



ISSN 1180-4386

**Legislative Assembly
of Ontario**

First Session, 41st Parliament

**Assemblée législative
de l'Ontario**

Première session, 41^e législature

**Official Report
of Debates
(Hansard)**

Tuesday 22 March 2016

**Journal
des débats
(Hansard)**

Mardi 22 mars 2016

**Standing Committee on
Finance and Economic Affairs**

Jobs for Today
and Tomorrow Act (Budget
Measures), 2016

**Comité permanent des finances
et des affaires économiques**

Loi de 2016 favorisant la création
d'emplois pour aujourd'hui
et demain (mesures budgétaires)

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Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario



Service du Journal des débats et d'interprétation
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS**

**COMITÉ PERMANENT DES FINANCES
ET DES AFFAIRES ÉCONOMIQUES**

Tuesday 22 March 2016

Mardi 22 mars 2016

The committee met at 0902 in committee room 1.

**JOBS FOR TODAY
AND TOMORROW ACT (BUDGET
MEASURES), 2016**

**LOI DE 2016 FAVORISANT LA CRÉATION
D'EMPLOIS POUR AUJOURD'HUI
ET DEMAIN (MESURES BUDGÉTAIRES)**

Consideration of the following bill:

Bill 173, An Act to implement Budget measures and to enact or amend various statutes / *Projet de loi 173, Loi visant à mettre en oeuvre les mesures budgétaires et à édicter ou à modifier diverses lois.*

The Chair (Ms. Soo Wong): Good morning. I'm calling this meeting to order to consider Bill 173, An Act to implement Budget measures and to enact or amend various statutes.

Pursuant to the order of the House dated March 9, 2016, each witness will receive up to five minutes for their presentation, followed by nine minutes of questioning from the committee, or three minutes for each caucus.

I'm going to ask the committee to ensure that the questions they are asking are relevant to Bill 173 and then to keep it brief, because you only have three minutes for the questioning.

**ONTARIO PUBLIC SERVICE
EMPLOYEES UNION**

The Chair (Ms. Soo Wong): I'm going to call the first witness forward: the Ontario Public Service Employees Union. Good morning, Smokey. Welcome again. As you heard, you have five minutes for your presentation, followed by nine minutes of questions from the committee members. When you begin, please identify yourself for the purposes of Hansard.

Mr. Smokey Thomas: Hi, good morning. I'm Smokey Thomas, president of the Ontario Public Service Employees Union. With me today is Clarke Eaton, special assistant to the president.

I'm very happy to be the first presenter on Bill 173. As you may know, all 130,000 members of OPSEU work for an employer that receives funding from the provincial government, directly or indirectly, so what's in this budget is of great interest to us.

You may recall, when I made my pre-budget remarks on January 29, that I was skeptical about whether the government would actually listen to what presenters were saying. As it turns out, I was right to be skeptical. When I was speaking to you, the budget was already written.

It's no wonder so many Ontarians are cynical about politics. Who wants to get involved in a fake process? I challenge you to make these hearings a real process. I challenge you to listen to what the presenters say over the next three days and actually consider their input. I challenge you to put forward real amendments that will make this budget better. Most of all, I challenge you to make this budget fairer.

I have many things to say about the budget, from how it ignores the crisis in corrections—although there was one good announcement yesterday—to what it means for our hospitals, to how it impacts precarious workers and poor people.

I could talk about Hydro One or children's aid or home care or colleges, or beer and wine in the grocery stores. But in five minutes I can't possibly touch on every budget item that touches my members, so I want to spend my time to propose one amendment to Bill 173.

I propose an amendment that would subject the 2016 budget, and all budgets to come, to a fairness test. Let me tell you why it's important to do this. First, fairness is a big issue these days. We live in a very unequal world. In 2008, we saw bankers bailed out as regular people lost their homes. In 2011, the Occupy movement led a global protest against income inequality. In 2016, Bernie Sanders is making front-page news, talking about nothing else but fairness. In Ontario, our Premier is talking about closing the wage gap between women and men, but yet her policies make it worse. Fairness matters. Ontarians care about it.

My second point is that the Ontario budget has a fundamental effect on how fair our society is. One out of every six dollars spent in Ontario is spent by the provincial government. That spending has a huge impact on fairness. Universal health care and free public schools exist because we believe that in a democracy, there are some things that are simply too important to be bought and sold in the marketplace. Markets produce prosperity, but they also produce inequality. That's why we need government spending: to tilt the balance in favour of fairness.

My third point is that every government budget moves money around. Budgets take money out of some pockets and put it in others. The question for a given budget is: Does this make Ontario fairer or less fair? We need to know the answer.

A fairness test, which could be administered by the Financial Accountability Officer, is all about measuring how money moves: who loses it, where it goes and who gets it. Where does the budget move money in relation to overall income inequality? How about in relation to gender, or how about in relation to race or disability? That's what a fairness test would tell us.

I encourage you to recommend an amendment to Bill 173 to give the Financial Accountability Officer the power and the resources needed so that Ontarians can tell whether a given provincial budget is making the province fairer or less fair. This is important, because in Ontario the real effects of government spending decisions are being hidden.

Here is what I mean: The two guiding principles of the current government and the 2016 budget are (1) austerity for the public sector, and (2) massive government spending on infrastructure. Both of these policies are deeply connected to the core policy of this government, which is the privatization of public services and assets.

The result is that we are seeing a massive transfer of wealth from the public to private interests, especially private investors and major corporations. We are seeing a massive transfer of wages from the most female-dominated sector of the economy—the public sector—to the most male-dominated sector—the construction sector. These are facts, but I don't think Ontarians see what is happening; they're not supposed to.

By instituting a fairness test and by having the Financial Accountability Officer report annually on the results, Ontarians would get a new window into what is really happening with their money.

The Chair (Ms. Soo Wong): Mr. Thomas, I need you to wrap up, because I have to turn it to questioning.

Mr. Smokey Thomas: Okay, I've only got one or two sentences.

More transparency will make the government more accountable and our provincial budgets fairer. I encourage you to recommend that a fairness test be included in Bill 173.

The Chair (Ms. Soo Wong): Thank you very much. I'm going to turn to Mr. Fedeli.

Mr. Victor Fedeli: Thank you very much, Chair.

You talked about the fact that the budget was already written while it was debated. Of course, it was confirmed yesterday that before you sat in that seat on February 1 or 2, the budget was already at the translator's, on January 27. That has now been confirmed by the ministry.

I have one question for you: Is this a good budget for the public service?

Mr. Smokey Thomas: No. It's a horrible budget for public services. There's still another \$900 million in cuts to the public service. Ironically—or maybe calculated, or somehow—all the over-expenditures and P3s, the \$8

billion, are about equal to what they've cut out of public services since they took office.

They put a little money into health care, but it's targeted and there are still cuts going on to hospitals and health care. Children's aid societies are starving. There's no real increase in spending in the public service. In fact, there are more cuts. Actually, I put it this way to a reporter: The cuts the government has been doing and is going to continue to do may not affect you today, but they will affect you someday and the effect will probably be profound.

When a person calls ServiceOntario and gets put on hold for an hour, that's not because the workers are lazy; that's because where there used to be 30 people doing the work, there are now seven or eight. That's the effect of cuts that people don't see; it takes a while for them to flow through. This budget will make public services harder to get, will subject the most vulnerable people in our society to much more pain and suffering, and will make it much more difficult for them to navigate the system.

Mr. Victor Fedeli: You talked about cuts to health care. They talk about the 1% increase that hospitals received, but were you aware that hospitals will lose \$107 million from the Ontario lottery corporation money they were receiving in the past? Is that something you were aware of?

Mr. Smokey Thomas: No, I didn't know that. Once again, where is that \$107 million going?

Mr. Victor Fedeli: I'm going to have to get you on my Focus on Finance newsletter subscription so you can read these things.

Mr. Smokey Thomas: I will. I'd like that.

Mr. Victor Fedeli: And are you aware, then, that parking at hospitals will be a cost of \$28 million as well?

Mr. Smokey Thomas: Well, I did know that. Sara did tell me that.

Mr. Victor Fedeli: So when they talk about an increase to direct hospital funding, there is a decrease, first of \$28 million and then the \$107 million that the hospitals were getting from the lottery corporation.

Mr. Smokey Thomas: That's what I mean by sleight of hand. Somebody should go through this budget and report to the Legislature on fairness. Is it fair? Does it say what it's going to do?

0910

The Chair (Ms. Soo Wong): Okay. I need to stop you.

I'm going to turn to the third party. Ms. Armstrong.

Ms. Teresa J. Armstrong: Thank you very much for presenting today. It's always a pleasure to hear your comments on legislation.

You definitely focused on the fairness piece, and you talked about how the test could be administered. Once that test, in theory, is administered—if we did the FAO, Financial Accountability Officer test—and those results come back, how do you see the budget—the government would listen to the results and how they would actually implement those things. What would fairness look like if

the fairness test was applied and the outcome was to be more fair?

Mr. Smokey Thomas: Well, what I'd really to see is, when they propose the budget, they give it to the office of the Financial Accountability Officer first and say, "Could you pass comment?" But if they don't do that, then it should go to that office after.

I believe this Legislature, upon a majority vote, can change anything in this province, so why couldn't you change spending midstream? In my union, it's democratic. We change course when we need to. All organizations should be nimble enough to address the needs of real, living, breathing people. So I would propose that the Legislature has that authority already—except they've got a majority and that's your problem. Right?

Ms. Teresa J. Armstrong: Yes. It's a bit of a challenge.

Then you touched on privatization and the cost of privatization. Where do you think that philosophy comes from? We've heard that public-private partnerships actually cost more than having a full public rollout of a project. Any thoughts on why they continue to use that model that's flawed if it costs the province \$8 billion in the long run?

Mr. Smokey Thomas: Well, somewhere along the way somebody drank that privatization Kool-Aid. I really don't know why they're into it so bad, but every example of privatization you see, whether it's a small service, big service or in between is a disaster—every one of them. Every one of them costs the taxpayers more. I'll give you an example. Right now, they're going to privatize sheriffs—49 people. They're going to turn it into a private sector enterprise. Somebody is going to make money off that, and I just wonder who that somebody might be.

So everything that happens, whether it's EllisDon or all these corporations—they all seem to have ties to the Liberals. Even some unions seem to have ties to the Liberals that I find worrisome. It's flawed. It's happening around the world. They'll cite Australia as a classic example of how great it is—it's horrible in Australia, actually—and bring in the president of a union from Australia to our convention to talk about privatization. So somewhere they believe it's better. I don't think they believe it's better because they want it to be better. I just think that it's some way of rewarding their friends and transferring public wealth to private pockets.

Ms. Teresa J. Armstrong: And if we have any time left, how do you feel about the sale of Hydro One, as far as that privatization piece?

Mr. Smokey Thomas: Well, 82% of Ontarians say you shouldn't sell it, and the Premier is going to sell it anyway. So I would say out of touch—

The Chair (Ms. Soo Wong): Okay, Mr. Thomas. I need to turn to the government side. Ms. Hoggarth.

Ms. Ann Hoggarth: Good morning, Smokey. As a former union president, I was very interested in your presentation.

As we travelled around the province, we heard from a lot of your members—very hard-working, industrious

people—and we listened. In your presentation, it said that we ignored the crisis in corrections. However, as you know, there has been more money put into corrections. Yesterday, the announcement was made that there will be 2,000 more corrections officers. It was very important to our group that that happened. We heard very strong presentations from your members. I'm pleased to be part of the government that has done that. I wonder, are you pleased with that announcement?

Mr. Smokey Thomas: Oh, absolutely, over the top.

Ms. Ann Hoggarth: Thank you.

The Chair (Ms. Soo Wong): Okay. Is that it?

Mr. Smokey Thomas: But you didn't address all the other issues in corrections. There still needs to be millions of dollars put into fixing infrastructure.

The Chair (Ms. Soo Wong): All right. Thank you very much, Mr. Thomas. Thank you for your presentation and your written submission.

Mr. Smokey Thomas: Nice try, sister.

YMCA OF GREATER TORONTO

The Chair (Ms. Soo Wong): The next group coming before us is the YMCA of Greater Toronto, with Mr. Medhat Mahdy as well as April Bateman.

Good morning. Welcome. The Clerk is coming around with your presentation, your written submission. When you begin, please identify yourself for the purposes of Hansard. You have five minutes for your presentation. All right? Thank you.

Mr. Medhat Mahdy: Good morning, Madam Chair and committee. My name is Medhat Mahdy. I'm president and CEO of the YMCA of Greater Toronto and the president of YMCA Ontario. My colleague April Bateman is the senior manager of government relations for YMCA Ontario. I want to thank you for the opportunity to address the committee today.

The YMCA has been enriching the lives of Ontarians for over 160 years. YMCAs across Ontario serve over 1.4 million people in more than 125 communities.

The YMCA of Greater Toronto is a registered charity that provides community-driven programs and services that address complex health and social needs. Our programs include:

- child care;
- education and training;
- emergency and transitional housing;
- employment services;
- community initiatives;
- immigrant and settlement services; and
- health, fitness and aquatics.

As the budget indicates, Ontario is a leader in growth and job creation. While Ontario's economy is projected to be one of the fastest-growing in Canada, the Ontario government continues to plan for future prosperity. We know that health is a precondition for prosperity. That's why the vision of the YMCA is that our communities will be home to the healthiest children, teens and young adults.

To bring our vision to life, we plan to build up to 10 new YMCA Centres of Community across the greater Toronto area. They will be leading examples of healthy infrastructure, a critical type of social infrastructure designed and operated to promote community health, helping Ontario to build a strong workforce and prosperous future.

We opened our first new centre in January 2015: the Vanauley Street YMCA, which provides wraparound services for street-involved and homeless youth.

In May 2016, Cooper Koo Family YMCA will open, a legacy project from the Pan Am/Parapan Am Games.

In 2018, we will open the Kingston Road YMCA.

We are working in partnership with the city of Vaughan to build a YMCA Centre of Community at the Vaughan Metropolitan Centre.

Today, we want to speak to you about two exciting YMCA-led healthy infrastructure projects in the city of Toronto. We need your help with them because they matter to Ontarians. The first is the Kipling YMCA Centre of Community at the corner of Kipling Avenue and Dundas Street West in Etobicoke. This community is underserved by healthy infrastructure and healthy programs, and we plan to build a YMCA Centre of Community up to around 60,000 square feet.

I would also like to draw your attention today to a project that requires urgent support from the government. The Bridletowne Neighbourhood Centre is an exciting project that has inspired a tremendous amount of community support and public interest. This project meets immediate community health needs for residents of Scarborough. This project is a collaboration between the city of Toronto, the United Way, the Scarborough Hospital, Agincourt Community Services Association and the YMCA. The BNC is a healthy hub that will provide important services for the Steeles-L'Amoreaux community in Scarborough. It will have five core offerings, including: a life-saving dialysis unit; a YMCA; a large, licensed child care centre; and a community agency hub that will house many community agencies. It will be built on the former Timothy Eaton school site. Budget 2016 highlights the government's support for community hubs. We believe this project aligns perfectly with Ontario's community hubs strategy.

We submitted two requests regarding the Bridletowne Neighbourhood Centre in the pre-budget consultation: The first was a request for the YMCA component of this project, which was made by YMCA Ontario; the second was a detailed submission from the project partners, which outlined a need for dialysis provision in this community and requested support for the Scarborough Hospital component of the project.

The BNC combines Ontario's community hubs strategic framework and action plan with its Patients First health policy framework in an underserved and vulnerable community. This project will help position Ontario as a national leader in developing cost-efficient, community-based health and social services infrastructure.

We know that the province is working with the federal government to secure its per capita share of funding for social infrastructure projects. It is our hope that the province invests in the shovel-ready and very shovel-worthy projects that the YMCA of Greater Toronto has proposed today.

The Chair (Ms. Soo Wong): I'm going to turn to Ms. Armstrong for this round of questioning.

Ms. Teresa J. Armstrong: Thank you very much for coming in to present.

In London, I've met with recent reps for the YMCA, and they talked about exciting projects in southwestern Ontario. That's my area.

I also just want to congratulate Andrew Lockie, the newest CEO of the western YMCA. Congratulations to him.

You talked about some wraparound services that you have there. Could you describe how the YMCA identified the need for those services, and then the process of implementation and the outcome of that whole program? It's something unique that I haven't heard about before.

Mr. Medhat Mahdy: Before we build, we do a community engagement process, and we also look at health data and determine what that neighbourhood is going to need.

0920

The Vanauley Street YMCA: It's at Queen and Spadina, which is a destination place for street and homeless youth. The wraparound services they need are a shelter, pre-employment training, substance abuse counselling and things like a drop-in centre. We also built a kitchen, so we feed any of the kids who come in. We built laundry facilities so that street kids can come in and do their laundry. We built shower facilities so they can come in and take a shower. No young person really wants to be homeless, but they're living on the street and they need these very basic services. We bring in volunteer lawyers and health practitioners. That's one example of looking at a community, figuring out what the needs are and bringing in wraparound services.

Ms. Teresa J. Armstrong: I want to congratulate the Y, because you're not just the place you go to for physical activity anymore; you actually have that social conscience now, which is great. And having that kind of facility in the neighbourhood it services is wonderful.

That was my last question. Any other comments that you'd like to add?

Mr. Medhat Mahdy: I think the other comment I would add is that in Toronto, we work with 60,000 new Canadians a year. We have very robust immigrant settlement services. We'll look at each community we move into and see what we can do.

Ms. Teresa J. Armstrong: Thank you very much.

Mr. Medhat Mahdy: And Andrew was a camp director.

The Chair (Ms. Soo Wong): I'm going to turn to the government side. Mr. Milczyn?

Mr. Peter Z. Milczyn: Good morning, Mr. Mahdy. Thank you for coming in.

Mr. Medhat Mahdy: Good morning.

Mr. Peter Z. Milczyn: I'm not going to spend the whole morning talking to you about the Kipling Y; we could easily do that.

In our budget this spring, one of the initiatives that the government is going to be pursuing aggressively is ensuring that there is more programming to support physical activity, a healthy lifestyle and better nutrition for children and youth, especially children and youth in need. Could you speak a little bit about how your facilities tie in to providing those services throughout the province and certainly within the GTA?

Mr. Medhat Mahdy: Throughout the province, and primarily within the GTA, every centre that we build has what is called a youth zone for youth. We have youth leadership development programs, we teach about 12,000 kids to learn to swim a year, we work with immigrant families and we have a program called Newcomer Youth Leadership Development, which is looking at the children of immigrant families and bringing them into a program.

We have a program in all of our centres in the GTA called Teen Nights, where any teen can go to the Y for free on Saturday night. It's organized by teens, for teens, with adult support. Last year, we saw 12,000 different teens. Since we introduced the program, we've had 50,000 teens come in.

We're the largest provider of not-for-profit child care in the country. We have 280 child care sites, just in the GTA itself. We work with about 24,000 families and their children.

So we have a suite of programs that are all designed to focus on early child development but also youth development and youth leadership, and we have a very robust financial assistance policy, so nobody is turned away because they can't afford the full fee—we subsidize a number of kids who come to camp in the summer.

So we look at a series of those programs, and each of the centres will determine, based on community needs, which programs will be offered.

Mr. Peter Z. Milczyn: One of the things we're pursuing is the Healthy Kids Community Challenge, which is being rolled out in about 45 communities across the province—

Mr. Medhat Mahdy: That's correct.

Mr. Peter Z. Milczyn: —and I understand that the Y is a partner.

The Chair (Ms. Soo Wong): Mr. Milczyn, I'm so sorry. We have to stop here.

Mr. Barrett?

Mr. Toby Barrett: Thank you to the Y for testifying. You do have a good reputation over—I didn't realize—160 years. That's in Ontario?

Mr. Medhat Mahdy: In Ontario. In Canada, it's about 165 years.

Mr. Toby Barrett: I represent a rural riding. We don't have a YMCA—we never have had one—so it's enlightening for me to see that in some areas you provide

employment services, health programs, child care and what have you.

You indicate that you serve 1.4 million people. Do you relate at all to the rest of the province? I'm sure you're on some cross-appointed boards that serve other parts of Ontario or provide advice, say, to rural Ontario or parts of northern Ontario that don't have a Y.

Mr. Medhat Mahdy: Yes. We have Ys in northern Ontario—

Mr. Toby Barrett: In the cities, I guess, yes.

Mr. Medhat Mahdy: —and we also have a number of Ys that reach out to rural communities. It's one thing to have a Y building, but it's another thing to make sure you have Y services. Many of our independent associations across Ontario, of which there are 29, provide rural services where they can. Depending on the rural area, I can get you more information.

Mr. Toby Barrett: Maybe this is an expectation for the federal budget tomorrow: You talk about shovel-ready, so you have a number projects that are so-called shovel-ready—

Mr. Medhat Mahdy: We are shovel-ready, yes.

Mr. Toby Barrett: Yes. Okay. Thank you very much.

Mr. Medhat Mahdy: Thank you.

The Chair (Ms. Soo Wong): All right. Thank you very much for your presentation and your written submission.

ARCH DISABILITY LAW CENTRE

The Chair (Ms. Soo Wong): The next group before us is ARCH Disability. Good morning, and welcome.

Ms. Dianne Wintermute: Good morning, Madam Chair and members of the committee. My name is Dianne Wintermute. I'm a lawyer with ARCH Disability Law Centre. Beside me is Josh Patlik, who is a member of the Disability Law Intensive Program that we partner on with Osgoode Hall Law School.

ARCH is a legal centre that promotes and defends the rights of persons with disabilities who live in poverty. We're here today to speak to the omnibus bill, Bill 173.

With that, I'm going to turn it to Josh.

Mr. Josh Patlik: Thank you all very much, Madam Chair and members of the committee.

In June 2015, this government committed to reviewing 51 statutes to identify barriers to accessibility. We will make two submissions today about the proposed amendments that that review produced: first, that the proposed amendments only really get to issues of process, even though the real barriers to inclusion lie in the substance of the reviewed statutes; and second, that persons with disabilities need to be meaningfully consulted in the development and review of Ontario legislation.

In support of our first submission, I will discuss the Compensation for Victims of Crime Act and the Education Act.

The proposed amendments to the Compensation for Victims of Crime Act would do two things: First, they would allow for deadline extensions in certain cases; and

second, they would allow for a wider range of methods of serving documents to be used in proceedings before the Criminal Injuries Compensation Board.

While these changes may be of some benefit for some persons with disabilities, the act contains far more serious rights violations. Our letter to Premier Kathleen Wynne dated September 8, 2015—which you can find on our website—notes that section 21(4) of the act allows the board to pay the victim's award to another person without even requiring a proper assessment of the victim's capacity to manage his or her own property.

One more section that is problematic is section 9(2) of the act, which actually allows the alleged offender to participate in the hearing as a party. This creates a big barrier at all stages of the process. If a victim with a trauma-related disability found out that the alleged offender might even participate in the proceeding, the victim might decide not to even apply for compensation at all. The presence of the alleged offender could cause re-traumatization, anxiety and related disabilities, negatively impacting both the victim with the disability and his or her credibility on the stand.

0930

I will now discuss the Education Act. The proposed disability-related amendments to the act update some terminology and they permit school principals to extend deadlines for suspension appeals. However, they do not address any of the substantive problems with the act that our September 8 letter identifies. For example, clause 265(1)(m) of the act allows a school principal to exclude a student with a disability from a classroom or a school if that principal judges the student's presence to be "detrimental to the physical or mental well-being" of the other students at the school.

Now, while there are several fundamental problems with this provision, we will highlight just one of them today. In ARCH's experience, principals often use their discretion under that provision to exclude students because of resource shortfalls or because a student's disability-related needs have not been properly accommodated. This violates the rights of students with disabilities to equal access to education under Ontario's Human Rights Code. The act, we say, should expressly prohibit a principal from unilaterally excluding a student with a disability for those reasons.

By way of conclusion, I will address our second submission.

The Chair (Ms. Soo Wong): I'm sorry; I need to stop you here to go to start the round of questioning. I'm going to turn to Mrs. Albanese for this round of questioning. Mrs. Albanese?

Mrs. Laura Albanese: Thank you very much for your presentation. It was very insightful. If I can sum it up, I guess you're saying that our legislative review addresses more technical barriers, but that there are more substantive problems that you think need to be addressed in various statutes. Am I correct?

Ms. Dianne Wintermute: That's correct. Our submission is that the amendments are predominantly house-

keeping and incorporate powers that some wards or tribunals already possess by extending discretionary time periods. So, they don't really further the interests of persons with disabilities who live in poverty.

Mrs. Laura Albanese: I'm hoping that this can be seen as sort of a first step. I also know that the budget states that moving forward, all ministries will be held accountable to continue looking for different opportunities to review other statutes.

I have two questions. One would be, what do you see as being the greatest barrier or barriers going forward? The second is, what kind of role would you like to play with the ministry or could you play, let's say, with the government, in advising us moving forward?

Ms. Dianne Wintermute: The greatest barriers that we see in the pieces of legislation that we've reviewed are both accessibility and accommodation for persons with disabilities. Those are the substantive issues that we would like to see addressed.

In moving forward, ARCH would be delighted to work with the government in order to review legislation. But we also think that the community of persons with disabilities themselves need to be involved in that process because their lived experience on a day-to-day basis is what informs what the barriers are to their participation. So we would be happy to provide the government with names of organizations that support people with disabilities, or individuals, and as I say, ARCH itself would be delighted to participate as well.

Mrs. Laura Albanese: So be a resource, let's say, even to connect us with grassroots consultations.

Ms. Dianne Wintermute: Absolutely.

Mrs. Laura Albanese: Thank you.

The Chair (Ms. Soo Wong): Okay, I'm going to turn to Mr. Barrett.

Mr. Toby Barrett: Yes, thank you to the ARCH Disability Law Centre for coming forward.

In recent years, this government has received and basically funded two major reviews of the field—the Frances Lankin report, and before that the Gail Nyberg report. For example, Frances Lankin and I think Nyberg—and there were others—recommended merging disability with welfare. Any comments on that?

Ms. Dianne Wintermute: I do have some comments on that. I will say that income support programs is not a priority area for ARCH since there are other clinics that do practise that kind of law exclusively, but, in my opinion, the merger of Ontario Works with the Ontario Disability Support Program would not be something that ARCH would recommend. There are specific disability needs that need to be dealt with separately from the Ontario Works program, and some of those are outlined in the ODSP act already. There's also a difficulty with the view of the two programs. Unfortunately, one is seen by the public as a government handout for people who don't want to work, while the other is seen as more of an entitlement program for those who can't work. I think trying to merge those two ideas would be problematic.

Mr. Toby Barrett: I hear what you're saying. With respect to those two reviews—there were a host of other recommendations, and I think some of them have been picked up—is there anything else that comes to mind as far as recommendations to government that may require—a lot of it is just changing some regulation or some protocol within the bureaucracy, for example. But is there anything that requires an amendment to legislation somewhere?

Ms. Dianne Wintermute: I would think so. The one topic that comes to mind is that in the ODSF act, the provision still exists that addictions are not counted as disabilities under that program despite a Supreme Court of Canada and Ontario Court of Appeal case that specifically recognized addictions as disabilities. So although that provision is not being applied at this point in time, it could be at some point in the future. That's just one issue.

Extending the—

The Chair (Ms. Soo Wong): Sorry, Ms. Wintermute, I have to stop you.

I'm going to Ms. Armstrong.

Ms. Teresa J. Armstrong: First, I want to say thank you to Dianne Wintermute and Josh Patlik for coming in today. It's really important to hear the disability side integrated into the budget.

Josh, you were making your presentation and you were cut short. If you'd like to continue on with your thought, I'm happy to give you that time.

Mr. Josh Patlik: What I was going to say has been echoed by Dianne, but it'll be just 20 seconds so I'll continue.

The shortcomings of this legislative review clearly show that persons with disabilities need to be meaningfully consulted in the development and review of Ontario legislation because their direct, lived experience of barriers makes them excellent sources of knowledge about the extent of barriers and about how the law should respond.

As well, the credibility of the review process requires that persons with disabilities be involved. They should be included as full partners in the inclusion process rather than seen as passive subjects of legislative change.

Ms. Teresa J. Armstrong: I love that conclusion to your presentation.

You talked about the crime act for victims with disabilities. I was going to ask if you can give us an example of someone who has gone through the crime act where it has adversely affected them—because you mentioned the payments that are given to someone without an assessment of a person's abilities to handle their own property.

Ms. Dianne Wintermute: Thank you for that question. We had a client who had a documentary hearing before the board. The board never saw him. The board did not ask him questions. Initially, he was denied compensation, although his father and sister received compensation for the murder of the mother. Our client was denied compensation because the board determined, in the first instance, that they couldn't distinguish between

the trauma he suffered as an individual with autism and the trauma he might have suffered as a result of seeing the aftermath of the murder of his mother. We asked for a reconsideration of that decision and we got a letter saying that he was awarded the same amount of money as his father and his sister. So we waited and waited and waited for the cheque, and then we called the board and asked where it was. They said, "Oh, we sent it to the Public Guardian and Trustee."

0940

So not only was the Substitute Decisions Act not followed, nor was there any inquiry into his ability to manage his own finances or whether or not there was somebody else—

The Chair (Ms. Soo Wong): Sorry. I need to interrupt. Thank you for your presentation. Now, you have until this Thursday, March 24, 6 p.m., if you want to do any written submission. Okay?

Ms. Dianne Wintermute: Thank you.

The Chair (Ms. Soo Wong): Thank you very much for your presentation and for being here.

MR. PATRICK SHERMAN

MS. LAI CHU

The Chair (Ms. Soo Wong): The next group before us: Patrick Sherman and Lai Chu. The Clerk is coming around with the handout.

Good morning. Mr. Sherman, Ms. Chu, welcome. As you probably heard, you have five minutes for your presentation, followed by three minutes of questioning from each caucus. You may begin at any time. When you begin, please identify yourself for the purposes of Hansard.

Mr. Patrick Sherman: Good morning, Ms. Chair and members of the committee. Thank you for the opportunity to address you. My name is Patrick Sherman and the lady sitting beside me is Lai Chu. Combined, we have been residents of Scarborough for more than 75 years and are very involved with our community.

Scarborough is located in the eastern part of the city of Toronto. It is an underserved area with limited community-based health, social and recreational services to support this growing, diverse community.

In the 2014 throne speech, the government indicated its intention to create community hubs across Ontario, as they will enable Ontarians to have greater access to a variety of community-based programs, including health care, social and recreational services. This intention has been repeated in both the 2015 and 2016 budgets. We support this government's investment in community health infrastructure projects such as community hubs. These hubs will expand local service capacity and address emerging needs in the community. Furthermore, they are the most cost-effective way to deliver health and social programs to a diverse, growing community like Scarborough.

The proposed Bridlewood community hub in the northwest part of Scarborough is an innovative and

unique initiative. If built, it will transform current hospital-centric delivery of health care to a more community-based comprehensive health and social services model for the GTA. The proposed model is an integrated partnership with the YMCA, the city, the United Way, the Scarborough Hospital and the province.

The recent Scarborough-West Durham expert panel report recommends support of the Bridlewood community hub. “TSH’s community partnership for chronic kidney disease (CKD): TSH’s proposed siting of CKD and dialysis services at the future Bridletowne community centre in partnership with the YMCA is an example of an innovative care delivery model that embodies Triple Aim principles of cross-sectorial collaboration and a broadened role for community-based services.” That’s an actual quote from that expert panel report.

It has been recommended that the Ministry of Health and Long-Term Care work in partnership with the Ontario Renal Network, in consultation with TSH, to undertake an early works capital project for a satellite chronic kidney disease and dialysis centre as part of the plans for a new Bridlewood community hub in Scarborough.

The YMCA is working with the Hong Fook Mental Health Association to offer mental health programs in the community out of this proposed facility. These are just a couple of examples of the significant opportunity to save health care dollars, delivering care and services to residents in the community and providing care closer to their home.

The proposed Bridlewood community hub is supported by Scarborough community council, and considering the province works collaboratively with local government—the Premier has always said she respects the decisions made by lower levels of government—this means both the Premier and the Minister of Health need to act on the decision made by Scarborough council.

This hub project is under significant time constraints. The city has drawn a line in the sand, figuratively speaking, and is requiring the YMCA to secure support from the provincial and/or federal government by September 2016 before it will finalize land transfer arrangements between the city and YMCA. Without these—

The Chair (Ms. Soo Wong): Mr. Sherman, can you wrap up? Thank you.

Mr. Patrick Sherman: Okay. My last point is that the YMCA cannot seek private and corporate donations as a result of not being able to have that land transferred.

The proposed Bridlewood community hub needs to be acted on now. The majority of Scarborough residents have expressed their support for the recommendations. The province recognizes the value and the pragmatism of expanding the movement of core services into the community, utilizing community hubs. All that is needed is action. We need the Minister of Health and Long-Term Care to implement the recommendations.

The Chair (Ms. Soo Wong): I’m going to turn to Mr. Fedeli to begin this round of questioning.

Mr. Victor Fedeli: Mr. Sherman and Ms. Chu, thank you very much for being here, and thanks for the work

that you’re doing in your community. It sounds absolutely wonderful. It ties in, obviously, with the presentation we had a few minutes ago from the YMCA of Greater Toronto, who focused in on that Bridletowne project as well.

When you talk about this line in the sand that’s coming up now and this overhanging deadline of September 2016, which sounds fairly imminent, that tells us this didn’t just start yesterday. How long has this been going on? What has transpired to date? What kind of communications have you had with the province to date?

Mr. Patrick Sherman: Well, the original—and Lai can correct me—actually, the good Chair was a school trustee who identified the Timothy Eaton school property as being very important to the community and that it shouldn’t be put up for public sale. That was the first indication.

Ms. Lai Chu: I’ll continue with that—

Mr. Patrick Sherman: Yes, go ahead.

Ms. Lai Chu: As we indicated, we are from the community and we’ve lived there for a long time, so we’ve already identified what the needs are. When there was a surplus with Timothy Eaton, which is going back, to answer your question, about six years ago—we’ve been at it since six years ago. But it takes a lot of work and also support from different levels, different individual people from the school board on, in order to get to the city, before we actually even proceed with that, so—

Mr. Victor Fedeli: So the city is in now—

Ms. Lai Chu: Six years ago.

Mr. Victor Fedeli: The city is ready?

Ms. Lai Chu: Actually, the process with the city—yes, it is. But there are certain requirements for them before they actually transfer the land to the YMCA, and that’s why this is a very, very critical time for us.

The Chair (Ms. Soo Wong): I’m going to stop you, and I’m going to turn to Ms. Armstrong.

Ms. Teresa J. Armstrong: I want to understand. The Scarborough council is onside?

Ms. Lai Chu: Yes.

Ms. Teresa J. Armstrong: And you need some type of land transfer piece to happen? How does the government fit into that? That’s what I’m trying to understand.

Ms. Lai Chu: The council has passed the expert panel report that came out in December, and particularly, in that report there is an item supporting the hub itself. So they passed that. So to be clear, there’s a line in there.

Ms. Teresa J. Armstrong: What’s the delay in getting that land transfer piece? Where is that level of government delay? Is it provincially?

Ms. Lai Chu: Right now, it’s the city, but we need to come here to be able to allow the provincial government to pass that panel; therefore, there would be opportunity for us to get some funding. In order to tie into what Medhat was saying, we’re all ready to go, but all those pieces have to be put together. So it’s very critical for us, and that’s why we’re here.

Ms. Teresa J. Armstrong: Is this a unique development in Scarborough? Would this be one of the first hubs of that kind?

Mr. Patrick Sherman: Of this nature, yes.

Ms. Lai Chu: Yes, in fact, it's even Ontario—because it's the first one where the community has approached the YMCA, the city. We put it together. That's one uniqueness; and two is, there are a lot of partners and this project is very expensive.

Ms. Teresa J. Armstrong: May I ask the cost?

Ms. Lai Chu: I think it's \$60 million—

Interjection.

0950

Ms. Lai Chu: It's \$70 million now, so it's gone up since then.

Actually, it's great, because you have so many partnerships, including us. We're ready to do fundraising too—

Mr. Patrick Sherman: We're not costing anything.

Ms. Lai Chu: Yes, we're not costing anything.

Ms. Teresa J. Armstrong: Okay. Well, thank you very much today for bringing that forward.

The Chair (Ms. Soo Wong): Okay. I'm going to Mr. Milczyn.

Mr. Peter Z. Milczyn: Ms. Chu, Mr. Sherman, thank you very much for coming in this morning. I've been working on a very similar initiative in Etobicoke–Lakeshore with the Y, so I know what you've been going through.

When you talk about a hub, you're talking about integrating health care, recreational programs—I assume there might be daycare there as well.

Ms. Lai Chu: Yes.

Mr. Peter Z. Milczyn: You're seeking support from the province, and I assume from the federal government as well, to develop a community hub as has been envisaged under the report that was prepared by Ms. Pitre. Could you tell us a little bit about the kind of partnership that you envision and who all the partners in that would be?

Ms. Lai Chu: Do you want me to take that?

Mr. Patrick Sherman: Well, I can start, and if I stumble, you can pick it up.

Ms. Chu and I approached the city and the YMCA as initial partners because it would require the city to rezone. It is school board property, so it would require the city to rezone it, which has happened. I think, Peter, you were a member of council at the time Ms. Chu and I presented to city council the last time to support this program, which was done probably about four years ago.

The Y was approached as a senior partner. They would fundamentally be the builder of the property, the manager of the property. We approached the Scarborough Hospital, because they were looking for about 40,000 square feet for their dialysis centre. They have smaller community-based dialysis hubs around Scarborough, but they needed to consolidate to provide the level of services that were required.

The city and the United Way have been approached because our neighbourhood was classified prior as something called a priority neighbourhood. There was a

severe shortage of services that were needed by members of the community. We had a lot of—

Mr. Peter Z. Milczyn: So—and I don't want to interrupt you—the hub concept that you're talking about is integrating the various programs which the province supports around healthy kids, health care, child care, in a partnership between the YMCA, which is not-for-profit, the city and private sector donations as well.

Mr. Patrick Sherman: Exactly.

Ms. Lai Chu: Yes.

Mr. Patrick Sherman: And the part that's important to the YMCA—without the land transfer happening in September, the city has said, fundamentally, “This is dragging on too long. We have to close this down by September.” The Y is under a lot of duress to finish their funding formulas, their funding plans.

The Chair (Ms. Soo Wong): Okay. I'm going to just stop you. Thank you, Mr. Sherman and Ms. Chu.

ONTARIO ASSOCIATION OF NON-PROFIT HOMES AND SERVICES FOR SENIORS

The Chair (Ms. Soo Wong): The next group before us is the Ontario Association of Non-Profit Homes and Services for Seniors. The Clerk has a written submission for all of us.

Good morning, and welcome. I believe we have Debbie Humphreys, Dan Buchanan and Debra Cooper Burger. As you've probably heard, you have five minutes for your presentation, followed by three minutes of questioning from each party. You may begin any time. When you begin, please identify yourself for the purposes of Hansard.

Ms. Debra Cooper Burger: Certainly. Good morning, Madam Chair and committee members. My name is Debra Cooper Burger. I'm chair of the board of directors for the Ontario Association of Non-Profit Homes and Services for Seniors, also known as OANHSS. I'm also the chief executive officer for the Unionville Home Society, which is a seniors' campus in Markham, Ontario. With me is Dan Buchanan. He's the OANHSS director of financial policy.

Our organization has been around for over 100 years, representing seniors' care and seniors' services in the province of Ontario, and so we bring to you today an overview of our pre-budget priorities, prior to the budget being passed.

Ontario's long-term-care homes serve an extremely vulnerable population; I'm sure you're aware of that. That population has some very complex needs. It's not little ladies sitting having tea anymore; we're dealing with high levels of acuity and certainly some very complex behavioural needs.

Our residents and their families rely on provincial funding to be able to ensure that homes have adequate staffing and that the staff have the proper training to meet those care needs. We're doing the best we can as a sector

in our non-profit homes. But the care needs go far beyond what our current funding levels can address.

In our pre-budget submission, we identified four priorities for investment in the long-term-care sector.

The first is staffing. We specifically recommended that there be funding to increase staffing to a provincial average of four hours of care per resident per day. Again, that's consistent with the care averages in other provinces. This is not a new recommendation; this has been on the books and was presented in a commissioned report to the Ministry of Health and Long-Term Care in 2008. That report, from Shirlee Sharkey, was endorsed by the government at that time. That was eight years ago, and we still have a very long way to go. Currently, we have an average of about 3.4 hours of direct care per day per resident.

Our second priority was to address some very specific care needs. We feel that each long-term-care environment should have a dedicated team with specialized skills to address the increasing number of residents that are coming into our environments with high levels of advanced dementia and aggressive and responsive behaviours.

Seniors living with dementia are a large part of our population, and the forecast is for that to continue to grow. Currently, six out of every 10 individuals in long-term care, or about 47,000 residents in all of our homes, suffer from some form of dementia. So it's definitely an area where we need the skills development and we need specialized care levels. We believe that dedicated teams with that specialized level of skill for caring for these residents is the best approach and that the best skills should be in each home.

Our third priority was to address the number of designated behavioural units in Ontario. The Ministry of Health, through the local health integration networks, currently funds six designated behavioural units but, from our numbers and our analysis, we believe that we need a minimum of 12 more of those units to handle really severely challenging residents and to have them in a specialized environment.

Finally, one of our other priorities in terms of the budget was to address the health and well-being of our residents through food funding. We currently receive \$8.03 per day per resident to provide them with three meals and their snacks. That also includes very specialized diets—diabetic, dialysis-type diets. That funding simply is inadequate. I think all we have to do is look at our own personal grocery bills these days. Over the last five years, food funding has lagged by 7.7% behind the Ontario food inflation rate. So we're way behind where we should be. We would need an increase of 62 cents per day per resident to close that gap and to bring us to where we believe we need to be.

In terms of all of our budget recommendations—the four hours and the behavioural support systems—we costed it out at about \$385 million over a two-year period. In terms of the provincial budget that was released, there was \$10 million that was allocated in each

of the next three years to provide some behavioural support to the system through the Behavioural Supports Ontario Project. Certainly that helps, but if we look at that \$10 million being dedicated—

The Chair (Ms. Soo Wong): Can you wrap up, please?

Ms. Debra Cooper Burger: —it will only result in about 30 seconds of additional care. I think that's where we're looking for some direction in terms of where that funding can be allocated and addressing some of those needs.

The Chair (Ms. Soo Wong): I'm going to turn to Ms. Armstrong.

Ms. Teresa J. Armstrong: First, I wanted to just thank you very much for coming. I'm the seniors' affairs critic for the NDP, so this is very important to me.

I was shocked to read the Auditor General's report about long-term-care homes. Specifically for London, it was identified that it had the highest rate of reported abuse in long-term-care homes and that we did not have any BSO teams on-site.

You talked about the BSO team or the specialized team. Are they different, the specialized team or the BSO teams, and how does that look? Should every home have one?

1000

Ms. Debra Cooper Burger: Right. When the BSO program was introduced, there was flexibility among the LHINs in terms of how they rolled those programs out. There are several models. They probably have not been as adequately evaluated as they should be, but again, our own evaluation is that the in-house teams—so you have a small team, it could be two or three people, in each long-term-care home that has a higher level of assessment and care-planning-development skills to address these growing needs.

The other model does provide for mobile teams that can be parachuted into a home. They can offer some support. But they come in in the day, they sit and observe, they'll maybe make some recommendations for care plans, but they're not there 24/7 to really identify what the triggers are or how the aggressive behaviours can be managed.

So the feedback from not only our sector but the for-profit sector as well is that we believe that each home now, given the fact of what our populations are looking like, needs an in-house team.

Ms. Teresa J. Armstrong: You didn't get a chance to finish your presentation, so if there's anything you'd like to add, feel free to comment.

Ms. Debra Cooper Burger: Just one other point: A number of our providers are housing providers. We provide seniors' housing, either in a social housing program or in a supportive housing environment. With the new fire requirements, in some of the older infrastructure we're facing huge costs in terms of trying to adapt to put the safety measures in place. Our members want to do that, but they're facing exorbitant costs to do that—putting in sprinkler systems and things like that. So we'd like to be able to access the health infrastructure funding.

Ms. Teresa J. Armstrong: Last comment, if I could: The Ontario Drug Benefit—how is that going to impact some of the supportive housing that you just referred to, the residents there?

Ms. Debra Cooper Burger: It will definitely have an impact, because they're usually the lower socio-economic individuals who are in our social housing programs. It will have an impact for sure.

Ms. Teresa J. Armstrong: Can you articulate what kind of choices they'll have to make and how that'll look?

Ms. Debra Cooper Burger: I think in some cases they may have to forgo what type of medication would be best suited for them, or substitute something different. I can't be more specific at this point.

Ms. Teresa J. Armstrong: No. Okay; thank you very much.

The Chair (Ms. Soo Wong): I'm going to turn to Mr. Baker.

Mr. Yvan Baker: Hi. Thanks very much for coming in, and thank you for the work that you and your members do for seniors every day. I represent a riding called Etobicoke Centre, and a high percentage of the population is seniors. It's an area I spend a lot of time on and so I'm particularly appreciative of the work that your members are doing.

One of the things that you alluded to in your presentation was the \$10 million in funding towards Behavioural Supports Ontario. I was wondering if you could just outline why that's important, how that impacts people who are being served by your members.

Ms. Debra Cooper Burger: We're still waiting to hear how that funding is going to be distributed across the province and how that \$10 million will be allocated. Definitely we feel it should be addressed to staffing level increases within our dementia units and in areas where we have a higher level of the population with dementia. What that means is, there's more opportunity to observe, there's more opportunity to intercede—if you've got the staffing levels to address it—in resident-to-resident aggression. There's assistance there if you need it when you're dealing with a physically aggressive resident; you may have another staff member there to help you.

We're seeing every day that our staff are being physically abused by aggressive behaviours. We've got younger individuals coming in with severe dementias and they're physically very strong and very aggressive. Those are the challenges. By increasing the staffing levels, it will help us to address some of those challenges—and putting more money into the designated behaviour units, where we can actually put the more severe cases into a more specialized unit.

Mr. Yvan Baker: Having visited many of the seniors and the staff who are working with seniors with dementia, I have a sense of what you're alluding to. We actually held a dementia consultation in our community as part of the broader provincial dementia strategy that the government is working on for that reason, because I was so touched by some of what you're describing.

One of the things you have in your submission is that you say, "It is critical that the full amount"—this is the \$10 million I'm referring to—"be allocated to in-home behavioural supports." Just talk about the importance of in-home behavioural supports.

Ms. Debra Cooper Burger: As I mentioned, some of the money that has been allocated through the behavioural supports program has gone to more of a mobile team approach. It could be a team that would serve maybe 10 or 12 different long-term-care environments. They would just come into your home. They would work with you around particularly challenging residents and their behaviours. Typically, what they do is, they come in and observe and then they make recommendations, some of which, in my estimation and in my experience, are unrealistic in terms of what we have to deal with—

The Chair (Ms. Soo Wong): I'm sorry. I need to stop you there.

I'm going to Mr. Fedeli.

Mr. Victor Fedeli: Thank you very much for your presentation today, and thanks for the work you're doing. Every one of us in this room would aspire to become a senior—that's our goal—and it's organizations such as yours that are fighting to make sure we enjoy some dignity when we get to that point. So thank you for your efforts.

I think most people in Ontario would be surprised to know that we spend \$8.03 per day per resident for three meals and snacks. It was quite a surprise to most people to learn that.

I want to just ask you, in a nutshell—and then I'm going to ask about the drug benefit as well. In a nutshell, if you had to say, "We need these three things to make life better," what would they be?

Ms. Debra Cooper Burger: Again, if we could address the staffing level, that average of four hours of care per day, it would make a significant difference in the care and the attention that our residents would get. That would be my number one. Number two would be giving us the flexibility within our other accommodation envelopes to provide more environmental stimulation for our residents, again addressing some of the dementia needs through social and recreational-type programs. The third would be food allocation.

Mr. Victor Fedeli: I know that Ms. Armstrong had first touched on this. I held what turned out to be a rally in my office last week, where seniors showed up to talk about the impact of the almost doubling of the drug benefit for 92% of all of the seniors in Ontario. Give us your thoughts on that, if you would—because this is something that I think we really can have the ear of the government and a mind to repeal.

Ms. Debra Cooper Burger: Realistically, the cost of pharmacare is challenging for any government, either federally or provincially. I also know that a lot of the seniors we represent are low-income pensioners and women who have had no additional subsidy from their spouse who has passed away. This is going to be a significant burden on them, and I think some of it will

relate to choices that they will have to make in terms of not getting the medication they probably should be taking because they can't afford it.

Mr. Victor Fedeli: Choices—what do you mean by that?

Ms. Debra Cooper Burger: It would be prescribed by a physician if the medication was needed, but if they can't afford to buy it within their budget, they're maybe going to choose to buy food as opposed to the medication, and I think the ramifications of that are that there are probably going to be further health issues.

The Chair (Ms. Soo Wong): I need to stop here. Thank you very much, committee members. We're going to be recessing until 2 p.m.

The committee recessed from 1009 to 1400.

The Chair (Ms. Soo Wong): I'm going to resume the Standing Committee on Finance and Economic Affairs. I'm going to call the meeting to order to resume the consideration of Bill 173, An Act to implement Budget measures and to enact or amend various statutes.

OTTAWA-CARLETON DISTRICT SCHOOL BOARD

The Chair (Ms. Soo Wong): The first witness before us is the Ottawa-Carleton District School Board, the chair, Shirley Seward. Good afternoon, Ms. Seward.

Ms. Shirley Seward: Good afternoon.

The Chair (Ms. Soo Wong): Madam Chair, you have five minutes for your presentation, followed by three minutes of questions from each caucus. This round of questions will begin from the government side. You may begin any time. When you begin, can you please identify yourself for the purpose of the Hansard? Thank you.

Ms. Shirley Seward: It's a very great pleasure to be here today to talk about the bill and also, of course, the budget, Jobs for Today and Tomorrow. My name is Shirley Seward, and I'm the chair of the Ottawa-Carleton District School Board.

In January, I had the pleasure of participating in Associate Minister Mitzie Hunter's round table on the budget, which she held in Ottawa. Although we submitted our submission, I didn't have an opportunity to go to the hearings because they were in great demand, so I'm delighted to be here today.

Given that the budget is already out, this meeting with you has a different purpose. I know that we expect to receive from the Ministry of Education our board's overall Grants for Student Needs, the GSN, later this week. I'm not here today to argue for a higher grant, but for flexibility from the province in the way we work, in timing, and in the use of the money we receive.

I'll be dealing with three issues only. The first is the 1% cut in the GSNs, the Grants for Student Needs. Boards across Ontario had been encouraged to plan for a possible 1% decrease in their GSN grant for 2016-17. In spite of the announcements contained in the provincial budget, we anticipate that there could still be a reduction in funding amounting to about \$7.5 million to \$8 million

for the OCDSB. This is related to declining enrolment and changes to the funding model associated with the province's School Board Efficiencies and Modernization Strategy.

Our rate of decline of enrolment is very modest; it's only 0.4% of 1%. So we're one of the lucky boards. However, most of the decline in the 1% is associated with the School Board Efficiencies and Modernization Strategy initiatives that are removing, over three years, our \$8-million top-up grant for schools that are under-utilized, perhaps where the utilization rate is less than 65%.

The province is encouraging boards to consolidate and close schools in order to have higher efficiencies, and we don't disagree with that. However, in a large, complex, urban board like Ottawa, this is not an easy or a quick process. Trustees and staff have spent the last year developing and improving our secondary school policy framework and our accommodation review policy. We're trying to balance the province's need for short-term fiscal gain with the long-term needs of our learners in the period of 15 to 20 years out. It is complex.

Fifteen years ago it was suggested that we should close all of the schools, or many of the schools, in the centre of Ottawa. Today, because of demographic shifts, they're overflowing. We would never have gotten back that land. So what we're looking for is flexibility in timing from the province. We understand the process, but what we need is to take the time to do it right, and we have started.

The second point is infrastructure and the use of EDCs. I was very pleased to see in Jobs for Today and Tomorrow the emphasis on infrastructure, and I sincerely hope this will be extended to schools and facilities. Despite the fact that we have received capital investments from the province for the last decade, the backlog of renewal projects in our school board is in excess of \$600 million. It's essential that over the coming months and years, we receive adequate, sufficient operating funds to protect the province's investments in schools—

The Chair (Ms. Soo Wong): Can you please wrap up?

Ms. Shirley Seward: Yes, I can.

Specifically with respect to this, we are asking for more flexibility in funding with respect to education development charges. This would not cost the province anything. It would benefit the province financially, and it would benefit—

The Chair (Ms. Soo Wong): Okay, I'm going to stop right here. I'm going to turn to Ms. Hoggarth to begin this round of questioning.

Ms. Ann Hoggarth: Thank you very much for your presentation. As a former educator, I can appreciate what you're talking about. I used to be the president of the Simcoe County Elementary Teachers' Federation, so Paul Dewar and all the people from down that way were good friends.

I see where you're coming from. What you're saying is, you want flexibility because you're making long-term plans and you believe these budgets are more short-term.

Ms. Shirley Seward: Well, I think there is a need for both meeting the short-term fiscal needs of the province—and of us, frankly—but also to do it in such a way that we carefully plan the vision that we’re moving forward with.

We have taken a full year to review several areas related to secondary schools. We have talked about what the best grade configurations are for students. We’ve talked about the need for greater emphasis on digital technology in learning. We’ve talked about whether we need more arts activities in our schools, or whether we need a larger IB program. We’ve had seven or eight broad areas of this type. We have come together, with staff help, as trustees and we have put together a vision of what we would like our schools to look like in 15 to 20 years.

Because we wanted to do that work up front, and because we do not want to rush out to close schools, which in the future could be facing the same kinds of enrolment changes that downtown Ottawa is facing, we want to proceed with care. We know we have to do it; we understand that. But we need the flexibility to go a little bit more slowly than a three-year time plan. We’re in the second year of that plan.

Ms. Ann Hoggarth: Okay. The other question I wanted to ask—you said you had some declining enrolment?

Ms. Shirley Seward: Yes.

Ms. Ann Hoggarth: What percentage is it?

Ms. Shirley Seward: It’s 0.4 of 1%. We have 71,000 students—and that’s at the bottom of page 1 there. I didn’t talk about that too much. It’s about 315 children—that’s our projection. It could be wrong. It could be wrong because we’re bringing in Syrian refugees, much to our pleasure.

Ms. Ann Hoggarth: Also, in regard to the declining enrolment, your board was given a 3.4% increase in per pupil funding, and it has increased from just below \$4,000 per student to almost \$11,000—

The Chair (Ms. Soo Wong): I’m sorry, Ms. Hoggarth. I have to stop here.

Mr. Fedeli?

Mr. Victor Fedeli: Thank you for being here, Ms. Seward. I have two questions. The first: You talk about the flexibility and the timing being really what you’re looking for, but you talk about the school board efficiencies and modernization initiative that removed, or removes—that’s what I’ll ask—over three years the \$8 million. Is that done?

1410

Ms. Shirley Seward: No, it isn’t. It isn’t done because we’re just in the second year of it right now.

Mr. Victor Fedeli: So you’re in year two of a three-year reduction of \$8 million.

Ms. Shirley Seward: Yes.

Mr. Victor Fedeli: When you ask for flexibility in timing, does that imply that you want to have a little longer time stretched out?

Ms. Shirley Seward: Yes, exactly.

Mr. Victor Fedeli: I just don’t know how you stretch it without a top-up. If the \$8 million was a top-up and you’re saying, “I don’t want any more money; I just want more time,” how do you stretch it out without the top-up then?

Ms. Shirley Seward: Well, what we’re suggesting implicitly is stretching out the top-up.

Mr. Victor Fedeli: That is asking for more money then. I misunderstood.

Ms. Shirley Seward: It’s saying that we are willing to do this very hard work, okay? But it’s not obvious where you should be consolidating schools. It really isn’t obvious. It may be obvious now; it’s may look so different in 10 years that we would have made mistakes.

Mr. Victor Fedeli: No, I have no issue with what you’re saying; I just didn’t understand how you could stretch it without more money.

Ms. Shirley Seward: We’re willing to have our budget reduced, but over a longer period. Is that asking for more money? I’m not sure.

Mr. Victor Fedeli: You also mentioned that you anticipate that there could still be a reduction in funding of \$7.5 million to \$8 million for the OCDSB. Is that the same money that we’re talking about?

Ms. Shirley Seward: That has nothing to do with declining enrolment.

Mr. Victor Fedeli: So that’s a separate pool of money—

Ms. Shirley Seward: No, no. The \$7.5 million to \$8 million is the amount associated with the province saying, “We want you to consolidate and close your schools. We’re not going to give you top-ups eventually for schools that are under capacity.”

Mr. Victor Fedeli: So why do you think there could still be a reduction in funding, then? Can you just comment further on that? I didn’t quite line that one up.

Ms. Shirley Seward: Well, we rely very much on our staff to give us this information before we actually have the GSNs. So that’s why the wording is careful. There could possibly be that—

The Chair (Ms. Soo Wong): Okay. I need to stop you here.

Mr. Victor Fedeli: I appreciate that. Thanks for the candid answers.

The Chair (Ms. Soo Wong): I’m going to turn to Mr. Singh.

Mr. Jagmeet Singh: Thank you so much for presenting today. It’s great to have you.

Just a couple of questions: In terms of overall funding to the school board—you’re experiencing overall cuts. Is that fair to say?

Ms. Shirley Seward: Yes.

Mr. Jagmeet Singh: When the government talks about an increased per-student funding, what’s your response to that?

Ms. Shirley Seward: Well, I haven’t seen the detailed budget but, more relevantly, I have seen what has been put out. I have not seen the GSNs. If there is going to be an increase per student, that would be magnificent, but I

have no evidence of that yet. I think it's related to the question that was asked before. I don't have that information at this point.

Mr. Jagmeet Singh: What is the real impact of that to students?

Ms. Shirley Seward: The real impact is job losses: 100 at a minimum, and that's in addition to the people who are laid off because of declining enrolment. That part we get, okay? If you have declining enrolment, of course, you're not going to get the money for that.

But it's what's over and above that concerns me: 100 staff, including about 45 teachers and about 50 or 55 support staff. That will mean less support within the classroom. That's what it amounts to.

Mr. Jagmeet Singh: Tell me what the impact to a student would be.

Ms. Shirley Seward: The impact, let's say, to a special education student: If we decide, as we will have to, that we have to cut not only the teachers and associated academic staff, but the support staff and education—you're talking about educational assistants who help special-needs children with other problems in the classroom; you're talking about English-as-a-second-language teachers, when, at the same time, we're bringing in more refugees.

So it's the supports, the social workers and the psychologists, as well as the teachers, and that is not good for kids. We don't think that's good for kids.

Mr. Jagmeet Singh: I absolutely agree.

What about the impact, broadly speaking, beyond—of course, it's very important to talk about special-needs students, but what about just students in general? How will that impact?

Ms. Shirley Seward: We have a very high population in Ottawa, as you do here in Toronto, of recent immigrants—

The Chair (Ms. Soo Wong): I'm going to need to stop you here. Sorry, Ms. Seward. Thank you for your presentation and your written submission.

CANADIAN SOCIETY FOR MEDICAL LABORATORY SCIENCE

The Chair (Ms. Soo Wong): The next group before us is the Canadian Society for Medical Laboratory Science. The Clerk is coming around with the written submission.

Good afternoon, Ms. Nielsen. Welcome. As you've probably heard, you have five minutes for your presentation, followed by three minutes of questioning from each caucus. This round of questions will begin with the official opposition.

You may begin any time. When you begin, please identify yourself for the purpose of the Hansard.

Ms. Christine Nielsen: Good afternoon. My name is Christine Nielsen and I am the CEO of the Canadian Society for Medical Laboratory Science, or CSMLS, for short. I am a certified medical laboratory technologist. We are the national certifying body and professional

association for medical laboratory technologists and assistants, in business since 1937 in Hamilton, Ontario. We represent the professional interests of over 14,500 members in Canada and around the globe—fully funded by membership dues and sale of services and programs, so a true not-for-profit.

Medical laboratory professionals play a vital role in Canada's health care system, generating over 440 million lab results each year. With technical expertise, they provide the analysis of accurate, life-saving laboratory results that guide the diagnosis and treatment of patients. Lab results are critical to guide follow-up testing, referrals to specialists and adjustment or start of treatment. Our members practise in hospital laboratories, private labs, public health, government, research, and education. They are proud and passionate about their contribution to the health care system and patient care.

We would like to express our support for the 2016 Ontario budget measures to assist post-secondary students, particularly the Ontario Student Grant. Improving access to education is essential to Ontario's future, and providing direct financial support to students in need is commendable.

One of the principal challenges we face is in ensuring that there are enough certified medical laboratory technologists, or MLTs, to meet the needs of Ontarians. As we age, demand for testing increases. Canada is now facing a serious shortage of MLTs. About half of all MLTs will be eligible to retire in the next 10 years. In Ontario, the labour market loss will be in the thousands. In Ontario right now, there are 7,000 practising medical technologists. A 50% loss is 3,500 in the next 10 years. The schools are not generating enough students to replace the loss. We currently certify less than 200 medical technologists in Ontario every year, so the net labour market loss will be significant. These shortages are already being felt in the rural and remote communities of Ontario. Reducing barriers to access to education through the Ontario Student Grant is part of the solution.

The government of Ontario can also be a leader in addressing the health human resource needs of the province. I'm going to make a specific reference to the issues facing MLTs, but we know they're not unique to our field.

First, all students require a clinical placement or an internship as part of their training. Programs cannot increase spots without corresponding clinical placements, making this the critical bottleneck in the system. These spots are very scarce due to staffing shortages, crushing workloads and the lack of dedicated personnel in the hospital to educate. Funding for dedicated clinical educators will increase capacity in hospital and community labs to take additional students. If schools can take more students, the domestic supply goes up.

As a long-term solution, it's important to evaluate if some clinical education could take place in a different environment through the use of simulation. The goal would be to reduce the length of time that a student is in on-site clinical education—required to achieve compet-

ence—to allow more students to go through in the same time frame. This is where Ontario can take a leadership role. Simulation research is required to compare the simulation curricula against traditional models. The study would finally answer the question: Can we shift the learning paradigm to increase capacity and improve output without jeopardizing patient safety or student outcomes?

Ontario remains a choice place for migration for newcomers to Canada. Ontario must do more to integrate internationally educated lab professionals into the workforce. Most internationally educated MLTs need upgrade training to bring them up to Canadian standards. The Canadian standard for health care is very high. Bridging programs assess existing skills and compare them to provincial or local employer expectations. These programs provide guidance and support for training, technical skills, language supports and the important Canadian work experience. Internationally educated MLTs who complete a bridging program are dramatically more successful on the national certification exam than their cohort or peers who have not gone through such a program. Sustainable funding is needed, not pilot programs. Bridging programs address the health human resource needs of the province; they help new Canadians integrate faster, leverage their experience, and practise in their chosen field.

Finally, there is a further opportunity to expand the accessibility of education while also addressing issues of rural access to health care services and diagnostic testing. Recruiting new medical lab technologist graduates to rural and remote communities is a significant challenge. Vacancy rates are higher in rural and remote communities than in urban settings, and—

The Chair (Ms. Soo Wong): Ms. Nielsen, can you wrap up, please? Thank you.

1420

Ms. Christine Nielsen: Yes. The effect of these vacant positions is significant. A possible solution for this would be to do Ontario student loan forgiveness. We think that would be a way to help recruit and retain medical lab technologists at the start of their career and alleviate the burden of financial pressure.

The Chair (Ms. Soo Wong): I'm going to turn to Mr. Fedeli to begin this round of questioning.

Mr. Victor Fedeli: Thank you very much, and welcome.

Ms. Christine Nielsen: Thank you.

Mr. Victor Fedeli: I appreciated your presentation today. Health care is one of the hottest topics. We certainly heard a lot about the cuts to health care in the pre-budget consultations.

When you talk about MLTs, the medical laboratory technologists, and the shortage, it brings to mind the other discussion that we had from many people about the mismatch, if you will, between who we're graduating and who we're hiring. There is such a huge need for this. It's obviously a good message to take back to our ridings as well: that if you're looking for a career, this and many

other—aircraft maintenance engineers is also—we're going to have a shortage of 4,000.

I think about my riding, and we've heard this from—I'm going to look for a comment from you—many of our MPPs across Ontario. In my community, for instance, our lab at the hospital is now closed. All we have left in the city are two private labs. They're both capped, of course, and they're at their caps. They're not all that excited about taking new inputs because they're already at their cap. How do you square that circle, in your opinion?

Ms. Christine Nielsen: We are also at the precipice of massive retirements. The reality is that on any hospital budget, there's a line item for human resources, and every lab has to manage that. The thing that will likely alleviate some of the pressure in the near future is one of the mixed blessings of retirement: Your best technical knowledge walks out the door, but it's also your highest-paid labour. That will be one of the things that will shift. The labour mix in the lab will shift. Medical lab assistants are moving in—rightfully so. There's certification and licensure, hopefully, one day in the province of Ontario, that would allow for a really good skill mix in any community. That will allow for laboratory assistants, who do a lot more of the pre-analytical, and the technologists, who do the analysis, so that we still have access to care.

Mr. Victor Fedeli: So you think the high-paid ones, as they retire—the high-paid ones are gone out and the lower-paid ones are coming in and growing up the ladder. But what if there's no ladder to grow up? I can think of a half-dozen of our caucus MPPs who, when we chat about this, say the same thing: “Yes, my lab closed at the hospital.”

The Chair (Ms. Soo Wong): I'm sorry, Mr. Fedeli, this is three minutes.

Mr. Singh.

Mr. Jagmeet Singh: Thank you so much for being here today. With respect to the issue of meeting the needs of Ontarians by ensuring that there are enough MLTs, you mentioned that addressing the barriers to post-secondary education is going to be one of those. Have you looked at whether MLTs will qualify for the grant that has been laid out? Do you know if there's a—

Ms. Christine Nielsen: The Ontario grant with the loan relief?

Mr. Jagmeet Singh: Yes.

Ms. Christine Nielsen: Yes, absolutely. Medical technologists come from all walks of life. Some come from marginalized parts of society where there is lower economic status, but they have the brains to do the job: the high, strong math and high, strong science skills. Definitely access to education will improve the intake. Our challenge is that there are hundreds who want to go into the program in the province of Ontario and not enough spots.

The school down the street, the Michener Institute for Applied Health Sciences, now merged with University Health Network, has about 500 people apply for 60 spots. That school gets to be very selective in who they choose.

Another school, though, such as Cambrian College, may not be able to be so selective. There's a huge demand; people want to get into the program. There is never a shortage of students wanting in, so each school is fortunate enough to do some screening to bring in the best.

Mr. Jagmeet Singh: Okay. Are you aware if the grant will actually apply to students who are MLT prospects, who are interested in that? Will they be able to access the funding? Do you know if they'll qualify? Not on a financial basis, but is this particular field of study something that will be covered? Or are you aware—

Ms. Christine Nielsen: Is this for the loan relief after they're finished?

Mr. Jagmeet Singh: No, no. Just for the proposed grants for those who are of a lower socio-economic background.

Ms. Christine Nielsen: I would assume it is; the schools are accredited by the Canadian Medical Association. The medical technologists are not trained in private schools, so there should be no limits on access to funding.

Mr. Jagmeet Singh: Okay. What other strategies can you recommend to address this shortfall that potentially will happen in the future?

Ms. Christine Nielsen: Our biggest challenge would be to figure out how you could take twice as many students and put them through the same funnel without compromising a student outcome, performance on the national exam, as well as patient safety. That's really where we think the use of simulation is being used very well in some industries—I'll cite aviation because it's the obvious.

If there was a way you could take a student's 30-week rotation and squeeze it down to 15 weeks, you could get two students through the same hole. That's what we're hoping could be done through a study. There have been some good studies out of the US by nursing that have decreased the clinical placement time by 50%—

The Chair (Ms. Soo Wong): Okay. I'm going to need to stop you there, Ms. Nielsen.

I'm going to turn to the government side to ask this round of questioning. Mr. Milczyn?

Interjections.

The Chair (Ms. Soo Wong): Mr. Rinaldi.

Mr. Lou Rinaldi: Okay. Sorry about that.

Ms. Christine Nielsen: That's okay.

Mr. Lou Rinaldi: Ann, you were right: It was me. I did put my hand up for this one.

I know you've touched on it, but on the piece about that shortage—maybe you've said it—do you have any actual numbers?

Ms. Christine Nielsen: Absolutely. Currently, there are 6,910 practitioners in the province of Ontario. That's the largest number of any jurisdiction in Canada. British Columbia—no one knows how many there are there because they're unregulated. The speculation is that it's a little bit less, though.

The challenge is, they're starting to retire in large numbers, so the province of Ontario is going to start to

experience a widening gap, like the province of Nova Scotia. The problem is, we're only certifying about 150 to 200 a year in the province and there are probably 500 retiring annually, or eligible to retire. One of the best things that happened in our field was the change in the economy, which allowed people to stay in the workplace a little bit longer. That's why the retirement pinch hasn't been felt so strongly just yet, but it's coming. Our own members said that in two years, 24% of them will be retiring. I have 14,000 members; this number is huge.

Mr. Lou Rinaldi: I don't have any further questions, Chair.

The Chair (Ms. Soo Wong): Okay. Thank you very much, Ms. Nielsen, and thank you for your written submission.

MR. JIM KARYGIANNIS

The Chair (Ms. Soo Wong): The next presenter coming forward before us is Councillor Karygiannis, the councillor for Scarborough—Agincourt. Good afternoon, Councillor.

Mr. Jim Karygiannis: Good afternoon, Madam Chair. I want to thank you for allowing me to come. I want to thank you and the committee for allowing me the opportunity to present my views and the views of my constituents with respect to the 2016 Ontario budget, Jobs for Today and Tomorrow.

When presenting budget 2016, the Minister of Finance spoke, on several occasions, about our society's use of technology to help our governments deliver better services to citizens and our businesses to become more efficient and productive.

Over the millennium, from the very first invention, humans have been dealing with the effects of technological advancements. The past century has seen giant leaps in our knowledge—many in this room remember when a computer would have taken up most of the space in this room; now it fits in the palm of our hand. With each advancement in technology, we have adapted. We decided which side of the road we would drive on, we ensured that all drivers were licensed, and we required all vehicles to be insured. Each of these adaptations was made so the general public would be safe and secure.

The taxi industry is an excellent example of how we, the legislators, have developed rules and regulations to ensure the orderly transaction of business to be fair and just to the person providing the service and also to the person for whom the service is being provided. Over the years, the taxi industry has developed and has been regulated to ensure fairness and safety for passengers and drivers. In order to obtain and maintain a taxi licence, certain criteria must be met: the vehicle must meet emissions and safety requirements; the drivers must undergo a police security check; the drivers must pass the examination to ensure that he or she knows how to move around in the municipality in an efficient manner; the vehicle must carry commercial vehicle insurance in case of an accident; and standard fares were introduced.

Until recently, all of these measures worked to ensure the orderly conduct of the taxi industry. We cannot, nor do we want to, turn back the hands of time. We're not willing to be the modern equivalent of the English workers who, between 1811 and 1816, destroyed the machinery in the cotton and wool mills because they believed that the machinery was threatening their livelihoods.

The arrival of the Uber app has caused chaos in the taxi industry—and the way it has been administered to UberX. Municipalities and provinces are struggling to develop rules and regulations which will accommodate the new technology while working with the traditional taxi industry stakeholders in order to maintain viable businesses and keep passengers safe.

1430

Cab drivers are telling us that their business has dropped by 50%, that they're having problems putting food on the table, that they are not able to make the mortgage payments on their homes and that they are watching the financial resources they were saving for their children's education disappear.

We are facing the need to redraft the rules and regulations of the taxi industry as it adapts to the new technology, the Uber app, and the way that it's being used as UberX. However, as we redraft these rules and regulations, we must make sure that we examine the possible ramifications. We must examine things like the possibility of all vehicle insurance rates increasing as claims are being made against the 20-hour-limit ride-share. How will insurance companies enforce the 20-hour limit? What happens if the time limit is exceeded during a ride-share and an accident occurs?

Technology is neither good nor bad. It's up to us to ensure that new technologies are developed and regulated in a manner that creates the least amount of disruption to our citizens and are to the benefit of the majority of our citizens. Should we allow insurance to go forth, if floods like in Calgary were to happen the rates will increase as they did after the Calgary floods. I used to pay \$700 for my home; now I'm paying \$1,200 for the same house. Same insurance, but the rates went up.

So as we allow the UberX drivers to start going back and forth with 20 hours, if accidents were to happen—one accident happened a couple of days ago and it's in the package that I delivered to you—what would that mean to the industry and how will it affect the general public?

Thank you, Madam Chair.

The Chair (Ms. Soo Wong): All right, thank you very much. Mr. Singh, you may begin.

Mr. Jagmeet Singh: Thank you very much for presenting today. I think you summarized it very well when you indicated that technology on its own is not a positive or a negative thing. It's the way in which it's developed, it's the way in which it's regulated that impacts whether it's going to be a benefit to society or not.

Mr. Jim Karygiannis: Technology—all the companies, all the taxicab industry throughout the GTA and

throughout Canada are right now having apps. There's an app for Co-op and there's an app for Beck, but it's the way that Uber is using their app in order to circumvent the taxi industry and having an unlicensed, unregulated UberX transport people. That's where the problem is.

Mr. Jagmeet Singh: Absolutely. One of the things that I've said is that with the sharing economy or any technological advancement, it needs to be also a fair economy. It needs to be fair in terms of its safety. It needs to be fair in terms of the existing providers, like the taxi drivers.

What is the current government's responsibility in terms of making sure that this is addressed?

Mr. Jim Karygiannis: Your government, through FSCO, has said that they will allow Aviva to examine a 20-hour ride-per-week or ride-per-month, whatever it is. Aviva has come up with some regulations. We're trying to still meet with FSCO people. When the industry and myself ask them, "Can we meet with you?", we're told, "What's the meeting about?"

We'd like to know how the \$500 that they're capping it at will be able to provide should accidents happen. There was an accident that happened the other day. I don't think that charging someone an extra \$500 will certainly cover that.

Mr. Jagmeet Singh: Sure. Right now, as it stands, the Liberal government has left a vacuum and they've not addressed this issue. Is this something that you see that the provincial government needs to provide some leadership on?

Mr. Jim Karygiannis: I think the provincial government has given the authority of the problem to the municipalities, to come up with how they regulate the industry. The municipalities are saying, "Look, we're regulating it, but you've got somebody here who's not paying taxes." Canada Revenue Agency is auditing Uber—they aren't willing to meet and they're getting away with it like Al Capone. It took—

Mr. Jagmeet Singh: And so what should the government do? I mean, the government has a majority now. What should they do to address this issue?

Mr. Jim Karygiannis: I appreciate where you're coming from, and I appreciate the questions. I'm not here to bash the government or support one side. I think, as legislators—

Mr. Jagmeet Singh: No, I mean, what should they actually do in terms of policy—

Mr. Jim Karygiannis: I think that what you need to make sure of is that there's a level playing field and not allow Aviva to have a rider on the policy, and to say to the people who want to transport individuals that according to the Highway Traffic Act, section 39, in order to transport individuals you must have commercial insurance. If you don't, then you will be charged up to \$20,000. This is a fact that the minister and I have spoken about, and it's in black and white.

Mr. Jagmeet Singh: Despite the fact that municipalities have certain responsibilities, this is something that falls very squarely on the shoulders of FSCO, and the

provincial government up until now has not addressed this issue.

The Chair (Ms. Soo Wong): Mr. Singh, I'm going to need to stop you here.

I'm going to turn it to the government's side and Mr. Milczyn.

Mr. Peter Z. Milczyn: Good afternoon, Councillor Karygiannis.

Mr. Jim Karygiannis: Good afternoon, Mr. Milczyn.

Mr. Peter Z. Milczyn: Thank you for coming down today.

Our government, on the sharing economy, has started taking steps to working with some of these new technologies, these new companies, to put in place some of the controls that you're talking about. Airbnb is an example of a company that we're working with to ensure that there's tax compliance, ensure the contracts that are entered into and ensure consumer protection. We're also looking at issues around accessibility under AODA, ensuring that individuals with disabilities—that their rights are ensured when they're dealing with these companies.

When it comes to what you've raised, Uber and the—I guess we could call it the unlicensed cars for hire—

Mr. Jim Karygiannis: Specifically, UberX, not Uber. Not the app, but the worst segment of their company.

Mr. Peter Z. Milczyn: So those are the types of initiatives that you would be looking at? The same types of initiatives we're working on with Airbnb?

Mr. Jim Karygiannis: It's amazing that you brought up the fact that Airbnb is willing to be taxed. Uber is not willing to be taxed. I wrote to your government and I sent them copies of the letters that I sent to Revenue Canada. As a matter of fact, I sent letters to all of you, that UberX is not willing to participate. I spoke to the minister's staff and the minister says, "Well, this is not something I want to discuss about, or that we care to discuss about." Neither have I heard from anybody, any side, be it the Liberals, the Conservatives or the NDP, on this issue from this Legislature.

Certainly, Revenue Canada, after the new government came in in Ottawa—because they had answered me during the elections that they were going to look into it—I guess they were forced to make some statements and come forth.

UberX and Uber and Uber drivers are getting away without paying taxes. These are monies that can come and help schools and hospitals, in my community as well as in other communities. Last year, Uber declared that they made \$57 million in the city of Toronto; \$7 million of that was taxes. How much of that have you recovered as a government? How much has the federal government recovered as a government? Airbnb—it's individuals. Uber just doesn't care. Uber just thumbs its nose at you and says, "I really don't give a damn."

But again, forget the taxes; it's the 20 hours and the amount of money that Aviva will be charging as a rider. That's not going to be enough to cover, should accidents start occurring. An accident occurred the other night,

where people were taken to hospital. So that's what you have to look at. It's the insurance. Uber must—you are the legislator, you are the controller. You must bring down that they need to have commercial insurance, not a rider in somebody's policy.

The Chair (Ms. Soo Wong): Okay, Councillor, I'm going to stop you.

I'm going to turn to Mr. Fedeli.

Mr. Victor Fedeli: Thank you for being here, Councillor.

Mr. Jim Karygiannis: Thank you, sir.

Mr. Victor Fedeli: I think in your last sentence, you may have begun to answer the question that I was going to be asking you, and will ask, indeed. What, specifically, do you think should be done? You talked in your opening statement about not being the equivalent of the 1811-1816 destroyers of progress. Tell me what it is specifically you think should be done?

Mr. Jim Karygiannis: Thank you for the question. You can't turn back the hands of time. The app is here. The industry is adapting to the app, and a lot of taxicab owners are working for Uber cab, because Uber is also regulated as a taxicab company. It's the UberX factor where they are—it's an unlicensed, unregulated industry, where you get into a private car and you're driven around. According to the Highway Traffic Act, and this is your act, section 39 states that no individual should drive somebody for compensation unless they have commercial insurance and their vehicles have been examined so many times and they have police clearances.

I would say to you that in order to make sure that you uphold the Highway Traffic Act, and especially section 39, you must request, regardless of UberX and the city of Toronto, that if it's 10 hours, 20 hours, 30 hours or 40 hours, that individuals driving people around must have commercial insurance, must pay commercial insurance rates. That way, should accidents start to mount up, the private insurance people, the people that just have insurance to drive their cars home, to work, do not increase like happened in Calgary, after the floods in Calgary.

1440

Mr. Victor Fedeli: So what you're saying is, commercial insurance, vehicle examinations and police—

Mr. Jim Karygiannis: Police checks for vulnerable people is a must. Last year, Uber had three taxicab drivers who were charged for sexual assaults. The cabs in the city of Toronto have cameras, and that way it protects the driver as well as the passenger. That's something for us to decide when we look at the regulations. But here, in your place, you must—no ifs, ands or buts—rise to the Highway Traffic Act, unless you want to change that, and make sure that all transportation companies have commercial insurance. Never mind the rest; commercial insurance is a must.

Mr. Victor Fedeli: So it's exist but regulate; that's what you're suggesting.

Mr. Jim Karygiannis: It exists—commercial insurance exists for cabs—

Mr. Victor Fedeli: No, no. I'm suggesting that you're talking about the industry: allow it to exist but regulate. Is that what you're saying? Is that what I'm hearing?

Mr. Jim Karygiannis: Regulate it and then the existence will only tell the tale of time.

The Chair (Ms. Soo Wong): Okay.

Mr. Jim Karygiannis: If you are—

The Chair (Ms. Soo Wong): Finish your sentence.

Mr. Jim Karygiannis: If the existence is there, and if they are paying commercial insurance, and if they're able to still—

Interjection.

Mr. Jim Karygiannis: Yes, if they're able to have enough money, then they can exist. But right now, they're getting away because they don't have that and don't have to charge that, and they're undercutting.

The Chair (Ms. Soo Wong): Okay. Thank you, Councillor for your presentation and your written submission.

Mr. Jim Karygiannis: Thank you, madam.

CUPE ONTARIO

The Chair (Ms. Soo Wong): The next presenter is the Canadian Union of Public Employees Ontario: Mr. Wayne Hartviksen.

Ms. Wynne Hartviksen: It's Ms. Wynne Hartviksen.

The Chair (Ms. Soo Wong): Okay.

Ms. Wynne Hartviksen: My first name and the Premier's last name.

The Chair (Ms. Soo Wong): Oh, okay. All right. There's two of you.

Ms. Wynne Hartviksen: There's two of us, yes.

The Chair (Ms. Soo Wong): Anyway, please identify yourselves for the purposes of Hansard. You have five minutes for your presentation, followed by three minutes of questioning from each of the caucuses. You may begin any time.

Ms. Wynne Hartviksen: My name is Wynne Hartviksen, and I'm the executive assistant to the president of CUPE Ontario, Fred Hahn, who's unable to be here today. With me is my colleague Dan Crow, a CUPE researcher.

In our pre-budget submission, CUPE Ontario made proposals to make things better for the people of Ontario, including the restoration of corporate income tax rates to their pre-2010 levels, to address government revenue issues. We proposed that the government end all forms of privatization, stopping the reckless sale of Hydro One and ending the use of P3s that inevitably cost us more. We also included concrete ideas for strategic investments in public services that improve people's standards of living and make their lives better. We also talked about several measures to address income inequality and the gender wage gap.

It was, we believe, a sound economic plan that would end years of the failed austerity agenda, but sadly, the budget tabled by this government continues austerity. Program spending growth still lags behind increases in

costs, and in spite of the Auditor General's findings, the budget continues to commit to using the failed P3 model.

Perhaps most troubling is a number of items in the budget and Bill 173 that appear quite substantial but have only received vague and passing references in the budget itself.

First, the proposal to launch a basic income pilot only received a single paragraph in the budget. The concept of a basic income for all residents of Ontario has an immediate resonance as poverty remains a major problem that has not been addressed. But a basic income must be designed appropriately, otherwise it could be profoundly regressive. There's a reason why people like Richard Nixon and Milton Friedman were historically advocates of basic income.

CUPE Ontario believes a basic income must be premised on the goal of eliminating poverty and delivering the highest-quality public services. The motivation cannot be the restructuring of government in a way that ultimately reduces real benefits in both dollars and programming while also cutting jobs.

Secondly, the Benefits Administration Integration Act, 2016, included as schedule 3 of Bill 173, is alarming when one considers its broad reach and seemingly radical implications for all benefits programs. The only definition we have of the prescribed benefits programs it may administer is that they "provide financial or other assistance to individuals" as decided through regulations by the Lieutenant Governor in Council. It empowers the designated administrator to be made responsible under regulation for the administration of any benefit program run by a "government entity or public body." It defines a public body in schedule 3 to include municipalities, school boards, social services administration, and "any other person or entity specified by regulation." That's a potentially large group of benefits programs, because after all, aren't all public services providing some form of financial or other assistance to people? Isn't that kind of what they do, at some basic level?

Subsection 3(7) of schedule 3 raises real questions as to how many statutes or regulations this legislation may modify. How many duties currently assigned to a minister or other government entity could also be assigned to the all-powerful administrator imagined by this legislation—an administrator who, subsection 4(1) tells us, could further designate those powers and duties to another entity, including private sector entities. Currently delivered public sector benefits programs contracted out to the private sector aren't a far step under this legislation.

Schedule 3 raises a lot of disturbing questions. What exactly is the intent of this legislation? Which programs or services will it impact? How can Ontarians be assured that this legislation won't facilitate the further privatization of public services outside the duly elected legislature?

Given the many serious issues with schedule 3 and its overly broad nature, CUPE Ontario believes it should be removed from Bill 173.

Finally, we have some serious concerns and questions about the government's non-universal design of the ORPP and its potential negative impact on CPP expansion. In the budget document, the government said that "the province's extensive consultations in developing the ORPP have helped to inform Ontario's view that a CPP enhancement must be timely and provide a level of adequacy and targeted coverage that is consistent with the ORPP."

The targeted coverage that the Ontario government is looking for, consistent with the ORPP, should concern all who value the CPP as one of Canada's bedrock universal social programs. Is this government planning to advocate, in discussions at the federal level, for an expansion of the CPP based on its non-universal ORPP model? Is the Ontario government advocating for a two-tiered CPP? Ontarians deserve to know; Canadians who need a universal enhancement of the CPP to ensure retirement with dignity deserve to know.

Using Ontario's bargaining power in CPP negotiations to impose a non-universal ORPP design on the rest of the country is, quite simply, unacceptable. If the Ontario government insists on continuing with the ORPP, it must be redesigned to make it universal to ensure the income security of all Ontarians, but also to ensure that any future expansion of the CPP is not modeled on its failed, non-universal design. Thank you.

The Vice-Chair (Mr. Peter Z. Milczyn): Thank you very much.

The first question is from the government side. Ms. Hoggarth.

Ms. Ann Hoggarth: Good afternoon. Thank you for your presentation. I don't know whether you know, but I'm a former union leader and believe in unions very much. However, I also believe in what our government is doing. We are trying to make sure that services are kept intact while we do what Ontarians have asked, and that is to eliminate the deficit. We're working very hard to do that.

It would be wonderful for us to be able to spend all the money. It would be great. We would definitely get elected again if we spent everything that everyone has asked us to. However, we think we're on the right track. We thank you for your presentation, but I don't believe this is an austerity budget; I think it's a reasonable and fair budget. Thank you for your presentation.

Ms. Wynne Hartviksen: I don't know if that was a question, but—

The Vice-Chair (Mr. Peter Z. Milczyn): It doesn't have to be a question; it could be a statement.

Ms. Wynne Hartviksen: Just from the experience of our members, I would like to say that this budget—and actually many previous budgets—have been austerity budgets. The government is making choices in each of its budgets. It's making choices to continue historically low corporate tax rates, which is actually spending money; it's just giving it to corporations. It's made decisions to spend extra money that didn't need to be paid to corporations through costly P3s. Those are decisions it's

making to spend money. Our members are saying that that money is coming out of the front-line services they provide.

We heard earlier from the Ottawa school board about 100 job positions, 55 of which are school board support workers who provide special-needs services to students directly, that are being cut above what is going to be cut due to declining enrolment. We see here the Toronto Catholic board: hundreds of staff being let go. In North Bay we've seen staff being let go at the hospital.

The choices this government has made they might not see as austerity, but when you're choosing to give continued corporate tax cuts and use costly P3s, and take that money out of front-line services, then I'm sorry, but you're making a choice, and it is, in the view of our members, a choice of austerity.

Ms. Ann Hoggarth: Just in regard to that, as you know and I know, when it says "cuts," it usually means pink slips. In most union agreements, pink slips have protection for people—

The Vice-Chair (Mr. Peter Z. Milczyn): Thank you, Ms. Hoggarth.

Ms. Ann Hoggarth: —and hopefully they're taken care of by attrition.

1450

The Vice-Chair (Mr. Peter Z. Milczyn): Our next question is from the official opposition. Mr. Fedeli.

Mr. Victor Fedeli: I'll make a very quick comment, then ask you a question and give you my full three minutes.

In North Bay, as you alluded to, we have 350 cuts, period, not attrition. Those people are gone. There are 350 fewer people there today than there were only a couple of years ago—158 just last year alone—and 60 beds that are closed. So we understand what you're saying.

My only question for you, and you can take the remaining time to answer at your leisure: Is this a good budget for the public service?

Ms. Wynne Hartviksen: No, this is not a good budget for the public service. It has been one of many, unfortunately, that have not been good budgets for the public service.

Just to get to the point of attrition, I want to be really clear: Attrition is still a cut to public services. The fact that somebody might not be going out of a job because somebody else has retired and they can take that position, that's still one less position providing services, whether it's to students, whether it's to people who need health care or whether it's at a university level. We're seeing cuts, just as an example, at our universities, where custodial staff have been cut and cut and cut. Nobody is actually going out the door, but the positions, as everyone retires, are never filled, to the point that a number of our universities now aspire to a state of unkempt neglect as their cleaning standard—that's the name of it: unkempt neglect.

These cuts have been happening over and over. Really, what's been happening as a result of these cuts

and increases not keeping up with inflation—which, again, is a cut—is we’re now getting to the tipping point, where you are seeing 350 people go out the door, not just through attrition. We are seeing hundreds of people laid off in school boards. This is what CUPE Ontario has been coming here for years and saying would inevitably happen if spending did not keep up with the rate of inflation. We are now at that tipping point, and the people of Ontario are experiencing cuts everywhere, as are our members.

Mr. Victor Fedeli: How much time is left?

The Vice-Chair (Mr. Peter Z. Milczyn): Less than a minute.

Mr. Victor Fedeli: Less than a minute?

Ms. Wynne Hartviksen: I rarely go short.

Laughter.

Mr. Victor Fedeli: I appreciate that. Thanks, Chair.

The Vice-Chair (Mr. Peter Z. Milczyn): Thank you. Mr. Singh.

Mr. Jagmeet Singh: Thank you so much for being here today and for your presentation. I think it’s important to highlight some of the comments that you made. One is, just to clarify, that if an increase or if a budget does not keep up with inflation, then it’s a cut. Can you lay that out for clarity purposes?

Ms. Wynne Hartviksen: Certainly. An example would be in health care. Hospital levels of inflation actually sit well above the regular level of inflation due to cost drivers like medical equipment. So hospitals, on a conservative element, would expect a 6% inflation rate each year. Well, hospital-based funding budgets, until this year, have been frozen for a number of years. They’ve probably lost close to—and Natalie Mehra from the Ontario Health Coalition is following me, so I’m sure she’ll tell you the exact number—but they’ve now lost about 30% in terms of the last six years or so in real dollars, because our heating goes up, more and more so as we sell things like hydro. The costs just keep going up, but the funding is frozen. So that is a cut.

You have to keep up with inflation. Everybody who does their budget understands that. If their wages stagnate, which workers’ wages have been doing now for way too long, and the cost of food goes up, as it has been going up, people fall farther and farther behind.

Mr. Jagmeet Singh: Thank you very much for that.

You touched on the fact that this is an austerity budget and the impact—let’s talk about the impact of an austerity budget. What is that to your members, but what is it, broadly speaking, to the province?

Ms. Wynne Hartviksen: What is it to our members? Our members are just like anybody else, many of whom—as we note actually in both our pre-budget submission and this submission—have come through years and years, and some are still in years and years, of wage freezes. So it means people are making tougher and tougher choices about what they spend money on. They’re falling farther and farther behind. You’re seeing income inequality grow, the gap between the rich and the

poor. Unfortunately, way too many of us now sit on the other side; we sit now on the poor side.

We’re seeing services that people need—not being able to access special-needs services for their kids when they go to school, beds in hospitals in their communities so they don’t have to travel for hours to actually get a hospital bed, long-term-care recipients who can’t get decent hours of care, as we heard from another speaker earlier today, and are left where one or two PSWs might be looking after 60 people on a ward at night. Our members’ work gets harder and harder, and everybody in Ontario who needs those services—and we represent 250,000 Ontarians, so they need services too—there’s less and less for them to get to.

I do want to actually go back to schedule 3, which has received almost no scrutiny anywhere in this Legislature. In this bill, Bill 173, we see instead programs or initiatives like this by government, which seems to be some bizarre administrator being set up to run all benefits programs. I don’t know: Is it ODSP; is it social assistance; is it OSAP; is it, you know, games? How many programs are going to get into this program that none of us will know about, and it will never go back to the Legislature.

I just think it is so complex and far-reaching, and yet there’s so little scrutiny of it that it’s hard to believe that anyone here at Queen’s Park really even understands what it will mean for Ontario. We need to start looking when our governments are doing things like that, because that’s not just about cuts and austerity; that’s inherently anti-democratic.

Mr. Jagmeet Singh: Can you just talk briefly about the use of P3 models and how that’s a choice. I like the way you framed it: that it’s a choice to spend—

The Vice-Chair (Mr. Peter Z. Milczyn): Mr. Singh, that’s the time for this afternoon.

Mr. Jagmeet Singh: Okay, that’s my time. Thank you.

The Vice-Chair (Mr. Peter Z. Milczyn): Thank you very much for your presence today.

ONTARIO HEALTH COALITION

The Vice-Chair (Mr. Peter Z. Milczyn): Our next witness is Natalie Mehra, Ontario Health Coalition. You have five minutes for your presentation, and just for the record, could you identify yourself, please?

Ms. Natalie Mehra: Sure. My name is Natalie Mehra. I’m the executive director of the Ontario Health Coalition. Thank you for hearing from us today.

Last night, I was in Kawartha Lakes, Ontario, where more than 200 people packed a local church for a public meeting on the hospital cuts. In that community, they’re facing the closure of an operating room, a major cut to the surgical floor, cuts to staff and cuts to beds.

This, in fact, is the ninth year in a row, including this budget act, of real dollar cuts to Ontario’s hospitals. These cuts are devastating, and they really can’t continue. It’s not possible for Ontario’s hospital system to continue to cope with real dollar cuts year after year. The

fiscal plan of the province needs to address the real crisis that's happening in communities all across Ontario as a result.

Let me just clarify some of the spinning of numbers that has happened in the media. According to the 2016 budget, most hospitals will get a 0.33% global budget increase this year. That's \$60 million of a \$100-million funding increase. Two thirds is HBAM funding and procedure-based funding. That will be hospitals in high-growth areas and specific volumes for specific surgeries and so on. That does not cover basic operational cost increases for the hospitals.

To be very, very clear, most hospitals are receiving a global budget increase of 0.33%. Those are the real numbers. Inflation is projected to run at 1.8% this year and 2% next year. So over the life of this budget we are again seeing real dollar cuts to the global budgets of hospitals.

The consequences are:

—St. Joseph Island, an hour away from Sault Ste Marie, in the middle of a giant lake attached to the mainland by a causeway, is facing its emergency department being closed down—that would essentially eradicate that hospital;

—In Wallaceburg tonight we expect to hear the announcement that the Wallaceburg emergency department is to close down—that will eradicate that hospital;

—In Minden, the hospital CEO has twice now talked openly about closing the entire remaining hospital;

—In Trenton, half of the acute-care beds are being cut, along with virtually all the surgeries;

—In North Bay, 30 to 40 beds and 140 front-line staff cut;

—In Windsor, 45 full-time nurses, every department on every floor of the hospital having to look for cuts;

—In Welland and Niagara, five entire hospitals;

—In Midland, birthing, the OR for two days a week and the ICU to be downgraded and lose beds, even though it's more than full.

The second issue we have is the increase in the seniors' drug deductible. Seniors at an income over \$19,000 a year are facing an increase of their deductible for drugs from \$100 to \$170, and also an increase in co-payments. We're extremely concerned.

1500

There is a means-tested program to raise money to pay for things like seniors' drugs. It's called the tax system. But user fees at point of need dump costs onto people when they're elderly, when they're dying, when they're least able to pay. Universality as a principle for the health care system cannot be thrown out for short-term budget targets. In fact, universality is a principle that has been endorsed by all political parties in Canada as a core principle for health care. Every progressive group in the country is calling for a national universal drug program. Now is not the time for Ontario to be moving in the opposite direction.

Finally, I want to support the words of my colleague who came before, on the costs of P3s. We've seen a few

very flimsy papers put out justifying the \$8-billion-higher cost for P3 construction of hospitals. In fact, those papers contain completely false information. I don't believe there is anyone in the country who has followed P3 construction from a critical point of view more closely than our group has—

The Vice-Chair (Mr. Peter Z. Milczyn): Thank you, Ms. Mehra. That's your time.

The first round of questions goes to the opposition. Mr. Fedeli.

Mr. Victor Fedeli: Thanks, Natalie, for being here today. I've got a couple of questions. The seniors' drugs, the almost doubling of the cost of drugs—we heard from a presenter this morning where she said that seniors will be forced to choose between eating or buying medication. Would you comment on that?

Ms. Natalie Mehra: Yes. I mean, \$19,000 is not a high income by any means, and as more and more services are cut from local hospitals, seniors are facing the offloading of a whole host of services that were covered under the Canada Health Act; when they move those services out, they're no longer covered. So more of home care faces copayments. All the outpatient services that they're closing, rehab, the ones that closed years ago, chiropody etc.—all of those are subject to copayments. Seniors are hit with all of those fees.

I don't know if anyone has actually really put together how much more money seniors are being forced to pay out of pocket for health care now, but it is a considerable expense, and for middle-income seniors, it's a devastating expense. They are already required to travel further and further for their care and bear the financial and physical costs of that as well. So in all kinds of ways, the costs are going up.

Mr. Victor Fedeli: When we talk about this one third of 1%, we've heard from many, many hospitals and groups representing hospitals who spoke at our pre-budget consultations and told us, "We need this increase in hospital funding or we're going to have another round of layoffs on April 1." I know that I've heard that locally, that without the full funding in my community, they're not going to wait till later in the year to make that decision; they're going to nip this one in the bud and go through another round of layoffs in April.

The fact that \$107 million in the Ontario Lottery Corp. funding that was given to hospitals has been clawed back out of this budget: How does that affect any possible increase that we would have read about?

The Vice-Chair (Mr. Peter Z. Milczyn): Thank you, Mr. Fedeli. That's your time.

Ms. Natalie Mehra: Sorry. I was distracted by—what was the last thing you said?

Mr. Victor Fedeli: The \$107-million cut. It was Ontario Lottery Corp. funds that were cut.

Ms. Natalie Mehra: Okay.

The Vice-Chair (Mr. Peter Z. Milczyn): Sorry, we've moved on.

Now to Mr. Singh: You have three minutes.

Mr. Jagmeet Singh: Thank you so much again for presenting today. I really appreciate it.

I'm just going to ask you some questions. The budget and the Liberal government have claimed that there is a 1% increase in funding to hospitals, and this is specifically health care. Can you respond to that? I call that a cut given that it's less funding than the rate of inflation. What is your response to that?

Ms. Natalie Mehra: The 1% increase in the operational funding for hospitals is broken down like this: One third of it is global funding and then two thirds is HBAM. That's sort of the population-based allocation method and procedure-based funding. To actually cover the overhead costs of hospitals—it's a third of 1%, so it's not even 1%, for most hospitals. In high-growth areas, they'll see more. But in many areas—Windsor, for example, which is seeing a net cut of 45 full-time RNs: The HBAM money is not helping them at all. So that money is not even going to keep up with inflation, let alone population, let alone aging. It's not going to erase the last four years of 0% increases or the five years previous to that of less than inflation. So it's a real dollar cut—that is, an inflation-adjusted dollar cut—and, as the member of the Conservative Party said, it will mean another round of very major cuts across the province.

We're worried now because we're seeing whole rural hospitals at risk of closure, entire towns' hospitals. Welland, a community that came to the Legislature yesterday—100,000 people served by a hospital—the sole hospital that serves 100,000 people is at risk of closure. This is unheard of. It's dangerous, and it has to be stopped.

Mr. Jagmeet Singh: You mentioned that this is nine straight years of cuts to hospitals. Is that correct?

Ms. Natalie Mehra: Nine straight years, yes.

Mr. Jagmeet Singh: Can you tell me, if you're able to say, what is the net loss of nursing positions in the province?

Ms. Natalie Mehra: I don't have that number on me; I'm sorry. Whether it's attrition or outright layoffs doesn't matter. At this point, what I can tell you is that Ontario has the least hours of nursing per patient. According to CIHI, the Canadian Institute for Health Information—these are government figures—we have the least number of hours of nursing per patient of any province in the country by far, by a significant amount. That gap has been growing bigger every year.

The Vice-Chair (Mr. Peter Z. Milczyn): Okay, that's time.

We'll move on to Ms. Wong.

Ms. Soo Wong: Thank you very much, Mr. Chair.

I just want, for the record—Natalie, can you share with the committee? Most of the members of your coalition represent the hospital sector, am I correct? I would say 90%.

Ms. Natalie Mehra: No. We have at least half a million members of our coalition. They represent people who are not in health care at all, concerned community members. We have all the major seniors' organizations, church groups, anti-poverty groups, women's groups, health care workers—

Ms. Soo Wong: So I just want to—because my time is very limited; it's only three minutes. I want to ask your opinion. You know that the Minister of Health is working with the federal minister, looking at a national pharmacare strategy. What's your opinion about that?

Ms. Natalie Mehra: I think it's very crucial. I think it would be a huge, progressive reform for Canada.

Ms. Soo Wong: Okay. So my next question with regard to pharmacare: As you heard, the Premier and the minister said that the proposed increase for the deductible for seniors is still in discussion. It has been almost 20 years since this particular deductible has been considered for an increase, and, when you look across Canada, this number, compared to other provinces, is very small. So we certainly have heard the concerns, Natalie. What are your suggestions to the government? Because when you look at other provinces, like Quebec, Manitoba and elsewhere, you're looking at \$200 to \$700 for the annual deductible.

Ms. Natalie Mehra: Our suggestion would be: Uphold the principle of universality. In fact, I believe that the health minister and, as I say, all the progressive organizations in the country are advocating for a universal, national pharmacare program. So, "Don't go in the opposite direction" would be our advice. It would be that you have the ability to use the tax system. That is a means-tested system, it can be income-based, and if you need to raise money—

Ms. Soo Wong: Excuse me. Because time is limited—

Ms. Natalie Mehra: So the question from the public to the government is: Why exclude any discussion about revenues completely from the budget?

Ms. Soo Wong: The piece here is that you also heard that if there was an increase, it would help over 170,000 seniors of the lowest income, who have no deductible, meaning they don't have to pay: What's your opinion about that?

Ms. Natalie Mehra: The problem is that what you're asking for is all seniors with income over \$19,000 to be paying when they're sick, when they're elderly, when they're dying, when they're least able to pay. That's what that means. It means using up their life savings; it means using up the money they would leave for their kids.

Ms. Soo Wong: It's only a one-time deductible, for the record purposes, okay?

Ms. Natalie Mehra: Sure, but most of them have eight different prescriptions—

Ms. Soo Wong: The other thing is that I also want—

The Vice-Chair (Mr. Peter Z. Milczyn): That's actually our time, Ms. Wong.

Thank you very much for your presentation this afternoon.

Ms. Natalie Mehra: Thank you.

The Vice-Chair (Mr. Peter Z. Milczyn): There are no further presenters registered.

I'm going to remind members that, pursuant to the order of the House dated March 9, 2016, the deadline to file written submissions with the Clerk of the committee is 6 p.m. on Thursday, March 24, and the deadline to file

amendments to the bill with the Clerk, in person, is 12 p.m. on Tuesday, March 29.

Would members like a summary of the presentations received?

Interjection: Yes.

The Vice-Chair (Mr. Peter Z. Milczyn): Yes? I'm advised by the Clerk that the summary of oral presentations will be written by next Friday.

Mr. Victor Fedeli: Can you just repeat that? For amendments, is it this coming Tuesday at 12 p.m.

The Vice-Chair (Mr. Peter Z. Milczyn): For amendments? Tuesday, March 29, at 12 p.m.

No other business?

The committee stands adjourned until Wednesday, April 6, at 9 a.m.

The committee adjourned at 1511.

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Also taking part / Autres participants et participantes

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Mr. Eric Rennie

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CONTENTS

Tuesday 22 March 2016

Jobs for Today and Tomorrow Act (Budget Measures), 2016, Bill 173, Mr. Sousa / Loi de 2016 favorisant la création d'emplois pour aujourd'hui et demain (mesures budgétaires), projet de loi 173, M. Sousa.....	F-1291
Ontario Public Service Employees Union.....	F-1291
Mr. Smokey Thomas	
YMCA of Greater Toronto.....	F-1293
Mr. Medhat Mahdy	
ARCH Disability Law Centre	F-1295
Ms. Dianne Wintermute	
Mr. Josh Patlik	
Mr. Patrick Sherman; Ms. Lai Chu	F-1297
Ontario Association of Non-Profit Homes and Services for Seniors.....	F-1299
Ms. Debra Cooper Burger	
Ottawa-Carleton District School Board	F-1302
Ms. Shirley Seward	
Canadian Society for Medical Laboratory Science	F-1304
Ms. Christine Nielsen	
Mr. Jim Karygiannis.....	F-1306
CUPE Ontario	F-1309
Ms. Wynne Hartviksen	
Ontario Health Coalition	F-1311
Ms. Natalie Mehra	