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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 18 March 2019

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 18 mars 2019

The House met at 1030.

The Speaker (Hon. Ted Arnott): Let us pray.
Prayers.

INTRODUCTION OF VISITORS

Ms. Catherine Fife: Two constituents are here with the Council of Ontario Construction Associations: from Grand Valley Construction Association, chair Josh Heller and director Ted Dreyer. Welcome to Queen's Park.

Ms. Jane McKenna: We're blessed today to have, in the east lobby, the Council of Ontario Construction Associations. COCA's chair, Burlingtonian Steve Dietrich, is here as well. Thank you for helping to build Ontario. We much appreciate it.

Mrs. Lisa Gretzky: I would like to introduce Martha Hradowy, who is one of the executives with OSSTF. Welcome to Queen's Park.

M^{me} Nathalie Des Rosiers: J'aimerais accueillir le page Julien Bélanger. Il est étudiant à l'école secondaire publique De La Salle. Bienvenue.

Hon. Victor Fedeli: I would like to welcome Frank Furlano; his parents, Sara and Domenic Furlano; and his sister, Mary Furlano. Welcome.

Mr. Tom Rakocevic: It's my honour to welcome students and staff from St. Basil-the-Great College School in my home riding of Humber River–Black Creek.

Mr. Stephen Lecce: Construction is a major driver of economic growth and jobs in this province. On behalf of Minister McNaughton, I'm pleased to welcome the Council of Ontario Construction Associations to the Legislature today.

Hon. Merrilee Fullerton: I would like to welcome to the gallery today Tiffany Lepack, my constituency assistant from Kanata–Carleton. Welcome.

Mr. Kaleed Rasheed: I would like to introduce Haniya Naveed, a grade 5 student, and Fatima Saleem, a grade 2 student. These two girls are a true inspiration. I was fortunate to meet with them. They have raised over \$5,000 within just a week for SickKids hospital. Thank you, Haniya and Fatima, for your great initiative. I hope to see you continue to help those in need.

Mr. Stan Cho: Good morning. It's my privilege today to introduce Luna Yu, Abdulrahman Khogali, Hasitha de Alwis, Marcos Igreja, Michael Williamson, and Willowdaler Kevin Eriksen, joining us from Genecis Bio-industries, an innovative young company that is using clean technology to turn carbon-packed food waste into environmentally friendly biodegradable plastic—an amazing company, truly making a difference to a greener economy in our province. Welcome to the Legislature.

Mr. Kevin Yarde: I would like to welcome my assistant, Robyn Yakiwchuk. It's her first time here at Queen's Park.

Ms. Kathleen O. Wynne: I'd like to welcome to the Legislature a fine member of the Liberal family, Joe Gowing. Joe was the Ontario Liberal candidate for Kitchener–Conestoga in the last election. Welcome, Joe. Thanks for coming.

Ms. Natalia Kusendova: Bonjour, monsieur le Président. It's a pleasure to be back. This morning I'd like to welcome my colleagues from Etobicoke General Hospital, nurses Ming Cheng and Beverley Ardelli. I look forward to discussing practical solutions to ending hallway nursing in Ontario. Welcome to Queen's Park.

Mr. Dave Smith: I would like to introduce today's page captain, Arthur McLeod from the great riding of Peterborough–Kawartha, and his parents, Andrea and Angus.

Ms. Goldie Ghamari: It's my pleasure to introduce my constituency staff today: Mrs. Candice Coates and Mrs. Hina Patel from the beautiful riding of Carleton. Welcome, and thank you for being here today.

The Speaker (Hon. Ted Arnott): That apparently concludes our time for members' statements.

ATTACK IN NEW ZEALAND

The Speaker (Hon. Ted Arnott): The member for Mississauga East–Cooksville on a point of order.

Mr. Kaleed Rasheed: Thank you, Mr. Speaker. I believe you will find that we have unanimous consent to observe a moment of silence in honour of the victims of last week's tragic attack at two mosques in New Zealand.

The Speaker (Hon. Ted Arnott): The member for Mississauga East–Cooksville is seeking the unanimous consent of the House to allow for a moment of silence for the victims of the shooting in New Zealand. Agreed? Agreed.

I would ask the members to please rise.

The House observed a moment's silence.

The Speaker (Hon. Ted Arnott): Thank you very much.

AIR DISASTER IN ETHIOPIA

The Speaker (Hon. Ted Arnott): The member for Brampton South on a point of order.

Mr. Prabmeet Singh Sarkaria: Thank you very much, Mr. Speaker. I believe you will find that we have unanimous consent to observe a moment of silence in honour of

the victims of last week's crash of Ethiopian Airlines Flight 302.

The Speaker (Hon. Ted Arnott): The member for Brampton South is seeking the unanimous consent of the House to have a moment of silence in memory of the victims of the crash of the Ethiopian Airlines plane. Agreed? Agreed.

The House observed a moment's silence.

The Speaker (Hon. Ted Arnott): Thank you very much.

1040

ORAL QUESTIONS

EDUCATION FUNDING

Ms. Sara Singh: Good morning, Mr. Speaker. My question is for the Acting Premier.

Last week, this Conservative government announced deep cuts to our education system that will leave students in our province worse off. There will be more kids in crowded classrooms, fewer teachers and educators in our schools, and at least \$1 billion cut from education over the term of this government. Why is this government so determined to drag our kids in this province backwards when it comes to our education system?

The Speaker (Hon. Ted Arnott): The question is placed to the Deputy Premier.

Hon. Christine Elliott: To the Minister of Education.

Hon. Lisa M. Thompson: I'm pleased to stand up and talk about the announcement that we shared on Friday.

First of all, let me share that I want to congratulate the Ontario Science Centre on their 50th anniversary of bringing science, technology and innovation to our young people. Just the day before, they had entertained 7,000 kids and parents. I just think it was a perfect platform on which we could stand and introduce our announcement.

When it comes to actually what we were talking about, we introduced so many concepts that are going to take our education system well ahead into the future in enabling students to embrace not only the realities of today but the skills they need for the jobs of tomorrow.

The Speaker (Hon. Ted Arnott): Supplementary.

Ms. Sara Singh: Back to the Acting Premier: I think we all know that when class sizes get bigger, student learning can suffer. There will be less opportunity for students to get one-on-one attention, which will hurt the students with the most complex needs. Teachers will be stretched even thinner trying to deliver the quality education that their students deserve.

Parents know, teachers know and students know what this government ought to know: Cramming more students into undersupported classrooms is not the way to boost student achievement. Will this government go back to the drawing board and come back with a plan that actually works and will serve the needs of students in our province?

Hon. Lisa M. Thompson: I'll tell you what the PC government of Ontario is going to do: We're going to make sure that students in this province, from one end of

Ontario to the other, actually finally have the confidence that they're learning the basic skills and fundamentals that are going to encourage them and help them get the jobs of tomorrow.

I'm telling you, in the last decade and a half, students in Ontario were left scrambling. Parents were being forced to seek out tutors to help them with math. Parents were forced to really try and help students the best they could because, quite frankly, the previous Liberal government failed our students, and there are proof points to that.

Speaker, I have to tell you that not only are we standing with parents in our announcement on our plan forward, where education is going to work not only for parents but for students and teachers; we are so looking forward to working with our education partners and our school boards, because at the end of the day, the greatest factor in determining a student's success is the effectiveness of the teacher—

The Speaker (Hon. Ted Arnott): Thank you. Final supplementary.

Ms. Sara Singh: Speaker, through you to the minister: I think we all know that by cramming more students into a classroom, we aren't increasing effectiveness. Firing thousands of teachers and cramming as many as 40 students into high school math classes will not help students achieve more. By taking away one-on-one attention, by taking away specialized classes and in-person instruction, this government is making the future a lot less bright for more kids.

Will this government reverse their course and scrap this scheme to increase class sizes and fire teachers before it is too late?

Interjections.

The Speaker (Hon. Ted Arnott): Members please take their seats.

The minister to respond.

Hon. Lisa M. Thompson: Thank you very much, Mr. Speaker. I need to get it said right now: I fundamentally reject the premise of that particular question. Shame on the member opposite for fearmongering.

Let me be perfectly clear: There will be no involuntary job losses under our plan. We're standing with our teachers. We actually are absolutely positive that parents understand, and students understand, that the investment that we're making in Ontario's education system to make sure our students are prepared—again, the previous government did an absolutely dismal job introducing ideologies that failed our students.

Speaker, I can tell you once and for all: We're getting back on track in Ontario. We are announcing—thanks to our plan that has been well received, and I look forward to speaking about the endorsements from our stakeholders in future questions.

GOVERNMENT ACCOUNTABILITY

Mr. Taras Natyshak: My question is for the Acting Premier. Speaker, we've just received word that Global News has obtained a very troubling letter written by the member for Lanark-Frontenac-Kingston. The member

describes being removed from the government's caucus as a political revenge plot because he tried to blow the whistle. He alleges that he was kicked out of caucus because he raised "concerns of possible illegal and unregistered lobbying by close friends and advisers employed by Premier Ford."

Speaker, my question is to the Acting Premier: What possibly illegal and unregistered lobbying has been happening behind closed doors with this government?

Hon. Christine Elliott: To the Minister of Municipal Affairs and Housing.

Hon. Steve Clark: Speaker, obviously, I don't know about this letter that the member opposite speaks of. What I can speak to is my relationship with the member for Lanark-Frontenac-Kingston. Obviously, we share a number of organizations: the health units in our ridings, the school board, and a number of agencies. No matter in what capacity that member sits in this House, I'll continue to work with him.

Again, if the member has allegations to make, that's his choice in opposition. We, on this side of the House, want to continue to talk about government policy. We want to continue to talk about the work that we're doing in our communities.

We feel very strongly that members should be allowed to speak, but in terms of the contents of whatever allegations the member is talking about, he'll have to disclose them.

The Speaker (Hon. Ted Arnott): Supplementary?

Mr. Taras Natyshak: These accusations are serious. The word "illegal" is not used lightly by members of this House. Now the people of Ontario are left to wonder. Speaker, they're wondering if Chris Froggatt and Dean French worked out a deal to let people buy their way into Doug Ford's back rooms—or is the member from Lanark-Frontenac-Kingston referring to cash-for-access fundraisers?

Hon. Steve Clark: I am very disappointed in the member's unfounded allegations. This government for the people respects the rules of this House and respects the rules in terms of the Integrity Commissioner and the lobbyist registry and the rules that we have to operate under in this House.

I can tell you that whatever the member is trying to get at is not with any basis of truth. I can speak for myself. I can speak to how I operate in my office. I know that my colleagues in cabinet, and I know, quite frankly, my colleagues on both this side of the House and the members opposite, always act with integrity and always act with the people in mind. Any other allegation and any other suggestion is absolutely, completely false, Speaker.

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock. Restart the clock. Final supplementary.

Mr. Taras Natyshak: Speaker, people's pockets are being lined in exchange for favours. The people have a right to know.

It seems as if there was a secret emergency cabinet meeting this morning, maybe so that the members of the cabinet could get their stories straight. Speaker, which

story have they landed on? Is it a reference to cash-for-access fundraisers or is it this separate pay-to-play deal that we're seeing unfold here today?

1050

The Speaker (Hon. Ted Arnott): The member is asking, obviously, a very serious question, making serious statements. I have to be able to hear the response. But I would caution all members of the House in terms of their language and the use of language so that it's parliamentary.

The minister can respond.

Hon. Steve Clark: Speaker, through you to the member: I don't know what meeting this member was talking about. I don't know what type of access he means. But I'll tell you something, Speaker: Our government has been very clear in terms of going through the fundraising rules and ensuring that if a grandmother wants to come to a \$25 spaghetti dinner for one of their members, yes, they can go on our site, they can look at those events and they can attend. But in terms of trying to do anything else, in terms of lobbyists or anything that the member is trying to insinuate or suggest, it's absolutely not true, Speaker, period.

EDUCATION FUNDING

Ms. Marit Stiles: My question is for the Acting Premier. Parents and educators across the province were shocked by Friday's announcement of deep cuts to Ontario's public education system, to be achieved through a dramatic reduction in the number of teachers and dramatically larger class sizes—fewer teachers, less support for students.

As boards have been looking over the implications of these cuts, we are learning more about what the impact will be. As a result, elementary school teachers expect to see 4,500 jobs lost. Secondary school teachers expect to see 3,600 jobs lost and—

Interjections.

The Speaker (Hon. Ted Arnott): Government side, come to order. I'm hearing unparliamentary comments from the government side. I'm not sure who said it. Stop it.

I apologize to the member for Davenport for interrupting her.

Ms. Marit Stiles: Thank you, Mr. Speaker. I think I hit a nerve.

The Toronto District School Board alone expects to see over 1,000 jobs lost. But the Minister of Education said, "Not one teacher—not one—will lose their job because of our class size strategy." Acting Premier, which is it?

Hon. Christine Elliott: To the Minister of Education.

The Speaker (Hon. Ted Arnott): The question is referred to the Minister of Education.

Hon. Lisa M. Thompson: Thank you to the Deputy Premier, and, Speaker, thank you to you as well for giving me an opportunity to set the record straight here.

The fact of the matter is, I think the member opposite has been using her own discovery math, because I was very emphatic, actually, on Friday, saying that there will

be no involuntary job loss. How on earth can she be pulling numbers, perhaps out of the cloud—who knows where she pulled those numbers from? Quite frankly, the school boards and my ministry will be working together in the weeks and months to come, because we have to assess the number of retirements, the number of resignations and the number of redeployments that all factor into this.

I would suggest to the member opposite to stop spinning, stop fearmongering and celebrate the fact that we are finally going to get Ontario education back on track.

The Speaker (Hon. Ted Arnott): Supplementary?

Ms. Marit Stiles: I'll tell you where I got those numbers, Mr. Speaker. I got them from a memo written by Craig Snider, acting associate director, business operations and service excellence, at the Toronto District School Board, thank you very much.

He says that the reduction in just the Toronto District School Board alone is going to be 216 fewer teachers, grades 4 to 8. He says the impact will be a reduction of approximately 800 teachers in secondary schools in that one board alone. The impact would be a reduction of funding for another additional 82 teachers. I could go on.

We know what the impact is going to be. The minister wants to argue that when somebody retires and you don't fill a position, that's not a job lost. Tell that to the teachers who won't be getting a job. Tell that to the students who are going to have 40 kids in their class.

Does the Acting Premier really believe that Ontarians gave her government a mandate to balance the budget on the backs of our kids?

Hon. Lisa M. Thompson: Again, I absolutely reject the premise on which that member opposite is trying to fearmonger. It's absolute nonsense, because the fact of the matter is, she should be celebrating that we're getting back to the basics in math. Come on. She has had experience in a school board herself, and she knows full well that, over the last decade and a half, the past Liberal government absolutely failed our students, and because of that we have a lot of work to do. We're rolling up our sleeves and we look forward to working and making sure that education works for parents, teachers, students and our school boards.

We've introduced a new math curriculum. We've renewed a focus on STEM.

Interjection.

The Speaker (Hon. Ted Arnott): The member for Davenport, come to order.

Hon. Lisa M. Thompson: We are looking at modern, age-appropriate health and physical education, and we have a clear policy—

Interjection.

The Speaker (Hon. Ted Arnott): The member for Davenport, come to order.

Hon. Lisa M. Thompson: —with regard to our process where parents can work better with teachers.

GOVERNMENT FISCAL POLICIES

Mr. Will Bouma: My question is for the Minister of Finance. The minister recently visited Cappuccino Bakery,

a small business in Nobleton. Cappuccino reflects the backbone of Ontario's economy. They make significant investments. They pay their taxes, hire people and create jobs in the community they call home. All they expect in return from their government is respect for their tax dollars and to have access to quality health care, education and other critical services.

That's why it was so significant for the Minister of Finance to visit this small business to make his important announcement. Could the minister inform the House about his announcement and what it will mean for the people of Ontario?

Hon. Victor Fedeli: Thank you to the member from Brantford–Brant. It was a pleasure to visit the bakery with the member from King–Vaughan to announce that our government's first budget will be coming on April 11.

Through our province-wide pre-budget consultations, the message we heard came through loud and clear. People are struggling in a province that has been overtaxed, overregulated and faces threats to the services we rely on because of spiralling government debt. We can all clearly see the results of 15 years of Liberal neglect and reckless spending, and it's time to take action.

Our first budget will continue our work to restore confidence by laying out a responsible path to balance. We will continue to provide much-needed relief to families and small businesses while protecting what matters most: health care and education.

The Speaker (Hon. Ted Arnott): Supplementary.

Mr. Will Bouma: Thank you to the minister for his response. I think we can all agree that for far too long, the people of Ontario have been forced to feel like they are working for their government. And do you know what? It's about time their government started working harder for them.

I have full confidence that our first budget will truly put the people at the heart of government. To do otherwise would be foolish. Unless we take urgent action, it will be our children and grandchildren who will inherit the Liberals' mountain of debt and continue to pay more for fewer services. That's wrong, Mr. Speaker, and it's unfair to leave that burden for future generations to shoulder.

Could the minister please remind the House what is at stake for our province today and our children's province of tomorrow?

Hon. Victor Fedeli: To put it bluntly, the previous Liberal government left behind a fiscal mess. We inherited a \$15-billion deficit and a \$346-billion debt. That's 346 with nine zeros behind it. The Liberals were spending \$40 million a day more than they brought in. As a result, the interest we pay on that debt is now the fourth-largest item in the budget. This has to end.

We must put Ontario back on a path that is fiscally responsible. We must bring relief to families and businesses that have been overtaxed and overburdened for 15 years and have received nothing in return.

Interjection.

The Speaker (Hon. Ted Arnott): The member for Ottawa South, come to order.

Hon. Victor Fedeli: We must work together to protect the services that matter most, and on April 11, we will lay out our plan to do exactly that.

CHILDREN'S AID SOCIETIES

Ms. Sandy Shaw: My question this morning is to the Acting Premier. The Brant children's aid society, which is located in the riding of Brantford—Brant, has been forced to lay off 26 child protection workers as a direct result of this government's actions. The executive director of Brant Family and Children's Services said, "When governments cut child welfare services ... children ultimately die or are allowed by society to live in unbearable, violent and neglectful conditions."

1100

Mr. Speaker, why is this government putting children at risk with these reckless cuts?

Hon. Christine Elliott: To the Minister of Children, Community and Social Services.

Hon. Lisa MacLeod: It's my pleasure to rise to respond to what I don't think are necessarily accurate portrayals of what's happening on the ground. Since 2015, the former Ministry of Children and Youth Services under the previous administration was working with the Brant children's aid society to identify cost reduction strategies. These efforts have been unsuccessful and the Brant children's aid society continues to struggle to deliver services.

In addition to that—and I think this is something the government should be very proud of and every Ontarian should be very proud of—we are moving to, in many cases, an Indigenous-led child welfare system, as we have in the Six Nations, or Ojwadeni:deo First Nation, and we are transferring about 18% of the children and the caseload into that First Nation and Indigenous-led child welfare system. This is something we're proud of in terms of customary care. We know Indigenous children are overrepresented in the children's aid society system and that's why we're moving toward that model, to bring customary care into the community for those children to better serve them.

The Speaker (Hon. Ted Arnott): Supplementary question?

Ms. Sandy Shaw: Mr. Speaker, I have to say, when it comes to vulnerable children, this government's record is nothing to be proud of. Brant's children's aid society looks after 300 children in foster care in the Brantford—Brant riding. They will run out of money on Friday. When the society came to this government asking when funding for the new fiscal year would be provided, this government decided to play hardball. As a result, they have had to lay off 26 staff members.

The Premier committed to the people of Ontario that no jobs would be lost in their quest to balance the budget, but we've seen job loss after job loss. I ask, how can this government justify this betrayal of the most vulnerable children in Brantford—Brant and in the rest of Ontario?

Hon. Lisa MacLeod: Speaker, what that member opposite is suggesting is that the 18% of Indigenous youth who are going to a customary care model in an Indigenous-

led children's aid society don't deserve the funding that is required for them to get the services that they need. I will say that we are proud as a government to continue on the legacy of previous administrations as we move to a more Indigenous-led and -focused approach.

But if the member opposite is suggesting that this is an overnight problem, it dates back to 2015—that's four years ago—where this children's aid society has refused to look after its fiscal house and get its services in order as we transition. This is not new.

Just two weeks ago, I was able to sign off on the 12 Indigenous-led children's aid societies. I was at the UN last week, speaking with Indigenous leaders from Canada about our work with the federal government as we move to a more appropriate model for Indigenous youth in the province of Ontario and hopefully throughout the rest of Canada.

CONSTRUCTION INDUSTRY

Ms. Goldie Ghamari: Mr. Speaker, my question today is for the Attorney General. We on this side of the House have great respect for Ontario's construction sector. It's an industry that is one of our economy's key drivers. My riding of Carleton alone is home to some of eastern Ontario's biggest construction companies and job creators, including the Tomlinson Group companies, Marathon drilling, Gerry Crepin Cartage, Osgoode Sand and Gravel and Thomas Cavanagh Construction Ltd.

The new Construction Act will soon bring into force a new regime that will ensure Ontario construction workers get paid on time for the work they do, and make the dispute resolution process faster and simpler.

Through you, Mr. Speaker, would the Attorney General please tell us how our government is bringing into effect this new era of transparency, stability and certainty for our construction sector?

Interjections.

The Speaker (Hon. Ted Arnott): Order. The Attorney General to respond.

Hon. Caroline Mulroney: I'd like to thank the member from Carleton for the question. Mr. Speaker, our government will always stand up for those working in the construction industry. We are working very hard to bring into effect the new prompt payment and adjudication framework that will strengthen this sector and lead the country in how we support the construction industry.

Prompt payment will provide contractors and subcontractors clarity and certainty around when to expect payment—something fundamental that many in other sectors may take for granted. Our new adjudication process will speed up dispute resolution and save workers time and money while also preventing unnecessary delays on construction projects. Our government is working hard to bring these new tools into force on October 1. We look forward to delivering this important new framework to this essential part of this province's economy.

The Speaker (Hon. Ted Arnott): Supplementary question?

Ms. Goldie Ghamari: Mr. Speaker, through you, I would like to thank the Attorney General for standing up for this important part of our economy and making sure that the construction industry in Carleton and across Ontario can have the certainty and stability found in other industries.

My constituents in Carleton know that this government was elected with a promise to get things done and to make it easier and cheaper for businesses to thrive in today's marketplace. They expect this government to deliver on its commitments.

Mr. Speaker, through you, could the Attorney General please tell us more about how Ontario is implementing this new regulatory framework to ensure that Ontario's construction industry can benefit from the opportunities and protections it brings?

Hon. Caroline Mulroney: The women and men working in Ontario's construction sector have made it clear that they want this new regime in place on time, and that means October 1 of this year. A key part of this promise is the designation of the authorized nominating authority, the ANA, the arm's-length entity that will oversee the new adjudication framework.

Last week, our government issued the call for applications for the nominating authority. We look forward to seeing a wide range of applications for this key component of the new Construction Act regime. Our government has developed a fair and transparent selection process that will evaluate the quality, experience and knowledge of entities that apply for the nominating authority designation, and will ensure that we designate only the most qualified for this critical job.

Construction workers and the construction industry are counting on us, and we take that responsibility seriously. We look forward to continuing to work and communicate with our partners in the construction industry on this important project.

AUTISM TREATMENT

Miss Monique Taylor: My question is for the Acting Premier. In Ontario, it has taken decades to build up the capacity to support children with autism spectrum disorders, and still we have a shortage of therapists trained to provide evidence-based therapy. Yet, because of this government's disastrous autism program, therapists are being laid off. KidsAbility in Kitchener laid off nine staff—and that is just the start.

Why does the Acting Premier insist on a plan that causes layoffs, when what we actually need is more therapists and more supports?

Hon. Christine Elliott: To the Minister of Children, Community and Social Services.

Hon. Lisa MacLeod: Thanks for the opportunity to rise today. I think that one of the things that we're moving to in transitioning is the direct funding model to parents, to give them an opportunity to get the services that they want. I think that these layoffs are premature and I encourage the agencies to understand our plan better. Our plan

will mean that there will be four times more children who will be able to access services. Therefore, I think that every child should receive support, and we expect that agencies that are delivering support should continue to deliver quality support to those children.

Let me be clear: My parliamentary assistant, Amy Fee, and I continue to listen to parents and we continue to look forward to the implementation date of April 1 so we can empower parents directly. We're looking forward to making sure that the 23,000 children who are presently on a wait-list are cleared off that wait-list for the first time in Ontario history.

The Speaker (Hon. Ted Arnott): Supplementary?

Miss Monique Taylor: This government claims to provide parents choice, but what choice will they actually have? First, the government won't provide funding based on need or evidence; now the ABA therapist shortage will get worse as layoffs begin. This is going to leave those who can actually afford ABA stuck on wait-lists.

I wonder if the Acting Premier knows that it will take decades to rebuild this industry after her government destroys it. Did the Acting Premier anticipate layoffs of therapy workers, or are these unintended consequences based on their half-baked plan?

Hon. Lisa MacLeod: I guess the difference between this government and that party is we're fighting for children and she's fighting for industry.

Speaker, we have consulted with hundreds of families. We have done a dozen round tables. We continue to speak to families to see how we can best enhance their experience as parents who are dealing with an autism diagnosis.

We have made an historic investment of \$321 million. We are doubling our investment into diagnostic hubs. We are going to clear the wait-list in the next 18 months. Our priority is for children to get direct funding in order for them to receive the services that they need.

But if the member opposite is suggesting that I take the focus off the children and instead go toward an association or an industry, that's not my job. My job is to make sure that those children who are on the wait-list get off the wait-list and get the service that they need, and that their parents get the funding that's required.

Interjections.

The Speaker (Hon. Ted Arnott): Opposition, come to order. Response.

Hon. Lisa MacLeod: That's what this government is going to do. That's what this government is going to continue to fight for.

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ENERGY CONTRACTS

M^{lle} Amanda Simard: My question is to the Minister of Energy. On July 13, the government announced the cancellation of the Eastern Fields Wind Power Project in Nation township, a decision received with cheers and applause by the people of Glengarry–Prescott–Russell. Yet we just learned that the Ontario Energy Board issued a licence to the proponents for the project.

Mr. Speaker, can the minister please tell us if the Eastern Fields Wind Power Project is on or off?

Hon. Greg Rickford: This has been a difficult file, obviously. The energy portfolio was an absolute mess—
Interjections.

The Speaker (Hon. Ted Arnott): Opposition, come to order.

Hon. Greg Rickford: We've taken important steps, which include a commitment to renewing the hydro leadership and cancelling more than \$790 million worth of projects, which would have had the effect of increasing the monthly bills for ratepayers, the people of Ontario who pay their hydro bills. We won't stand for that.

We also ended the culture of waste at Queen's Park by cancelling projects that, clearly, municipalities didn't want and the grid didn't need.

The Speaker (Hon. Ted Arnott): Supplementary question?

M^{lle} Amanda Simard: Back to the minister: The question is simple. Did the government cancel the project like it said it did? Yes or no?

Hon. Greg Rickford: A simple answer: We remain committed to our plan to restore Ontario's confidence in our electricity system, to reduce rates for hydro bills for the hard-working people of Ontario, and to make it more affordable for small businesses to operate their businesses. Large-scale mining companies and automotive plants aren't just complaining about high electricity rates; they're complaining about high unpredictable electricity rates. We're working to address that.

We have now—

Interjection.

The Speaker (Hon. Ted Arnott): Member for Orléans, come to order.

Hon. Greg Rickford: —at the Prospectors and Developers Association of Canada conference last week.

There's renewed confidence in the direction that we're taking, and we're going to stay the course.

GOVERNMENT FISCAL POLICIES

The Speaker (Hon. Ted Arnott): Next question: the member for Halton.

Mr. Parm Gill: Mr. Speaker, my question is for the President of the Treasury Board. We have a responsibility to watch every penny of taxpayers' dollars, and we don't take this responsibility lightly. We know that a centralized procurement system will create a more effective process, delivering greater value for the people of Ontario. Recent estimates indicate that ministries spend approximately \$6 billion annually on procurement. This doesn't include procurement spending in the broader public sector, including our hospitals and school boards.

Every dollar spent inefficiently is a productive dollar lost. We are putting this to an end. Can the President of the Treasury Board please inform this House why the government is modernizing our government procurement?

The Speaker (Hon. Ted Arnott): I apologize to the member from Milton.

Response: President of the Treasury Board.

Hon. Peter Bethlenfalvy: Thank you to the member from Milton.

Mr. Speaker, modernizing procurement and realizing its full savings potential was recommended in the Ernst and Young line-by-line review. While the former Liberal government liked to pay more for less, we promised Ontarians that we would govern differently. That's why our government is implementing a novel concept: paying less for more. In fact, previous estimates show that the Ontario public service and broader public sector combined procurement spend is approximately \$29 billion a year.

This isn't just about finding almost \$1 billion in savings. It's about making it easier for businesses to do business with government. It's about reducing red tape and making Ontario open for business and open for jobs. It has been a new millennium for almost 20 years, and our procurement system needs to get on with the times.

The Speaker (Hon. Ted Arnott): Supplementary?

Mr. Parm Gill: Our government for the people was elected on a platform of rebuilding trust and accountability in government. In everything we do, we must remember that the money we spend is not ours; it is from the pockets of the people of Ontario and should be used responsibly to better this province, not wasted on pet projects or unnecessary expenses. This is the situation we find ourselves in: the people of Ontario weighed down with a \$15-billion deficit inherited from the previous Liberal government.

A major cost for government is procurement. Government services need to purchase goods and services in order to operate. Are we ensuring that this is done in the most efficient and cost-effective way possible? I ask the Minister of Government and Consumer Services: Mr. Speaker, could he outline our government's plan to identify back-office efficiencies across government departments and modernize our procurement practices?

Hon. Peter Bethlenfalvy: Minister of Government and Consumer Services.

Hon. Bill Walker: I want to thank the member from Milton for his excellent question. Our government is dedicated to keeping our promises to the people of Ontario and putting Ontario back on a path to balance while protecting our vital public services. Today, the President of the Treasury Board, MPP Bailey, MPP Cho and I announced three initiatives that will help us achieve this goal.

As the minister said, by centralizing procurement, we'll drive \$1 billion in annual savings across government and the broader public sector. We'll leverage our buying power, consolidate contracts, transform how we deliver services and add value by adopting innovative products and services. Our lean and continuous improvement office will streamline how we deliver services and build a culture of continuous improvement across government. We will also modernize voice services across government, saving approximately \$8 million a year.

Mr. Speaker, it took 15 years for the Liberals to create their \$15-billion deficit, and solving this fiscal crisis will not take place overnight. We will, however, start by restoring accountability, sustainability and—

The Speaker (Hon. Ted Arnott): Thank you very much. Next question.

HEALTH CARE FUNDING

M^{me} France Gélinas: Ma question est pour la première ministre par intérim. Since the Conservatives formed government last June, Health Sciences North in Sudbury has had to let go of 60 front-line health care workers: nurses, technicians, hands-on-care professionals. Last week, Ontarians learned that jobs would also be lost at the 14 LHINs, as their services will be amalgamated into the super-bureaucracy.

Can the Acting Premier tell this House the total number of front-line workers who will lose their jobs with the creation of the government's super-bureaucracy for health care?

Hon. Christine Elliott: Thank you very much for the question. As the member knows, the issues with Health Sciences North are not new issues. They have been ongoing for some time, and the ministry is working with them to deal with some of the losses they've had and the financial difficulties that they have been dealing with for some time.

As for the health plan that we announced several weeks ago, it is to modernize health care in the province of Ontario, and it is meant to connect care for people, to make sure that people receive the best-quality care, whether it's in a hospital, whether it's in a long-term-care home or whether it's in their own home. That is the point of this modernization exercise.

The Speaker (Hon. Ted Arnott): Supplementary question?

M^{me} France Gélinas: The cuts in Sudbury have affected front-line services. We have less access to the breast screening clinic. We have reductions in our seating program that helps people who need specialized wheelchairs. Those services existed long before this government came to power, but now they offer less hours. They offer less access.

What will happen with the crown jewel of our health care system once it falls under the mega-bureaucracy? Will world-class institutions like Cancer Care Ontario, like Trillium Gift of Life, also have to reduce their hours and decrease access to their services? What commitment can the minister, the Acting Premier, give today to those health care workers? What commitment can she give regarding staffing?

Hon. Christine Elliott: Dealing first with the issues at Health Sciences North, the breast screening assessment service is not closing. There have been some rumours that have been spread out there by I'm not sure who, but it is not closing.

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Since the year 2000, patients have come to the clinic for breast screening, mammograms, diagnostic imaging services, biopsies and navigation, and those services are certainly going to continue.

But with respect to the bigger picture and the plan that we have developed for the entire province of Ontario, the

goal of this, as I've always said, is to strengthen our public health care system to make sure that patients receive connected services. They're not receiving that right now. As soon as people are discharged from hospital, often they are not connected with home care services, and they end up back in the emergency departments.

The goal of this exercise and the goal of this plan is to make sure that people feel connected with and receive services from their health care system wherever they are in their health care journey. That is the goal. That is what we're going to continue to—

The Speaker (Hon. Ted Arnott): Thank you. Next question.

VIOLENCE AGAINST WOMEN

Ms. Jane McKenna: My question is to the Minister of Children, Community and Social Services and the minister responsible for women's issues. Last week, the minister joined the Canadian delegation at the 63rd session of the United Nations Commission on the Status of Women. The commission is held annually and provides an opportunity for UN member states to discuss progress, gaps and next steps in the fight for gender equity. This year's session included discussions on preventing sexual and gender-based violence, and empowering girls through social protection.

Mr. Speaker, can the minister outline the work our government for the people is taking to empower women and girls and combat violence against women in Ontario?

Hon. Lisa MacLeod: As the minister responsible for women's issues, I would like to commend the member for Burlington for being a strong female voice in this Legislature and doing the great work she does in her community of Burlington.

She is right. Last week, I had the opportunity to travel with the Canadian delegation to the United Nations to speak about sex trafficking and violence against women, as well as women's economic empowerment. I was able to take part and intervene at a session on sex trafficking that was organized by the Vatican. I spoke at the General Assembly about some of the strategic partnerships this government is engaging in in order to support those women who are fleeing domestic abuse as well as violence against women. And I spent some time with the federal minister, Maryam Monsef, in an Indigenous-led consultation about violence against women, but also the child welfare and protection system.

I'll have more to say in the supplementary, Speaker. But I am proud as an Ontarian that we are leading, not only in this country but throughout the rest of the world, in our commitment to combat sex trafficking in the province of Ontario and the world.

The Speaker (Hon. Ted Arnott): Supplementary question?

Ms. Jane McKenna: Thank you, Minister. You're a constant inspiration to myself and others. Thank you for empowering women in combatting gender-based violence across the province.

Mr. Speaker, I know that while attending the commission, the minister had the opportunity to address the very important topic of sex trafficking. We know that Ontario accounts for roughly two thirds of police-reported human trafficking cases each year. This is a shocking statistic, but I am proud to know that our minister is taking a leadership role nationally to address this serious issue by co-chairing a human trafficking round table with her federal counterpart.

Can the minister please explain how our government is working to protect women and girls in Ontario from sex trafficking?

Hon. Lisa MacLeod: Thank you very much to the member, again. Obviously, we want to continue to build on the great work that was done by our colleague Laurie Scott, the Minister of Labour, with the Saving the Girl Next Door Act. That's why I've appointed the member from Cambridge and the member from Mississauga Centre to lead consultations on my behalf, and that's why we're working interministerially with the Attorney General, the Minister of Health, the Minister of Labour, the Minister of Education, the Minister of Transportation and others within our government to make sure that we are looking at an interministerial approach. It is also why I am co-chairing a consultation process task table with the federal Minister of Health.

This is Ontario's dirty little secret; it's also Canada's dirty little secret. When I was at the United Nations, I made it very clear: These women are dehumanized, they are devalued, and if they are not equal, are any of us equal?

That is why I will continue to stand in this House, with this government for the people, to defend these young women, bring awareness to these challenges, and make sure that it is not just strong women who are supporting vulnerable women, but strong men in this assembly and elsewhere across this province who are also defending vulnerable women.

HEALTH CARE FUNDING

Ms. Catherine Fife: My question is to the Acting Premier. Speaker, during the campaign, the Premier stated that not one job would be lost, but in recent weeks he has changed the message, saying that no front-line jobs will be lost. But in Kitchener-Waterloo, we saw Grand River Hospital cut 25 full-time and 15 part-time registered nurses three weeks ago. These are 40 jobs lost—and good jobs too. One fired full-time nurse equals 2,000 hours of lost patient care to people in my community. People deserve better. You cannot rebuild a health care system without front-line nurses in the province of Ontario.

So my question is to the Acting Premier: Why did the government not take action to ensure that patients get the front-line care they need in Kitchener-Waterloo and indeed across the province?

Hon. Christine Elliott: I can certainly agree with the member that more front-line care is needed. Nurses are the backbone of our health care system, and that is the reason why we brought our plan forward. That is the idea: to put more people into front-line care, because that's what we

hear from patients each and every day in the Ministry of Health. That is what we're working towards with the local Ontario health teams that are going to be built and that will gradually be taking over the responsibilities from the LHINs. That is what is meant to happen.

There are a lot of people who want to be able to be delivering that kind of care. I travelled broadly last week, as a matter of fact, with groups that are ready to apply to be local Ontario health teams. I can't wait for the application process to start, because they're already doing that level of care. That's what we need to see happening across the province.

The Speaker (Hon. Ted Arnott): Supplementary.

Ms. Catherine Fife: The health minister used to fight for front-line nurses, and she knows that these cuts right now have consequences.

For instance, Becky lives with type 1 diabetes and other chronic illnesses. For years, she was too sick to work. She was in and out of the ER due to diabetic crises, regularly spending one month a year in hospital. But everything changed when Becky became a patient at the diabetes centre at Grand River Hospital. The monthly visits were invaluable to her chronic illness management, and her long hospital visits all but disappeared. This was a smart, strategic investment in health care, but now the diabetes centre services have been cut in half. Becky will only be able to access care twice a year.

How can the government justify cutting front-line jobs that keep people out of the hospitals and healthy in the province?

Hon. Christine Elliott: There are really two points to be made here. One is that the reason for creating Ontario Health, and for putting organizations like Cancer Care Ontario and their board under Ontario Health, is to help promote a better chronic disease management strategy. Cancer Care Ontario is an excellent example for providing cancer care and for dealing with renal indications. There's no reason why we can't continue to use that model, which will continue in its present form. They will still be doing the work that they have always done, but that model can be used for diabetes management and for mental health and addictions management.

Secondly, with respect to the important role that nurses play in this system, the Registered Nurses' Association of Ontario has endorsed the plan, which we announced several—

Interjections.

The Speaker (Hon. Ted Arnott): Member for Waterloo, come to order. Minister of Transportation, come to order.

Hon. Christine Elliott: I would like to quote Dr. Doris Grinspun, the CEO of the RNAO: Today's "announcement marks the beginning of much needed change in the health system and the continued role registered nurses ... must play" in both coordinating care with patients in their communities and in helping Ontarians navigate its complexities. We agree. That is the goal. We look forward to working with—

The Speaker (Hon. Ted Arnott): Thank you. Next question.

GAMING CONTROL

Mr. Mike Harris: My question is for the Minister of Finance. Over the past week, we have heard about our government's call for the federal government to legalize single-game sports betting. Given the response to our government's leadership on this file, it is clear that people across Ontario would like to be able to bet on the outcomes of single sports games. People in Ontario and across Canada should be given the option of betting on the Super Bowl or the Grey Cup, for example.

Given the increasing popularity of single-game betting, it is important for our government to be able to meet consumer demand and ensure that Ontario's high standards for responsible gaming can be met. Could the minister please explain why this change is necessary and how it stands to benefit Ontario?

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Hon. Victor Fedeli: Thank you to the member for Kitchener–Conestoga. Legalizing single-game sports betting is important to keep Ontario's gaming industry competitive. Eight US states now offer legalized sports betting, and 20 more states are expected to adopt the practice within the next two years, including Michigan and New York.

Without legal alternatives in Ontario, consumers are increasingly turning to US-based casinos which offer single-game sports betting. If Canada were to legalize the practice, our casinos would start to benefit. Workers at Caesars Windsor, for example, would benefit from a more competitive position in the industry. That's why we're calling on the federal government to amend the Criminal Code. Allowing single-game betting would give sports fans more choice and enhance the contributions gaming makes in Ontario.

The Speaker (Hon. Ted Arnott): Supplementary question.

Mr. Mike Harris: Thank you to the minister for his response. It is exciting to hear about how our government is taking action to bring about change that would increase consumer choice and benefit workers in Ontario's gaming industry. It is also exciting to see the support our government's initiative has been getting. Hopefully, the federal government is listening and will amend the Criminal Code to allow single-game sports betting in Canada.

It is clear that this decision makes sense, Mr. Speaker. Legalization of single-game sports betting has the support of the public, the support of the gaming industry and the support of many in the sports industries themselves.

Interjection.

The Speaker (Hon. Ted Arnott): The member for Windsor West, come to order.

Mr. Mike Harris: Could the minister please elaborate on some of the support behind our government on this file?

Hon. Victor Fedeli: North American sports leagues are in favour of single-game sports betting, particularly in light of the recent legalization in the US.

The CFL commissioner says, "We support the province's initiative to ensure our markets remain competitive and strong."

The NBA commissioner says, "Should the federal government permit betting on single sporting events, the NBA would support the province of Ontario offering this form of betting."

The NHL commissioner says, "The NHL believes that a level playing surface for sports betting is in the best interest of the NHL's sports betting landscape."

Speaker, the industry supports this change, the people support this change, and our government supports this change.

Interjections.

The Speaker (Hon. Ted Arnott): The member for King–Vaughan, come to order. The member for Hamilton Mountain, come to order.

Hon. Victor Fedeli: It's time for the federal government to amend the Criminal Code and legalize single-game sports betting.

Interjections.

The Speaker (Hon. Ted Arnott): The member for King–Vaughan, come to order. The member for Hamilton Mountain, come to order.

Next question.

CHILD ADVOCATE

Mr. Sol Mamakwa: Meegwetch, Mr. Speaker. My question is to the Acting Premier. As of May 1, the government is shutting down the Ontario Child Advocate's office, resulting in the loss of 20 child and youth advocate jobs. These front-line workers answer the calls of young people and kids in crisis. They listen first and they take direction from the child or the youth as to how they can support them to be heard.

Mr. Speaker, this office has been in place for 40 years. Why is the government closing the Ontario Child Advocate's office, which employs 20 front-line workers for our most vulnerable children and youth?

Hon. Christine Elliott: Minister of Children, Community and Social Services.

Hon. Lisa MacLeod: Thanks very much for the question. I really appreciate the question from the member opposite. I appreciate him bringing his concerns to the floor of the House.

The government made a decision in the fall economic statement that they will be moving the oversight capabilities over to the Ombudsman's office. That said, my ministry has taken steps so that we can have three tables established for children in care and children in custody. For children in care, there will be an Indigenous-led table, as well as a table for children who are of colour. We have also made arrangements to ensure that we embed a child advocate within my ministry so that we ensure that children in custody and care have the access they need for the advocacy role.

But let me be perfectly clear: We believe the oversight capabilities of the Ombudsman are far superior than what we've got now, and we believe that the Ombudsman will continue the work forward in a very constructive way. That's why we're working with Paul Dubé in my ministry, and we're going to continue to work—

The Speaker (Hon. Ted Arnott): Thank you. Supplementary question.

Mr. Sol Mamakwa: Meegwetch again, Mr. Speaker. The youth involved with the child advocate's office say their work has saved lives.

This government is ending youth partnerships like Feathers of Hope, which helped Indigenous youth all over northern Ontario and throughout Ontario. In 2017, there were 38 suicides in the north. This is 50 times higher than the Canadian average—Mr. Speaker, 50 times higher. Young people are losing their dedicated advocate and the team of professionals who support the important work. This is disproportionately going to hurt Indigenous youth.

Why is the Acting Premier isolating Indigenous youth and leaving them without support?

Interjections.

The Speaker (Hon. Ted Arnott): Members, please take your seats.

Minister, response?

Hon. Lisa MacLeod: Again, thank you very much to the member opposite for his question. I've always admired him bringing his concerns to the floor of the assembly, and I'm looking forward to working with him further.

I just want to point out that in 2017-18, the Ontario Ombudsman's office received 367 complaints—that's more than one a day—that had to be referred to the child advocate's office. By repatriating the investigative powers into the Ombudsman's office, working with Paul Dubé, we're convinced that we're going to get better reports that are more effective for this assembly.

Interjections.

Hon. Lisa MacLeod: So if anyone is challenging the Ombudsman, I guess this is now the place to do it.

Interjections.

The Speaker (Hon. Ted Arnott): Order. Opposition, come to order.

Hon. Lisa MacLeod: But let me be perfectly clear: We take our work with Indigenous youth very seriously, particularly because they are overrepresented in custody and in care, and that is why we are going to set up an Indigenous-led table with children with lived experience so that we can best support them. That is why we are also embedding within my ministry a child advocate—

The Speaker (Hon. Ted Arnott): Thank you. Next question.

TAXATION

Mr. Michael Parsa: My question is for the Minister of the Environment, Conservation and Parks. For too long, the hard-working people of this province were faced with inflated costs that they simply could not afford. To make matters worse, in a couple of short weeks, Ontarians will once again have to pay a new tax. We know that the Trudeau Liberal carbon tax is coming into effect on April 1. It will increase the cost for the people of my riding and across Ontario to heat their homes, fuel their cars and feed their families. We're now learning the full impact of just how much this tax will cost our transport businesses, our colleges and universities.

Can the minister inform the House what our government, with the leadership of the Premier, intends to do to stop this regressive job-killing tax from being imposed on Ontarians?

Hon. Rod Phillips: Mr. Speaker, through you to the member from Aurora–Oak Ridges–Richmond Hill: Thank you for the question. Our government made a promise to Ontarians that we would make life more affordable and that we would make it easier for job creators to create jobs in a competitive economy.

We promised as well that we could balance a healthy environment and a healthy economy, and that's what we're doing. That's why our Made-in-Ontario Environment Plan commits us to the 30% reduction below 2005 levels—that the federal government committed to—in greenhouse gases, but it does it without a job-killing carbon tax.

Mr. Speaker, we are also, through our emissions performance standards, which are now out for consultation, making it clear that institutions like colleges and universities will have the opportunity to opt in. That means that those universities and colleges will not have to be spending valuable taxpayer dollars, valuable tuition dollars on paying Justin Trudeau's carbon tax.

The Speaker (Hon. Ted Arnott): Supplementary question.

Mr. Michael Parsa: I thank the minister for his response. Speaker, I know that the Trudeau government's carbon tax will have a direct impact on the finances of Ontario's essential services and public institutions. A carbon tax makes everything more expensive. The resources of Ontario's publicly assisted colleges and universities should be focused on equipping our students with the skills needed to get the high-quality jobs of tomorrow, not filling the federal government's coffers.

Can the minister tell us how the Liberals' failed plan will impact institutions like our colleges and universities?

Hon. Rod Phillips: To the Minister of Training, Colleges and Universities.

Hon. Merrilee Fullerton: Thank you to the member from Aurora–Oak Ridges–Richmond Hill for that very important question. Last Thursday, I was pleased to be at Algonquin College with the Minister of the Environment, Conservation and Parks as well as the members from Carleton and Ottawa West–Nepean, to share the details of the impact of the carbon tax on our universities and colleges. We know that the federal carbon tax will cost Algonquin College over \$276,000 in 2022 alone. Across the entire sector, we know this tax will cost Ontario's universities and colleges approximately \$24.7 million by 2023.

The people of Ontario have paid for a 22% reduction in our emissions, and we have a plan to get to 30% without a carbon tax. Our message is clear: Our publicly funded institutions cannot afford to pay millions of dollars in new taxes to fill the federal government's coffers.

ENVIRONMENTAL PROTECTION

Mr. Ian Arthur: Mr. Speaker, through you, my question is for the Acting Premier. During the campaign, the

Premier repeatedly told the people of Ontario that not one job would be lost under his government. In December, when this government decided to eliminate the Office of the Environmental Commissioner, they made no mention of any jobs being lost. But we have now learned that at least five people will lose their jobs as a result of this government gutting the Office of the Environmental Commissioner of Ontario. Does the Acting Premier not think these jobs count?

Hon. Christine Elliott: To the Minister of the Environment, Conservation and Parks.

Hon. Rod Phillips: Mr. Speaker, as is happening so often today, I have to reject the premise of the member's question. Ontario will continue to be the only provincial government with an independent environment commissioner, and that commissioner will report to the Auditor General. This will be the exact same system as the federal government. The federal government has the same system. Why is that? Because we want to make sure that the environment commissioner has the appropriate focus in terms of how the environment is considered, and it is done through an independent office. But it will also be done more effectively, and we will not apologize for being efficient and effective while protecting the environment of Ontario.

The Speaker (Hon. Ted Arnott): That concludes the time we have for question period.

RYAN COLE AND DENA GOUWELOOS

The Speaker (Hon. Ted Arnott): The member for Willowdale has informed me he has a point of order.

Mr. Stan Cho: Thank you, Mr. Speaker. I just wanted to take a moment to announce to the House that my EA, last week, surprised his long-time girlfriend with a trip to Barbados, and he asked a very important question. Much to my surprise, Dena Gouweloos said yes. So to Ryan Cole and Dena Gouweloos, congratulations on your recent engagement.

VISITORS

The Speaker (Hon. Ted Arnott): The member for Scarborough–Guildwood on a point of order.

Ms. Mitzie Hunter: Point of order, Speaker: On behalf of the Liberal caucus, I'd like to welcome to the Legislature the Council of Ontario Construction Associations, who are holding their lobby day today. Included in the delegation are members of the Toronto Construction Association: Romeo Milano; their president, John Mollenhauer; and senior director of corporate development, Suzana Fernandes.

NOTICE OF DISSATISFACTION

The Speaker (Hon. Ted Arnott): Pursuant to standing order 38(a), the member for Glengarry–Prescott–Russell has given notice of her dissatisfaction with the answer to her question given by the Minister of Energy concerning the Eastern Fields Wind Power Project in Nation township. This matter will be debated tomorrow at 6 p.m.

This House stands in recess until 1 p.m.

The House recessed from 1143 to 1300.

INTRODUCTION OF VISITORS

The Speaker (Hon. Ted Arnott): Before I ask for introduction of visitors, I would remind all members to, as much as possible, keep the introductions brief and devoid of political statements.

Ms. Goldie Ghamari: I'm very pleased to introduce, from the village of Metcalfe in my riding of Carleton, 11-year-old Jacob Taylor; his parents, Craig and Vicky Taylor; his grandparents Ray and Sheila Taylor; and his younger brother Jason Taylor to the Legislature today.

At just 11 years old, Jacob is involved in many community groups and has proven to be a role model and inspiration for young generations. In addition to running a monthly kindness club at a local seniors home, he is a Metcalfe Community Association youth ambassadors junior assistant to the manager of his community's local farmers' market.

Last year he organized a collection campaign within his school to donate warm socks to the homeless in Ottawa, and continues to help organize an annual toy drive to collect items for a local women's shelter—

The Speaker (Hon. Ted Arnott): Thank you.

CONSIDERATION OF BILL 66

Mr. Mike Schreiner: Point of order.

The Speaker (Hon. Ted Arnott): Point of order: The member for Guelph.

Mr. Mike Schreiner: I'm seeking unanimous consent to move a motion without notice regarding the questioning of witnesses during public hearings on Bill 66, An Act to restore Ontario's competitiveness by amending or repealing certain Acts.

The Speaker (Hon. Ted Arnott): The member for Guelph is seeking unanimous consent to move a motion without notice regarding the questioning of witnesses during public hearings on Bill 66, An Act to restore Ontario's competitiveness by amending or repealing certain Acts. Agreed? Agreed.

Mr. Mike Schreiner: I move that, notwithstanding the order of the House dated March 5, 2019, relating to the allocation of time on Bill 66, the independent Green Party member of the committee be permitted to ask questions of the witnesses during any portion of the 14 minutes that is not used by either recognized party.

The Speaker (Hon. Ted Arnott): Mr. Schreiner has moved that, notwithstanding the order of the House dated March 5, 2019, relating to the allocation of time on Bill 66, the independent Green Party member of the committee be permitted to ask questions of the witnesses during any portion of the 14 minutes that is not used by either recognized party. Is it the pleasure of House that the motion carry? Carried.

Motion agreed to.

MEMBERS' STATEMENTS

ENVIRONMENTAL PROTECTION

Mr. Ian Arthur: Ontario is known around the world for its iconic, pure waters and the vastness of its pristine wilderness, but our reputation is becoming further and further from reality. The amount of plastic debris—including bottles, bags and straws—that litters our shorelines has increased drastically in recent decades. The Single-Use Plastics Ban Act is a comprehensive plan that has gone through consultations with experts. The act is a sober response to the escalating and urgent environmental crisis that throwaway plastics present.

For far too long, we have let industry make their own rules. The Liberals and Conservatives have ignored the need for environmental action and the climate crisis itself. The time for us to act is now. We need to begin the work of making Ontario a cleaner province today.

I know that the government likes to talk about this issue, but they have provided absolutely no timelines—no dates—to get us from where we are now to where we need to go. Ontarians deserve a government that exhibits the political courage to put tangible pressure on corporations and manufacturers in order to stop the inundation of our landfills with harmful plastic waste.

My plan is ready to become law, and if this government truly cares about the environment and about reducing plastics pollution, they will take action now.

COLDEST NIGHT OF THE YEAR

Mr. Parm Gill: The Coldest Night of the Year is an initiative that takes place annually in 136 communities across Canada to raise funds for local charities that help the homeless, hungry and hurting people in our communities. Milton recently held its annual Coldest Night of the Year, organized by Milton Transitional Housing. My team and I were delighted to be part of such a noble cause. By conducting the walk on a cold winter night, it allows everyone to experience a hint of the challenges faced by the homeless during the winter and by those who battle to house and feed their families.

Many Miltonians stepped outside the warmth and comfort of their homes to be part of this walk and to be part of the solution in our community.

These donations fund critical services at Milton Transitional Housing, an organization that serves and supports vulnerable families and individuals in my great riding of Milton. Milton raised 98% of our target, amounting to almost \$50,000. These funds will support our local citizens who need our help the most during the cold months.

I want to thank each and every member of our community who came out, especially Donna Danielli and her team for organizing such a great event.

POST-SECONDARY EDUCATION

Ms. Jessica Bell: I've received many letters from residents who study, work at and enjoy the University of

Toronto—residents who are very angered by the Ford government's changes to higher education. These changes include undemocratic tampering with how students choose to fund vital student programs, from the local radio station to student unions to mental health services. These changes include massive cuts to OSAP grant funding, which means that low- and middle-income students will go further into crippling debt to get an education that is so critical to getting ahead in this cutthroat economy.

These drastic changes include cuts to university funding at a time when universities in Ontario receive the least amount of government funding per student in Canada. That means we will see higher class sizes, we will see cuts to courses and programs, and we will see job losses and lower wages for sessional teachers, foodservice workers and cleaners—the people who keep the University of Toronto operating and who are in precarious situations already.

I will be joining students and workers this Wednesday at 12 p.m. as part of a province-wide walkout to say no to these cuts and yes to better higher education, where universities and colleges are properly funded, where student loans are converted to grants so students can afford to go to university, and where sessional teaching jobs are upgraded to permanent teaching jobs so students can receive a high-quality education in Ontario. I invite you to join us.

ANGELA REHHORN

Ms. Jill Dunlop: On Sunday, March 10 an Ethiopian Airlines plane carrying 157 passengers, 18 of whom were Canadian, crashed, leaving no survivors. This devastating tragedy has affected people around the world and saddened all of us in my riding of Simcoe North, as we learned that one of the victims was a member of our community, a young woman named Angela Rehorn.

Angela was only 24 years old, but throughout those 24 years it is clear that she touched many lives and made the world a better place through her commitment to the communities that she lived in and the passion she had for the environment.

During her high school years, she attended Patrick Fogarty Catholic Secondary School, played competitive soccer with the Orillia Lightning team, and swam competitively with the Orillia Channel Cats. Upon graduating high school, Angela went on to graduate from Dalhousie University in 2017 with a double major in marine biology and sustainability. Her passion for conservation led her to work on both the west and east coasts of Canada. Angela worked as a conservation intern with the Pacific Rim National Park Reserve in British Columbia, as well as an aquaculture research technician with the Huntsman Marine Science Centre in New Brunswick.

She recently moved back home and was working with the Couchiching Conservancy as part of the third phase of her Canadian Conservation Corps journey.

Her hard work in the field and her tremendous contributions did not go unnoticed, and she was chosen as a

youth representative at the fourth UN Environment Assembly gathering in Nairobi, Kenya. She was en route when the tragedy occurred.

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Our hearts ache for Angela's family, friends and all those whose lives she touched. She is remembered as a shining, bright star, a fearless champion for the environment and a change maker. I hope she inspires all of us to look at life with this kind of beautiful appreciation for the world and communities around us.

JODY AND NICOLE BLAIS

JODY ET NICOLE BLAIS

Mr. Guy Bourgouin: I rise today to share some tragic news about two beloved constituents from Mushkegowuk—James Bay.

Vendredi passé, nous avons appris du décès tragique de Nicole et Jody Blais lorsqu'ils voyageaient dans leur hélicoptère de Sudbury à Kapuskasing. J'aimerais aussi noter que Nicole Bisson-Blais est la cousine de notre confrère Gilles Bisson. Le soir du 4 mars, Nicole et Jody sont partis comme d'habitude pour retourner chez eux à Kapuskasing, mais ils ne sont jamais arrivés à leur destination. Le 6 mars, ils ont été portés disparus, ce qui a déclenché une vaste opération de sauvetage.

During multiple days, constituents from around the region spent their days on their snowmobiles searching for Jody and Nicole. They were subsequently joined by the Royal Canadian Air Force, the OPP, Civil Aviation and the Timmins-Porcupine Search and Rescue. On Monday, March 11, the air force discovered the area of the accident at merely 65 kilometres from their destination.

Jody et Nicole se sont éteints à cause de l'écrasement.

Permettez-moi de remercier le travail des gens de notre région : les infatigables Gilbert Mondoux et Michel Blais, et tous ceux qui ont donné de leur temps, donné de l'argent et de l'essence. Vous avez tous démontré que cette communauté est forte et toujours prête à aider ceux qui sont dans une situation de détresse.

As well, I want to thank the search and rescue team, my colleagues Gilles Bisson and John Vanthof, MPs Carol Hughes and Charlie Angus and the government for their help.

Encore une fois, j'envoie mes plus sincères condoléances à la famille Blais.

RACISM

Mr. Mike Schreiner: It's with a heavy heart that I rise today in solidarity with my Muslim neighbours to mourn the loss of at least 50 people killed in two mosques in Christchurch, New Zealand.

I want to sincerely thank the Muslim Society of Guelph for opening your doors at Friday prayers for people in our community to grieve and to speak out against hate.

Speaker, we're not immune to such hate here in Canada. It was only two years ago that six people were killed in a Quebec City mosque. As we approach March 21, the

international day for the elimination of racism, I'm asking all Canadians, especially political leaders, to reject racist dog whistles and to disavow white supremacist views and those who express them. We simply cannot allow the roots of such hate to spread in our country.

We must also speak out against all forms of terrorism, whether it was New Zealand last week, the Pulwama, Jammu and Kashmir attack last month in India, in Pittsburgh last year, or right here on the streets of Toronto. It is our duty to speak out against all forms of hate and racism. We must build bridges, not walls.

To our Muslim brothers and sisters, we grieve with you and we stand in solidarity with you.

ABIVARMAN ARULPIRARANGAH

Mr. Vijay Thanigasalam: It is with a heavy heart that I rise today in the Legislature to speak about the passing of my dear friend and youth community leader, Abivarma Arulpirarangah. Abivarma was always quick with a big smile, supportive of his friends and family and passionate about being involved in and improving his community. He wanted to have a positive impact on the world around him and worked towards that goal every day. It is a great loss to his family, friends and community that Abivarma has left us at the tender age of 17, yet we will always treasure the memories of him and he will forever remain in our thoughts and prayers.

Like my friend Abivarma, as many as one in five children and youth in Ontario will experience some form of mental health challenge. Because of the stigma attached to mental illness, it is often hard for those struggling and their families and friends to talk about what they are going through. All levels of government, communities, friends and families need to ensure that they do all they can to support those struggling with their mental health, and help each and every Canadian know that we are with them.

HIGHWAY OF HEROES

Mr. Percy Hatfield: Speaker, as you know, I'm an army brat. I grew up on military bases. My dad, a career soldier, also served in the Second World War. I have been a member of the Royal Canadian Legion Branch 255 for more than 30 years.

Today, it's an honour to tell you about an initiative along the Highway of Heroes. It will be the world's largest living memorial. Canada has lost 117,000 men and women in military battles since Confederation. We had 159 killed in the war in Afghanistan, including Andrew Grenon from Windsor. Their bodies were flown home, repatriated at CFB Trenton and then driven to the coroner's office in Toronto. That 170-kilometre trip became known as the Highway of Heroes.

There's an effort under way to plant two million trees along that stretch of highway to recognize all Canadians who have served during times of war. This living tribute will help clean the air, cool the environment and provide an inspired drive along an otherwise somewhat boring stretch of highway.

There's a \$10-million fundraising campaign under way to help pay for this special project; they're about halfway there. I hope the senior levels of government will kick in a good chunk of the money that's left to be raised.

Speaker, charitable tax receipts are given to all donors. More information is available at hohtribute.ca.

The Highway of Heroes tree campaign is unique, and I wish the organizers every success in achieving this remarkable goal.

HEART DISEASE

Mr. Rudy Cuzzetto: February was heart health month in Canada.

Earlier last month, the Heart and Stroke Foundation had an advocacy day here at Queen's Park. I would like to take this opportunity to thank them for their excellent reception and productive meetings throughout the day.

Heart disease is the second leading cause of death in Canada. About 2.5 million Canadian adults live with heart disease. Nine in 10 Canadians have at least one risk factor. Results can be devastating, not only to the individual but to the entire family.

Fortunately, the cardiac care program at Trillium Health Partners in my riding of Mississauga–Lakeshore is providing excellent care. I know most of you are not aware that I am living with a mechanical heart valve myself.

There is much we can do to protect ourselves. Almost 80% of heart disease can be prevented through healthy living: eating healthy, being active and living without smoking.

Again, thank you to the Heart and Stroke Foundation. The generosity of donors and over 40,000 volunteers is making a real difference in reducing death and disability from heart disease.

SKILLED TRADES

Mr. Lorne Coe: I'm pleased to acknowledge the Durham District School Board in Whitby and the good work it's doing in promoting the skilled trades.

By 2025, according to the Conference Board of Canada, about 40% of all occupations in the province will be in the skilled trades. The skilled trades labour shortage, Speaker, is expected to approach a staggering 360,000.

Now, this means that there will be an abundance of well-paying, good jobs in Ontario in the skilled trades sector well into the future. Students who have an aptitude for skilled trades should be encouraged to pursue a career in that sector, whether it be in carpentry, plumbing or electricity, to name only a few.

It's equally important that educators at all levels highlight to students that skilled trades training leads to lucrative and rewarding careers—and our Minister of Training, Colleges and Universities has drawn attention to it as well.

RECTIFICATION AU PROCÈS-VERBAL

The Speaker (Hon. Ted Arnott): I recognize the member for Mushkegowuk–James Bay on a point of order.

M. Guy Bourgouin: Je voulais faire un point d'ordre. J'ai dit que c'était Nicole Bisson-Blais. Je veux faire la correction : son nom est Nicole Blais.

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REPORTS BY COMMITTEES

STANDING COMMITTEE ON REGULATIONS AND PRIVATE BILLS

Mr. Kaleed Rasheed: I beg leave to present the first report 2019 from the Standing Committee on Regulations and Private Bills and move the adoption of its recommendation.

The Speaker (Hon. Ted Arnott): Mr. Rasheed presents the committee's report and moves the adoption of its recommendation.

Does the member wish to make a brief statement?

Mr. Kaleed Rasheed: Mr. Speaker, I move adjournment of the debate.

The Speaker (Hon. Ted Arnott): Mr. Rasheed has moved the adjournment of the debate. Is it the pleasure of the House that the motion carry? I heard a no.

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

All those opposed will please say "nay."

In my opinion, the ayes have it.

Debate adjourned.

INTRODUCTION OF BILLS

ARCHIVES AND RECORDKEEPING AMENDMENT ACT, 2019

LOI DE 2019 MODIFIANT LA LOI SUR LES ARCHIVES PUBLIQUES ET LA CONSERVATION DES DOCUMENTS

Mr. Tabuns moved first reading of the following bill:

Bill 80, An Act to amend the Archives and Recordkeeping Act, 2006 to impose penalties for offences relating to public records of archival value / *Projet de loi 80, Loi modifiant la Loi de 2006 sur les Archives publiques et la conservation des documents pour imposer des peines en cas d'infraction relative aux documents publics ayant un intérêt archivistique.*

The Speaker (Hon. Ted Arnott): Is it the pleasure of the House that the motion carry? Carried.

First reading agreed to.

The Speaker (Hon. Ted Arnott): Would the member for Toronto–Danforth care to give a brief explanation of his bill?

Mr. Peter Tabuns: Speaker, this imposes a penalty of up to \$50,000 for destruction of archival records. As you are well aware, at times records have been destroyed knowingly. There needs to be a penalty. There is not one in the law at the moment.

SUPPLY ACT, 2019

LOI DE CRÉDITS DE 2019

Mr. Bethlenfalvy moved first reading of the following bill:

Bill 81, An Act to authorize the expenditure of certain amounts for the fiscal year ending March 31, 2019 / Projet de loi 81, Loi autorisant l'utilisation de certaines sommes pour l'exercice se terminant le 31 mars 2019.

The Speaker (Hon. Ted Arnott): Is it the pleasure of the House that the motion carry?

First reading agreed to.

The Speaker (Hon. Ted Arnott): I'll invite the President of the Treasury Board to make a brief statement explaining the bill.

Interjection.

Hon. Peter Bethlenfalvy: Thank you to the member from Whitby.

The Supply Act is one of the key acts in the Ontario Legislature. If passed, it would give the Ontario government the legal spending authority to finance its programs and honour its commitments for the fiscal year that is to close at the end of March.

SINGLE-USE PLASTICS BAN ACT, 2019

LOI DE 2019 INTERDISANT
LES PRODUITS PLASTIQUES JETABLES

Mr. Arthur moved first reading of the following bill:

Bill 82, An Act to amend the Resource Recovery and Circular Economy Act, 2016 / Projet de loi 82, Loi modifiant la Loi de 2016 sur la récupération des ressources et l'économie circulaire.

The Speaker (Hon. Ted Arnott): Is it the pleasure of the House that the motion carry? Carried.

First reading agreed to.

The Speaker (Hon. Ted Arnott): Would the member for Kingston and the Islands like to give a brief explanation of his bill?

Mr. Ian Arthur: The bill amends the Resource Recovery and Circular Economy Act, 2016, by requiring the minister to amend the strategy described in section 3 of the act to include a plan that identifies measurable targets and sets out timelines for the immediate reduction and eventual elimination of the distribution and supply of single-use plastics in Ontario and that requires the immediate elimination of certain single-use plastics.

665395 ONTARIO LIMITED ACT, 2019

Ms. Hogarth moved first reading of the following bill:

Bill Pr7, An Act to revive 665395 Ontario Limited.

The Speaker (Hon. Ted Arnott): Is it the pleasure of the House that the motion carry? Carried.

First reading agreed to.

The Speaker (Hon. Ted Arnott): Pursuant to standing order 86, this bill stands referred to the Standing Committee on Regulations and Private Bills.

PETITIONS

AUTISM TREATMENT

Mr. Percy Hatfield: I have a petition to the Legislative Assembly of Ontario.

"Whereas every child with autism deserves access to sufficient treatment and support so that they can live to their fullest potential;

"Whereas the Ontario Autism Program was badly broken under the Liberals, and the changes introduced by the Conservatives have made it worse;

"Whereas the new funding caps are based on age and income, and not the clinical needs of the child;

"Whereas Ontario needs a true investment in evidence-based autism services that meets the needs of autistic children and their families;

"We, the undersigned, petition the Legislative Assembly of Ontario to direct the Ministry of Children, Community and Social Services to invest in equitable, needs-based autism services for all children who need them."

I fully agree, Speaker. I'm going to sign this and give it to Mathew to bring down to the table.

AUTOMOBILE INSURANCE

Mr. Faisal Hassan: I have a petition here entitled "Stop Auto Insurance Gouging."

"Whereas some neighbourhoods across the GTA have been unfairly targeted by discriminatory practices in the insurance industry;

"Whereas people in these neighbourhoods are penalized with crushing auto insurance rates because of their postal code;

"Whereas the failure to improve government oversight of the auto insurance industry has left everyday families feeling the squeeze and yearning for relief;

"We, the undersigned, petition the Legislative Assembly of Ontario to ban the practice of postal code discrimination in the GTA when it comes to auto insurance premiums."

I fully support this petition. I will be affixing my signature to it and providing it to page Alma to deliver to the table.

AUTISM TREATMENT

Mr. Ian Arthur: I have a pile of petitions here entitled "Support Ontario Families with Autism."

"To the Legislative Assembly of Ontario:

"Whereas every child with autism deserves access to sufficient treatment and support so that they can live to their fullest potential;

"Whereas the Ontario Autism Program was badly broken under the Liberals, and the changes introduced by the Conservatives have made it worse;

"Whereas the new funding caps are based on age and income, and not the clinical needs of the child;

“Whereas Ontario needs a true investment in evidence-based autism services that meets the needs of autistic children and their families;

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“We, the undersigned, petition the Legislative Assembly of Ontario to direct the Ministry of Children, Community and Social Services to invest in equitable, needs-based autism services for all children who need them.”

I could not endorse this more, Mr. Speaker. I will affix my signature and give it to page Sanjayan to be handed in.

ANIMAL PROTECTION

Mr. Toby Barrett: A petition titled “Animal Protection in Ontario” and addressed to the Legislative Assembly of Ontario:

“Whereas all animals in Ontario deserve our protection but are largely going unprotected at this time;

“Whereas the Ontario Society for the Prevention of Cruelty to Animals (OSPCA) is the only agency in Ontario authorized to enforce animal protection laws;

“Whereas the OSPCA has continually cut back services, including the recent decision to stop investigating incidents involving farm animals, including horses, as well as failing to fully investigate poorly run zoos, dogfighting operations, puppy and kitten mills and even documented cases of dogs being tortured in the city of Toronto;

“Whereas the OSPCA has made itself completely unaccountable to the public by eliminating annual general members meetings and board elections as well as eliminating a government representative from their board meetings;

“Whereas the Ministry of Community Safety and Correctional Services provides an annual grant to the OSPCA of \$5.75 million of the public’s dollars, for which the OSPCA is to provide province-wide coverage and other services which the OSPCA has failed to deliver;

“We, the undersigned, hereby petition the Legislative Assembly of Ontario to exercise its authority, through the Ministry of Community Safety and Correctional Services under the current funding transfer payment agreement and the OSPCA Act, requiring that:

“—through the OSPCA Act the government annul the bylaws of the OSPCA;

“—a new bylaw be required that re-establishes annual general members meetings, open board elections and a government representative attending board meetings;

“—the government immediately suspend funding to the OSPCA and conduct a forensic audit of the organization’s use of public funds;

“—the government conduct a service delivery audit of the OSPCA relating to the enforcement of the OSPCA Act;

“—recognize the important job of animal protection by creating a more accountable system that ensures the immediate and long-term protection of the millions of animals who live among us.”

I agree with the sentiments presented here and affix my signature.

FRENCH-LANGUAGE SERVICES

SERVICES EN FRANÇAIS

M. Guy Bourgoin: Il me fait plaisir de lire la pétition intitulée « Let’s Stand Up for Our Rights/Ensemble, résistons! »

“To the Legislative Assembly of Ontario:

« À l’Assemblée législative de l’Ontario :

“Whereas the government’s decision to cut the French Language Services Commissioner and to cancel the francophone university in Ontario hurts Franco-Ontarians; and

« Attendu que la décision du gouvernement de dissoudre le Commissariat aux services en français et d’annuler le projet de création de l’Université de l’Ontario français met les Franco-Ontarien(ne)s en péril; et

“Whereas Franco-Ontarians are fighting to uphold their rights to access services and education in their language; and

« Attendu que les Franco-Ontarien(ne)s qui, jour après jour, doivent se battre pour maintenir leur droit d’avoir accès à des services de santé et d’éducation dans la langue officielle qui est la leur; et

“Whereas Franco-Ontarians are an important part of Ontario and deserve to have their constitutional language rights upheld and protected;

« Attendu que les Franco-Ontarien(ne)s occupent une place importante en Ontario, et méritent d’avoir leurs droits linguistiques constitutionnels respectés, protégés et défendus;

“We, the undersigned, petition the Legislative Assembly of Ontario to: to restore the French Language Services Commissioner and the francophone university.

« Nous, soussignés, pétitionnons l’Assemblée législative de l’Ontario de : rétablir le Commissariat aux services en français et à remettre sur les rails le projet pour une université francophone. »

Je suis heureux de signer cette pétition, et je vais la donner à la page Liv pour la donner à la table.

ANIMAL PROTECTION

Mr. Randy Pettapiece: “To the Legislative Assembly of Ontario:

“Whereas all animals in Ontario deserve our protection but are largely going unprotected at this time;

“Whereas the Ontario Society for the Prevention of Cruelty to Animals (OSPCA) is the only agency in Ontario authorized to enforce animal protection laws;

“Whereas the OSPCA has continually cut back services, including the recent decision to stop investigating incidents involving farm animals, including horses, as well as failing to fully investigate poorly run zoos, dogfighting operations, puppy and kitten mills and even documented cases of dogs being tortured in the city of Toronto;

“Whereas the OSPCA has made itself completely unaccountable to the public by eliminating annual general

members meetings and board elections as well as eliminating a government representative from their board meetings;

“Whereas the Ministry of Community Safety and Correctional Services provides an annual grant to the OSPCA of \$5.75 million of the public’s dollars, for which the OSPCA is to provide province-wide coverage and other services which the OSPCA has failed to deliver;

“We, the undersigned, hereby petition the Legislative Assembly of Ontario to exercise its authority, through the Ministry of Community Safety and Correctional Services under the current funding transfer payment agreement and the OSPCA Act, requiring that:

“—through the OSPCA Act the government annul the bylaws of the OSPCA;

“—a new bylaw be required that re-establishes annual general members meetings, open board elections and a government representative attending board meetings;

“—the government immediately suspend funding to the OSPCA and conduct a forensic audit of the organization’s use of public funds;

“—the government conduct a service delivery audit of the OSPCA relating to the enforcement of the OSPCA Act;

“—recognize the important job of animal protection by creating a more accountable system that ensures the immediate and long-term protection of the millions of animals who live among us.”

I agree with this petition and send it down with page Julien.

EMERGENCY SERVICES

M^{me} France Gélinas: I would like to thank Anne Malnachuk from Hanmer in my riding for this petition. It reads as follows:

“911 Emergency Response....

“Whereas, when we face an emergency we all know to dial 911 for help; and

“Whereas access to emergency services through 911 is not available in all regions of Ontario but most Ontarians believe that it is; and

“Whereas many Ontarians have discovered that 911 was not available while they faced an emergency; and

“Whereas all Ontarians expect and deserve access to 911 service throughout our province”;

They petition the Legislative Assembly of Ontario as follows:

“To provide 911 emergency response everywhere in Ontario by land line or cellphone.”

I fully support this position, will affix my name to it and ask my good page Mathew to bring it to the Clerk.

LONG-TERM CARE

Ms. Teresa J. Armstrong: I have hundreds of petitions for the Time to Care Act, Bill 13.

“To the Legislative Assembly of Ontario:

“Whereas quality care for the 78,000 residents of (LTC) homes is a priority for many Ontario families; and

“Whereas the provincial government does not provide adequate funding to ensure care and staffing levels in LTC homes keep pace with residents’ increasing needs and the growing number of residents with complex behaviours; and

“Whereas several Ontario coroner’s inquests into LTC home deaths have recommended an increase in direct hands-on care for residents and staffing levels and the most reputable studies on this topic recommend 4.1 hours of direct care per day;

“We, the undersigned, petition the Legislative Assembly of Ontario to amend the LTC Homes Act (2007) for a legislated minimum care standard to provide an average of four hours per resident per day, adjusted for acuity level and case mix.”

I fully support this petition, sign it and give to page Katherine to deliver to the table.

CLIMATE CHANGE

Ms. Jessica Bell: This is a petition to the Ontario Legislative Assembly.

“Whereas our planet is undergoing significant warming with adverse consequences for health, for agriculture, for infrastructure and for our children’s future;

“Whereas the costs of inaction are severe, such as extreme weather events causing flooding and drought;

“Whereas Canada has signed the Paris accord which commits us to acting to keep temperature rise under 1.5” degrees;

“We, the undersigned, call upon the government of Ontario to develop GHG reduction targets based on science that will meet our Paris commitment, an action plan to meet those targets and annual reporting on progress on meeting the targets....”

I fully support this petition. I will be affixing my name to it and giving it to page Erynn.

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EQUAL OPPORTUNITY

Ms. Suze Morrison: I have more than 1,200 signatures on a petition here entitled “Don’t Take Away Social and Economic Rights for Women and Marginalized People.”

“Whereas Bill 47 erased many of the legislative gains achieved through Bill 148, the fairer labour laws and working conditions that had a particularly positive impact on women and marginalized people;

“Whereas statistics show that women, particularly women of colour, are most likely to be employed in precarious work, and the Bill 47 amendments to the Employment Standards Act, 2000 and Labour Relations Act, 1995 create conditions that lead to a growth in precarious employment while also eliminating protections for millions of Ontario workers;

“Whereas Bill 66 further erodes women’s and marginalized people’s social and economic rights; and

“Whereas the” Conservative “government continues to remove, cancel or freeze funding for other supports, programs and regulations that would increase women’s equality in the workforce and beyond;

“We, the undersigned, petition the Legislative Assembly of Ontario to, at the very least:

“—reinstate paid sick days, the scheduled increase to a \$15 minimum wage, legislation to increase pay transparency, regulations that support equal pay for equal work, and all other worker protections gained under the Fair Workplaces, Better Jobs Act;

“—reverse changes to day care regulations that allow more children per caregiver;

“—reverse retroactive cuts to ... the Ontario College of Midwives;

“—reinstate funding ... to sexual assault centres;

“—restore the round table on” ending “violence against women; and

“—restore the child and youth advocate commissioner’s office.”

I fully endorse this petition. I will be affixing my signature to it and providing it to page Saad to deliver to the Clerks.

AUTISM TREATMENT

Ms. Catherine Fife: This petition is entitled “Support Ontario Families with Autism.”

“To the Legislative Assembly of Ontario:

“Whereas every child with autism deserves access to sufficient treatment and support so that they can live to their fullest potential;

“Whereas the Ontario Autism Program was badly broken under the Liberals, and the changes introduced by the Conservatives have made it worse;

“Whereas the new funding caps are based on age and income, and not the clinical needs of the child;

“Whereas Ontario needs a true investment in evidence-based autism services that meets the needs of autistic children and their families;

“We, the undersigned, petition the Legislative Assembly of Ontario to direct the Ministry of Children, Community and Social Services to invest in equitable, needs-based autism services for all children who need them.”

I fully support this petition, will affix my signature and give it to page Mathew to be tabled.

ORDERS OF THE DAY

THE PEOPLE’S HEALTH CARE ACT, 2019

LOI DE 2019 SUR LES SOINS DE SANTÉ POUR LA POPULATION

Resuming the debate adjourned on March 7, 2019, on the motion for second reading of the following bill:

Bill 74, An Act concerning the provision of health care, continuing Ontario Health and making consequential and related amendments and repeals / Projet de loi 74, Loi concernant la prestation de soins de santé, la prorogation de Santé Ontario, l’ajout de modifications corrélatives et connexes et des abrogations.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Mr. Kaleed Rasheed: Today, I have the honour to talk about a very special bill introduced by the Honourable Minister of Health and Long-Term Care, Bill 74.

I stand here proud that our government for the people is keeping promises, because the government believes in promises made, promises kept. The people of Ontario elected us on our promise to end hallway health care. This is another promise we are making a reality. We are fully committed to delivering this promise through Bill 74, The People’s Health Care Act, for the people.

Before I start to explain the benefits of the bill within 20 minutes, I would like to lay to rest the recurring rumour of the privatization of the health care sector. My office has received countless queries, emails and phone calls from concerned constituents with regard to the proposed changes. Constituents like Arlene and Katrina in my riding can rest assured that Bill 74 is not privatizing our health care system.

Arlene wrote to me and said, “I am deeply concerned about potential changes to Ontario’s health care, specifically any attempts to privatize the health care services my family relies on.”

Further, she said, “New evidence shows that your government has been planning to privatize health care since as early as December. Your government also refused to pledge not to privatize health care.”

Katrina also was happy with most of Bill 74, but her only fear was privatization.

Rest assured, Arlene and Katrina, we are not privatizing health care. We are strengthening our current public health care system to work faster and better for the people. I want to reiterate to concerned constituents like Arlene that we are committed to maintaining investment in our public health care system and are strengthening it to work.

For many Canadians, our universal health care system has been a source of national pride, and here in Ontario we are so fortunate to have some of the best health care workers striving to provide us the very best in health care. Unfortunately, over time, our health system has become isolated, fractured and fragmented. This has led to adverse effects on patients, where more and more Ontarians are left to suffer indefinitely on wait-lists.

The People’s Health Care Act introduced will implement a health care system that will work for the people. This act will implement strategies to manage health service needs across Ontario to ensure the quality and sustainability of the Ontario Health system.

Today, due to the short time I have, I will focus on four key aspects of the bill to provide relief to the people of Ontario. I will talk about how this plan will prioritize patients, end hallway health care, and create a system that

will work. I will also explain how our plan will move our current health care system to the 21st century with the digitalization of the system, and, finally, talk about supporting health care practitioners through recruitment and retention.

The People's Health Care Act is a stepping stone in the right direction that will lead to ensuring that there are quality standards of development for patient care and safety, and there will be a promotion of health services integration to enable appropriate, coordinated and effective health service delivery.

Bill 74 focuses essentially on prioritizing patient care. According to Health Quality Ontario, "Patients in Ontario are spending an average of 16 hours in the emergency department before being admitted to the hospital, which is the longest that wait has been in six years."

When care is funded in silos, care ends up being delivered in silos. But when providers are asked to partner, to work together as one connected team, care will be integrated. Integrated care looks at the whole person, not just the illness. The fact is that Ontario's health care system is on life support, and this is so disheartening to me, Madam Speaker. Patients are forgotten on wait-lists and are getting lost in the health care system, falling through the cracks. They are waiting too long for the care they need and deserve. These siloed systems have a significant negative impact on the health and well-being of patients and their loved ones, both physically and mentally.

Madam Speaker, our health care system is facing capacity pressures today, and it does not have the right mix of services, beds or digital tools to be ready for a growing and rapidly aging population with more complex care needs. According to a population projection report, Ontario's population is projected to grow from an estimated 14.2 million in 2017 to almost 18.5 million by 2041. The number of seniors aged 65 and over is projected to almost double, from 2.4 million in 2017 to 4.6 million by 2041.

1350

The time to accelerate the pace of change in our health care system is now. We need to build up those services in the home and in the community that ensure that the people of Ontario can live dignified lives in their older years, and this government is doing this through Bill 74.

Madam Speaker, the people of Ontario have been and always will be our government's priority and focus. We are creating a public health care system that works for everyone.

Especially keeping these stats in mind, our government is building a public health care system centred around the patient and redirecting money to front-line services—where it belongs—to improve the patient experience and provide better, connected care while ending long wait times.

And for ending these long waits, one of the major focuses of our health care bill is ending hallway care. When I talk to people in Mississauga East–Cooksville, I often hear about loved ones spending hours and even sometimes days in hospital hallways waiting for a bed to

become available, or I learn about parents struggling to navigate through a fractured mental health system for their children. Patients, families and caregivers who are familiar with our system know far too well that Ontario can do better to improve the public health care experience. There are approximately over 1,000 patients who are receiving care in hallways each and every day, and the average wait time to access a bed in a long-term-care home is approximately 146 days. This is unacceptable. We should not be receiving the care we need in hallways.

I'm going to share a personal story about my own grandmother—may God give her a long life. Madam Speaker, a few years ago she fell and injured her back. I remember that we took her to the hospital, and for almost 16 hours, give or take, she was lying on a stretcher in a hallway, just because there was not a single bed available for her. Afterwards, once she got the treatment and everything, she stayed in the hospital for approximately a month and a half. I personally felt that she overstayed, and then later I found out that the reason was because the services that the hospital was trying to arrange for her—because she lives with me—were not working together. They were not able to consolidate. We had to have the LHIN, PSW—and a few other services that we needed to come to my place, because we wanted her to have the home feeling. It took approximately an extra month for them to work things out. Afterwards, I remember that she basically—sometimes I joke about this: If I had three hands, I would be on three different phone handsets, because I remember every morning sometimes I used to be calling one service, like a PSW, and with the other hand I used to be with the LHIN, and my wife used to be with the hospital, trying to figure it out, trying to arrange it so that a PSW could come in the morning and provide service.

I feel that this bill, bringing everything under one umbrella, is going to solve the problems that people such as myself are experiencing, and help us to continue our daily lives, but also make sure that individuals like my grandmother are getting their services.

This endless wait and waste of time is consistent with the old, broken system. The people of Ontario spoke and we listened. Madam Speaker, through Bill 74 we are helping this province progress. We will end hallway health care and deliver on that promise we made. This government envisions a public health care system where patients and families will have access to faster, better and more connected services.

This plan will be disseminated by bringing about considerable improvements within operational management and coordination. In terms of operational management and coordination, the legislation creates two fundamental pieces that will be foundational to improving patient experiences and outcome. First is the creation of Ontario health teams. These are the teams of local health service providers including hospitals, home care, community-based services, long-term care and individual health professionals, including family doctors and specialists. These teams will come together as a single team under one

umbrella, funded and accountable for care to the people living in a given area.

Most of these providers are currently giving care today, but the current funding incentives and contracts do not encourage or enable them to work as a team. This has resulted in fragmented care, resulting in poor patient experiences. These teams of health care service providers will be responsible for understanding individual health care history for each patient according to their individual situation. The system will directly connect patients to the different types of care they need, including home care, rehabilitation care, long-term care, and mental health and addictions support.

The second step in terms of operational management and coordination is through the creation of the Ontario Health agency. Currently, there are many independent organizations and agencies that plan, coordinate, fund and promote accountability for government spending in health care across our system. This results in inefficiencies and conflicting directions, and does not provide best value for money. Madam Speaker, as I just mentioned to you about my own grandmother's experience, I completely relate to all of what we are mentioning here. We were not getting the best value for the taxpayers' dollars at the end of the day.

If this legislation is passed, it will consolidate multiple agencies under a single entity with clear oversight over these activities, thus providing better support through emerging Ontario health teams, allowing them to work together, share practices and deliver better care. There will be someone to help you, your family and caregiver to navigate the public health care system 24 hours a day, seven days a week. The best part is that Ontarians will now be able to trace their and their family's health progress on the palm of their hand through the digitalization of health care data.

Our world is vastly changing and growing. We are accustomed to a more convenient way of living as we rely more and more on technology. We use mobile banking and save documents in the cloud. We centralize a lot of our lives online, so why should our health care system not be the same?

With Bill 74, the face of health care in Ontario will change. The introduction of digital health, information technology and data management services in Bill 74 is a monumental step by our government.

We believe that our health care system should be centred on people, patients, their families and their caregivers.

1400

This digitalized, centralized health care system will benefit so many and is at pace with the needs of the 21st century, as it takes into account the growing demand and opportunity to innovate in care delivery, particularly in the use of virtual care, apps, and ensuring patients can access their own health data. Our health data will be with us regardless of where we go in Ontario—the digital health, information technology and data management services with safeguards in place to protect information.

The people of Ontario will also have the option to securely use digital health services, including online access to health records and virtual care options.

We envision a public health care system where patients and families will have access to faster, better and more connected services with centralized and connected family doctors, hospitals, and home and community care providers. The centralization will help all of them to work in unison as a team, where, within these teams, providers can communicate directly with each other, creating a seamless care experience for the patients and their families. This monumental shift will support patients transitioning from one health care service to another. It will truly put patients exactly where they should be, and that is at the centre of care.

We are aware that modernizing the health system will definitely take some time, but we will continue to listen to the people who plan and work on the front lines—including nurses, doctors and other care providers—as we implement our public health care strategy.

This change is desperately needed, Madam Speaker, and overdue to improve health care in our province.

Ontarians will continue to access reliable public health care through OHIP. I want to emphasize this: Ontarians will continue to access reliable public health care through OHIP.

Our plan will improve the health system so that people have access to faster, better-coordinated public health care where it is needed and when it is needed.

The people of Ontario have been and always will be our government's priority and focus. They wanted a public health care system that works for everyone. We listened to the people, and data digitalization is the stepping stone to progress in our province. Patients would have help navigating the system 24/7.

The Acting Speaker (Mrs. Lisa Gretzky): Questions and comments?

Mr. Faisal Hassan: My constituents of York South-Weston are concerned about their health care and are also gravely concerned about Bill 74, and rightfully so. Hospitals all over the province of Ontario are operating at above capacity and are understaffed. With this latest scheme that has been cooked up by the Conservative government, I am sad to say that things are only going to get worse.

Madam Speaker, I sincerely hope that Mr. Ford and his caucus come to their senses and do the right thing. Until then, Ontario's New Democrats will stand up for the people of Ontario and hold this government to account.

With the numbers of seniors in this province over the age of 65 set to grow to close to 25% of the population by the year 2040, now is the time to be investing in our health care system. Instead, the Ford Conservatives are busying themselves cutting and privatizing. They are dismantling and selling off to the highest bidder the world-class health care system that the hard-working people of this province worked to build.

Madam Speaker, over the past couple of months I have heard from countless constituents, whether they be nurses,

adult children concerned for their parents, or seniors themselves, that we need more funding in our hospitals and long-term-care homes, not less. Just this past summer, 60 nursing positions, amounting to about 118,000 hours, were cut at Sudbury's Health Sciences North. This will no doubt be detrimental to the care of patients.

The Acting Speaker (Mrs. Lisa Gretzky): Questions and comments?

Ms. Jane McKenna: I just want to first of all say to the member from Mississauga East–Cooksville that it was wonderful listening to you. Thank you so much for your hard work with that presentation. It was very, very good.

From the very beginning, this government's primary objective was and always has been to strengthen our publicly funded health care system. In a nutshell, this legislation will ensure that Ontarians will continue to access reliable public health care through OHIP, and our plan will improve the health system such that so many people will get faster, better-coordinated public health care where they need it, when they need it.

But while universal access to publicly funded health care is not up for debate, the structure and effectiveness of our system is. Our current health care system is barely a system at all. Despite the hard work and dedication of caregivers, doctors, surgeons, nurses, hospital administration and personal support workers, the reality has been that care was not truly patient-centred, that care had over time become system-driven, and that's the problem.

My constituency of Burlington has a relatively large population of senior citizens, and there is very high demand for home care, community service and respite care, as well as long-term care. Transitions from hospitals to long-term care are often difficult for the patient, as well as the family. We have a shortage of beds in the community. I have often seen cases of a young couple, both working full-time jobs and trying to care for a mother who has had a fall and is waiting in hospital to be transferred to long-term care. I'm grateful, as is my community of Burlington, for the announcement late in 2018 of an additional 92 long-term-care beds at Wellington Park Care Centre.

Thank you so much for letting me have the opportunity.

The Acting Speaker (Mrs. Lisa Gretzky): Questions and comments?

Ms. Suze Morrison: In listening to the comments made by the member opposite, at one point he said that bringing our health system under one umbrella will solve so many problems. Frankly, Speaker, I take really strong issue with that premise. Prior to the local health integration system that we have now, we had a centralized health system, and it was not working. It absolutely was not working. We know—data shows us; best practice shows us; looking at other jurisdictions shows us—that local governance, local decision-making and local planning when it comes to health care is a better model.

Now, do I think, by any stretch of the imagination, that we hit the nail on the head right the first go at it with the LHINs? Absolutely not. I've worked for two local health integration networks. I can tell you first-hand that they

were a first crack at a local system planning model, and I think there was huge room for improvement. But what your government here is proposing is throwing the baby out with the bathwater and going back to a centralized model that we know doesn't work.

Early in my career, Speaker, I had a chance to visit the Meno Ya Win Health Centre up in Sioux Lookout, when I was working in the health system. When we were up there, I was talking to someone in the hospital who said—the best analogy I've ever heard was when the region up north was having a hard time getting their ice roads paid for every year, because they would have the budget line of \$100,000 or \$200,000 every year in their budgets, and one year some bureaucrat financial analyst in Toronto called them up and said, "Why is this budget line in your budget every year? Haven't you built the road yet?"

"Haven't you built the road yet?" was what they asked. They didn't understand that it's an ice road. You have to build it every single year. These are the kinds of local contexts that you can't get at in a central planning model. So, respectfully, to the member opposite, centralizing doesn't fix our health system. Don't do it.

Interjections.

The Acting Speaker (Mrs. Lisa Gretzky): Order. Questions and comments?

1410

Mr. Randy Pettapiece: I want to congratulate the member for Mississauga East–Cooksville on his 20-minute speech. It brought home something that happened in my riding of Perth–Wellington. I want to tell you a story about that. It relates to a point that I have here: that we are transitioning to a system where patients are supported when transitioning from one health care service to another, a system that will truly put patients first and at the centre of care.

Almost two years ago, we were in the position of having a nursing home closed in my riding. This nursing home had over 90 beds, and they were going to move the beds out of my riding. We formed groups; the community got together. We had a couple of big meetings; they were packed. What the LHIN was trying to tell us was that we had too many beds in my riding; we were over-bedded. It's interesting, when we have waiting lists over a year long, in some instances, for people to get into nursing homes. Yet the LHIN was telling us we had too many beds.

We fought that decision, and we were successful in keeping those beds in the riding. I'm very proud of the people who worked towards that and certainly the people in my community.

What we're seeing is an organization, such as the LHIN, that's out of touch with what's really going on. Those beds, as I say, will be staying in Perth–Wellington.

It goes back to what the member was saying: We have people in hospitals right now who need to be in long-term care, and there aren't beds available for them. This is an issue that we want to fix, we believe. As the Minister of Health and Long-Term Care has pointed out, this system will address that. She has already introduced more beds into the system. I'm very thankful for that and I'm very

thankful to the people of Perth–Wellington who got behind me and helped to save those beds in the riding.

The Acting Speaker (Mrs. Lisa Gretzky): Back to the member for Mississauga East–Cooksville.

Mr. Kaleed Rasheed: Thank you, Madam Speaker, and thank you to my colleagues on both sides for their comments on Bill 74.

I'll very quickly share my own experience. I was working for an organization where we used to go to different companies and try to find efficiencies for them. Efficiencies don't mean job loss. I want to make sure people understand: Efficiencies don't mean job loss.

It was all about bringing everything under one umbrella. In my field, coming from the technology side, people used to use six or seven different systems. My job was to go and explain to them how bringing everything under one umbrella, consolidating everything, was going to help them actually save money without losing a single job.

What was happening was that a lot of people were focusing on one thing when they could have been doing many different projects. Afterwards, after completing the projects, we used to go back and ask them for their feedback. They used to say that that was the best thing these organizations ever did because it helped them to save money but also to find efficiencies. Now there was only one person who was actually working on the system while the other six or seven people were working on different projects.

Bringing everything under one umbrella is going to help find efficiencies and also savings. I have experienced it myself with my own grandmother, when we used to make three or four different phone calls to different organizations, trying to find someone to come and help her in the morning, afternoon and evening. I think this is a perfect thing, to bring everything under one umbrella. This way, we can find efficiencies.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Mr. Gilles Bisson: Madam Speaker, I really have fun sometimes listening to the Tories being extremely contradictory in what their position is as a party. These are the guys who supposedly say that they are against large bureaucracies. They believe in local entrepreneurship, allowing people to make decisions closer to home, and that bigger is not necessarily better.

Here you've got a government that is going to create a super-agency under health that is going to become one great big bureaucratic organization that is going to make decisions about health care in your community, my community and every community around the province. I just want to say to the members across the way and to the member who just spoke: If you think bigger is better, you'd better rethink.

I was here back in the 1990s—excuse me; I've got a bit of a cold. I was here back in the early and mid-1990s when the former Premier under the Conservatives, Mr. Harris, decided that he was going to make cities bigger. "If you could only amalgamate cities and put them together, and

you can do the same thing with school boards and put them together, we would save so much money, and everything would run just so much better, and it would be so great."

There was a study done by a right-wing think tank that just came out barely a month and a half ago, sometime in the month of February, where this particular organization—if it's not C.D. Howe, it's one of those types of organizations—that went in and looked at—after almost 20 years plus of having amalgamated the cities of Sudbury and area, Hamilton and area, Toronto and area, Ottawa and area, and other municipalities across Ontario, residents in those communities pay far more tax locally than they would have if you would have left them alone. Here is the other kicker: They actually are getting less services than they were under the old municipalities.

So, this whole argument that bigger is better, and is going to create efficiencies, is kind of silly, because it flies in the face of what experience shows us. Provinces like Nova Scotia, Madam Speaker, provinces like Alberta, Manitoba and others, have moved in this direction and have decided that if you amalgamate health services together under one large bureaucracy, you are going to somehow have a better system and it's going to save you money. Exactly the opposite has been found in other provinces. It's like Einstein, who had a saying: The fact of trying to say the same thing over and over again and expecting that you're going to get a different result is kind of ludicrous. We know from experience that making things larger and more bureaucratic is not necessarily going to make your health care more efficient.

Do I agree with the government that we should find ways of breaking down silos in health? I agree. Some of that was being done—not as quickly as you and I and they would like, I would agree. Under the LHIN system, some of that had been accomplished. The whole idea of integration didn't work as well as the previous administration did, under McGuinty and Madam Wynne, when it came to amalgamation and finding ways of being able to bring organizations together, but some of it was working better.

I'll give you, as an example, the city of Timmins. We had a real problem in the city of Timmins. When people were being discharged out of the Timmins and District Hospital, they were being discharged into the community. People were not connecting with their home care that they needed, to be able to reside at home and not have to fall back into the hospital. There was a problem; nobody disagrees. Then the LHIN, along with the hospital and the home care people—which eventually became the LHIN, but at that time was the CCAC, the community care access centre—got together and decided that what they needed to have was kind of a gatekeeper at the hospital that was able to look at the patient on discharge, to decide if the services were actually being aligned. They did that.

Now, were there still problems? Absolutely. I'll agree with the government that there were problems, because the government did not invest the money in home care that needed to be invested in order to make sure that those people, once they were discharged from the hospital, don't end up with a lack of home care that puts them in crisis

and sends them back to the hospital. But that's hardly a problem of a disjointed system. It's a problem of funding.

The previous Liberal administration, under the previous Premiers, Madam Wynne and Mr. McGuinty, did more to privatize and did more to cut funding to hospitals, home care and other health services in our province than any other government in the history of Ontario.

I'll agree with the Conservative government that there is a problem in our health care system. It has been underfunded; I agree. But saying that you're going to fix this solely by amalgamating everything into a super-ministry, to me, is not the answer. In fact, it's not going to put us where we need to be.

The reality is, in home care in your communities and mine, we have people who are needing to have—I'll give you one example. I was dealing with a lady a little while back. She could live at home independently in her apartment if she is able to get somebody from home care to come in and do her laundry and do the housecleaning, because her arthritis is so bad, she can't turn the knobs on the washer and dryer. She can't grab a mop and a broom; she's unable to use that because she doesn't have strength in her hands because of arthritis. She can still make food and do certain things because she has Meals on Wheels at times that helps out. But the point is that she could survive at home independently if you are able to provide those services. But because now the LHINs and then the CCACs didn't get the money from the previous Liberal administration that they needed to provide home care, what happened to this woman? She fell back into the hospital system and she ended up going into long-term care prematurely because we did not support her at home.

1420

So is the problem that of amalgamation of LHINs? The problem wasn't the amalgamation of LHINs; the problem was funding. The fundamental question that the government has to ask itself is: What is needed in the system in order to make it work, and yes, how can you make it work better by finding ways of integrating services at the local level, not at the provincial level?

I'll tell you where this is going to go. I've had health organizations in my community of Timmins who have contacted me since this has been rumoured about as a bill. Since the bill has been tabled, I've met with a couple of these organizations already. They're looking at it and they're saying, "Hey, my organization is probably going to be swallowed up by some larger entity, probably a private sector management company of some type who will make decisions about how we organize our services not in Timmins but maybe in Sudbury and God knows where, because what you're going to have is decision-making at the provincial level."

I'm a provincial politician. I favour the provincial system when it comes to delivering services, over the federal system. But if you really want to break down the silos, what you have to do is find a way that there's cooperation at the local level, so that the hospital, the home care system, the family health teams, the health clinics and the long-term-care facilities work together to be able to

figure out how they can better connect services so that there is a more seamless process when it comes to caring for the patient.

I'll give you a story of Hearst, Madam Speaker. When I used to represent Timmins–James Bay, I had the community of Hearst, which, like all communities on James Bay and Hudson Bay, it was an amazing privilege to serve. The community of Hearst was having problems when it came to being able to dispatch home care services and to coordinate services on discharge from Hôpital Notre-Dame to patients. They were complaining to the LHIN, they were complaining to myself, they were complaining to the mayor and council and they were certainly complaining to the CCAC.

It was one of the local councillors who decided to organize a local meeting in Hearst. There must have been over 100 people who showed up to it. People had some good complaints. It's good to talk to our local citizens about their health care system. Do you know why? Because they are not only the people who use it; they're the people who pay for it. So we should at least listen to what they have to say. What we heard in this meeting that ensued for a couple of hours was that people didn't so much care who ran it as long as they were able to find a way to access the service they need. It wasn't being done in a way that was good for that particular local community.

The CCAC—Richard Joly, who then ran it—said, "Okay, we're prepared to sit down and get into discussions about how we amalgamate services at the local level in the community of Hearst"—not on the Highway 11 corridor, not northeastern Ontario, not across the province, but in the community of Hearst. We were working toward a system—and this government stopped it since they've become government—by which a patient being discharged out of the hospital would be properly assessed at the hospital and matched up with either the family health team, the home care system under the LHIN or whatever that would turn out to be, or Foyer des Pionniers, which is a long-term-care facility, and other volunteer organizations in the community, so that that person had services wrapped around them so that they can live at home independently. It saves you money because you're able to better collaborate amongst the various organizations when it comes to delivery of service so that person doesn't have to waste time in the system and money in the system shopping around, trying to figure out how to make it work. But also it's a much more humane system when it comes to providing services for the individual.

What this government is doing is not doing that. This legislation is all about creating a super-bureaucracy that will be controlled by people in the Conservative government who are appointed, getting very big bucks. They've appointed two individuals right now to the head of this agency already who are people with money who come from the financial sector, who are not necessarily interested in health care but more interested in the opportunities of privatization. That's where this thing is going.

The government is going to find ways of being able to privatize, I would argue, first the administration of much

in the way of the health care system that we know now—for example, I think what may end up happening with this legislation, written the way it is, is that somebody is going to come along from this organization, this super-bureaucracy provincially, and they're going to say, "In Timmins we've got Timmins and District Hospital, we've got two long-term-care facilities, we have two family health teams, we have two community health centres, we have labs and all kinds of different services—the Canadian Mental Health Association—and maybe if we were to administer those centrally, in Sudbury or Toronto, and make all the decisions and run it from there, we can save money."

What does that mean for the residents of the city of Timmins, or Windsor or London or Toronto, if that's the community that you're in? It means that when you're trying to call someone, it's not 267 or 365 or whatever the number is; it's "1-800-I won't answer the phone and I don't give a darn." That's what you're going to get, because we know that's what happens when you regionalize services. The worst part is, you're not going to save money and you're not going to end up with a better service.

My friend the member from Timiskaming–Cochrane makes the point—and I thought that this was a really good example about where privatization will get you. The last time the Conservatives were in government, they said, "You know what? The government is inefficient. The government doesn't know how to do anything. Only the private sector is good at running services. We're going to get rid of winter road maintenance and we're going to privatize it." The Tories under Mr. Harris started privatizing winter road maintenance, where they took the equipment and moved from the 50-50 system, where the MTO had half of the equipment and the private sector had the other half, and they moved it entirely into the private sector.

The Liberals in opposition to the Conservatives said, "Oh, God, this is terrible. Oh, my Lord. We don't believe in privatization." And what did they do when they got elected? They put Kathleen Wynne in cabinet and then they privatized the whole damn system, to where the administration of highway winter road maintenance was privatized. The patrols were privatized; the engineer—everything was privatized. And guess what we get now? We have more road closures across northern Ontario than we've ever had in the history of this province. If you have anywhere near—not even a major snowfall; a medium snowfall, they'll close down Highway 144, Highway 655, Highway 11 and Highway 101 in my area at the drop of a hat. And guess what, Madam Speaker? It cost us more money because once the private contractors came in and there was no more public sector capacity, the contractor said: "Whoops; there goes my price." The government: "I guess we're going to have to pay the price."

The same thing is going to happen in health care. We have a supply bill that was tabled today and I had in front of me and I wish I still had. I don't know where I put it. Here it is. So the government tabled their Supply Act. What's interesting to note is, when you look at the supply

bill, the amount of money that we spend on health care alone is \$57 billion. Man, there is a lot of money to be made there by the private sector. There is \$57 billion in expenditures. The next closest ministry is education, at \$29 billion. Everything else falls way back in the tens of millions and the billions and the hundreds of millions. But there is almost \$58 billion in health care. That's what Bill 74 is all about. It's about giving the private sector access to 58 billion public dollars to deliver services in this province. That's what this is all about.

Why did we appoint, so far, two super-rich financial gurus to run this particular agency? Because it's all about how you can privatize it. The government is already crowing about how they're going to do more private sector partnerships in construction, more so than the Liberals did, which I found kind of interesting because I thought the Liberals were probably super good at figuring out how to bring the private sector into the public sector realm, but these guys want to outdo the Liberals. We're going from bad to worse. Andrea Horwath was right, in the last election. We're not going to be saving any money and we're going to be getting worse when it comes to services in the case of what this government is trying to do under Bill 74.

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Creating a new super-bureaucracy in order to deliver health care is going to do nothing to get rid of the silos. If anything, it's going to pull decision-making further away from the people in their local communities and put it into regional centres further away from where they live, and they're going to be making decisions that you're going to have no say over. It's kind of like even the super-bureaucracy, in a way, is moving to a more isolated, more hidden organization away from the public.

What's interesting in what the government is doing here is that, in the last election, they tried to make people believe that, "If we get elected, we're not going to make any super big changes. There won't be any job losses in anything that we do." They never talked about creating a super-agency in health care. In fact, the Tories didn't even have a platform. They ran in the last election and they didn't have a platform. They had a bunch of bumper stickers. They ran around saying, "The NDP doesn't like—"

Hon. John Yakabuski: Hey, hey.

Mr. Gilles Bisson: Well, it's true. The only thing you guys ran on is, "The NDP somehow doesn't like veterans; the NDP doesn't somehow like police." That's all you guys ran on.

You didn't run on anything that would say you're going in this direction—

Interjections.

The Acting Speaker (Mrs. Lisa Gretzky): Order.

Mr. Gilles Bisson: I'm fine, Madam Speaker. I'm good. I don't have a problem.

The Acting Speaker (Mrs. Lisa Gretzky): I'm glad you're fine. I'm not fine. I need to be able to hear you speaking, and I've asked this side of the House to come to order. Thank you.

The member for Timmins.

Mr. Gilles Bisson: Well, as I say, Madam Speaker, these people ran on bumper stickers. They never ran on Bill 74. They never said to the people of Ontario, “We’re going to be creating a super-bureaucracy.” They never said, “We’re going to increase privatization in health care.” They never said they were going to do the kinds of changes they’re doing in this bill and that they’re doing in education today with the announcements we heard on Friday.

We never had anywhere near that kind of indication from the government. They were trying to calm people and say, “Oh, don’t worry. It’s all going to be good. We’re Conservatives. You can trust us.” Come on. When can you ever trust a Conservative? A Conservative is a Conservative. They believe—

Interjections.

The Acting Speaker (Mrs. Lisa Gretzky): I’m going to ask the member for Timmins to withdraw.

Mr. Gilles Bisson: Okay, Madam Speaker. I withdraw. But my point was, you know a Tory, when elected, is going to go in a certain direction, the same way a New Democrat is going to go in a certain direction. The point is, these particular guys are interested in running a system in order to be able to privatize it and give the private sector an increasing chance to get in and collect some of that \$60 billion.

If you don’t think you’re going to have health care services privatized in this province as a result of this bill, I’m telling you, you’ve got something else coming. This is about privatization. This is about taking the decision away from local communities and putting it into large bureaucracies, something that supposedly the Conservatives are opposed to. The Conservatives supposedly are the party that doesn’t believe in bureaucracies.

I was listening today—they made an announcement that sounded really interesting. They talked about an announcement where they’re going to consolidate purchasing in the province of Ontario, and that’s going to save you money, right? Here’s the funny part of this whole decision. If you’re one office that needs 10 chairs, rather than buying your 10 chairs, you’re going to have to go to some super-bureaucracy to make the case of why you need the 10 chairs. You’re going to have all kinds of people trying to decide if you need that chair, what type of chair and where you’re going to get it. It’s going to be more bureaucratic, and it’s going to cost us more money in the long run.

I don’t say that centralizing some things doesn’t make sense, but this government acts very differently than they say. They say they’re against building large bureaucracies, but these guys are building the largest bureaucracies that this province has ever seen.

If you don’t believe it, take a look at Bill 74. This is about building one super-agency in health that hasn’t worked anywhere across the country. This government is all about how we can give access to public dollars to our corporate friends so that they can make all kinds of money at the expense of you and I, Madam Speaker.

The Acting Speaker (Mrs. Lisa Gretzky): Questions and comments?

Mr. Sam Oosterhoff: I had the opportunity recently to read a book to my nephew. He was visiting my parents. We were having coffee and he asked me if I could read him a story. I was reading him a story, a Berenstain Bears story, and as so many of these Berenstain Bears’ stories do, they have great morals about wanting to be community leaders, about working with others—playing nice in the sandbox, frankly. I grew up listening to a lot of stories, and one of the stories I remember so very clearly—and one that I think the members in opposition need to go back and reread—is the little story of the boy who cried wolf. Speaker, today what we had in this House was the story of the boy who cried wolf, and, frankly, that boy is the member from Timmins. He has been here for 29 years in this House. He has been fearmongering about every single piece of legislation that the Tories have ever brought forward. Yet, here we are, 29 years later, with a strong, publicly funded education system that we’re going to maintain and grow, to ensure that we’re addressing all the needs of our constituents.

The Acting Speaker (Mrs. Lisa Gretzky): Questions and comments?

Mr. Percy Hatfield: I was just listening to my friend from the Niagara area talking about—was it Humpty Dumpty? You’ll never be able to put this legislation back—no, it was the boy who cried wolf. I would say the dean of the Legislature is far from being the boy who cried wolf.

He did talk about breaking down silos. Lord knows, the Liberals loved their silos. They had so many of them, but they couldn’t coordinate them. They didn’t know how to save money. Because they had so many expensive scandals, they didn’t have the money to put registered nurses in hospitals. They didn’t have the money to pay annual increases to hospitals so they could keep up with inflation, so they laid off most of the registered nurses, which led to hallway medicine. They didn’t have enough money for mental health, which led to more hallway medicine, more homelessness. They didn’t have enough money for long-term care, which led to hallway medicine and more people looking for homes or shelter.

The Liberals were very good with their silos, but they just didn’t keep up with the funding that was needed, and that is one of the reasons we’re here today.

They didn’t have enough money for women’s shelters. They didn’t have enough money because they were spending it all on their scandals. They didn’t have enough money to look after the women who were bruised and battered and were looking for a shelter.

I also heard the member say that we need more local co-operation for a better, seamless coordination of health care. I don’t know what it’s like in Renfrew–Nipissing–Pembroke. Maybe they’ve got all the money in the world these days.

Hon. John Yakabuski: Sure you do, Percy. In the good days, you used to work there.

Mr. Percy Hatfield: In the good old days, yes, but right now, all I’m hearing from the member from Renfrew–Nipissing–Pembroke is, “The sky is beautiful; it’s not

falling. Ontario is in good shape.” Nobody believes it but yourself, Minister—nobody, nobody, nobody.

The Acting Speaker (Mrs. Lisa Gretzky): Questions and comments?

Mr. Billy Pang: When talking about building a connected public health care system, what I heard from the opposition was about building a bigger, bigger, bigger organization. But we are not talking about the organization; we are talking about the patients. We are talking about better connections.

When we go to our health system, we have so many experiences where one health provider is disconnected from the other, so that we have to fill in the form again, and repeat the same story over and over and over again.

Recently, I brought my daughter into the hospital for a foot infection. At the end, I had to repeat the same story over and over again.

Now we are talking about how we need to build a better-connected health system, and that we need health care providers to get together and work as a team—and patients not have to repeat their story over again. The new plan for the health care is better-organized health care providers, like doctors, nurses, hospitals and home care providers, so that they can work as one team.

The Acting Speaker (Mrs. Lisa Gretzky): Questions and comments?

Ms. Suze Morrison: I really want to echo many of the comments that my colleague from Timmins made around the risk of privatization in this legislation.

Let’s be completely honest here: The risk of privatization within this legislation is incredibly high—it is not protected against—and the risk to our system, once it’s privatized, is incredibly high.

I have listened over the last number of weeks to members on the government benches who have been touting their message line that every Ontarian will continue to pay for their health care with their OHIP card. As our leader said in question period, it’s not about how people are paying for their health care; it’s about who we’re paying. This legislation does nothing to protect against private corporate interest seeping its way into our publicly funded health system.

As my colleague mentioned, we are opening the door here to a \$57-billion industry of large corporate interests, who are banging at the door, ready to get their piece of our publicly funded pie, instead of funding our health care through publicly owned, not-for-profit organizations. The risk is so high.

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I’d like to also mention the governance structure and who is making the decisions for our system in this super-agency. Who are the first folks who we have appointed to this super-agency? It’s largely folks from the private sector, folks with a lot of money, who may not understand the local nuances of our communities, who may not understand health equity, who may not understand the issues between federally and provincially funded services in Indigenous communities. How are they supposed to

grapple with all of this when all they’ve ever managed before are funds?

So Speaker, I echo the comments. Thank you.

The Acting Speaker (Mrs. Lisa Gretzky): Back to the member for Timmins.

Mr. Gilles Bisson: Madam Speaker, I’m going to take the time that I have left—I got an email from Jane just now. I guess she was watching what I had to say. I’m not going to read the whole thing, but what she says is, “You’re bang on. What you’re talking about is 100% on. I have been working in the health care system all my life. I’ve had to deal with my family members and”—

Interjection.

Mr. Gilles Bisson: This is Jane, a citizen of Ontario. If you want to laugh at her, you can; I’m not going to.

She says, “My experience, with all of my involvement, has been that the hospital discharge planners arranged with me to speak to the CCAC, but it’s a question of funding.” Once you transfer them out of the system, there is not enough money in the system in order to make happen what the discharge planners are trying to set up for you.

Yes, we’ve put in place discharge planners to deal with getting the person back in the community, but she says that if you don’t have PSWs in the community and in the home care service, and you don’t have PSWs in health services, either at long-term-care facilities or hospitals, how is the patient going to get the service?

What we’ve had is layoffs in the health system—a lot of them under the Liberals. I’ll agree with my Conservative friends: The Liberals did more to freeze funding in hospitals that led to this problem in the first place. Kathleen Wynne had to be one of the worst. We had five years of freezing of budgets in hospitals in Ontario, which caused us all great problems—we’ll agree. But what Jane says—and I agree—is that “the lack of staff at hospitals is also the reason for hallway medicine, which I’ve also experienced several times. The rooms and beds and the staff are missing. Why? Because we’re not funding it accordingly.”

How do you fund it? Listen, that’s the billion-dollar question. Are there ways of trying to integrate services better locally? I agree: There probably are. But creating a super-large provincial bureaucracy is going to put more money in the dark hole of Calcutta and is not going to put the money into services so the parents and friends of people like Jane get the service they need, when they need it.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate? The member for Haldimand–Norfolk.

Interjections.

Mr. Toby Barrett: Thank you, everybody. It’s certainly an honour—it’s a pleasure, actually—to address this issue.

I’m coming at it partly from a background and a 20-year career with an agency that reported to the Ontario Ministry of Health. I also spent a number of years on district health council committees. I don’t know whether anyone here has been exposed to the district health council system, the forerunner of the LHIN system, if you will. I

seemed to spend many afternoons, many evenings on the Brant-Brantford district health council and also the Haldimand-Norfolk District Health Council. I'm looking at this through that lens to address our health care strategy, partly exemplified through Bill 74, The People's Health Care Act. It presents a vision for patient-centred care and, obviously, in spite of what we may have heard recently, publicly funded care. And it really sets the bar for decentralized care.

I say that with the announcement recently of our proposed establishment of the local community health care teams. We have a system of Ontario health teams. They're decentralized. They're comprised of local health care providers. They're organized in such a way that better enables them to coordinate their effort at the local level. They share responsibility for care plans, for example, for service provision and outcomes. They're responsible for results at that level. Most importantly, they will be designed to take the guesswork out of navigating our very complex health care system, with the myriad of silos—my background is farm. I know a bit about silos. I have no idea why you would have silos in a health care system. I know the ag minister is here; it makes sense if you're dealing with corn silage, for example.

Local health care providers—hospitals, of course, local hospitals, home care providers—would be in a position to work in a very cohesive, connected way, no matter where they are providing the care or what community they're in. Case in point: helping seniors transition into more appropriate care.

Essentially, these local Ontario health teams rely on leadership that already exists. We do not need, in spite of what we've just heard, to create any new bureaucracy. We do not need to create additional levels of management.

A second major point—this is very important: The People's Health Care Act also establishes what is referred to as Ontario Health. This is the oversight body. Instead of a myriad of agencies providing different levels of oversight and direction to the system, there's one agency with respect to oversight—it has been labelled "Ontario Health"—to oversee health care delivery, improve clinical guidance and deliver support for providers who are out there in the field at the local level.

I made mention of our aging population, just one of the challenges governments in North America are facing. It's imperative that we do more to ensure that our—again, I stress—publicly funded system is sustainable on into the future, to provide that level of quality care for all of us and our loved ones. There are challenges, hence the importance of an overall strategy, hence the importance of legislation, as we see exemplified here in Bill 74.

Over a number of years, thanks to health care inefficiency, the status quo has come to mean that Ontario patients and their families have been getting lost. They're lost in the system. They're falling through the cracks. They're waiting too long for care. Obviously, the result is a negative impact on their well-being, and those within their families.

Our health care system is facing pressure in capacity. We don't have the right mix of services, of beds. We don't

have the digital tools that could be available for what is a rapidly aging, growing population, and the population, as it ages, has much more complex needs.

We've heard of the problems during the debate this afternoon: hallway health care, wait-lists, problems that range from poor value for money and a poor patient experience. Our system is on life support. Patients are forgotten. Something like a thousand patients are receiving care in hallways every day. The average wait time to access a long-term-care bed is 146 days. That's a 300% increase just over the last five years.

With respect to numbers, this came out, I think, during question period. Our minister, the health minister, indicated that over the last five years, Ontario has spent 30% more than the Canadian average on administration. Now, that's something that can be fixed. That's within our means, to rectify something like that, the money you spend on administration, not patients. If you've got a thousand patients stuck in a hallway, a 30% increase in administration—I think they would indicate that that has not translated into a 30% improvement in the kind of care that they're getting.

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Here's something else I find a little disquieting. The Ontario health care budget—this has been pretty well stable for the number of years now—is 42 cents on every dollar. So, 40% of every dollar—that means 40% of your Ontario taxes goes to health care. However, we continue to rank poorly with respect to quality of care, wait times and system integration. Too much time is spent propping up a fragmented system. Far too many people believe that it's the patient's job or the family's job to navigate such a complicated, siloed system during a time that is very traumatic for the individual and for their family.

In addition to the core system, we all recognize the ongoing requirements for hospitals—this goes back at least 100 years in Ontario—physicians and nurses. But we've also seen a development of a very large network of provincial and regional agencies—I mentioned that I worked for one—clinical oversight bodies and 1,800 health service provider organizations, disconnected and separated by silos. Even the ministries—the Ministry of Health is separated in so many ways from other relevant ministries. I think of autism and the separation between that ministry and the Ministry of Education and the Ministry of Children, Community and Social Services. How does this translate at the local level? It obviously leads to confusion and intimidation, essentially, not only of patients but of the people who are trying to help the patients, the people who are trying to assist them to work through the maze.

We deserve better. We deserve, at minimum, a connected system to put the patient first. We need a sustainable system, an accessible system, something that offers a modicum of assistance regardless of where you live or how much money you make or the kind of care that you may require. The system is certainly not patient-centred to the extent that it should be. It's system-driven, and that seems to be the crux of the problem. In the past,

government has not done enough to ensure that our health care system is sustainable, just on those markers alone.

We're in need of change. I think we're in need of dire change. We can't just tinker around the edges. The system isn't working. Those in it aren't working together. I mentioned that 30% more are involved in administration. They're not involved in the direct provision of services.

The fragmentation really manifests itself at those transition points, for example, between hospital care and home care. We see the gaps, and—we've heard this this afternoon—people have to explain again and again. They have to reiterate their concerns because so much of the system is paper-driven. This has to be frustrating. It is frustrating for our doctors, the people running our hospitals, our nurses and the health care teams that we have. It's very difficult to work in a patchwork system, a system that's just not designed to make it easier for them to do the kind of work that they do—and they do excellent work under the circumstances.

So what are we striving for? Through legislation and through a much broader strategy, we're striving for collaboration and partnership and essentially a liberation from the bureaucratic impediments that we've been hearing about during debate. What's not up for debate, in contrast to what I was hearing from the opposition, is our system of universal access to a publicly funded system. That is not on the table. What is on the table, to use another word, is modernization. That's where Bill 74 comes in.

The fact remains—this does not change—that people in Ontario are guaranteed. You'll get the service that you deserve through your health care system, through the OHIP card that you carry, because 40% of your Ontario taxes go to pay for this. I guess I can't stress this enough. The OHIP system that we have: That's not changing. As I recall, socialized medicine was brought into the province of Ontario by a Conservative Premier, John Robarts. We don't deviate from that.

Establishing a single, accountable Ontario health oversight agency—this is the broader agency at the top—would better enable the expansion of the exceptional clinical guidance that we develop in this province through research, clinical practices, best-practice advice, and quality improvement activities—some of the things that we see in certain agencies like Cancer Care Ontario. That system, that excellent approach, that is available through Cancer Care Ontario, we would make available through this Ontario Health agency to other critical areas within our health care system. Ever bearing in mind that commitment that we made to end hallway health care, everything will be designed to that as an immediate goal.

The system is patient-centred, and we redirect the money to the front line, where it belongs, essentially to improve the patient experience and to better provide connected care.

It's a public health system; I can't stress that enough. Access will be faster. It will be better and more connected, and much of that, through Bill 74, by establishing these local community Ontario health teams made up of local health care providers. It will empower family doctors, our

local hospitals, and home and community care providers to work in unison, to work as a team, where, within these teams, providers can communicate directly amongst themselves within a seamless care experience at the local level for the patient and their families. The teams would share responsibility for results. They would share responsibility for care plans and for service provision. They answer questions, and they are there to provide assistance and competent navigation for those who are using the system. That truly would put the patient at the centre of the care where it's needed and when it's required.

A key aspect of the Ontario health teams—these are the local teams—is to source already existing community leadership instead of just creating another level of bureaucracy for another level of management, which we saw with the system of LHINs. Striving for health care efficiency means that you do not sacrifice e-security. Safeguards would be in place to protect privacy, and patients will have the option to securely access digital health services, for example, when speaking to a specialist or accessing electronic health records or making an appointment.

I'll just wrap up. I've been asked to wrap up a little early. I want to make mention of another very important aspect of Bill 74. It's based on trust and it's based on commitment. It's based on the foundation within the goals of Bill 74. Part of that foundation is something the Minister of Health made an announcement on with respect to what's titled a patient declaration of values for Ontario. It's developed by the ministry and developed by the minister's advisory council. As Minister Elliott recently stated, "As we move forward with modernizing and improving health care, the patient declaration of values will help us in building the foundation of a patient-centred public health care system."

At the centre, the declaration is based on a list of values. I think I have time to read these in. The core elements: Number one is encapsulated under the phrase "respect and dignity"; secondly, empathy and compassion; accountability; transparency; and equity and engagement.

Essentially that outlines everything I believe should be a guide to a modern health care system.

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I'm a bit of a student of history. I think of the words that were put together with respect to the Hippocratic oath that is taken by physicians. The Hippocratic oath obligates physicians to uphold the highest medical and ethical standards. Our patient declaration describes the guiding principles as we work to modernize and improve health care delivery, and we will see this manifest itself through Bill 74.

The Acting Speaker (Mrs. Lisa Gretzky): Questions and comments?

Ms. Teresa J. Armstrong: I listened to the member intently. He's been here quite a while in this Legislature, so listening to the member is important. One thing he stressed: "Trust us. This is going to be a publicly funded health system." Well, that's what's we have. We have a publicly funded health system. Nobody argues that. But what we don't hear out of the mouths of those members

opposite is that it's going to be a publicly delivered health care system. That is something they're having trouble getting their tongues around: not-for-profit, publicly delivered health care services.

It would be reassuring to this Legislature and, I'm sure, to many Ontarians—if you want to have that word “trust” being thrown around—to actually tell the people of Ontario, tell the people in your constituencies that it's going to be a publicly delivered health care system. Then there's going to be a little bit less hesitation to constantly ask this government why you can't commit to that.

Paying with your OHIP card—you don't pull it out like a credit card. We all know you give your OHIP number and that's how OHIP is billed. We want to know when that bill goes to OHIP that it's a not-for-profit, publicly delivered health care service, and that's what you can't commit to. So this thing about the values the government has made up for patients—it was made up of the ministry and the Premier's council, but where was the patient input?

You also say “transparency.” The last thing that I heard out of the government when they announced the Ontario Health board—their swearing-in was not made public. So transparency is also an issue.

The Acting Speaker (Mrs. Lisa Gretzky): Questions and comments?

Ms. Lindsey Park: I want to thank the member from Haldimand–Norfolk for speaking today on this important bill. I want to highlight one of the comments that he made that stood out to me. He talked about using existing community leadership rather than creating another layer of health care bureaucracy.

Just last week, I had the privilege of having Minister Elliott in Durham region with a bunch of my Durham region colleagues—the member for Whitby, who I see in the chamber here, was part of it. It was a consultation with Durham region health care providers, hosted by Durham Mental Health Services. Just by sitting and talking with them, we learned that there is this existing community leadership already demonstrating their ability to integrate care and create integrated care models that improve patient experience, and the goal of this bill is really to harness that.

The Acting Speaker (Mrs. Lisa Gretzky): Questions and comments?

Mr. Percy Hatfield: It's always a pleasure to follow my friend from Haldimand–Norfolk in this House—one of the most travelled members of the House. In his younger years, back in the 1960s, I know he backpacked around the world. He's seen things from a different perspective. I always appreciate, when he comes to the House for our afternoon debates, that he brings a common-sense approach to what we have on the table.

He talked this afternoon about 40% of every dollar being spent on health care in Ontario, and yet he said that it's money not well spent. I certainly have to agree with that. The Liberals did not do a good job of spending our money on the patients who should have been looked after when they were in office. They built too many silos, and there was no coordination between them. For five years,

hospital budgets were frozen, which led to layoffs, it led to hallway medicine, and it led to a crisis in long-term care and a crisis in mental health. We all know that. The Liberals kept putting Band-Aids on the problem, trying to patch things up. But if you talk about a health care quilt, we didn't have enough patches on that quilt to make it work. It wasn't working, and we're still trying to figure it out.

So the question is, how will the money now under this government be spent, and how much of that money will go into private hands for profit? Our OHIP card is an access card. It gives us the ability to go to a doctor's office or a hospital and access health care in Ontario. It shouldn't be turned into a credit card. We shouldn't be giving our OHIP card to pay private health care providers. We should be looking at public health care being publicly delivered, as opposed to health care delivered by private providers. We do have one or two private providers that have been working, but let's not expand it. Our health care should remain universal.

I thank the member for his comments this afternoon.

The Acting Speaker (Mrs. Lisa Gretzky): Questions and comments?

Mr. Stan Cho: Earlier, the member from Timmins said that the definition of insanity is doing the same thing again and again and expecting different results, and I agree completely. That's why we need to take a good, long look at our health care system today, because it's far from perfect and we have an aging population that is going to put further strains on our system.

I wish the opposition could just put away the talk of privatization—we're not talking about that here on the government side—and help us, because we really need to think about not just how much we're throwing at the problem in term of funds. We also have to look at that fuel tank and see if there are holes in that fuel tank. Our health care system has holes. There is room for improvement, Madam Speaker, and that is what we should be focused on collectively in this House: to build a better health care system to make sure we have something sustainable to leave for our kids and their kids, so that when I'm old and grey, we have a public health care system that is both sustainable and effective at servicing Ontarians.

The Acting Speaker (Mrs. Lisa Gretzky): Back to the member for Haldimand–Norfolk.

Mr. Toby Barrett: I appreciate the very good comments from the members. Their riding names will show up in Hansard; I won't run through that. But there is an opportunity here to try and amplify on the strength of what is working.

I mentioned I worked under the district health council system during my 20-year career before this job. Others worked under the LHIN system. The opposition and government presently have identified some of the failings with respect to that system. So we've got another kick at the can, an attempt to bring some consistency of approach to a system: a common vision, a single point of oversight at the top, and a united effort locally so we can get from where we are to where we need to be.

Where we need to be, and this is the nature of the health budget, requires an investment of money, money that has to be allocated where it's most effective and most required. I will add that in January three of my area hospitals benefited from that kind of investment—I was quite heartened by this announcement—through the health infrastructure fund. I just want to end on that note of thank you.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Ms. Teresa J. Armstrong: It's always an honour to rise in this House on behalf of my constituents of London–Fanshawe. Today I will be using my time to address the concerns not only of my constituents of London–Fanshawe, but of all Ontarians as this government pursues a dangerous course of action of rapid health care transformation.

As the critic for long-term care and home care, the government's bill, The People's Health Care Act, is truly something to be concerned about. Bill 74 in no shape or form addresses the real health care needs of our province and its front-line workers. In fact, what the people of the province can expect from the government's bill is massive disruption in patient care, no additional patient beds, no additional staff, and an enormous increase of for-profit health care delivery. This is not what the people of Ontario want, nor is it what the people of Ontario deserve.

1510

The Minister of Health has been very keen to talk about how their patient-centred plan will supposedly help people, citing the lack of integration between health care providers, confused patients lost in bureaucracy, unnecessary trips to the hospitals because of a shortage of home care services, people in hospital beds who should be in a long-term-care home, and, of course, patients stranded in hospital hallways. While the minister rhymed off all these things the government's bill would fix, at no time did she distinguish how the legislation would actually achieve those priorities.

Bill 74 and the policy proposals that support the implementation of the bill, if passed, are troublesome and concerning, because the PC government has failed to show how it will ensure that Bill 74 doesn't disrupt patient care, especially for patients who receive cancer treatments, who are waiting for an organ transplant or who receive home care.

What this government is doing is continuing down their ideological path of deciding that we are going to take an already bad system created by the Liberals and somehow make it worse for the people of Ontario, before they have even begun to work out the details of what they'll replace it with. This type of policy cycle of rapid transformation will only have one outcome: It's going to cost the taxpayers a lot of money, cause significant disruption in the delivery of patient care and create huge gaps in service.

The government insists that the LHINs had failed in their role of integrating care around the patient and that the only option was to eliminate them all immediately. The LHINs currently coordinate home care services for

750,000 vulnerable Ontarians. In 2017, the Liberals dissolved its 14 community care access centres. It didn't cut red tape, free up money or improve home care for patients. What those 750,000 patients received after the Liberals' rapid-transformation health program was two years of service and patient care disruption, and now this government is looking to do it again.

The government isn't even eliminating LHINs' administrative costs. The super agency will keep all LHINs intact for several years and then morph out our current 14 LHINs into five regional agencies. The super agency will be a net new bureaucratic cost without any savings from closing LHINs.

The PC government has absolutely zero credibility with assuring the public that the patient services won't be disrupted based on the abrupt way that the board members for the 20 provincial health agencies were terminated on Friday, March 8, 2019. On March 11, the newly appointed board of directors of the Ontario Health super agency held its inaugural meeting on Monday with no advance notice or invitation to the public, which should raise everyone's concerns and questions about their transparency.

Meantime, more than 200 board members of 20 smaller agencies that are being swallowed up by Ontario Health were abruptly and quietly fired the previous week. Those agencies include 14 local health integration networks, eHealth Ontario, Trillium Gift of Life Network, Health Quality Ontario, HealthForceOntario, Health Shared Services Ontario and Cancer Care Ontario. These organizations always held open board meetings and posted agendas and minutes online. The super agency should not be meeting in secret behind closed doors and with no public knowledge.

Transparency was a legislative requirement for the LHINs. All board members had to be publicly announced in advance and open to the public. There is no such transparency requirement in the enabling legislation for this super agency. Transparency is a basic principle of Ontario's health system. Decisions should not be made behind closed doors and all Ontarians who want to understand the process of health care decisions that are being made should be able to attend board meetings.

What is worrisome is that the ministry also says this transformation will not be completed for several years. In other provinces, the record of super agencies is that they stall all health progress for five or more years while everyone focuses on achieving the structural changes the transformation demands. It seems that our ministry is forecasting several years of eroding our health care system, leaving patients languishing in hospital hallways and front-line staff run off their feet. Instead of listening to families and health care providers, and investing in front-line care, the government has cooked up a secret scheme in their backrooms to reorganize the health care system.

All of this raises the question: If the government has no intention of properly transitioning the governance framework to pass along institutional as well as regional knowledge and expertise, then how can Ontarians have

confidence that patient care will not be disrupted? Considering the inevitable disruption in delivery of patient care created by the government's own legislation, what are residents in long-term care and home care to expect?

Ontarians who receive long-term care and home care services are the most vulnerable, due to age or the complexity of their health condition. They need continuous health care supports. Bill 74 is a distraction that unnecessarily rearranges the administrative and health system structure. It takes the focus off actually solving the real problems our province has. What Ontarians want is a guarantee that the government will provide the necessary resources for health services for our most vulnerable.

This rapid transformation, for instance, is taking the focus off the government's commitment to creating new long-term-care beds. As of right now, the province will have 6,000 long-term-care beds with no timelines, 15,000 long-term-care beds within five years, and 30,000 long-term-care beds within 10 years. In the southwestern region of Ontario, we will only be receiving 77 new long-term-care beds, of which 50 will be spread out across the city of London's 15 long-term-care homes.

While additional beds are good, this is barely a drop in the bucket to address the current crisis. London alone has 3,227 individuals on the wait-list for a long-term-care bed. Some of the long-term-care homes have an average that is over 1,000 days, just to get in. Considering the dire circumstances for people across the province, the government has to tell people whether they will honour their commitments to new beds.

While we're on the topic of front-line resources, this government has made no commitment, whether through announcements or through this bill, that more front-line workers will be brought on board. When you're building new beds, you need the staff to carry out the services—the public health care services delivery model. There is no mention of any of that.

The province is in dire need of these critical staff. They provide much-needed hands-on care for patients and residents. Over and over, meeting with constituents and stakeholders, we have been told that more front-line workers are needed. Even in the coroner's inquest, there have been recommendations of a minimum of four hours of hands-on care. There's an expert; there's your evidence. If the government had bothered to consult in good faith, perhaps additional front-line workers would have made it into the legislation, but evidently they did not.

These significant labour shortages mean that not only are our patients and residents not getting the levels of care they deserve; they mean that nurses and PSWs who are staffing our homes and hospitals are being pushed to the point of burning out. I know; I've heard this time and time again, and I'm sure all of you across the way have also heard it.

Another subject the government has refused to address is that when they decided to dissolve the LHINs, it meant that 4,500 nurse coordinators who manage home care cases would also be fired. What will happen to them? Where will they go? What happens to their cases? The government needs to address this.

One of the biggest issues with this bill is section 21(4). It states that the agency can fund and enter into agreements with "a health service provider," like a hospital or long-term care; "an integrated care delivery system," branded as Ontario health teams; or "a person or entity that supports the provision of health care." What is this section even trying to articulate? It is drafted in a way that is purposely ambiguous. Bill 74 doesn't define it or a provision for a prescribed regulation to define this term. There's nothing in it to define what that is. This means that the PC government and the agency could use their discretion to provide public health care dollars without stipulating what "provision of health care" could mean. The government has mentioned that this only means organizations like Meals on Wheels, but if that's the case, why don't you just specify that? Put it in writing. The government should ensure that Bill 74 enables the right resources to be made available, especially because this particularly impacts long-term-care homes and home care services.

1520

When we're talking about the health care system, I can't not talk about the Mike Harris years in health care. What's happening is that this government is continuing the disastrous legacy of Mike Harris. I know that there's someone in the Legislature who is very dear to that person, and I'm not targeting that name, because it's something that we are—

Mr. John Vanthof: Hopefully he's not the sequel.

Ms. Teresa J. Armstrong: Yes, that's right. And that's the case. You have to acknowledge that that occurred. The Harris government decided to cap home care hours for people receiving home care. That leads to problems. If you can't get the home care that you need, it exacerbates your health care issues, which means that you end up in situations, whether you can find a family doctor or you end up in a hospital, because you can't get the home care that you need. Then you're rushed into a precarious health care situation which ends up in long-term care. That's why we have a wait-list of over 30,000 people.

The other piece of this is that the Harris government opened up the system for for-profit bidders. Today, chain for-profit companies have gained the majority of market share, as they call it, for privatization. The other piece of that that we should remember is that in 2012, Mr. Harris—and I'm sure he has all kinds of information about this—and his wife decided to purchase a franchise, Nurse Next Door, which is a private home care company. I wonder how that would affect this unprecedented legislation of privatization in our health care system in this bill; how people like that benefit. He's also the board chair of the Chartwell—a part-time chair, by the way—and he makes, I think, \$237,000 just to sit as a part-time chair on a private long-term-care board of directors. That's where your public dollars go.

Your public health care dollars should be going to not-for-profit. We shouldn't be squeezing public health care dollars to give profits to private health care facilities. That is part of why this government can't commit to tell us that

they're going to be—of course our health care system is a public health care system; we all know that. But they won't commit them to be publicly funded health care delivery services. Apparently they can't get that out of their vocabulary.

Home care, at this point, because it was opened up to privatization, was reorganized to facilitate bidding. Care workers have now less time to spend with their clients, and their work is the most precarious and underpaid in the health care system. You ask a home care provider, a PSW, and they'll tell you that. Even RNs—

Interruption.

Ms. Teresa J. Armstrong: There you go. The lights are dimming because the truth comes out. They want you to pay attention to what's being said here. That's a sign, when the lights dim, and we've got to shine a light on this government. The whole home care system is in chaos, and this government is going to make things worse with this legislation.

It's also worth noting that this government keeps talking about a publicly funded health care system, but again they fail to mention that we're going to deliver the health care in a model which New Democrats believe should be a not-for-profit model. It should be universal and accessible to everyone. What it's starting to look like is that this government will indeed have publicly funded health care, because that's the slogan of the day: "Everybody, don't fear the fact that we're going to change our publicly funded health care system." We all know where the money is going to come from, but it's just being delivered privately, which you won't admit. This means that people of this province will be paying for-profit organizations to deliver their health care. That's what's happening.

In my two-minute wrap-up, I want to talk a little bit more about some things, but I have to tell you, many members on the other side talk about that we're fear-mongering. That is so disingenuous. Fearmongering is a defence mechanism to take the attention off what's really happening in Bill 74. There have been so many examples. I've been elected since 2011, and I learn every day—it doesn't feel like it's been that long. But when I was in this Legislature, I raised issues around long-term care. We raised issues around under-dosing of chemotherapy drugs. I raised issues around inspections of long-term care. I raised issues around Ornge. We raised issues around the Ornge fiasco. And I remember—it's the same language that you're using: "You're fearmongering." I remember raising an issue about suicides that happened in Woodstock—it was a horrible thing, youth dying by suicide—and being told I was fearmongering.

Mental health, long-term care—these were not fear-mongering questions. They were actually happening. People were telling us that. It's our job to let you know what's going on. If you want to gloss it over and call it fearmongering and how great you are, feel free to pat your ego. But we're here to actually do the hard work and express to you the examples of what we hear day to day.

I had an RN, who is retired, coming into my office just on March break and saying, "We need to do something

about the staff shortages," and not just focusing on her own role as an RN, but pointing out RPNs and PSWs. She is an expert; she's worked in different roles in long-term care. She's identifying the problems with long-term care and staffing. That's not fearmongering.

So I want you to tell the people who come into your constituency office and let them know that they're waiting for three years, some of them—if not shorter times, longer times—and tell them they're fearmongering. You can tell us we're fearmongering, but you don't have the guts to go tell your constituents that they're fearmongering when they're in the hallway for hallway medicine.

Why don't you just let us know today that you're going to keep our health care system publicly funded and publicly delivered not-for-profit? Why don't you do that? Put people's minds at ease—off the table. But you can't. You can't because you know that it's not going to happen. You know it's going to open up all kinds of privatization for people who already have their hand in that cookie jar, like the previous Conservative government. I'm sure they know that what's at the end of the rainbow is that big pot of gold when you privatize health care.

Bill 74 is an unprecedented piece of legislation that's opening up the doors to privatization. And if it's not, then please say that this government, in Bill 74, is going to keep, as you say, our health care public, and that you're going to deliver it in a public, not-for-profit model. Say that. Then I will believe you. But until then, we have concerns.

Interjection.

Ms. Teresa J. Armstrong: Say it on record, please. Stand up and say in your two minutes that it will be delivered—public health care, not-for-profit. Then you'll have some credibility with this bill. But we can't believe that right now.

The Acting Speaker (Mrs. Lisa Gretzky): Questions and comments?

Mr. Paul Calandra: I appreciate the opportunity to say a few words. We've been listening to the same speech from the NDP over and over and over again. Of course, none of it is based on fact, Madam Speaker.

Let's go back, if we can, for a little bit. Let's think about the NDP government in the 1990s. What did they do when they had the opportunity—and I remind you, Madam Speaker, that in the history of this province, they've had one opportunity to serve the people. That's it. What did they do? They closed beds and closed floors in hospitals. That was their solution: Close the beds and close the floors, but don't tell anybody about it; hopefully, nobody will notice.

What have Conservatives done? Well, it was a Conservative government, under Robarts, as the member for Haldimand talked about, that actually brought in public health care in the province of Ontario. What did Mike Harris do when it came to health care? What did Mike Harris do? Not only did Mike Harris start increasing spending in health care—funding that was frozen and reduced under a previous NDP government—but when the federal Liberal government unilaterally without notice cut

billions of dollars in health care funding, what did Mike Harris do? He increased funding to make up for that shortfall.

1530

In the last federal Conservative government, we provided 6% annual escalators to health care. What did the Liberal-NDP coalition that ruled this province for 15 years do? Did they use that extra 6% a year? No. In fact, the NDP bargained away that 6% increase. To get support for a budget for some of their pet projects, they decided to bargain away health care increases. So we will take absolutely no lessons from a party whose only record is to cut spending, close hospital floors and support a Liberal government that bargained away and never used the 6% escalator that Conservatives brought in.

We protect health care spending, we increase health care spending and we've always done what's right for the people of Ontario. That's why we get the opportunity to serve and that's—

Interjections.

The Acting Speaker (Mrs. Lisa Gretzky): Order. Order.

Questions and comments? The member for Windsor—Tecumseh.

Mr. Percy Hatfield: Why, thank you, Speaker. I knew it couldn't last, right? The member for Markham—Stouffville: All afternoon, he's been on his best behaviour and then, he just had to get pumped up.

No party in this House can say they've had the only answer. Yes, you mentioned Mike Harris. Mike Harris Jr. is here, and I know he'll appreciate what I have to say. You said Bob Rae closed some hospitals, closed some floors, laid off some nurses. Mike Harris closed hospitals—

Mr. Paul Calandra: He didn't.

Mr. Percy Hatfield: Yes, he did. Yes, he did. And he laid off nurses.

Interjections.

The Acting Speaker (Mrs. Lisa Gretzky): Order.

Mr. Percy Hatfield: Come on, health care has been that little donkey that gets kicked all the time, no matter—

Interjection.

The Acting Speaker (Mrs. Lisa Gretzky): Stop the clock, please. The member from Markham—Stouffville will withdraw.

Mr. Paul Calandra: What will I withdraw, Madam Speaker?

The Acting Speaker (Mrs. Lisa Gretzky): The member from Markham—Stouffville will withdraw.

Mr. Paul Calandra: Sure, I withdraw.

The Acting Speaker (Mrs. Lisa Gretzky): Back to the member for Windsor—Tecumseh.

Mr. Percy Hatfield: Thank you, Speaker. Thank you for that withdrawal.

Look, none of us are blameless here. The health care system is in crisis and it's been in crisis for a long time. I get a kick out of my Conservative friends when you say, "For 15 years, the Liberals, propped up by the NDP"—

Interjection: It's all true.

Hon. Sylvia Jones: You repeated it. It must be true.

Mr. Percy Hatfield: There was a minority government and, yes, they were propped up for a couple of years while we tried to get some things done, and they broke their promises. But when they're in a majority position, nobody props them up. We sure as hell aren't propping you guys up, and you've got a majority. Come on, you can't say we're propping you up in a majority government. It doesn't cut. You lose your credibility when you say crap like that. Nobody believes you when you say, "You're propping them up." We're not propping you up. We didn't prop the Liberals up in their majority.

Interjection: But they had a minority—

Mr. Percy Hatfield: I just said—in the minority government, yes. They made promises, and they didn't keep them. Three years out of 15 doesn't mean we kept them in power for 15.

The Acting Speaker (Mrs. Lisa Gretzky): Questions and comments?

Mr. Will Bouma: It's been a fascinating afternoon to listen to the back and forth. I appreciate the comments from the member from London—Fanshawe.

All we've heard from the opposition this afternoon is this building up of this spectre of privatization, because heaven forbid anyone would ever be able to earn a living being in health care. We know from their track record, exactly, that this is what it's all about. I'm sure many of us here—some of us aren't, with some of the younger members—but we remember what it was like when people would go to work all day and not be paid. That's what it was like under an NDP government.

We need to face the facts that we need to be looking at innovative ways of fixing our health care system. We've heard the criticism that we are moving too fast this afternoon, that we're changing this drastically. But then, two breaths later, we hear that this is going to be a long-term process that will take place over years, and so we're moving too slow. So my question back is, which is it? Are we moving too fast or are we moving too slow?

We've heard the criticism that we're not spelling out exactly what types of solutions we might be looking for in this legislation. Yet, our philosophy is that there are a lot of great ideas from a lot of great people in Ontario that are going to help our health care system get back on track. We're not going to be dictating to the people of Ontario exactly what we're going to be using to solve the health care crisis; we're going to let people come up with innovative solutions in order to fix these things.

What is most important, the one thing that I absolutely haven't heard this afternoon, is that we need a patient-focused model of health care delivery. That's something that we absolutely haven't heard from the NDP at all this afternoon. What is their response to having a health care system that's focused on the patient?

The Acting Speaker (Mrs. Lisa Gretzky): Questions and comments?

Mr. Faisal Hassan: The people of Ontario did not vote for privatization of their health care. Privatization of our health care is not the answer. What we need is to put more resources in our health care, to support our health care instead of privatizing, which is wrong.

The Ford Conservatives' reckless handling of something as crucial to the well-being of Ontarians as our health care—unfortunately, this is not an anomaly. Madam Speaker, just last month, 40 registered nursing positions were cut at the Grand River Hospital in Kitchener. From the operating table to the mental health unit, there will be less registered nurses to tend to the people who need them most.

We know the history of the Conservatives in Mike Harris's government. Now this government, it appears, is simply following the same way of messing up our health care.

I think we are going to stand up to this and represent the people of Ontario, to make sure that our health care stays as it is: public health care, not private health care.

Madam Speaker, what we need is strengthening our health care, and what Tommy Douglas envisioned: a holistic public health care, not private health care.

The Acting Speaker (Mrs. Lisa Gretzky): Back to the member from London—Fanshawe.

Ms. Teresa J. Armstrong: We woke up some giants on that side of the Legislature, from Markham—Stouffville. He does get quite worked up.

Hon. Bill Walker: He's very passionate.

Ms. Teresa J. Armstrong: Yes, I guess you could say that too.

Again, I'm going to go back to some of the things that I want to talk about, and specifically in long-term care, because the word—we talked about fearmongering. I was accused of being a fearmonger under the Liberals; now we're being accused of being fearmongers around the Conservatives. Bottom line—

Interjection: It's true.

Ms. Teresa J. Armstrong: No, it's not true. It's quite phony and ridiculous, because when you start—

Interjections.

The Acting Speaker (Mrs. Lisa Gretzky): Stop the clock, please. I'm going to ask the member for London—Fanshawe to withdraw.

Ms. Teresa J. Armstrong: I withdraw.

The point is, Speaker, that through all those questions around long-term care over the years, what did we get in Woodstock? A horrible tragedy happened, and there's a public inquiry around it. You've got to stop being so

closed-minded. You have to open up your ears and your heart to what other people are saying.

We have a public inquiry—and that was another piece. I called for a phase 2 under that public inquiry, to actually look at systemic issues, which would talk about patient-centred care and staffing levels and funding models, and recommendations from the coroners and how for-profit affects the system. But I didn't hear the Conservatives talking about that, because they don't really want to know what the real problems are.

Interjections.

Ms. Teresa J. Armstrong: They don't. If you wanted to, you should have called for the second phase. They were okay with just having the narrow focus of the public inquiry, which we need the answers to, absolutely, to respect those families. But we could have done so much better and so much more to actually fix the systemic problems in long-term care that we all railed against in this Legislature, when you were on this side of the House, around inspections and care. But then you forgot that when you moved over there.

The Acting Speaker (Mrs. Lisa Gretzky): Pursuant to standing order 47(c), I am now required to interrupt the proceedings and announce that there has been more than six and one-half hours of debate on the motion for second reading of this bill. This debate will therefore be deemed adjourned unless the government House leader specifies otherwise.

Hon. Bill Walker: No further debate, Madam Speaker.

Second reading debate deemed adjourned.

The Acting Speaker (Mrs. Lisa Gretzky): Orders of the day.

Hon. Bill Walker: We adjourn the House, Madam Speaker.

The Acting Speaker (Mrs. Lisa Gretzky): Mr. Walker has moved adjournment of the House. Is it the pleasure of the House that the motion carry?

Mr. Gilles Bisson: On division. Somebody say, "On division."

Interjections: On division.

The Acting Speaker (Mrs. Lisa Gretzky): Carried, on division.

This House now stands adjourned until tomorrow at 9 a.m.
The House adjourned at 1540.

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Harris, Mike (PC)	Kitchener—Conestoga	
Hassan, Faisal (NDP)	York South—Weston / York-Sud— Weston	
Hatfield, Percy (NDP)	Windsor—Tecumseh	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du comité plénier de l'Assemblée législative
Hillier, Randy (IND)	Lanark—Frontenac—Kingston	
Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Horwath, Andrea (NDP)	Hamilton Centre / Hamilton-Centre	Leader, Official Opposition / Chef de l'opposition officielle
Hunter, Mitzie (LIB)	Scarborough—Guildwood	
Jones, Hon. / L'hon. Sylvia (PC)	Dufferin—Caledon	Minister of Community Safety and Correctional Services / Ministre de la Sécurité communautaire et des Services correctionnels
Kanapathi, Logan (PC)	Markham—Thornhill	
Karahalios, Belinda (PC)	Cambridge	
Karpoche, Bhutla (NDP)	Parkdale—High Park	
Ke, Vincent (PC)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London- Centre-Nord	
Khanjin, Andrea (PC)	Barrie—Innisfil	
Kramp, Daryl (PC)	Hastings—Lennox and Addington	
Kusendova, Natalia (PC)	Mississauga Centre / Mississauga- Centre	
Lalonde, Marie-France (LIB)	Orléans	
Lecce, Stephen (PC)	King—Vaughan	Deputy Government House Leader / Leader parlementaire adjoint du gouvernement
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
MacLeod, Hon. / L'hon. Lisa (PC)	Nepean	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires Minister Responsible for Women's Issues / Ministre déléguée à la Condition féminine
Mamakwa, Sol (NDP)	Kiiwetinoong	
Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
Martow, Gila (PC)	Thornhill	
McDonell, Jim (PC)	Stormont—Dundas—South Glengarry	
McKenna, Jane (PC)	Burlington	
McNaughton, Hon. / L'hon. Monte (PC)	Lambton—Kent—Middlesex	Minister of Infrastructure / Ministre de l'Infrastructure
Miller, Norman (PC)	Parry Sound—Muskoka	
Miller, Paul (NDP)	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	
Mitas, Christina Maria (PC)	Scarborough Centre / Scarborough- Centre	
Monteith-Farrell, Judith (NDP)	Thunder Bay—Atikokan	
Morrison, Suze (NDP)	Toronto Centre / Toronto-Centre	
Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	Attorney General / Procureure générale Minister of Francophone Affairs / Ministre des Affaires francophones
Natyshak, Taras (NDP)	Essex	
Nicholls, Rick (PC)	Chatham-Kent—Leamington	Chair of the Committee of the Whole House / Président du comité plénier de l'Assemblée Deputy Speaker / Vice-président

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
Park, Lindsey (PC)	Durham	
Parsa, Michael (PC)	Aurora—Oak Ridges—Richmond Hill	
Pettapiece, Randy (PC)	Perth—Wellington	
Phillips, Hon. / L'hon. Rod (PC)	Ajax	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs
Piccini, David (PC)	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rasheed, Kaleed (PC)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Energy, Northern Development and Mines / Ministre de l'Énergie, du Développement du Nord et des Mines Minister of Indigenous Affairs / Ministre des Affaires autochtones
Roberts, Jeremy (PC)	Ottawa West—Nepean / Ottawa-Ouest—Nepean	
Romano, Ross (PC)	Sault Ste. Marie	
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Prabmeet Singh (PC)	Brampton South / Brampton-Sud	
Sattler, Peggy (NDP)	London West / London-Ouest	
Schreiner, Mike (GRN)	Guelph	
Scott, Hon. / L'hon. Laurie (PC)	Haliburton—Kawartha Lakes—Brock	Minister of Labour / Ministre du Travail
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Simard, Amanda (IND)	Glengarry—Prescott—Russell	
Singh, Gurrajan (NDP)	Brampton East / Brampton-Est	
Singh, Sara (NDP)	Brampton Centre / Brampton-Centre	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Skelly, Donna (PC)	Flamborough—Glanbrook	
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Economic Development, Job Creation and Trade / Ministre du Développement économique, de la Création d'emplois et du Commerce Government House Leader / Leader parlementaire du gouvernement
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	
Surma, Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Nina (PC)	Mississauga—Streetsville	
Taylor, Monique (NDP)	Hamilton Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Education / Ministre de l'Éducation
Tibollo, Hon. / L'hon. Michael A. (PC)	Vaughan—Woodbridge	Minister of Tourism, Culture and Sport / Ministre du Tourisme, de la Culture et du Sport
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Wai, Daisy (PC)	Richmond Hill	
Walker, Hon. / L'hon. Bill (PC)	Bruce—Grey—Owen Sound	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs
West, Jamie (NDP)	Sudbury	
Wilson, Jim (IND)	Simcoe—Grey	
Wynne, Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	
Yakubski, Hon. / L'hon. John (PC)	Renfrew—Nipissing—Pembroke	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Yarde, Kevin (NDP)	Brampton North / Brampton-Nord	
Yurek, Hon. / L'hon. Jeff (PC)	Elgin—Middlesex—London	Minister of Transportation / Ministre des Transports

**STANDING AND SELECT COMMITTEES OF THE LEGISLATIVE ASSEMBLY
COMITÉS PERMANENTS ET SPÉCIAUX DE L'ASSEMBLÉE LÉGISLATIVE**

Standing Committee on Estimates / Comité permanent des budgets des dépenses

Chair / Président: Peter Tabuns
Vice-Chair / Vice-président: Wayne Gates
Stan Cho, Jill Dunlop
John Fraser, Wayne Gates
Stephen Lecce, Gila Martow
Jane McKenna, Judith Monteith-Farrell
Lindsey Park, Randy Pettapiece
Peter Tabuns
Committee Clerk / Greffier: Timothy Bryan

Standing Committee on Finance and Economic Affairs / Comité permanent des finances et des affaires économiques

Chair / Président: Stephen Crawford
Vice-Chair / Vice-président: Jeremy Roberts
Ian Arthur, Stephen Crawford
Doug Downey, Sol Mamakwa
David Piccini, Kaleed Rasheed
Jeremy Roberts, Sandy Shaw
Donna Skelly
Committee Clerk / Greffier: Timothy Bryan

Standing Committee on General Government / Comité permanent des affaires gouvernementales

Chair / Président: Dave Smith
Vice-Chair / Vice-présidente: Natalia Kusendova
Jessica Bell, Chris Glover
Christine Hogarth, Logan Kanapathi
Daryl Kramp, Natalia Kusendova
Amarjot Sandhu, Mike Schreiner
Dave Smith, Jennifer (Jennie) Stevens
Daisy Wai
Committee Clerk / Greffier / Greffière: Julia Douglas

Standing Committee on Government Agencies / Comité permanent des organismes gouvernementaux

Chair / Président: John Vanthof
Vice-Chair / Vice-président: Taras Natyshak
Roman Baber, Rudy Cuzzetto
Amy Fee, Vincent Ke
Andrea Khanjin, Marie-France Lalonde
Taras Natyshak, Rick Nicholls
Jeremy Roberts, Marit Stiles
John Vanthof
Committee Clerk / Greffière: Jocelyn McCauley

Standing Committee on Justice Policy / Comité permanent de la justice

Chair / Président: Parm Gill
Vice-Chair / Vice-président: Aris Babikian
Roman Baber, Aris Babikian
Nathalie Des Rosiers, Jill Dunlop
Parm Gill, Lindsey Park
Ross Romano, Prabmeet Singh Sarkaria
Sara Singh, Monique Taylor
Kevin Yarde
Committee Clerk / Greffière: Jocelyn McCauley

Standing Committee on the Legislative Assembly / Comité permanent de l'Assemblée législative

Chair / Présidente: Jane McKenna
Vice-Chair / Vice-président: Vijay Thanigasalam
Robert Bailey, Rima Berns-McGown
Lorne Coe, Michael Coteau
Mike Harris, Faisal Hassan
Jane McKenna, Christina Maria Mitas
Sam Oosterhoff, Gurratan Singh
Vijay Thanigasalam
Committee Clerk / Greffière: Valerie Quioc Lim

Standing Committee on Public Accounts / Comité permanent des comptes publics

Chair / Présidente: Catherine Fife
Vice-Chair / Vice-présidente: Peggy Sattler
Toby Barrett, Catherine Fife
Goldie Ghamari, Jim McDonell
Norman Miller, Suze Morrison
Michael Parsa, Peggy Sattler
Kinga Surma
Committee Clerk / Greffier: Christopher Tyrell

Standing Committee on Regulations and Private Bills / Comité permanent des règlements et des projets de loi d'intérêt privé

Chair / Président: Kaleed Rasheed
Vice-Chair / Vice-président: Will Bouma
Will Bouma, Paul Calandra
Lorne Coe, Stephen Crawford
Mitzie Hunter, Laura Mae Lindo
Paul Miller, Billy Pang
Kaleed Rasheed, Amarjot Sandhu
Jamie West
Committee Clerk / Greffier: Eric Rennie

Standing Committee on Social Policy / Comité permanent de la politique sociale

Chair / Présidente: Nina Tangri
Vice-Chair / Vice-président: Deepak Anand
Deepak Anand, Doly Begum
Jeff Burch, Amy Fee
Michael Gravelle, Joel Harden
Belinda Karahalios, Robin Martin
Sheref Sabawy, Nina Tangri
Effie J. Triantafilopoulos
Committee Clerk / Greffier: Eric Rennie

Select Committee on Financial Transparency / Comité spécial de la transparence financière

Chair / Président: Prabmeet Singh Sarkaria
Vice-Chair / Vice-président: Doug Downey
Roman Baber, Doug Downey
Catherine Fife, Robin Martin
Lindsey Park, Ross Romano
Prabmeet Singh Sarkaria, Sandy Shaw
John Vanthof
Committee Clerk / Greffière: Valerie Quioc Lim