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of Ontario



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Mardi  
17 octobre 2017

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Speaker: Honourable Dave Levac  
Clerk: Todd Decker

Président : L'honorable Dave Levac  
Greffier : Todd Decker

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**LEGISLATIVE ASSEMBLY  
OF ONTARIO**

Tuesday 17 October 2017

**ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO**

Mardi 17 octobre 2017

*The House met at 0900.*

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

*Prayers.*

**ORDERS OF THE DAY**

**STRENGTHENING PROTECTION  
FOR ONTARIO CONSUMERS ACT, 2017  
LOI DE 2017 SUR LE RENFORCEMENT  
DE LA PROTECTION  
DES CONSOMMATEURS ONTARIENS**

Ms. MacCharles moved second reading of the following bill:

Bill 166, An Act to amend or repeal various Acts and to enact three new Acts with respect to the construction of new homes and ticket sales for events / *Projet de loi 166, Loi modifiant ou abrogeant diverses lois et édictant trois nouvelles lois en ce qui concerne la construction de logements neufs et la vente de billets d'événements.*

**The Speaker (Hon. Dave Levac):** Ms. MacCharles.

**Hon. Tracy MacCharles:** Thank you, Speaker. Good morning. I want to just note off the top that I'll be sharing my time with our Attorney General, Yasir Naqvi.

I'm very honoured to rise for second reading of Bill 166, the Strengthening Protection for Ontario Consumers Act. I'll be speaking to this comprehensive piece of proposed legislation that, if passed, would strengthen protection for Ontario consumers.

Our government is committed to protecting Ontario consumers. We want to ensure consumers have confidence when they engage in the marketplace. We want to ensure consumers are protected whenever they're spending their hard-earned money.

Our government is focused on building a fair, safe and informed marketplace for Ontario consumers. We want Ontarians to be well protected and well informed in the marketplace whether they're making a small or a major purchase. This means having confidence when they book a long-awaited trip online; it means having a fair chance at buying tickets to see their favourite band; and it means having confidence when they are buying or selling a home. This includes the purchase of newly built homes along with the warranty coverage paid for to protect what is likely to be the largest investment of their lives. This is why our government wants to see the passage of the Strengthening Protection for Ontario Consumers Act.

Specifically, Bill 166, if passed, would introduce new rules to better protect consumers buying travel services,

event tickets, and purchasing, selling or leasing real estate, including buying newly built homes.

This is comprehensive legislation that is being proposed and, if passed, would amend a number of acts, replace two existing acts and propose three new acts.

I'd like to start by highlighting the proposed bill's focus on the real estate sector. As we know, real estate is an important driver of Ontario's economy and, as mentioned, it's typically one of the largest purchases most people will make in their lifetime. But of course, it's much more than that. Buying a home often represents fulfillment of a dream, the culmination of years of saving and sacrifice. Our government is proposing stronger protection for consumers, whether buying, selling or leasing real estate in Ontario, by amending the Real Estate and Business Brokers Act.

The legislation, if passed, would enable stronger rules and professional standards in the real estate sector. The changes would support the setting of new rules in the regulations for brokerages and individual registrants. In particular, it would enable regulatory changes to address concerns about instances where the same real estate brokerage or real estate professional represents more than one party in buying, selling or leasing real estate. This practice is commonly known as multiple representation or double-ending.

There have been concerns raised about the conflict of interest associated with multiple representation. Addressing the practice of double-ending was among the measures that our government announced in April of this year when we introduced the Fair Housing Plan. Reviewing the rules that real estate salespersons, brokers and brokerages are required to follow is one of 16 measures on which the government is taking action. We're taking action to help more people find affordable housing, increase supply and protect buyers and renters. We are committed to bringing stability to Ontario's real estate market and protecting the investment of homeowners.

If Bill 166 is passed, we will consult on regulatory changes, including measures to improve clarity and transparency for consumers involved in the buying, selling or leasing of real estate. The legislation, if passed, would enable regulations that would provide stronger rules and professional standards in the real estate sector. In addition, we are proposing to increase the maximum fines for code of ethics violations by real estate professionals. The current fines for code of ethics violations are outdated and no longer strong enough to serve as an effective deterrent. We are concerned that there is a perception that in today's housing market some real estate professionals

may view the existing fine amounts as merely a cost of doing business. We want to ensure the fines serve as an effective deterrent to unethical behaviour by professionals. If the proposed legislation is passed, the maximum fines for code of ethics violations would increase from \$25,000 to \$50,000 for individual salespersons and brokers and to \$100,000 for brokerages. If the bill is passed, increased fines for a breach of the code of ethics would come into force immediately upon royal assent.

If the legislation is passed, our government also plans to consult during the regulation development phase on new requirements. These would include measures to improve clarity and transparency for consumers by requiring the use of standardized plain language and disclosure clauses in industry forms. We want to make it easier for consumers to understand their rights and responsibilities.

The proposed legislative amendments are the first part of a broader two-phase review of real estate rules to improve consumer protection and professionalism in the industry. Phase 2 of the REBBA review is expected to begin in 2018 and will involve a comprehensive review of the act. If Bill 166 is passed, the Real Estate Council of Ontario, or RECO, is expected to take an active role in informing both consumers and real estate professionals about the changes and their impact on consumers and the industry. RECO is the administrative authority responsible for enforcing the Real Estate and Business Brokers Act and its regulations, including new rules, if they are approved.

Speaker, I'd now like to focus on the new home sector. The proposed legislation, if passed, would strengthen confidence in Ontario's new home warranties and protections, promote properly built residential construction and enhance consumer protection. This would be achieved by:

- providing for two administrative authorities, one to administer the new home warranty program and one to regulate new home builders and vendors;

**0910**

- strengthening the regulation of new home builders and vendors;

- making the dispute resolution process easier for homeowners if they discover a problem in the construction of the new home;

- giving government the power to make rules and set standards; and

- introducing modern oversight measures to improve accountability and transparency.

I'd now like to expand on how the changes we're proposing would both strengthen protection for consumers buying newly built homes as well as enhancing the new home building sector itself.

As I've said, our government is committed to taking action through the proposed legislation that, if passed, would provide for two separate administrative authorities. One administrative authority would regulate new home builders and vendors, and the other would administer the new home warranty program. We believe that situating the regulatory and warranty-provider functions

in two separate administrative authorities would allow each to better focus on delivering its respective mandates. Our government believes that separating the administrator of the new home warranty program from the regulator of new home builders and vendors is essential. Both authorities would operate under stronger oversight, transparency, governance and accountability measures that are similar to Ontario's modern administrative authorities.

If passed, the proposed legislation would also give the government a much greater role in making rules and setting standards. This would allow the government to take a proactive role to ensure that the warranty program and new home builders and vendors have strong rules and regulations in place. If the legislation is passed, this would improve the way new home warranty protections are delivered as well as improve how new home builders and vendors are regulated.

The proposed changes would also address the conflict-of-interest concerns related to the multiple roles of Tarion Warranty Corp. This is an issue that was raised by the Honourable J. Douglas Cunningham during his review.

The proposed legislation, if passed, would help ensure that consumers across the province can be confident when making one of the most important choices of their lifetime: the purchase of a newly built home. If the bill is passed, it would strengthen the way new home builders and vendors are regulated, which would promote properly built residential construction.

This proposed plan of action for the new homes sector has been informed by the recommendations of Mr. Cunningham in addition to associated public and stakeholder feedback. In the fall of 2015, our government appointed Mr. Cunningham to conduct an independent public review and make recommendations regarding the Ontario New Home Warranties Plan Act. This review included examining the operations of the Tarion Warranty Corp., which administers Ontario's warranty program and regulates builders and vendors of new homes. As part of his review, Mr. Cunningham engaged consumers, the new home building industry, Tarion, the municipal sector and others. He submitted his final report to our government on December 15, 2016.

On March 28, 2017, our government announced its intention to move forward with a plan to strengthen consumer protection for owners of newly built homes. We announced we were planning to propose legislation to do the following:

- separate the administrator of the statutory new home warranty program from the regulator of new home builders and vendors to increase consumer confidence;

- give government responsibility for making rules and setting standards, and introduce modern oversight measures to improve accountability and transparency;

- make the dispute resolution process easier for homeowners; and

- support Tarion-led new deposit protection measures to better reflect today's home prices and deposit requirements.



The Ministry of Government and Consumer Services set up a working group of key stakeholders to provide feedback on specific legislative provisions that would be required to implement the government's plan. The working group met from early June to late July 2017. The working group involved a broad spectrum of expertise from all those involved in the new home warranty sector. This included those who represented consumers, builders, the Tarion Warranty Corp., engineers, building officials, the insurance industry, and the condominium sector, among others.

In addition, ministry staff held one-on-one meetings with interested individuals and stakeholders to gather feedback and discuss suggestions to improve Ontario's new home warranty program and the regulation of new home builders and vendors.

Our government carefully considered all of our options over the past few months to devise a plan that further protects buyers and owners of newly built homes by delivering simple, easy and transparent solutions.

If the proposed legislation is passed, it would allow us to move forward with many of Mr. Cunningham's recommendations to improve consumer protection for the buyers and owners of newly built homes.

With the proposed changes, the government's intent is to address the conflict-of-interest concerns related to multiple roles in Tarion. This was a key issue that was raised by Mr. Cunningham during his review. Tarion is currently the regulator of new home builders and vendors and the administrator of Ontario's new home warranty program as well as the rule-maker and decision-maker. Separating the administrator of the new home warranty program from the new home builder and vendor regulator would help to increase consumer confidence in the warranty program that protects their home.

Should the proposed legislation pass during the transition period to the two-entity regime, Tarion would continue to perform its current role under a strengthened oversight framework. This strengthened oversight framework would include, first, a greater government role, which would see myself, the minister, needing to approve certain Tarion bylaws that are deemed to be regulations, and, second, authorizing the minister to appoint an administrator should serious concerns arise regarding Tarion's performance during the transition period. If the legislation is passed, the new oversight mechanisms would take effect upon royal assent.

In addition, it is expected that Tarion would continue to implement operational improvements that are currently under way. This includes introducing new deposit protection measures to better reflect today's home prices and deposit requirements, and regular review of its construction performance guidelines.

Tarion already has made a number of improvements, including enhancements to warranty coverage, providing greater disclosure on the Ontario Builder Directory and improving enforcements against illegal building.

In addition, Tarion will continue to implement operational improvements to the dispute resolution process for owners of new homes.

As mentioned, if the proposed legislation is passed, it would further address concerns about the warranty dispute resolution process by setting out, at a high level, a general process for dealing with claims and resolving disputes. This has been a very persistent issue that consumers, stakeholders and the media have been very vocal about. If passed, the proposed legislation would clarify the dispute resolution process to make it easier and fairer for new homeowners if they discover a problem in the construction of their new home. It would clarify the evidence that one must present when making a claim, making the process more user-friendly for consumers.

I would now like to turn my attention to new home builders, Speaker.

Let me say that we know that some of the highest-quality new homes are built right here in Ontario, and this sector is of vital importance to the province and our economy. Still, I believe that if the proposed legislation is passed, it would promote properly built residential construction and enhance consumer protection for owners and buyers of newly built homes.

If Bill 166 is passed, the regulation of new home builders and vendors would be strengthened and would include enhanced requirements and a modern compliance and enforcement regime. If the proposed legislation is passed, it would improve compliance with the rules by providing additional enforcement tools such as administrative penalties.

The changes our government is proposing, if passed, would contribute to enhancing the competency and the qualifications of new home builders and vendors across the sector. Stronger regulations should, over time, build better homes.

I believe that the changes we're proposing would be a win-win scenario, Speaker, both for new home buyers and owners, and the builders and vendors of new homes. If the proposed legislation passes, consumers will benefit, and will begin to benefit much sooner, from the enhanced oversight of Tarion and the updated rules for operation.

As these changes proceed, our government will continue to determine the feasibility of implementing the remainder of Mr. Cunningham's recommendations.

What we're proposing represents the most significant change to Ontario's new home warranty program since the current act was passed in 1976.

**0920**

**Mr. Mike Colle:** Wow. A long time.

**Hon. Tracy MacCharles:** Yes.

Next I want to highlight how the proposed legislation would impact the travel industry. The travel industry in Ontario has evolved significantly since the Travel Industry Act was last updated in 2002. As you know, much has changed in the past 15 years. For instance, there has been a dramatic increase in the use of the Internet to book and pay for travel services. The Internet has also made it easier for travel agents outside the province to advertise to Ontarians. This potentially puts Ontario consumers buying travel services online at some risk.

The proposed changes to the Travel Industry Act are based on a multi-phase consultation process that included

input from the public and a range of travel industry stakeholders. We conducted research into the regulation of travel agents and wholesalers in other jurisdictions and researched the regulation of other sectors in Ontario. The proposed changes to the TIA, the Travel Industry Act, which are included in the bill are intended to balance three important goals: first, strengthening consumer protection; second, reducing the regulatory burden on registrants; and third, improving regulatory efficiency.

I'd now like to further elaborate on how the proposed legislation, if passed, would strengthen consumer protection in this industry. Our government wants to require that Ontarians buying travel services receive clear information about pricing regardless of the channel they're using and to purchase these services in the geographic location of the particular travel seller. If Bill 166 is passed, it would strengthen consumer protection by enabling the creation of new rules such as those related to advertising by out-of-province travel sellers who target Ontarians.

Mr. Speaker, if the proposed legislation is passed, it would enable changes to the regulations to provide Ontario travel consumers with clear information on the price of travel in purchasing travel services from travel sellers outside the province. Our government would also consult with stakeholders on proposed regulation changes that would strengthen consumer protection, including potential new requirements for registered travel sellers to disclose additional information. We believe this is an important step so that consumers can make informed choices when purchasing travel services.

If Bill 166 is passed, it would create new registration requirements for individual travel salespersons, and these proposed changes would provide consumers with increased confidence that the travel salespersons are knowledgeable, professional and are operating in accordance with a code of conduct. If passed, we would also consult on proposed regulations requiring continuing education for travel salespersons. Should the bill pass, the ministry plans to consult with stakeholders on proposed regulation changes such as measures that promote greater awareness among Ontario consumers about what to look for when purchasing travel services and to help consumers make informed choice.

Our government has an ongoing commitment to cutting red tape and lessening the burden of businesses. The majority of travel enterprises are small businesses, and, should the bill pass, it would lessen the burden on travel businesses by creating a new class for travel sellers so that businesses would no longer need to register as both a travel agent and a wholesaler. If the bill is passed, we would consult on updating requirements such as financial reporting and trust accounting in order to reduce red tape for travel businesses. This consultation would take place during the next phase to develop regulatory amendments. If the bill is passed, it would also improve compliance with the rules by providing additional enforcement tools such as administrative penalties.

We believe Ontario consumers deserve to have their financial investment protected when they travel. They

require certain types of information presented in a way that's clear and easy to understand so they can make informed travel purchases.

The Travel Industry Act is in need of updating to better reflect the needs of consumers and the industry today. While the act performs an important consumer protection role, it does not reflect the significant changes to Ontario's travel marketplace that have occurred over the past 15 years. The act needs to be updated to address new risks facing consumers when they're purchasing travel services. As mentioned, there have not been those kinds of significant changes to the Travel Industry Act since 2002. There have been substantial changes to the sector in that time, including a significant increase in online bookings.

Speaker, you'll be interested to note that, as of 2016, it's estimated that up to 79% of travel services purchased in Ontario begin through an online booking.

**Mr. Mike Colle:** Wow, 79%?

**Hon. Tracy MacCharles:** Online, yes. It's a new way of doing business.

This may include booking travel services online with out-of-province travel sellers as well.

We want to require that consumers have clear information on pricing even when they are purchasing services from businesses that are not located in Ontario. If the legislation is passed, it would strengthen protection by enabling the creation of new rules for representation, such as advertising by out-of-province travel sellers who target Ontarians. Both Quebec and California require travel sellers that are based outside of their respective jurisdictions to be registered if they are conducting business with consumers located within their borders.

Since January 1, 2017, travel agents and wholesalers in the province are required to display all-in pricing in advertising. However, Ontarians can still access online advertising from unregistered travel agents located outside the province that may or may not present an all-in price. There's a need to ensure that Ontarians can have clarity in pricing regardless of where the advertising is coming from. We want to ensure that Ontario consumers buying travel services receive the required disclosures regardless of whether they're buying travel services online or going to a bricks-and-mortar type location.

With changes to the business models of travel agencies and the increase in travel services being purchased online, fraudulent activity by travel salespersons and those claiming to be registered travel sellers has become a significant issue. In 2015-16, fraud by a travel salesperson was the number one complaint received by the Travel Industry Council of Ontario, also known as TICO. TICO is responsible for administering and enforcing the Travel Industry Act, it oversees the regulation and monitoring of registrants, and it investigates consumer complaints as well, of course.

With the evolution of the travel industry, our government believes there's a greater need for regulation of individual travel salespersons. This includes requiring them to register and ensuring they receive ongoing

education. The exact education requirements will be set out in regulation, should the legislation pass. Our government also wants to ensure that travel salespersons can be held accountable through an enhanced discipline process. If the legislation is passed, our government will carefully consult with a broad range of stakeholders in developing new regulations to avoid potential unforeseen adverse consequences to consumers and the travel industry.

I am going to just only briefly speak about the Ticket Sales Act, as I know my colleague the Attorney General will be sharing my time on this piece of the bill. I'll just say at this point that the bill, if passed, would also strengthen consumer protection for people trying to buy tickets to entertainment or sporting events. If passed, it would support fans in getting a fair shot at seeing their favourite music, sport or theatrical events. This includes providing enforcement tools to help make sure that ticket selling and reselling businesses are following the rules.

As you can see, Mr. Speaker, the proposed legislation addresses consumer protection in a range of areas in the marketplace. I'd like to wrap up my comments by emphasizing that this is a very comprehensive piece of legislation being proposed by our government to help make a real difference to consumers engaging in a range of areas. I believe the proposed bill would foster a fair and transparent marketplace where consumers are better protected. The Strengthening Protection for Ontario Consumers Act represents an important component in realizing the government's larger vision to become a leader in consumer protection in Canada. If passed, our government believes that Bill 166 would go a long way toward achieving this vision for the benefit of Ontarians.

As I get ready to turn the remarks over to Minister Naqvi, I want to say thank you, Speaker, for allowing me the opportunity to speak about this and stand up for Ontario consumers. I want to thank my colleague Minister Naqvi for taking leadership on the Ticket Sales Act, which he'll speak about now.

0930

**The Acting Speaker (Mr. Rick Nicholls):** I now turn it over to the Attorney General to continue the debate.

*Applause.*

**Hon. Yasir Naqvi:** I don't know if he's clapping for me or he's clapping for Minister MacCharles, but either way, I think it's a great compliment from the member from Eglinton–Lawrence on Bill 166.

I'm really honoured to speak about this very important bill around consumer protection. I want to thank the Minister of Government and Consumer Services for the work that she has done on this very important bill. It was a real team effort between her office and her ministry and my team at the Ministry of the Attorney General.

Speaker, as you know and as the minister spoke about, there are many important aspects in this bill that protect Ontarians, from door-to-door sales to home warranties, the travel sector and the sale of tickets. I will spend most of my time talking about the Ticket Sales Act, which was the work that we undertook under my ministry.

I do want to say that overall, this is a very important piece of legislation. I think Ontarians will see themselves

reflected through this entire legislation, because it really addresses issues that I think all of us have collectively raised in this House around how we ensure that there's a level playing field for consumers. How do we make sure that the seniors in our communities who—in many instances, somebody comes and knocks at their door and tries to sell them a water heater or a water softener or whatever it may be—naively engage in these contracts, how do we protect them?

Similarly, people buy new homes—probably the largest purchase they will ever make, in many instances the very first purchase they're making. How do we ensure that the warranties in place are warranties that are going to protect them and their families in the long run as opposed to not? These are real issues; these are very important issues.

Similarly, the area that I want to spend most of my time talking about is around ticket sales. How do we protect consumers from when they go and buy tickets to a concert or a hockey game, for instance?

**Ms. Lisa MacLeod:** Go, Sens, go!

**Hon. Yasir Naqvi:** Go, Sens, go, indeed.

*Interjection.*

**Hon. Yasir Naqvi:** They're doing quite well.

Actually, it's a great segue, member from Nepean–Carleton, because I did want to talk about the Senators and bring a little bit of personal experience. I think we can all probably tell stories, personally, as to what we have found ourselves in when we're trying to buy a ticket. It was not that long ago, for example, that my son Rafi and I were going to a hockey game at Canadian Tire Centre to watch our Ottawa Senators. Rafi is great—he's got a new Karlsson jersey—

**Mr. Steve Clark:** How old is he now?

**Hon. Yasir Naqvi:** He's five years old now, yes. He loves his hockey, and it's a great time to go watch hockey with him.

It was a weekend, and at the last minute I find out that my two nephews, Zain and Ameer, are visiting from Toronto. I'm going to assume that they're big Senators fans. I made sure that we all go to a hockey game together, the three boys and myself. So at the very last minute I'm looking for two tickets for them to buy, and I didn't care whether they were sitting together or not, and it was an interesting process to go through to buy the tickets. This is not new; I think we've all experienced that, where you go there and you can't find a ticket but there was a resale site where tickets were available. I can tell you that they were far more expensive than the original price for the ticket, which I guess I understand if you're trying to do this at the last minute. My least favourite thing when you're trying to buy a ticket, be it for a concert or a hockey ticket or whatever, is the little clicker at the bottom—you notice that?—when the time starts running and you're forced to make a very quick decision; otherwise it's going to lapse. In this pressure, you go click, click, click. This is one of many experiences I think we have heard about from people when they are trying to buy tickets to games.

The question is often asked of me: Why address this issue? Why do we have to deal with this? There's a two-part answer that I always give people: One, it's an issue around consumer protection—just like we protect consumers in all other areas, we need to do the same thing when it comes to buying tickets; and second, I totally understand and admit that going to a concert or a hockey game is a luxury. It's something that we do to enhance our quality of life.

People work hard trying to save money, and once in a while they want to partake in these very important activities, be it a sports activity or a cultural activity. They spend a lot of money in making an evening out of going to a concert or a sporting event. We need to make sure that that experience is a good experience for them. There's nothing worse than going through all this and buying a ticket, spending a lot of money and showing up at the venue, at the concert hall, and being told your ticket is not worth the paper it's written on, that it's a fake ticket, or that you don't have an assigned seat. You thought you had a seat, but because there's no seat number on it, you don't.

Here you are. You've spent a few hundred dollars—sometimes even more than that—and you've run into a situation. That, from a consumer protection point of view, from a quality-of-life point of view, is challenging and disturbing. We need to make sure that we protect consumers in that regard. That's why we worked very hard in developing this piece of legislation, which is part of Bill 166.

If passed, this legislation would fight the unfairness in the ticket marketplace and put fans in Ontario first. That has been our goal in developing this legislation: bringing fairness to the system and to the marketplace.

As I was working on this legislation, I learned very quickly how complex the marketplace is. There's a lot of money involved, as the case may be, in many of these instances. We need to make sure that we put ourselves—and that's what our collective responsibility is—on the side of the consumers, the people that you and I serve, and to make sure the system, the marketplace, is a fair one, and to put the fans first. They're the ones, at the end of the day, spending the money, and they're the ones at the end of the day who should enjoy that hard-earned money they spend to go to a sporting event or to an entertainment event.

I had the chance to speak to a lot of artists while we were working on this, and they share our point of view. For an artist, there's nothing worse than unhappy fans, and you hear about it; right? I think what happened in the summer before last with the Tragically Hip concert, which prompted us to really deal with this issue in a serious way, was quite telling. There was a huge hue and cry about this: This iconic Canadian band was going on their last tour, and the story around Gord Downie and his illness and that this may be the last time he will be performing publicly for the people. People wanted to pay respect and we wanted to enjoy that experience, and overnight they saw tickets disappear and then reappear

for thousands of dollars. We all heard about that. Why is that happening? How do we prevent it? Therefore, we said that we've got to put fans first, and we dove down into this issue.

This legislation, if passed, addresses a few very important issues: (1) it puts a cap on resell markups for event tickets; and (2) it bans technologies that put fans at a disadvantage in the marketplace, such as bots, and I will speak a little bit more about it in a moment. It also adds requirements to ensure transparency and accountability within the industry—and I'll unbundle that for you in a moment as well—and establishes new enforcement measures to help make sure that ticket selling and reselling businesses are following the rules.

All these measures combined together really bring accountability and transparency to the way ticket sales are done in the province of Ontario. If one sees the whole package together, one really sees how we are taking a very important step forward in protecting consumers and putting our fans first.

**0940**

Speaker, I just wanted to spend a little bit of time on the background because I think it's important we understand where we're coming from. Since 1914, the only piece of legislation that has specifically regulated the sale of tickets in Ontario is the Ticket Speculation Act that is in place right now. At first, it was simple. The act made it illegal to buy or sell tickets above their face value; that's basically, in simplicity, what it was required for. This made sense at the time. Ticket resale was mostly limited to people standing outside venues. There was no such thing as electronic tickets or buying tickets online, which obviously has changed the marketplace significantly.

In the past 25 years, as it did in so many other industries, the Internet really changed everything when it comes to tickets. As ticket sales began to move online, so did the ticket resale market. As it became easier to access, more and more people in Ontario were turning to websites to buy and sell tickets to events. The days are gone when we used to see people lining up overnight in front of a box office. You remember that—you've probably done that, Speaker, I'm sure; you're nodding—where you would spend all night to buy tickets to your favourite band. It didn't matter if it was rain, shine or snow. We don't do that anymore. Now you know when the tickets are going to go online, you sit in front of your computer or your iPad, and you try to go on that website to buy tickets online.

Fundamentally, the marketplace has changed. You've got websites available where you can buy tickets. Hardly anybody goes to a box office. In fact, the only reason to go to a box office is because you want to pick up your tickets at the venue. Eventually, ticket resales also started to be seen differently as there was a growing consumer demand for a safe and legitimate online resale market.

Once it became clear that the resale market was here to stay, the government took a few steps to regulate it, because it was important to regulate that resale market, which was totally unregulated up to a couple of years

ago. Changes were made to the Ticket Speculation Act and its regulations in 2010 and again in 2015 to prevent companies from engaging in both primary ticket sales and ticket resales. This was done to give fans some very basic protections.

At that point, the immediate concern was ticket fraud. We wanted to make sure that the tickets being resold online were valid and as advertised. We added requirements to help give consumers peace of mind: All resale tickets had to include either a money-back guarantee or be verified by the original seller.

Now, I've heard some criticism that somehow the problem that we are trying to deal with today was invented or created by the changes that the government made in 2010 and 2015. I have a very simple answer to that—because somehow that criticism takes the assumption that all of us with some power can shut down the Internet. Somehow, we're trying to live in a world that imagines we can go back to days where the Internet played no role in the sale of tickets.

Speaker, you and I know the Internet is here to stay. People will go to the Internet to buy and sell things, and you cannot avoid that. You have to deal with and regulate—protect consumers from—buying and selling things on the Internet. That's what the changes in 2010 and 2015 did, because people were actually going to the Internet to buy tickets. We need to make sure that we regulate that marketplace, because otherwise you're really leaving consumers in the lurch. I just really wanted to say this, because I am sure we will hear that in the debate, that somehow the government is trying to fix their own problem. But I would like to see addressed the issue as to how you deal with the Internet in that, because you cannot just leave the Internet on its own.

At the same time, though, new challenges are emerging. Although measures were in place to limit the number of tickets that could be bought online at once, people were finding a way to cheat the system. They were developing software programs, often referred to as ticket bots, to get around a website's security measures and let the user buy hundreds of the best tickets the moment they went on sale. We hear about that often. I was talking about the Tragically Hip, and that's exactly what happened.

These tickets would then be posted to resale sites, where fans would often have to pay three, four or even five times the original price. It's a big industry; some people make a lot of money. I think that was exactly what we saw through the whole issue around the Tragically Hip. There was a lot of media coverage on it. Many people I know—I'm sure we all heard from constituents who said to us, "This is not fair," and I agree. This was not fair. We need to make sure that we restore some fairness to this particular industry.

I want to also give a shout-out to my colleague from Kingston and the Islands, because she really took leadership on this as soon as the whole Tragically Hip issue came up. It's understandable; the Tragically Hip come from Kingston. The MPP from Kingston and the Islands

really took some action and brought forward a private member's bill. She did some consultation and, based on the feedback that she had received from her community, she introduced Bill 22, the Ticket Speculation Amendment Act. That private member's bill proposed changes that would ban the use of ticket bots and require ticket resellers to list the face value of the tickets that they are trying to resell.

The measures in the bill were very strong, but after speaking with my colleague from Kingston and the Islands, we agreed that we could do more using her bill as a starting point, or as a foundation. We decided to work together. It was a great honour and pleasure for me to work with the member; she is very thoughtful and very thorough. We took the time to do a full consultation, evaluate our options and put together a government bill that would address these issues as comprehensively and effectively as possible. I hope that she will get a chance to speak on this bill during the course of the debate and will be able to speak a little bit about the process that she went through and the people that she spoke with. She also talked with some members of the Tragically Hip in putting forward her private member's bill and the subsequent work we did together in developing the ticket sales act that is part of Bill 166.

Our consultation began early this year. From the beginning, we knew that it would be important to get input from people across the province about this very important issue. We wanted to hear from the same Ontarians who use their hard-earned money to cheer on their local team, see an up-and-coming artist and support the arts. To make sure that as many members of the public as possible could participate and have their say, we posted a public survey from February 28 to March 16 of this year, asking people about their ticket-buying habits and what sorts of measures they would support to fight unfairness in the marketplace.

I'm thrilled to report that the response to this survey was incredible. In just two weeks, over 34,000 people in Ontario participated in that online survey, making this the most popular online survey ever conducted by our government at the time—34,702 Ontarians, to be precise. And we checked: It wasn't bots that got in there, because the advice we received was contrary to what bots would want to say. Thirty-four thousand, seven hundred and two people participated, and I think that's quite telling.

The feedback we received affirmed our belief that action was needed. It was immediately clear that people are engaged in this important issue and they are ready to see some real changes when it comes to buying and selling tickets. For example, 89% of people said that ticket-buying software, or bots, should be illegal; 85% said that posting tickets for resale before selling to the public should be illegal; 89% of the people said that there should be a cap on resale markups; and 99% were in favour of at least some additional transparency requirements.

In addition to our survey, we sat down in person with fans in Kingston and Toronto, where we heard many of

the same thoughts. A lot of young people participated in this, as you can imagine. They were really involved in this process. They wanted to make sure that they had a voice. We saw that online and on social media. I got lots of tweets on things that we could do. They also participated in our in-person consultations as well with their ideas.

At the same time, we also engaged industry stakeholders in targeted consultations about the issue and possible results. We met with a range of ticket sale and resell companies, venues and artist representatives. I had the opportunity to meet with groups such as members of Billy Talent and the Arkells to get their understanding as to where the marketplace is and, from an artist's perspective, what they would like to see. I know that the member from Kingston and the Islands spoke with Rob Baker from the Tragically Hip as well to get their input. In fact, after introducing this legislation, Ticketmaster stated that they are pleased with these measures that we are taking.

We also reached out to other jurisdictions to learn from their experiences in regulating the ticket industry. There is a lot of work that has been done, for example, in New York state and in the United Kingdom, that we also relied on in the deliberations and the work we did.

#### 0950

I would like to take a moment, Speaker, to show my appreciation to everybody who participated in our consultation and helped us get this right: the industry stakeholders, artists and, of course, thousands of members of the public. Thank you to all of them as we developed these measures to tackle these issues head-on. We have listened to your feedback, which has resulted in tough new rules that put fans first. I hope they see their input reflected. That's the feedback I've been receiving.

When we set out to take on unfairness in the ticket market, we were under no illusions that solving this issue would be easy or that there would be one foolproof solution. The evolution of this issue, from the creation of the Ticket Speculation Act all those years ago to today, is a perfect example of technology outpacing regulation and creating a new, unanticipated problem, which is exactly what we wanted to avoid.

That is why we have drafted a bill that is technology-neutral. From the outset, our focus was not on trying to fight technology, because technology is going to outpace our legislative process any day of the week. Let's make sure that the rules we put in place are technology-neutral so no matter how the technology evolves in the area, the rules are still applicable. I hope, as we go through the different measures, you will see how these rules are agnostic when it comes to what technology is at play.

Speaker, rather than trying to regulate the technology that allows people to exploit the system today, we're targeting the bad behaviour itself. Our proposed changes would make it not only less appealing but also less profitable to break the rules and would increase the potential risk of doing so. To this end, our bill proposes changes in four main areas.

First, we want to put an end to unfair and excessive markups in the ticket resale marketplace. This is why we

are proposing under this legislation to cap the resale markup of tickets at 50% above face value. It's clear that there is a consumer demand for the ticket resale market; we have no interest in eliminating that entirely. People want to be able to resell tickets; a lot of times people can't go to a concert—family events come into play, and they obviously want to get rid of their tickets. There is a place and a use for the resale market, but we want to make sure that there's a cap on the markup so that people cannot exploit that resale market by charging whatever. Rather, we want to ensure that markups remain reasonable. This would also reduce the incentive for people buying tickets just for the purpose of reselling them at an excessive, inflated price. This, in turn, may help keep more tickets available for fans to buy at face value on the primary market. That's a very important issue.

By putting a cap on resale, we're doing two really important things: One, we're taking the incentive away from the resale market so that the bots, for example, that exploit the resale market by getting tickets from the primary market in bulk through technology and then selling them at excessive prices—by putting a cap on that resale at 50% of the face value, you're really taking away that incentive. You're basically saying that there's not a lot of money to be made; not to mention, this way, what you are also doing is you are pushing the sales upstream to the primary market, which is an important point. In the primary market, those ticket sales are where the money goes to the artists or the players, the teams—the people who actually put in the talent, the people who are actually investing in the product that you and I want to enjoy and watch. The people in the resale market have no skin in the game. They're just trying to profit off of somebody else's work. It's important to have this move in the primary marketplace where it's actually going to support the creative types as opposed to the resale market, which is just a business transaction.

Secondly, we're proposing to put a complete ban on ticket bots: the software that gets around website security measures and lets resellers buy huge swaths of tickets before fans even get a chance. When we consulted the public, respondents were almost unanimously in agreement that ticket bots should be illegal, and we agree. If the proposed changes pass, it would be illegal to use ticket bots, sell ticket bots or sell tickets that were purchased using ticket bots. In the interest of drafting legislation that is technology-neutral, Speaker, we have taken a broad, outcome-focused definition of what constitutes a ticket bot. That means that no matter how the technology evolves and transforms over time, if it is working to bypass security measures or ticket limits, it will still be illegal.

Speaker, like I said, you have to look at all these measures in combination. Not only are we taking the incentive away from resale markets; we are also putting a prohibition on selling tickets that were purchased through ticket bots, making those companies who are in the resale market be more vigilant and monitor and regulate whether or not they're selling tickets that were bought through ticket bots.

Thirdly, we are proposing measures to make sure that fans have the information they need up front when they go to buy tickets. That is just pure transparency. In our consultations, Ontarians told us that their frustration with the way things are done right now is that tickets are being held back; there are hidden fees when you buy a ticket; and there is an overall lack of transparency from ticket sellers. People often are not given enough information about what they are buying, which contributes to the sense of unfairness in the industry. Quite simply, they feel like the system is rigged.

Again, I go to the example: When you're trying to buy a ticket, the clock is ticking at the bottom. You figure out the best seats that you want to buy and the price you are comfortable with, and when you go to check out and to pay, all of a sudden the price inflates, because then there are all these system charges and administrative fees. You've got five seconds left on your clock, so you say, "Okay, okay, I'll buy it." Well, that's not fair. This is where you feel like it's rigged, that the system is not there for you. That speaks to a lack of transparency.

Speaker, with the changes we are proposing, we want to shine some much-needed light on the ticket-selling process. If passed, this bill would require primary ticket sellers to disclose the actual number of tickets that will be available through the general on-sale as well as the total capacity of the event, so that you as a consumer know how many tickets are in the marketplace and decide if the price that is being charged is what you want to pay or not, in terms of supply and demand.

At the same time, all ticket sellers, whether they are in the primary or resale market, would be required to disclose the all-in price of a ticket up front. That means no more hidden fees. For the price you see, the only thing you have to add on top of it is the sales tax, the HST, the 13%, but no additional surcharges and no hidden administrative fees. Everything has to be bundled in one price. So when you see the price, if it says a hundred bucks, it's a hundred bucks plus 13%—it's \$113, period. No more \$100 plus \$15 plus \$5 for delivery charges, and on and on it goes. All-in pricing is part of this legislation.

For all prices, it would have to be clearly indicated what currency they are listed in as well, so no more surprise currency exchanges either. If it's US dollars or Canadian dollars, it has to say it, so that, again, you know what you're paying and in what currency you're paying.

Additionally, ticket resellers and online resale platforms would be required to disclose the original face value of the ticket and the precise seat location as well as the identity of a commercial reseller, so people buying tickets can make informed decisions. There has to be the face value, the all-in price, on the ticket, so you know exactly what you are paying, and the seat location, so you know you actually have a seat. That's very important to transparency measures.

Finally, in addition to creating a number of new rules, our changes will help make sure that these measures are being followed. This will be a joint effort with my colleague the Minister of Government and Consumer

Services, whose ministry already has a strong track record of protecting consumers in our province. If passed, our bill would give the Ministry of Government and Consumer Services new inspection and investigation powers to help protect consumers and to ensure greater transparency for consumers when they buy a ticket.

Through Consumer Protection Ontario, the ministry could receive immediate complaints from consumers and take proactive steps to help ensure that fans in Ontario know their rights. If it is found that the rules are still being violated, they would be able to enforce the law through administrative monetary penalties, compliance orders and new provincial offences.

While we believe that the government has a critical role to play in enforcement, we also want to allow for self-regulation within the industry. This is why our bill, if passed, would introduce new private rights of action. This means that consumers and ticket businesses would have the right to sue if they suffer a loss as a result of someone not playing by the new rules. This would give industry members the opportunity to play a role in reducing unfair ticket selling or reselling practices.

#### 1000

To help make sure that the rules can be enforced, we would require any business selling tickets in Ontario to be incorporated in either Ontario or Canada or to maintain an address in Ontario to again create that nexus so that we can enforce our rules for the businesses that operate in Ontario. That means that, whether or not they're physically located in the province, businesses can more easily be held legally accountable for their actions if they do break the law.

Since we announced these changes back in the summer, I have heard a number of concerns that I would like to address. One of the arguments I hear time and again is that it isn't the government's role to regulate in this area at all and that the issues we are talking about here are just functions of the free market and should be left to the market to resolve.

I have a number of issues with this line of reasoning, and I could point to any number of examples of cases where the government intervenes because the free market creates situations that are unfair to regular people.

When people work to get around industry-set limits on ticket quantities—buying more tickets at once than are available to anybody else—that is like someone cutting in line. Even beyond that, I would argue that the predatory resale market we are currently experiencing does not represent a functioning free market. When bots are used to buy up large numbers of tickets, they drive up the cost to consumers by creating artificial scarcity in the marketplace. Unregulated ticket resale is also bad for the industry and the economy more broadly. An unregulated market raises prices but does not generate any additional revenue for the people who do the work to put on these events—the athletes, artists, casts, crews, venues and promoters that make these events possible. That's why we need to make some regulations in this marketplace and protect consumers: because of the unfairness that exists in this particular economy.

Speaker, you've heard that this bill has been over a year in the making. The response has been incredible. I would like to take the time now to read off a couple of quotes from people within the industry who have publicly declared their support of Bill 166.

I'll share with you what Rob Baker of the Tragically Hip said: "Support from our fans is what makes being an artist so great. So, hearing that our tickets were being bought by scalper bots, leaving real fans shut out from our shows, was terrible. We've got an opportunity right now to do something about it. The government is listening—I encourage all fans of music, theatre, sports to make your voices heard."

We have had very supportive quotes from David Mirvish of Mirvish Productions. The Arkells, a great Ontario band, also support our approach.

I really strongly feel that these changes will make Ontario a leader when it comes to making sure that we protect our consumers and we put fans first. Like I said, there's no one foolproof system. All other jurisdictions, like New York and the United Kingdom, are looking at this issue. I think we have generated a lot of attention from them in terms of the steps we are taking.

I do want to thank a lot of people who have done the hard work. In particular, one person I want to thank is Dave Phillips, who was my chief of staff up to a few weeks ago—he has gone back to his previous role—who worked really tirelessly on this very issue and gave me a lot of good guidance and support in developing the very thoughtful, reasonable policy options that are part of Bill 166. So I want to give a special shout-out to Dave Phillips on the work he has done and thank him for his service to Ontarians. This was his second round at Queen's Park of duty to public service—a solid guy with lots of intellect. I wish him the very best in his new career.

**The Acting Speaker (Mr. Rick Nicholls):** Questions and comments?

**Mr. Jim McDonell:** It's always a privilege to rise in the House. It's interesting—listening in the last little while on the ticket sales—how it took the government reacting to polls. It's no way to run the province. If you go back, they made changes in 2015 that allowed a lot of this to happen. If you look back through the information, you see that private donors benefited greatly from these changes made at that time. So it's the same old story that we see over and over again.

I know that the Tragically Hip concert brought this to light because of the extreme abuse that happened in that case, but it shouldn't take that to force government legislation.

This has been coming along. I know the Internet has kind of caught them by surprise—I guess it's not surprising, when we see the record on technology when it comes to computer-based programs that they have. But I think, when you look at this, this is long overdue. Changes that were made allowed this to happen.

I think everybody has seen some of this happen at one time or another. A colleague of mine purchased four

tickets for a hockey game, and three of them were not active at the gate. Those are the things that have been happening for years.

If I go back, I purchased some tickets for a Montreal Canadiens game a couple of years ago. Tickets through Quebec on the Internet were bought basically at face value—a great system, something we could have mirrored. We don't have to go back and reinvent the wheel all the time. Other provinces are way ahead of us because they're active on these files. I think it's time that we look around at the good systems that are in place, copy them and put them in place. These bots are not that new.

**The Acting Speaker (Mr. Rick Nicholls):** Further questions and comments?

**Ms. Jennifer K. French:** I'm glad to be able to make a few quick comments in response to those made by the government on Bill 166, the Strengthening Protection for Ontario Consumers Act.

I had the opportunity to give this some thought last week when we heard that this bill was being tabled, and we were looking forward to finding out if it would indeed make the changes that are needed. As the Attorney General commented, some people are going to say that this is the government's fault. I will. I'll say it. I'm happy to say that the scalper bot loophole may have been inadvertently created because, as the Attorney General admits, the technology maybe moves faster than regulation. It's a fair comment. We need our government to make sure that when they do catch up with some of these inadvertent technological loopholes, they fix them.

I'm glad we're having this conversation because folks out in our communities cannot keep up with computers, cannot keep up with the scalper bots. We need a mortal portal, I would say, because regular folks can't click that as fast as a bot can. But to that point, there are a lot of folks in Ontario, all things being equal—if you take scalper bots out of this equation and you say, "You know what? May the quickest clicker win," then nobody in the north and nobody in our rural communities will get to see a show or get to go to a venue, participate in their communities and enjoy that entertainment because they don't even have broadband. Every time we talk to our northern or rural folks, they say, "We don't have access to the kind of Internet that allows us to participate the way folks in Toronto do." Just as a point for the Attorney General, maybe we can work on that, too. As technology evolves, let's actually let it evolve and include the rest of Ontario in that.

I'm glad we're having this conversation. I hope everyone can afford to participate in their community the way they want to because, Lord knows, we all need entertainment when we deal with this government on a regular basis.

**The Acting Speaker (Mr. Rick Nicholls):** Further questions and comments?

**Mr. Mike Colle:** I would like to really thank the minister of consumer affairs, Tracy MacCharles, for the incredible amount of work on some very difficult problems that have been looked at. They've been



reformed, but then they keep needing more work in areas that really affect ordinary people—that is, buying a home and home warranties. We're finally making sure that Tarion is doing the job it's supposed to be doing. The work with real estate—again, the double-ending that some agents do; they represent the buyer and the seller. That is going to be stopped. Also, critical work in the travel industry, like she said. I know the NDP think things can be solved with a comment in the House, but the reality is, 79% of the purchases of airline tickets are now done online. It's not the old NDP way of bricks and mortar anymore. It's online reality that we're dealing with in this bill.

I want to thank the Attorney General for stepping in and doing something that other jurisdictions are just starting to do, except for maybe New York, and that is dealing with the scalping that's taking place when people buy entertainment and sports tickets. The computer bots are skewing the market. This is a complicated issue because you're dealing with offshore entities that have no controls. This is a serious attempt to deal with that computer reality.

I want to congratulate the minister and all the people who consulted with him. I want to thank the member for Kingston and the Islands, who put forward the private member's bill—I call it the Tragically Hip bill—and great work on Bill 22 coming here—

**The Acting Speaker (Mr. Rick Nicholls):** Thank you very much.

Further questions and comments?

**Ms. Sylvia Jones:** It's a pleasure to join the debate on Bill 166. It's always interesting to hear the leadoff speeches, because in a positive situation, you actually get some of the theories and ideas about why the government has brought forward Bill 166.

But I want to leave people with two very important reminders. There was a lot of discussion this morning about bots and access, and how the computer technology is changing. I would just like to remind people that half my riding is in the greater Toronto area, and we still need broadband. This is not going to solve all of the challenges that we have in rural Ontario, when there are parts of all of our communities, quite frankly, throughout Ontario—the more things you put online, the more that you access electronically, it becomes more and more critical to figure out how we can assist communities in getting broadband access.

The second thing is that I'm not sure when the last time was that any of you actually tried to get a reservation at Ontario parks.

**Mr. Jim Wilson:** Oh, it's a nightmare.

**Ms. Sylvia Jones:** Anybody who does that—it is, to my colleague's point, a nightmare. We talk about staying up till midnight, because at 12:01 you can get that magic spot at Algonquin or wherever you want to be. The stories and the challenges that people have accessing our beautiful provincial parks are quite disturbing, frankly. If the government could spend a few weeks on improving that system and figuring out how Ontario parks could be

more available to all of us, that would be time well spent as well.

**The Acting Speaker (Mr. Rick Nicholls):** Back to the Minister of—I'll get it right; hold on—Government and Consumer Services for comments.

**Hon. Tracy MacCharles:** You got it, Speaker. Thank you.

I want to thank all the members who have spoken and provided comments on this bill. I want to wrap this up by saying that this is a really comprehensive bill. It's a really important bill to consumers. It's about having a safe and informed marketplace for consumers so that people's hard-earned dollars are protected, whether it's a small purchase or a major purchase or whether they're booking that long-awaited trip that we all save up for. It's about getting that fair chance at buying the tickets to see a favourite band or a concert; I want to acknowledge the work of the Attorney General on that part of it. And, of course, confidence when buying or selling a home—usually the largest, if not one of the largest, investments that we ever make in our lifetime: We want people to have confidence in that and the warranty coverage that goes with that, to protect that big investment.

That's why we're introducing this comprehensive legislation, the Strengthening Protection for Ontario Consumers Act. I think every MPP in this House should be supportive of this, because who doesn't want to see greater protections for consumers? Who doesn't want to see greater transparency and accountability? Who doesn't want to see greater enforcement and oversight of the rules when it comes to protecting consumers?

The Ministry of Government and Consumer Services is a very large ministry. We get lots of feedback on what is working and what isn't in the marketplace. This bill is responsive to that. This bill is based on consultations on all elements of the bill that we've been discussing here this morning. We've heard from industry people, we've heard from the experts, but most importantly, we've heard from consumers themselves: people who buy these kinds of services we're talking about, whether it's travel or whether it's a home. We have talked about strengthening rules around the real estate profession. These professionals are great people. We just want to tighten the rules and provide greater protections for consumers in Ontario.

**The Acting Speaker (Mr. Rick Nicholls):** Thank you very much.

*Second reading debate deemed adjourned.*

**The Acting Speaker (Mr. Rick Nicholls):** It is now almost 10:15, and this House stands recessed until 10:30.

*The House recessed from 1014 to 1030.*

#### SPECIAL REPORT, AUDITOR GENERAL

**The Speaker (Hon. Dave Levac):** I beg to inform the House that I have today laid upon the table a report from the Auditor General of Ontario respecting the fair hydro plan. Copies of the report are available to all members in the members' lobbies.

## INTRODUCTION OF VISITORS

**Mr. Ernie Hardeman:** I'm pleased to rise and recognize the Co-operative Housing Federation, who are here today. In the members' gallery are Simone Swail and Mary Ann Hannant, board member of CHF Canada, Ontario region. I welcome them to Queen's Park, and I encourage members to attend their event this evening in rooms 228 and 230.

**Ms. Cheri DiNovo:** It's a delight to introduce Erica Shiner and Sophia Shiner. Sophia Shiner happens to be engaged to my son.

**Hon. Reza Moridi:** It's my great pleasure to welcome Islamic scholars from India who are visiting the House today: Maulana Shaikh Mohammad Masood Azizi, Mr. Mohammed Abdullah Khan, Mr. Moaz Abdul Rehman, joined by my very good friend, Imam Dr. Saeed Faizi Nadwi of Richmond Hill.

Also, it is my pleasure to welcome Ahmed Demirtas and Mahmoud Demir, vice-consuls to the consul general of Turkey in Toronto.

Please join me in welcoming them.

**The Speaker (Hon. Dave Levac):** Welcome.

The member from Leeds–Grenville.

**Mr. Steve Clark:** Thanks, Speaker. I want to introduce to you, and through you, to the members of the Legislative Assembly, constituents from my riding of Leeds–Grenville who are here with OPSEU today: Cindy Ladouceur, Kevin Hudson, Deborah Blair, Shana Carley and our regional vice-president for OPSEU, Gareth Jones.

I also have constituents here with the Canadian Federation of Pensioners. I want to welcome my constituent Bill Byker, and also John White, John Stinson, William Harford, Dale Allan and Norm Leblanc. Welcome to Queen's Park.

**The Speaker (Hon. Dave Levac):** Welcome.

The member from Welland.

**Ms. Cindy Forster:** I would like to welcome all of the mental health workers who are here with us today—about 50 of them who are in the gallery—along with their president, Smokey Thomas, from OPSEU; Ed Arvelin, executive board member and chair of the mental health division of OPSEU; and Carol Mundley, the health and safety coordinator.

**Mrs. Cristina Martins:** It gives me great pleasure to introduce Yasmin Adina, who is my grade 11 co-op student from Bloor Collegiate Institute in Davenport. Welcome, Yasmin.

**Mr. Randy Pettapiece:** I'd like to introduce an old school chum of mine who I went to high school with, not too many years ago: Cody Cooper, who is here with the Canadian Federation of Pensioners.

**Mr. Taras Natyshak:** On behalf of MPP Wayne Gates from Niagara Falls, I'd like to welcome Pat Mete, who is here today. He's the father of page captain Thomas Mete. Welcome to Queen's Park.

**Hon. Kathleen O. Wynne:** I want to welcome the family of Linnea Lofstrom-Abary. She's a page from my

riding of Don Valley West, and her family members are here: Sunny Lofstrom, August Lofstrom-Abary, Hudson Lofstrom-Abary, Marilyn Lofstrom and Terry Lofstrom. Welcome to Queen's Park.

**Mr. Lorne Coe:** I'd like to welcome to Queen's Park Dale Allan and Norman Leblanc from the Canadian Federation of Pensioners.

**The Speaker (Hon. Dave Levac):** The member for Windsor–Tecumseh.

**Mr. Percy Hatfield:** Thank you, Speaker. As you heard, the people from the Co-operative Housing Federation are in the House today. I would like to welcome Denise McGahan, the program manager for co-operative services in southwestern Ontario; and also the Ontario region government relations coordinator for CHF Canada, Jacob Larocque-Graham, along with Simone Swail, of course. Welcome to Queen's Park.

**Mr. Granville Anderson:** I'd like to welcome Durham constituents Alanna Lyczba, Bill Harford, Brian Rutherford and Mike Black, who are here today with the Canadian Federation of Pensioners. Welcome.

**Mr. Jim McDonell:** I'd like to welcome a member of my riding who will be combining later on this afternoon: Bill Byker with the Canadian Federation of Pensioners.

**Mr. Taras Natyshak:** Representing the Canadian Federation of Pensioners, I'd like to welcome Cody Cooper, Norm Leblanc, Jeff Oliver, Ed Cukierski, John Augerman, Alanna Lyczba, Wayne Hill, Denise Cay, Gary Marnoch, Pat Mousseau and Peter Kraus to the Legislature today.

**Ms. Sophie Kiwala:** I would also like to welcome some members from the Canadian Federation of Pensioners: Peter Kraus from my riding of Kingston and the Islands; Dennis Hamilton, who's going to be watching from home; Tony Pompeo; John Stinson; Norm Leblanc; Seymour Trachimovsky; Bill Byker; and Jack Smith.

Also, I would like to give a very warm welcome and indoctrination to Akeel Lynch from the Ministry of Children and Youth Services. Welcome to Queen's Park.

**Mr. Todd Smith:** I'd like to welcome Kendra Moore, Amanda Christy and Sheila Sak. They all work at Providence Care in Kingston, and we'd like to welcome them to question period today.

**Mr. Gilles Bisson:** Well, Mr. Speaker, not often do we have people from all the way up in Timmins show up, but I'd like to introduce two people from the mental health association from Timmins: Maggie and Jason, and their colleague Carol, who's from New Liskeard, I believe—ah, I got it right. Thank you very much.

**Hon. Marie-France Lalonde:** It gave me great pleasure this morning to attend the OPSEU mental health division workplace health and safety day breakfast. I had the great pleasure of meeting and engaging with Gareth and Debby.

It also gives me the opportunity to say thank you for the hard work our corrections officers, our staff in our institutions, and our parole and probation officers do every single day.

**M<sup>me</sup> Nathalie Des Rosiers:** It's my great pleasure to invite, as well, people from the co-op housing federation:

David Waters, the president of the Co-operative Housing Federation of Canada, Ontario region; Harvey Cooper, the managing director; David Corson, board member of CHF Canada, Ontario region; and Dawn Richardson, the program manager of co-op services. Thank you. Welcome to Queen's Park.

**Hon. Kevin Daniel Flynn:** I was able to attend the breakfast this morning that was held by OPSEU. I'd like to welcome them all to Queen's Park; in particular, two people who work at Waypoint: Kathy Moreau and Pete Sheridan. Please welcome them to Queen's Park.

#### LEGISLATIVE PAGES

**The Speaker (Hon. Dave Levac):** Dear colleagues, a new batch of pages are going to be helping us. I would like to ask them to assemble to be introduced.

*Interjections.*

**The Speaker (Hon. Dave Levac):** A new batch.

With us from around Ontario:

From Timmins–James Bay, Abigail Collings; from Essex, Airika Natyshak; from Mississauga East–Cooksville, Alexander Arruda; from Bruce–Grey–Owen Sound, Andy Walker; from Mississauga–Brampton South, Asma Siddiqi; from Beaches–East York, Colin Angell; from Ottawa West–Nepean, Dana O'Brien; from Cambridge, Eliana Wallace; from Perth–Wellington, Erin Elliott; from Richmond Hill, Hannah Chen; from Elgin–Middlesex–London, Jacob Will; from Hamilton Mountain, Jebreel Alayche; from Don Valley West, Linnea Lofstrom-Abary; from Kitchener–Waterloo, Matthew Wahl; from Thornhill, Max Haim; from Haliburton–Kawartha Lakes–Brock, Payton Marsh; from Nickel Belt, Rochelle Lariviere; from Brampton West, Ryan Shahmohamadi; from Nipissing, Sheldon Kilroy; from York West, Swetlana Kumar; and from Niagara Falls, Thomas Mete.

Our pages for this session.

*Applause.*

**The Speaker (Hon. Dave Levac):** It is therefore time for question period.

1040

#### ORAL QUESTIONS

##### ENVIRONMENTAL PROTECTION

**Mr. Patrick Brown:** Mr. Speaker, my question is for the Premier. Yesterday, the Minister of the Environment committed to funding a health study to understand the localized impact of air pollution on Sarnia residents. Thank you to the government for finally recognizing the request from the member for Sarnia–Lambton.

But I want to make sure this isn't just another Liberal announcement. I would like to know if there's a timeline for the study. We need to see a clearer commitment. When can the residents of Sarnia expect the study to start, and what is the timeline going to be for results?

**Hon. Kathleen O. Wynne:** I know that the Minister of the Environment and Climate Change will want to speak to more of the specifics, but let me just say that we are absolutely committed to getting this study started. It makes perfect sense that we would undertake this with experts. Communities like Sarnia have been directly impacted by industry over the years, and we need to make sure that we do everything we can to understand exactly what the challenges are and to understand what the mitigations must be.

I will ask the Minister of the Environment and Climate Change to speak to the supplementary, Mr. Speaker, but we are committed to doing this and we are committed to starting immediately.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Mr. Patrick Brown:** Back to the Premier: The Premier said that she's absolutely committed to funding this, and it's good that that's finally happened, but since 2008, people have called for a study on this environmental concern.

For nine years studies have been stalled by this government. In fact, the Lambton Community Health Study got as far as a third planned phase. Industry in Sarnia stepped up, offering \$1.4 million, but the request made for similar funding to the province got rejected. This government refused for nine years.

I'd like to know specifically from the Premier: Why did it take this media exposure—why did it take Global TV—to finally get the government to accept the request from the member from Sarnia–Lambton?

*Interjections.*

**The Speaker (Hon. Dave Levac):** Be seated, please. Thank you.

Premier?

**Hon. Kathleen O. Wynne:** Minister of the Environment and Climate Change.

**Hon. Chris Ballard:** I'm delighted to be able to address this concern and the things that I heard and experienced when I was in Sarnia last to meet First Nations folks. In fact, I stopped in to meet with the local MPP for that riding to talk about the concerns of the community.

Speaker, I'll start with the fundamentals. As I said yesterday, every Ontarian deserves fresh air to breathe, clean water to drink and good, clean land to walk upon. That is a fundamental building block of vibrant communities. But we know that at times, the balance between the different needs of business and the environment has tilted one way or the other.

Communities like Sarnia have been directly impacted by this, and I know that, building on previous regulations to lower air pollution, we're committed, as the Premier said earlier—

**The Speaker (Hon. Dave Levac):** Thank you.

Final supplementary? The member from Sarnia–Lambton.

**Mr. Robert Bailey:** Back to the Premier: For nine years, this government has ignored the health concerns of the people of Sarnia–Lambton. There was nothing but shocking indifference from the Liberals. Premier, I per-

sonally raised this issue with your government in 2008 and in 2010. They have now committed to the study only after being publicly embarrassed.

The fact that it took nine years to commit to this study still leaves me and the community with concerns. Saying they are doing the study is one thing; committing and introducing a timeline is another. Mr. Speaker, will the Premier release the study's timeline today?

*Interjections.*

**The Speaker (Hon. Dave Levac):** Be seated, please. Thank you.

Minister?

**Hon. Chris Ballard:** As the Premier has said, as I've said, we're committed to funding a health study to understand the localized impact of air pollution on Sarnia residents. We're going to be working with those communities in the coming weeks to determine how best to do that. We have to get a formal proposal put in front of us, one that's updated, in order to respond to it.

But I'm going to say a couple of things. When the Leader of the Opposition was in Ottawa with the Harper government, they refused to fund the study 10 years ago—

*Interjections.*

**The Speaker (Hon. Dave Levac):** Stop the clock.

*Interjections.*

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

*Interjection.*

**The Speaker (Hon. Dave Levac):** The member from Nepean–Carleton will come to order.

Finish, please.

**Hon. Chris Ballard:** I'll also say that when I was in Sarnia visiting with First Nations, I stopped in to see the MPP for that area. We had a wonderful, casual conversation about what I've been hearing in the community and what he's been hearing in the community, and I'll say, Speaker, that not once was it raised with me that we need to study their health.

#### LABOUR DISPUTE

**Mr. Patrick Brown:** My question is for the Premier. For the second day, college students are not in class. It also happens to be midterm exams for many of them. Will the Premier allow students to miss their midterms, or will the Premier get both sides back to the bargaining table, so we can get students back in the classroom?

**Hon. Kathleen O. Wynne:** I am very concerned about students not being affected negatively by this situation. Of course I don't want students to lose this semester; I want them in class.

But I do believe that the collective bargaining process is one that has to be respected. We need to have the parties back at the table. That is where the agreement is going to be finalized. Both the minister and I have encouraged both sides to get back to the table, to make sure that that conversation is fruitful and that they can

come to an agreement. That's where the agreement has to take place.

I am very concerned about it. We are paying very close attention to it. I hope that in the very short future, we will see that the parties are at the table and they can hammer out an agreement.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Mr. Patrick Brown:** Again to the Premier: When this government was campaigning, they promised no more labour disruptions. They promised labour peace, and that students would be in the classrooms.

There have been three strikes at colleges over the last 50 years. In 1984, it was for 18 days. In 1989, it was for 20 days. In 2006, it went for 20 days once again. They promised us labour peace. You promised that students would be in the classroom.

**The Speaker (Hon. Dave Levac):** Through the Chair.

**Mr. Patrick Brown:** Students can't afford, Mr. Speaker, not to be in class. They can't afford to miss their midterms. I know this is uncomfortable for—

*Interjections.*

**The Speaker (Hon. Dave Levac):** Order. Actually, both sides are disruptive.

Please finish.

**Mr. Patrick Brown:** I get that this is uncomfortable for the government. The labour peace they promised has not been realized. But I want to see students in the classrooms. I want to see students back at colleges. So my question is: Is the Premier going to do everything she can to get both sides back to the bargaining table?

*Interjections.*

**The Speaker (Hon. Dave Levac):** Be seated, please. Thank you.

Premier?

**Hon. Kathleen O. Wynne:** Yes, I am, and so is the minister. We're going to do everything we can to get both sides back to the bargaining table.

I appreciate the history lesson from the Leader of the Opposition, but he missed 1995 to 2003. What happened in those years, Mr. Speaker? I think that in those years, from 1995 to 2003, there were 26 million student days lost in this province. I think of high school kids and elementary school kids all over this province who were out of school week after week after week because there was a government of the day that didn't support the labour movement, didn't support collective bargaining and actually didn't believe in publicly funded education.

**1050**

Mr. Speaker, we'll do everything we can to get both sides back to the table and make sure there's an agreement.

*Interjections.*

**The Speaker (Hon. Dave Levac):** Be seated, please. Thank you.

*Interjection.*

**The Speaker (Hon. Dave Levac):** The member from Renfrew–Nipissing–Pembroke, come to order.

A reminder to those over on this side: I'm standing.

Final supplementary.

**Mr. Patrick Brown:** Again to the Premier: When the Premier presented herself for public service, she said that she was running to fight what she saw as school closures and labour disruptions. The reality is, there are more school closures, and now we have labour disruptions, whether it's with physicians or educators. What this government has now become is what they said they were running against.

What this all comes down to is, how does this affect students? Let me share with you a quote from a student in Thunder Bay: "I was very concerned ... I have a scholarship and I'm just here for another month. If I lose classes, that might affect my scholarship." You've got a student worried about their academic year, and right now, we have the government trying to blame others.

Yesterday we had the Deputy Premier saying that we can't get involved. Now today, we have the Premier saying that they will get involved. I want to know what this government is going to do to get students back in the classroom. Don't make us wait 20 days or 40 days; students need to be in the classroom.

*Interjections.*

**The Speaker (Hon. Dave Levac):** Be seated, please. Thank you.

Premier?

**Hon. Kathleen O. Wynne:** Look, my concern is for the students, and that has always been my concern. The Leader of the Opposition in fact misinterprets what I have said about why I got into politics. I got into politics because I believe so firmly in publicly funded education. Part of publicly funded education is the reality that we have labour unions, we have federations; we have ongoing discussions among the partners in education.

Will I do everything in my power to make sure that we encourage the parties to get back to the table? Yes, I will, Mr. Speaker. But will I undermine the collective bargaining process? Will I take action—

*Interjections.*

**The Speaker (Hon. Dave Levac):** The member from Windsor West, come to order.

Wrap up, Premier.

**Hon. Kathleen O. Wynne:** It is always an uncomfortable position for everyone and a very, very distressing situation when people are not able to go to their classes. I know that the instructors and the teachers who are out don't want to be out either. They want to be in the classroom with their students. We'll do everything we can to get everyone back to the table.

## HOSPITAL FUNDING

**M<sup>me</sup> France Gélinas:** Ma question est pour la première ministre. Two weeks ago, we learned that Peterborough regional hospital is opening up 24 unfunded beds just to try to keep up with the number of people needing hospital care. Unfunded beds are beds that open without any help from this Liberal government.

According to the hospital, the money to operate those beds is being diverted from their reserve fund, a fund

specifically earmarked for investment in capital and infrastructure. How does the Premier expect hospitals to plan for their future when she's forcing them to use their savings just to meet their current operational needs?

**Hon. Kathleen O. Wynne:** I know the minister is going to want to speak to the specifics of this situation, but let me just say that we have injected billions of new dollars into the health care system, including 500 million new dollars for hospitals as a result of our last budget. I have a lot of faith in our local health integration networks and our hospital administrations as they look at the specific situations in their communities and make decisions based on their circumstances.

As I say, I don't know the specifics of the decisions that have been made by the administration at the hospital in Peterborough. What I do know is that there are intelligent decisions being made around the province with the support of the government, with the support of new dollars to deal with the circumstances in each of those communities.

I think that it is our responsibility to continue to work with hospitals and other health care providers to make sure that they can make those decisions based on the interests of the people in their communities.

**The Speaker (Hon. Dave Levac):** Supplementary?

**M<sup>me</sup> France Gélinas:** Opening up these 24 unfunded beds will cost the Peterborough hospital \$1.8 million just this fiscal year. The hospital will need \$4 million more year after year to keep those beds open. According to internal documents that we at the NDP released today, occupancy rates in both mental health and acute care units have been consistently higher than what is considered safe.

Will the Premier commit right now, today, to funding these additional beds so that the good people of Peterborough get the hospital care they need?

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

**Hon. Eric Hoskins:** I congratulate the Peterborough hospital for the tremendous efforts that they're making, not only in providing the highest quality of care to the residents in and around Peterborough, but for managing their health system effectively. In fact, this year alone, they were one of the hospitals in this province that received the biggest increase in their operating budget. On average, we increased the hospital operating budgets by 3.1% this year, but Peterborough received a new injection to their base of \$9.4 million, which represents a 4.3% increase in their operating budget.

Mr. Speaker, it continues to amaze me that for every effort that we make, whether it's through a budget that they've rejected or through the consideration of the Humber Finch site project proposal for ALC, for relief of capacity challenges, that member and that party continue to oppose those efforts.

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

**M<sup>me</sup> France Gélinas:** The occupancy rate for Peterborough acute care beds reached 99% in May of this

year. Both the mental health and the acute care units are also operating unconventional beds, Speaker. Do you know what that is? That's a fancy word to mean that you admit people into hallways, into broom closets, into waiting rooms—the list goes on—with no privacy or human dignity.

How can the Premier continue to turn a blind eye to the overcrowding, to the hallway medicine crisis in our province, when hospital after hospital are at overcapacity and Ontario families needing hospital care are paying the price?

**Hon. Eric Hoskins:** The member opposite knows that the vast majority of hospitals in this province operate well below capacity, well less than 100% capacity, and we are making those investments, that half a billion dollars that was referenced. In fact, in Peterborough just last Friday there was an important announcement by the member from Peterborough of \$2 million in brand new capital for the creation of a new Peterborough hospice, which is great news for that community, and it reflects the hard work that they're doing.

But, Mr. Speaker, I have to go back once more to the fact that in their tenure as government, they closed 24% of all acute care beds in this province. They closed 13% of the mental health beds. They closed a total which is only beaten by the Conservatives, which approached 10,000—

*Interjections.*

**The Speaker (Hon. Dave Levac):** New question.

#### HOSPITAL FUNDING

**M<sup>me</sup> France Gélinas:** Ma question est pour la première ministre. Peterborough is not the only hospital struggling right now, and it is not just acute care that is overcrowded either. We at the NDP have released very shocking and disturbing internal statistics that show mental health units are overcrowded in Sudbury, Kitchener, Oshawa, Etobicoke, Mississauga and Toronto, and the list goes on.

**1100**

Mental health care has been ignored and underfunded by this Liberal government for years now. How does the Premier expect front-line health care workers, particularly those who work in mental health, to provide the quality care that patients need when they are constantly understaffed and running off their feet?

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

**Hon. Eric Hoskins:** We are making unprecedented investments in mental health and addictions across this province. As recently as the spring budget, we made and announced an \$80-million investment that that member and that party voted against, which represents cumulatively \$140 million over three years—unprecedented, first of its kind in the entire country. It's a significant investment in cognitive behavioural therapy, a form of interventional therapy which is highly proven and highly effective, particularly for individuals with anxiety dis-

orders or with depression, for example. We were the first, and are the first, in the country to actually fund that program.

We're funding more supportive housing; we're funding youth wellness hubs—all in the spring budget that that member voted against.

**The Speaker (Hon. Dave Levac):** Supplementary?

**M<sup>me</sup> France Gélinas:** The Premier and her minister seem completely unconcerned with the large number of Ontario hospitals operating way above safe capacity. She seems completely unconcerned that people struggling with their mental health have access to only a few scattered services in overcrowded hospitals. How can the Premier look at these numbers and how can she hear those horror stories that go to her office and not realize that the problems in our mental health system are real?

**Hon. Eric Hoskins:** Mr. Speaker, I think one thing we can all agree on is that we need to make more and greater investments in mental health. I've said repeatedly that we need to look at mental health services the same way we do physical health services. They're two sides of the same coin, and there's no health without mental health.

But we are making those investments. In this year's budget alone, again, \$13 million in new funding for specialty mental health hospitals. We made investments for 1,000 more supportive housing spaces; \$48 million for specialized mental health services at St. Joseph's Care Group in Thunder Bay; \$5 million to Youthdale Treatment Centre; a brand new inpatient mental health program and unit at the Royal Victoria in Barrie specifically for children and youth; an inpatient unit and an outpatient unit at Georgian Bay hospital; a new renovation for mental health that the member from Burlington announced just last week, a new hospital—

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

**M<sup>me</sup> France Gélinas:** The Ontario Hospital Association has called for immediate and ongoing funding just to make it through the flu season. OPSEU mental health care workers—some of them are with us today—are calling for more front-line staff. The Premier and her minister like to tout her last budget in response to this serious question, but even that budget shortchanged our hospitals by over \$300 million. It seems to me, Speaker, that the Premier, her minister and her entire government are completely out of touch on this issue.

Why won't this Liberal government stop playing politics with people's health and with people's access to care, admit that there is an overcrowding and hallway medicine crisis in our hospitals and do something right now to fix the mess they've created?

**Hon. Eric Hoskins:** Once again, I don't deny that there are challenges in our health care system, but we need to be careful that we represent the system effectively and transparently and authentically. We have the Fraser Institute, if you can believe it, that has consistently ranked Ontario's health care system as having some of the shortest wait times in Canada. The Wait Time Alliance has given us straight As as well, Mr. Speaker.

We've invested in the spring budget \$11.5 billion over the next three years into our health care system. I don't know how the member opposite can possibly characterize that as anything other than an unprecedented investment, which is even separate from the \$20 billion in capital investment over the next 10 years in our system. But perhaps it's because she's reflecting upon their time in government, when they made drastic cuts to the health care system, when they cut \$20 million from our psychiatric hospitals and they closed 13% of all mental health beds in the province.

#### HYDRO RATES

**Mr. Patrick Brown:** My question is for the Premier. Tabled just minutes ago is another damning report by the Auditor General. The "unfair" hydro plan will cost Ontario up to \$4 billion more than necessary. That means Ontario families will have to pay an additional \$4 billion just for the Liberals' re-election campaign. This scheme, the "unfair" hydro plan, is about one thing and only one thing, and that's the Liberals' re-election. It's not about paying hydro bills. It's not about helping Ontario families. This is just about the partisan interests of the Liberal Party of Ontario. The Auditor General makes that abundantly clear.

What I want to know, Mr. Speaker, from the Premier, is: How can she justify blowing \$4 billion to help the Liberal Party?

*Interjections.*

**The Speaker (Hon. Dave Levac):** Be seated, please. Premier?

**Hon. Kathleen O. Wynne:** I appreciate the work that the Auditor General has done. The reality is that families across this province, individuals across this province were saying that the cost of their electricity prices were going up too high—

*Interjection.*

**The Speaker (Hon. Dave Levac):** The member from Leeds–Grenville.

**Hon. Kathleen O. Wynne:** —and they were going up too quickly.

*Interjections.*

**The Speaker (Hon. Dave Levac):** Right after I asked him, he shouts another one. The member from Leeds–Grenville, second time, and the member from Bruce–Grey–Owen Sound.

Carry on.

**Hon. Kathleen O. Wynne:** Mr. Speaker, I have acknowledged many times in this Legislature and outside this Legislature that the investments had to be made because we had a degraded electricity system in this province that we needed to rebuild. There was a cost associated with that. I've been quite open about that.

*Interjections.*

**The Speaker (Hon. Dave Levac):** The member from Leeds–Grenville is warned.

The member from Prince Edward–Hastings: Oh, I knew.

**Hon. Kathleen O. Wynne:** Mr. Speaker, I hear heckling from the other side that this is partisan. This is not partisan. This is about people needing to have the reliability of turning on a light switch and the lights coming on. In 2003, we had blackouts and brownouts. The lights weren't coming on. We've rebuilt the system, and people needed a break.

*Interjections.*

**The Speaker (Hon. Dave Levac):** Stop the clock, please. Be seated, please.

**Mr. Paul Miller:** Get the mustard out for the baloney.

**The Speaker (Hon. Dave Levac):** The member from Hamilton East–Stoney Creek.

*Interjections.*

**The Speaker (Hon. Dave Levac):** Start the clock.

Supplementary?

**Mr. Patrick Brown:** Back to the Premier: The way this government chose to do their "unfair" hydro plan cost Ontario families \$4 billion. This is your decision. This is the path you picked. The Auditor General makes that unequivocally clear. It also confirms another thing: that the Liberal Party, in the way they're doing this, cooks the books.

You read the direct quote—Mr. Speaker, this is a direct quote—"They're making up their own accounting rules." Can you imagine that? A direct quote: "making up their own accounting rules." She also unearthed the fact that ratepayers will be charged more than the actual cost of electricity being produced in order to pay back borrowing. This is cynical politics at its worst: making up your own rules and charging Ontario families more to serve the partisan interests of the Liberal Party.

My question for the Premier: Why won't she just come clean and admit to Ontario families that she's blowing—

*Interjections.*

**The Speaker (Hon. Dave Levac):** Stop the clock. Be seated, please.

I am not prepared to accept the terminology that was used, so I'll ask the member to withdraw.

**Mr. Patrick Brown:** What terminology? Withdraw the direct quote?

**The Speaker (Hon. Dave Levac):** You know it doesn't matter, because you can't say indirectly what you can't say directly.

*Interjection.*

1110

**The Speaker (Hon. Dave Levac):** The Minister of Indigenous Relations and Reconciliation, come to order. This is the kind of thing that I'm not impressed with when we start doing personal comments, and it will stop now.

Premier?

**Hon. Kathleen O. Wynne:** Minister of Energy.

**Hon. Glenn Thibeault:** Our government thanks the Auditor General for her review of our plan to reduce electricity bills for all residential consumers by an average of 25%. Families in this province have asked for real and immediate relief on their electricity bills, and

that's why we have delivered the largest rate reduction in Ontario's history. Since 2003, nearly \$70 billion have been invested in the electricity system, including more than \$37 billion in electricity generation, to ensure that our system is clean and reliable.

Mr. Speaker, as we all are aware, the Auditor General's report is technical in nature, and I understand she will be discussing it with the media and members of the Legislature at 12 p.m. today. We've also been addressing some of these points at the Standing Committee on Estimates. In respecting the independence of the province's officers of the Legislature, including the Auditor General, our government will respond to the report following her news conference.

### HYDRO RATES

**Mr. Peter Tabuns:** My question is to the Premier. Last May, the Financial Accountability Officer revealed that the Premier's so-called fair hydro plan will not reduce hydro costs but merely postpone payment of those costs until after the next election. In the long run, Ontario families will pay billions more under the government's scheme than they would have paid without that scheme. And today, the Auditor General revealed that the government is wasting \$4 billion on an Enron-style accounting scheme whose sole purpose is to hide this truth from the public.

Why is the Premier forcing Ontario consumers to pay \$4 billion just so she can mislead the public about her hydro borrowing scheme?

*Interjections.*

**The Speaker (Hon. Dave Levac):** No, no. Be seated, please. The member will withdraw.

**Mr. Peter Tabuns:** Withdraw.

**The Speaker (Hon. Dave Levac):** Thank you. Premier?

**Hon. Kathleen O. Wynne:** I know that the President of the Treasury Board is going to want to comment, but let me just say again that we appreciate the work the Auditor General has done. I have said that it was absolutely necessary to make the investments that were made, to rebuild a degraded electricity system; that there was a cost associated with those, and that therefore the costs of electricity were going up quickly and they were going up to a very high rate, particularly in some parts of the province, in some of the rural and northern communities.

We responded by putting in place a plan that, again, I have said publicly we knew that over the long term was going to have a cost associated with it. But we also know that the asset that has been built and rebuilt will last for a number of generations, and we spread that cost over a longer period of time.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Mr. Peter Tabuns:** That was not a satisfactory answer. The Premier is spending \$5.5 million in public money to tell Ontarians that hydro costs are going down when we know they're actually going up. And now the

Auditor General has revealed that the Premier is forcing ratepayers to pay \$4 billion in an Enron-style accounting scheme designed to conceal this truth from Ontarians.

Instead of adding billions in needless costs onto the hydro bills of Ontario families, will the Premier finally admit that her misguided hydro borrowing scheme will make everyone worse off in the long run?

**Hon. Kathleen O. Wynne:** President of the Treasury Board.

**Hon. Liz Sandals:** When I think back to 2003 and I think of my own riding of Guelph, I think about a part of Ontario that never used to have smog days. The reason we had smog days was because of coal generation. We have invested a lot of money into the Ontario hydro system to make sure we get rid of coal-fired generation. And do you know what? We don't have smog days—

*Interjections.*

**The Speaker (Hon. Dave Levac):** Through the Chair. Finish, please.

**Hon. Liz Sandals:** But we also know that consumers have been struggling with the cost of electricity bills. That is why we brought in the fair hydro plan to reduce the cost of hydro for people throughout Ontario, for average families.

What we also know is that the auditor has tabled her fair hydro report today. We appreciate her work. We'll respect the auditor going forward with her conference at noon. We will—

**The Speaker (Hon. Dave Levac):** Thank you. New question.

### TRANSFORMATIVE TECHNOLOGIES

**Mr. Arthur Potts:** My question today is for the Minister of Research, Innovation and Science.

I understand the minister was recently in Quebec with a number of his colleagues to strengthen Ontario and Quebec relations. It's my further understanding that the visit went very, very well; it was quite successful. Now more than ever, it is important for all provinces to come together, collaborate and share initiatives and innovative ideas that will improve the lives of Ontarians and Canadians.

I understand that during the visit, the minister signed a memorandum of understanding for Ontario-Quebec collaboration on artificial intelligence. Could the minister tell the members of this Legislature a little bit more about the memorandum of understanding that was signed and how we are promoting the development of artificial intelligence in the province of Ontario?

**Hon. Reza Moridi:** I want to thank the member for that question. I'm sure my colleagues have heard me say this time and time again: The key to innovation is collaboration. That's exactly why I was in Quebec City signing a memorandum of understanding with Minister Anglade of the Quebec government.

This MOU with Quebec will allow each province to build on its existing strengths in the field of artificial intelligence through multi-sector collaboration. Ontario



and Quebec are being presented with an incredible opportunity to work together in creating expertise in the field of artificial intelligence, expertise that will keep both jurisdictions competitive around the globe for the years to come.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Mr. Arthur Potts:** Thank you, of course, to the minister for his answer and for the great leadership he's showing on building capacity in artificial intelligence. Ontario is well regarded as a leading jurisdiction in AI research.

Last week, I read that the minister signed another memorandum of understanding between Ontario and the British High Commission in Ottawa. I'm pleased to see that the minister is doing everything in his power to build these important relationships with other jurisdictions around the world. As I said earlier, it's a time when the world is increasingly becoming closed off and isolationist, and it's wonderful to see that this government and our representatives are pushing for collaboration on issues of importance to all Canadians.

Could the minister please elaborate on the memorandum of understanding that was signed with the British High Commissioner?

**Hon. Reza Moridi:** Again, I want to thank my colleague for that question. As well, I want to thank him for sharing my opinion on collaboration as key for innovation.

Last week, I signed a memorandum of understanding with the British High Commissioner to enhance and strengthen our efforts to pursue common goals in the field of transformative technologies. Past investments by the government of Ontario in transformative technologies include:

- \$130 million for next-generation networks;
- \$80 million for autonomous vehicles;
- \$50 million for the Vector Institute for Artificial Intelligence;
- \$50 million for the Perimeter Institute for fundamental physics; and
- \$20 million for the Quantum Valley Ideas Lab.

Collaboration between Ontario and the UK will yield sustained economic relations, encourage industrial relations, foster research and development, and help us both harness best scientific practices.

## MANUFACTURING JOBS

**Mr. Todd Smith:** Thanks to the Auditor General for her report today. We know that the Premier and the Liberal government blew \$1 billion in the gas plant scandal to get re-elected. Now we know that they're going to double down as a result of the report. They're not even going to double down, Mr. Speaker; they're quadrupling down to—

*Interjections.*

**The Speaker (Hon. Dave Levac):** Stop the clock. First of all, I need to know who, and I'll ask you in a moment.

The Minister of Community Safety and Correctional Services will come to order, and the President of Treasury Board will come to order.

**1120**

**Mr. Todd Smith:** To the Premier, Speaker.

**The Speaker (Hon. Dave Levac):** Thank you.

**Mr. Todd Smith:** We know that the Premier was responsible for the billion-dollar scandal with the gas plants. We now know that this scandal that has been uncovered today by the Auditor General is a \$4-billion scandal. This government is doubling down—it's quadrupling down using taxpayers' dollars for its re-election ploy.

If the Auditor General's report isn't scathing enough, we have a report from the Financial Post this morning that released stats on the loss of manufacturing jobs as a result of the Green Energy Act, which got us into this mess in the first place. The report states that we have lost 75,000 jobs in Ontario in the manufacturing sector—a direct result. Why is the Premier continuing to defend this policy?

*Interjections.*

**The Speaker (Hon. Dave Levac):** Stop the clock. Be seated, please.

Premier?

**Hon. Kathleen O. Wynne:** Minister of Economic Development and Growth.

**Hon. Brad Duguid:** I just came from the Canadian Manufacturers and Exporters annual general meeting. I can tell you one thing: Our exporters and our manufacturers are tired of opposition members talking down the incredible progress they have made: working through the global recession, emerging stronger here in this province, and creating 12,000 net jobs in the manufacturing sector alone in the last year alone. It's not fair to talk down that hard-working sector, leading the country in growth, helping us create 800,000 net new jobs across this province. It's time for that party to start supporting our manufacturers rather than denigrating them.

*Interjection.*

**The Speaker (Hon. Dave Levac):** The member from Simcoe-Grey will come to order.

Supplementary?

**Mr. Todd Smith:** Back to the Premier: We're getting a very, very different story on this side of the House when it comes to job losses in Ontario and companies that are hanging on by a thread in Ontario because of the policies of this government.

In this study done by the Financial Post, it shows that 75,000 manufacturing jobs left Ontario as a result—a direct result—of the Green Energy Act. It's a mess. It's a mess for our employers over there. It's a mess for our manufacturers.

The Auditor General has pointed out today that this government is willing to blow another \$4 billion—that's \$800 per household in Ontario—for their re-election platform. It's unheard of, it's disrespectful and it has to stop. But there's no sign of them stopping. They got away with it once with the gas plants. They're going to do four

times the damage with this unfair Liberal hydro plan. Will they stop it now?

*Interjections.*

**The Speaker (Hon. Dave Levac):** Stop the clock. Be seated, please.

Minister?

**Hon. Brad Duguid:** Where was the opposition when we invested \$1.9 billion in our manufacturing sector to leverage \$18 billion in private sector investment and support 90,000 jobs? They were nowhere. They were opposing those investments. Where was the opposition when we were reducing regulatory burden on the manufacturing sector, when we brought in the industrial exemption? They were absolutely silent. Where was the opposition when the finance minister provided some pension solvency relief to this sector, saving them hundreds of millions of dollars? Where were they when we brought in the Smart Green Program, run by the Canadian Manufacturers and Exporters? Nowhere. Where were they when we brought in three different initiatives in the ICI, the industrial conservation initiative, to save our manufacturers billions of dollars? Nowhere.

They're all talk, no action. We stand up for our manufacturing sector, and that's why this province is up—

**The Speaker (Hon. Dave Levac):** Thank you.

New question.

#### PENSION PLANS

**Ms. Jennifer K. French:** My question is to the Premier. On Friday, an Ontario Superior Court approved a motion permitting Sears Canada to shut down operations, leaving 12,000 people with no job and no severance, and thousands of pensioners with a total pension shortfall of more than \$260 million. This will have a devastating impact on families in my community of Oshawa and across the province who have worked their whole lives counting on their pension being there when they retire.

Last year, I introduced a motion to ensure that pensioners are given top priority ahead of large corporations during bankruptcy proceedings. This government supported my motion unanimously, but I guess they've changed their mind or gone back on their word.

Will the Premier do the right thing, honour the commitment she made and stand up for Ontario's pensioners?

**Hon. Kathleen O. Wynne:** The Minister of Finance is going to speak to the specifics of the financial situation, but let me first say that it is obviously very, very hard on families when a business of this magnitude shuts down. My heart goes out to all of the people who are affected. We are working with the situation. We are working with all of the players, and we will do everything we can.

But in the first instance, the economy is shifting. There's no doubt about that—and there was just a lively exchange with the Minister of Economic Development and Growth and the opposition. The reality is that the nature of our economy is changing. Jobs are changing. There are jobs coming to Ontario. There are new jobs

that are opening. We talked about an investment in artificial intelligence. But there are jobs that are no longer because of the nature of the economy, the nature of retail, the nature of work. But my heart goes out to the families who are affected.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Ms. Jennifer K. French:** Again to the Premier: It's lovely that her heart goes out to them, but we hope that help will go out to them as well.

For pensioners, this isn't just an outstanding debt on a balance sheet, it's about keeping food on the table and a roof over their families. New Democrats have called for any revenue from liquidation sales to be used to fund Sears employees' pensions first, not more executive bonuses. And we'll continue to fight for laws that make this the case for all workers.

Does the Premier think that big corporations and executive bonuses should be the priority over pensioners?

**Hon. Kathleen O. Wynne:** Minister of Finance.

**Hon. Charles Sousa:** I appreciate the question and the concern. I know that members of the Canadian Federation of Pensioners are here today. One of them is a pensioner from Sears who's being affected by it as we speak. Only in Ontario will he have the benefit of a pension guarantee fund. Nowhere else in Canada is that available.

Furthermore, we are looking at making reforms that provide even greater support for pensioners going forward. Those are some of the reforms we've put forward. I know the member opposite is talking about the changes that should be enacted by the laws of Canada, and we recognize that and support that. But right now, we need to help pensioners today as it affects them today, and we are doing just that by the reforms we're making, working alongside the members and the pensioners, knowing that we must do our utmost to protect those pensions.

I can assure the members of Sears that 80% to 90% of them will get their full pension because of Ontario's guarantee. Furthermore, their pension assets are not affected by the bankruptcy. We'll fight for them all the way.

#### WASTE REDUCTION

**Mr. Shafiq Qadri:** My question is for the Minister of the Environment and Climate Change. Speaker, as you may know, today marks the second day of Waste Reduction Week in Canada. Over the course of this week, Canadians will be holding events to challenge themselves and encourage others to reduce waste. And just to be clear, we're talking about solid waste, not time.

In 2014 alone, 11.5 million tonnes of waste was generated in the province of Ontario. That means, on average, every person in Ontario generated approximately one tonne of waste per year. The events this week serve as opportunities for Ontarians to learn how they can reduce waste in their homes, communities and businesses, and through the Waste-Free Ontario Act, we're making it easier for Ontarians to do just that.

In recognition of Waste Reduction Week, can the minister please explain to this House what the government is doing to help Ontarians reduce waste?

**Hon. Chris Ballard:** Thank you to the member for that very important question. We're happy here to recognize Waste Reduction Week today. It really is an opportunity for all Ontarians to take the challenge to reduce waste in their daily lives.

As the member mentioned, Ontario generates millions of tonnes of waste each year. Currently, only 28% of that waste is being diverted from landfills. This results in \$1 billion in valuable resources lost each year to landfill. However, it's estimated that for every 1,000 tonnes of waste diverted from landfill, we could create seven jobs, \$360,000 in wages and \$700,000 in additional GDP. Our government recognizes the value of reinvesting these resources in the economy. That's why we took action by introducing the Waste-Free Ontario Act, so that Ontarians could be proud of the work being done to reduce waste across the province.

1130

**The Speaker (Hon. Dave Levac):** Supplementary?

**Mr. Shafiq Qadri:** I would like to thank the minister for his response. Speaker, as you will know, climate change is of course becoming an increasingly apparent global threat. We also know that managing waste and reusing our resources is a critical part of achieving our goal to reduce greenhouse gas emissions and moving towards a prosperous low-carbon economy.

Our climate change action plan commits to reducing emissions from waste and moving Ontario towards a circular economy. We recognize that diverting waste from landfill is not just about protecting our land and environment; it is also central to fighting climate change and creating a better future for Ontarians and our planet. That's why we're transitioning towards this circular economy.

Reusing and reinvesting resources allows us to keep resources within the economy, benefiting both the environment and the economic productivity of Ontarians. Speaker, can the minister please tell the House how the circular economy will improve Ontario's economy and the lives of Ontarians?

**Hon. Chris Ballard:** Thank you to the member for Etobicoke North for that follow-up question. Speaker, our government is committed to moving beyond the linear "make, use, dispose of" model to a new model that we refer to as the circular economy, where we make productive use of materials for as long as possible. We're also lowering the cost of recycling for Ontarians and providing them with more convenient recycling options.

By significantly increasing diversion efforts, Ontario will be supporting 13,000 jobs and adding \$1.5 billion to the province's GDP. We've also committed to reducing emissions of greenhouse gases from landfills, which account for about 5% of our total greenhouse gas emissions here in Ontario.

However, not everyone has joined the movement to reduce waste here in Ontario. In fact, the members of

both parties opposite voted against the Waste-Free Ontario Act in 2016.

During Waste Reduction Week, I urge all members to consider waste reduction.

## MENTAL HEALTH SERVICES

**Ms. Sylvia Jones:** My question is for the Minister of Infrastructure. Today, OPSEU members join us at Queen's Park to highlight the important issue of mental health in the workplace.

I'd like to highlight one of your so-called state-of-the-art provincial facilities, a facility that itself has been used as a weapon. One resident made a homemade sword out of the wall at Waypoint Centre. The provincial investigator found that "the patient was able to destroy their room to the point of accessing metal supports from behind the drywall, including the removal of a towel rack, and proceeded to construct weapons out of these materials."

No worker in this province should fear being attacked by homemade weaponry in any provincial facility, let alone homemade weaponry fashioned from the facility itself. Can the minister explain how the government allowed this to happen?

**Hon. Bob Chiarelli:** Minister of Labour.

**Hon. Kevin Daniel Flynn:** Thank you to the member for this very, very important question. Speaker, as we learn more about mental health in our society, some of the treatments have to be provided in secure facilities. We trust the care of those individuals to some of the people who have joined us here today, some of the people who joined us for breakfast this morning from OPSEU.

Let me tell you, I visited Waypoint myself personally; I plan to return in the fall. Some of the things we were hearing, and some of the complaints we were hearing, out of the institution were ones that we didn't want to hear at the Ministry of Labour. We sent our inspectors in. We realized there were some changes that needed to be made, Speaker.

What I have done is I've talked to the heads of four hospitals in the province: CAMH, Brockville, Ottawa and Waypoint. What I've asked them to do, and what I've asked Waypoint specifically to do, is to come back with a plan that deals with these issues. Once that plan is in place—I understand it will be, very shortly—I will return to Waypoint and take a look at the facility myself.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Ms. Sylvia Jones:** Back to the Minister of Infrastructure: Front-line workers know that the minister has not done enough. The ministry failed to provide a facility that would keep our workers safe. Our front-line workers and our nurses are not being put first by this government. This government is prioritizing the interests of Liberal insiders over the best interests of Ontarians.

Will the minister promise that any facility will be putting people first, not Liberal insiders?

**Hon. Kevin Daniel Flynn:** Thank you for the follow-up and thank you for the concern, because nobody should

go to work in the province of Ontario—no matter what job they do—thinking that they may be in danger. There are some unique hazards that are associated with these institutions, with this environment. In the past, it was accepted for our nurses, for people who looked after patients in these facilities, that there would be a certain risk. There was a tolerance to that risk. There was almost an expectation you would get hurt.

Speaker, that is simply not good enough. It's not good enough for me. It's not good enough for the Ministry of Labour. It's not good enough for this government. We're working towards rectifying it.

Some of the people who have come forward today are right. They're telling us about things that need to be corrected. We should be proud of the work we've done to date—not satisfied, but proud of the progress we've made to date on this issue.

#### ENVIRONMENTAL PROTECTION

**Mr. Michael Mantha:** My question is to the Minister of the Environment and Climate Change. Yesterday, we heard the minister promise a study on air pollution for Chemical Valley. Unfortunately, his government promised a similar study back in 2009, and it remains nowhere to be seen.

The government also promised to update its sulphur dioxide standard by the end of 2016. The current standard dates back to the 1970s and is nearly four times higher than the Canadian Ambient Air Quality Standards. Sulphur dioxide has been blamed for increased rates of asthma and other health problems in south Sarnia and Aamjiwnaang First Nation.

It's now 2017. Why has the minister failed to implement the new standards?

**Hon. Chris Ballard:** Thank you to the member opposite for that very important question. We do know that sulphur dioxide—SO<sub>2</sub>—is not something that, in any concentration above about 40 parts per billion, Ontarians should be breathing on a regular basis. That's why we continue to emphasize that clean air is critical for human health and to the environment.

I want to say that Ontario's actions have improved air quality significantly across Ontario over the past 10 years, with significant decreases in harmful pollutants like nitrogen dioxide, carbon monoxide, fine particulate matter and sulphur dioxide. The closing of coal plants is one of the main reasons we don't have the smog across much of southern Ontario and we have all of the ensuing positive health benefits that come with that.

We are looking at new SO<sub>2</sub> standards.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Mr. Michael Mantha:** Again to the minister: Flaring is a relatively common occurrence in Chemical Valley. When sour gas is flared, it releases sulphur dioxide. Unregulated flaring, along with the weak sulphur dioxide standard, is putting the health of Sarnia and Aamjiwnaang families at risk.

The Aamjiwnaang First Nation, the Anishinabek Nation Grand Council and the Assembly of First Nations have all called on the minister to update the sulphur dioxide standards. The government promised a new standard by the end of 2016. This government broke their promise.

When will the minister stop breaking this promise and finally update the sulphur dioxide standards?

**Hon. Chris Ballard:** Again, it's a very important question when it comes to air quality here in Ontario and all of the positive things that this ministry, this government, has been doing to reduce particulate matter and sulphur dioxide matters across Ontario.

In fact, Sarnia itself has seen some substantial reductions in emissions just in recent years. Sulphur dioxide has been reduced by 64%. Nitrogen dioxide has been reduced by 23%. Particulate matter has been reduced by 43%. So clearly, there are a lot of good things going on in Sarnia, but we need to do more, not only in Sarnia but right across Ontario; not only with sulphur dioxide, but with any chemical that is emitted by industry.

Speaker, we're on it. We're going to get this done.

#### INTERNATIONAL TRADE

**Ms. Ann Hoggarth:** My question is for the Minister of International Trade. Our government, through its foresight and prioritization of building relations with the world's established and emerging global markets, created a dedicated Ministry of International Trade. The ministry has worked hard to firmly establish its roots and has placed great emphasis on diversification. Just as diversity is a staple of our culture in Ontario, it too has become a characteristic of the way in which we do trade.

Upon the minister's return from trade missions, I'm always amazed to hear not only of the significant amount and scale of agreements being generated, but also the overwhelming interest in the growing amount of sectors that Ontario businesses have spanned.

**1140**

Speaker, can the minister elaborate on the importance of trade diversification and the implications it will have for Ontarians?

**Hon. Michael Chan:** I want to thank the member for asking the question. The member is correct: Our ministry recognizes the need for diversification and its important role in enhancing our economic success.

We focus on diversification through a two-pronged approach. First, we must diversify our markets. Currently we have free trade agreements with the EU, NAFTA and South Korea, among others. Canada is also in exploratory discussions with India, China and Japan. With these agreements in place, Canada will have preferential market access to over 1.2 billion customers.

Secondly, we must diversify the types of goods and services we wish to export. Sectors such as clean tech, AI, e-commerce, med-tech and financial technology are reshaping the business landscape. In broadening our trade horizons, we are both—

**The Speaker (Hon. Dave Levac):** Thank you. Supplementary?

**Ms. Ann Hoggarth:** It's wonderful to hear that the ministry's strategic plan to engage diverse markets is inclusive of all sectors and regions that contribute to the economic growth of our province. Diversity in trade means that nobody is left behind: no business, no sector and no riding.

This week, we are celebrating small businesses. Small and medium-sized enterprises make up 99% of Canadian businesses; thus, supporting SMEs is integral to our economic prosperity. Through Small Business Week, I continue to learn more about our government's efforts to support and help develop Ontario's small industries.

I'm curious to learn of the contributions which the Ministry of International Trade makes to the overall growth of our SMEs. Could the minister kindly expand on the array of supports his ministry provides to new and potential exporters looking to engage with the world's emerging markets?

**Hon. Michael Chan:** I want to thank the member from Barrie for her advocacy.

New and potential exporters can find the notion of engaging in export opportunities overwhelming. However, our ministry has implemented effective and reliable supports to ease this process. Our ministry has stationed international trade and investment offices in 15 key markets, such as Mexico, the EU, China, Japan, India and others, which work to enhance Ontario's businesses internationally.

As part of Ontario's international operations, we have also strategically placed in-market trade development representatives in priority markets like Chile, the Gulf region and southeast Asia. We encourage business owners across Ontario to contact our ministry to find out how they can take advantage of these resources.

#### DRIVER EXAMINATION CENTRES

**Mr. Michael Harris:** To the Minister of Transportation: Ontario's DriveTest licensing services are governed by a ministry oversight program that expects 90% of customers to spend 20 minutes or less waiting for the testing services all motorists require. Will the minister tell us the average wait time Ontario motorists are currently forced to endure in the lines winding out the doors of our provincial DriveTest centres?

**Hon. Steven Del Duca:** I appreciate the question from the member. There are DriveTest centres, as he has pointed out, in every corner of the province of Ontario, and he is right, if I heard correctly what he said, with respect to the standard that exists for those DriveTest centres.

I know that there are a number of communities—the Brampton area is one example—where there are some challenges with some of the wait times that exist. I also know, and I've said this to media who have asked this question over the last number of weeks, that the Ministry of Transportation is working with our contractor to

provide the service level that is expected in the contract and, frankly, is expected and deserved by the people who are using our DriveTest centres.

I expect that over the next few weeks I will have an update to provide with respect to this specific issue, but again, I do appreciate the member asking the question. I hope to have an update relatively soon with respect to some of the improvements or enhancements that we anticipate we will be making to the system.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Mr. Michael Harris:** It's this government and this minister that failed to ensure we are getting the services that we're actually paying for. Visit any one of these centres, Speaker, and you'll see long, winding lines and camp-out queues of young and old waiting hours or even days to book and take a test that's required for them to drive here in the province of Ontario. The cost of time off work, stress and frustration is mounting, while driving school instructors I met with from the minister's own riding say his inaction has left their students in costly DriveTest gridlock.

The contract with Serco provides the government auditing, performance, penalty and warning notice powers. As the wait times continue to grow, will the minister tell us when he will deliver those penalties and warnings to end the DriveTest gridlock we're all paying more and more for, here in the province?

**Hon. Steven Del Duca:** I appreciate the member's second question on this particular topic. As I said in my original answer, I anticipate that I'll have an update that can be provided publicly in the next number of weeks.

In the meantime, I will say to people who are using our DriveTest centres that we are aware that in some of those centres there's a bit of an ongoing challenge. We're going to keep working hard to resolve that challenge.

I look forward to providing that update and receiving support from that member when that update comes.

#### DEFERRED VOTES

##### PROTECTING A WOMAN'S RIGHT TO ACCESS ABORTION SERVICES ACT, 2017 LOI DE 2017 PROTÉGEANT LE DROIT DES FEMMES À RECOURIR AUX SERVICES D'INTERRUPTION VOLONTAIRE DE GROSSESSE

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

Bill 163, An Act to enact the Safe Access to Abortion Services Act, 2017 and to amend the Freedom of Information and Protection of Privacy Act in relation to abortion services / Projet de loi 163, Loi édictant la Loi de 2017 sur l'accès sécuritaire aux services d'interruption volontaire de grossesse et modifiant la Loi sur l'accès à l'information et la protection de la vie privée en ce qui a trait aux services d'interruption volontaire de grossesse.

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

*The division bells rang from 1146 to 1151.*

**The Speaker (Hon. Dave Levac):** On October 16, 2017, Ms. Naidoo-Harris moved second reading of Bill 163, An Act to enact the Safe Access to Abortion Services Act, 2017 and to amend the Freedom of Information and Protection of Privacy Act in relation to abortion services.

All those in favour, please rise one at a time and be recognized by the Clerk.

#### Ayes

Anderson, Granville	French, Jennifer K.	Munro, Julia
Armstrong, Teresa J.	Gélinas, France	Naidoo-Harris, Indira
Arnott, Ted	Gretzky, Lisa	Naqvi, Yasir
Bailey, Robert	Hardeman, Ernie	Natyshak, Taras
Baker, Yvan	Harris, Michael	Nicholls, Rick
Ballard, Chris	Hatfield, Percy	Pettapiece, Randy
Berardinetti, Lorenzo	Hoggarth, Ann	Potts, Arthur
Bisson, Gilles	Hoskins, Eric	Qaadri, Shafiq
Bradley, James J.	Hunter, Mitzie	Rinaldi, Lou
Brown, Patrick	Jaczek, Helena	Sandals, Liz
Campbell, Sarah	Jones, Sylvia	Sattler, Peggy
Chan, Michael	Kiwala, Sophie	Scott, Laurie
Chiarelli, Bob	Lalonde, Marie-France	Smith, Todd
Cho, Raymond Sung Joon	MacCharles, Tracy	Sousa, Charles
Clark, Steve	MacLeod, Lisa	Tabuns, Peter
Coe, Lorne	Malhi, Harinder	Takhar, Harinder S.
Colle, Mike	Mantha, Michael	Taylor, Monique
Coteau, Michael	Martins, Cristina	Thibeault, Glenn
Crack, Grant	Martow, Gila	Thompson, Lisa M.
Damerla, Dipika	Matthews, Deborah	Vernile, Daiene
Del Duca, Steven	Mauro, Bill	Walker, Bill
Des Rosiers, Nathalie	McDonell, Jim	Wilson, Jim
Dhillon, Vic	McGarry, Kathryn	Wong, Soo
Dong, Han	McMahon, Eleanor	Wynne, Kathleen O.
Duguid, Brad	McMeekin, Ted	Yakubuski, John
Fife, Catherine	Milczyn, Peter Z.	Yurek, Jeff
Flynn, Kevin Daniel	Miller, Norm	Zimmer, David
Forster, Cindy	Miller, Paul	
Fraser, John	Moridi, Reza	

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

#### Nays

MacLaren, Jack

**The Clerk of the Assembly (Mr. Todd Decker):** The ayes are 85; the nays are 1.

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

*Second reading agreed to.*

**The Speaker (Hon. Dave Levac):** Pursuant to the order of the House dated October 16, 2017, the bill is referred to the Standing Committee on General Government.

#### VISITORS

**The Speaker (Hon. Dave Levac):** The member from London–Fanshawe on a point of order.

**Ms. Teresa J. Armstrong:** I'd like to welcome some special guests here today from the co-op housing federation: Mary Ann Hannant, Simone Swail, Denise Mc-

Gahan and Jacob Larocque-Graham. Welcome to the Legislature.

**The Speaker (Hon. Dave Levac):** The Minister of Research, Innovation and Science.

**Hon. Reza Moridi:** Please join me in welcoming Brother Aslam Badat, who is visiting the House today.

As you know, Mr. Speaker, October is Islamic Heritage Month. Scholars from the Islamic community of India are visiting the House, as well.

Welcome, all.

**The Speaker (Hon. Dave Levac):** We welcome our guests.

There being no further deferred votes, this House stands recessed until 3 p.m. this afternoon.

*The House recessed from 1155 to 1500.*

#### REPORT, INTEGRITY COMMISSIONER

**The Speaker (Hon. Dave Levac):** I beg to inform the House that the following document was tabled: the report from the Office of the Integrity Commissioner of Ontario concerning the review of expense claims under the Cabinet Ministers' and Opposition Leaders' Expenses Review and Accountability Act, 2002, for submissions received in June 2017 and complete as of October 16, 2017.

#### VISITORS

**The Speaker (Hon. Dave Levac):** I would like to draw your attention to the Speaker's gallery today. We have a delegation from Nepal representing the Nepal Law Commission, led by their chairperson, Mr. Madhav P. Poudel. The delegation is accompanied by His Excellency Mr. Kali Prasad Pokhrel, ambassador of Nepal to Canada, and his wife, Kamala Pokhrel. Please welcome our guests from Nepal.

*Applause.*

**The Speaker (Hon. Dave Levac):** Thank you.

Welcome. I'm glad you were not here for question period.

It is therefore time for members' statements.

#### MEMBERS' STATEMENTS

##### NORTHERN ONTARIO

**Mr. Victor Fedeli:** Good afternoon, Speaker. The city of North Bay is concerned about a problem that has only gotten worse in the past 14 years: The population of northern Ontario continues to decline.

City council in North Bay recently passed a resolution seeking provincial action to stem this trend. They note that "the net out-migration of young people and skilled labour will negatively impact the long-term economic viability and general social conditions of the north."

But they also note, “Northern Ontario has surplus infrastructure and represents an affordable alternative for residents, business and governments.” Hint, hint.

That’s why they’re asking this government to “undertake appropriate actions through tax reductions, tax exemptions, and relocation initiatives” and to create “incentives for business, institutions, and government departments to operate in northern Ontario.”

As our leader, Patrick Brown, has stated, “The north matters.” It’s time we have a government that finally recognizes that.

#### SENIOR CITIZENS’ HOUSING

**Ms. Sarah Campbell:** Today I rise on the very important issue of seniors’ care and housing. Seniors have spent their entire lives building this country and making it what it is today. The robust communities that we have come to love and enjoy are undoubtedly the result of a lifetime of hard work of many of our seniors. At the very least, seniors of this province deserve to retire with dignity and access to health care and housing in the communities they built.

But that is not happening for seniors in many communities across this province. The reality is that energy poverty and the lack of home care are key factors that are driving seniors from their homes prematurely. When seniors in many northern communities have to leave their homes to move into either supportive housing or long-term-care facilities, they find that either the option doesn’t exist or the wait-lists are years long. Remarkably, accessible units aren’t available, nor are units that are appropriate to their income, be it modest or comfortable.

We have an opportunity to address the negligence that we have been showing our seniors, but we have to act now. The government can start by creating a comprehensive, integrated strategy specific to communities across the province so that we can provide the care, support and housing that seniors need to live with dignity in their home communities.

Constituents have described their experiences as being “warehoused” in hospital or put out to pasture, waiting to die. What kind of dignity or life is that? We have to act now.

#### BRAMPTON KIDNEY WALK

**Ms. Harinder Malhi:** On Sunday, September 24, hundreds of Brampton residents and their families became part of one of Canada’s largest community events when they participated in their local Kidney Walk.

Every year, the Kidney Foundation of Canada holds their annual Kidney Walk. The events are held in communities across the country and are dedicated to raising funds for innovative research, vital programs and services that support kidney patients and their families.

Again, this year, the Brampton chapter of the Kidney Foundation of Canada held their annual walk at Loafer’s Lake Recreation Centre in my riding of Brampton–Springdale. I would like to congratulate the organizing

committee for this year’s event: Pauline Young, Carmen Di Spirito, Sonia Eusebio and Amanpreet Randhawa. The Brampton chapter is fully volunteer-led, and I am proud of the work they do in support of our local kidney community.

The Kidney Walk is a great way for families, friends and colleagues to come together to show their support for the one in 10 Canadians living with kidney disease. Kidney Walks are the cornerstone of the Kidney Foundation of Canada’s fundraising efforts. They are fun, engaging and active events where participants can show their unwavering commitment to kidney health and improved lives for all people touched by kidney disease.

Each year, the walk brings over 15,000 patients, caregivers and medical professionals together to raise awareness and funds for those affected. This year, the overall total raised, to date, is in excess of \$1,713,000.

Congratulations to the volunteers, participants, the Kidney Foundation of Ontario and the Brampton chapter for organizing this highly successful event in Brampton.

As the Kidney Walk organizers like to say, “In the fight against kidney disease, every kilometre counts.”

#### BEAVER RIVER WETLAND CONSERVATION AREA AND TRAIL

**Mrs. Julia Munro:** It is my pleasure to rise today to recognize the opening of the Beaver River Wetland Conservation Area and Trail. While it is just outside my constituency, in Brock township, it is located in the Lake Simcoe watershed and is part of the Lake Simcoe Region Conservation Authority’s mandate. I would like to congratulate the team at the Lake Simcoe Region Conservation Authority for this effort and example of backing up words with tangible action when it comes to our environment.

The new conservation area is 500 hectares and includes an extensive area of provincially significant wetland. I encourage anybody looking for a chance to breathe in not only the fresh air but the sights and sounds of this beautiful wetland to come and explore the trails by foot or bike or even by cross-country skiing. When I attended the opening, I even had the opportunity to paddle through the water.

Stretching from Blackwater to Woodville, the trail can be accessed at any point where it crosses a road.

While this is a small section of the Trans Canada Trail, it connects to Toronto through Markham and Uxbridge and beyond to the whole of Canada.

#### PENSION PLANS

**Mr. Paul Miller:** I rise in the House today to talk about pension security. It’s always a relevant issue, but especially relevant today because of the recent news that yet another company, Sears, will be dealing with pension insolvency, and because members of the Canadian Federation of Pensioners are here looking down on us right now from the rafters. They are keeping tabs on us, so it might be time for the Liberals to smarten up.

To start, I want to talk about the Pension Benefits Guarantee Fund, or the PBGF. The PBGF is a backup relief for Ontarians if a pension plan becomes insolvent. However, the PBGF is only capable of covering a portion of pensions, up to \$1,000 a month. Even with the promised Liberal reforms, this fund will still be falling short of the \$2,500 a month that was recommended by the Ontario Expert Commission on Pensions, chaired by Harry Arthurs, in 2008 and sanctioned by the Liberal government. Upgrading the PBGF is overdue.

An objective of those from the Canadian Federation of Pensioners is to ensure that the PBGF is able to cover all benefit shortfalls. They have created a road map of how we can do this. The government's proposed plan to change the pension funding rules will save employers \$1.4 billion a year. If only 5% of those savings were diverted to the PBGF fund, all pension shortfalls would be covered.

The government also has the capacity to pressure Ottawa to make changes to the CCAA and the Bankruptcy and Insolvency Act. This will ensure pensioners move up in the pecking order so that they can receive their full, deserved pensions after insolvency.

Every time, Speaker, I hear the Wynne government talking about helping pensioners, I roll my eyes. They've got the tools. They just need to take action.

1510

#### PREGNANCY AND INFANT LOSS

**Mr. John Fraser:** Last Saturday, my daughter Kirsten and I walked in Aaron's Butterfly Run in honour of her butterfly, Grace, whose birthday would have been just the day before, on October 13.

Mr. Speaker, one in four women will experience pregnancy or infant loss, most often without support or counselling. That's 30,000 women a year. When my daughter and her husband, Danny, lost Grace, they were sent home without knowledge of how to access any support.

We've made strong investments in the Pregnancy and Infant Loss Network. I know, though, that there's much more work to be done by governments, hospitals, health care providers and neighbours to help support families experiencing pregnancy and infant loss.

I'd like to express my gratitude to Rob and Rachel Samulack for organizing Aaron's Butterfly Run and for raising awareness about pregnancy and infant loss. I'd also like to express my gratitude to Roger Nielson House for their support for families experiencing this tragic loss. I'd also like to recognize my colleague the honourable member from Eglinton-Lawrence, whose Bill 141 has advanced research and development of programs to support women enduring this tragic loss, and which also recognizes October 15 as a day of remembrance.

And to Grace: We love you and remember you.

#### FIRE SAFETY

**Mr. Randy Pettapiece:** Fire safety is an issue very close to my heart. Young and old, we all have a

responsibility to prepare and educate ourselves for a fire emergency.

A great example of this is a young constituent of mine, Hannah Sims. Earlier this year, Hannah and her siblings were at home when a fire unexpectedly broke out. Despite being only 11 years old, Hannah was able to stay calm and use her fire safety and home escape plan knowledge to lead her two younger siblings to safety. This extraordinary young lady deserves our admiration and respect for what she did.

It's quite fitting that Hannah was recently awarded the first-ever Perth East Fire Chief's Commendation. This honour was set up to recognize ordinary people and organizations who do extraordinary things with regard to fire and life safety.

Another local hero is five-year-old Ben Wickens from Arthur. He was with his family at the cottage when, during the night, a fire broke out as a result of a gas leak. Ben was the only one who heard the smoke alarms go off, and he roused his family from sleep so they could escape safely. This month, Ben was honoured at a school assembly by Wellington North Fire Services.

I'm sure everyone in this place will agree that Hannah and Ben serve as role models for all of us.

Congratulations, and well done.

#### INSURANCE

**Mr. Mike Colle:** About a year ago, a 91-year-old retired chartered accountant by the name of Morris Adams came into my office. He said that he was running out of money. He had worked his whole life as a chartered accountant, and he had saved, but now, at 91, he was running out of money. At the same time, he could no longer care for his wife of 67 years because she was suffering from dementia. All he had left, he said, was insurance policies worth \$300,000.

In Ontario, you cannot get value out of your insurance policies, and 84% of all insurance policies are surrendered after years of making premium payments. It's about time that we change this 80-year-old law that, only in Ontario, stops seniors from accessing their own money. In 2001, the Conservative government put forth a change which would allow that to happen, yet they never proclaimed the law. It's about time that we proclaim that law and allow seniors to live in dignity in their last years.

#### WIND TURBINES

**Mr. Jim Wilson:** Today I rise to thank everybody involved in the effort to stop massive 500-foot industrial wind turbines from being built near two airports in my riding of Simcoe-Grey. The town of Collingwood, Clearview township, Simcoe county, the Friends of Clearview Inc., Preserve Clearview, Kevin and Gail Elwood, Chris and Joan Hoffmann, Michael and Jane Freund, Doug and Janet Caldwell, Chuck and Lee Magwood, Michael Dickinson and many other people deserve praise and congratulations for their successful



appeal of the turbine project at the Environmental Review Tribunal.

The very idea of building massive industrial turbines near the Collingwood airport and the Clearview aerodrome was absurd from the start.

Mr. Speaker, the tribunal's decision was a big win for local residents, local communities and local decision-making authority. This is one of the very few projects under the Liberals' Green Energy Act that a local community has been able to stop. It's time for local decision-making authority over these projects to be restored. Rural communities don't need bureaucrats in downtown Toronto making important decisions about their future.

This attempt to force a local community to accept industrial turbines where they don't belong is further proof of this government's mismanagement of our hydro system. It was reckless and unnecessary and, ultimately, the tribunal did the right thing and denied the proposal.

As the member for Simcoe–Grey, I spent over seven years opposing this project and, at every opportunity, urged the government to respect the local community.

Mr. Speaker, I hope this never happens again. I hope we're successful next year and we end this tragedy under the Green Energy Act.

**The Speaker (Hon. Dave Levac):** I thank all members for their comments.

## REPORTS BY COMMITTEES

### STANDING COMMITTEE ON GOVERNMENT AGENCIES

**The Speaker (Hon. Dave Levac):** I beg to inform the House that today the Clerk received a report on intended appointments dated October 17, 2017, of the Standing Committee on Government Agencies. Pursuant to standing order 108(f)(9), the report is deemed to be adopted by the House.

*Report deemed adopted.*

### STANDING COMMITTEE ON GENERAL GOVERNMENT

**Mr. John Fraser:** I beg leave to present a report from the Standing Committee on General Government and move its adoption.

**The Clerk-at-the-Table (Mr. William Short):** Your committee begs to report the following bill, as amended:

Bill 152, An Act to amend the Representation Act, 2015 and certain other Acts / Projet de loi 152, Loi modifiant la Loi de 2015 sur la représentation électorale et d'autres lois.

**The Speaker (Hon. Dave Levac):** Shall the report be received and adopted? Agreed? Carried.

*Report adopted.*

**The Speaker (Hon. Dave Levac):** The bill is therefore ordered for third reading.

## INTRODUCTION OF BILLS

### FAIRNESS IN CONSUMER REPORTING ACT, 2017

#### LOI DE 2017 SUR L'ÉQUITÉ DANS L'APPLICATION DE LA LOI SUR LES RENSEIGNEMENTS CONCERNANT LE CONSOMMATEUR

Mr. Potts moved first reading of the following bill:

Bill 167, An Act to amend the Consumer Reporting Act / Projet de loi 167, Loi modifiant la Loi sur les renseignements concernant le consommateur.

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

*First reading agreed to.*

**The Speaker (Hon. Dave Levac):** The member for a short statement.

**Mr. Arthur Potts:** This is another bill in the line of my consumer protection bills. It will require reporting agencies to respond to a consumer inquiry no later than two business days after receiving the inquiry. Upon the request of a consumer, the agencies are required to provide a copy of the person's consumer report free of charge. A consumer may now request a freeze on the consumer's file.

### PUTTING YOUR BEST FOOT FORWARD ACT, 2017

#### LOI DE 2017 POUR PARTIR DU BON PIED

Mrs. Martins moved first reading of the following bill:

Bill 168, An Act to amend the Occupational Health and Safety Act with respect to footwear / Projet de loi 168, Loi modifiant la Loi sur la santé et la sécurité au travail en ce qui concerne les chaussures.

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

*First reading agreed to.*

**The Speaker (Hon. Dave Levac):** The member for a short statement.

**Mrs. Cristina Martins:** The Putting Your Best Foot Forward Act, 2017, amends the Occupational Health and Safety Act to prohibit employers from requiring an employee to wear footwear that is not appropriate to the protection required for the employee's work or that does not allow the employee to safely perform his or her work.

1520

## PETITIONS

### HOSPITAL FUNDING

**Mr. Jim Wilson:** "Whereas Collingwood General and Marine Hospital is challenged to support the growing needs of the community within its existing space;

"Whereas a building condition assessment found the major systems of the hospital will require renewal within

the next 10 years”—and, therefore a great deal of money to be spent; and

“Whereas substandard facilities exist in the emergency department; there is no space in the dialysis department to expand, and there is a lack of storage and crowding in many areas of the building; and, structurally, additional floors can’t be added to the existing building to accommodate growth;

“Whereas there is no direct connection from the medical device repurposing department to the operating room;

“Whereas there is a lack of quiet rooms, interview rooms and lounge space;

“Whereas Collingwood General and Marine Hospital deserves equitable servicing comparable to other Ontario hospitals;

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

“That the government immediately provide the necessary funding to Collingwood General and Marine Hospital so that it can build a new hospital to serve the needs of the community.”

I of course agree with this and will sign it.

#### LONG-TERM CARE

**M<sup>me</sup> France Gélinas:** I would like to thank Mr. Tom Carrothers—he’s the chair of the network for the long-term-care advocacy committee—for collecting 6,225 signatures. It reads as follows:

“Whereas chronic understaffing is the number one concern of families and friends of residents in long-term care;

“Whereas the Long-Term Care Homes Act (2007) empowers the provincial government to create a minimum care standard—but falls short of actually creating one;

“Whereas current care levels fail to recognize the increased levels of sickness and rates of Alzheimer’s and dementia of LTC residents;

“Whereas the most detailed and reputable studies of minimum care standards recommend at least four (4) hours of direct care per day;”

They petition the Legislative Assembly of Ontario as follows:

“(1) Amend the Long-Term Care Homes Act (2007) so that a long-term-care home will have to provide its residents with a minimum of four hours a day of nursing and personal support services, averaged across the residents;

“(2) Calculate the average number of direct hours of nursing services and personal support services as prescribed by the regulations and exclude hours paid in respect to vacation, statutory holidays, sick leave, leaves of absences and training time;

“(3) Increase funding to long-term-care homes so they can achieve the mandated staffing and care standard and tie public funding for them to the provision of quality care and staffing levels that meet the legislated minimum care standard;

“(4) Make public reporting of staffing levels at each Ontario LTC home mandatory to ensure accountability.”

I fully support this petition, will affix my name to it and ask Airika to bring it to the Clerk.

#### NANJING MASSACRE

**Ms. Soo Wong:** I have another 821 signatures supporting Bill 79. I want to thank the residents of Sault Ste. Marie, Ottawa, Oakville, Mississauga and Toronto.

“To the Legislative Assembly of Ontario:

“Whereas the events in Asian countries during World War II are not well-known;

“Whereas Ontarians have not had an opportunity for a thorough discussion and examination of the World War II atrocities in Asia;

“Whereas Ontarians are unfamiliar with the World War II atrocities in Asia;

“Whereas Ontario is recognized as an inclusive society;

“Whereas Ontario is the home to one of the largest Asian populations in Canada, with over 2.6 million in 2011;...”

“Whereas December 13, 2017, marks the 80th anniversary of the Nanjing Massacre;

“Whereas designating December 13th in each year as the Nanjing Massacre Commemorative Day in Ontario will provide an opportunity for all Ontarians, especially the Asian community, to gather, remember, and honour the victims and families affected by the Nanjing Massacre;

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

“That the Legislature pass the Nanjing Massacre Commemorative Day Act, 2016 by December 8, 2017, to coincide with the 80th anniversary of the Nanjing Massacre, which will enable Ontarians, especially those with Asian heritage, to plan commemorative activities to honour the victims and families affected by the Nanjing Massacre.”

I support the petition and I give it to Andy.

#### GUIDE AND SERVICE ANIMALS

**Mr. Victor Fedeli:** “To the Legislative Assembly of Ontario:

“Whereas the Accessibility for Ontarians with Disabilities Act, 2005 doesn’t currently include legislation that defines proper training and accreditation for service animals; and

“Whereas until there are standardized behaviour requirements for service animals, there’s no way to tell that individuals with various needs are receiving the assistance they need from their service animal;

“We, the undersigned, petition the Legislative Assembly of Ontario to ensure certification and training of service animals is regulated to confirm that the correct type and proper amount of training is given to the service animals and therefore provide assurance that an individual’s needs are being adequately met.”

I agree with this, sign it and give it to page Alexander.

## ENERGY POLICIES

**Mr. Paul Miller:** “To the Legislative Assembly of Ontario:

“Whereas the cost of electricity has increased by 50% since Kathleen Wynne became Premier;

“Whereas families across Ontario are unable to keep up with the cost of hydro;

“Whereas one in 20 businesses will be forced to close in the next five years as the result of increased hydro bills;

“Whereas the Ontario Energy Board does not have the proper tools to protect consumers and address privatization;

“Whereas the Liberal government has privatized Hydro One without public consultation and driven up hydro bills for families and businesses;

“We, the undersigned, petition the Legislative Assembly of Ontario to immediately lower hydro bills for consumers, stop the privatization of Hydro One and invest in the future of Ontarians.”

I agree with this and sign it, and Linnea will take it up.

## ELEVATOR MAINTENANCE

**Mr. John Fraser:** I have a petition here.

“Support Bill 109—The Reliable Elevators Act, 2017, to Address Recurring Delays and Unspecified Time Frames for Elevator Repair and Service.

“To the Legislative Assembly of Ontario:

“Whereas we’ve seen rapid growth of vertical communities across Ontario; and

“Whereas elevators are an important amenity for a resident of a high-rise residential building; and

“Whereas ensuring basic mobility and standards of living for residents remain top priority; and

“Whereas the unreasonable delay of repairs for elevator services across Ontario is a concern for residents of high-rise buildings resulting in constant breakdowns, mechanical failures and ‘out of service’ notices for unspecified amounts of time;

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

“Urge the Ontario Legislature to support Bill 109, the Reliable Elevators Act, 2017, that requires the repairs of elevators to be completed within a reasonable and prescribed time frame. We urge the Legislature to address these concerns that are shared by residents of Trinity–Spadina and across Ontario.”

I agree with this petition. I’m affixing my signature and giving it to page Jacob.

## CANCER TREATMENT

**Mr. Jeff Yurek:** “To the Legislative Assembly of Ontario:

“Whereas metastatic breast cancer is when the cancer has spread from the breast and has been found in other parts of the body;

“Whereas women with metastatic breast cancer all face uncertainty and all want more time. Each one has her own reason—to reach a milestone, or to have more time with their family. But the value that these women put on time is unmistakable;

“Whereas women with metastatic breast cancer need treatments that help keep their disease controlled. Until there is a cure, it is treatments that give time and help them live a better life longer;

“Whereas research continues to show progress in treating metastatic breast cancer, but the price of these new treatments developed by pharmaceutical manufacturers continues to rise;

“Whereas the price of new cancer treatments is resulting in an unsustainable health system. This leaves metastatic breast cancer patients waiting longer for new treatments to be approved and listed in Ontario compared to other jurisdictions;

“Whereas the government is changing who decides whether patients can access cancer drugs and cancer patients are losing their voice in the process, feeling left in the dark. There are too many uncertainties for women with metastatic breast cancer and this should not be one of them;

“Whereas delays in treatment becoming available in Ontario can lead to more uncertainties including the availability of future innovative cancer treatments and the clinical trial sites in the province;

“Whereas there is an urgent need to ensure patients are represented when decisions about their health and their care are being made, and for that process to be transparent. As Ontario strives to put patients first and invest in patient engagement, this must also include women with metastatic breast cancer;

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

“To ensure the voice and the values of women with metastatic breast cancer are included in the process by which decisions about access to metastatic breast cancer treatments are made, and that this process is both transparent and held accountable to timelines so patients are not left waiting and in the dark.

“Women with metastatic breast cancer need their voices and values included in the process which affects their health outcomes. Specifically:

“—We need transparent information regarding the role, mandate and process of the Canadian Association of Provincial Cancer Agencies’ Cancer Drug Implementation Advisory Committee (CDIAC) and how this new committee adds value to the way women with metastatic breast cancer are treated in an equitable and effective way;

“—We need a clear understanding of the selection process for patients, caregivers and the public for CDIAC and the terms of the role they will have.

“Women with metastatic breast cancer need specific and transparent timelines by which both the pan-Canadian Pharmaceutical Alliance and pharmaceutical manufacturers are held accountable to when negotiating

the price of cancer medications and signing a letter of intent.”

I agree with the petition and affix my signature.

1530

#### HIGHWAY IMPROVEMENT

**Mr. Taras Natyshak:** I’m pleased to present this petition, titled “Widen Highway 3 Now,” which reads:

“To the Legislative Assembly of Ontario:

“Whereas Highway 3 from Windsor to Leamington has long been identified as dangerous and unable to meet growing traffic volumes; and

“Whereas the widening of this highway passed its environmental assessment in 2006; and

“Whereas the portion of this project from Windsor to west of the town of Essex has been completed, but the remainder of the project remains stalled; and

“Whereas there has been a recent announcement of plans to rebuild the roadway, culverts, lighting and signals along the portion of Highway 3 that has not yet been widened;

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

“To revisit plans to rebuild Highway 3 from Essex to Leamington and direct those funds to the timely completion of the already approved widening of this important roadway....”

I approve this petition, I will affix my name and send it to the Clerk’s table via my wonderful daughter, page Airika.

**The Speaker (Hon. Dave Levac):** That’ll get you brownie points, Dad.

Further petitions? The member from Davenport.

#### DENTAL CARE

**Mrs. Cristina Martins:** I think the member opposite just completely embarrassed his daughter.

I have a petition here that’s addressed to the Legislative Assembly of Ontario.

“Whereas lack of access to dental care affects overall health and well-being, and poor oral health is linked to diabetes, cardiovascular, respiratory disease, and Alzheimer’s disease; and

“Whereas it is estimated that two to three million people in Ontario have not seen a dentist in the past year, mainly due to the cost of private dental services; and

“Whereas approximately every nine minutes a person in Ontario arrives at a hospital emergency room with a dental problem but can only get painkillers and antibiotics, and this costs the health care system at least \$31 million annually with no treatment of the problem;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to invest in public oral health programs for low-income adults and seniors by:

“—ensuring that plans to reform the health care system include oral health so that vulnerable people in our communities have equitable access to the dental care they need to be healthy;

“—extending public dental programs for low-income children and youth within the next two years to include low-income adults and seniors; and

“—delivering public dental services in a cost-efficient way through publicly funded dental clinics such as public health units, community health centres and aboriginal health access centres to ensure primary oral health services are accessible to vulnerable people in Ontario.”

I agree with this petition, will affix my name and send it to the table with page Svetlana.

#### CANCER TREATMENT

**Mrs. Gila Martow:** I have a petition for the Legislative Assembly of Ontario on metastatic breast cancer.

“Whereas metastatic breast cancer is when the cancer has spread from the breast and has been found in other parts of the body;

“Whereas women with metastatic breast cancer all face uncertainty and all want more time. Each one has her own reason—to reach a milestone, or to have more time with their family. But the value that these women put on time is unmistakable;

“Whereas women with metastatic breast cancer need treatments that help keep their disease controlled. Until there is a cure, it is treatments that give time and help them live a better life longer”—Mr. Speaker, I’m going to skip over a little bit, because I understand that we don’t have to read the entire petition into the record, so I’ll just go to:

“Whereas there is an urgent need to ensure patients are represented when decisions about their health and their care are being made, and for that process to be transparent. As Ontario strives to put patients first and invest in patient engagement, this must also include women with metastatic breast cancer;

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

“To ensure the voice and the values of women with metastatic breast cancer are included in the process by which decisions about access to metastatic breast cancer treatments are made, and that this process is both transparent and held accountable to timelines so patients are not left waiting and in the dark.

“Women with metastatic breast cancer need their voices and values included in the process which affects their health outcomes....

“Women with metastatic breast cancer need specific and transparent timelines by which both the pan-Canadian Pharmaceutical Alliance and pharmaceutical manufacturers are held accountable to when negotiating the price of cancer medications and signing a letter of intent.”

And I’m very, very pleased to—

**The Acting Speaker (Mr. Rick Nicholls):** Thank you very much. Further petitions?

#### PROVINCIAL TRUTH AND RECONCILIATION DAY

**Ms. Teresa J. Armstrong:** I have a petition here.

“To the Legislative Assembly of Ontario: Proclaim June 21 as a Statutory Holiday Called Provincial Day for Truth and Reconciliation in Ontario.

“Whereas June 21 is recognized as the summer solstice and holds cultural significance for many indigenous cultures; and

“Whereas in 1982, the National Indian Brotherhood (Assembly of First Nations) called for the creation of a National Aboriginal Solidarity Day to be celebrated on June 21; and

“Whereas in 1990, Québec recognized June 21 as a day to celebrate the achievements and cultures of indigenous peoples;

“Whereas in 1995, the Royal Commission on Aboriginal Peoples recommended that a National First Peoples Day be designated;

“Whereas in 1996, the Governor General of Canada proclaimed June 21 as National Aboriginal Day in response to these calls;

“Whereas in 2001, Northwest Territories became the first province or territory to recognize June 21 as a statutory holiday; and

“Whereas in 2015, the Truth and Reconciliation Commission recommendation number 80 called on the federal government, in collaboration with aboriginal peoples, to establish a National Day for Truth and Reconciliation as a statutory holiday;

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

“To designate June 21 of each year as a legal statutory holiday to be kept and observed throughout Ontario. This day should serve to create and strengthen opportunities for reconciliation and cultural exchange among Ontarians. The day should facilitate connections between indigenous and non-indigenous Ontarians in positive and meaningful ways. This day should solidify the original intent of National Aboriginal Day as a day for Ontarians to recognize and celebrate the unique heritage, diverse cultures and outstanding contributions of First Nations, Inuit and Métis peoples.”

I sign the petition and give it to page Ryan to deliver to the table.

**The Acting Speaker (Mr. Rick Nicholls):** The time for petitions is now expired.

## ORDERS OF THE DAY

### STRENGTHENING QUALITY AND ACCOUNTABILITY FOR PATIENTS ACT, 2017 LOI DE 2017 RENFORÇANT LA QUALITÉ ET LA RESPONSABILITÉ POUR LES PATIENTS

Resuming the debate adjourned on October 5, 2017, on the motion for second reading of the following bill:

Bill 160, An Act to amend, repeal and enact various Acts in the interest of strengthening quality and

accountability for patients / *Projet de loi 160, Loi visant à modifier, à abroger et à édicter diverses lois dans le souci de renforcer la qualité et la responsabilité pour les patients.*

**The Acting Speaker (Mr. Rick Nicholls):** Further debate?

**M<sup>me</sup> France Gélinas:** It will be a pleasure for me to do my one-hour lead, so get comfortable; you're about to hear the French accent for the next 60 minutes straight about Bill 160.

As I start, I would like to remind you, Speaker, and everybody here and people listening, that this week we are celebrating Community Health and Wellbeing Week in Ontario. The 107 members of the Association of Ontario Health Centres are holding special events across the province with the theme of “Community Health and Wellbeing: Health Equity at the Centre.”

The week is a chance for all of us in Ontario to talk frankly about what we can do better to reach people who face barriers to achieving their best possible health and well-being. We know that treating illness is important, but to truly focus on getting equitable results and health outcomes for everyone in the province, we have to find ways to reach people struggling to get basic necessities like prescription medication, affordable food and housing, oral health care and mental health and addiction services.

In the NDP, we know that health equity isn't just about making sure that everyone has access to timely clinical care; we need a health system that recognizes what we call the soft supports that keep people well, like community gardens, seniors' groups, positive community spaces, transportation assistance, outreach programs, healthy eating classes, and other supports that go beyond the boundaries of strict medical care. This is where Ontario's community health centres, aboriginal health access centres, community-governed family health teams and nurse practitioner-led clinics all excel. These centres are run for the community by the community. They are governed by a community board to ensure their services and programs are in tune with the needs of the people they serve.

Community health centres and aboriginal health access centres put a priority on serving people with complex needs. They tailor their programs to meet the language, cultural and other needs of the local community, and their interprofessional teams work to provide the right service for people. It could be a social worker, a mental health counsellor or a settlement worker.

That is what we need to see more of if we want to be successful at putting health equity at the centre of our health care system in Ontario. It's that comprehensive approach to primary care, as a foundation to keeping people well, that we are celebrating during Community Health and Wellbeing Week.

**1540**

So you will understand my surprise, Speaker, as I read Bill 160. Bill 160 has 97 pages, it is an omnibus bill, it has 10 sections to it, and it modifies even more different

pieces of legislation. We go from retirement homes to long-term care to EMS to drugs to access to—you name it. But I will start with schedule 9, because those good people I have just talked about are worried, and so am I, about what's in schedule 9 of the bill.

What is in schedule 9 of the bill is that what is now called an independent health facility, out-of-hospital premise or private hospital will now be called a “community health facility.” Really, Speaker? I have just explained to you what a community facility is all about: This is something that belongs to the community, that is governed by the community and that is for and by the community. And now we want to call independent health facilities, out-of-hospital premises and private hospitals “community health facilities”? If that doesn't confuse everyone, then that's because you're way smarter than I will ever be, because for me, it serves no good purpose to bring in language that will basically bring confusion way more than it will clarify things.

Let me explain a little bit what I mean by that. In schedule 9 of Bill 160, we see that of those independent health facilities, out-of-hospital premises and private hospitals, the Auditor General has made it clear that 98% of them are for-profit entities, for-profit corporations. They are not for and by the community. They are not there supporting their community. They are there to make money by providing a health service. That is not a community-based agency, that is not a community-based facility and, frankly, it's misleading and will not serve the public good.

Right now in Ontario, we have 935 independent health facilities. Most of them are private clinics that provide diagnostic imaging, MRIs and dialysis. Some provide ultrasound, and we have a few that provide access to PET scanning, amongst other services. We also have 273 out-of-hospital premises. Those are private clinics that provide endoscopy, pain management, and some provide plastic surgery.

I want to remind you, Speaker, that 98% of those independent health facilities are for-profit corporations. I don't think it serves the public good to rename them “community health facilities.” It should be called what it is: a private clinic that offers those services.

You see, Speaker, when we talk about medicare, what we really mean is that the care you get in the hospital is free and the care that you receive by physicians is free. This is what medicare is. Unfortunately, that's all it is. Anything else is a patchwork of services that helps some of the people some of the time, if you're a positive person—or doesn't help most of the people most of the time, if you're a negative person. But one way or another, medicare covers hospital care and physician services.

We have seen over the 14 years of Liberal government, and even before, when we had the Conservatives in power, an erosion of hospital services. Services that used to be only available to us in the hospital—think; in the hospital, therefore it is free for us, it is free to use and they cannot charge you for their services because it's part of medicare—now are offered in the community. But

every single time a service that used to be available to you free of charge in a hospital is moved out into the community, 98% of the time it is to a for-profit corporation, and the Ontario health council has shown us that most of them have fees.

You go for a colonoscopy in the hospital, and it's free. You go in, you have your colonoscopy, you make sure you don't have early cancer, and it's free. If you have the same colonoscopy done in a private clinic, oftentimes they'll say, “Well, it would be better if you talked to our dietitian ahead of time to make sure you have the right diet” and all this, and it's 50 bucks. You now have a barrier to access. Although the procedure that the physician will do will be free to you, to get to that service there is now a barrier: You now have to pay.

Yesterday we were talking about access to abortion. Access to abortion is the same. For a lot of those clinics they are private clinics where they will say, “Well, this is a big decision that you make.” It's based on evidence and it's based on good care, but because it is not done in a hospital, because it is done in a private clinic, to talk to the social worker about this important decision—they're not covered by medicare—you are billed. Those are barriers to access.

I'm with the NDP. I represent the party of Tommy Douglas, who brought us medicare. I believe that care should be based on needs, not on ability to pay. When I see a bill like this that will bring further confusion, it worries me. What worried me even more is that—as an MPP, we get briefings. When this bill came out I asked if I could get briefed on that bill. I mean, it's 97 pages. I can show it to you. It's quite a big document. I'm not a lawyer; some of this is really hard to read. So I asked for a briefing.

In schedule 9, the briefing opened, “As the number and range of services and procedures being performed outside of public hospitals continues to grow”—and they had me right there. Schedule 9 has been designed so that the private, for-profit clinics continue to grow at the expense of really gutting out our hospitals. Every service that is not acute nursing care in a bed will be sent to the for-profits.

Sometimes, the for-profits come in because some hospitals have already subcontracted their lab services to a private lab that comes into the hospital. Nothing good comes of that. I don't see why we have to pay profit margins on care. Care should be based on needs, not on ability to pay. Care should not come with barriers to access like real community health centres want us to have.

So this is the premise underlying this section of the legislation. Instead of stopping the privatization of hospitals, the government sees this act as being part of this trend, making it easier for that to happen.

It goes on to say—the government won't have to ask. Any corporation can make a request to start a new for-profit clinic and, if it's a physician, they will be allowed to bill. The way that it works is that right now the government pays—they're still called “independent health

facilities.” They pay the owner of the independent health facility and oftentimes the owner is not a good doctor or nurse or anything; the owner is a corporation who wants to make money, full flat. That’s the only reason they exist. So they pay the corporation a facility fee for overhead costs such as rent, staffing, supplies and equipment.

The latest stat I could get was for 2013-14: The ministry paid \$434 million in facility fees. Just think, if that \$434 million had been given to our hospitals’ overhead, to our hospitals’ rent, staffing, supply and equipment, we would not be in the mess we are in now with overcrowding, hallway medicine and all the rest of the things we see now. But no, in 2013 and 2014, we paid \$434 million in facility fees. I wouldn’t be surprised, once we see the fees for this year, if we are well above the half-a-billion-dollar mark as those numbers at facilities continue to grow.

#### 1550

The ministry will also pay physicians a standard professional fee for each of the services that are provided in these facilities. For professional fees, we’ve asked how much we are spending on those and the ministry determined—here again, the last stats I could get access to were for 2013-14—that \$198 million had been paid in fees just for diagnostic services performed at independent health facilities. The ministry was not able to determine the professional fees for surgery, for dialysis performed in independent health facilities. So we know that even back in 2013-14, there was another \$200 million spent on professional fees. That’s over and above the standard fees a physician would get.

So if the physician provides a service for you in a hospital setting, the physicians will get their fee, but if they offer the same service in an independent health facility, in a private clinic, then they get the professional fees and they also get the facility fees—and those add up. They add up to hundreds of millions of dollars of services that used to be available to us in our hospitals when they were free and had no barriers to access for us because hospitals are covered by medicare, but now it’s not like that anymore. Now we see that they have gone to more and more independent health facilities and more and more out-of-hospital premises.

Why would we ever want to call those “community health facilities”? No, they are not; they’re private clinics. Why would we support a bill that makes it easier to have private clinics give us services that we used to get through our hospitals for free? When the government uses the term “community health facilities,” they’re really referring to for-profit corporations that have nothing to do with the community health centres, the nurse practitioner-led clinics, the aboriginal health access centres or the community-governed family health teams that I talked about in my opening statement. Those are not related.

Those are not for-community, they are for-profit entities that, no matter if your community needs them or not, if they decide to move shop, close the doors and move down the road—it doesn’t matter that your com-

munity still has a need for those services—they are free to go wherever they see fit, whenever they see fit, open up or close where they see fit, move the services around whenever they see fit. This is not for and by the community, and we should not call them as such. That is the first part.

The second part of schedule 9 has to do with inspection reports. You know, Speaker, that there has been some pretty horrendous lack of sterilization in some of those independent facilities. The infection control labs at private clinics have caused serious pain and damage to many, many people, including some debilitating harm to some patients. These infections should never have happened, and it is true that it is the duty of the government to prevent anything like this from happening again.

We must make sure that this legislation improves oversight and inspection of private clinics, while also ensuring that the slippery slope toward more privatization of hospitals is stopped. But the onus is on the government to show us that, and they did not.

I took two briefings to go through all of Bill 160. I asked the question, and they could not give me the reassurance. Much to the opposite, the opening statement was clear: Schedule 9 is put there so that more services that are now provided under medicare through our hospitals will be provided in the community, and when it comes to making sure that we have the level of oversight and accountability for ensuring quality of care, the reassurance will come in regulations.

The problem with regulations, Speaker, is that I don’t get to vote on those. I don’t get to have a say. I get to vote on the bill that is in front of me. The bill that is in front of me does not change anything to reassure us that the slips that have happened before regarding infection control won’t happen again. I have to trust that what will be put in regulations will actually do the trick.

But when those regulations will come, I have no idea. What will they look like? I have no idea. Why didn’t they put that in already? We already have legislation for independent health facilities. Why didn’t we change the regulations now, to make sure that we don’t have infectious outbreaks coming out of those clinics? All of this is left up in the air. This does not make me comfortable with that at all.

I have a responsibility, when I look at a bill, to make sure that it is there to improve the care that Ontarians deserve and that Ontarians need. This part of the bill, schedule 9, the Oversight of Health Facilities and Devices Act, fails at that. It’s going to promote more for-profits, and it’s not going to reassure us that those for-profit entities are going to have the level of oversight needed to make sure that we get quality care. To add insult to injury, they’re going to change the name to call them “community health facilities.” I’m opposed to the whole thing.

I’ve just finished schedule 9—and now I’ve just had a brief look at the clock. I’m going to speak faster from now on. I’m going to talk about schedule 10.

Schedule 10 is changing the Retirement Homes Act. Speaker, I voted against the Retirement Homes Act, and

if I had the opportunity to do it again today, I would vote against it again. Why? Because we have given self-governance, self-oversight, to a for-profit-dominated sector with very vulnerable people. There are more people over the age of 90 in our retirement homes than we have in our long-term-care homes. There is a captive audience of very vulnerable people who have no oversight or protection from their government. If there are people who are deserving of our protection, they are people over 95 years old. We should keep an eye on them. Nope; the Retirement Homes Act gives this as self-governance. I can't stand for this.

Now, get this, Speaker: It gets worse. In the act, the Retirement Homes Act permits confinement. This part had never been proclaimed, thank God, but it is still happening. You can go into retirement homes right now and see some retirement home owners confining elderly people, using restraints. So what is the government doing? Rather than banning this from happening, we are now putting forward a new bill that will make it possible. The amendment will expand the ability of retirement homes to confine or restrain residents, and indicates that the government intends to proclaim this section of the act.

I fell off my chair when I heard that. I had to ask the lawyer and the team of 18 people briefing me, "Really? Really? We are going to restrain and confine people in an environment where we cannot guarantee their safety, in an environment where there is no government oversight to make sure that those very vulnerable people are protected? Really?" And the answer was, "Yes."

**1600**

So I'm worried about that. I'm sure everybody is worried. We know that vulnerable seniors have a right to our protection. I'm sure if I asked all of my colleagues, everybody would say, "Of course, this is why we are MPPs. This why the Ministry of Health exists."

But we cannot permit restraining and confining in a retirement home by a landlord, because the relationship between a resident in a long-term-care home and the home is a landlord-and-tenant relationship. Where would you ever accept that the landlord gets the authority to restrain you, to confine you? How could we ever agree to something like this? I can't. I cannot do that.

If some of the people are at a point where they need to be restrained or where, in their plan of care, they need to be confined, then it should be within the health care system. It should not be within a retirement home. It should come with proper oversight, so that while the person is being restrained, while the person is being confined for their own good—and I have seen plans of care where confinement was the best way forward and where restraint was the best way forward—we always make sure that they have one-on-one supervision, because a lot can go wrong really quickly when somebody is restrained, and a lot can go wrong really quickly when somebody is constrained.

We just had this really, really sad event a couple of weeks ago, where this woman in a long-term-care home

slipped out of her bed, but her head got caught between the railing and the bed and she died. I don't even want to think what kind of a death she had, but this happened.

When you put somebody in a wheelchair with restraints—we have all seen this; anybody who has worked in the hospital, anybody who has worked with somebody in a wheelchair—they slip out of their wheelchair and then the head gets caught and you strangle them. We know that. Everybody who has worked in health care knows that.

When you restrain somebody, you have a one-on-one ratio. You supervise that person already. There is no way the retirement home will do that. The retirement home is a landlord that offers you a meal and—

**Interjection:** A bed.

**M<sup>me</sup> France Gélinas:** No, you supply your own bed—a landlord that offers you a meal and comes and cleans your place once a week and does two loads of laundry, and you pay \$5,000 a month for that service. This is not right.

So we go on to schedule 5, the Long-Term Care Homes Act, where the Long-Term Care Homes Act is amended so that "the provisions of the act dealing with 'secure units' are repealed. Instead, a system is enacted to deal with both the restraining and confining of residents," requiring each licensee to ensure that they have a written policy to minimize the restraining and confining of residents and that no resident is restrained or confined for the convenience of the licensee, convenience of the staff or as a disciplinary measure. It makes me sick just reading that, Speaker.

We are talking about really, really vulnerable people whose levels of care are such that they qualify to be in a long-term-care home. It used to be that a long-term-care home would apply to have secure units. That was the theory of it. They would apply to have a secure unit. On the secure unit, they would be allowed to confine and they would be allowed to restrain. But it came with restrictions. It came with a very high staff-to-patient ratio, so that you can ensure the one-on-one supervision.

Do you know what happened, Speaker? Of the—I forget now; I don't have this file anymore. Of the 760 long-term-care homes, I think three applied for the secure unit. None of them wanted to have a designation of "secure unit" because once you have a designation of "secure unit," you have to provide the heightened staff-to-resident ratio to make sure that the residents in a confined unit are safe—because we all know the dangers when you restrain and confine people. So now we have a government that says, "Okay, they would not apply to have a secure unit because they did not have the staff to provide a secure unit, so now we will allow that outside of a secure unit." But they do that without the matching security that needs to come with it. They do that without making sure that they have the right staff-to-resident ratio to make sure that those people who will be restrained will be safe—because it is very dangerous to restrain people. All sorts of bad things have already happened. We can read the list of coroners' reports as to the many, many



people who died in our hospitals because that practice used to exist in our hospitals. They don't anymore, because we've seen how dangerous they are. You find other ways. But now this bill, under schedule 5, will give the long-term-care homes that do not have a secure unit the right to confine and restrain.

I will tell you that until the government increases staffing and resources, which they have refused to do, I have a very hard time with this. It is unacceptable to allow more restraint and confinement without proper staffing levels, to ensure that health care workers are always present when someone is in restraints or when someone is confined.

We have been calling for an extension of the public inquiry into long-term care to look at some of the systemic problems, like understaffing and underfunding. Although we had a motion in this House and the will of this House is that the public inquiry mandate be expanded so that it would include—

*Interruption.*

**M<sup>me</sup> France Gélinas:** All right. There's a little dance happening here. Somebody's cellphone just went off, and Bruno is on the case. He's not going to let that happen. I have been here for 10 years and it's the first time that I see that it is actually the Speaker of the House who gets caught by our security person. This will be one that will be played back at our Christmas party, I'm just about sure, Speaker.

**Mr. Steve Clark:** It will go into the record books.

**M<sup>me</sup> France Gélinas:** It will go into the record books. Sorry about that.

We see that the confinement and restraints in long-term care will now be expanded without the corresponding increased staffing and resources.

The will of the House was that we expand the scope of the public inquiry to look into long-term care so that we look at some of the systemic problems that we have, like understaffing and underfunding, and although the will of the House is such, the government has failed to communicate this expanded mandate to the judge.

We also have talked a lot about bringing in a minimum standard of hands-on care. When the Long-Term Care Homes Act was first changed in 2007—we used to have a minimum standard of care right in the bill. At the time, they convinced me—and I'm really sorry I agreed to that—that it should not be in the bill; that it should be in regulation. Well, fast-forward 10 years later: We don't have a minimum standard of hands-on care for long-term-care homes anymore. The regulations never came, and we have what we have now.

**1610**

New Democrats have been asking for a minimum standard of four hours of hands-on care. If you are serious that you are going to increase the use of restraint and increase the use of confinement in our long-term-care homes, you have to increase the staff and the resources. Otherwise, it will just be too dangerous.

The bill also brings about a stronger penalty and compliance mechanism for long-term care. This is something

I have no problem supporting. So if a home gets an assessment and it needs to be reassessed, to make sure they'll be allowed to bill for it—if they are caught not meeting code and they try to fix it and they don't, they will now have legislated and regulated monetary penalties. I have no problem with that part of the bill. But I do have a problem with a big part, and that is the use of restraint and confinement. We have to go further to fix our long-term-care-home system so that we look after our elders and people who are in long-term care in a way that is dignified and respectful.

Then there was schedule 4. When the government announced Bill 160, Strengthening Quality and Accountability for Patients Act, the first thing they talked about was health-care-sector payment transparency. Basically, what that would be is that if there is what they call a transfer of value, so a payment or a benefit that is done, and usually it comes from big pharma to physicians, but it could be to somebody else—it could be to dentists, to nurses; it doesn't matter—then it will have to be declared. There will be a threshold set, and we don't know exactly where that threshold is at.

In June of this year, 10 brand-name pharmaceutical companies released aggregate Canadian data showing that they had paid \$50 million to Canadian health care professionals, mainly physicians, and organizations last year. They included the fees for consulting, speaking at events, grants to health care organizations and money given to physicians to travel to international functions.

Funny, eh, Speaker? It seems that the need to travel for international functions for physicians, when it's paid for by the pharmaceuticals, all happens in February, and they go to Greece. I don't know how many health conferences there are in Greece in February, but I can tell you that there are a lot of them who get those trips paid for.

Is this value for the consumer? Well, I can tell you that we have a robust body of evidence that shows us that those kinds of perks have a direct impact on the quality of the services that you and I receive. So if my physician gets the \$10 sandwich or the trip to Greece and your physician doesn't, and we present with the same ailment, there is a good chance that my physician will prescribe to me the brand-name drug that paid for the trip to Greece and that your physician won't.

If we have a strong body of evidence that shows us that, then why do we rely on, more or less, public shaming? Now what you will have is a list of all the pharmaceuticals, who will list a whole bunch of physicians, and some poor schmuck someplace will say, "Well, this pharmaceutical paid \$10,000 to that physician, and that pharmaceutical paid \$2,000 to that physician," and you will add it all up, and then, I'm sure, on the front page of the Sun or the Toronto Star or the Globe and Mail or all of them together you will see that Dr. Such-and-Such is the one who received the most money from a pharmaceutical. That's public shaming.

I see that other countries have done it. If you look at the result, it hasn't been really habit-changing or habit-

forming or anything like this. It has shamed a few people a few times who came forward and defended that the conference in Greece in February was the best thing that they have done since their medical school, and that was about the size of it. If we see that it has a direct impact on the way that health care professionals behave, if it has a direct impact on their practice, then we should have a serious look at this.

I believe that this is why we need a list of essential medicine. This is why we, New Democrats, have proposed a pharmacare plan accessible to all—no matter your age, no matter your disease, no matter your income, no matter your status in life—so that everybody has access to this list of essential medicine.

Essential medicine lists would also provide up-to-date information and recommendations to Ontario prescribers, who will no longer have to depend on the pharmaceutical companies to give them that part of their education once they leave medical school. They could get it from government-informed, well-supported clinical evidence as to what medication is most appropriate for the different ailments that they see in their practice.

I would say here again, we will put forward, in schedule 4 of that bill, a new website that tells us information about transfer payments from pharmaceutical companies to health care professionals. What will come of it? As I say, a few people will probably get black eyes in the media because they will be at the top of the list in their specialty or in their geographical area for whatever reason, and then what?

If we know that it is having an impact, why not ban the practice altogether and why not make sure that health professionals have access to ongoing continuing education, which is something we support? When it comes to drugs and every part of the health care sector, why don't we make sure that the drug information comes from the list of essential medicines—comes from anybody but the manufacturer of those drugs?

The other thing that we don't know is, what will be the threshold so that the companies have to declare? I know that when they've put it out, they've put it out like that was the big news announcement. It will become public. The \$50 million that we already know that was given to health care professionals by only 10 brands of pharmaceuticals—there are way more players in this that pay health care professionals to do things and use their products. We will now know who they go to, but what will that really change? I'm not too sure. If you are serious that you want to change things, then just ban it altogether.

I'm now at schedule 3, the Health Protection and Promotion Act. Basically, this schedule amends the Health Protection and Promotion Act. They focus mainly on health units. Basically, the term "guidelines" will be changed to "public health standard"; the list of "reportable disease" will now be "disease of public health significance." The Ontario Agency for Health Protection and Promotion will be recipients of the report.

There are things that look to have value, but right now there is a lot of uncertainty within many public health

officials about the future of our public health units. You will remember, Speaker, that with Patients First, the public health units were to go under the LHINs and were to inform the LHINs. Our public health units are there to protect public health. They are there to look at the broad determinants of health that keep the community healthy. They are in part governed by municipal governments, who pay 25% of the budget of a health unit. Now we are looking at a government that makes incremental changes in law to the health units without really looking at what the regulations will look like but that leaves the door open to such things as going from 36 health units to 14; completely changing the mandate of our health units to the point where we look at them and we don't recognize them anymore; and that does a lot of this without full, meaningful engagement of the people who work in public health. I'm worried about that.

**1620**

We saw that the budget for public health units has been frozen. The 36 health units now have to—if one sees growth in population or growth in what needs to be done with their mandate, this growth is funded by taking away pieces of the pie from the other 35 health units. So a lot of health units have been red-circled; they are flat-lined for the foreseeable future, although the cost of hydro is going up, the cost of staffing is going up and the cost of medication they use is going up. Their budget, their income is flat, and they don't see the day when they will see an extra penny to do the very important role that they do. Others are allowed small increases, but as I say, again, it comes at the expense of their colleagues not getting their share of the pie.

The Health Protection and Promotion Act has added to the concern among many public health officials about the future of public health units. They have to be called to committee, and hopefully, we will have an opportunity to hear from them, and the committee will be meaningful, so that we have an opportunity to hear from them.

Let's look at the next one, schedule 2. That's what happens when you have an omnibus bill, Speaker: We have 10 schedules to go through—not always obvious, how to do that.

Schedule 2: The Excellent Care for All Act is amended—some things are pretty easy to see—to allow Health Quality Ontario to lease office space without the need to obtain cabinet approval. That we have to put that in a bill sometimes makes me laugh. But anyway, we have to, apparently, so the lawyers say. We will put that in the bill—no problem.

Where I have a problem is, we will now give Health Quality Ontario—an agency that I have nothing but praise for. When Health Quality Ontario tables a report, I read it from cover to cover. I sometimes read it in English and in French, just to make sure that I get it all. I have nothing against the agency—much the opposite. But now, in this bill, we will give them the authority to collect, to use and to disclose personal health information for the purposes prescribed in regulation. Here, again, all that the bill does is give Health Quality Ontario the

power to collect, use, and disclose personal health information. Those reasons why they will, will be in regulation—again, regulations I don't get to see.

Speaker, I have a really, really, really hard time agreeing to what I call putting peepholes into patients' private health care information. The basic tenet of health care is that it happens between two people: a health provider and a patient. In order for health care to work, there has to be trust. If you do anything to damage the trust relationship between the providers and the patients, you will have a direct impact on the quality of that relationship. You will have a direct impact on the quality of the care that can take place between the providers and the patients.

So when I see that an agency, and I have nothing against the agency, will now have a peephole to look at personal health information, under "purposes to be prescribed by regulation"—which I don't get to see, and I have no idea what those regulations are going to be like—in the back of my mind, I think: "How many people will look at Patrick Brown's health record? How many people will look at Andrea Horwath's health record? How many people will have access to Kathleen Wynne's health record?" And that makes me really uncomfortable, Speaker; it makes me really, really uncomfortable.

I know that we have important work to do and Health Quality Ontario has really important work to do, but put in legislation what the purpose will be of giving them access to our health records. Don't wait until regulations that I don't get to see. If it's clear in your mind that it is solely so that you can share a story that somebody has given you to illustrate—because they do that beautifully. If you read their reports, they will bring real-life stories of people and how either the health care system has helped them or failed them, and it makes reading their reports really interesting. If you're doing it for that purpose, say so in the bill, so that everybody is comfortable and at ease, that these are people who volunteer their stories. But that's not what we're voting on. What we're voting on is making a peephole so that I can look into a patient's record, and I don't like that.

The other part is that we have asked from the beginning that the Patient Ombudsman be an independent officer—officier? Help me.

**Mr. Taras Natyshak:** Official.

**M<sup>me</sup> France Gélinas:** Official of this Legislature. They didn't. They put the Patient Ombudsman under Health Quality Ontario. So now, because the Patient Ombudsman is under Health Quality Ontario, we have to do all of this legal gymnastics to make sure that the work that her office does is protected from PHIPA, is protected from freedom of access to information—all of this. I say, we could spare ourselves a good seven or eight pages of this bill by simply making the Patient Ombudsman an independent officer of this Legislature and forget about having her as an employee of Health Quality Ontario. This is something that she has asked for herself. This is something that I've presented many private member's

bills to ask for, and this is something that would make this position even more valuable to the people of Ontario.

So rather than all of this legal gymnastics to protect her office and give her the access she needs, why don't we just do the right thing: Take the Patient Ombudsman away from being an employee of Health Quality Ontario. There is no problem with Health Quality Ontario, but our Patient Ombudsman should not be one of its employees. The Patient Ombudsman should be an independent officer of this Legislature so that people have the necessary trust to share with her office some of their most personal information.

When something goes wrong in our hospital system, when something goes wrong in our health care system, usually it's not a fun time, and the Patient Ombudsman is there to help them. So I certainly hope that the Patient Ombudsman will have the opportunity to come to committee and clarify this part of the bill.

There are still many schedules, eh? Oh, my—and very little time.

Schedule 8: the Ontario Mental Health Foundation Act. Right now, our mental health system is having a tough time. Most of the mental health units in our hospitals are over capacity. The wait time in emergency to be admitted to a mental health bed could be as long as five days if you are a child in Sudbury, and very long in other parts of our health care system.

The Select Committee on Mental Health and Addictions—our number one recommendation was to give mental health and addictions a home. None of this has been put into place.

The Ontario Mental Health Foundation was a foundation that would get \$1.8 million a year from the government to fund research in mental health. They were also able to get donations so that they could allocate those dollars for research.

**1630**

The government has decided to do away with the Ontario Mental Health Foundation and keep that \$1.8 million with all of the other health research funds. Will that be good? Will that be bad? I know that the Ontario Mental Health Foundation will continue to exist. They will not receive \$1.8 million from the government anymore. Apparently, the government is committed to keeping \$1.8 million in mental health research, but none of that is in writing. All we have in writing is that the money will no longer be given to this organization that only prioritizes mental health research.

I would like this House to prioritize mental health. We need to do better in our mental health system. We need to do better in our addictions system. Look no further than all of the tragic deaths through opioids and fentanyl that are happening throughout our province for the need to have research in mental health, to have best practices and to give mental health a home so that we do better.

The government seems sincere when they say they intend to keep the \$1.8 million for mental health research, but it won't be a guarantee anymore. We know that governments change, and we all know that, on the

list of priorities for health care, mental health is often at the bottom. They are the poor cousin of the poor cousin. They used to have \$1.8 million guaranteed for them; now it won't be there anymore.

Then we have the Ontario Drug Benefit Act. Remember, I started my speech today—it seems like a long time ago, but it wasn't that long—by talking about the community health centres and nurse practitioner-led clinics and the good work that they do. Schedule 7 will actually allow nurse practitioners, mainly, to prescribe, as well as for their patients to be reimbursed. What happened is that we changed the scope of practice of nurse practitioners, of nurses, of pharmacists and many of the 27 regulated health professionals. We changed their scope of practice: Nurse practitioners now are allowed to prescribe. But let's say it is a drug that is on the—

*Interjection.*

**M<sup>me</sup> France Gélinas:** No, no: the drugs on the formulary that are exceptional-access drugs. The nurse can prescribe it if you have a plan and if you pay for it, but if the government is the one paying for it, then it has to be a physician. That makes no sense. Schedule 7 will allow the government to fix this. Rather than have the Exceptional Access Program solely for physicians and the limited-use program solely for physicians, it will now be for prescribers. Then the formulary will be able to accept prescriptions whether they come from physicians or nurse practitioners. We can see a future, soon, where nurses will come to prescribe or even pharmacists will prescribe, and a number of other regulated health professionals. So this has the opportunity to do good work, and it's included in Bill 160.

Then we have the Medical Radiation and Imaging Technology Act. Basically, that act governs medical radiation and imaging technology, which is defined as “the use of radiation, electromagnetism, sound waves and other prescribed forms of energy for the purposes of diagnostic or therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.”

Basically, “the college to govern the profession and its council are provided for, as are restricted titles.” I would say things have changed a whole lot; even the name “medical radiation technologist” has changed. We now have sonographers; we now have at least 10 different professionals that work within that field, and that needs to be clearly included and regulated by a college.

I would say that it's a long time coming and certainly overdue that we make those changes. You have to remember, Speaker, that the number one reason why we have those 27 health colleges is that they exist to protect the public. When a profession does not have a college, public protection is not the name. It was high time that we did those changes, and I'm happy to see that they will be there.

I'm also very worried about the time.

We also have schedule 1. Schedule 1 deals with the Ambulance Act. There are two parts to the changes. The

first one is that—right now, if you call 911 and an ambulance comes, they have one choice. They bring you to their base hospital. It doesn't matter where they pick you up in the province, in your city—they can pick you up anywhere, but they bring you to one point. They bring you to your local emergency. The act would allow us to change this. Rather than having a sole hospital recipient, they could have the opportunity to bring you to maybe a mental health centre, a detox centre or something else.

The act is very broad, and it worries me a bit about what we do with things such as choice. I can speak for the north. There are places in northwestern Ontario where some First Nations women would never agree to be brought to specific health care providers because of the racism that exists, and they know it. They will want to go to the hospital. Are they going to have to give consent? Are we going to give them the choice? None of this is in the bill, so that always worries me—not as much as the lack of time, though.

The second part is having other classes of professionals also providing this care and bringing forward some pilot projects where an EMS person could ride other than in an ambulance.

My time is up, but there's still lots to say about this bill.

**The Acting Speaker (Mr. Rick Nicholls):** Questions and comments?

**Mr. John Fraser:** It's a pleasure to respond to the member opposite. She used her time very well, I think. She got a lot in there in that full hour.

I'd like to say a few words about the Oversight of Health Facilities and Devices Act. If passed, this legislation will establish a single regulatory framework that streamlines, modernizes and strengthens oversight of community health facilities and energy-applying and -detecting medical devices, and enhance patient safety and quality of care.

As modern health care evolves and new technologies are being developed, Ontario is strengthening the safety, quality, oversight of and transparency around services delivered in community health facilities and with medical radiation devices such as X-ray machines, CT scanners, ultrasound machines and MRIs.

In order to avoid regulatory gaps in the transition from the HARP Act to the new legislative regime, if the proposed legislation is passed, the ministry will propose safety and quality standards in regulations for devices that are currently captured under the HARP Act.

To support this work, the Minister of Health and Long-Term Care would look to establish a task force to advise Ontario on new and enhanced safety and quality standards for X-ray devices that are currently regulated under the HARP Act.

The ministry is seeking a maximum of 12 members for appointment to the task force, including a chair. The minister intends to appoint Dr. David Jaffray as chair of the task force. Dr. Jaffray is executive vice-president, technology and innovation, of University Health Network.

The task force will be comprised of technical experts and medical experts with significant expertise in X-rays and with regard to facilities, equipment, use of X-rays, quality management processes, system learning and enforcement.

1640

**The Acting Speaker (Mr. Rick Nicholls):** Further questions and comments? The member from Thornhill.

**Mrs. Gila Martow:** Thank you very much for remembering the name of my riding, Mr. Speaker.

I'm very pleased to rise after the member from Nickel Belt's speech. She's always a pleasure to listen to, especially on the topic of health care. We're talking about Bill 160, the Strengthening Quality and Accountability for Patients Act. I can't touch on everything that she spoke about, but one thing that I do think about quite often is—she mentioned pharmaceutical companies. I don't know that there are really trips, but I guess there are dinners or other things that go on for doctors.

Since I'm somebody who worked in the health care profession, I think we call it a "profession" for a reason. Our health care professionals are professionals. We count on our firefighters doing what's necessary, even when they're off duty; our first responders, as well. I think that if our physicians and other health care workers in Ontario were only doing it as a job for remuneration, we would not have the great health care that we have.

The fact is that our health care professionals, far and wide, are professionals. They wouldn't prescribe something based on a dinner with a pharmaceutical company. I think that we have to recognize that if our physicians, nurses and other health care professionals are not getting the continuing education for new treatments and new pharmaceuticals through the pharmaceutical companies and the other industries out there, then it is up to us to fund all of that continuing education. Our teachers go for continuing education every year, and it is funded by our taxpayers. Maybe that's something that the NDP and the member from Nickel Belt are suggesting.

As she mentioned, we have problems in mental health care—that is not funded. We have an opioid crisis in Ontario. This all requires funding, and I'm very interested in hearing all of the suggestions.

**The Acting Speaker (Mr. Rick Nicholls):** Further questions and comments?

**Mr. Taras Natyshak:** I want to commend my colleague the member from Nickel Belt, our health critic, for thoroughly explaining the bill. She does a great job and is eloquent in dissecting the various schedules in the bill—10 schedules, quite a large bill. We deem it as being an omnibus type of bill because of the nature of how fragmented it is and how many parts of our health care system that it deals with.

She spent a good amount of time on schedule 9, which is one that should give us all reason for concern in this House, whereby the government is overhauling the licence framework for independent health facilities and out-of-hospital private clinics, to bring them under one common framework. It renames these facilities as

"community health facilities," which is a little bit of trickery there. We know that community health teams in our community are non-profit community health centres that are governed by the government and operated as such.

We certainly want to make that distinction, because people going in are going to be met with some of the barriers to access, as the member had explained. Before you get your colonoscopy, you're going to have to potentially meet with a dietitian—there's 50 bucks; you'll meet with a nutritionist—there's another fee for service that isn't complementary to the universality of our health care system.

Regardless, I want to commend our member here. She stood for an hour on a really complex bill with just an encyclopedic amount of knowledge about the bill and our current system. She does a great job in her role, and I want to thank her for doing her homework on the bill and knowing her file.

**The Acting Speaker (Mr. Rick Nicholls):** Further questions and comments?

**Mr. Han Dong:** I'm very pleased to comment on the points made by my colleague from Nickel Belt. I'm very pleased to be able to debate this bill, the Strengthening Quality and Accountability for Patients Act.

I was paying attention to what she was talking about, especially the part on the mental health and addiction supports. I'm pleased again to report to the House that I had the pleasure of joining the Minister of Health and Long-Term Care at a groundbreaking ceremony at CAMH for their third phase of capital expansion, which will create more capacity to look after more patients and people in need of supports.

This piece of legislation, if passed, will make information on payments from the medical industry to health care professionals and organizations available to the public. It will require the medical industry to annually report payments, including paid meals, travel, research grant, fee-for-service such as consultation or sponsored speaking engagements.

We are not alone in proposing this kind of measure. France, United States, Belgium, Denmark, Portugal and Slovakia have all addressed this issue through legislation. We're just aligning ourselves with a growing movement. If passed, we are going to be the leader nationwide, as we are the first jurisdiction looking to this problem in Canada.

I'm very pleased with this bill. I look forward to more debate on this bill. I'm happy to throw my support to this bill.

**The Acting Speaker (Mr. Rick Nicholls):** Back to the member from Nickel Belt for final comments.

**M<sup>me</sup> France Gélinas:** I would like to recognize that the president of the Ontario Professional Fire Fighters' Association is here with us in the gallery. His name is Rob Hyndman. Welcome to Queen's Park. It's always nice to see you.

I guess I will go back to schedule 1, which is probably the schedule that interests them the most. In schedule 1,

there's an amendment to the Ambulance Act to enable the government to allow paramedics to divert from non-hospital sites. There are also regulations that allow for a fire-medical pilot project through regulations to happen. I'm guessing this is the part of the bill that interests them more than confinement in long-term-care homes, but confinement is something firefighters care about also. Yes, it is not in the act, but it could be done through regulations with the changes that are being done in the act right now.

This is an omnibus health act. I will start by saying I don't like omnibus health acts because you talk about everything from emergency to long-term care to retirement homes to access to drugs to prescribing and disclosure to new websites and everything else under the sun. Some of it is well thought out, well done and deserves support. Some of it, frankly, needs to be thought through a little bit better. Some of it is truly offensive.

We are caught with a bill that has the whole gamut, from a really innocent part of a health care act that needs to be brought up to 2017, to facilitating privatizations and opening the door to changes in health care that I will oppose all of my life. Health should be based on needs, not ability to pay.

**The Acting Speaker (Mr. Rick Nicholls):** I beg to inform the House that, pursuant to standing order 98(c), a change has been made to the order of precedence on the ballot list for private members' public business such that Ms. Fife assumes ballot item number 20 and Mr. Singh assumes ballot item number 38.

I thank the member for her contribution to the debate.

Further debate?

*Interjections.*

**Hon. Dipika Damerla:** It's a pleasure to join this debate, Strengthening Quality and Accountability for Patients Act. I really want to thank the member from Eglinton-Lawrence for cheering me even before I speak. I appreciate that.

I just want to begin with the Retirement Homes Act changes because that's dear to my heart and I care for this as the Minister of Seniors Affairs. I just want to say that we're bringing forward some changes that are really meaningful. I think one of the most important changes that we are making is that we are making it easier for the Retirement Homes Regulatory Authority, which is the RHRA, to further ensure the safety of our retirement homes.

One of the anomalies with the current system is that the RHRA has a lot of power to inspect and enforce the regulations of the RHRA if the home is licensed. But if the home happens to be unlicensed or the home happens to be operating illegally, under the current system the RHRA has very limited powers to go in and inspect. How do you even begin to bring a home that is operating without a licence into compliance if you can't go in to inspect to find out what the ground reality is?

**1650**

What this amendment does—it's really powerful—is now enable the RHRA to have similar powers in terms of

going in to inspect a home that is not yet licensed in order to find out what's going on there and whether it is indeed a retirement home—the old saying in English, “If it walks like a duck, then it must be a duck” kind of a thing. If it's operating as a retirement home, providing services and has a number of seniors but has failed to fall under the regulatory authority, the first step to be able to bring it into compliance is to actually go in to inspect the physical location. So this is a very important change that we are bringing forward.

Speaker, it was remiss of me to not mention this earlier on, but I will be sharing my time with the Minister of Indigenous Relations and Reconciliation.

Coming back to the Retirement Homes Act, the other thing that we have done is that voluntarily, as a government, we are now bringing the retirement homes sector under the Auditor General. Going forward, the Auditor General will be able to audit this sector. This is a great example of the government, of its own accord, seeking to shine a greater light on our operations. Again, we're doing this because we truly believe that it's important that Ontario seniors are very safe in our retirement homes. We believe we have a really robust regulatory authority. We believe that the vast majority of retirement home operators operate absolutely marvellous establishments, and we're happy to have the Auditor General come in and see and, if there's room to improve, allowing us to improve.

Similarly, Mr. Speaker, I had the privilege of serving as the Associate Minister of Health and Long-Term Care, with responsibility for long-term care. So I'm really pleased to see that this act is bringing forward certain changes with long-term-care homes, changes that I'm familiar with and changes that I worked on when I was the associate minister.

A really important one is the fact that now, under the Long-Term Care Homes Act, one of the challenges in the old enforcement system was that inspectors would go in, find that a home was out of compliance, issue an order, come back three months later, and if the home didn't come back into compliance, the inspector goes back in, issues a second order, and it was back and forth. There weren't enough consequences for a long-term-care home that didn't come into compliance quickly enough. There was always the ability for the ministry to revoke a licence, but that is an extreme step. There really wasn't something in between that would act as a carrot and a stick for long-term-care homes to come into compliance when they were out of compliance.

Now we are actually enabling, once the inspector goes in and inspects a home and finds that they're not in compliance and issues an order—if the home doesn't come into compliance within a certain period of time, we have the ability now to levy administrative penalties. Again, those administrative penalties act as an incentive, a carrot-and-stick approach. The good operators come into compliance quickly and so there will not be any administrative penalties, but for those who continually do not come into compliance, this does provide a new enforcement tool.

In the same spirit of strengthening enforcement, the amendment under the Long-Term Care Homes Act also increases the maximum fines for all offences under the Long-Term Care Homes Act. For an individual, for a first-time offence the fine will be raised to \$100,000; \$200,000 for subsequent offences. For a corporation, the maximum fine will be raised for a first-time offence to \$200,000 and to half a million dollars for subsequent offences. As you can see, these are fairly significant penalties and speak to the fact that we take compliance issues in the long-term-care sector very seriously.

I also want to touch a little bit on what I think is a really great change, which is around the Ambulance Act. Under the old system, if 911 was called, even if it was apparent that perhaps the person who had called 911 did not have to go to emergency, under the old act, I guess the paramedics had to take this person to emergency. Now there is greater discretion being given to paramedics under the system. I think it's a common-sense change. I really support it.

I do want to say that the MPP for Trinity–Spadina looks very well in that chair. It suits you. It's good to see you in that chair.

**Ms. Daiene Vernile:** He's in the big chair.

**Hon. Dipika Damerla:** He is indeed in the big chair.

The last piece that I wanted to touch on was some of the changes and the greater transparency we are bringing under Open Pharma.

I was curious to hear the member from Thornhill make a link between our requirement that physicians are more transparent in reporting payments that they may be getting from pharma companies and the fact that physicians need to learn about new drugs. Absolutely, there's no question that physicians need to learn about new drugs, and there is a role for pharmaceutical companies to go in and educate doctors on the latest medications.

But that is separate. We're not saying that that practice should not continue. All we are saying, should there be a monetary exchange of any kind, is that it be recorded, that it be transparent. We're not banning this practice. We understand that physicians are professionals who need to go for professional development. All we are asking for is greater transparency. I believe it's a really good balance.

I wasn't sure where she was going with that argument, suggesting that somehow this would get in the way of physicians continuing to upgrade themselves and their knowledge.

Overall, Mr. Speaker, I think that this bill has some really, really important pieces, whether it's on Open Pharma, long-term care, the Ambulance Act, the Retirement Homes Act—some really good pieces. I believe that the bill has been very aptly named. It's really patient-centric when you look at all of the pieces, whether it's around transparency, changing the Ambulance Act, stronger enforcement in the retirement homes sector or stronger enforcement in the long-term-care sector.

It really is focused on the resident, on the patient, on Ontarians. It's a really good bill, and I'm pleased to support it.

**The Acting Speaker (Mr. Han Dong):** I recognize the Minister of Indigenous Relations and Reconciliation.

**Hon. David Zimmer:** Speaker, I'm going to just touch briefly on five points. I want to touch on the enforcement provisions. I want to touch on some provisions respecting ambulances, and some very important provisions affecting confinement issues in long-term-care homes and retirement homes; I'll say a few words about retirement homes. Then I want to offer some comments from people who are supportive of the legislation.

Let me start first with the entities who are supportive of this legislation, in no particular order. Dr. Adalsteinn Brown, who is the interim dean of the Dalla Lana School of Public Health here in Toronto, speaking with respect to the information provisions, said, "Improved access to information can only reinforce the credibility and reputation of our health care institutions. I support increased transparency within Ontario's publicly funded health system. Transparency will increase public trust and help providers, patients and their families make the best possible "choices." That, in many ways, is what this legislation is all about.

Here's a quote from Chris Dennis, who is the chief executive officer of the Alzheimer Society of Ontario. Alzheimer disease is really top-of-mind to seniors, and in the minds of seniors' children who are charged with their responsibility. He says, "We are supportive of transparency around private sector influence in the delivery of health care and commend Ontario's leadership on this issue. Quality of patient care is paramount, and we think everyone in the sector has a role to play to ensure that Ontarians are well-informed so they can make the right decisions" about their health care.

**1700**

I have a supportive quote here from Family Councils of Ontario, from Lorraine Purdon, who is the executive director of Family Councils of Ontario. She says, "Family Councils of Ontario (FCO) supports these new enforcement tools and will continue to work with the Ministry of Health and Long-Term Care and other sector partners towards better care and safety for all residents living in long-term care homes. We applaud these improvements to the Long-Term Care Homes Act, as well as the transparency of the inspection process that FCO, families and residents have been working towards."

Let me offer a quote from Dr. David Rouselle, who is the president of the College of Physicians and Surgeons of Ontario, obviously an entity that is following these developments and this legislation closely. Dr. Rouselle says, "We support the government's commitment to transparency and see disclosure of payments to health professionals as complementary to the expectations set in the college policy, Physicians' Relationships with Industry." He went on to say, "We support this direction moving forward and are pleased to see that the scope of the disclosure will be broad and that it will include all health care professionals."

Doris Grinspun is the chief executive officer of the Registered Nurses' Association of Ontario and has spent

many, many hours in this Legislature watching the debates over the last number of years on various health care issues. I expect that most members in this House, from all three parties, have had meetings with Dr. Grinspun and the RNAO and her team. This is what she says about this legislation—and as I said, she follows these matters like a hawk. I have had conversations with her. She is a woman who speaks truth to power. She says, “This legislation is an important step to avoid perceived or real conflict of interest between drug and medical devices companies with health professionals. Registered nurses and nurse practitioners welcome increased transparency, and respect it as an important principle, and as part of the responsibility they have towards their patients and the health care community.”

That says a lot about the quality, the intent and the effectiveness of this proposed legislation.

Let me now say a few words about enforcement, because, of course, without adequate enforcement and transparency in matters related to enforcement, the legislation would be much, much weaker.

Under the legislation, the ministry would have the authority to appoint an inspector to audit suspicious activity. The ministry could send in its own auditors, the Ministry of Finance auditors, or hire—importantly, on this point—third-party auditors to undertake inspections for suspicious activity.

This is consistent with how the ministry enforces other legislation, such as the Ontario Drug Benefit Act and the Health Insurance Act, which sometimes use third-party auditors and/or police to investigate matters.

In addition to inspection and auditing powers, the proposed legislation would also enable the minister and inspectors to issue compliance orders and to apply to the Superior Court of Justice for compliance orders. It’s all an effort to broaden the ministry’s enforcement options, particularly in respect of companies that are based outside of Ontario.

The legislation would enable the minister to request reports from affiliates of transfer-of-value payors.

In addition, the bill, if passed, will do much to increase transparency and accountability in a number of other ways. It would do a number of things. It would guarantee that all long-term-care home operators are providing safe and quality care for residents. How will that happen? That will happen through a much stronger inspection program with much more robust enforcement tools, including financial penalties and various provincial offences.

Again, I want to stress the enforcement provisions—the robust enforcement—the transparency and the accountability, because that’s something to which all citizens, whether they’re senior citizens or members of their supportive families, are entitled.

Also, in terms of accountability, the legislation would give ambulances the ability to transport patients to more appropriate care settings, such as mental health facilities, to best assess their individual needs. Right now, there are a number of restrictive policies in place that apply when

a first responder shows up, in terms of what they can do with transporting a patient. There’s a protocol which does not necessarily meet the needs of the patient who is being transported. The idea here is to get that patient, or the person who’s in the ambulance, into the right facility to deal with the right complaint that they have.

This would also have the side benefit of reducing overcrowding in emergency departments and providing the best care for patients in the most appropriate settings when they call 911. Right now, first responders—ambulances—are in many ways tied in a knot, in the sense they have a patient in an ambulance and their only option is to go to the emergency ward, when in fact there are other options that are available to the first responder. But existing protocols require this idea that you have to go to emergency, and from emergency you get sorted out and then either held at emergency or transferred somewhere else. This gives the first responders flexibility. It also requires that they make an assessment of where they should transport the patient. This, of course, has the added benefit, or the ancillary benefit, of reducing overcrowding in emergency wards.

In short, what this is going to do is protect Ontarians and Ontario seniors in their day-to-day lives by bringing new options that first responders are going to be able to attempt.

Speaker, I represent the riding of Willowdale, and I can tell you that health care is of particular interest in Willowdale. Willowdale has one of the largest seniors’ populations of any of the political ridings in Ontario, and indeed in Canada. When I’m at my constituency office on Fridays and on other days when this Legislature is in recess, I always see a couple—two, three or four seniors—and, inevitably, in most cases, it’s on health care issues, long-term-care issues, retirement home issues and the like. I can tell you that they are looking for this piece of legislation with its new options, its new transparency, its new accountability and its new enforcement provisions.

**The Acting Speaker (Mr. Rick Nicholls):** Questions and comments?

**Mr. Steve Clark:** It’s a pleasure to rise on behalf of the people of Leeds–Grenville to add a few comments to the debate on Bill 160. When it comes to strengthening quality health care for patients in ridings like mine, you’re talking about access. I’m constantly standing up on their behalf to maintain services, particularly access to specialized care. Patients already face tremendous challenges without constantly being forced to travel great distances for treatment—and that’s the reality for too many patients, I find, in rural and northern Ontario.

I want to take this opportunity to acknowledge Pat Evans. She’s a tremendous advocate in north Leeds for patients with Parkinson’s disease. Pat organized the Parkinson SuperWalk held on September 9 in Perth, which raised an amazing \$30,000—quite a feat for a first-time event.

1710

Pat has spoken to me quite often about how Parkinson’s patients in north Leeds and also Lanark county



need local access to a movement disorder specialist. Our region has lost its specialist, and patients now find an unacceptable two-year wait to see one either in Kingston or Ottawa.

Beyond the need to train new specialists and work on establishing clinic time in rural communities, Parkinson's patients in my riding need access to exercise programs and support groups. As Pat told a local newspaper, "Access to medical and other supports closer to home can make a real difference in the lives of those living with Parkinson's and their families."

I agree 100% with Pat. I hope the minister, who I am looking at now, the South East LHIN and the OMA will help us develop a plan to make Pat's vision a reality.

Thank you for allowing me to put those questions and comments on the record, Speaker.

**The Acting Speaker (Mr. Rick Nicholls):** Further questions and comments?

**Mr. Taras Natyshak:** I'm pleased to be able to join the debate on behalf of my riding of Essex.

I listened intently to our colleague the member from Nickel Belt as she explained the schedules of the bill. There are 10 schedules. Some of them are quite common sense; some of them are innocuous; some of them have deep ramifications, and we should be concerned about them.

Schedule 9 overhauls the licensing framework for independent health facilities. What we believe this does is it opens up the doors to further privatization of our health care system. This is contrary to the principles of universality that our system was based on—one that we cherish, one that works. If we further degrade it, then the system itself is left to not be able to care for our citizens in the appropriate way.

Another schedule she talked about was schedule 4, which introduces the Health Sector Payment Transparency Act. Essentially, it will provide a public shaming mechanism for pharmaceutical companies when they entice physicians with a variety of different pharmaceuticals. You will have trips being given to doctors and other health care professionals, sponsored by a certain company, and, lo and behold, you will see a correlation to that product being promoted by that professional. We certainly want to avoid that. We want our health care professionals to be prescribing medicine and pharmaceuticals based on clinical evidence and not based on who sent them on the latest, greatest trip to who knows where in the world. This is something that I think is common sense and something that the government should avoid wholesale; it should prohibit that type of exercise from happening.

**The Acting Speaker (Mr. Rick Nicholls):** Further questions and comments?

**Mr. John Fraser:** I want to respond to something that the member from Essex said with regard to the transparency piece in the bill. I can understand what he's saying by "shaming," but some of those transfers that exist inside that realm do things that fund patient groups or provide some money for some research that's needed.

So I think it's really more of an attempt to create transparency so that you can say, "Well, here's how much money there is. Here's what we gave it for." When it's out in the open, if you're taking a trip and there's no value that can be seen, then people can make their decision on their own. I'm not sure we want to fully restrict that. I know where he's coming from on that. But I think there are some benefits, so we've got to strike a balance in there.

All the schedules in this act are important. With regard to the regulation and the changes to the Retirement Homes Act, I would like to congratulate the minister. I think strengthening the oversight of the Retirement Homes Regulatory Authority is critical. It's going to lead to more transparency and accountability in governance through changes, including permitting the Auditor General to conduct value-for-money audits to the RHRA, as well as giving the minister authority to require reviews of the RHRA and making other housekeeping amendments that would improve the operation of the RHRA, such as establishing deputy registrars to maintain business continuity.

Just in response to the member from Leeds–Grenville: We all have champions in our ridings who try to move things forward in terms of services, in terms of trying to create a stronger community for those people who have certain health care needs. Sometimes the challenge with specialists is the availability, but also the number of reps, if you want to say, that a specialist needs to have to maintain their competency. That's one of the challenges when we look at the distribution of specialists. We always have to keep that in mind—that they need to get their reps in in order to become proficient.

**The Acting Speaker (Mr. Rick Nicholls):** Further questions and comments?

**Mr. John Yakabuski:** I heard the government side and also the member from Nickel Belt speaking on Bill 160. I am looking forward to my colleague from Elgin–Middlesex–London, who will be doing our party's lead as our health critic shortly.

It's interesting that I heard the member from Ottawa South talk about transparency and accountability. We really would like to see a lot more transparency and accountability from this government. When this government was elected, in the throne speech in 2014, I remember this Premier talking about how that would be the watchword of her government—transparency and accountability. Well, it's only an issue of successive reports by the Auditor General that would make one question if this government even understands or wants to understand the meaning of the words "accountability" and "transparency." What we received today, the most recent, probably the most scathing report that this auditor has written about this government—when you talk about this government, that is saying a lot. But this so-called fair hydro plan, if we want to talk about accountability—

**Hon. David Zimmer:** Speaker, point of order. You've got to at least be on topic. We're talking about the health bill.

**The Acting Speaker (Mr. Rick Nicholls):** I recognize the Minister of Indigenous Relations and Reconciliation on a point of order.

**Hon. David Zimmer:** He should be on topic.

**The Acting Speaker (Mr. Rick Nicholls):** Thank you. I'm listening carefully.

Continue, please.

**Mr. John Yakabuski:** I believe, Speaker, I am exactly on the topic, because they're claiming in this bill that it is based—the word “accountability” is right in the title of the bill, I say to the minister. If you want to stand up and interrupt the person speaking in this House, at least stand up and show that you're accountable, because this latest Auditor General's report shows that this government has done everything but be accountable. In fact, they have even set their own accounting rules so that they could pretend that Ontario would be in a different financial position than it actually will be.

Change the rules to suit themselves—that's accountability? I think not.

**The Acting Speaker (Mr. Rick Nicholls):** For final comment, I return to the Minister of Indigenous Relations and Reconciliation.

**Hon. David Zimmer:** Thank you, Speaker, for allowing me the final comment on this. I feel compelled to express my amazement at the member opposite, that he was just able to put together what I can only describe as a quotidian screed. You better look it up, Speaker, before you ask me to—

*Interjections.*

**Hon. David Zimmer:** A quotidian screed. See? I can't get a response out of him because he is not sure what a quotidian screed is. But I will, while you're looking—

*Interjections.*

**Hon. David Zimmer:** Quotidian screed is spelled Q-U-O-T-I-D-I-A-N, one word; second word is “screed,” C-R-E-E-D—

**Mr. Shafiq Qadri:** S-C.

**Hon. David Zimmer:** S-C-R-E-E-D.

Now, my friend the member for Etobicoke North knows what I am referring to. Since I have used an expression, and obviously people are not sure whether it should be ruled out of order or not, I can continue on and repeat: I have just heard a quotidian screed. A quotidian screed doesn't really dignify a comment other than to note that it's a quotidian screed.

**Mr. John Yakabuski:** Point of order.

**The Acting Speaker (Mr. Rick Nicholls):** Point of order. I recognize the member from Renfrew–Nipissing–Pembroke, who will probably give us a definition.

**Mr. John Yakabuski:** No, I won't give a definition, but I will point out that the minister rose to chide me for what he felt was not speaking to the topic and the bill. I would actually say that perhaps he can do the same, speak to the bill. He's not responding to me; he's responding to the Speaker.

**The Acting Speaker (Mr. Rick Nicholls):** Thank you.

Continue, Minister.

1720

**Hon. David Zimmer:** Well, when you find out what “quotidian screed” means, you'll know that I'm directing my comments to the substance and quality of your earlier comments on this debate.

**The Acting Speaker (Mr. Rick Nicholls):** Thank you very much, Minister.

Further debate?

**Mr. Jeff Yurek:** I'm proud to rise—it won't be quite an hour today; it'll be 40 minutes—to bring forth some debate with regard to Bill 160, An Act to amend, repeal and enact various Acts in the interest of strengthening quality and accountability for patients.

Mr. Speaker, I have a problem with omnibus bills coming forward, because they can put so much in, and it limits the amount of debate you can actually do to actually deal with each and every issue within an omnibus bill. With the track record of this government, we know that they are going to decrease debate on this and speed it through committee and therefore run against the true democratic process by pushing through such omnibus bills.

I do remember the government, when they were in opposition, continually howling at the government of the time putting through omnibus legislation. It's unfortunate that now, after 14 long years, they believe it's right not only to bring forward omnibus legislation but also to fast-track it through the process. For anybody at home looking at it, it is one of the thickest pieces of legislation that we have seen in a while. Unfortunately, the time frame that we have to truly debate this and get it through committee is short.

I thought I would just touch upon some introduction on where our health care system is sitting in respect to not only Canada but the world, and some of the previous legislation this government has brought forward, before making some comments.

Usually in question period, this government likes to refer to how they're the best in Canada, or one of the best in Canada, but I think that if you truly want to measure the success of our health care system in respect to patient care and access to patient care, look at the Commonwealth Fund. The Commonwealth Fund puts out a report comparing Canada to other jurisdictions throughout the world. It actually gives you a true picture of where our health care system sits. If you were to take a look at some of their charts—I thought I'd read off where we sit.

Even though the minister will continually say that we're the best in Canada, if we look at some of the charts throughout the Commonwealth Fund, such as “Difficulty Getting After-Hours Care,” we sit eighth. The Netherlands is the best, followed by Norway, Australia, New Zealand, the UK, the States, Switzerland and Canada. Some 63% of people say that they have difficulty getting after-hours care—certainly not the best.

“Did Not Get Same or Next-Day Appointment Last Time You Needed Care”: Canada is last; 53% of people said that. Number one, again, is the Netherlands, then New Zealand and Australia.

“Cost-Related Access Barriers,” when you can’t access health care because of cost barriers: Canada is seventh. The UK, Germany and the Netherlands are the top, then Sweden.

We are ninth in overall access. We are 10th in safe care. We are 10th in efficiency and we are 11th in timeliness of care. I think the only time we’re not in 11th or last place is when we can beat the States; usually the States are beating us. Europe, Australia and New Zealand are far ahead of us..

I think this is what the Ministry of Health should be looking at—where we stand globally—because obviously being the best in Canada doesn’t give us the best health care system in the world. I think that’s what the people of this province want: not only timely access, but the best health care they can get, when they need it. If you look at the results of the Commonwealth Fund, we aren’t doing the best job.

We have some of the highest-trained health care professionals in this province, doing their best every day to gives us the health care we need. The structure the government has formed, the funding behind that, is failing Ontarians. It’s shown through the Commonwealth Fund, and that’s proof positive that that is where they’re at.

What this government has done over the last 14 years, Mr. Speaker, is that they’ve really grown the bureaucracy in our system. I do have a chart here of what the Ministry of Health looks like with their organization chart. When they formed government in 2003, there were five assistant deputy ministers. There are now over 20, with corresponding staff outlying them. So not only have they massively grown the bureaucracy, they’ve also decided to grow the bureaucracies in our communities through the LHINs, and now they’ve merged them with the CCACs.

If we actually look at what they’ve done—and I have a quick list here—with this growth from five to over 20 deputy ministers in the last 14 years, this government has eliminated district health councils, they’ve created the LHINs, they’ve restructured the Ministry of Health five times, they’ve changed the role of the CCACs, they’ve changed the structure of the CCACS and they’ve gotten rid of CCACs. They created the eHealth agency, which pulled it out of the ministry. They created the Health Quality Council, they created health links and they created hospital hubs. They changed the reporting structure of the CCACs and LHINs. They changed the reporting structure of primary care teams in clinics. They’ve created 78 sub-LHINs, or are going to. And they’ve changed local decision oversight to ministry oversight.

What they’ve done in their previous bills is they’ve taken any local say and control over health care, and they’ve usurped that power back to the ministry. The minister right now is probably the most powerful health minister this province has ever seen with regard to how he can control local health care.

Again, as I said, the size of the Ministry of Health itself has just exploded. What we have seen as a result of

that explosion of bureaucracy is a rationed health care system. We’ve seen people unable to get surgeries; wait times have exploded; people can’t access their doctor on time. In long-term care, there are no beds for people in our ridings, let alone if they get into long-term care. There’s not enough support from the government to get the care to the patients who are in the homes. We have thousands of people waiting for beds in our hospitals, holding up hospital beds. We have hallway medicine occurring in our hospitals because the emergencies are overflowing.

Mr. Speaker, we are seeing a mental health crisis because people can’t access the resources they need. We are seeing an opioid crisis the government has been slow to react to. But what has this government achieved? They’ve grown a massive bureaucracy and restructured the health system—experiment after experiment. The people who are suffering from it are average Ontarian patients only seeking to get the health care they need, and it’s unfortunate.

The health bills that this government has brought forward since I’ve been health critic—the Mental Health Statute Law Amendment Act, the Immunization of School Pupils Amendment Act, the Health Information Protection Act, the Patients First Act, the Medical Assistance in Dying Statute Law Amendment Act, the Protecting Patients Act, and now the Strengthening Quality and Accountability for Patients Act. Each one of these bills has done one of a few things: It’s increased the size of the bureaucracy; it’s increased the power of the ministry, revoking quite a bit of local decision-making in regard to health care; and it has decreased privacy of patient health records.

With each one of these bills going forward, this minister and ministry have devised bills in order to sneak in and take patients’ private, confidential medical records. It started with the Ministry of Health getting access to patient records. Then the LHINs are getting access to patient health. It’s unfortunate that this government believes they need to be involved in the health care professional and the patient’s confidential environment, that they need to actually be peering over the shoulder inspecting private medical records. At the end of the day, this government has reduced health care funding to areas that are needed in this province.

I thought I would give that as an overview, to start, of where we are with health care and where we’re situated with the record of this government. They can tout, through their budgets, expanding money here and there, but what they have lacked all along is that lots of the money has been going to the structure of health care and not necessarily to the front lines or to patient care itself. That’s unfortunate because Ontarians deserve better. If you look at the Commonwealth Fund, it’s showing that their record isn’t one that they should be proud of.

**1730**

I thought I’d go through the different schedules of the Strengthening Quality and Accountability for Patients Act. This bill was so large that my technical briefing took

two days. We had to schedule two different times because there is so much involved with this legislation. So many people showed up to that meeting to speak to you. Even at the end of the day, they didn't have all the answers to the questions that I asked, and we probably won't see any of those answers to the questions I asked until they start writing regulation. I'm pretty sure that for some of the pieces of legislation they've put forward they don't have answers as to how it's going to operate, but they will pass the legislation and then figure it out, instead of having a plan of operating.

Schedule 1 is dealing with the Ambulance Act. It's dealing with numerous items, but paramedics will get an enhanced role to play in on-scene assessment, diagnosis, treatment and referral. They can treat and release. They are also given the opportunity to not have to take them to an emergency department if they decide they don't need to.

The member from London West has brought this forward. In London, we have a mental health crisis unit in downtown London, and there's quite a bit of opportunity for paramedics, if they're picking up a client who is in mental health distress but not needing emergency services, to take them to that mental health crisis unit. I think that's a good move, and it's something that people have been calling for.

It is also opening up the idea of giving the minister the power of who can act as a paramedic. It's protecting the title of the paramedic, which I think is much needed. We could be discussing a regulatory body for paramedics, which has been asked for, but this government has decided it's not needed, but I think a lot more thought and discussion need to be going into whether or not we truly believe paramedics are health care professionals who could self-regulate and maybe fix some of the gaps in the system.

This bill will also allow the government to create the role of a fire-medical. They're planning on doing a pilot project to see how this role works. It's out there in other jurisdictions. I'm waiting to see what the rollout of that pilot will be, the details, and look forward to the results when the pilot projects are done.

The second part of this bill is the Excellent Care for All Act. Basically, this bill is dealing with Health Quality Ontario and the Patient Ombudsman. Please note: just a reminder to those listening that the Patient Ombudsman isn't a truly independent officer of the Legislature. She reports to the government with regard to Health Quality Ontario, etc. So these are dealing with issues dealing with the Patient Ombudsman and Health Quality Ontario. What it does is, it not only lets Health Quality Ontario purchase its own realty and expand as it grows, giving it its autonomy to be more operational without having to go through cabinet consent.

It is also changing use and disclosure of personal health information. I mention that; it's an ongoing theme with this government that personal health information is shared more widely throughout the province. We, on this side of the House, have concerns with the fact that

people's private health information isn't really private anymore. Thanks to this government over the last 14 years, it's pretty much open to the Ministry of Health to invade your privacy and go through your medical records.

With patient consent—through my technical briefing they say it's going to be consent—Health Quality Ontario would be able to access the private health information that the Patient Ombudsman collects and any details. So they can start using stories about patient care in their reports. A flagged concern is that, because it's an organization that reports to the Ministry of Health, I hope it doesn't become a branch, a beacon or something that reports only positive stories to benefit the government's policies. I have faith in the people running Health Quality Ontario that it won't. However, political pressure from the government of the day may send it otherwise.

The concern is not only that they're going to access patient health information but also that they're also blocking freedom-of-information protection of what they're collecting. So you're blocking off, actually, access to if they're hiding something or if there's more to the story than available—anybody accessing the truth. That's a concern that (1) they're accessing the private health information and (2) they're blocking freedom of expression.

What I found concerning—a couple of things on this part—is that the privacy commissioner isn't too supportive of this part of the legislation. An independent officer, the privacy commissioner, whose role is to ensure that the privacy of Ontarians is intact, doesn't support it; it's too broad. The wording is too broad. It gives them too much power. The government went forth anyway with this legislation and brought it forward. It only expands upon what we heard earlier from the Auditor General: that this government has no respect for the independent officers unless they agree with what this government is doing, and that's unfortunate to democracy.

We have an Auditor General saying that their financial records are a mess, we can't really believe what they're saying anymore with regard to their finances because they have their own system and they just change the rules as they go. Now we have the privacy commissioner saying that they're giving themselves too much power accessing private information. That's a concern, and it should be a concern for everybody in this Legislature that we're getting a government that is accessing confidential private information, which should only be held between the patient and their health care provider that they trust. It doesn't need the intruding eyes of any bureaucrat or any person in the Ministry of Health, let alone the LHIN. The LHIN has no right to personal health information.

The other part that I thought was really shocking is that they went over stakeholder engagement in creating this access to patients' confidential information. They spoke with the Ministry of Infrastructure, the Patient Ombudsman, Health Quality Ontario, the Ministry of Government and Consumer Services, the privacy commissioner—who said, "Don't do it," but they went

through with it anyway—and the OMA. I am glad they spoke to the OMA before writing the bill. I think this is probably the first bill in two years where they actually talked to the OMA.

What's missing from that group? Not one patient group was consulted in creating the bill to access patient information. They don't care about the patient. They care about the structure and the bureaucracy; they don't actually care about the patient. How can you create a bill accessing a patient's private, confidential information that affects the patient's care because the government is going to take that data and change things—how can you create that legislation and not include one single patient group? Not one. As a result, we'll hear some patient groups come forward in committee, but this government is not going to make any amendments. They never do. I don't recall any amendment that they passed from this side of the House in the longest time. Certainly they weren't interested in listening to patient groups before; they're not going to listen to them now. The amendments are going to have to come from us or from the third party. With this majority government and the way this government has acted through every piece of legislation, they don't want to listen to us either. It's unfortunate but this is a big fail: How can you create this piece of legislation and not talk to patients?

Schedule 3, the Health Protection and Promotion Act: This one is dealing mainly with the public health units and what they inspect, the public health inspectors. I like this part. I like this part because my wife is a health inspector. I think that too much of the role of health inspector is subjective out there, especially from health unit to health unit. Hopefully, this part of the legislation is going to add some consistency to the health inspection process, some standards that they're going to follow, because when you're dealing with public health, you are dealing with people who are trusting that these places all have the same standard across the board. We see it in restaurants: the green, the red and the yellow signs. If it's green, you know that the health inspector has been in there, but at least we know they've been in there. I don't see too many red ones; they don't stay red for too long. I haven't eaten in a yellow one, but I've known a few people to stop by a yellow one and risk it. Being the husband of a health inspector, I only eat in green restaurants.

**1740**

We're looking at hairdressing, body piercing, nail services, tattooing, water slides and splash pads. These are very important. If you're not getting the right amount of cleanliness precautions and standards to follow, it can be pretty precarious to anyone accessing those services.

What I'm interested in—and I haven't heard anything from the government—has nothing to do with this part of the legislation, because this is structural. There was a big article in the paper a while back on eye tattoos. I don't know if you saw that or not, but they're injecting and changing the colour of the eye from white to whatever colour they want. Nobody knows the long-term effects of

this. There's a chance of going blind during the procedure. The fact that it's still ongoing—I would hope that the government is somehow moving forward to banning this procedure, because we're going to pay for it down the road when these people change their minds and want their colour back, or if it actually soaks in and causes damage to the retina, or soaks into the body and causes something else. I don't know. It's pretty daring to stick a needle in your eye and change the colour. It's unbelievable. But I'm hoping that the government will step forward and take a look at what's going on there.

Schedule 4, the Health Sector Payment Transparency Act: This is where they're talking about adding transparency for the payments of anybody receiving payments from the pharmaceutical industry. There's nothing wrong with being that transparent. I'm sure that if we have a list of what—they focus on doctors, but they're not the only ones getting payments from pharmaceutical companies. As long as it has some context to the list and understanding—I mean, a lot of the continuing education that goes out there for health care professionals is paid for by pharmaceutical companies. We have to make sure that information is balanced, of course, going forward.

We also have to be cautious about how this is going to affect research. Pharmaceutical companies pay for a lot of the research going on in this province. Again, as long as we have some context and understanding, there's nothing wrong with this going forward.

The threshold to actually publish this: The government hasn't come up with one yet. During our technical briefing, they mentioned that in the States, it's \$10. Anything over \$10, they publish on this website. But they said the cost is \$200 million to \$300 million a year to run the site. It can't be easy to keep that up and running.

Ontario is smaller than the States, so I'm assuming the cost—it's going to be interesting, how they come up with the idea of what the threshold is going to be, and then where they're going to fund this cost to keep it operational and keep it up to date. Unless it's up to date, it's not that worthwhile doing.

The other item in this part that I wanted to make mention of—I know that the big talk is always on the physicians, but I mentioned it to those giving me the technical briefing, and they're going to take a look at it, but I thought I would raise it: long-term-care homes. Long-term-care homes receive payments from pharmacies for their business. That runs anywhere from \$60 to \$200 a bed a month. We have long-term-care homes receiving \$100,000 to \$150,000 a year. We don't know where that money is being earmarked to or where it's going to.

If our long-term-care system is set up so that they rely on these payments, then the government has really messed up the long-term-care homes if they can't function without backroom deals going on. I am hoping that those payments are also put on this transparency website. That's just one of the items.

I gave them another one: If a pharmacy rents out space to a doctor, that's obviously something that also has to be recorded and done.

I think there's more to discuss with this thing. I know it's the big thing, to list what the doctors are receiving, but I think we need to ensure there's context to this list. We need to ensure it doesn't drastically affect research in this province. We need to ensure it is across the board and not just focusing on one health care profession, and look at what's really going on out there.

The Medical Radiation and Imaging Technology Act, schedule 6: This part of the act, from speaking to people and from the technical briefing, is pretty straightforward with regard to the change to the College of Medical Radiation and Imaging Technologists of Ontario. I don't have a lot to add to this at this point. I will probably cover some of it in the other schedule that's going on and then close the two. I am just going to say we are looking at this and we look forward to more debate in committee as the medical technologists and radiologists come forward and those operating the X-rays etc. raise concerns, because I think just the colleges were stakeholder-consulted here—the colleges, so I'd like to see what the actual practitioners are.

Schedule 7, amendments to the Ontario Drug Benefit Act: A lot of this is making some changes with regard to who can write limited-use codes. Since we've expanded prescribing rights, I think it's important that we don't get bogged down in red tape—the fact that only certain professions can write the limited-use code.

The limited-use code is—basically, if a doctor prescribes a medication that's listed in the Ontario Drug Benefit Formulary, they can only prescribe it for certain conditions, which limits its use because it's usually expensive drugs. They have four or five different numbers they could code, and that allows the pharmacy to bill to get that drug coverage. If the doctor doesn't fill out the limited-use code or provide a code, the patient usually has to pay cash for that. It's just expanding, allowing the nurse practitioners—RNs are becoming prescribers—to ensure that they are able to add that limited-use code.

I wish we had an opportunity to talk about the Exceptional Access Program. That's for drugs that aren't really listed in the book and that doctors want to prescribe for their patients—the red tape and bureaucracy they have to go through to try to get that covered. Patients wait too long for those answers. It takes too long to figure out if the government is going to pay for that treatment—where the patient can be trying to seek alternative treatments. We should be having a discussion about expanding that.

Of course, starting this past September, the government instituted their pharmacy tax from the budget—2.8% of the cost of every prescription going forward will now go to the government as a tax to pay for their mismanagement of the health care system, in order to balance the budget.

**Mr. James J. Bradley:** We gave you everything you're asking for.

**Mr. Jeff Yurek:** Now, now, now.

The schedule 8 repeal of the Ontario Mental Health Foundation Act: This is pretty straightforward in this legislation. Basically, it's winding down the Ontario Mental Health Foundation. This is work that has been ongoing. My take is that they are becoming a charitable organization at the end of the conclusion of this wind-down. It's something that just needs to be done and they've stuck in this bill.

I wish we were having a more unencumbered discussion on mental health. We should be talking about children's mental health. The community-based organizations have had frozen funding since 2005, I believe, even though the demand has increased. The hospitals are overflowing, but patients have no alternative but to continue to flow into hospitals. It's an over 60% increase in ER visits and higher, 67%, for hospital admissions because these children, these youth don't have access to mental health services. If you're looking at the London area, I think it's up to 18 months to wait. If your child needs mental health counselling and such—

**Interjection:** It's terrible.

**Mr. Jeff Yurek:** It's terrible; I hate to say it. If they break their leg, it's set the same day. Could you imagine telling some woman who has brought her daughter in who broke her leg, "In 18 months, we'll fix your daughter's leg"? It wouldn't be acceptable, and it shouldn't be acceptable with mental health. This government needs to do a better job.

Adult mental health: There are no respite beds. There are no support services. They've shifted so much into the community without the ongoing support. After 14 years, this government has really done nothing with the portfolio—

*Interjection.*

**Mr. Jeff Yurek:** The select committee has been totally ignored.

Addictions: The biggest thing I'm hearing out there from the police and from average citizens I talk to is that there are no addiction bed services for these people, there is no residential care. There's so few; there is so little. That hasn't changed. We have an opioid crisis going on. This government is doing nothing to help get people off the drugs. We are trying to stop the epidemic of drugs coming in and keep them alive; now let's get them cured of this disease or on a better path. But there isn't anything there.

**1750**

The police tell me that they take someone in and the person has had a change of heart; they've seen their life has taken a bad turn: "I need some help. I want to get some services." There's nothing for them. Unfortunately, they get back into the habit because they've waited too long.

One thing I would like to mention is that I had a constituent call me—we fixed this with the LHIN, but this is how the system was operating; I went after the LHIN on this one. Their son, who was 18, wanted help, so he called the 1-800 line that you're given to get addiction help; they gave him another number to call. He

called that number; they gave him another number to call. He called that number; they gave him another number to call, and that number they gave him—the fourth one—was the original number that he had called. So he had gone in a circle. He had given up, and luckily his parents were there to support him and get him into London for help.

The system needs a radical reboot. It needs support from this government and not just headline-generating announcements. They actually need to do some action on this.

Schedule 9, the Oversight of Health Facilities and Devices Act: This is a bigger change. It repeals the Independent Health Facilities Act and the HARP Act. It amends the Private Hospitals Act, which revokes private hospital licences for the purposes of transitioning a private hospital into another regulatory scheme. It expands the scope of regulation beyond X-ray machines. It's aligning standards, hopefully, with colleges as they try to consolidate different acts into one: community health facilities.

The hope is to improve patient safety. We're still looking—I asked what the standards are going to be; they have not come up. They're still working. They don't know how this is going to work out at the end of the day. I offered to them that hopefully they utilize the health colleges in the rules and regulations they have done with their health care professionals. Because really, they're looking at affecting how ultrasound machines are used. I am kind of mixing the two up here with regard to magnetic resonance imaging and ultrasounds. Chiropractors use ultrasounds in their offices; dental offices are using X-ray machines. So I'm hoping they don't sit back and reinvent the wheel with how the standards are going to be. Utilize what is working out there and bring them together instead of spending money.

When asked what this is going to cost not only the health care provider but the system as a whole, they have no idea. It kind of scares me when you have this big piece of legislation making big changes and they have no idea, not even an estimate of what the costs are going to be. Of course, they're going to have to hire a whole bunch of inspectors to ensure that these regulations and changes are made.

This is a complete change; not only the health facilities that are offering X-ray machines, but as I mentioned, chiropractors, dental offices—a whole new slew of inspectors, which is fine, but I also offered that hopefully you can utilize other government inspectors that you have hired. Or you can, again, partner with the health colleges, which already have inspectors doing certain items, and maybe expand their role, considering, as I said, that the costs are going to be borne by not only the taxpayer but the health care professional.

We're good for standardization, but again, I wish we had a better plan of how this is actually going to roll out. We're hoping that, going forward, the government is doing better with regard to these plans, these implementations they come out with. I understand that it's an

election year and they want to say that they are transparent and accountable and they've pushed this legislation, but really, when you don't have a plan of how this is going to go forward, when you don't have a budget of what this is going to cost—budgets can really run out of control pretty quickly when you're doing it on the fly. This government has a terrible track record of managing budgets to start with, let alone the massive transformation that they're creating and their infatuation with the growth of bureaucracy in the system. So I'm hoping that with these changes, if they create these new standards, they're working with what's already existing to implement them, as opposed to creating a new agency or creating a—

**Ms. Laurie Scott:** Building a bureaucracy.

**Mr. Jeff Yurek:** Yes, a bureaucratic system that's within the system.

At the end of the day, I think that anything that comes forward in legislation with regard to health needs to have the focus on the patient: improving patient access, improving patient care and support of our health care professionals. It's obvious that this government has no real support of patients; otherwise, they may have been consulted on an omnibus piece of legislation that's affecting them and protecting their privacy.

I think there's going to be some good debate on this. Hopefully in committee we can fix some of the weaknesses in this piece of legislation going forward, but I don't know. I don't trust this government. I think we could say that, going forward, many Ontarians have trust issues with this government, not only in their ability to govern, but the fact that they can fix the problems that Ontario faces—a lot of the problems, they've created.

In 14 years of this government, how many independent officers have come out against this government, have warned this government? This government ignores the privacy commissioner, the Ombudsman and the Auditor General.

I think that what we need to do is—I don't know. How do we reboot this government? Either utilizing what they have left, their time—one thing I can say about this government: They have the best titles for legislation. They're sale pieces. It gives them the fancy headlines. They're fixing transparency and accountability. That is what they're doing: transparency and accountability. But what they're really doing as part of this legislation is that they're skewing some of the intentions with this legislation. We're not getting full transparency. We're taking away some confidentiality, the privacy of patients.

One thing I should mention with regard to transparency of health payments: This government is going into agreements with drug companies to receive secret payments back. I don't want the details of those contracts, but it would be transparent for the province to know the total amount of money this government is receiving from Big Pharma so they could list their drugs. I would love to see the total. I don't want the details of the different contracts. I don't need to know, because that makes people argue. Give us the total amount of money this Liberal government is receiving from Big Pharma. Put it down. If

you want transparency and accountability, let the people of Ontario know how much Big Pharma is paying you to list your medications on the drug formulary. I put that challenge out to you. I would love to see that transparency and accountability. We won't see it from them.

I can't even get this government to list how they spend the special-purpose account for hunters and anglers in this province. It's \$75 million a year. They are unaccountable for every single cent spent because they will not release the details. Hunters and anglers are upset. We are now seeing that you're—I'm not going to say "hiding." You are not showcasing, not letting the people of Ontario—

**Mr. John Yakabuski:** Oh, they're hiding.

**Mr. Jeff Yurek:** They're hiding. They're hiding the money that they are receiving from Big Pharma. They are not releasing that money to the people of Ontario, and I would hope that we would see that accountability and transparency. Unfortunately, we haven't seen that. What

they would rather do is—the general rule is, "We'll tell you what to do and how to do it, but we don't have to follow the same rules." That's how this government operates.

It's unfortunate, because what's good for the goose is good for the gander. I think accountability and transparency is the same across the board. I would hope that this government would be able to follow that rule. Maybe in amendments, maybe at committee, we could add that to the legislation and make this happen. I'm hoping that—

Am I done? Is it 6 o'clock? Are you cutting me off? Okay.

**The Acting Speaker (Mr. Rick Nicholls):** Thank you very much.

*Second reading debate deemed adjourned.*

**The Acting Speaker (Mr. Rick Nicholls):** It's now 6 o'clock. This House stands adjourned until 9 o'clock tomorrow morning.

*The House adjourned at 1800.*



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

Lieutenant Governor / Lieutenante-gouverneure: Hon. / L'hon. Elizabeth Dowdeswell, OC, OOnt.  
Speaker / Président: Hon. / L'hon. Dave Levac  
Clerk / Greffier: Todd Decker  
Deputy Clerk / Sous-greffier: Trevor Day  
Clerks-at-the-Table / Greffiers parlementaires: Tonia Grannum, Valerie Quioc Lim, William Short  
Sergeant-at-Arms / Sergente d'armes: Jacquelyn Gordon

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
<b>Albanese, Hon. / L'hon. Laura (LIB)</b>	York South–Weston / York-Sud–Weston	Minister of Citizenship and Immigration / Ministre des Affaires civiles et de l'Immigration
Anderson, Granville (LIB)	Durham	
Armstrong, Teresa J. (NDP)	London–Fanshawe	
<b>Arnott, Ted (PC)</b>	Wellington–Halton Hills	First Deputy Chair of the Committee of the Whole House / Premier vice-président du comité plénier de l'Assemblée
Bailey, Robert (PC)	Sarnia–Lambton	
Baker, Yvan (LIB)	Etobicoke Centre / Etobicoke-Centre	
<b>Ballard, Hon. / L'hon. Chris (LIB)</b>	Newmarket–Aurora	Minister of the Environment and Climate Change / Ministre de l'Environnement et de l'Action en matière de changement climatique
Barrett, Toby (PC)	Haldimand–Norfolk	
Berardinetti, Lorenzo (LIB)	Scarborough Southwest / Scarborough-Sud-Ouest	
Bisson, Gilles (NDP)	Timmins–James Bay / Timmins–Baie James	
Bradley, James J. (LIB)	St. Catharines	Deputy Government House Leader / Leader parlementaire adjoint du gouvernement
Brown, Patrick (PC)	Simcoe North / Simcoe-Nord	Leader, Official Opposition / Chef de l'opposition officielle Leader, Progressive Conservative Party of Ontario / Chef du Parti progressiste-conservateur de l'Ontario
Campbell, Sarah (NDP)	Kenora–Rainy River	
<b>Chan, Hon. / L'hon. Michael (LIB)</b>	Markham–Unionville	Minister of International Trade / Ministre du Commerce International
<b>Chiarelli, Hon. / L'hon. Bob (LIB)</b>	Ottawa West–Nepean / Ottawa-Ouest–Nepean	Minister of Infrastructure / Ministre de l'Infrastructure
Cho, Raymond Sung Joon (PC)	Scarborough–Rouge River	
Clark, Steve (PC)	Leeds–Grenville	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Coe, Lorne (PC)	Whitby–Oshawa	
Colle, Mike (LIB)	Eglinton–Lawrence	
<b>Coteau, Hon. / L'hon. Michael (LIB)</b>	Don Valley East / Don Valley-Est	Minister of Children and Youth Services / Ministre des Services à l'enfance et à la jeunesse Minister Responsible for Anti-Racism / Ministre délégué à l'Action contre le racisme
Crack, Grant (LIB)	Glengarry–Prescott–Russell	
<b>Damerla, Hon. / L'hon. Dipika (LIB)</b>	Mississauga East–Cooksville / Mississauga-Est–Cooksville	Minister of Seniors Affairs / Ministre des Affaires des personnes âgées
<b>Del Duca, Hon. / L'hon. Steven (LIB)</b>	Vaughan	Minister of Transportation / Ministre des Transports
Delaney, Bob (LIB)	Mississauga–Streetsville	
Des Rosiers, Nathalie (LIB)	Ottawa–Vanier	
Dhillon, Vic (LIB)	Brampton West / Brampton-Ouest	
Dickson, Joe (LIB)	Ajax–Pickering	
DiNovo, Cheri (NDP)	Parkdale–High Park	
Dong, Han (LIB)	Trinity–Spadina	
<b>Duguid, Hon. / L'hon. Brad (LIB)</b>	Scarborough Centre / Scarborough-Centre	Minister of Economic Development and Growth / Ministre du Développement économique et de la Croissance
Fedeli, Victor (PC)	Nipissing	
Fife, Catherine (NDP)	Kitchener–Waterloo	
<b>Flynn, Hon. / L'hon. Kevin Daniel (LIB)</b>	Oakville	Minister of Labour / Ministre du Travail
Forster, Cindy (NDP)	Welland	
Fraser, John (LIB)	Ottawa South / Ottawa-Sud	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
French, Jennifer K. (NDP)	Oshawa	
Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
<b>Gravelle, Hon. / L'hon. Michael (LIB)</b>	Thunder Bay–Superior North / Thunder Bay–Superior-Nord	Minister of Northern Development and Mines / Ministre du Développement du Nord et des Mines
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	
Hardeman, Ernie (PC)	Oxford	
Harris, Michael (PC)	Kitchener–Conestoga	
Hatfield, Percy (NDP)	Windsor–Tecumseh	
Hillier, Randy (PC)	Lanark–Frontenac–Lennox and Addington	
Hoggarth, Ann (LIB)	Barrie	
Horwath, Andrea (NDP)	Hamilton Centre / Hamilton-Centre	Leader, Recognized Party / Chef de parti reconnu Leader, New Democratic Party of Ontario / Chef du Nouveau parti démocratique de l'Ontario
<b>Hoskins, Hon. / L'hon. Eric (LIB)</b>	St. Paul's	Minister of Health and Long-Term Care / Ministre de la Santé et des Soins de longue durée
<b>Hunter, Hon. / L'hon. Mitzie (LIB)</b>	Scarborough–Guildwood	Minister of Education / Ministre de l'Éducation
<b>Jaczek, Hon. / L'hon. Helena (LIB)</b>	Oak Ridges–Markham	Minister of Community and Social Services / Ministre des Services sociaux et communautaires
Jones, Sylvia (PC)	Dufferin–Caledon	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Kiwala, Sophie (LIB)	Kingston and the Islands / Kingston et les Îles	
Kwinter, Monte (LIB)	York Centre / York-Centre	
<b>Lalonde, Hon. / L'hon. Marie-France (LIB)</b>	Ottawa–Orléans	Minister of Community Safety and Correctional Services / Ministre de la Sécurité communautaire et des Services correctionnels Minister of Francophone Affairs / Ministre des Affaires francophones
<b>Leal, Hon. / L'hon. Jeff (LIB)</b>	Peterborough	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales Minister Responsible for Small Business / Ministre responsable des Petites Entreprises
<b>Levac, Hon. / L'hon. Dave (LIB)</b>	Brant	Speaker / Président de l'Assemblée législative
<b>MacCharles, Hon. / L'hon. Tracy (LIB)</b>	Pickering–Scarborough East / Pickering–Scarborough-Est	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs Minister Responsible for Accessibility / Ministre responsable de l'Accessibilité
MacLaren, Jack (IND)	Carleton–Mississippi Mills	
MacLeod, Lisa (PC)	Nepean–Carleton	
Malhi, Harinder (LIB)	Brampton–Springdale	
Mangat, Amrit (LIB)	Mississauga–Brampton South / Mississauga–Brampton-Sud	
Mantha, Michael (NDP)	Algoma–Manitoulin	
Martins, Cristina (LIB)	Davenport	
Martow, Gila (PC)	Thornhill	
<b>Matthews, Hon. / L'hon. Deborah (LIB)</b>	London North Centre / London- Centre-Nord	Chair of Cabinet / Présidente du Conseil des ministres Deputy Premier / Vice-première ministre Minister of Advanced Education and Skills Development / Ministre de l'Enseignement supérieur et de la Formation professionnelle Minister Responsible for Digital Government / Ministre responsable de l'Action pour un gouvernement numérique Minister of Municipal Affairs / Ministre des Affaires municipales
<b>Mauro, Hon. / L'hon. Bill (LIB)</b>	Thunder Bay–Atikokan	
McDonell, Jim (PC)	Stormont–Dundas–South Glengarry	
<b>McGarry, Hon. / L'hon. Kathryn (LIB)</b>	Cambridge	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
<b>McMahon, Hon. / L'hon. Eleanor (LIB)</b>	Burlington	Minister of Tourism, Culture and Sport / Ministre du Tourisme, de la Culture et du Sport
McMeekin, Ted (LIB)	Ancaster–Dundas–Flamborough– Westdale	
McNaughton, Monte (PC)	Lambton–Kent–Middlesex	
<b>Milczyn, Hon. / L'hon. Peter Z. (LIB)</b>	Etobicoke–Lakeshore	Minister of Housing / Ministre du Logement Minister Responsible for the Poverty Reduction Strategy / Ministre responsable de la Stratégie de réduction de la pauvreté

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
Miller, Norm (PC) <b>Miller, Paul (NDP)</b>	Parry Sound–Muskoka Hamilton East–Stoney Creek / Hamilton–Est–Stoney Creek	Third Deputy Chair of the Committee of the Whole House / Troisième vice-président du comité plénier de l'Assemblée législative
<b>Moridi, Hon. / L'hon. Reza (LIB)</b>	Richmond Hill	Minister of Research, Innovation and Science / Ministre de la Recherche, de l'Innovation et des Sciences
Munro, Julia (PC) <b>Naidoo-Harris, Hon. / L'hon. Indira (LIB)</b>	York–Simcoe Halton	Minister of the Status of Women / Ministre de la condition féminine Minister Responsible for Early Years and Child Care / Ministre responsable de la Petite enfance et de la Garde d'enfants
<b>Naqvi, Hon. / L'hon. Yasir (LIB)</b>	Ottawa Centre / Ottawa-Centre	Attorney General / Procureur général Government House Leader / Leader parlementaire du gouvernement
Natyshak, Taras (NDP) <b>Nicholls, Rick (PC)</b>	Essex Chatham–Kent–Essex	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du comité plénier de l'Assemblée législative
Oosterhoff, Sam (PC)	Niagara West–Glanbrook / Niagara- Ouest–Glanbrook	
Pettapiece, Randy (PC)	Perth–Wellington	
Potts, Arthur (LIB)	Beaches–East York	
Qaadri, Shafiq (LIB)	Etobicoke North / Etobicoke-Nord	
Rinaldi, Lou (LIB)	Northumberland–Quinte West	
Romano, Ross (PC)	Sault Ste. Marie	
<b>Sandals, Hon. / L'hon. Liz (LIB)</b>	Guelph	President of the Treasury Board / Présidente du Conseil du Trésor
Sattler, Peggy (NDP)	London West / London-Ouest	
Scott, Laurie (PC)	Haliburton–Kawartha Lakes–Brock	
Sergio, Mario (LIB)	York West / York-Ouest	
Singh, Jagmeet (NDP)	Bramalea–Gore–Malton	Deputy Leader, Recognized Party / Chef adjoint de parti reconnu
Smith, Todd (PC)	Prince Edward–Hastings	
<b>Sousa, Hon. / L'hon. Charles (LIB)</b>	Mississauga South / Mississauga-Sud	Minister of Finance / Ministre des Finances
Tabuns, Peter (NDP)	Toronto–Danforth	
Takhar, Harinder S. (LIB)	Mississauga–Erindale	
Taylor, Monique (NDP)	Hamilton Mountain	
<b>Thibeault, Hon. / L'hon. Glenn (LIB)</b>	Sudbury	Minister of Energy / Ministre de l'Énergie
Thompson, Lisa M. (PC)	Huron–Bruce	
Vanthof, John (NDP)	Timiskaming–Cochrane	
Vernile, Daiene (LIB)	Kitchener Centre / Kitchener-Centre	
Walker, Bill (PC)	Bruce–Grey–Owen Sound	
Wilson, Jim (PC)	Simcoe–Grey	Opposition House Leader / Leader parlementaire de l'opposition officielle
<b>Wong, Soo (LIB)</b>	Scarborough–Agincourt	Deputy Speaker / Vice-présidente
<b>Wynne, Hon. / L'hon. Kathleen O. (LIB)</b>	Don Valley West / Don Valley-Ouest	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Première ministre Leader, Liberal Party of Ontario / Chef du Parti libéral de l'Ontario
Yakabuski, John (PC)	Renfrew–Nipissing–Pembroke	
Yurek, Jeff (PC)	Elgin–Middlesex–London	
<b>Zimmer, Hon. / L'hon. David (LIB)</b>	Willowdale	Minister of Indigenous Relations and Reconciliation / Ministre des Relations avec les Autochtones et de la Réconciliation
Vacant	Toronto Centre / Toronto-Centre	

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Arthur Potts, Shafiq Qaadri  
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Committee Clerk / Greffier: William Short

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des comptes publics**

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Randy Hillier, Monte Kwinter  
Lisa MacLeod  
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Vice-Chair / Vice-président: Jagmeet Singh  
Lorne Coe, Bob Delaney  
Vic Dhillon, Joe Dickson  
Harinder Malhi, Gila Martow  
Ted McMeekin, Jagmeet Singh  
Peter Tabuns  
Committee Clerk / Greffière: Jocelyn McCauley