back to surveillance, we need a program that must be designed to properly track incidence rates and to track associated economic costs. Timely and accurate information is crucial to detect, to monitor. As I said, it's more effective to prevent rather than to treat. We know that from SARS. Part of that was blamed, as I understand it, on lax prevention and hygiene.

A few decades ago, so many of these diseases I've mentioned were not a concern in Ontario. That has changed. There has been what I consider a clear and immediate threat. Again, the importance of education: We just can't get all our information from CNN or from websites.

In my area—and I do try and put out the word—if you're involved in farming, fishing, hunting or biking, or spending a lot of time outdoors or working outdoors—I think of our MNR staff, for example—you have to keep an eye out for the symptoms.

This summer I met with three people in my constituency office. They all reported that they felt they had Lyme. They felt, like others in their situation, that the health care system wasn't there for them. In this case, they reported they were paying out of their own pocket. They received a diagnosis in the United States, and I just think that's unfortunate.

The stories are different. These three are in the prime of their lives. They saw a debilitating change when they caught the diseases and were diagnosed. They were concerned. They felt that some of the MRIs were unnecessary, and the other procedures. They advocated the long-

term antibiotic treatment. I feel the jury is out on that one.

I'm not taking sides on any of those issues, by the way. That's up to government. We have government for a reason. That's up to the framework, the action plan, the process that I'm proposing to make those kinds of decisions and to continue to make those kinds of decisions.

Lyme disease: It's the blacklegged tick. I don't have time to get into a lot of detail. It's a hot spot down in my area: the north shore of Lake Erie, the north shore of Lake Ontario, and along the St. Lawrence. Both Long Point and Turkey Point were very early hot spots. The signs are up there, but I don't see people—we have hundreds of thousands of people come to our provincial parks in the summer and I don't see them with long pants and socks, rolled into boots, to protect themselves from ticks.

West Nile is mosquito-borne, as we know. Mosquitoes like long grass and standing water. Most people infected develop no symptoms; about 20% will develop what is known as West Nile fever. I don't have time to go into the symptoms, but again, as with other zoonotics, in this case an animal host was first detected in Africa in the 1930s, and was detected in Ontario in birds. At the time, I spent one weekend driving around with a dead crow in my trunk, waiting for Monday morning to take it into the health unit to be tested.

I've mentioned West Nile and Lyme. Other vector-borne would include equine encephalitis virus, malaria, yellow fever—travel-related, not endemic transmission within our province of Ontario.

We hear so much about Lyme. Including probable cases, our public health system identified 185 cases in Ontario. There are more cases of malaria in Ontario, actually—220. West Nile comes in at 239.

I feel there's much work to be done; hence my proposal with respect to a comprehensive framework and an action plan to address new and emerging diseases.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

Mr. Paul Miller: Thank you to the member from Haldimand–Norfolk for tabling Bill 27, the Provincial Framework and Action Plan concerning Vector-borne and Zoonotic Diseases Act. And thank you for the opportunity, Speaker, to speak to this today.

Over the past few months, our newspapers and news reports have been filled with concerns over the spread of diseases, most notably, of course, the spread of Ebola. Ebola is only one of a number of diseases that meet the classification of vector-borne or zoonotic disease, such as severe acute respiratory syndrome, or SARS, West Nile virus, Lyme disease and others.

It has come to my attention that there is a new one that has developed in the Caribbean. It's on the health warning system for Canada for travellers. I believe I'm saying it right: chikungunya. It's a new mosquito-borne disease—

Mr. Shafiq Qaadri: Chikungunya.

Mr. Paul Miller: Chikungunya—that is similar to malaria, the symptoms, but unfortunately they have no

vaccine for this. Apparently, this type of mosquito is very aggressive. It bites during the day as well, not just at dawn or in the morning. They're very concerned in the Caribbean because of vacationers. It's a major tourism spot. They are working on it. It's my understanding that within a year or two, they hope to have a vaccine to combat it.

I'm headed that way on Sunday. You would think I was going into the deepest part of Africa. My wife has got nets for the bed for us and bathing suits with nets—it's unbelievable.

Interjection.

Mr. Paul Miller: Yes. I'll be the only guy on the beach with a hat with a net on it, but anyway. Certainly precautions are important.

These are all examples of diseases that we've heard a great deal about because of extensive news coverage but fortunately have not been extensively exposed to here in Canada. This is in part because of the quality of our health care system and the protective measures that we put in place as we go.

As you know, Speaker, there are always gaps to be filled. There is not one MPP in this Legislature here today or any of the 107 elected members across this province whose constituency offices have not received numerous concerns on these very topics. I can attest that through my office I have encountered more than a handful of constituents who have found themselves stonewalled and left to fend for themselves when dealing with Lyme disease alone. Lyme disease has been considered reportable in Ontario since 1991, but unfortunately our response continues to be insufficient and unacceptable.

1450

Too often, we hear stories of residents of this province—a province with a universal health care system—forced to cross the border into Buffalo or Detroit and pay for medical services that are not being provided for them here. I understand that Lyme disease is a topic that even medical professionals continue to debate, in terms of what the best forms of treatment and responses are. The fact that our constituents are forced to travel outside the country for care is proof that we can do better.

If you would indulge me for a few minutes, Speaker, I would like to discuss a couple of stories specific to my riding of Hamilton East–Stoney Creek. As I've said, it is a concern that we have heard many times, and I believe it will help to illustrate the need for greater response in our province.

A lady by the name of Anita Kos is a constituent of mine. Anita struggled with Lyme disease for almost a decade before she finally was diagnosed in the United States in 2013. I'll read a quote from Anita: "If it had been caught early here, it wouldn't have got to the stage it's at now, where it robs me of any quality of life and independence. It wreaks havoc on every system of my body and it's very unpredictable, so I don't know hour to hour how I'm going to feel. It's a horrible way to live."

According to the Canadian Lyme Disease Foundation, there are three stages of this disease: early infection;

spreading of the infection; and chronic Lyme. As time is allowed to pass, both the diagnosis and the treatment become increasingly more difficult. Symptoms worsen, and there's not a single system in the human body that this disease does not affect.

In the early 1990s, there was only one known endemic area in Ontario: at Long Point Provincial Park. Since then, Ontario has seen an increase in the distribution of ticks, especially in eastern Ontario. And this is the important part: Public Health Ontario acknowledges that this has resulted in "an increase in locally acquired human cases of Lyme disease." Public Health Ontario has also stated that "the incidence rate of Lyme in Ontario has been steadily increasing since 2002." Yet we continue to stand back and allow this to occur.

Anita doesn't know where she contracted Lyme disease, but, sadly, she's glad to know now that she has it as it has allowed her to begin treatment and the path to recovery. But the treatment isn't cheap—far from it. For Anita to visit the Sponaugle Wellness Institute in Florida, it costs nearly \$4,000 a week.

Speaker, every time I hear stories of the exorbitant, outrageous costs of health care south of the border, I have a renewed appreciation for our system of universal health care as provided to us by the great New Democrat and our greatest Canadian, Tommy Douglas. I can assure you that fellow citizens being forced across the border to pay for health care is not the system that Mr. Douglas had in mind when he created it.

I attended a fundraiser last year that members of our community held for Anita and her family to help them cover the cost of her ongoing care. While I was humbled and amazed by the generosity of the organizers and attendees, the fact that an individual Ontarian could be forced to fundraise for medical costs was the true take-away from this event. The fact is, we need to do more.

Anita is not the only constituent of mine who is suffering from this disease. The Thiessen family, friends of mine who were stationed in Russia, doing work over there—consisting of parents Douglas and Julie, and their sons, Josh and Zac—are a wonderful family I have gotten to know in Stoney Creek through the incredible artwork that Josh does. He is now a renowned artist who is gaining fame in Canada. He studied under Bateman. He's a naturalist, with his paintings. This young gentleman is in his 20s, and some of his paintings are already selling for over \$20,000. They're a wonderful family, but I was shocked to learn last year that all four members of their family have been diagnosed and are suffering from Lyme disease. Though the family remain in good spirits and continue to have a significant positive impact on our community every day, they are still experiencing a lot of the same hardships that Anita faces, especially the father.

Speaker, the list goes on and on.

The bill we are debating today is not going to be an instant solution for the problem, but it is a good step in the right direction. I pray that our researchers and our physicians can come up with a solution. This is a complex medical issue, and though I don't have a medical

doctorate like our Minister of Health or the fine doctor across from me, I do have the common sense to see that we need to make changes and address this growing concern.

The bill will require the Minister of Health to develop a provincial framework and action plan that establishes a provincial surveillance program, standardized educational materials and guidelines regarding the prevention, identification, treatment and management of vector-borne and zoonotic diseases.

There are a lot of significant asks here, and they are something that I expect all members of this House should and will be able to support.

I've spent the majority of my time discussing Lyme disease, as it is an issue which I have encountered most frequently from my constituents visiting my office, but the same principles apply for all vector-borne and zoonotic diseases. The fact is, we need to take the necessary steps to address this issue head-on and support all Ontarians, our physicians and our researchers, and all the people who are suffering from or at risk of contracting one of these diseases. It's what our father of universal health care would have wanted.

I'm proud to stand before you today in support of this bill.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

Hon. Eric Hoskins: I rise today to speak to Bill 27, the Provincial Framework and Action Plan concerning Vector-Borne and Zoonotic Diseases Act. I will be supporting this bill this afternoon.

It's also important for the members to know about our government's ongoing commitment to protecting the people of Ontario from zoonotic and vector-borne diseases. Ontario has a robust strategy in place for the surveillance, prevention and control of zoonotic and vector-borne diseases, including the promotion of public awareness of these diseases and emergency preparedness. An effective framework for the surveillance, prevention and control of zoonotic and vector-borne diseases already exists under two different pieces of public health legislation: on the one hand, the Health Protection and Promotion Act, and the other being the Ontario Agency for Health Protection and Promotion Act, including the Ontario Public Health Standards.

The HPPA sets out the legal reporting requirements for a list of infectious diseases, including zoonotic, which are diseases that involve transmission from an animal to a human, and also vector-borne, which are those that require an intermediary, if you will, often a mosquito, for the transmission from one human to another human. Of course, many of these diseases are of concern in Ontario. Among them, of course, we know SARS, West Nile virus, Lyme disease and Ebola virus disease.

Public Health Ontario collects and analyzes this data that we receive in order to track incidence rates and to identify any trends requiring public health action in order to mitigate any outbreaks or prevent the spread of the disease. The Infectious Diseases Protocol that this gov-

ernment has under the Ontario Public Health Standards sets out the specific guidelines for the prevention and the identification and management of reportable diseases.

At the provincial level, educational materials on zoonotic and vector-borne diseases for members of the public and health care providers are created and distributed by my ministry, and of course shared with the local public health units. The Public Health Agency of Canada also shares consistent public messaging and resources for vector-borne diseases such as West Nile virus and Lyme disease.

Speaker, members may be interested to know that Ontario is currently one of only two provinces and territories to have a public health veterinarian within its Ministry of Health with sole responsibility for the zoonotic and vector-borne disease portfolios. Ontario's track record with respect to zoonotic and vector-borne diseases demonstrates just how effective our existing framework for prevention and control is, including, for example, the successful management and prevention of rabies since the 1990s and West Nile virus since 2002.

It's also important to note that while Ebola virus disease continues to be an ongoing concern in West Africa, there has never been a case of Ebola in Canada or in Ontario, and the risk to Canadians remains very, very low. Nevertheless, we have taken precautions to ensure the safety of all Ontarians, especially our health care workers, our first line of defence against Ebola. Specifically, my ministry has worked together with Ontario health care providers and partners to provide them with guidelines regarding Ebola virus disease diagnosis, specimen collection, infection prevention and control, occupational health and safety measures, and laboratory testing.

1500

Since then, at my request, the interim Chief Medical Officer of Health, Dr. David Mowat, has issued directives to all acute-care settings and paramedic and first responder services on the procedures necessary to protect the health of workers and significantly reduce the risk of spreading the disease. In fact, further directives from the interim chief are currently being prepared in consultation with key partners.

The acute-care directive requires that at all times two registered nurses provide care to each patient confirmed to have Ebola, and they must not care for any other patients. Further, we're enhancing the province's Ebola readiness strategies in six key ways.

First, my ministry has designated 11 referral hospitals across Ontario to serve as referral centres for the treatment of any confirmed Ebola cases.

Second, my ministry is working with emergency medical services to designate and equip ambulances to transport Ebola patients to designated hospitals for treatment. The first responders on these ambulances would wear impermeable, full-body barrier protection in order to protect themselves.

Third, the Ontario public health laboratory now has the capability to test any potential Ebola case in this province. This provides Ontario with local capacity that

makes test results available sooner; actually, within about four hours of receiving the sample.

Fourth, my ministry has created a formal health workers minister's advisory table on Ebola preparedness to ensure that the needs of health care workers are identified and addressed as quickly as possible. It brings together key stakeholders and partners to provide input and advice to inform the ministry's decisions as we continue to ensure Ontario's readiness. The first meetings, of course, have already taken place.

Fifth, my ministry created an Ebola Command Table, which I chair, and which includes the interim Chief Medical Officer of Health, the Deputy Minister of Health, Public Health Ontario, our partner ministries, representatives from the province's local health integration networks and designated referral hospitals.

Finally, the province is enhancing the availability of personal protective equipment to protect health care workers who treat Ebola patients. My ministry is maintaining a website with information on the risk posed by Ebola virus disease for members of the public and health care providers.

In closing, I want to assure all Ontarians that their safety remains my top priority, a priority strongly supported by our province's framework for prevention and control of zoonotic and vector-borne diseases in Ontario. Thank you.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate? The member for Prince Edward–Hastings.

Mr. Todd Smith: Thank you again, Mr. Speaker, and thank you to the member from Haldimand–Norfolk for putting forward his bill. It's a good conversation to be having in the Legislature right now. As the Minister of Health just indicated, we're dealing with Ebola, mostly in West Africa; of course, there was the one case in the United States, down in Dallas, Texas, that proved to be a fatal case, and I believe one other case in Europe. But for the most part, it has been contained to Sierra Leone and West Africa.

However, that doesn't mean that we shouldn't be vigilant. I have sort of a good-news story and a bad-news story I would like to share from my riding when it comes to—one is a zoonotic incident and one is a vector-borne incident.

I guess I'll share the good-news story first since we were just talking about Ebola and the health minister spoke about some of the protocols that are in place when dealing with a possible Ebola case. As many of you know, being in Prince Edward–Hastings, I represent the city of Belleville. Over the Thanksgiving weekend, it was early on the Thanksgiving Monday morning when a suspected case of Ebola walked into the emergency room at Belleville General Hospital. It was a member from our military who had been delivering health supplies to Sierra Leone. When he arrived back at home at CFB Trenton, he felt very, very ill and immediately came into the Belleville General Hospital. Full credit to the staff that were on early in the morning on Thanksgiving Monday. They had that patient isolated in an observation

room within four minutes of his arrival. They did excellent work, and I have to give proper credit to the registered nurse, Chris Wilson, who was on duty. He immediately put on his protective clothing so that he could protect himself and care for the individual. The calls went out, as you would expect that they would go out when this type of a case, or a suspected case, makes its way into your hospital. We're very fortunate to have a great chief of staff at Quinte Health Care, Dr. Dick Zoutman, who actually is an infectious disease expert in his own right, so he knew exactly what to do. The physicians and the staff handled that situation extremely well.

Fortunately, after several hours of waiting for the test results—and one of the things that the minister hit on is that we need to get those results quickly, because in this day and age, the way the Twittersverse goes, that poor guy, who came into the hospital to get checked out as a possible case of Ebola, had Ebola, as it was reported on Twitter. Everybody was in a frenzy, not just in the Belleville area but across Ontario and in Canada. We even had international attention because this individual made his way in.

The entire staff responded very quickly. If I could, I'd just like to give credit to Dr. Michael de la Roche, who is the chief of infection control. As you can imagine—it was Thanksgiving weekend—he was at a cottage an hour away, and immediately came in at 4:30 in the morning. All of the staff at the hospital were on heightened alert.

Things did seem to go according to plan there. They are making some changes to the way that they deal with things, as the minister has done in his capacity as the Minister of Health here in Ontario. We can always learn from these types of situations.

Now the bad: I just want to share a quick story about a problem in Prince Edward–Hastings and in other parts of Ontario as well, and that's Lyme disease and the fact that there don't seem to be proper protocols in place. I hope it is something that can be dealt with if the member from Haldimand–Norfolk gets his select committee or does manage to get this bill to committee. We need to have protocols that are in place across the province, where those who are working in our emergency rooms, and our family physicians and general practitioners, have the right information to pass along to people. I can tell you that it's really a patchwork kind of approach to dealing with Lyme disease, depending on where you go.

We've had a real outbreak of ticks in the central Hastings region, where I'm from. As a matter of fact, we just came through deer hunting season. There was a young kid from Tweed who was out hunting. He had seven ticks on him when he arrived back. It's a serious problem. You have to make sure that they know how to remove the ticks, first of all, and what the symptoms are, to know about Lyme disease and whether or not you could be negatively affected by Lyme disease.

I can tell you the story of one couple from the Centre Hastings area, and this is not unfamiliar; I believe the member from Hamilton East–Stoney Creek alluded to it

as well. Members of the public can't get the treatment, in our hospitals and from our physicians in Ontario, that they need to deal with this disease. There's one woman in my riding who has to drive to Plattsburgh, New York—it's about a four- or five-hour drive from her home—every six months to see a physician there to get the medication that she needs. Every time she goes there, it's \$700 or \$800, and that doesn't even include her medication, which can cost \$500 to \$600 more. She has dealt with this disease since 2006 but can't get anyone in this country or in this province to look after her symptoms and her prognosis, which is Lyme disease.

I know others are going to want to touch on this. I don't want to take too much of their time. But we really have to start to get this right. I think what the member from Haldimand–Norfolk is proposing in his private member's bill is a great way to start to get us headed in the right direction when we're dealing with these zoonotic and also vector-borne illnesses.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

Mr. Wayne Gates: I just want to take a few moments and discuss the bill around Lyme disease. I'm certainly pleased that the Minister of Health is here to hear this story.

Just a few weeks ago, I went to a fundraiser in Fort Erie for Amanda Wilson. Frankly, I was shocked at what they were raising funds for. Amanda is a young lady who is a border security officer. The Legion hall was packed; there were 600 or 700 people there. They were raising funds. Her co-workers were there; the other border security officers that weren't protecting our borders were there; her family was there. I had the privilege to talk to her father, who obviously is very, very concerned.

She's a young woman who is talented, smart and hard-working. She had contracted the disease. She was working on the front line at the border, like a lot of folks from Fort Erie, but now she has been out of work for over a year, all because Amanda was bitten by a tick.

The problem is—this is why I'm so glad that the health minister is listening to this—none of the testing here in Ontario came through that she had Lyme disease. For people like this, they get really sick and they stay sick for a long period of time. Amanda was going through an unbelievably tough time, with her family by her side. People with untreated Lyme disease kept getting worse. As my colleagues in the other party mentioned, the symptoms of Lyme disease look like symptoms of a number of other very bad diseases—MS, Alzheimer's.

1510

She went to the United States, and finally she was given a proper diagnosis that said what it was. It was Lyme disease. We have to ask ourselves why. Today, she is receiving treatment in Buffalo, New York, right across the river from her own home. The fundraiser I went to was to raise funds to pay for her medical bills, which are now currently over \$100,000. You see, Amanda cannot get proper treatment here in Ontario because we weren't able to do the testing that said she had Lyme disease. It

doesn't make a lot of sense to a lot of people probably in this room, but that's what happened.

She has been incredibly strong during this entire ordeal, and so have her family, her friends and her co-workers. But there are others like her. We shouldn't have to have fundraisers to help people who are sick receive medical care in the province of Ontario.

I appreciate the debate on this issue. I want to encourage this House to help the people of Ontario receive the medical care they have a right to.

I'll finish up by saying this to the Minister of Health: If you'd like to get more details on this or set up a meeting with the young lady, I would like to do that, but I think the bigger issue is, we've got to find out what the issue was here, to make sure it never happens to anybody else again. Thank you very much for standing.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

Hon. Glen R. Murray: I'm just going to take two minutes because I want to address an issue that came up today.

The biggest factor in the increase in Lyme disease will be climate change—the biggest single factor. Recent studies done in Ontario show that warmer temperatures increase tick reproduction two to five times. I can tell you that since we're heading to four degrees Celsius, which is a higher base, that is twice the rate of warming that is now understood.

I have suggested a few times that we should raise this above the level of politics. To my friends in the Conservative Party I would say this: How are you going to pay for this, my dear friend who introduced the bill? If we have a fivefold increase in ticks in the next decade or so, we're likely going to have a fivefold increase in disease. Do you know how devastating that will be? I'm waiting to hear what the position of the Conservative Party is, if it's so concerned about Lyme disease. When we know that climate change will increase this by 500%, how do you deal with the devastation on families that you clearly and rightly see is a problem without addressing climate change?

We're going to get into politics—as long as you have free carbon dioxide and you don't have a trading mechanism like all of Europe does. It doesn't have to be a carbon tax, but there has to be some sort of trading mechanism. How do you fight this when carbon dioxide is emitted for free and there's no market mechanism that rewards businesses to reduce it?

I can give you about a half-dozen other diseases that are also going to become epidemic at rates we've never seen, costing our health care systems billions of dollars.

I find these private members' motions very important, but when you divorce the causal effect and you don't want to address the epidemics that are going to come with this new climate beyond food shortages and other things, we're not having a realistic discussion.

These are real vectors for disease: the rapidly changing environment—because climate is going to impact a two-degree change in the United States. The mean

temperature change in Ontario will be one of the highest in the world at five degrees, and we become the next new belt, because, as you know, these insects and these mites have heat—thermal—detectors. That's how they move.

Mr. Speaker, I will close. I will leave some time for my friend. But, please, can we have a serious conversation about health and climate change and stop playing political games with it?

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

Ms. Lisa M. Thompson: I am very pleased to stand and speak today in support of my colleague's bill, Bill 27, the Provincial Framework and Action Plan concerning Vector-Borne and Zoonotic Diseases Act, 2014.

I've been standing since 2011 reading petitions and sharing stories from people in my riding who will be saying today, "Finally." I thank the member from Haldimand-Norfolk for standing tall and doing what's right by the citizens in Ontario.

I have so much information here. It would have been early in my first term that I met with a lady by the name of Doris. She's from Cranbrook. She's just a phenomenal lady who has suffered with Lyme disease for years upon years.

Just last week, during our constit week I had the opportunity to hear the story from a gentleman by the name of Lyn, who was the first person in Huron county to be diagnosed with Lyme disease.

Before I get into those stories, I also congratulate the member from Haldimand-Norfolk for recognizing the importance of looking at the big picture. So much is at stake. I think about the genuine concern about Ebola. There's a program associated with the agri-food sector called the Advanced Agricultural Leadership Program. For the first time ever in decades, this particular organization was going to send their current class to Africa, but unfortunately that trip was cancelled because of the fear and concern over Ebola, and, most importantly, how it's diagnosed and treated. So I congratulate our member for recognizing the importance of looking at the big picture.

I also think about West Nile disease. I think I, in my family, must have the sweetest blood, because I am the magnet for mosquitoes. I can't help but express concern every day that we're out and about.

When it comes back to Lyme, I think about the people who ask for permission to go hunting at the back of our farm in the bush when deer season rolls along. I think about the people who have met with me in my constituency office, expressing concern. I also think about the people who have done so much and incurred so much.

Just this past week, on Tuesday, the member from Haldimand-Norfolk held a media conference. He had a brave individual sit beside him to share his story. I was chatting with Will's wife. Knowing how this has rolled out, I said, "How much have you had to spend to try to maintain a certain level of health for your husband?" Speaker, they had gone into debt \$40,000. It's not right, it needs to stop, and we need to start identifying opportunities to help these people instead of driving them to the States and driving them to Europe for treatment.

I also want to recognize that this is not new. Finally, we're doing something about it today. In 2013, *Better Farming*, a publication that's known widely through rural Ontario, celebrated something. One of their journalists, Mary Baxter, wrote an article called "Lyme Disease: The Painful and Hard-to-Diagnose Condition." It was nominated and won best agricultural story in the world. I just want to recognize that the award was announced in Sweden, where judges called Baxter's piece "beautiful" and said it used "a nice mix of human-interest storytelling and scientific research, exemplifying great journalism." That was back in 2011, but I can tell you—and if I could get a page to bring me another glass of water, I'd appreciate it—people have suffered for so much longer.

A brief snippet out of Lyn's diary: "Feeling better, but will more than likely be on a long road back to normal. Starting to feel someone is sitting on my chest. I guess doctors will figure this out, hopefully." Then, sadly, he continues to write in his diary: "Had to retire earlier than I had wanted to." It's just not right.

1520

Then there's Deborah, who has quite a story. She contracted Lyme herself, but found she had passed it on to her three sons. When I first met her a couple of years ago, her children were ages five, seven and eight, and our eyes just welled and our hearts broke when she spoke about her oldest child, Caleb, who had been struggling with his health since the age of three. He had had countless tests. In the end, he ended up having to see a psychiatrist. That's where, ultimately, he was put on anti-psychotic drugs because they were desperate. His brain was in a fog. He was unable to learn even basic academics. He had regressed to a point of no longer being able to read and write. Deborah met with the school board and they made a painful decision to send him 45 minutes, one bus ride, each way, to a different classroom, where he could get the emotional and behavioural support that he needed.

Doris, a champion who pulls everyone together in support, has suffered long with Lyme disease. It broke my heart last week when she shared with me that there were times she would just want to die, because people don't understand how Lyme disease affects an individual. That's when Deborah said even her own son, now at the age of 11, would rather die than continue living this, because they felt there was no hope.

But now, due to the member from Haldimand–Norfolk and the support of the House today, we do have some hope.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

Mr. Shafiq Qaadri: Merci, monsieur le Président. Premièrement, je veux soutenir the bill from my honourable colleague from Haldimand–Norfolk, Bill 27, on the provincial framework and action plan concerning vector-borne—for example, mosquito-borne—or zoonotic diseases, meaning diseases that are transferred directly to human beings through animals.

I think much has been said. I recognize, of course, the remarks of the Minister of Health, who reinforced and affirmed the provincial existing framework and all the various programs and our liaison with public health units across the province and designated hospitals for high-end illnesses, be it SARS or be it Ebola. For example, Etobicoke General Hospital in Etobicoke North was one of the sites and centres for SARS control. So we're very well, I think, apprised of the potential dangers that are out there.

I would accept what some of our colleagues have said with reference to Lyme disease—Lyme, by the way, being a town in the state of Connecticut from which originally this sort of tick-borne illness was seen, originally diagnosed. It's got a sort of strangely named bacterium, by the way, *Borrelia burgdorferi*, and I'll probably have to give that exact spelling to Hansard later.

Of course, one of the confusions, and perhaps I might use this opportunity, is that the symptoms can be very, very non-specific. You're looking at stiff neck, chills, fever, swollen lymph nodes, headaches, fatigue, muscle aches, joint pain and, of course, this sort of specialized migrating bull's-eye kind of skin rash. So it can be very confusing. It's not common that patients will present with all of these. They'll have their own menu choice of them, and that's unfortunately one of the reasons why perhaps diagnosis is not done quite as early as it might be. Like everything in medicine, that of course affects outcomes.

I certainly support your bill. I applaud you for it, particularly as a non-physician bringing forth this intense vocabulary and this very worthy bill.

The Deputy Speaker (Mr. Bas Balkissoon): I now return to the member for Haldimand–Norfolk. You have two minutes for a response.

Mr. Toby Barrett: Thank you, Speaker, and I certainly thank the presenters—actually, a good mix of presenters and a good mix of experience: two physicians, two cabinet ministers, a number of people that obviously, in our role, have a lot of hands-on listening to constituents. I don't have time to go through all of the constituencies represented in the speaking.

But with respect to Lyme, there is more work to do. In the province of Ontario, we're all very proud of our health care system and we continually strive to improve that system. With respect to Lyme alone, which many people referred to, there is controversy. There are disputes. There is so much out on the Internet.

I'm very pleased the member for Huron–Bruce made mention of the fellow that was in the media studio, Will Yelland, from my constituency office. He weighed 220 pounds when he came down with this. I think he has lost about 100 pounds. He wanted to be a cop, and he's on hold right now and has spent 40 grand.

I think we're positioned well for Ebola, an emerging infectious, zoonotic disease. Our Minister of Health, before he was elected, as many know—his background in public health and tropical medicine, and his travels in the tropics, can serve us well.

All I ask is that we continue to improve, to consolidate, to pull together our efforts into the provincial

framework I am proposing, and most importantly, an action plan to deal with not only the diseases talked about today but those that may come along in the future.

The Deputy Speaker (Mr. Bas Balkissoon): We'll take the vote at the end of private members' public business.

Orders of the day.

PLANNING STATUTE LAW
AMENDMENT ACT, 2014

LOI DE 2014 MODIFIANT DES LOIS
EN CE QUI CONCERNE
L'AMÉNAGEMENT DU TERRITOIRE

Mr. Milczyn moved second reading of the following bill:

Bill 39, An Act to amend the City of Toronto Act, 2006, the Planning Act and certain regulations / Projet de loi 39, Loi modifiant la Loi de 2006 sur la cité de Toronto, la Loi sur l'aménagement du territoire et certains règlements.

The Deputy Speaker (Mr. Bas Balkissoon): Pursuant to standing order 98, the member has 12 minutes for his presentation.

Mr. Peter Z. Milczyn: I'm proud to rise today to speak to my private member's bill entitled the Planning Statute Law Amendment Act. The purpose of this act is to make certain changes to the Planning Act which would benefit communities and municipalities across the province, as well as some amendments to the City of Toronto Act which reflect the unique legislation which governs that city.

Individuals, communities and municipalities across the province have grown increasingly frustrated with the manner in which planning decisions are made in Ontario. Ontarians assume that democratically elected municipal councils make the rules and decisions on local planning matters. However, that belief is routinely proven wrong by the Ontario Municipal Board.

Last year this government conducted a consultation exercise on Planning Act reforms. I was chair of the city of Toronto's planning growth management committee. I led the city's process to develop a response to that consultation. There was stakeholder consultation; we listened to various stakeholders. Toronto city council unanimously endorsed a series of positions upon which this bill has been constructed.

I also want to note that city of Toronto planning staff consulted with many of their peers in Ontario, their planning peers, in the formulation of positions to find those that had some common ground with other municipalities. I want to thank Jennifer Keesmaat and Kerri Voumvakis, the senior staff at the city, for their thoughtful assistance in this.

This bill contains amendments to existing legislation that will address three broad themes. It aims to restore more local decision-making on planning matters back to local government while balancing the need to continue to

maintain an accessible mechanism for appealing poor decisions to the Ontario Municipal Board. It will modernize certain aspects of the Planning Act, and it also seeks to grant municipalities increased powers to address the pressing demands created by growth and development. There are some specific amendments to the City of Toronto Act.

In terms of restoring local decision-making, this act will prohibit appeals to the OMB of official plan amendments that are made by a municipality to conform with changes to provincial policy or provincial growth plans. It will also require the Minister of Municipal Affairs to endeavour to align changes between provincial policy statements and provincial growth plans and provide direction on their interpretation.

Municipally initiated official plan amendments, once they come into force, would also no longer be subject to appeal to the OMB for a period of five years.

Zoning bylaws that implement municipally initiated official plan amendments would no longer be subject to appeal for a period of five years from when they came into force, and site-specific zoning bylaws would no longer be subject to appeal for a period of five years from when they came into force.

1530

Municipalities will also be able to pass bylaws which would restrict the making of applications to the committee of adjustment with respect to a site-specific bylaw for three years from the passage of that bylaw unless the variance being sought is truly technical or housekeeping in nature.

This bill proposes to require the OMB to make decisions that are consistent with those of the municipality and restrict the ability to introduce new evidence to the OMB that was not used or available to the local council when they were making their decision. Appellants would have to clearly explain their reasons for an appeal and list the evidence they propose to make their application upon. Also, the timing for filing appeals would be lengthened in a number of instances—official plan amendments from 180 days to 240, concurrent zoning bylaw amendments to an OPA from 180 to 240 days, and a zoning bylaw amendment from 120 days to 180 days. These changes will allow municipalities more time to review proposals without the threat of a pre-emptive appeal to the OMB.

All of these measures are meant to ensure that local municipalities have the final word on many planning matters, that the OMB's scope to overturn municipal decisions is circumscribed and that general appeals against an entire official plan will be curtailed as having insufficient supporting evidence to proceed. These measures will restore the public's confidence in the planning system, restore accountability to elected officials and potentially save municipalities significant resources that are expended on preparing for and defending against numerous appeals.

I also want to be clear that none of these measures will abolish the OMB and the ability for property owners to appeal applications or decisions. However, it will limit

the ability to frustrate local municipalities' ability to approve and enforce properly formulated plans or bylaws.

This bill will also modernize the planning process. Electronic notices will now be allowed and deemed to be valid notice.

People all over this province cannot understand what a minor variance is. The four tests established to assess what a minor variance is are too vague, and this bill would require the Minister of Municipal Affairs and Housing to enact regulations to define concepts for the determination of whether a variance being sought is minor or not and what the meaning of the term "desirable for the appropriate development or use of land" means.

Municipalities now throughout the province of Ontario have the right to establish local appeal bodies for committee of adjustment matters, but they do not have the right to revert back to the OMB if they so choose. This bill would give municipalities that right to make a choice and be able to change their minds in the future. It will also give municipalities the right to set appropriate fees to cover the costs of the committee of adjustment and local appeal body without the right of people to appeal against those fees.

Finally, the third theme of these amendments is about giving municipalities more tools to manage the impacts of growth and development. This bill will grant municipalities the right to promote built form that is well-designed, encourages a sense of place and provides for public spaces that are of high quality, safe, accessible, attractive and vibrant. It may seem obvious that municipalities would expect excellence in design; however, they have had too few tools to mandate it from developers.

This bill will grant municipalities the power to try to address the shortage of affordable housing in the province by allowing municipalities the power to implement inclusionary zoning bylaws that would mandate the provision of affordable housing in new developments that contain 20 or more new housing units.

This bill will allow municipalities to pass bylaws implementing a formula-based mechanism to secure community benefits in exchange for increases in height or density under section 37 of the Planning Act, thereby creating a more transparent and predictable process for both developers and communities impacted by development.

The amendments proposed that are specific to the city of Toronto are the ability of the city to be able to enforce conditions related to the development onto the title of a property. So when a property changes hands from one developer to another, the new property owner, the new developer, wouldn't be able to try and renegotiate everything.

This would also, specifically to the City of Toronto Act, prohibit the ability to appeal the fees that would be set for the city of Toronto's local appeal body. It would also instill within the legislation that the local appeal body, within its rules of procedure, would have to mandate mediation and related procedures.

Also related to the city of Toronto, which has a very specific official plan, it would amend the Building Code Act to require the chief building official of the city to apply the rental housing conversion and demolition policies of the official plan as applicable law against the granting of demolition or building permits for the conversion of residential rental properties. What that means is that in the city of Toronto, where we have several hundred thousand units of rental housing, we have very strong policies protecting against the conversion of those properties. However, the chief building official, under the Building Code Act, might still be compelled to issue a building permit or a demolition permit for those. That is a loophole that causes angst to hundreds of thousands of tenants within the city of Toronto.

Also related to the city of Toronto, this bill proposes to prevent appeals of interim control bylaws to allow planners and communities the time to carefully study the future growth in a neighbourhood.

This bill, if adopted, will restore more local decision-making on planning matters to Ontarians. It will increase transparency and accountability in the planning review process, and it will allow for better alignment between provincial policy statements, growth plans and local official plans. It will give cities, towns and villages across the province of Ontario more of a say—a final say—in how their communities will grow and evolve.

Mr. Speaker, I have 25 years of experience in planning matters, not just as a city councillor but as practitioner, designing, consulting and assisting the development industry in moving forward, so I know both sides of these issues.

These amendments are ones that the city of Toronto, in consultation with stakeholders within the city of Toronto and in consultation with professional planners in other municipalities in this province—these were positions that were brought forward to the government as part of the consultation process around planning reform. These reforms would allow development to continue apace. They would ensure, however, that those who are elected in their local councils, when they stand up, pass a bylaw and tell their residents that the process that they participated in to establish a bylaw or an official plan or a secondary plan—that it has some meaning, that zoning bylaws don't simply become zoning guidelines and official plans don't simply become something that can be amended on a daily basis.

I trust that members of this Legislature listened carefully, and I look forward to their comments. I hope I can count on all of their support.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

Mr. Ernie Hardeman: I rise to speak to Bill 39, the Planning Statute Law Amendment Act. I want to congratulate the member from Etobicoke-Lakeshore for introducing his first private member's bill. Congratulations. I understand that he has a lot of good ideas. I wouldn't say all his good ideas are in this bill, but a great number of them are. I want to commend him for that.

However, I have some real problems with the bill. Most of it relates to the consultation. We heard in the presentation that the consultation was with the municipalities and with the planners who work for municipalities, but I didn't hear of the consultation that's required between the people of the cities and towns in Ontario, the other side of the equation.

This bill was introduced Tuesday afternoon, 48 hours ago. In my experience in this province over the last 30 years, consultation in planning matters is measured in months and years—the consultation to put in new legislation—not 48 hours.

1540

It makes over 20 changes to two pieces of legislation and two regulations, one of which is under a separate piece of legislation. Some of these changes, as the member described, would have a significant impact on planning and land use in Ontario. In fact, I've seen many government bills that have made far less significant changes, which is very concerning to me.

The nature of a private member's bill is that it has less debate and often less public scrutiny than a government bill. Today, we have 12 minutes per caucus to present our concerns on second reading of a bill that impacts every riding in the province of Ontario—only 12 minutes to lay out what amendments are needed if this bill were to proceed to committee.

I know that the MPP from Etobicoke–Lakeshore has a municipal background, and I hope this bill is the result of his personal experience and thoughts. I hope that it isn't, as some people have suggested, an attempt by the government to sneak through significant legislation on a Thursday afternoon.

I don't have time to list all our concerns with this bill, but I do want to go through a few of the items that I have concerns about, particularly those that reduce consultation and take away the right for members of the public to appeal.

Mr. Speaker, this bill contains an amendment to section 2 of the Planning Act. As members may recall, this section of the act sets out the areas of provincial interest that municipal councils must have regard to when carrying out their responsibilities. This covers important areas such as the protection of ecological systems, protection of agricultural resources and accessibility for persons with disabilities. These are core values that we all share. They're fundamentals.

This section also includes a commitment to the minimization of waste. To the many people in my riding who are fighting a landfill site proposal to ensure our drinking water is kept safe, that is a key value and very important.

Mr. Speaker, this bill amends section 2 to add promotion of built form that is well-designed and “encourages a sense of place.” I'm not sure that most of us could even significantly define “sense of place.”

I agree with the goal of having attractive buildings, but I don't believe that it is equivalent to those other values. I don't believe that it belongs at the same level as other

provincial interests—the core values—outlined in the section. Each of these items becomes a responsibility and a burden to municipal councils. When it is a key value that we all share, I think that councils are happy to take on that burden, but adding less important items to the list results in it becoming over-regulation and red tape for our municipalities.

Mr. Speaker, I'm also concerned that this bill reduces the ability of people and organizations to appeal decisions and actions in numerous ways. First, it removes the ability of people to appeal fees charged by appeal boards, which means that these fees can be raised to discourage appeals.

This bill also makes changes to the Municipal Board such that appeals must be consistent with original decisions. That means there's really no longer a real appeal, whether it is for community groups facing a development on environmentally sensitive areas or a company trying to build a factory that has been blocked by not-in-my-backyard syndrome. There would be no opportunity to change a decision and no opportunity to correct an error if one has been made.

The bill also changes the rules to address how new information is presented at appeal hearings that would have a material impact on the decision. If the municipality submits recommendations within the proper time frame, the appeal board has to make a decision consistent with recommendations. Again, this eliminates the ability of having a real appeal.

The bill also lengthens the time before appeals can be launched. If someone has applied to a municipality for a zoning change or an official plan amendment and the municipality doesn't deal with it currently, the applicant has the right to appeal to the Ontario Municipal Board after 180 days of no decision. That's about six months. This bill lengthens the time to 240 days before an appeal can be launched and the applicant can get a decision. Again, that will not speed up development.

The bill also removes the right of people in Toronto to appeal an interim bylaw, and it would block landowners from applying to the committee of adjustment for a variance for three years following the passage of a site-specific bylaw.

Taken together, all these changes will result in a significant reduction in the ability for people to appeal decisions. That certainly doesn't make the system more fair, and it doesn't make the system better.

In September, the Minister of Municipal Affairs and Housing was directed in his mandate letter to lead “a review of the scope and effectiveness of the Ontario Municipal Board,” but before the minister has had an opportunity to do that review, with little or no consultation, the member from Etobicoke–Lakeshore is making dramatic changes to the Ontario Municipal Board and burying them in what appears to be an omnibus bill presented here in private members' business. We agree with the need to review the Ontario Municipal Board—and I want to commend him for bringing that forward—and make changes that ensure that it works better and is

more transparent. We're also looking forward to the consultations and to hearing from all the parties that would be impacted, not a select few of the parties. We cannot support legislation that would make significant changes to the powers of the OMB before that consultation occurs. Frankly, I don't expect the Minister of Municipal Affairs and Housing—I think he would have trouble supporting this bill, too. We'll see that after the end of the debate.

This bill would also limit public input on provincial policy statements by amending the section that sets a requirement for the minister to consult on these statements, adding a requirement that the minister must "seek to obtain the timely approval of the Lieutenant Governor in Council." In other words, "Don't consult too much; get the approval done so we don't have to wait." That would actually force the minister to limit and rush his consultation. This is rather ironic coming from a member of the government that is always talking about conversations and open government.

I hope that this government, rather than supporting this omnibus bill, which was introduced too late to give members and stakeholders sufficient time, will instead focus on the consultation. The changes in this bill will impact people across Ontario, such as community groups like the Oxford People Against the Landfill in my riding, who want to ensure that they can appeal any decision that would allow a landfill in our community. It would also impact people who are building homes for families across Ontario, the home builders of Ontario. It will impact companies who are trying to build factories and create jobs. It will impact environmental groups who are fighting to protect sensitive land. It will impact municipal councillors who are working to try to do smart land use planning for their community and trying to comply with the Planning Act. But unfortunately, very few of those people were even aware that this bill is being debated today. Even fewer have had an opportunity to read it or the time to research the impact of the changes.

We have a number of very important reviews due or promised over the next five years: the Municipal Elections Act, the Ontario building code, the greenbelt, Oak Ridges moraine, Niagara Escarpment, the growth plan, the Long-Term Affordable Housing Strategy and many others. I hope that these will include real consultations, that the minister will really listen to those people involved and that he won't introduce or support legislation that makes changes in those areas before taking the time to hear from those people who will be impacted by those changes.

Again, I want to thank the member from Etobicoke–Lakeshore for putting the bill forward, which gives us the opportunity to talk about important land use planning issues. I'm not finding fault with the need to make changes; I'm just finding fault with the process we're using. While we have concerns about many of the items in this bill, there are some positives, and I hope the member would consider a bill that focuses on those items, a bill that can be properly debated in private

members' business, given the right scrutiny, be put through and be the first private member's bill passed into legislation. I just don't believe this is the bill that can do it.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate.

Ms. Cindy Forster: I'm happy to rise and speak on this issue. It's certainly in my critic portfolio area. The member from Parkdale–High Park has brought a similar bill forward, certainly around the pieces of inclusionary zoning.

Hon. James J. Bradley: —the conservation authority amendment.

Ms. Cindy Forster: It's pretty good, Jim.

Ms. Catherine Fife: He's just trying to get in Hansard.

Ms. Cindy Forster: I know. I know he is.

The member from Parkdale–High Park, Cheri DiNovo, has brought this bill forward four times. She's tabled it four times. In fact, it's tabled as we are sitting here debating the member from Etobicoke–Lakeshore's bill today.

In 2010, I believe, or 2011, the bill actually received second reading. It passed, but once again, it went nowhere. Which leads me to, why is the member from Etobicoke–Lakeshore raising this as a private member's bill? Why isn't the government bringing this bill forward? They supported it when Ms. DiNovo brought to it the House the last time. If it's such an important issue—and I believe that it is—then the government should be bringing it forward as a government bill, and the member could then be bringing forward some other important bill.

1550

We all know what inclusionary zoning is. I've heard about it a lot over the last three or four years. It's a tool that can be used by municipalities. It's not mandatory. All it does is give municipalities that want to create affordable housing in their jurisdictions the ability to do so. There have been many municipalities across the U.S. and Europe that have done this very successfully over the years. There are numerous municipalities across Ontario, there are numerous city councillors and regional councillors, and there are numerous jurisdictions across Ontario that have all supported inclusionary zoning.

A number of agencies like the Canadian housing federation and other housing advocates across this province have all supported it as well. But unfortunately, we've been waiting six years to get it approved. Maybe it will get approved this time, now that we have a sitting member bringing it forward, but I won't hold my breath.

So how can we bring inclusionary zoning to Ontario? Well, I heard the member from Etobicoke–Lakeshore. He makes some good points in this bill, but I got up and spoke to the ministerial statement just a couple of hours ago on National Housing Day. We have hundreds of thousands of people in this province—165,000 people, I believe—waiting for affordable housing. That's households, not people. So it could be as high as 400,000 or 500,000 people in the province waiting for affordable

housing. This is one of the tools that would give municipalities the ability to go out and require some assistance from developers.

Here in the city of Toronto, very few rental units get built across the city. I think it's as low as 1,200 or 1,400 units a year, when in fact we need 10,000 units a year just to keep up. The population in Toronto is increasing by 100,000 people a year, and all of those people need affordable housing. So I think that the government needs to move forward with this inclusionary zoning proposal.

There are other ways to assist people who are in need. We need to get rid of vacancy decontrol. For those of you who don't know, that means that when somebody moves out of an apartment that is rent-controlled at \$800 a month, the landlord can increase that rent to \$1,500 a month if they want. That's kind of the second-worst thing for affordable housing in this province.

We also need to get rid of the rent control piece that exempts buildings built after 1991 and make sure that every rental unit in this province actually has rent controls applied.

As I said, there has been lots of support for this issue, and I really think that it's time that we move forward. I know that the member from Etobicoke–Lakeshore has some other issues in his bill that I'm not going to address today. I'm sure that if this bill ever sees the light of day and gets to a committee level, we'll have lots of time to hear from those who are opposed and those who are for and hopefully make the amendments work for all.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate.

Mr. Han Dong: It's a pleasure to rise and speak in this House on behalf of residents of Trinity–Spadina. It is, indeed, a privilege to be able to represent them in the Legislature.

I want to first of all applaud the member from Etobicoke–Lakeshore for this private member's bill that speaks to some concerning issues in the city of Toronto. In my riding of Trinity–Spadina, we've experienced explosive growth in the downtown core. I've lived there for the last 14 years, so I've witnessed first-hand what type of growth we are experiencing there, and I want to share some of that experience today in this House.

At first, it was quite exciting to see the gentrification of my riding. You see new development projects happening; you see new shops coming in. As I was experiencing significant stages in my life—getting married, having kids and acquiring property myself—I started to realize that there is a significant lack of services and infrastructure in this riding, things like green spaces, parks. In the downtown core, we don't have the luxury of having big front yards and backyards, so we have very tiny ones. We need green spaces and public parks where we can walk our dogs or take our kids to a playground. We don't have that much space left in the downtown core.

Again, daycares and schools: When a lot of people moved into those condos at first, it was closer to work, so they figured it was a transitional place: "I'm just going to

be there for a few years." But after five years, six years, close to 10 years, they want to form a family, start raising kids, so they're looking around for daycare spaces and schools, and they can't find any—all these problems.

The biggest issue I heard while knocking on doors earlier this summer was transit, congestion. The root cause of all of this inadequate infrastructure—there's something wrong with the current planning system. I've spoken to many residents who said to me that they want to make sure the local elected officers, including councillors and, quite honestly, their MPPs, get involved in making sure that these planning decisions stay local. The residents' association should actually have a say in how their community should look in the next little while.

I think this bill brought out something that's very interesting: proposing some predictability in the planning system we have right now in the city of Toronto.

Also, it talks about eliminating the possibility of someone who may be playing some little game with the existing system; for example, if I were to develop a condo and I come to an agreement to build 30 storeys—and I need to go through the amendments of the zoning bylaw to achieve that—but after a couple of years, right before I start building it, after I pre-sold so many units, I go to the city and say, "I want to change that. I want additional height and density in this." I think this bill is effective to eliminate these kinds of possibilities, because to me, there is also a consumer protection aspect to it. If I'm an investor and I put my money down to buy a rental unit—and two years after, I find out there's additional height, additional density in this condo I'm buying into, I may not be too happy with that. If I were going to have a family later on, I would be concerned about the density in the community that I'm living in.

Another key issue I hear over and over again is the so-called section 37. Basically, for those of you viewers who are not too familiar with this, it's a section that allows the municipalities to be compensated for additional height and density, but there is a serious lack of transparency right now about section 37. We don't know how much exactly is there from section 37.

1600

The money, I assume, is well-used to bring additional infrastructure to the community, whether it's a park, whether it's a community centre, whether it is some art on the street to promote cultural diversity that we have the pleasure of enjoying in the downtown core, but we don't know how much is in there. Really, the money was meant for more service, more infrastructure—perhaps a school—those necessities that a community cannot go without, especially in the case of extra density.

I would like to share some of my time with my colleague from Beaches–East York, but I think this bill has shone some light on some of the possibilities. Quite honestly, I think it's quite creative. I'm glad we have a member who was the chair in the city of Toronto's planning and growth management committee for quite a lengthy time, and very knowledgeable on this issue. It's

fortunate for the House to have a member like the member from Etobicoke–Lakeshore.

One last thing I want to share with the House is that I myself personally attended and participated in a public consultation last winter with regard to OMB reform. It is public consultation. It is across the province. I myself was in it, and I heard a lot of suggestions about changes to the Planning Act. I think this bill brought up this awareness and this need to maybe take a look at some changes.

I also want to mention that my predecessor, the former member for Trinity–Spadina, Mr. Rosario Marchese, was a strong advocate for making sure that planning decisions stay local, although I disagreed with his private member's bill with regard to exempting Toronto from the OMB, because I think that that will put the community in a place where there is no appeal body. Again, this bill talks about different tools to realize that option of having a minor variance appeal body at the municipal level.

So I welcome the member from Etobicoke–Lakeshore's private member's bill. I feel very personally attached to this bill and I look forward to discussing this more in the future.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate? The member for—

Ms. Catherine Fife: Kitchener–Waterloo.

The Deputy Speaker (Mr. Bas Balkissoon): — Kitchener–Waterloo.

Ms. Catherine Fife: That's right, and that's what I'm going to talk about.

I want to commend the member from Etobicoke–Lakeshore for bringing forward his first private member's bill. Obviously, he does bring an informed background to this piece of legislation.

It is a private member's bill; we all have this kernel of hope that they're going to go someplace. My first one was on limiting the powers of prorogation, and I don't know—that died on the order paper after 11 days here. The whole place closed it down.

But I'm going to tell you why I think the Ontario Municipal Board needs reforming, and I'm happy to see you touch on it in here. The member had said that municipalities don't have the tools to manage or negotiate with developers. I am the first person to concede that municipalities have a very tension-filled, awkward relationship with developers. Some of those developers are incredibly aggressive. Some of them make certain donations. There is an influence. Some of them are very progressive, and they understand. They have bought the intensification model, which we fully support.

But Waterloo region was targeted by the Places to Grow legislation as a region which should grow to a certain amount and the province told the region of Waterloo how to grow. So they set about doing the consultation—almost 10 full years of thorough consultation. I will say this about the residents of Kitchener–Waterloo: They are informed; they are engaged. If they become enraged, they become even more engaged. So they

showed up, and they helped the region shape what is a very progressive plan for growing, forward.

They developed this long-range, strategic plan for growth. It has hard lines around our rural areas. It has targeted neighbourhoods for intensification. It's built all the way along the LRT, which is a joint project with the province. The province did originally say they were going to give two thirds, then they said one third and, fingers crossed, the money will flow. That project is going to go ahead, and the success of that project is very much dependent on a progressive plan.

The region developed their plan and tabled it. It was challenged by developers to the Ontario Municipal Board. The Ontario Municipal Board found in favour of the developers, and not by a small amount. The region wants to grow by 84 hectares. The OMB said, "No, you're going to grow by 1,084 hectares." They overruled 10 years of consultation and 10 years of planning. They overruled the province. This is a big thing; right? So the province joined the region of Waterloo in the appeal to the Ontario Municipal Board. This is how crazy it is. The Liberal government is joining the region of Waterloo to protest the OMB not upholding its own provincial legislation.

It gets even better. It's Thursday afternoon; I'm trying to keep us awake here.

Then there was the question of bias on behalf of one of the lawyers because she had done some sort of work with the OMB and she was part of the OMB. So then the Ontario Municipal Board decided to investigate themselves to see if they were biased. This is Monty Python material here.

It's very clear that the Ontario Municipal Board needs to be reformed on the operational side, not just the travelling road show that happened last year where everyone got together and said, "I like it," or, "I don't like it." Who cares about liking it or not liking it? It's supposed to uphold provincial legislation, and it's not. These members on these boards are overruling municipalities and therefore they are overruling the democratic rights of the municipalities who are duly elected by the citizens, so therefore they are undermining democracy in the province of Ontario. It's a really big thing.

Some people say, "We need it." You know what? I don't think it can be fixed. I don't think that it can be fixed. Our member from Trinity–Spadina last year said, "For municipalities who have the capacity, who have the wherewithal, who have the knowledge to develop a progressive planning strategy, they should not be subjected to the Ontario Municipal Board overruling those local decisions."

To conclude, there is a cost to an unelected, unaccountable board overruling municipalities, both from an environmental perspective—that's a cost to the local taxpayers because infrastructure investment gets spread out. Obviously, there's a problem with funding infrastructure; that's why the Liberal government is so desperately trying to find cash in all the wrong places.

I am a little bit hopeful—that little kernel. I'm hopeful that the member, in his experience, can convince the

Liberal government to follow what all of us know to be true: that if intensification is going to be successful, if the province does want us to grow in a progressive, affordable and sustainable way so that we can have shared prosperity in the province of Ontario, then the Ontario Municipal Board needs to be either pulled out or restructured. On this side of the House, we just don't have the faith in the Liberal government to fix it entirely, and we do not think that the municipalities should be undermined by the Ontario Municipal Board.

In case you didn't realize, I feel pretty strongly about it. I hope that the region is successful in its appeal because it's costing everybody. Progressive planning should be a win-win-win for everybody, and in this case, it is not. So we're going to be supporting this bill.

1610

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

Mr. Arthur Potts: Thank you to my colleague the member from Etobicoke–Lakeshore for bringing this very, very important bill down. We are, as the member from Trinity–Spadina said, very lucky to have him on this file. Here's a man with considerable experience, a trained architect, a planner for years before he got into politics, where he could bring those passions to city hall and share them with the planning growth committee. I know he knows of what he speaks.

This is a very important issue. Certainly, in my riding in Beaches–East York, this was one of the most important issues going door to door, particularly in the southern end of the ward, known as the Beach. The residents' associations were up in arms about the repeated—repeated—attacks on democratically elected decision-making at the municipal level because, ultimately, the OMB was interpreting rules that were so broad in a way that was not satisfying the neighbourhoods.

I have so many neighbourhood associations in my riding. You have to appreciate that the Greater Beaches Neighbourhood Association is an umbrella group now of the Beach Triangle Association, the Kew Beach Neighbourhood Association, Toronto Beach East Residents Association, Friends of Glen Davis Ravine, the Norwood Park Neighbourhood Association, the Beach Waterfront Community Association and the Balmy Beach Residents Association. There's even the Danforth East Community Association and Kingston Road Village.

Every single part of my riding is so well-represented because the greatest benefit we got from the OMB over the years is a rallying cry for residents to come together and say, "They're going to do what?" We've seen this time and time again as developments come up, and residents are fighting because they want to preserve the unique characters of their neighbourhoods. The developer comes in on the basis of a very vaguely worded official plan. The neighbours say, "Well, we can't have this building. It's too big. It's dominating. The traffic studies are fake. The whole character of the cladding is wrong. It's going to change the character of the neighbourhood." So they rally together and they discover how expensive it

is to go to the OMB. They discover how long it is and that they're outgunned.

What I find fascinating about the member for Oxford—and I always enjoy listening to your remarks. You're so well informed on so many of these aspects. Interestingly enough, I get the sense that your residents' associations want to use the OMB to protect against bad decision-making at a local level, where our residents' associations don't want the OMB to protect developers from good decision-making in our municipalities.

Ms. Catherine Fife: That's the first time I agree with you.

Mr. Arthur Potts: Thank you. I appreciate that.

What's so important about this legislation is that it forces decision-making back down to the municipalities.

I made a couple of promises in my election. My first one will be satisfied with the passage of the tipping bill, which I brought forward, which was a very important promise I made. But the second one was to be fundamentally participating and finding ways that we do circumscribe the decision-making power of the OMB such that local decision planning, neighbourhood plans and secondary plans are respected by the people at the OMB so they can't be overturning decisions that were made by democratically elected people.

I appreciate the support we're going to get from the third party. I'm very much going to appreciate if we can bring the consultation in during the committee process.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

There being no further debate, I go back to the member for Etobicoke–Lakeshore.

Mr. Peter Z. Milczyn: I want to thank the members for Oxford, Welland, Trinity–Spadina, Kitchener–Waterloo and Beaches–East York for their comments.

I want to first respond to the member from Oxford. I know he had a long career in municipal politics before being elected here for a long time. I can assure him there is no subterfuge on this side of the House. This bill took some seven weeks for legislative counsel to draft for me. That is, perhaps, the reason for the short notice to the Legislature.

To the member for Oxford's one concern that it would take away the rights of residents to appeal municipal decisions: No. If a municipality makes a decision, the property owners and the residents can appeal it. The difference here is, once they make a plan or a bylaw, then for a certain period of time, that is the law. They won't entertain continuous amendments to it, but if a municipality were to choose to grant an amendment, that would be appealable. I'll explain that to the member from Oxford when he's listening to me.

I want to thank the member from Kitchener–Waterloo, who hit the nail on the head about some of the real difficulties with the OMB and the disjuncture between provincial policy and provincial policy-making and the OMB's interpretation of it or interference with it.

To my colleagues from Trinity–Spadina and Beaches–East York: The experiences in highly urbanized

municipalities might be different than in more rural municipalities. But I welcome this going to a standing committee. I welcome having consultation with residents of Ontario on it. I welcome, in one way or another, many of these things becoming the law of Ontario in the not-too-distant future.

The Deputy Speaker (Mr. Bas Balkissoon): The time provided for private members' public business has expired.

LUNG HEALTH ACT, 2014

LOI DE 2014 SUR LA SANTÉ PULMONAIRE

The Deputy Speaker (Mr. Bas Balkissoon): We will deal first with ballot item 13, standing in the name of Mrs. McGarry.

Mrs. McGarry has moved second reading of Bill 41, An Act to establish the Lung Health Advisory Council and develop a provincial action plan respecting lung disease. Is it the pleasure of the House that the motion carry? I declare the motion carried.

Second reading agreed to.

The Deputy Speaker (Mr. Bas Balkissoon): Pursuant to standing order 98(j), the bill is being referred to—the member for Cambridge?

Mrs. Kathryn McGarry: I would like to refer the bill to the Standing Committee on Regulations and Private Bills.

The Deputy Speaker (Mr. Bas Balkissoon): The member has requested that the bill be referred to the Standing Committee on Regulations and Private Bills. Agreed? Agreed.

PROVINCIAL FRAMEWORK AND ACTION PLAN CONCERNING VECTOR-BORNE AND ZOO NOTIC DISEASES ACT, 2014

LOI DE 2014 SUR LE CADRE ET LE PLAN D'ACTION PROVINCIAUX CONCERNANT LES MALADIES ZOO NOTIQUES ET À TRANSMISSION VECTORIELLE

The Deputy Speaker (Mr. Bas Balkissoon): Mr. Barrett has moved second reading of Bill 27, An Act to require a provincial framework and action plan concerning vector-borne and zoonotic diseases. Is it the pleasure of the House that the motion carry? Carried.

Second reading agreed to.

The Deputy Speaker (Mr. Bas Balkissoon): Pursuant to standing order 98(j), the bill is being referred to—Mr. Barrett?

Mr. Toby Barrett: I would request the legislation be referred to the Standing Committee on the Legislative Assembly.

The Deputy Speaker (Mr. Bas Balkissoon): The member has requested that it be referred to the Standing

Committee on the Legislative Assembly. Agreed? Agreed.

PLANNING STATUTE LAW AMENDMENT ACT, 2014

LOI DE 2014 MODIFIANT DES LOIS EN CE QUI CONCERNE L'AMÉNAGEMENT DU TERRITOIRE

The Deputy Speaker (Mr. Bas Balkissoon): Mr. Milczyn has moved second reading of Bill 39, An Act to amend the City of Toronto Act, 2006, the Planning Act and certain regulations. Is it the pleasure of the House that the motion carry? I heard a no.

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

All those opposed to the motion will please say "nay."
In my opinion, the ayes have it.

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

The division bells rang from 1618 to 1623.

The Deputy Speaker (Mr. Bas Balkissoon): All members take their seats.

Mr. Milczyn has moved second reading of Bill 39. All those in favour, please rise and remain standing.

Ayes

Anderson, Granville	Flynn, Kevin Daniel	Milczyn, Peter Z.
Armstrong, Teresa J.	Forster, Cindy	Naidoo-Harris, Indra
Baker, Yvan	French, Jennifer K.	Potts, Arthur
Bradley, James J.	Gates, Wayne	Qaadri, Shafiq
Chan, Michael	Hoskins, Eric	Sergio, Mario
Colle, Mike	Kwinter, Monte	Taylor, Monique
Damerla, Dipika	MacCharles, Tracy	Vanthof, John
Delaney, Bob	Malhi, Harinder	Vernile, Daiene
Dhillon, Vic	Mangat, Amrit	Wong, Soo
Dong, Han	Martins, Cristina	Zimmer, David
Duguid, Brad	McGarry, Kathryn	
Fife, Catherine	McMahon, Eleanor	

The Deputy Speaker (Mr. Bas Balkissoon): All those opposed, please rise and remain standing.

Nays

Arnott, Ted	Munro, Julia	Walker, Bill
Barrett, Toby	Pettapiece, Randy	
Hardeman, Ernie	Scott, Laurie	

The Clerk of the Assembly (Ms. Deborah Deller): The ayes are 34; the nays are 7.

The Deputy Speaker (Mr. Bas Balkissoon): I declare the motion carried.

Second reading agreed to.

The Deputy Speaker (Mr. Bas Balkissoon): Pursuant to standing order 98(j), the bill is being referred to? Mr. Milczyn.

Mr. Peter Z. Milczyn: I move that the bill be referred to the Standing Committee on General Government.

The Deputy Speaker (Mr. Bas Balkissoon): The member has requested that the bill be referred to the Standing Committee on General Government. Agreed? Agreed.

ORDERS OF THE DAY

SAFEGUARDING HEALTH CARE INTEGRITY ACT, 2014

LOI DE 2014 DE SAUVEGARDE DE L'INTÉGRITÉ DES SOINS DE SANTÉ

Resuming the debate adjourned on November 19, 2014, on the motion for second reading of the following bill:

Bill 21, An Act to safeguard health care integrity by enacting the Voluntary Blood Donations Act, 2014 and by amending certain statutes with respect to the regulation of pharmacies and other matters concerning regulated health professions / *Projet de loi 21, Loi visant à sauvegarder l'intégrité des soins de santé par l'édiction de la Loi de 2014 sur le don de sang volontaire et la modification de certaines lois en ce qui concerne la réglementation des pharmacies et d'autres questions relatives aux professions de la santé réglementées.*

The Deputy Speaker (Mr. Bas Balkissoon): When this item of business was last debated, we had completed a combined speech of the members for Windsor–Tecumseh and Timiskaming–Cochrane. I don't see them here. Further debate?

Hon. James J. Bradley: Okay, a two-minuter. Response? No?

The Deputy Speaker (Mr. Bas Balkissoon): No. We go to further debate.

The member for York–Simcoe.

Mrs. Julia Munro: I am pleased today to rise to speak to Bill 21, the Safeguarding Health Care Integrity Act. This bill would prohibit the sale of plasma and blood products in Ontario. While I appreciate the intent of this bill to protect those who are in need of plasma, I also have concerns that this bill will, in fact, reduce the supply of much-needed blood products.

My first comment on looking at this bill is that I find it ironic that this bill sets out to stop the sale and purchase of blood products in Ontario. Meanwhile, as we speak, 70% of Ontario's plasma comes from the United States, where plasma donors are paid. This just seems incredible to me, that there is this urgency by this government to stop the sale and purchase of blood products; meanwhile, they buy them from the US, where donors are paid. I guess what it means is that as long as we don't do it physically ourselves, we're willing to bend the principle of only donated blood.

The bill would not change Ontario's importing of plasma that was purchased beyond our borders. I'm really not quite sure why the government thinks it's logical to disallow the purchase of plasma in Ontario but allow the purchase of plasma from other jurisdictions where the plasma, in fact, has been purchased. This is certainly a paradox in my mind.

I am concerned that without the ability to purchase plasma, Ontario will have a shortage of the life-saving blood product. Currently, Ontario collects enough plasma

for transfusions, but does not produce enough plasma protein products to be entirely self-sufficient. I think all of us have heard the advertising by the blood agency about how many contributions are necessary for an accident and things like that.

1630

Instead of making the purchase of plasma illegal, perhaps the government can look at other solutions to increase the supply. Some patients in need of plasma require upwards of 1,000 donations each year. That means there have to be more than three donors per day. Demand is high, and it's only increasing. We must ensure that we have adequate supply. That surely has to be the most important aspect.

I would like to echo my colleague from Bruce–Grey–Owen Sound, who recently called on the government to consult with stakeholders on Bill 21 to ensure those who would be affected by the bill have some input. This bill is complicated and has a life-or-death potential for its stakeholders, unfortunately. It is not a bill that we can just pass and not think about the consequences. We are impacting people's lives here, and in some cases whether they live or not. How can we not let those involved have a say in this bill? It is not right.

I know the government does not like to consult with people whom they are directly impacting. The child care file is an example, with providers and families affected by decreased child care spaces and rising costs because of Bill 10. But we should always consider our obligation to consult. People have a right to express their opinions. We need to let people whose lives depend on plasma have a choice on how they receive their life-saving product. If an individual is comfortable with the sale and purchase of a donor's plasma, then they should have that option knowing full well that checks and safeguards are already in place to keep people safe.

Recently, the Plasma Protein Therapeutics Association, PPTA, came to Queen's Park to discuss with us, as members, the importance of this plasma. This association represents over 450 human plasma collection centres in North America and Europe, as well as the manufacturers of life-saving plasma protein therapies. Their members produce 80% of the plasma protein therapies in the US and 60% of those manufactured in Europe. They collaborate with more than 20 patient advocacy organizations. Collaboration, by the way, is something we should be doing as well with Bill 21.

According to the PPTA, patient groups are not opposed to compensated plasma donations, and using plasma from compensated donors is not unsafe. According to the PPTA, over the past 20 years there has not been a single reported transmission of HIV or hepatitis through any plasma collection by certified paid plasma donors. There are rigorous safety tests and standards in place in order to protect recipients of plasma donations. For these reasons, the PPTA opposes Bill 21.

Not only do we have to hear from those whose lives are affected by the need for plasma, but we need to hear from front-line health care workers and those who see the

day-to-day need for plasma and blood products. I know the Liberal government wants to rush their bills to royal assent, and we've had time allocations that have cut off the debate of many important bills, but I think this is an irresponsible course of action for Bill 21.

The College of Physicians and Surgeons have asked for consultations on this bill. I think that when a group like this suggests consultations, they should be mandatory. Who better to speak to a bill pertaining to our health care system than front-line health care workers? They know the urgent need for plasma better than anyone else. They see it every day. We need to hear their perspective and their ideas on what we should be doing to increase the supply of plasma, because they might have more interesting and innovative ideas than those which we have here in the Legislature.

We at Queen's Park do not have a monopoly on good ideas. Now, more than ever, we are seeing an increasing demand for plasma, as it is being used not just for emergency situations and short-term treatments but we are also seeing plasma used for other life-saving treatments and pharmaceutical products—for instance, those that help combat Alzheimer's and hemophilia. We must ensure that we don't have a shortage of plasma for those who need it immediately and for those who need it for their daily medical treatments.

As we see an increased demand for plasma, we will be stuck with the question of how we are able to receive more: either by increased donations here in Ontario or perhaps an increased purchase of plasma from the United States—again, where it is purchased from donors. In Ontario, where we have had a tradition of donated blood products, this is admirable. But it has also changed over time: There are so many uses that the blood products can be used for that the demand is growing as not only the population grows, and therefore just a natural increase that way, but it's the increase in the usage of the blood products that means that this kind of challenge is something our health care providers have to deal with.

As I said at the very beginning, it seems to me that there's no greater, higher, moral ground for us to argue that we'll buy it from somebody else outside our borders but we won't buy it from people within our borders. That seems very difficult, in my mind, to be able to support and be able to argue that it makes sense, quite frankly.

In Ontario, there are volunteers who donate plasma, similar to those who donate blood. I applaud these volunteers and thank them for their life-saving contributions and I implore more Ontarians to donate plasma.

As I just mentioned, we will be seeing an increased demand for plasma as we make advances in medical technology, and we cannot fall behind. The notion that we would fall behind because of a shortage is just unconscionable. The process by which we acquire—as I said moments ago, it is hard to justify why we can pay for it coming from somewhere else but we can't pay for it coming from our own homes.

People count on these technologies, and we must ensure that we have the products for the treatments so

that people can continue to live. I know that in this debate we have spoken about the Krever report, which studied the tainted blood scandal of the 1980s and made recommendations. I would like to cite from the report, which illustrates the difference between the 1980s and today—specifically, the technology and safeguards that have been implemented in the last 30 years which make our blood and plasma donation system safer. The report also cites the lack of oversight of donations, especially compared to the US and other countries:

1640

“The US Food and Drug Administration exercised a regulatory function over the US blood industry. It licensed and inspected blood banks that were involved in interstate commerce. It not only made regulations, but also supervised the blood industry by issuing guidelines and recommendations that were more than advisory. Compliance by the blood industry was expected and obtained. In Canada, the federal government”—this is the 1980s we're talking about—“regulated the manufacture of blood products and the collection of plasma by plasmapheresis, but it did not actively regulate the collection and processing of whole blood. Unlike its US counterpart, the Department of National Health and Welfare never issued guidelines or recommendations for the collection of blood in Canada. Until the summer of 1985, neither the federal government nor the provincial governments gave the Red Cross directions or showed any leadership in helping the Red Cross to cope with issues of transfusion-associated AIDS.”

Furthermore, Canada did not screen donors as rigorously as we should have. I thought back to my own personal experience in the 1980s. Prior to being unable to donate blood, I regularly donated blood, as I thought it was sort of a civic duty, and I was healthy enough and so forth. But I do remember that it was by the individual—when they were asked about any illnesses they had. There was no proof; you just went in and said, “No, I don't have this.” Certainly, there were people who did have blood disorders that they may not have known about themselves. The notion that we did not screen donors as rigorously as we should have is putting it mildly.

“The risk-reduction measures used in Canada can be summarized briefly. As early as January 1983, the Canadian Red Cross Society proposed that it would adopt the joint statement of the US blood bankers as a working policy, subject to approval by the medical directors of its 17 blood centres. That approval was given unanimously. In the months that followed, the Red Cross did not, however, implement any of the recommendations in the joint statement. In particular it did not implement the recommendation that ‘all donors should be asked questions designed to elicit a history of night sweats, unexplained fevers, unexpected weight loss, lymphadenopathy or Kaposi's sarcoma,’ the signs and symptoms of AIDS....

“The information known in the period ... was sufficient for public health officials, regulators, and blood bankers in the United States, western Europe, and

Australia to take preventive action to restrict the blood supply from persons at high risk of contracting AIDS. It should have prompted a similar response in Canada.”

Health Canada addresses the safety of paid plasma donors. Its response:

“Lessons of the tainted blood crisis must never be forgotten, and action has been taken since then to help prevent a tragedy like that from happening again. There are no plans to change Canada’s voluntary blood for transfusion donor system. However, technological advancements have made plasma products safer. New measures such as heat treatment, filtration or treatment with chemicals have been put into place to remove or inactivate viruses or other contaminants when producing blood products from plasma. There has not been a single case of transmission of hepatitis B, hepatitis C or HIV caused by plasma products in Canada since the introduction of modern manufacturing practices over 25 years ago, despite the fact that most of the plasma donors were paid.”

I think it’s really important to emphasize the conclusion here. What we are saying is that with technology, with the kinds of opportunities to adopt the best practices of other jurisdictions, it’s very clear from the record that our blood supply is safe. It has nothing to do with whether the individuals were paid or unpaid donors.

The fact that this bill suggests that somehow there’s some kind of medical or moral ground, as I already mentioned—to suggest that it’s okay if we import it from somewhere and they pay, and therefore we have to pay, but we’re not prepared to do that for the people of this province.

I think what we see from the quote from Health Canada sums up the argument that the status quo is working. The Liberals are seeking to change a system that is not broken and are yet again refusing to hear from the medical experts, the people in the field who are the most experienced.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Ms. Jennifer K. French: I would like to thank the member from York–Simcoe for her comments, and I’m pleased to have this opportunity to stand in support of the Voluntary Blood Donations Act to ban selling bodily fluids for a fee.

What we’re seeing here is a trend in our health care system to be a focus on wealth care almost. Rather than focusing on health and providing that, we’re focusing on—well, not we, but we’re seeing a trend in those who are offering care to want to be paid for it, to make that profit, and that shouldn’t be the focus. It should be about providing care, not providing wealth.

We’re seeing a trend in the upselling of procedures and treatments just to make more money off patients. This shouldn’t be allowed. We’re seeing medically superfluous tests that provide profits rather than necessary results. We’re hearing more about medical tourism—my point being, we’re seeing a trend in money being the focus rather than health. This is another place

where the system can’t be undermined for the sake of making a buck.

We know that there are dangerous loopholes, and we’d like to see them closed. We’d like to see the government really stand up, focus attention and stop turning a blind eye. We need oversight. I might be going off in a different direction, but we need oversight, and you can’t see things with a blind eye.

We had the opportunity earlier to meet with some people talking to us about poverty reduction. I see this as not an effective poverty reduction strategy. There will be individuals who will take advantage of this and make a dollar for selling their bodily fluids, and we can’t have that. We need to look after those who are most in need.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Ms. Indira Naidoo-Harris: I want to thank the member from Oshawa and the member from York–Simcoe for their comments. It’s an honour to stand before you today to speak about Bill 21.

Our voluntary blood system ensures that blood and plasma collection in this province remains safe and true to our common values. Health Canada, as we all know, has received licence applications from a for-profit company to open plasma collection sites in Ontario that would pay people for their plasma. Health Canada has left that decision up to the provinces, and since this matter arose, we have heard from many health care organizations, advocacy groups and individual Ontarians who are opposed to private, for-profit plasma collection. We have to listen to these voices. They have serious concerns about the safety and integrity of our blood system. Why? Because allowing payment for our blood puts our system at risk. It’s at risk of abuse, it’s at risk of unsafe practices, it’s at risk of people jeopardizing their health and the health of others in order to make a fast buck, as the member from Oshawa mentioned. It makes me uneasy about the notion of paying for bodily fluids or anything else in this vein—pardon the wording.

1650

In addition, the member from York–Simcoe says there aren’t any instances of unsafe paid plasma donations. But I know that if it were to happen that there was an instance of lack of safety in this, the members opposite would be the first to ask why we didn’t protect it.

I think that this is a system that works. That is why our government is taking steps to protect the integrity of our national public blood donation system and to avoid the development of a parallel private collection system in Ontario. I think introducing money into the equation is a dangerous step.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Ms. Laurie Scott: I’m happy to rise today to speak to Bill 21, following up on my colleague from York–Simcoe’s comments.

We talked a lot about blood plasma, and the member from Halton and the member from Oshawa—I just want to reinforce what my colleague has said. We don’t have enough blood products now. We are paying—and most

of it is from out of the country—for blood products that people have received money for. I'm just laying the reality of the system that exists out there. We have learned a lot—both the States and Canada, but especially Canada—from the tainted blood scandal. The technology advances now certainly make blood products safer than they were, to a large degree. You're looking at a situation where the need is much higher than the donations from here. It is just reality; you might as well deal with it.

I was happy to hear the member from Halton, on the government side, say that we need to hear from the professionals, and we do. So I don't expect time allocation on this bill—just to put it out there for you. My colleague from—

Interjection.

Ms. Laurie Scott: Well, I try—just so she understands that we might have it.

This is a very important bill. We saw one part of this bill that we're debating now come before the House before the election—a lot of discussion about it. There does have to be a lot more discussion. The College of Physicians and Surgeons, which was mentioned by my colleague from York-Simcoe, wants to be heard. I think that all cards have to be on the table.

Anyone who doesn't know the system will say, "My gosh, we're paying for blood products." But the reality is we're paying for them now because the demand is there. So let's look at the legislation in a realistic way and let's, of course, make it safe for everyone.

Thank you, Mr. Speaker, for the opportunity to make comments.

The Deputy Speaker (Mr. Bas Balkissoon): Questions and comments?

Ms. Cindy Forster: I want to thank the member from York-Simcoe for her comments around this important bill.

I had the opportunity, of course, to sit on the social policy committee for months, and we heard hundreds and hundreds of depositions. We also interviewed many people who were involved in the chemo dilution scandal here in the province. I'm glad to see that the bill is incorporating the 12 recommendations from Dr. Thiessen's review of Ontario's chemotherapy system and of the oversight both federally and provincially. But I'm disappointed to see that it doesn't include the rash of recommendations that flowed out of the social policy committee—a report this thick—where we spent a considerable amount of thoughtful time developing those recommendations. In fact, at the urging of our committee, Dr. Thiessen included a recommendation in his package of 12 because of the work that the committee was tasked to do.

The bill also extends oversight to the College of Pharmacists—because pharmacists in public hospitals and private hospitals didn't have any oversight. Of course, this became part of the problem in the chemo dilution piece: When you had a middleman out negotiating drug deals for you, it became problematic—

Ms. Catherine Fife: Ha—"drug deals."

Ms. Cindy Forster: Drug deals. I meant "chemotherapy drug deals." It became problematic, so it's good

to see that there's going to be some oversight on those pharmacists as well.

The Deputy Speaker (Mr. Bas Balkissoon): The member for York-Simcoe: You have two minutes.

Mrs. Julia Munro: I'd like to thank those who offered their comments: the members for Oshawa, Halton, Haliburton-Kawartha Lakes-Brock and Welland.

I think that the people who are concerned about the notion of the purchase or sale—I find it hard to imagine that it's somehow okay if we buy it from another country, but it's not okay if we were to pay someone in this province to make a donation. I fail to see why one is okay and the other isn't, because the reality is that there's a gap. The gap is only going to be filled if new sources are found, and it seems that purchasing is the kind of thing that's done, and it has been done for quite a long time. Clearly, one of the ideas that was mentioned was the importance of getting the opportunity to hear people like the College of Physicians and Surgeons and others—their concern about this program as well.

The member from Welland dealt with the other half of the bill, in terms of the chemotherapy. The chemotherapy part is a demonstration of the fact that oversight, regardless of whether we're talking about blood and plasma products or we're talking about chemotherapy—we're dealing with medicine and medical procedures, whether they're life-threatening or not.

The Deputy Speaker (Mr. Bas Balkissoon): Pursuant to standing order 47(c), I am now required to interrupt the proceedings and announce that there have been more than six and one-half hours of debate on the motion for second reading of this bill. This debate will therefore be deemed adjourned unless the government House leader specifies otherwise.

Hon. James J. Bradley: No further debate.

Second reading debate deemed adjourned.

ROYAL ASSENT SANCTION ROYALE

The Deputy Speaker (Mr. Bas Balkissoon): In the name of Her Majesty the Queen, Her Honour the Lieutenant Governor has been pleased to assent to certain bills in her office.

The Deputy Clerk (Mr. Todd Decker): The following are the titles of the bills to which Her Honour did assent:

An Act to amend various statutes in the interest of reducing insurance fraud, enhancing tow and storage service and providing for other matters regarding vehicles and highways / Loi visant à modifier diverses lois dans le but de réduire la fraude à l'assurance, d'améliorer les services de remorquage et d'entreposage et de traiter d'autres questions touchant aux véhicules et aux voies publiques.

An Act to amend various statutes with respect to employment and labour / Loi modifiant diverses lois en ce qui concerne l'emploi et la main-d'oeuvre.

The Deputy Speaker (Mr. Bas Balkissoon): Orders of the day?

Hon. James J. Bradley: Despite the fact that all members present this afternoon will be deeply disappointed, I move adjournment of the House.

The Deputy Speaker (Mr. Bas Balkissoon): The government House leader has moved adjournment of the House. Agreed? Agreed.

This House stands adjourned until Monday at 10:30 a.m.

The House adjourned at 1658.

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Sousa, Hon. / L'hon. Charles (LIB)	Mississauga South / Mississauga-Sud	Minister of Finance / Ministre des Finances
Tabuns, Peter (NDP)	Toronto–Danforth	
Takhar, Harinder S. (LIB)	Mississauga–Erindale	
Taylor, Monique (NDP)	Hamilton Mountain	
Thompson, Lisa M. (PC)	Huron–Bruce	
Vanthof, John (NDP)	Timiskaming–Cochrane	
Vernile, Daiene (LIB)	Kitchener Centre / Kitchener-Centre	
Walker, Bill (PC)	Bruce–Grey–Owen Sound	
Wilson, Jim (PC)	Simcoe–Grey	Leader, Official Opposition / Chef de l'opposition officielle
Wong, Soo (LIB)	Scarborough–Agincourt	
Wynne, Hon. / L'hon. Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Première ministre Leader, Government / Chef du gouvernement Leader, Liberal Party of Ontario / Chef du Parti libéral de l'Ontario
Yakabuski, John (PC)	Renfrew–Nipissing–Pembroke	
Yurek, Jeff (PC)	Elgin–Middlesex–London	
Zimmer, Hon. / L'hon. David (LIB)	Willowdale	Minister of Aboriginal Affairs / Ministre des Affaires autochtones

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Vice-Chair / Vice-présidente: Monique Taylor
Bas Balkissoon, Chris Ballard
Grant Crack, Han Dong
Cindy Forster, Michael Harris
Randy Hillier, Sophie Kiwala
Monique Taylor
Committee Clerk / Greffier: Katch Koch

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Victor Fedeli, Catherine Fife
Ann Hoggarth, Monte McNaughton
Peter Z. Milczyn, Daiene Vernile
Soo Wong
Committee Clerk / Greffier: Katch Koch

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permanent des affaires gouvernementales**

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Vice-Chair / Vice-président: Joe Dickson
Mike Colle, Grant Crack
Joe Dickson, Lisa Gretzky
Ann Hoggarth, Sophie Kiwala
Eleanor McMahan, Lisa M. Thompson
Jeff Yurek
Committee Clerk / Greffière: Sylwia Przewdziecki

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permanent des organismes gouvernementaux**

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Vice-Chair / Vice-présidente: Cristina Martins
Vic Dhillon, John Fraser
Wayne Gates, Marie-France Lalonde
Harinder Malhi, Cristina Martins
Jim McDonell, Randy Pettapiece
Lou Rinaldi
Committee Clerk / Greffière: Sylwia Przewdziecki

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Vice-Chair / Vice-président: Lorenzo Berardinetti
Lorenzo Berardinetti, Joe Cimino
Bob Delaney, Jack MacLaren
Cristina Martins, Indira Naidoo-Harris
Arthur Potts, Shafiq Qadri
Todd Smith
Committee Clerk / Greffière: Tamara Pomanski

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Granville Anderson, Bas Balkissoon
Chris Ballard, Toby Barrett
Garfield Dunlop, Eleanor McMahon
Laurie Scott, Jagmeet Singh
Soo Wong
Committee Clerk / Greffier: Trevor Day

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Vice-Chair / Vice-présidente: Lisa MacLeod
Han Dong, John Fraser
Ernie Hardeman, Percy Hatfield
Lisa MacLeod, Harinder Malhi
Julia Munro, Arthur Potts
Lou Rinaldi
Committee Clerk / Greffier: William Short

**Standing Committee on Regulations and Private Bills / Comité
permanent des règlements et des projets de loi d'intérêt privé**

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Vice-Chair / Vice-présidente: Kathryn McGarry
Robert Bailey, Lorenzo Berardinetti
Jennifer K. French, Monte Kwinter
Amrit Mangat, Kathryn McGarry
Indira Naidoo-Harris, Daiene Vernile
Bill Walker
Committee Clerk / Greffière: Valerie Quioc Lim

**Standing Committee on Social Policy / Comité permanent de
la politique sociale**

Chair / Président: Peter Tabuns
Vice-Chair / Vice-présidente: France Gélinas
Granville Anderson, Vic Dhillon
Christine Elliott, France Gélinas
Marie-France Lalonde, Amrit Mangat
Gila Martow, Kathryn McGarry
Peter Tabuns
Committee Clerk / Greffière: Valerie Quioc Lim

Continued from back cover

**INTRODUCTION OF VISITORS /
PRÉSENTATION DES VISITEURS**

Mr. Gilles Bisson	1320
Mrs. Kathryn McGarry.....	1320

**MEMBERS' STATEMENTS /
DÉCLARATIONS DES DÉPUTÉS**

Air cadets	
Mr. Norm Miller	1320
Dann Bouzide	
Mr. Percy Hatfield.....	1320
Food4Kids	
Ms. Indira Naidoo-Harris	1321
Universal Children's Day	
Mr. Jim McDonell.....	1321
Legal aid	
Mr. Wayne Gates	1321
Jour de l'indépendance du Liban / Lebanese Independence Day	
M. John Fraser.....	1321
Murray Greene	
Ms. Lisa M. Thompson	1322
Violence against aboriginal women	
Mrs. Amrit Mangat	1322
Lung disease	
Ms. Sophie Kiwala.....	1322

**INTRODUCTION OF BILLS /
DÉPÔT DES PROJETS DE LOI**

Learning Through Workplace Experience Act, 2014, Bill 43, Ms. Sattler / Loi de 2014 sur l'apprentissage par l'expérience en milieu de travail, projet de loi 43, Mme Sattler	
First reading agreed to.....	1322
Ms. Peggy Sattler	1323
Highway Traffic Amendment Act (Clearing Vehicles of Snow and Ice), 2014, Bill 44, Mr. Yakabuski / Loi de 2014 modifiant le Code de la route (enlèvement de la neige et de la glace des véhicules), projet de loi 44, M. Yakabuski	
First reading agreed to.....	1323
Mr. John Yakabuski	1323

**STATEMENTS BY THE MINISTRY
AND RESPONSES / DÉCLARATIONS
MINISTÉRIELLES ET RÉPONSES**

National Housing Day

Hon. Ted McMeekin	1323
Mr. Ernie Hardeman.....	1324
Ms. Cindy Forster.....	1324

Visitors

Ms. Sophie Kiwala	1325
-------------------------	------

PETITIONS / PÉTITIONS

Lyme disease

Ms. Laurie Scott	1325
------------------------	------

Ontario Drug Benefit Program

Mr. Percy Hatfield.....	1326
-------------------------	------

Lyme disease

Ms. Lisa M. Thompson	1326
----------------------------	------

Wind turbines

Ms. Lisa M. Thompson	1326
----------------------------	------

**PRIVATE MEMBERS' PUBLIC BUSINESS /
AFFAIRES D'INTÉRÊT PUBLIC
ÉMANANT DES DÉPUTÉS**

Lung Health Act, 2014, Bill 41, Mrs. McGarry / Loi de 2014 sur la santé pulmonaire, projet de loi 41, Mme McGarry	
Mrs. Kathryn McGarry.....	1326
Ms. Laurie Scott	1328
Mr. Wayne Gates	1329
Hon. Mario Sergio.....	1330
Ms. Lisa M. Thompson	1330
Mr. Gilles Bisson	1331
Ms. Eleanor McMahan.....	1331
Mr. Todd Smith.....	1332
Mr. Arthur Potts	1333
Mrs. Kathryn McGarry.....	1333
Provincial Framework and Action Plan concerning Vector-Borne and Zoonotic Diseases Act, 2014, Bill 27, Mr. Barrett / Loi de 2014 sur le cadre et le plan d'action provinciaux concernant les maladies zoonotiques et à transmission vectorielle, projet de loi 27, M. Barrett	
Mr. Toby Barrett	1333
Mr. Paul Miller.....	1335
Hon. Eric Hoskins	1336
Mr. Todd Smith.....	1337
Mr. Wayne Gates	1338
Hon. Glen R. Murray.....	1339
Ms. Lisa M. Thompson	1339
Mr. Shafiq Qaadri.....	1340
Mr. Toby Barrett	1340

**Planning Statute Law Amendment Act, 2014, Bill 39,
Mr. Milczyn / Loi de 2014 modifiant des lois en ce
qui concerne l'aménagement du territoire, projet
de loi 39, M. Milczyn**

Mr. Peter Z. Milczyn	1341
Mr. Ernie Hardeman	1342
Ms. Cindy Forster	1344
Mr. Han Dong	1345
Ms. Catherine Fife.....	1346
Mr. Arthur Potts	1347
Mr. Peter Z. Milczyn	1347

**Lung Health Act, 2014, Bill 41, Mrs. McGarry / Loi
de 2014 sur la santé pulmonaire, projet de loi 41,
Mme McGarry**

Second reading agreed to	1348
--------------------------------	------

**Provincial Framework and Action Plan concerning
Vector-Borne and Zoonotic Diseases Act, 2014, Bill
27, Mr. Barrett / Loi de 2014 sur le cadre et le plan
d'action provinciaux concernant les maladies
zoonotiques et à transmission vectorielle, projet de
loi 27, M. Barrett**

Second reading agreed to	1348
--------------------------------	------

**Planning Statute Law Amendment Act, 2014, Bill 39,
Mr. Milczyn / Loi de 2014 modifiant des lois en ce
qui concerne l'aménagement du territoire, projet
de loi 39, M. Milczyn**

Second reading agreed to	1348
--------------------------------	------

ORDERS OF THE DAY / ORDRE DU JOUR

**Safeguarding Health Care Integrity Act, 2014, Bill
21, Mr. Hoskins / Loi de 2014 de sauvegarde de
l'intégrité des soins de santé, projet de loi 21,
M. Hoskins**

Mrs. Julia Munro	1349
Ms. Jennifer K. French.....	1351
Ms. Indira Naidoo-Harris	1351
Ms. Laurie Scott	1351
Ms. Cindy Forster.....	1352
Mrs. Julia Munro	1352
Second reading debate deemed adjourned	1352

Royal assent / Sanction royale

The Deputy Speaker (Mr. Bas Balkissoon).....	1352
--	------

CONTENTS / TABLE DES MATIÈRES

Thursday 20 November 2014 / Jeudi 20 novembre 2014

ORDERS OF THE DAY / ORDRE DU JOUR

Better Business Climate Act, 2014, Bill 7, Mr. Duguid / Loi de 2014 visant à instaurer un climat plus propice aux affaires, projet de loi 7, M. Duguid	
Mr. Ted Arnott	1299
Mr. Gilles Bisson	1301
Ms. Soo Wong.....	1302
Ms. Sylvia Jones	1302
Mr. Taras Natyshak.....	1302
Mr. Ted Arnott	1303
Mr. Wayne Gates	1303
Second reading debate deemed adjourned	1309

INTRODUCTION OF VISITORS / PRÉSENTATION DES VISITEURS

Hon. Ted McMeekin	1309
Ms. Peggy Sattler	1309
Mr. Mike Colle.....	1309
Mr. Bob Delaney	1309
Hon. David Zimmer	1309
Hon. Deborah Matthews	1309

ORAL QUESTIONS / QUESTIONS ORALES

Taxation

Mr. Jim Wilson	1309
Hon. Kathleen O. Wynne	1309

Education funding

Mr. Jim Wilson	1310
Hon. Kathleen O. Wynne	1310

Education funding

Ms. Andrea Horwath.....	1311
Hon. Kathleen O. Wynne.....	1311
Hon. Liz Sandals	1312

Health care

Ms. Andrea Horwath.....	1312
Hon. Kathleen O. Wynne.....	1312

Government accountability

Ms. Sylvia Jones	1313
Hon. Kathleen O. Wynne	1313
Hon. Kevin Daniel Flynn	1313

Government accountability

Mr. Percy Hatfield.....	1313
Hon. Brad Duguid.....	1313

Anti-bullying initiatives

Mr. Bob Delaney	1314
Hon. Liz Sandals	1314

Disaster relief

Mr. Randy Pettapiece	1314
Hon. Ted McMeekin	1314

Health care

Miss Monique Taylor	1315
Hon. Eric Hoskins	1315

Ontario public service

Ms. Eleanor McMahon.....	1315
Hon. Deborah Matthews	1316

Child care

Mr. Garfield Dunlop.....	1316
Hon. Liz Sandals	1316

Hospital funding

Ms. Andrea Horwath.....	1317
Hon. Eric Hoskins	1317

Ring of Fire

Mr. John Fraser	1317
Hon. Michael Gravelle	1317

Infectious disease control

Mr. Toby Barrett	1318
Hon. Eric Hoskins	1318

Privatization of public assets

Mr. Wayne Gates	1319
Hon. Bob Chiarelli	1319

Rural infrastructure

Ms. Indira Naidoo-Harris	1319
Hon. Jeff Leal.....	1319

Visitors

Mr. Michael Mantha.....	1319
Hon. Deborah Matthews	1319

DEFERRED VOTES / VOTES DIFFÉRÉS

Fighting Fraud and Reducing Automobile Insurance Rates Act, 2014, Bill 15, Mr. Sousa / Loi de 2014 de lutte contre la fraude et de réduction des taux d'assurance-automobile, projet de loi 15, M. Sousa	
Third reading agreed to	1320

Continued on inside back cover