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Mardi  
16 avril 2019

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Speaker: Honourable Ted Arnott  
Clerk: Todd Decker

Président : L'honorable Ted Arnott  
Greffier : Todd Decker

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LEGISLATIVE ASSEMBLY  
OF ONTARIO

Tuesday 16 April 2019

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

Mardi 16 avril 2019

*The House met at 0900.*

**The Speaker (Hon. Ted Arnott):** We're going to begin this morning with a moment of silence for inner thought and personal reflection.

Let us pray.

*Prayers.*

NOTICE OF REASONED AMENDMENT

**The Speaker (Hon. Ted Arnott):** Before I call orders of the day, I beg to inform the House that, pursuant to standing order 71(c), the member for Hamilton West–Ancaster–Dundas has filed with the Clerk a reasoned amendment to the motion for second reading of Bill 100, An Act to implement Budget measures and to enact, amend and repeal various statutes. The order for second reading of Bill 100 may therefore not be called today.

ORDERS OF THE DAY

2019 ONTARIO BUDGET

Resuming the debate adjourned on April 15, 2019, on the motion that this House approves in general the budgetary policy of the government.

**The Speaker (Hon. Ted Arnott):** Further debate?

**Mr. Mike Schreiner:** It's an honour to rise to speak on the budget today.

Budgets are such important documents. They reflect the values and priorities of a government and what matters. It's clear, given the number of references and emphasis in this budget, that what matters to the government is booze, gambling and tailgate parties.

I don't have an opposition to that, in and of itself. As a matter of fact, the House leader has talked about the fact that people in Ontario want to have fun, and I certainly want them to have fun. But while the government is focused on booze and gambling, there's not going to be a lot of fun for families looking for a place that they can afford to call home, because this budget doesn't discuss housing affordability. As a matter of fact, it has a year-over-year cut to the Ministry of Housing of \$257 million.

This budget is not going to be fun for vulnerable children, with a \$1-billion cut to children and community services. This budget is not going to be fun for high school students, who are going to see their class sizes increase, especially in rural and remote communities. It's not going to be fun for university students, who will experience a \$291-million cut, year over year, to student financial assistance.

It's not fun for people who are facing mental health and addictions challenges, as this budget is largely silent on the opioid crisis that we face. As a matter of fact, when it talks about it, it talks about it in a punitive way and not in a way to provide services.

This budget is not very fun for the hundreds of thousands of young people across this country who are rising up and demanding action on the climate crisis so they have a livable future. As a matter of fact, the Ministry of the Environment—a \$278-million year-over-year cut; the Ministry of Natural Resources and Forestry—a \$109-million cut.

For those who are looking for relief in transit, this budget isn't going to be fun for them either, because it's hard to separate fact from fiction. The Premier announces a big transit plan then only funds 39% of it, and then he breaks his promise to provide gas tax money to municipalities to fund their transit systems.

This could have all been avoided if the government had kept its promise to get rid of the Liberals' Fair Hydro Plan, which is costing this province \$3 billion a year in borrowing. Mr. Speaker, we could have avoided—

**The Acting Speaker (Mr. Percy Hatfield):** Thank you. Questions and comments?

**Mr. Paul Calandra:** Speaker, you have to let me say that I do like the honourable gentleman and, most of the time, I enjoy his interventions. I'm going to chalk it up to the fact that he only had three minutes or so today to be able to comment on what is obviously a very fulsome budget.

It's getting a little frustrating—I wouldn't even say "frustrating"; it's almost disrespectful of the people in the service industry. We've heard member after member of the opposition talk about booze and alcohol as though the people who work in that industry are somehow less than other people.

The member comes from a part of the province that is an important tourism sector for us. So when we talk about increasing access and modernizing the delivery of alcohol, it's about helping out our craft brewers; it's about helping out our tourism industry; it's about helping out Niagara, which is the home of billions of dollars of economic activity. As opposed to looking down on those, we should be seeing how we can help them.

You're looking at the sector here in Toronto that is celebrating the fact that two of our sports teams are actually in the playoffs and doing well. The bar and restaurant sector has told me that these next two months could be the two months where they make up all of their profit for the entire year. So as opposed to looking down

on those sectors, we should look at how we can improve them, and that's part of what this budget does.

He talks about the environment. The Minister of the Environment is bringing forward an environmental plan that will actually meet the targets that the member—I hope he supports the Paris targets. We're going to meet those targets.

He talked about housing affordability. Places to Grow will deal with that. I hope the member has made some representations to the Minister of Municipal Affairs and Housing on that front.

I hope that as we have further debate, the member will take the time to really have a more in-depth and a more fulsome accounting of what's actually in the budget.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments?

**Mrs. Jennifer (Jennie) Stevens:** The Premier's first budget was a disappointing one, to say the least. Billions of dollars of cuts announced by this government are going to negatively affect the most at-risk populations across Ontario. For example, \$1 billion—billion—of cuts to social services will cripple those already struggling to stay afloat and afford basic necessities, such as housing and food.

In my riding alone, St. Catharines and Niagara region are under a crisis mode when it comes to available housing—or affordable housing, I should say. This government did not allocate any funding to Niagara region to combat this issue, and in fact, our municipality did not receive any funding in part of the \$200 million that was allocated to the 405 municipalities across Ontario for housing and transportation.

A lack of affordable housing goes hand in hand with the mental health and addiction crisis in our region. Poverty in general wasn't even mentioned—as if the topic will simply go away.

The reality is that over 6,000 people are on the waiting list for housing in Niagara region, and most won't see any for at least 10 to 16 years. This is shameful.

May I mention MADD, Mothers Against Drunk Driving? When alcohol is mentioned—9 a.m. boozing in Niagara will go against everything Mothers Against Drunk Driving has instilled in this province of Ontario—shameful.

This government's cuts and decisions are reckless and irresponsible, completely contradicting their promises to Ontario. I am still awaiting the Minister of Transportation to commit to save lives and fund barriers on the Burgoyne Bridge in St. Catharines. The minister claims this government is all about supporting mental health, but then this government—

**The Acting Speaker (Mr. Percy Hatfield):** Thank you. Questions and comments?

**Mr. Mike Harris:** You know what? It's a beautiful day here in Ontario and, contrary to what the opposition likes to think, the birds are outside chirping and the sky hasn't fallen yet. We're still moving forward.

0910

Going back to some of the comments I heard yesterday about this—and I love the member of the Green Party

dearly, but we're just going to focus on something that came up yesterday. The member from Niagara was talking about how we're going to be out tailgating and boozing and all these different things.

When I got home last night after a long day here in the Legislature, to maybe some people's surprise here, I had a nice little glass of wine.

**Ms. Goldie Ghamari:** What?

**Mr. Mike Harris:** Maybe not a surprise. That wine came from Henry of Pelham. They make a beautiful Baco Noir. But do you know what? I was thinking, if it was 10 o'clock and you went down to Henry of Pelham and had a tour in the member from Niagara's riding—I believe it might be Niagara West; I'm pretty sure it's his riding—you wouldn't be able to sample any of the fine wines at 10 o'clock. It's only an hour from when the supposed—

**Mrs. Jennifer (Jennie) Stevens:** Because they don't open till 10.

**Mr. Mike Harris:** But they'll have the opportunity to open early now, and that's the point. They're going to have an opportunity to open early; they're going to have an opportunity to be able to have those employees come in and do a great job. I've had a chance to be down to some of these wineries. They do a fantastic job.

If the member from Niagara and maybe the member from St. Catharines, because she is right next door—she should appreciate the fact that there are going to be businesses that are able to open earlier. They're going to be able to serve the people of those two great ridings. They're going to be able to provide good, sustainable jobs. I don't see anything wrong with that.

This is the best budget we've had in, dare I say, 15 or 16 years—I think. We're not making cuts. We're increasing funding to education. We're increasing funding to health care.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments?

**Mr. Joel Harden:** It's a pleasure to rise today.

I can actually, at one level, understand why my friends want to expand access to the alcohol industry: Maybe that's when you can really understand the merit of some of the policies they're putting forward.

In fact, Speaker, I wonder if you could help me understand what's going on in the east gallery—because when the member from Markham–Stouffville stands up in this place and says he has talked to the folks in the tourism industry and he has been led to believe that the next two months are critical for that industry, I wonder how 9 a.m. opening alcohol sales helps that industry. The last time I checked, the Leafs and Raptors don't play at 9 in the morning. But what does go on at 9 in the morning, what goes on every morning in the riding that I'm from and in the neighbouring ridings to mine, are people who are struggling to make ends meet. I'm talking in particular about asylum seekers, immigrants and refugees—

*Interjections.*

**The Acting Speaker (Mr. Percy Hatfield):** Order, please. Kitchener–Conestoga, come to order, please.

**Mr. Joel Harden:**—who this government has absolute contempt for. What you have done in cutting legal aid funding by 30% and targeting newcomers to our country is hurt some of the most vulnerable people in our society. Where are they in Ottawa Centre? They are at the Travelodge on Carling Avenue, because our city shelters are full; the family shelters are full. So the people who are coming to this country, like my grandparents came to this country, as illegal asylum seekers—nobody ever told my grandparents to go back to Scotland. But every day on the streets in this province, we've got people preaching intolerance that this government is feeding.

*Interjections.*

**The Acting Speaker (Mr. Percy Hatfield):** Peterborough–Kawartha.

**Mr. Joel Harden:** This government—with all of your anti-asylum-seeker rhetoric, you are feeding intolerance and hatred.

**Hon. Lisa MacLeod:** Point of order.

**The Acting Speaker (Mr. Percy Hatfield):** The minister on a point of order.

**Hon. Lisa MacLeod:** The member opposite is impugning motive against the government, and he should withdraw his hateful, fearmongering, despicable comments.

**The Acting Speaker (Mr. Percy Hatfield):** Thank you for raising your point of order. I did not hear the comments you reference because I was trying to get your side of the House to come to order. If we're going to proceed this morning, we're going to do it in a way that we can all listen to the debate, or else I will be warning people. And if I have to, I will be naming people and they'll be gone. If I warn you, that warning is good for the rest of the day. We should be able to have a civilized debate. Thank you for your point of order.

You have a short period of time to wrap up the conclusion of your comments.

**Mr. Joel Harden:** Speaker, on a point of order, can I ask, there was 25 minutes—25 seconds; I wish 25 minutes, because I have a lot to say about—

**The Acting Speaker (Mr. Percy Hatfield):** You have 10 seconds to conclude your comments.

**Mr. Joel Harden:** Well, I know the truth hurts for this government, but the fact of the matter is, back home in Ottawa Centre, there are people who have come to this country in good faith, fleeing persecution, for whom this government has nothing but contempt, and that has to stop. The cuts to legal aid have to stop. That is helping—

**The Acting Speaker (Mr. Percy Hatfield):** Thank you. We'll return to the member from Guelph to wrap up what we just heard in this beautiful House.

**Mr. Mike Schreiner:** Thanks to the member for Kitchener–Conestoga reminding us what a beautiful morning it is here in Ontario. I want to thank all the members for their contribution to today's debate. I know the member for Markham–Stouffville and the member for Kitchener–Conestoga—

*Interjections.*

**The Acting Speaker (Mr. Percy Hatfield):** Government members, I'm trying to listen.

**Mr. Mike Schreiner:** The members from Kitchener–Conestoga and from Markham–Stouffville made a passionate defence for the Ontario craft beer and wine industry. I share your passion for it. But here's the challenge, Mr. Speaker: It's when you mention alcohol and gambling 63 times in the budget, and you mention poverty zero. The issue is not about liberalizing alcohol sales. The issue is one of priorities. The fact that we have no poverty reduction strategy in there—

*Interjection.*

**The Acting Speaker (Mr. Percy Hatfield):** The member for Carleton, come to order, please.

**Mr. Mike Schreiner:**—is unacceptable. That's the issue, Mr. Speaker. It's an issue of priorities. If the government wasn't spending so much time concentrating on alcohol and gambling, maybe we could have a poverty reduction strategy. Maybe we'd have an affordable housing strategy.

As the member from Ottawa Centre reminded us, maybe we'd have money for legal aid. This government seems to have an employment program for lawyers, given all the lawsuits, but unfortunately not for lawyers who represent the most vulnerable in our society. As the member from St. Catharines so eloquently put it, there is not an affordable housing strategy in this budget.

When I knock on doors, Mr. Speaker, people talk to me about housing affordability and education and health care and poverty and mental health and addictions. No one has asked me for expanded alcohol-selling hours or the ability to drink at a park or to tailgate while they look at their new licence plates. So the issue is one of priorities, and the priorities in this budget are misguided.

**The Acting Speaker (Mr. Percy Hatfield):** Thank you. Before we go on to further debate, I would ask all members to please accept the decorum of the House and accept the rulings of the Chair. From now on, if there are outbursts, I will give one call to order, one warning and then you will be named. One call to order, one warning and then you will be named.

Further debate?

**Ms. Donna Skelly:** Mr. Speaker, I will be sharing my time this morning with my colleague the member for Oakville.

**Mr. Will Bouma:** Great member.

**Ms. Donna Skelly:** He is a great member.

It is a privilege to be given an opportunity to share why I will be supporting our government's budget. It is a responsible, measured approach that protects what matters most. I first want to start by congratulating the Minister of Finance, delivering our government's very first budget last week. I know he has been working very hard to make sure our government returns some financial prudence to a province that for too long was governed by a party that never thought about the consequences of overspending and leaving future generations of Ontarians with billions of dollars of debt, a debt that, as the finance minister reminded us last week, costs \$24,000 per person living in this province.

Mr. Speaker, our budget is entitled Protecting What Matters Most, and that is exactly what it's doing. We are

making important investments in our public education and our public health care systems that will ensure that they serve all Ontarians to their full potential. We are making important investments in transportation and infrastructure right across the greater Toronto and Hamilton area, and in northern Ontario as well.

Mr. Speaker, I would like to reflect on some comments made by the Leader of the Opposition during her press conference last Thursday. When speaking to the media, the Leader of the Opposition described the budget as being “utterly cruel.” She also said that our government could not be bothered to increase spending and that we did not believe it was our job to provide an education for Ontarians. When asked by a Hamilton reporter if the city was being punished for not electing enough Tories, the Leader of the Opposition answered that she felt that not just Hamilton but the entire province is being punished.

Speaker, as a proud Hamiltonian and the sole governing representative for the city of Hamilton, I have to say I completely disagree with the Leader of the Opposition’s views on our budget. As a member of the Standing Committee on Finance and Economic Affairs, I had an opportunity to travel the province this past January as part of our government’s pre-budget consultations. Both across the province and in my riding of Flamborough–Glanbrook, I heard time and again that essential services like health care and education were not meeting the needs of the public, yet costs for these services continued to soar.

**0920**

This budget allows our government to offer a bold, new vision that protects and enhances those services while addressing Ontario’s out-of-control debt brought on by 15 years of Liberal fiscal mismanagement. As outlined by the Minister of Finance, our government is taking a measured approach to eliminating the deficit, returning to fiscal balance in five years. Our government has already reduced the deficit by \$3.3 billion by finding savings that add up to about eight cents on the dollar. This is double the commitment that we made during the election last year.

I’m also pleased that our government is taking more concrete steps to ensure that when it comes to finances, this government will have to be more transparent and accountable to this House and to the public. The proposed Fiscal Sustainability, Transparency and Accountability Act contains an accountability guarantee that would mandate the Premier and the Minister of Finance to pay back 10% of their ministerial salaries if they miss any reporting deadlines. This, once again, shows that we are serious about making sure Ontarians know how their tax dollars are being spent.

Our government’s budget contains a commitment to invest \$17 billion in capital grants over the next 10 years to modernize and increase capacity at our hospitals. I was proud to see that Hamilton’s own St. Joseph’s Healthcare system was touted in the budget as being an early leader in connected care through its Integrated Comprehensive Care, or ICC, program. This program promotes integrated care, allowing for patients to experience a seamless transition between leaving hospital and arriving back home.

This means that patients can return home sooner. It also reduces the likelihood of them going back to hospital. This is a model that is working in Hamilton and has the potential to work right across Ontario through reforms that the Minister of Health and Long-Term Care introduced in The People’s Health Care Act back in February.

This budget also includes a dental plan for our senior citizens. This \$90-million investment will provide individual seniors with incomes under \$19,000, or couples who earn \$32,000, with the important oral hygiene services that they need in their advancing years. This program also contains some flexibility, as eligible seniors can obtain these dental services through public health units, community health centres, mobile units and Aboriginal health access centres. Providing all of these options makes it easier for seniors to get the dental care they need at a location that is most convenient for them.

Speaker, our budget also includes the new Childcare Access and Relief from Expenses, or CARE, tax credit. This will provide Ontario families—not the government—the ability to control child care decisions for their children. The CARE tax credit will provide 300,000 parents across the province with up to 75% of their eligible child care expenses. The credit is designed to be one of the most flexible child care initiatives introduced in Ontario, building on existing benefits while putting more money into the pockets of families who need it most. The CARE tax credit will give parents or families that earn less than \$150,000 annually the ability to choose the child care option that is best suited for them. This includes care in centres, home care and even camps. Parents can receive up to \$6,000 per child under seven, up to \$3,750 per child between seven and 16, and up to \$8,250 per child with a severe disability, regardless of their age. We promised to respect parents by giving them the ability to choose which type of child care is best for their children, and that is exactly what our proposed CARE tax credit does.

Speaker, as parliamentary assistant to the Minister of Economic Development, Job Creation and Trade, I am pleased that this budget includes provisions that will help to create jobs and boost Ontario’s economy. Since day one, our government has been making sure that Ontario is open for business and is open for jobs. We are fulfilling our promise to reduce the tax burden for businesses by proposing to provide \$3.8 billion in relief over the next six years. We are proposing faster write-offs of capital investment, which will encourage businesses to invest more in our province and create new jobs right across Ontario. For example, manufacturing and processing machinery or specified clean energy equipment can be immediately written off. These write-offs will be helpful to small and medium-sized businesses by reducing the amount of taxes they will have to pay. This reduction in business taxes is crucial to make Ontario more competitive in the wake of recent economic reforms south of the border. It is estimated that the investment incentive will aid in the creation between 50,000 and 93,000 net new jobs and between \$7 billion and \$10 billion in net new business investment.

Other provisions included in the budget that will help employers are the proposed enhancements to the Ontario

Immigration Nominee Program. We are proposing to expand the occupations eligible for the employer job offer to include transport truck drivers and personal support workers. We are also proposing to implement a pilot project that will explore innovative approaches to bring highly skilled immigrants to smaller communities. We will also create a dedicated stream to help Ontario's technology sector attract highly skilled employees. In order to expand the prospective base of the OINP's Entrepreneur Stream, the government will recalibrate investment and net-worth thresholds to make Ontario more competitive than other provinces.

When it comes to skills training, our government is proposing changes to Second Career and other skills training programs to ensure that every dollar the government spends to help job seekers get the skills they need to find work is spent wisely. This includes reviewing the financial supports available to laid-off workers as well as the supports provided to employers who want to invest in training for their own workforce.

This budget accomplishes what we promised Ontarians we would do. We are protecting what matters most.

Thank you, Mr. Speaker. I would like to ask my friend the member from Oakville to continue the debate.

**The Acting Speaker (Mr. Percy Hatfield):** The member did say that she would be sharing her time this morning, so I turn now to the member from Oakville.

**Mr. Stephen Crawford:** Thank you very much, Mr. Speaker. And I want to thank the member from Flam- borough-Glanbrook for sharing her time with me. Ten minutes—right on time to the second, so good for you.

Today, I'm pleased to stand here in the chamber and talk about the budget. I'm excited. After 15 years of overspending, where Ontario was really in a dark position of being the most indebted sub-sovereign entity in the entire world, we're charting a path to balance in a responsible manner. That makes me very proud to be a part of this government.

Yesterday, the questions from the opposite side were pretty shy in content. You're going to have to come up with some better questions in question period, because I don't think you have a lot of meat to the questions. You focused on licence plates and alcohol. There's a lot of meat in this budget, and I'm proud to be a part of that.

Like many of my colleagues, I will cherish the memory of being here on budget day and the opportunity to participate in this process as the provincial representative for my community of Oakville. Prior to entering public life, I worked in the investment management industry, where we paid close attention to the regulatory environment set by the government and also the long-term planning, vision and tone set by the provincial government. I also took a personal interest in the budget because, as a son of parents in their retirement years, as a husband to my wife, Najia, and as a proud father of four daughters, I know that government has a responsibility to be accountable to the people of Ontario and deliver a budget which meets their needs.

Over the years of the previous government, Mr. Speaker, do you know what I saw? Year after year, I was disappointed with what I saw brought forward by the previous government. The current net debt, which stands at \$343 billion—\$183 billion of that was accumulated since the beginning of 2008-09, which has affected the province's ability to balance its books. Interest on the debt now is the fourth-largest expenditure of the provincial government, next to health care, education and social services. That works out to \$30 million a day we are spending on debt. We were promised economic growth and the improvement of services. Did we see that? I didn't see any. Indeed, every dollar spent servicing the debt is a dollar that could go to hiring another nurse, fixing another school or providing relief to lower- and middle-income families in this province.

**0930**

The government is projecting a deficit of \$11.7 billion in 2018-19, a \$3.3-billion improvement from the deficit of \$15 billion just inherited from this government. Minister Fedeli has taken the time to chart a responsible path back to balance by 2023-24 while creating jobs, providing much-needed relief to individuals, families and businesses and protecting the public services that residents rely on every day. The Ontario budget 2019 outlines our plan to restore fiscal balance, reduce the debt burden and strengthen trust, transparency and accountability in Ontario's finances.

I regularly hear from constituents concerned with long wait times to see a doctor, in the emergency room and to enter long-term-care homes. These challenges have been compounded over the previous 10 years, and currently, more than 1,000 patients are receiving hallway health care every single day in this province, while the average wait time to a long-term-care bed is 146 days.

The health care system is facing capacity pressures every single day, and it does not have the right mix of services, beds or digital services to be relied on for a rapidly aging population. Care is fragmented, and patients, families and caregivers experience frequent gaps in care transfer between providers. We need a better way to deliver health care in this province.

The 2019 provincial budget delivers on this and will support a modernization of our public health care system to one that is patient-centred through Ontario health teams and create a seamless care experience for patients and their families.

This budget makes significant investments in our public health care system by:

- investing an additional \$384 million in hospitals and an additional \$267 million in home and community care, which is essential to end hallway health care and direct more health care spending to where it's needed the most;

- improving transitions in care and reducing wait times for services. The government is creating Ontario health teams to move forward towards an integrated health care delivery model;

- investing \$3.8 billion in mental health addictions and housing support over 10 years, beginning with the creation of a mental health and addictions system; and

—introducing a new dental program for low-income seniors. At least two thirds of low-income seniors today do not have access to dental insurance. This is why our government is investing \$90 million in a new dental program for seniors that will start by late summer. Individual seniors with incomes below \$19,300 or senior couples with incomes below \$32,300 will be able to receive dental care in public health units, community health centres and Aboriginal health access centres across the province.

Of course, our government is creating 15,000 new long-term-care beds over the next five years and upgrading a further 15,000 old long-term-care beds to provide more appropriate care to patients with complex health conditions.

Modernizing the health system will take time, but I know that our government will continue to listen to the people who plan and work on the front lines as we implement our health care strategy.

The new Childcare Access and Relief from Expenses—or CARE—tax credit will provide about 300,000 families with up to 75% of their eligible child care expenses and allow families to access a broad range of child care options. CARE would give families the ability to choose the child care option that best suits their needs.

The CARE program is designed to be one of the most flexible child care initiatives ever introduced in the province of Ontario, building on existing benefits while putting money into the pockets of families who need it the most. Families could receive up to \$6,000 per child under the age of seven, up to \$3,750 per child between the ages of seven and 16, and up to \$8,250 for children of any age who have severe disabilities.

I am also pleased the provincial government is investing up to \$1 billion over the next five years to create up to 30,000 child care spaces in Ontario schools. This is a positive change for the people of Ontario who voted for change, and I know this government is delivering on it. Mr. Speaker, I know that families in Oakville will greatly appreciate the support and relief these incentives will offer household budgets.

We also learned from this budget that education is a top priority of the provincial government. The recent education public consultation garnered more than 72,000 consultations, more than any in the history of this province. The feedback informed the plan and curriculum changes that the Minister of Education, Lisa Thompson, recently announced. We are strengthening Ontario's education curriculum with particular emphasis on math and science, as well as job skills, such as trades and coding, and life skills, such as financial literacy—something severely lacking in the previous curriculum.

Our plan for the education curriculum reform will ensure that all students are supported in this academic development in an enriched learning environment that will prepare them for their future. The 2018-19 budget commits to improving the conditions of schools to support better learning and to keep children safe by investing \$1.4 billion in school renewal funding in the 2019-20 school year.

Students and their families make great sacrifices to pursue post-secondary education. For them, every single dollar counts. The provincial government is lowering tuition fees and giving students the power to deliver the services they support on their campuses. Reducing tuition and increasing affordability of college and university will help Ontario students access the education and jobs they need in our modern economy. That is why our provincial government is lowering tuition by 10% across the board at every publicly funded college and university in the province, starting in the 2019-20 school year.

The provincial government is a practical government which is committed to investing in our communities to renew infrastructure that Ontario badly needs. Like many of my constituents who commute to work, I start the morning at the Oakville GO station, taking a train to Union and up to Queen's Park. The Lakeshore West line is critical transportation and an economic development asset. The provincial government's Lakeshore GO expansion will include 15-minute service throughout the day between Toronto and Burlington and deliver better service for you and your family.

Our government plans to make further investments in public transportation. Highways, roads, bridges and transit will improve Ontario's transportation network so that we have the infrastructure we need in our modern economy.

Mr. Speaker, I could go on for hours about this budget. There's so much to talk about. We have such little time, but I thank you for allowing me the opportunity to speak briefly on some of the key points of this budget.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments?

**Ms. Jill Andrew:** Good morning, Mr. Speaker. I'm glad to speak to the government's Bill 100, the PC government's first budget.

Let's start off first with yesterday and what I observed in the House. Yesterday, I saw a parent in the members' gallery weeping extensively because, for that parent, the \$1-billion cut from the Ministry of Community and Social Services—

**Hon. Lisa MacLeod:** Point of order, Speaker.

**The Acting Speaker (Mr. Percy Hatfield):** The Minister of Children, Community and Social Services has raised a point of order.

**Hon. Lisa MacLeod:** The member may want to correct her record since we are reinvesting \$300 million more in social services this year.

**Interjection:** That's not a point of order.

**The Acting Speaker (Mr. Percy Hatfield):** Thank you.

Continue, please, the member for St. Paul's.

**Ms. Jill Andrew:** Thank you, Mr. Speaker. The \$1-billion cut to the Ministry of Community and Social Services clearly was upsetting to that parent in the gallery yesterday who was weeping, and not a single member of the government would take a moment to simply look at the woman and see her as a human being.

This is a situation here, Mr. Speaker, that I see over and over in the budget: The people who need the most supports—and, contrary to what the government says, you

don't have to be at the lowest rung to need supports. The people who are most marginalized, most vulnerable, even those who are making work work for them and have some income still need support. These people are invisible in this budget.

When we cut that billion dollars from the Ministry of Community and Social Services, what that also means is that women who are escaping violence, women who need desperate services from our rape crisis centres and sexual assault centres, are just as invisible as that parent, that woman, was in the members' gallery yesterday.

This government toots about the way that they have supported health—

**The Acting Speaker (Mr. Percy Hatfield):** Thank you. Questions and comments?

0940

**Hon. Lisa MacLeod:** It's a pleasure to rise in defence of my colleagues from both Oakville and from Hamilton on the first Conservative budget in 15 years to restore this province back to prosperity, back to balance and back to common-sense principles that have been so sorely lacking over the past 15 years.

Let me get to the myths and the fearmongering that the NDP will talk about. They say we're cutting—

*Interjection.*

**The Acting Speaker (Mr. Percy Hatfield):** Member! Excuse me, Minister.

Perhaps the member for Toronto—St. Paul's wasn't in the chamber when I said that if there are further outbursts when someone is speaking, you'll get called to order once, be warned, and you'll be named. I call to order now the member for Toronto—St. Paul's.

Minister.

**Hon. Lisa MacLeod:** Thank you, Speaker. The member opposite will say that we're cutting mental health. The Minister of Health is investing \$3.8 billion into mental health. The member opposite will say that the Minister of Education is cutting education services. We're investing an extra \$700 million more. And she took to this floor of the assembly and suggested that my ministry is cutting \$1 billion when instead we're investing an extra \$300 million into our ministry, including an extra \$311 million into autism services, which is in the budget, as well as we're reforming social assistance so that we can ensure people who need a hand up can get a job and those who need a hand up and more wraparound supports get them to restore their dignity.

The difference between this side of the House and the NDP is that they had a \$3-billion hole in their platform and were deemed not credible by the people of the province of Ontario. But this government, under Premier Ford and our finance minister, Vic Fedeli, have put forward a balanced prosperity plan that will make sure that we're lifting people up and ensuring that they have the supports that they need, and a sustainable public service for the future. That's the difference between us and them.

They want to talk about dignity. I can tell you what dignity is, Speaker. It's making sure that we have OHIP

into the future, it's making sure that we have social assistance into the future and it's making sure that we have schools into the future. That's why we stand to defend this budget and that's why we're proud, for the first time in 15 years, to have a path to balance.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments?

**Ms. Laura Mae Lindo:** I'm also honoured to stand today and speak to the budget. I think we can all agree that there are three things that matter most, using the name of the budget: respect for Ontarians, care for Ontarians and support for Ontarians. But I think sometimes what gets misinterpreted is the rationale behind the opposition recognizing some of the cruelty in this budget. Part of that is because what Ontarians are also asking for, and have since we've all been elected and joined each other in this House, is accountability measures. They've asked to make sure that the cuts that appear here—we can call them changes or we can call them cuts; you can use any language you'd like. But those changes will actually have a negative impact on certain people.

What I think is difficult for Ontarians to understand is how they're supposed to speak back to the government when they are impacted by the changes in this legislation. For instance, if money isn't there to support the ongoing provincial child advocate, they see that as a cut because they don't have an advocate to go to, and then when they come to Queen's Park and try and speak back, they're told that they don't understand. They're told that they're thugs. They're told that they're professional protesters. Rather than us go back and forth and back and forth yelling at each other in this House, I would like to figure out how we can get folks what they actually have asked for.

Earlier in this debate, it was mentioned that Aboriginal health access centres will be continuing. That's fantastic. They were put forward under an NDP government. The Indigenous communities that we've spoken to have also asked for the provincial child advocate, so my question to the government: Could we please have that back and put into the budget?

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments?

**Mr. Paul Calandra:** I just want to thank both members, the member for Flamborough—Glanbrook and the member for Oakville. They both highlighted some of the many important features that are actually in this budget. I know that the opposition has been fixated on things that aren't in the budget. It's probably because a vast majority of them have not read the budget or they're so embarrassed by the fact that they've gotten it wrong since June 8, since we were elected. Every single thing that they've talked about is opposite, when it comes to this budget. It's a balanced, pragmatic approach.

I know that the member for Flamborough recently had a historic investment in her community—with respect to two historic investments, basically—with light rail transit, if I'm not mistaken, and an amazing investment at McMaster. Part of those investments were made because people have confidence in their government again. People

are seeing that the government is turning, that we have turned the corner. We're bringing investments back into our community. That's a positive thing. I know the opposition doesn't like to talk about that. What's really refreshing is the fact that it has been a Conservative member—in the short time that the member for Flamborough has been elected, we've seen these investments at McMaster and we've seen the investments on light rail. It has taken a long time, but it's finally happening.

The member for Oakville—I wonder if he might in his reply touch on the fiscal outlook of the province. We've seen, for 15 long years, Liberal budgets which were not approved by the Auditor General, which were based on fantasy. I wonder if the member can touch on how important it is to bring fiscal balance back to the province of Ontario, so that we actually have the opportunity to make the investments like the member for Flamborough has announced in her community.

I thank both members for their discourse today and I look forward to future opportunities to speak on this issue.

**The Acting Speaker (Mr. Percy Hatfield):** The time for questions and comments on that is over. We'll turn to one of the members now, and that would be the member from Oakville, to wrap up what he has heard during these questions and comments.

**Mr. Stephen Crawford:** Thank you to all the members that spoke to our debate just in the last few minutes, and to the member from Markham–Stouffville as well.

What I'd like everyone to do here in the House is to imagine a scenario where there's additional investment in health care and education, where 8% efficiencies are found in government spending, where the budget is on a path to balance and where there are no new taxes. Could you imagine that scenario? That's what the budget of 2019 by the provincial government, led by Vic Fedeli, is leading with. I just want you to imagine that.

To the member from Markham: I know you mentioned the path to balance and fiscal sustainability of this province. I can't stress that enough. Having come from the investment industry, I can tell you that people around the world who look to invest in Ontario, over the last 15 years, have stayed away. There's a reason why Canada, and Ontario within Canada, has been a location that investment has been dropping like a sinking ship over the last 10 to 15 years. There's a reason why Canadian money is going outside of Canada. We need more jobs here. We need a competitive environment. We want people to be working. We want investment to grow this province and grow this economy. We are now going to start turning the ship around. There is much work to be done, but we're not doing it on the backs of the people. We're still investing in the things that matter most, be it education or health care. I want to stress that.

I know the opposition has been scaremongering over the last number of weeks about what would be in the budget or what wouldn't be, and again, I saw the way they were in opposition yesterday in the chamber. It was a very, very weak opposition day in terms of questioning. You guys have got to come up with better content. Let's hit on

some real meat here, because I was really disappointed with some of the questions.

We are on the path to getting this province back on track, and I'd like you to join us with that.

## ANNUAL REPORT, FRENCH LANGUAGE SERVICES COMMISSIONER

**The Acting Speaker (Mr. Percy Hatfield):** Before we continue debate, I beg to inform the House that the following document was tabled: the 2018-19 annual report from the Office of the French Language Services Commissioner of Ontario.

## 2019 ONTARIO BUDGET

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Ms. Peggy Sattler:** It's a privilege, as always, to rise on behalf of the people I represent in London West, to offer some thoughts about the first budget that was brought in by this Conservative government. Certainly what we see in this budget are measures that are going to impact vulnerable people the most. They're going to hurt children. They're going to hurt persons with disabilities. They are going to hurt racialized immigrants and newcomers to Ontario. They are going to hurt people living in rural and northern Ontario.

The government can put whatever kind of spin they want on this budget, but the people in my riding see right through what they're saying. On Saturday, I went to the Real Canadian Superstore at Hyde Park and Oxford with a petition called "Stop Doug Ford's Cuts to Public Education."

**0950**

I tell you, Speaker, every single person—I could count on the fingers of one hand the number of people who did not want to sign the petition. As soon as I said, "I have a petition here about the cuts that the government is making to public education," they asked right away, "Where can I sign up?" They understand that what this budget has proposed, with a modest increase to education that falls well below the rate of inflation and that includes spending on a child care tax credit that is completely inadequate to actually meet the needs of families who require quality, affordable, accessible child care—people in London, people across the province, know that this is a budget that is going to hurt people in this province.

I think one of the most troubling aspects of this budget is that \$1-billion cut to the Ministry of Children, Community and Social Services—

**Mr. Kevin Yarde:** Shame.

**Ms. Peggy Sattler:** Exactly. That is going to have a very negative impact on the people who are most vulnerable.

We see in this budget that the government has confirmed its—

*Interjection.*

**The Acting Speaker (Mr. Percy Hatfield):** The member for Etobicoke Centre will withdraw.

**Miss Kinga Surma:** I withdraw.

**The Acting Speaker (Mr. Percy Hatfield):** I return to the member from London West.

**Ms. Peggy Sattler:** We see in this budget that the government has confirmed its intention to cut back on the planned increase to social assistance rates. And we don't have the details yet, of course, but we've heard that this government is planning to align the definition of disability that would make people eligible for ODSP with the federal definition of disability.

Speaker, I want to share a personal story that I think sheds some light on what this means for persons with disabilities. My brother had an intellectual disability, but he was able to support himself through lawn maintenance and snowplowing for about 40 years. He had customers who were loyal to him for 40 years, who relied on him to mow their lawns and shovel their driveways in the winter. He lived at home. He wasn't on ODSP because he was able to earn a modest income through grass cutting and snowplowing.

Two years ago, he developed a very, very serious lung condition which made it very difficult for him to continue his grass cutting and his snowplowing, but this is what he lived for. He lived for the satisfaction he got, the reward he got, from doing that snowplowing and that grass cutting. Even though his lungs were deteriorating rapidly and his physician would say, "Do not work"—his physician was astonished, in fact, that he was able to do any kind of physical labour, but my brother wanted desperately to continue to do whatever he could. So he was earning a very, very, limited amount of income from the small amount of labour he was able to continue to do.

We applied, on my brother's behalf, to ODSP and also to the federal CPP disability benefit. He got ODSP, thank goodness. He was denied the federal CPPD because he was earning a couple of dollars a month from the grass cutting that his clients—his clients, who had been loyal to him for 40 years, saw how ill he was becoming, but they knew how much it meant to him to continue to do this work, so his clients wanted to allow him to continue to come even though he was barely able to do what was needed.

Anyway, my brother passed away in July. And in November, we got the great news from CPPD that he was now deemed eligible for the disability pension—four months after he had passed away.

This is what we're talking about when we change the definition of disability. People like my brother—if he had not been able to access the ODSP at a time when his illness was getting chronically worse and debilitating, he would have not been able to continue to do anything to live a life of dignity. I think it's shameful that it was four months after he passed away that he was finally approved for CPPD. Is this the kind of province we want? I don't think so. I think we want people with disabilities, like my brother, to be able to live meaningful lives, to be able to have the support, to be able to access the support that they

need when they need it. He couldn't help that he developed this lung condition, but it meant so much for him to be able to continue to mow the lawn and shovel the driveway that he needed to be able to get some support from the government even though he was progressively becoming more and more ill.

We see in this budget this \$1-billion cut from children, community and social services, and I worry about people like my brother. I worry about the people I represent in London West: families that rely on special services at home because they have a child with a disability and they need access to that funding in order to get some of the respite support that they need, in order to be able to access some of the community services that are available for their children. We hear that there's a freeze on all of those people who are waiting for Special Services at Home funding.

I'm going to move on, Speaker, to the other two big troubling pieces of this budget. The next one I want to talk about is training, colleges and universities. We see in this budget a \$700-million hit to post-secondary education in this province.

I want to give a shout-out to the London Youth Advisory Council. I'm very proud of the London Youth Advisory Council. It's a unique body in my community, where young people go through an electoral process to be elected as representatives of this youth advisory body. Anyway, the London Youth Advisory Council came to Queen's Park about a month ago, and they visited with MPPs. I want to acknowledge the Speaker, who graciously hosted a lunch for the London Youth Advisory Council.

They had some issues that they wanted to raise. In particular, they wanted to talk about the changes to OSAP, and that is the \$700-million cut that is included in this budget to training, colleges and universities. Most of it is represented by the changes to the Ontario Student Assistance Program. They came prepared. These young people did research. They consulted with the young people they represent, and they brought some of their research findings to share with MPPs here at Queen's Park. I'm just going to read to you some of the testimonials that they gathered during their consultation with students—mainly grade 12 students who were looking ahead to going to post-secondary.

Maheen Fatima, a grade 12 student at Saunders Secondary School in my riding, says, "The restrictive OSAP cuts will ... decrease my student income and cause a toll on my anxiety and student life.... Education should be a right in every country, and these changes are making students choose between education or survival."

Another grade 12 student from the Thames Valley District School Board writes, "My family was entirely dependent on OSAP. I am already sacrificing attaining the averages required for many entrance scholarships in order to work 10 to 20 hours a week to support my family. Now, I will have to sell the car that I paid for, and I have taken up a second job in order to help support paying for my tuition. I am so scared for what my future holds—I want to be the one to become the first university graduate in my family, but now, I'm not sure I will be able to afford it."

**1000**

Another grade 12 student from the Thames Valley District School Board wrote, “I heard from one student that they will no longer be eligible for the grants they thought they would be; therefore they have had to get another job to pay for post-secondary. They discussed the stress this has caused on their family, and how it has negatively affected their motivation, as all their free time is going towards working for an education that will put them in major debt in the next coming years.”

Speaker, what kind of a future are we creating for these young people? We are pulling the rug out from under these young people. It’s not just grade 12 students who were looking forward to going to post-secondary; I’ve talked to many young people in London who are currently in post-secondary, and they don’t know if they’re going to be able to return next year. They’re seriously thinking that they will be forced to take a year off in order to work because, without that income, they won’t be able to afford to return to post-secondary to complete their education.

Again, this is a government that has decided that students are disposable. I guess they’re looking at the statistics about who votes and they see low voter turnout amongst students, and so therefore they’ve decided that students are going to be targeted in this budget. I just think that that is short-sighted, Speaker. It’s short-sighted because we know that when we have an educated populace, when young people are able to go to post-secondary and enter the career they dreamed of, we all benefit. Our economic well-being and our social well-being as a province relies on having people go through our educational system, enter the labour market and start paying taxes, because taxes are what provide those fundamental programs that we all count on.

I want to now turn to some of the changes that were included in this budget related to health care. We see in this budget a modest increase in health care funding that falls well below not just the rate of inflation but also the rate of health care spending that the Financial Accountability Officer had identified is necessary just to maintain the current level of health care programs and services.

We’ve heard many times from this government that they are going to be fixing hallway health care. Let me tell you, Speaker: My community knows about hallway health care. My community in London—the London Health Sciences Centre I think was potentially the first hospital in the province to actually implement an official hallway transfer protocol, because there were so many patients who were being transferred from the emergency room into the hallway, from other parts of the hospital into the hallway. People are being treated in the hallway on a regular basis. This hallway transfer protocol had all these rules about “Don’t put stretchers in stairwells,” and “Avoid electrical cords” and things.

I talked about dignity earlier on. What kind of dignity is there for a patient who is lying in a hallway, receiving treatment in full view of visitors and family members and other patients, with the lights on all the time and people walking up and down? But the reality is that this budget

won’t do a thing to address the crisis that we see in hallway medicine in the province of Ontario.

The other piece of the health care spending in this budget concerns the cut to public health. It was interesting reading the clippings this morning: “Dr. David Mowat, the former chief medical officer of health for Ontario, said the cuts will undoubtedly affect efforts aimed at preventing disease and injury of all kinds.” He actually characterized these cuts as dangerous, and he’s basing that characterization on his 40 years of experience. He talks about SARS as being the warning sign of what can happen if we don’t adequately fund our public health system.

Dr. Robert Kyle, president of the Association of Local Public Agencies, said that reducing the number of public health units from 35 to 10 will cause major disruptions in every facet of the system. It “will greatly reduce our ability to deliver the front-line local public health services that keep people out of hospitals and doctors’ offices.” So, Speaker, this government—not only are they not fixing the problems that we know already exist in our health care system, but they are making things worse. They are actually jeopardizing people’s health by introducing these cuts to our public health system.

While I’m on the topic of public health, I want to give a shout-out to the Middlesex-London Health Unit in my community, which really has done an amazing job of bringing the community together in support of supervised consumption facilities, because London has one of the highest rates of hospitalizations due to opioid poisonings of any other community not just in Ontario but in Canada. We are in a desperate crisis in London and the surrounding area. That’s why the temporary overdose prevention site was created, and that’s why my community moved forward to, hopefully, get a second supervised consumption site. But, it’s interesting, Speaker: not a mention of the opioid crisis in this budget; not a word about something that is devastating my community and communities across this province. This budget is silent on that.

In the minute and a half I have left, I just wanted to close with housing. Housing is another major crisis in London. We have almost 5,000 people on the wait-list for community housing, and yet there is nothing in this budget to deal with the shortage of rent-geared-to-income housing units across this province. Last year, only 18% of those who were waiting for community housing were able to be housed.

People have a right to expect that when governments present budgets, those budgets will address the real problems that people are facing; they will respond to the priorities that people have identified. Sadly, this budget falls far, far short of doing that. It really is taking our province backwards. It is not moving us forward collectively as a society that cares for each other, as a society that recognizes our responsibilities to children, to families, to those who are most vulnerable. It’s a budget that really is cruel. It is damaging to the people who should be able to count on—

**The Acting Speaker (Mr. Percy Hatfield):** Thank you very much.

*Debate deemed adjourned.*

**The Acting Speaker (Mr. Percy Hatfield):** Unfortunately, the time is such that we will not have time for questions and comments before our recess. The next time this matter comes before the House, we'll start off with questions and comments from the last speaker.

Therefore, this House stands in recess until question period at 10:30.

*The House recessed from 1009 to 1030.*

## INTRODUCTION OF VISITORS

**Mrs. Jennifer (Jennie) Stevens:** Good morning, Mr. Speaker. I would like to take this opportunity to welcome Joanna Mataya to our House today. Joanna is the director of Hospice Niagara. At this time, on behalf the residents of St. Catharines, I would like to thank Joanna and all of her co-workers at Hospice Niagara for all of the compassionate care that they give families at their time of need. Welcome.

**Hon. Lisa MacLeod:** I appreciate the opportunity to rise today. I'd like to welcome two special guests to the assembly today: my daughter Victoria, who was a page here before, as well as somebody who learned how to walk on these floors; as well as my chief of staff Tim Porter's daughter, Mackenzie Porter. They're here today—both grade 8 students.

**Ms. Sara Singh:** It gives me great pleasure to welcome Imaan Walji. She's actually shadowing me in my office. She's part of the remarkable women's forum. Welcome, Imaan.

**Ms. Kathleen O. Wynne:** I'd also like to introduce a third-year McMaster student who's studying political science who is shadowing me today, Madison Honsinger. She's with the Remarkable Assembly women's forum.

**Mr. Rudy Cuzzetto:** I'd like to welcome Iona Catholic school, which my son attends.

**Ms. Bhutla Karpoche:** I'd like to give a warm welcome to Kennedy Fung, an undergraduate student at McMaster, and she's shadowing me as part of the assembly's remarkable women's forum.

**M<sup>me</sup> Nathalie Des Rosiers:** I'd like to welcome Dina Hansen, who is a student from McMaster who is part of the women's forum. She's shadowing me today. She is finishing her arts and science degree in political science at McMaster.

**Hon. Steve Clark:** Speaker, I want to introduce, through you, to members of the Legislative Assembly the federal member of Parliament for Leeds–Grenville–Thousand Islands and Rideau Lakes, Michael Barrett.

**Mr. Sol Mamakwa:** Meegwetch, Speaker.

Good morning. I have the honour to introduce Randall Crowe from Deer Lake from my riding. Meegwetch. Thank you for coming.

**Mrs. Marie-France Lalonde:** I'd also like to introduce a fourth-year political science student from McMaster who is shadowing me. Her name is Kyra Kozole. We would like to welcome her to our Legislature, and I hope you have a good day.

**Hon. Caroline Mulroney:** I'd like to welcome to the assembly today the executive assistant of my constituency office, Mary-Lynn Seeley Warr, and her three daughters, Hazel, Shelby and Shae-Lynn. Welcome.

**Mr. John Vanthof:** I would like to welcome Chaylan Uiselt here. She was here yesterday with the remarkable women's assembly. She's here, looking for question period a second time.

**Mr. Mike Schreiner:** I'd like to welcome page Mirren Litchfield's grandmother, Mary Cable; her sister, Ailsa Litchfield; and her mother, Shona Litchfield, to Queen's Park today.

I have three students visiting from City View Alternative School as part of their community service outreach day—Dashed York, Ilan Sundar-Macanyo and Marlo Rose. Welcome to Queen's Park.

**Mr. Mike Harris:** It's a special day in the Harris household today. It's my daughter, Gemma's, third birthday. Happy birthday, Gemma.

**Mr. Terence Kernaghan:** It gives me great pleasure to welcome Laura Sherwood, director of hospice partnerships at St. Joseph's. Welcome to the people's House.

**Mrs. Nina Tangri:** I'd like to welcome Kate Robles. She's a third-year political science student at McMaster who is shadowing me today as part of the remarkable young women's forum. Welcome to Queen's Park.

**Mrs. Belinda Karahalios:** I would like to welcome and introduce my constituency assistant, Evelina Turney, in the public gallery. She is from the great riding of Cambridge. Welcome, Evelina. Have fun today.

**Ms. Natalia Kusendova:** I'd like to welcome today Paige Paton, who is from McMaster University, studying political science, and who wants to be an urban planner. Welcome to Queen's Park.

**Mr. Stephen Crawford:** I'd like to welcome Peter and Diane McDougall, the grandparents of a page from Oakville, Katie Bowie, who is doing a wonderful job in the Legislature. Welcome to Queen's Park.

**Ms. Jill Dunlop:** I would also like to welcome my remarkable women's assembly student who is here today, Aly Tkachenko. She is a second-year political science student, also from McMaster. Welcome to you, Aly, and have a great day.

**Hon. Michael A. Tibollo:** I'd like to introduce some very special guests to the Legislature this morning: Mrs. Belinda Marchese, executive director of Hospice Vaughan, and Kim Woodland, the CEO of Matthews House Hospice, a community support service provider in Alliston, Ontario, that delivers community hospice and residential hospice care. Welcome to Queen's Park.

**Mr. Sam Oosterhoff:** I'd also like to welcome to the Legislature all those who are here today with Hospice Niagara and to thank them for the incredible work that they do.

RAWLSON KING

**Ms. Laura Mae Lindo:** I rise on a point of order today to say a huge congratulations to Rawlson King, the first

Black city councillor in Ottawa's history. Congratulations, Councillor King for Rideau–Rockcliffe.

#### NATIONAL DAY OF ACTION ON THE OVERDOSE CRISIS

**Ms. Bhutla Karpoche:** I seek unanimous consent for the House to observe a moment of silence in recognition of the national day of action on overdose deaths.

**The Speaker (Hon. Ted Arnott):** The member for Parkdale–High Park is seeking the unanimous consent of the House to observe a moment's silence. Agreed? Agreed.

*The House observed a moment's silence.*

#### ADJOURNMENT DEBATE

**Mr. Gilles Bisson:** A point of order: Mr. Speaker, I believe we have agreement on unanimous consent to reschedule the late show in the name of the member for Sudbury to Wednesday, April 17, 2019.

**The Speaker (Hon. Ted Arnott):** The member for Timmins is seeking the unanimous consent of the House to reschedule the late show standing in the name of the member for Sudbury until April 17. Is that what you said? I was listening. Agreed? Agreed.

1040

#### ORAL QUESTIONS

##### EDUCATION FUNDING

**Ms. Andrea Horwath:** Mr. Speaker, before I start I think it's important for us to send our thoughts and prayers and hopefulness to the people of Paris with the loss of much of the Notre Dame cathedral. I'm sure it's a horrifying time for all of them. I hope that the rebuilding is able to go forward.

My first question is to the Acting Premier. The Ford government's cuts in our classrooms continue to erode the quality of our children's education. This morning, we learned of new classroom cuts. The Peel District School Board has announced that 120 teachers will be laid off at the end of the school year, and in Peterborough, teachers say they're expecting 55 fewer jobs. Is the minister still claiming there won't be cuts in the classroom?

**Hon. Christine Elliott:** To the Minister of Education.

**Hon. Lisa M. Thompson:** What I want to share with everyone in the House today is that, again, this is the time of year that, year in and year out, school boards across this province take a look at their rosters. They take a look at how many people are retiring. They're taking a look at how many people are coming back into the classroom from coaching or other projects that school boards may have originally drawn them from the classroom for.

I want to share an article that was in the Guelph Mercury, I believe, regarding Guelph's Upper Grand District School Board on March 30. Specifically, I want to quote Gundi Barbour: "We've always been lucky ... As

long as I've been president of the local and even when I was vice-president, we've never had teachers go into the next school year without being recalled."

Again, Speaker, that's proof in the pudding that this is an annual exercise that school boards embark on, year in, year out, as they take a look at their roster and rebalance based on the realities of retirement—

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

**Ms. Andrea Horwath:** The Ford government seems to be in denial about the impacts their cuts are having.

I'd like to read a letter from a woman named Becky Hoogenes that we received—a resident of the Minister of Education's riding of Huron–Bruce. I'm quoting from Becky's letter: "Today, my husband, a 38-year-old with three children, was told that he will not have a job in September...."

"My husband is a transportation tech teacher. [If] he's not working in September that [may] mean ... young people choosing a career in the trades won't have access to the auto and farm equipment class that my husband teaches...."

"Not sure who's going to fix your skid steer at your sheep farm. Hope you have a good shovel."

This minister has accused the official opposition of fearmongering. My question is, does the minister think her own constituent is fearmongering?

*Interjections.*

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

**Hon. Lisa M. Thompson:** Well, I would like to share with Becky and her family and everyone in Huron–Bruce, and absolutely everyone across Ontario, that they need to make sure they have a balanced approach to researching what exactly is going on because again, as opposed to aiding and abetting the fearmongering that is being perpetuated by the NDP in Ontario, the reality is that this is a regular occurrence that school boards undertake, year in and year out.

It doesn't matter what school board says it; the truth of the matter is, every school board has to take a look at their roster. How many people are coming back from maternity leave? How many people are retiring? How many people are going back into the classroom after doing a project for the school board? That's what's happening right now, Speaker, and no matter how the NDP tries to colour it, what they're doing is absolutely shameful because they're perpetuating fear, and it really should be stopping. This fearmongering is nonsense—

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

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Stop the clock. Government side, come to order. Start the clock.

Final supplementary?

**Ms. Andrea Horwath:** Well, Speaker, no matter how loud or how often the Ford government denies it, school boards, teachers, parents and students are seeing these cuts every day. They don't want larger classes, teachers fired and students unable to graduate because the courses they

need aren't available, like the tech course that Becky's husband is no longer going to be teaching.

I'm going to quote Becky's letter again, and in fact I'm going to send it over to the minister via page Gwen. Maybe she can read along. It says: "This is not a province that is a place to grow right now. It's a province that is losing precious resources, ruining careers and killing opportunities for future generations."

When will the minister stop denying that her classroom cuts are really damaging, and are really going to damage our students, Speaker?

**Hon. Lisa M. Thompson:** What I would like to know is, when is this leader of the NDP going to stop the fear-mongering? Because what's damaging right now is the fact that this party opposite is absolutely doom and gloom. The fact of the matter is that this is an annual routine.

I want to put this party on notice, actually, Speaker, when I think about it. This party, the NDP party of Ontario, needs to be put on notice because classrooms and school boards should never be a place to play politics, and that's really what's happening. Truth be known, they're just trying to play politics, and we are not going to fall for it. We're focusing on making sure the learning environment in the classroom is as positive and as productive as possible, all focused on student achievement. So shame again on this NDP party for trying to perpetuate politics in an area where it never should belong.

#### SERVICES FOR PERSONS WITH DISABILITIES

**Ms. Andrea Horwath:** Speaker, my next question is to the Acting Premier as well, but I can say that there is nothing routine about a government that wants to cut education to the point where it's going to ruin opportunities for the young people of this province—nothing routine about that.

The Ford government's \$1-billion cut to social services has left families across Ontario worried about their future. We're joined today by a mom from Toronto, Faith, and her son Jeremy. Jeremy has autism and for the past year has been receiving supports through Special Services at Home. This program has been a great help to their family, but since their supports ran out over two weeks ago, Speaker, they've heard nothing at all from the ministry about whether or not they will still be receiving funding.

My question to the Acting Premier is: Will she tell Faith, Jeremy and families across this province what changes are coming to the Special Services at Home program in Ontario today?

*Interjection.*

**The Speaker (Hon. Ted Arnott):** The member for King–Vaughan will come to order.

The question is to the Deputy Premier.

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

**Hon. Lisa MacLeod:** Thank you very much, Deputy Premier. I appreciate the opportunity to speak to Faith and Jeremy directly about Special Services at Home, as I have

done in the past number of weeks. If they are currently receiving support from SSAH, they're going to continue to receive that. If there is a dual diagnosis, which I expect that there is, I am encouraging them on May 1 to be part of our online survey at [ontario.ca/autism](http://ontario.ca/autism).

But let me be perfectly clear to the member opposite: She just accused the Minister of Education of cutting education; she has actually increased her budget by \$700 million. She has accused the Minister of Health of cutting her health care budget, but instead it has been increased by \$1.3 billion. And she just accused me of cutting the social services budget by \$1 billion. In fact, we've increased it by \$300 million. That's a 2.3% increase. No wonder she had a \$3-billion—

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Stop the clock. Government side, come to order.

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Minister of Energy, Northern Development and Mines, come to order. Member for Carleton, come to order. Member for Waterloo, come to order.

**Mr. David Piccini:** Don't let the facts trip you on your way out.

**The Speaker (Hon. Ted Arnott):** The member for Northumberland will come to order. Where are we setting the bar today?

Start the clock. Supplementary.

**Ms. Andrea Horwath:** Thank you, Speaker. I can't tell you how shocked I am that the minister who promised people that they would get information about Special Services at Home in the budget are now told they have to wait until the 1st of May to participate in an online survey instead of getting services for their kids. How shameful, Speaker. How shameful is that?

Despite reaching out many, many times, Faith still has no answers about what the next year or more will look like for her and her family, and she's not alone, Speaker. There is a wait-list of 5,700 families that started in January, all waiting for news from this minister. The only news they've received is that the Ford government is planning a billion dollars—yes, a billion dollars—in cuts from this ministry.

**1050**

If this government has a plan for Special Services at Home, why are they leaving people in limbo? When will they finally get the answers they need? These families need to know what their future looks like. It's her responsibility to tell them. Let's give them the information they need.

*Interjections.*

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

Minister, to reply.

**Hon. Lisa MacLeod:** If she keeps pointing that finger, it might fall off.

Speaker, let me be perfectly clear: I understand she's angry. She demonstrates that every single day in the House. She will not accept yes for an answer. We've told

her for the past three weeks that letters will be going out this week to the 28,000 families who are currently on SSAH, and we're going to continue to support them.

We have a wait-list of over 5,000 people. But where the member opposite told this House it was in January, what she neglected was that it was January 2018—six months before this government took office. It's time for a bit of honesty from the other side of the Legislature to make sure that what they're talking about is the truth and they're not fearmongering—

**The Speaker (Hon. Ted Arnott):** Stop the clock. I'm going to caution all members on the use of language. Obviously, we need to ensure that our language is parliamentary.

I'm going to ask the minister to withdraw the unparliamentary comment.

**Hon. Lisa MacLeod:** Sure, no problem, Speaker. But I want to be perfectly clear—

**The Speaker (Hon. Ted Arnott):** You have to simply say, "I withdraw."

**Hon. Lisa MacLeod:** Withdraw. And can I finish my—

**The Speaker (Hon. Ted Arnott):** Yes, sum up your response.

**Hon. Lisa MacLeod:** This ministry is increasing its budget by \$300 million. If they can't take my word for it, take the Minister of Finance's.

**The Speaker (Hon. Ted Arnott):** Final supplementary.

**Ms. Andrea Horwath:** This government has put Faith and Jeremy, along with other parents and children across the province, in a position where everybody is losing. In the absence of any communication from the ministry, Faith has had to forgo registering her son for recreational activities, like summer camp and a soccer team. This soccer team has been extremely important for Jeremy. He actually wrote a letter to the minister to tell her that he's hoping that he won't have to miss out on his favourite activity. In fact, I'm asking Julia to send that letter to the minister, in case she missed it the first time. At the same time, Faith is even looking at losing her respite worker, because she can't secure her assistance without the support of Special Services at Home.

Speaker, no family deserves to be treated like this by their government. No children should be treated this way by their government. My question to the minister is, what does she have to say to Faith and Jeremy and all of those other thousands of families today?

**Hon. Lisa MacLeod:** I would say that the Leader of the Opposition, as she has been since she has become Leader of the Opposition, is once again fearmongering with vulnerable families in the province of Ontario, and I'm not going to have it. I have indicated for the past three weeks that those receiving Special Services at Home will continue to receive it. They will receive their letters in the next several days. We have 28,000 families who will continue to receive that support, but we do have 5,000 families that we need to get support to, as a result of the

previous Liberal government's administration. We're going to try to fix that.

We do have the CARE tax credit in place. All of these families will be eligible for up to \$8,200 as a result of the decision by the Minister of Finance and the Minister of Education for child care. That's a great lift up and a great support.

In addition, if there is a dual diagnosis, we are right now investing an historic amount of money for people with autism in this province. We invested over \$311 million in terms of clearing the wait-list and now we're about to double that. We're asking people to be part of that process at [ontario.ca/autism](http://ontario.ca/autism). We want to hear from Ontario families.

#### AMBULANCE SERVICES

**Ms. Andrea Horwath:** My next question is to the Acting Premier. With each passing day, it's clear that the Ford government's reckless and dangerous cuts to front-line health care are going to hurt families across Ontario. We've just received news that the government plans to eliminate 42 of Ontario's 52 land ambulance services. Will the minister confirm this today in the House?

**Hon. Christine Elliott:** As we've already heard in the House this morning, the Ministry of Health's budget is increasing by \$1.3 billion next year, so we are increasing services. But we're also modernizing the system. We've talked about modernizing the entire health care system. We're also modernizing emergency health services in Ontario by building a more integrated and efficient dispatch service and communication delivery service that's going to make sure that Ontarians receive the care they need in a more timely manner.

We are going to be upgrading the technology that's going to be used by ambulance communication centres, better connecting ambulance communication centres, dispatchers and paramedics, and introducing new models of care to make sure that patients receive the treatment they need. This is going to help ease hospital hallway health care because it's going to make sure that people will get to where they can receive treatment. It doesn't necessarily have to be in an emergency department; it could be a mental health service in the community, for example.

This is to ensure that we create better, more connected, timely access to care for patients in Ontario.

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

**Ms. Andrea Horwath:** Well, Speaker, the government's reckless and dangerous health care cuts are putting families at risk. Yesterday, Dr. David Mowat, the former Chief Medical Officer of Health for Ontario, described plans to eliminate public health units as "dangerous." Now we're learning that the government has plans to dramatically cut land ambulance services.

The Association of Municipalities of Ontario says they are shocked and deeply concerned by the news of this cut. Can the minister tell families across Ontario how long they will have to wait for an ambulance under this new, reckless scheme cooked up by this government?

**Hon. Christine Elliott:** In fact, under the new plan that we have coming forward, people will receive more timely access because there will be better communication between the dispatchers and the ambulance services so that they will know the situation they're dealing with by the time they come to see the patient. They will then be able to connect that patient with the services they need, whether it's in hospital or whether it's in the community.

Paramedics should not be concerned about this. I would anticipate that they would be happy about this because they're going to have better tools to do their job, to make sure that they can help their patients, to make sure that every patient receives excellent connected care. There's nothing for paramedics to be worried about. They will continue to do their excellent work, and we will need more of them than ever.

We look forward to our conversations with them and with other service providers because there's a lot of miscommunication out there about what is actually happening. When we've had the full discussion with the paramedic services and the other providers in care, they will be encouraged and happy about what's moving forward, because it's going to be new technology, new tools—

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

#### AUTOMOBILE INSURANCE

**Mr. Prabmeet Singh Sarkaria:** My question is for the Minister of Finance. For 15 years, drivers in Ontario have looked for relief in our auto insurance system. Ontario's auto insurance system has gone through a series of ineffective patchwork reforms that have never resulted in lasting change. Nothing quite compares to the broken promises and stretch goals of the Liberals and the NDP.

Auto insurance rates in Ontario are now higher than they were a decade ago and are consistently among the highest in our country. Our drivers deserve better, Mr. Speaker. Thankfully, our government is putting drivers first and listening to their concerns.

Could the minister please explain how the Putting Drivers First blueprint released in last week's budget would put drivers at the heart of our plan to ensure fairness for our commuters?

**Hon. Victor Fedeli:** Thank you to the member from Brampton South.

Drivers across the province sent us a clear message: The auto insurance system needs to be more accessible and more affordable. Through our online consultations, we heard from over 51,000 people across the province, and 60% said that shopping for and buying auto insurance is difficult and frustrating; 68% agreed that insurance providers should have more electronic or online tools available; 55% said that it was too difficult to tailor their auto insurance policy to meet their needs; and 54% reported that insurance policies are complicated and difficult to understand.

We heard their concerns and are putting forward a plan that will make the market more competitive, giving drivers more choice, encouraging innovation and ensuring that the needs of the drivers are met.

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

**Mr. Prabmeet Singh Sarkaria:** Thank you to the minister for his response. It's exciting to hear that our government has developed a plan that puts drivers first and will make Ontario's auto insurance more accessible and affordable.

**1100**

The opposition tends to talk a lot about auto insurance and their disjointed and burdensome regulation that will only worsen the system. What drivers in Ontario need is a comprehensive plan to overhaul the entire auto insurance system. That is exactly what the Putting Drivers First blueprint proposes to do. We hope the opposition will support our government's plan to put drivers first and support our budget.

There are nearly over 10 million drivers in Ontario who expect us to do everything we can to ensure the auto insurance system is working for them. Could the minister please explain how the Putting Drivers First blueprint will bring change to the system?

**Hon. Victor Fedeli:** Our government is proposing immediate solutions to make the auto insurance system easier and more convenient to access. We want to allow for electronic proof of insurance and innovative insurance options that meet the drivers' specific needs, and the ability for insurance companies to offer more discounts and options to consumers. By encouraging competition and innovation in the auto insurance system, we are enabling insurance companies to better meet the needs of Ontario drivers. Our proposed reforms give control back to the drivers by increasing the range of auto insurance coverage choices available to them, by giving them the power to lower their premium costs.

Speaker, we will continue to work with drivers and the insurance industry in order to ensure our auto insurance system is more affordable, accessible and puts the driver first.

#### GOVERNMENT ADVERTISING

**Mr. Taras Natyshak:** My question is to the Deputy Premier. Speaker, the Premier seems unwilling or unable to provide details of his plan to force every gas station in the province of Ontario to display a sticker advertising for the Conservative Party of Canada, or they risk a fine of up to \$10,000 a day if they fail to pledge their allegiance.

So maybe the Deputy Premier can help. How many inspectors does the Ford government plan to put to work, spying on businesses that fail to follow orders and display the sticker? And how much will Ontarians pay for paying for—pardon me. How much will Ontario taxpayers—

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Order.

**Mr. Taras Natyshak:** Pardon me. How much will Ontario taxpayers be paying for sticker promotion and sticker display enforcement?

**Hon. Christine Elliott:** To the Minister of Energy.

**Hon. Greg Rickford:** He had one job and he couldn't stick that question, Mr. Speaker.

So here are the facts. This is a federal government that has imposed a job-killing, regressive carbon tax on the people of Ontario. More and more people who own grocery stores, who run businesses, are talking about having to increase the prices of their products and their services because of this tax.

This needs to stick in the minds of the people of Ontario, not just because of what's being imposed by the federal government, but in the alternative, the NDP would have the highest carbon tax in the world. These are the words of a member sitting in this Legislature. I'll let the NDP explain and defend that, especially the northern Ontario caucus, who are hearing from across northern Ontario how costly this is just beginning to be.

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

**Mr. Taras Natyshak:** I don't expect much from the minister, but I would expect at least an answer from the minister on this pretty simple question.

The Ford cabinet seemed pretty embarrassed yesterday as they tried to defend this. I don't blame them, Speaker. The off-the-books personal pleasure wagon was hard to defend, but spending millions of public dollars to produce partisan ads and millions more to force private businesses to either display them or pay fines of up to \$10,000 a day—Speaker, it's pretty indefensible.

There's no gray area here, Speaker. It's just plain wrong. Will the Ford government pull this ridiculous plan today?

*Interjections.*

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

To the Minister of Energy to reply.

**Hon. Greg Rickford:** We're actually not the only ones who are going to be putting a sticker to remind people about the price of the carbon tax. Stores across the province are going to have new stickers on their products and their services, and they're going to reflect for us the cost of this job-killing carbon tax.

Mr. Speaker, the rhetoric from across the floor is embarrassing for them. Ontario has the right to know how much this tax is going to cost them at the gas pumps, how much schools are going to incur in increased costs, how much hospitals are going to incur in increased costs—everything that we can think of.

This is a tax on everything, and we're not going to stand for it. We're going to stick it to the Liberals and remind the people of Ontario how much this job-killing, regressive carbon tax costs.

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Stop the clock.

*Interjections.*

**The Speaker (Hon. Ted Arnott):** The House will come to order.

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Both sides of the House will come to order.

**Mr. Taras Natyshak:** Maybe you shouldn't answer the questions.

**The Speaker (Hon. Ted Arnott):** The member for Essex will come to order.

*Interjection.*

**The Speaker (Hon. Ted Arnott):** The member for Hamilton East–Stoney Creek will come to order.

**Hon. John Yakabuski:** Speaker, it's them. We need the clock to go.

**The Speaker (Hon. Ted Arnott):** The Minister of Natural Resources and Forestry will come to order.

Start the clock. Next question.

## GOVERNMENT SERVICES

**Miss Kinga Surma:** Mr. Speaker, my question is for the Minister of Government and Consumer Services.

Yesterday, we saw the official launch of Ontario's new, exciting licence plates.

As many members of this House know, there have been numerous issues with the current stock of licence plates peeling and delaminating. This is not only a frustration for constituents; it could also cost them money if they need to replace unreadable plates. They should be getting the best value for money possible.

Similarly, peeling plates can make it harder for police to identify drivers on the road.

Can the minister explain how our government is dealing with these peeling plates and how we're ensuring that our government is getting the best product for the lowest cost to Ontario's taxpayers?

**Hon. Bill Walker:** I want to thank my honourable colleague from Etobicoke Centre, Kinga Surma, for her excellent question and her great representation on behalf of her constituents.

Starting February 1, 2020, our passenger licence plates will showcase that Ontario is a place to grow, and our commercial plates will showcase to the world that Ontario is open for business.

At no cost to taxpayers, the licence plate renewal process enhances the quality, design and production while saving taxpayers millions of dollars each year. The plate will feature high-definition sheeting that is stronger and longer-lasting than Ontario's current licence plate technology. Ontario will guarantee that your licence plate won't peel or flake for the useful life of the plate, saving Ontarians time, hassle and money. This will also help our law enforcement officials do their job safely.

Mr. Speaker, we're putting the people back at the centre of everything we do, from licence plates to government services to respect for taxpayers, and we're just getting started.

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

**Miss Kinga Surma:** Back to the minister: For the better part of 15 years, it seems the previous Liberals' mandate was to spend well beyond its means. Last week, we heard more about their wasteful spending when we found out that instead of focusing on improving government services, the Liberals placed their focus on spending

over \$2 million in diluting their own brand. This is shameful. The people of Ontario deserve better, and that's why they elected our government for the people to restore accountability and trust in government.

Can the minister please tell us what the government is doing to restore respect for taxpayer dollars and improve the accessibility of government programs and services that the people of Ontario depend on?

**Hon. Bill Walker:** President of the Treasury Board.

**Hon. Peter Bethlenfalvy:** Thank you to the member from Etobicoke Centre.

Mr. Speaker, we made a promise to the people of Ontario that we would respect their taxpayer dollars, and with this new brand identity system we're keeping that promise.

Mr. Speaker, I've been waiting for a long time to say this: The three men in the tub—they're gone. I have been waiting a long time.

This is about saving millions of dollars in future costs. This is about bringing back the iconic Trillium logo so that we can have efficiency, so that we don't have multiple spending in sub-brands, like the \$2 million done in marketing costs for multiple brands within the previous government.

Mr. Speaker, let me tell you: If the previous Liberal government had done the licence plate logo and the tagline, supported by the NDP, I'm sure it would have said, "Ontario, A Place to Owe."

We're modernizing and transforming government so that Ontario can once again be a place to grow.

### SERVICES EN FRANÇAIS

**M. Guy Bourgouin:** Ma question est pour la ministre des Affaires francophones. Aujourd'hui, le commissaire aux services en français a déposé son dernier rapport. Le rapport du commissaire dit clairement que « l'ombudsman ne pourra pas continuer le travail du commissaire » puisque « ni son mandat ni la nature de son travail n'exigent qu'il consulte les collectivités de façon proactive ».

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Lors de la période des questions jeudi passé, la ministre a dit que « le travail du commissaire va continuer à se faire faire au sein du Bureau de l'ombudsman ». De plus, la ministre a souligné que « le travail de formuler des recommandations va continuer à se faire faire » au sein du Bureau de l'ombudsman.

Étant donné les paroles du commissaire, est-ce que la ministre croit vraiment que l'ombudsman sera capable d'avancer les droits des Franco-Ontariens, oui ou non?

**L'hon. Caroline Mulroney:** J'aimerais profiter de cette occasion pour remercier le commissaire sincèrement pour son rapport final, et son équipe pour leurs efforts visant à améliorer les services en français dans la province de l'Ontario.

Nous avons pleinement confiance en la capacité de l'ombudsman d'assurer le respect de la Loi sur les services en français et l'accès à des services gouvernementaux de qualité en français pour les francophones. Le ministère des

Affaires francophones continuera de travailler en étroite collaboration avec le Bureau de l'ombudsman et les ministères provinciaux pour s'assurer que les Franco-Ontariennes et Franco-Ontariens aient accès à des services de qualité dans la langue de leur choix. Le poste et le rôle du commissaire, y compris son mandat de surveiller la prestation des services en français et d'en faire un rapport, demeurent inchangés sous l'autorité de l'ombudsman. Aucune disposition de surveillance ne sera—

**Le Président (L'hon. Ted Arnott):** Merci beaucoup. Supplementary.

**M. Guy Bourgouin:** Je demanderais à la ministre des Affaires francophones d'arrêter de dire aux Franco-Ontariennes et Franco-Ontariens que l'ombudsman continuera à faire le travail du commissaire, parce que, comme elle a dit jeudi, « ce n'est pas la vérité ». De plus, c'est difficile de comprendre comment la ministre peut se dire la défenseuse des—

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Order. Yes, I heard the translation. The member will withdraw.

**M. Guy Bourgouin:** Je retire mes paroles, monsieur le Président.

De plus, c'est difficile de comprendre comment la ministre peut se dire la défenseuse des francophones quand le financement du ministère a été coupé à seulement 5,8 million de dollars et quand le nouveau budget ne mentionne que trois fois la francophonie. La ministre a expliqué à plusieurs reprises que le transfert du commissariat au Bureau de l'ombudsman n'est que pour des raisons budgétaires. Par contre, le rapport du commissaire explique clairement que la raison économique avancée par la ministre « demeure sans preuve ». Quand la ministre va-t-elle—

**Le Président (L'hon. Ted Arnott):** Merci.

**M. Guy Bourgouin:** —reconnaître que les francophones—

**The Speaker (Hon. Ted Arnott):** Merci. I have to remind the House: When the Speaker stands up, your microphone goes dead and you have to sit down.

The response from the minister?

**L'hon. Caroline Mulroney:** Merci, monsieur le Président. Je sais que le député opposé ne veut pas accepter la réalité, mais le poste et le rôle du commissaire, y compris son mandat de surveiller la prestation des services en français et d'en faire rapport, demeurent inchangés sous l'autorité de l'ombudsman, et la totalité des dispositions de surveillance sont maintenues.

Je demanderais au député opposé d'arrêter de dire aux francophones en Ontario que les services et le travail du commissaire vont être arrêtés. C'est très important que les francophones en Ontario sachent que le travail du commissaire va continuer à se faire faire. S'ils ont des plaintes, ils peuvent les faire auprès de l'ombudsman, et l'ombudsman va faire le travail de faire des rapports et des recommandations au gouvernement provincial. Alors, je demanderais sincèrement au membre de l'opposition d'arrêter de dire aux Franco-Ontariens que le travail est arrêté parce que ce n'est pas, en effet, la réalité.

## PALLIATIVE CARE

**Mr. John Fraser:** My question is for the Deputy Premier. Today is National Advance Care Planning Day across Canada. It's an important day for people to think about what's important to them at the end of their lives. We don't want to think about it, but it's very important not just for ourselves but for the ones that we love and the people who live with us.

When I look at this year's budget, I see that alcohol, beer or wine is mentioned about 50 times, and the words "palliative care" and "end-of-life" aren't mentioned at all. What I do know is that we don't all drink, but we're all going to die.

I know that there was money put forward in the 2018 budget to support advance care planning—very leveraged money. It was in the hundreds of thousands of dollars. That money has never flowed. Will you commit today to flowing that money for advance care planning?

**Hon. Christine Elliott:** I thank the member very much for the question. I know the member from Ottawa South has done a lot of work on palliative care and end-of-life care. That's important to you and it's important to me as Minister of Health and Long-Term Care, but most importantly, it's important to the people of Ontario. No one wants their loved one, when they've been deemed to be in a palliative state, to spend their last days in hospital in a clinical setting. They want them to be in a warm, comfortable place where they can receive appropriate pain medication and whatever else they need for their last few days.

We have flowed significant money into creating more hospice care spaces in Ontario. That is expanding across the province in many communities. It's important for all of us, because not everyone can die at home. The hospices are performing great work. I've had the opportunity to visit a number of the hospices, and they do whatever they can to make a person's last days comfortable, including bringing in animals in some cases—whatever it is that makes that person feel comfortable and safe, and spend their last days in comfort.

So I will say—

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

Supplementary.

**Mr. John Fraser:** I thank the minister for that answer. I do have to say that I appreciate that the work is continuing on from the work that was done in 2016, 2017 and 2018 to invest in palliative care and hospices. I'm glad the government did not stop that work. I appreciate it very much. I do want you to commit to that money for advance care planning. I think it's very important and it's very highly leveraged money.

There's also a movement that's across Ontario in about 11 or 12 cities called compassionate communities. In my city of Ottawa, former mayor Jackie Holzman and Jim Nininger—a totally volunteer-based organization—are trying to make our communities more friendly not just for people at the end of their lives but for frail, elderly seniors.

There was an investment in the last budget as well too, to support that. That investment has not flowed. It did not move. I would like you to make a commitment to do that as well. It's very important, very leveraged money that supports people at the end of their lives or when they're at home and they're old and they're frail and they're senior. I'd like you to commit to both of those things.

**Hon. Christine Elliott:** What I can say to the member is this continues to be a very important issue to us at the Ministry of Health and Long-Term Care. We are going to continue to invest in hospice care funding, but we're also going to invest in home care funding. We're spending an additional several hundred million dollars in home care funding.

What I've heard in my travels as I've been visiting communities that are already providing integrated health care is that there is a big commitment to making sure that we can also provide palliative care at home. The home care workers are very keen to do that. They want to make sure that they can help people spend their last days at home if they're able to, and many families can do that. Some cannot, but for the ones that can, we want to make sure that the home care workers have that additional training to be able to provide those services. That is truly patient-centred care. That's what we're trying to build in Ontario.

We're going to continue with those investments.

## POST-SECONDARY EDUCATION AND SKILLS TRAINING

**Ms. Effie J. Triantafilopoulos:** My question is for the Minister of Training, Colleges and Universities. With students currently in the midst of exam season, I know that many students will be looking for a job after graduation. It's becoming far too common for students to work hard and receive their diploma or degree, and yet they are unemployed or underemployed after graduation. At the same time, businesses in my riding of Oakville North-Burlington are constantly saying that they have vacancies for high-quality, high-skilled, high-paying jobs.

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Can the minister tell us what our government is doing to address this skills gap and ensure that students get the skills they need to ensure that they find high-quality jobs?

**Hon. Merrilee Fullerton:** Thank you to the member from Oakville North-Burlington for her great work.

Speaker, the member is absolutely right. Students and their families make great sacrifices to attend university and college. They make those sacrifices because for years they've been told that if they worked hard and invested in university or college education, they could find a high-quality job. This is increasingly not the case. That is why our government is taking steps to ensure that our universities and colleges are delivering results for our students.

The current system is not based on how university or college education benefits students, but on how many students institutions can enrol. That is why our government will modernize post-secondary education by funding institutions based on the outcomes they create for students and the economy.

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

**Ms. Effie J. Triantafilopoulos:** I know that students and their families will be happy to hear that our government is working to ensure that post-secondary education is focused on students and outcomes that will help them get jobs. It's clear that for 15 years, the previous Liberal government defended the status quo. Under their watch, they spent billions of hard-earned tax dollars without ensuring measurable results for the students of this province.

I know that the minister has said that she will be working with colleges and universities on the metrics used to measure the outcomes for students and Ontario. Can the minister update us on how she is working with institutions on these plans?

**Hon. Merrilee Fullerton:** I'm happy to report that colleges and universities have expressed support and eagerness to work with our government.

MaryLynn West-Moynes, president of Georgian College, said, "I think it's just good business and we're up for the challenge.... It's fair that colleges are responsible to people who fund us, and that's the taxpayers." The Council of Ontario Universities said, "Universities are committed to working with the government to ensure accountability within the public sector on the" strategic mandate agreement "process to advance transparency, accountability and outcomes-linked funding."

Meanwhile, the leader of the official opposition has said that institutions are "going to be very, very concerned," and the NDP critic for universities and colleges said our plan was "frightening."

Speaker, it is clear that the NDP are engaging in another fearmongering campaign that is out of touch with reality. The NDP need to clarify why they oppose getting students jobs.

#### GOVERNMENT ACCOUNTABILITY

**Ms. Sara Singh:** My question is for the Attorney General. The government has buried sweeping provisions in their budget bill that will, to quote one legal expert, place the Ford government "beyond the reach of the courts and make it difficult, and in many cases impossible, to sue the government—even when it acts in bad faith or breaches the duties of office."

Speaker, why is the Ford government trying to give itself legal immunity?

**Hon. Caroline Mulroney:** In our budget bill we have proposed, within my ministry, legislation that will streamline the process for lawsuits involving the government and will clarify the scope of government liability.

The Proceedings Against the Crown Act has been on the books since 1963, and case law has evolved significantly since then. Principles of law that have been emphasized over and over again by the Supreme Court of Canada are now being codified into our law. We are streamlining and clarifying the process for Ontarians who want to bring proceedings against the crown. That means that more time and money can be spent on the things that they need to be spending money on, like lowering hydro

bills, helping parents with child care and helping seniors get the dental care they need.

Mr. Speaker, this is about clarifying and codifying established principles of law.

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

**Ms. Sara Singh:** Legal experts say the law will give the government immunity from being sued, and for people worried about this government's plans, that's a very frightening thought.

Only a government that plans on being sued looks for immunity from lawsuits. Whether it's victims from Walkerton or juvenile inmates, this government is denying people their right to see a day in court. Why?

**Hon. Caroline Mulroney:** Obviously, the opposition doesn't understand or hasn't read closely what is contained in the budget bill. The proposal, if adopted, will enshrine the Supreme Court of Canada's decision that government policy decisions cannot give rise to liability for negligence. This is an established principle of law.

The purpose of our amendment and of our proposed legislation is simply to clarify and codify established principles of law. Litigants can bring proceedings against the crown on other bases. We are clarifying and streamlining the process.

#### ACCESS TO JUSTICE

**M<sup>me</sup> Marie-France Lalonde:** Ma question est pour la procureure générale. Yesterday Legal Aid Ontario announced they're no longer accepting new immigration and refugee clients as of today. They made this decision as a result of this government's cuts to legal aid due to the government slashing 30% of the legal aid budget starting in 2021. It is not in the interests of Ontario to have people without status in our economy and unable to represent themselves.

This may be the first casualty of this government's cuts to legal aid, but it will not be the last. Why does this government believe that providing legal protections to our most vulnerable is not something that matters most to Ontarians?

**Hon. Caroline Mulroney:** Legal aid provides vital services for lower-income Ontarians as well as to new Canadians. That's why our government is continuing to fund all provincial legal aid services to immigrants and to refugees within our provincial courts. That is exactly why—because we care—that I have called on the federal government to fund legal aid services for people with cases before the federal Immigration and Refugee Board and people with cases in the federal court. Mr. Speaker, I've called on the federal government. I wrote a letter to the federal government and did not receive a response.

The Auditor General made it very clear last year in her report that the lack of federal funding was putting the sustainability of legal aid at risk. These are warning signs that have been sent to the federal government, and the federal government has failed to own up to its responsibilities. And so I ask the member opposite to ask her federal counterparts to answer our letters and work with us—

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Stop the clock.

I say to the government members, I had to stand up and interrupt the Attorney General, who was trying to answer the question, because of the audible heckling from the government side.

*Interjections.*

**The Speaker (Hon. Ted Arnott):** The opposition will come to order.

Start the clock. Supplementary?

**Mrs. Marie-France Lalonde:** As I said, I don't think it's in any interest of Ontarians, the way you're responding. You do have a responsibility as the government.

But my question, furthermore, Mr. Speaker, will be: This government's reckless cuts to those most vulnerable actually extend to victims of crime. Thursday's budget not only slashes Ontario's legal aid budget by 30%, but it cuts funding to support those who are victims of crime. Buried in the budget bill is a repeal of the Compensation for Victims of Crime Act. Along with this, the government will be capping the compensation for pain and suffering for those who have been victims of violent crimes, such as sexual assault, at \$5,000.

Mr. Speaker, I ask the Attorney General: How is cutting compensation for victims of crime protecting what matters most?

**Hon. Caroline Mulroney:** Mr. Speaker, I thank you for the opportunity to correct the member opposite. First of all, right now in this province, victims of crime who need compensation need to hire a lawyer, and oftentimes they have to wait up to three years to get their compensation award. In 2007, the Ombudsman identified the three-year wait times for compensation for victims of crime at the Criminal Injuries Compensation Board, and the previous government failed to take action to provide immediate relief for victims of crime.

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Mr. Speaker, we are increasing the overall compensation award from \$25,000 to \$30,000, and Ontario is still one of only three provinces in this country that awards pain and suffering. We are trying to make sure that victims of crime get the compensation they need faster and without having to hire a lawyer. They don't have the time to wait for this compensation.

## PUBLIC TRANSIT

**Mr. Kaleed Rasheed:** My question is to the Minister of Transportation. Just last week the Premier and Ministers of Transportation and Infrastructure, alongside many of my great colleagues, made an historic announcement that my riding of Mississauga East–Cooksville is very excited about.

Mr. Speaker, after much anticipation, our government for the people announced that, as part of our new subway transit vision, we are building the Eglinton Crosstown west extension. This will greatly benefit not only the residents of Etobicoke but also the eastern part of Mississauga. I know the Premier and minister are working

hard to ensure this line connects with Pearson International Airport. This is an important connection, with the airport being the second-largest employment centre in the country.

Can the Minister of Transportation share with this House more details about the Eglinton Crosstown west extension?

**Hon. Jeff Yurek:** Thanks to the member for Mississauga East–Cooksville for that question. He has been a strong advocate for improved transportation within his riding.

Mr. Speaker, the member was correct in announcing that we made a historic investment in our budget of \$28.5 billion to get the subways expanded and to get people moving throughout Toronto and the GTHA region. As part of this plan, we're investing \$4.7 billion that will see the Eglinton Crosstown extended further west, into Etobicoke and east Mississauga. This is exciting news for the people of Etobicoke, Mississauga and the GTHA in general.

I'd like to also commend my parliamentary assistant, Kinga Surma, for the work she has been doing transportation-wise and her dedication and leading the file on the Eglinton Crosstown extension.

I'm going to share some more in my supplementary, Mr. Speaker.

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

**Mr. Kaleed Rasheed:** Thank you to the Minister of Transportation for the great response. Our government for the people was elected on the promise to get the people of Ontario moving. Our government puts people at the centre of every decision we make, whether it's program, policy or service.

Congestion in the GTHA and the region are crippling our economy. The people of Ontario have waited long enough. They just want transit built, and we are doing just that. This is a transit plan for the 21st century because these are critical investments that would not be possible without these subway uploads.

Can the Minister of Transportation recommit today that this government will finally deliver the Eglinton Crosstown west extension?

**Hon. Jeff Yurek:** Thanks again for that supplemental. Part of this exciting news ensured that the voices of the area residents were heard, Mr. Speaker. I'm proud to tell the people of Etobicoke and Mississauga that the vast majority of this line will be underground, just like it should be. We will not be ripping up one of the busiest streets in Toronto to build surface rail along Eglinton. The people of the community deserve the best and they deserve to ensure the roads are available to get goods moving.

In the 15 years of Liberal government, they were only able to build one extension. We're going to get to work and we're going to start building, building, building in this province.

Mr. Speaker, I can tell you that fixing this mess of transit is not going to be easy, but we're dedicated as a group, as a government to ensure that we get the proper investments in place to expand the transit system, to create a truly GTHA regional transportation network that interconnects with one another, tries to integrate the system and

ensures that we get people and goods moving because this is a government that's going to keep its promises. Promises made, promises kept.

#### ACCESS TO JUSTICE

**Ms. Laura Mae Lindo:** My question is to the Attorney General. Last week, the government announced their plan to cut 30% of Legal Aid Ontario's budget. Legal Aid helps people to obtain social security benefits. It helps tenants get necessary repairs done to their homes, and workers to get the wages that they're owed. It helps victims of domestic violence pursue justice, and it helps single parents get the child support that they deserve.

Legal Aid ensures that everyone in Ontario has access to justice, regardless of their status or their income. Why is the minister doing everything in her power to reduce people's access to justice?

**Hon. Caroline Mulroney:** Well, I agree with the member opposite: Legal Aid provides vital services for lower-income Ontarians in all sorts of areas. But for the last five years, we have seen the provincial government spend more and more money on Legal Aid while fewer and fewer people have been receiving service. That isn't access to justice.

Mr. Speaker, we believe that the Auditor General—who did a complete review of Legal Aid—proposed 15 worthwhile recommendations. So we're calling on Legal Aid to implement those 15 recommendations.

We will work with Legal Aid through this transition to make sure that those in need of legal aid services are able to get them. But Mr. Speaker, we're asking Legal Aid to find five cents on every dollar in savings to implement those, when the federal government meets its responsibilities and funds legal aid services for immigrants and refugees before federal courts and tribunals.

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

**Ms. Laura Mae Lindo:** Back to the Attorney General: The minister must recognize that these cuts go much, much deeper than their cruel abandonment of people seeking asylum from war and persecution. This cut will hurt tenants seeking redress from negligent landlords. It's going to hurt people living with disabilities who have been denied ODSP coverage. And it will hurt parents who are trying to get child support for their kids.

Lawyers and legal experts across the province have expressed serious concerns about this government's gutting of Legal Aid through this budget. The Law Society of Ontario, the Refugee Lawyers Association of Ontario, Amnesty International and other legal experts have all come out against this government's attack on our constitutional right to access our justice system.

Will the minister listen to the experts who warn that the government's deep cuts are going to put people's lives at risk and reverse her callous decision?

*Interjections.*

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

The Attorney General to reply, once again.

**Hon. Caroline Mulroney:** Mr. Speaker, I will repeat what I said in my first answer: For the last five years, Legal Aid has spent \$86 million more, and more than 100,000 fewer people have received access to those services. That doesn't make any sense.

What Legal Aid needs is historic, fundamental reform. Lawyers are overbilling with no transparency and no oversight.

I don't know why the member opposite doesn't think that Ontario taxpayers deserve a system that works for lower-income Ontarians while respecting the money that is invested into this program, and also has necessary oversight. It is a \$400-million program that should be working at a very high efficiency level, that has not been working well.

The Auditor General spent a lot of time going through the different programs and initiatives at Legal Aid Ontario. We're calling on Legal Aid to implement those recommendations, and my ministry will work closely with them to make sure that lower-income Ontarians continue to have the access to justice that they need.

#### INFRASTRUCTURE ONTARIO

**Mr. Jim McDonell:** My question is for the Minister of Infrastructure. Last month, the minister was in Germany with a clear message from our government that Ontario was a place to grow, put your money and expand your business. He made it clear that Ontario was open for business and that our government is taking steps to make it even better by lowering taxes, cutting red tape and reducing regulatory burdens. This is encouraging to hear as we put this province on a path back to balance and fiscal responsibility.

The minister also announced that Infrastructure Ontario, a crown agency known around the world for developing public-private partnerships, will be able to expand its horizons and offer consulting services beyond this province.

Could the minister please tell us more about this exciting announcement?

**1140**

**Hon. Monte McNaughton:** I would like to thank the great member from Stormont–Dundas–South Glengarry for that excellent question here this morning. Last week, our budget highlighted our world-class infrastructure plans. We're committed to promoting Ontario globally as being open for business and open for jobs.

Mr. Speaker, when I was in Berlin last month, I announced our proposal to offer Infrastructure Ontario services into new markets, including outside of Ontario. Leveraging IO's reputation and skills will generate new revenue for our province, create opportunities for our businesses to work abroad in markets where they have confidence in IO's systems and reach out to international markets to attract more competition to Ontario.

Mr. Speaker, that's what our budget is about. We're finding efficiencies, enhancing the scope of our capabilities and finding value for money so that we can protect

what matters most to the people of this province. As a stable and thriving market, Ontario is a great place to invest. We're open and ready to conduct business with the world.

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

**Mr. Jim McDonell:** Thank you for that answer, Minister. It sounds like a fantastic initiative, generating revenue for the people of Ontario while simultaneously creating opportunities for Ontario businesses. It's the kind of creative thinking that will help us balance the budget while also growing the economy. Infrastructure Ontario is responsible for many files, and I'm sure the people of Ontario would like to see this program rolled out effectively.

Can the minister tell us what steps this ministry is taking to ensure the new program enhances the important work that IO is doing for the people of Ontario?

**Hon. Monte McNaughton:** Thank you again to the honourable member for that question. It's true that IO is doing important work procuring infrastructure for Ontario's future, including our transit plans for the GTHA announced last week with our Premier and the fantastic Minister of Transportation.

The work that IO is doing to deliver critical infrastructure for Ontario comes first, but we know that the experts at IO can, and want to, use their experience on this new initiative. We are going to strike the right balance. We are starting this program with two pilot projects. During these, IO can learn how best to allocate resources among their existing work in Ontario and the new program. Under this program, if IO wishes to take on a new mandate, they must submit a business case to our ministry. If there isn't a good case, we're not going to do it.

We're taking a responsible approach to this project, making sure we're putting the people first and helping to restore Ontario's fiscal responsibility so that we protect what matters most.

## ONTARIO BUDGET

**Mr. John Vanthof:** My question is to the Minister of Agriculture, Food and Rural Affairs. The Ministry of Agriculture is probably seen as the lead ministry in rural Ontario. Quite frankly, when I opened the budget, I was shocked that it's taking a 20% cut to its budget—20%, Speaker. A lot of people think, "Oh, that's just going to impact farmers." It impacts crop insurance and it impacts risk management, but it also impacts food safety inspections. It impacts animal health and welfare. That's why we were so shocked that supposedly the lead ministry for rural Ontario has such a massive cut.

Can the minister please tell this House exactly where those cuts are going to happen? Because he's the only one here who knows that today.

**Hon. Ernie Hardeman:** I thank the member opposite for the question. Obviously he will be aware that when we were elected to government, we had a \$15-billion deficit. And I'm sure the member opposite, as a farmer, would

know that you can't keep spending more money than you're taking in, or eventually you're out of business. I know you know that, member.

I just want to say that immediately when we were elected, I started to look at our ministry to make sure that our ministry was focused on food safety and programs that our rural community was depending on. Of course, as you mentioned, food safety is number one. We also want to make sure we have the programs in place that farmers need to stay in business and stay profitable.

I want to say that we're very pleased in the government that we are protecting the things that are important, such as health care, education and the things farmers need to stay in business. I want to say, rural Ontario is just as much in need of the health care and the education—and the quality of them—as any other part of the province of Ontario. I want to—

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

That concludes our question period for today. This House is recessed until 3 p.m.

*The House recessed from 1145 to 1500.*

## INTRODUCTION OF VISITORS

**Mr. Stephen Crawford:** I'd like to welcome Ronnie Gavsie and Manraj Furmah from the Trillium Gift of Life Network. Thank you both for all of your service to the people of Ontario with respect to organ donation. Welcome to Queen's Park.

## MEMBERS' STATEMENTS

### ADDICTION SERVICES

**Ms. Bhutla Karpoche:** Today, on the national day of action on the overdose crisis, we commemorate the over 10,000 lives lost across Canada since 2016 from the poisonous drug and overdose crisis.

I want to recognize the tireless work of harm reduction and health care workers working the front lines of this public health emergency. They have steadfastly led the way, providing health care overdose services that have prevented the deaths of thousands of people, because governments have failed to do so.

Make no mistake, Speaker: This crisis has escalated due to government inaction and has become a public health emergency because both Liberal and Conservative governments have shown that they do not value people who use drugs. Instead, people are criminalized. But not everyone is criminalized equally. Drug prohibition is rooted in racism. Black, Indigenous and racialized people and those living in poverty suffer disproportionately in terms of incarceration rates and overdose deaths. Criminalization drives stigma and discrimination. Stigma and discrimination kill. Bad drug policy and government inaction kill.

Across the province, people are taking to the streets because they are tired of watching their loved ones die of preventable overdose deaths. They're calling on their government to invest in evidence-based harm-reduction strategies and front-line services that will save lives. I stand in solidarity, and I call on this government to act based on evidence, not based on ideology. It's time to end the war on drugs and on those who use them.

#### DURHAM WELLNESS HUB

**Mr. Lorne Coe:** I am pleased to highlight the Durham Wellness Hub at Durham College in Whitby, launched by Durham MP Erin O'Toole. The hub will help connect people seeking mental health support to the dozens of local services offered in the region of Durham. The Durham Wellness Hub is an online space linking youth and parents to mental health resources and supports within Durham region, informing the community on mental well-being.

Many families, young people and seniors face enormous difficulties navigating this system. This new hub makes it a one-stop shop. As MP O'Toole pointed out at the launch, there are many groups offering great mental health support in the region, but access can be challenging. The wellness hub has now filled that gap, making it easier for Durham residents to access mental health care in a timely way. Speaker, they deserve no less.

#### EDUCATION FUNDING

**Mr. Terence Kernaghan:** Over the last several weeks, I have heard from hundreds of Londoners over email, phone and at the doorstep about their opposition to this government's cuts to education. There are schools in London North Centre that are currently at more than 100% capacity, including Eagle Heights and Stoney Creek public schools. But instead of addressing overcrowded classrooms, the government's 2019 budget actually cuts over a billion dollars from our education system. This will lead to even larger class sizes where students can't get the help they need.

These cuts will hurt young students like Audrey. Audrey loves school, but struggles to meet her grade expectations for reading and writing. She is able to succeed, however, because she has a teacher that takes the extra time to ensure that she progresses. Audrey's mother, Ashley, worries that removing caps on class sizes will deprive Audrey of critical mentorship opportunities. We can't afford to let Audrey and kids like her get left behind.

Ontario can build a world-class public education system, but first we need a government that will stand up and champion our students.

#### ORGAN AND TISSUE DONATION

**Mr. Stephen Crawford:** April is Be a Donor Month, an effort by the Trillium Gift of Life Network to raise awareness of the importance of organ and tissue donation and transplantation. We should encourage all of our

constituents to consider registering as organ and tissue donors.

In Ontario, CEO Ronnie Gavsie and her team at the Trillium Gift of Life Network work hard to support those in need of life-saving transplants. Over 1,600 Ontarians currently await a life-saving organ transplant, and every three days in this province someone dies a preventable death waiting for a transplant. In my riding of Oakville, there are currently 21 patients on a waiting list for life-saving organ donation.

According to the Trillium Gift of Life Network, more than 85% of Ontarians are in favour of organ donation, though only one in three Ontarians have actually registered that consent. The average registration rate in Ontario is 33.4%. Ontarian lives are at risk, and this must be improved.

By registering to become a donor, you have the power to save or change somebody's life. Registration for donation is convenient and easily accessible. Simply register online at [beadonor.ca](http://beadonor.ca) or visit any ServiceOntario location throughout the province, and talk to your family about this important life-saving decision.

I would encourage all of my legislative colleagues to consider helping raise awareness of this important life-saving gift of life.

#### NDP BLACK CAUCUS

**Ms. Laura Mae Lindo:** I've written another letter to the government:

"Dear government,

"Have you heard? The ONDP now has an official Black caucus, and guess who's the chair. It's me.

"I can't remember the number of times that I have stood in this House and asked that we confront anti-Black racism and that we do so on a systems level.

"Friends, this new role is both exciting and a little daunting, because it means rethinking the way that we create policy, it means thinking in a new way about the legislation that we pass, and it means being ready to talk about Black people. It means realizing that the needs of Black communities are unique because of a history of oppression right here on this land.

"In 1867, members of this assembly stood in the House and questioned whether Black folks were people, deserving of freedom, justice and protection. Now it's 2019, and as the chair of the Black caucus, it's my responsibility to continue that fight to make sure that Black folks are represented in this Legislature and served by its legislation.

"It's my job to bring you this important message: Do better. Ontario is watching."

#### FRANÇOIS BAZINET

**Mr. Jim McDonell:** Yesterday I had the pleasure of attending the Lieutenant Governor's ceremony to present the Ordre de la Pléiade medal bestowed upon one of my riding's finest, François Bazinet. This internationally

recognized award honours those who have distinguished themselves through their service to French-speaking communities.

In addition to coordinating the construction of Cornwall's Monument de la francophonie, François has been the recipient of multiple honours for his education and cultural commitments, like:

—in 2014, the Order of Francophonie of Prescott and Russell;

—in 2017, the prestigious Compagnie des Cent-Associés francophones and the Cornwall region Promenade d'honneur; and

—in 2018, the Richelieu de la francophonie.

A lifetime educator, from La Citadelle school to the presidency of the eastern Ontario Catholic district school board, François serves as an ambassador to all Franco-Ontarians through his promotion, education and preservation of French language and culture in Cornwall and area.

François is the husband of Colette for 46 years, a father and grandfather, and a man who embodies the spirit and community of the people of Stormont–Dundas–South Glengarry. Félicitations—congratulations.

#### BRAMPTON CENTRE YOUTH COUNCIL

**Ms. Sara Singh:** It's an honour to rise here today and share that in Brampton Centre, we had our first ever youth council meeting this past Friday. It was a great turnout. We had 12 youth from across the riding participate in our first ever youth council meeting.

In the council meeting, young people raised concerns about this government's direction and the cuts that they were making to the education system and our health care system in Brampton. Young people raised concerns about crumbling schools, packed classrooms and the fact that they weren't getting the same opportunities as the members who are sitting here today. They were very concerned that the next generation is not going to have the same economic opportunities and educational opportunities as all of us once did.

**1510**

Many young people in Brampton Centre are also concerned about the cuts to our health care system. While we have one of the longest waits in the province in our Brampton Civic Hospital, many young people are concerned that in addition to those wait times, they aren't able to access vital mental health services. They're also worried that in addition to those cuts, they aren't going to get the supports they need in the classrooms when they try to access their guidance counsellor or their teacher for those mental health supports.

They wanted this government to do better. They wanted them to listen to the voices of young people across this province who are raising and sounding the alarm bells. They are concerned about the direction we are taking this province. They're concerned about the future of this economy, and they want this government to ensure that their voices are heard and reflected in the legislation that is being created here.

#### ADVANCE CARE PLANNING

**Ms. Donna Skelly:** I rise today to raise awareness of advance care planning day in Canada. It's a reminder that we all may face difficult medical decisions, and that there may come a time when we can't communicate or make decisions for ourselves either in an emergency or in the latter part of our life. We have to choose someone who can do that for us: a substitute decision-maker, often a family member, someone in whom we trust, often someone with shared values.

Advance care planning is more than talking about whether or not we want certain treatments. It's about helping our substitute decision-makers understand why we would make certain choices about our care so that they can do what's right for us. Take a few minutes today and talk to a loved one about what matters most to you. Make sure you have a substitute decision-maker who can speak for you when you simply can't speak for yourself.

Hospice Palliative Care Ontario is at Queen's Park today to help MPPs understand advance care planning and to help us inform our constituents about the importance of those crucial conversations that will guide our caregivers as we age.

Hospice Palliative Care Ontario and its members have been driving quality, value and true partnership in palliative care in Ontario for over 35 years. Hospice is health and social care that is working, and working well.

#### HEALTH CARE

**Mrs. Daisy Wai:** I rise today to share my family's personal experience with patient-centred health care. In January, my mother-in-law fell and was hospitalized. She was dismissed and fell again a short time later, and she was again hospitalized. My husband took a leave of absence from work to care for her 24 hours, but it was far beyond what he could handle. In March, before she was dismissed from hospital, she was connected with home care. We are so thankful that this was the start, when we experienced the support from the improved Ontario health care system.

Realizing the level of health care that she needs, a PSW has allowed my husband a couple of hours of sleep when they come to support. She was visited by physiotherapists with treatments and exercises to help her to recover from the falls, and then she was also put on the waiting list for a long-term-care bed. In just over a month—actually, last week—she was admitted into a long-term-care home.

My daughter also experienced home care after she gave birth to my grandson Ryan in February. He was only 5 pounds, 3 ounces at birth. But with the care team's support, we just celebrated 100 days. He is now a chubby baby of over 10 pounds.

Our family is so thankful for the improved patient-centred health care—integrated care—that we need for our family members.

**The Speaker (Hon. Ted Arnott):** That concludes our members' statements for this afternoon.

## REPORTS BY COMMITTEES

### STANDING COMMITTEE ON GOVERNMENT AGENCIES

**The Speaker (Hon. Ted Arnott):** I beg to inform the House that today the Clerk received a report on intended appointments dated April 16, 2019, of the Standing Committee on Government Agencies. Pursuant to standing order 108(f)(9), the report is deemed to be adopted by the House.

*Report deemed adopted.*

## STATEMENTS BY THE MINISTRY AND RESPONSES

### MENTAL HEALTH IN AGRICULTURE

**Hon. Ernie Hardeman:** I'm pleased to rise in the House today to talk about a topic that's very personal to me, the people of Oxford, and communities across the province. That topic is mental health in the agricultural sector and our rural communities.

Mr. Speaker, farming is not just a career. For those who work hard growing and harvesting the good, nutritious food we in Ontario enjoy, it is literally a way of life. A life on the farm can be very rewarding, but it is certainly not without its challenges.

With planting season starting, it's time for new beginnings for our farmers. But I know how busy and stressful it can be for both them and their families. It can be a very trying time, with factors that are beyond their control, like the weather, taking a toll. That's why, as the cropping period approaches, it is so important to raise awareness among farmers, farm families and communities about how the unique challenges they face during the season can have an impact on their mental health.

Since the start of the year, we've been having an ongoing conversation with our farmers, from young farmers just entering the field to more experienced agriculture experts. Today, I am proud to continue this vital conversation.

Back in January, we brought together farmers and members of the agriculture community for a mental health round table in Guelph, as the first part of our awareness campaign to highlight the mental health challenges suffered by farmers. It was a candid discussion. All participants were open in sharing their own personal stories of mental health struggles and successes, as well as a commitment to help tackle the issue and support hopefulness throughout the sector. We are also proud to support the research being undertaken at the University of Guelph, led by Dr. Andria Jones-Bitton, on mental health in the agriculture sector.

But the conversations didn't stop there. Two weeks later, we held a second round table with community members and mental health providers in my own riding to talk about mental health in rural communities.

Throughout these conversations is a clear and simple goal: to remove the stigma that still surrounds mental health and let farmers know that it's okay to reach out for help. Running a farm business can be tough. Farmers are some of the toughest around, but they tend to hold their problems close to the chest. It can be hard for them to reach out and ask for help when they need it.

Our farmers matter, and we care, because we're all in this together.

So with spring planting just around the corner, we want everyone to know that it's okay to reach out for help if you are struggling, and that you are not alone. Help is available from all around you. Talk to a friend. Have your own conversation with your family. Reach out to your community for help. Just opening up and speaking about your problems can really make a difference. And during the planting season, please don't forget to keep an eye out for friends, neighbours and families who might need your support.

Farmers should know that there are also resources available for them. My ministry has a Mental Health for Farmers—First Aid Kit website. It contains valuable advice on maintaining self-care and stress mitigation, contact information for province-wide mental health, and mental health telephone helplines. I encourage everyone to visit the site if they need to. My ministry also supports programs to help farmers, including research to evaluate mental health needs for farmers, and farm business risk management programs to cover loss and damage they may experience, often beyond their control.

Our government is committing \$1.9 billion over the next 10 years to develop and implement a comprehensive and connected mental health and addictions strategy. This is the biggest commitment to mental health in provincial history. It's part of our commitment to protect the services that matter most to the people of Ontario, like health care.

**1520**

Mr. Speaker, one person lost is one too many. In my own community, we have suffered losses too many times. Farmers should not have to be in crisis before they seek help. That's the reason we will continue shining a light on mental health in agriculture and making sure our farmers in Ontario are supported, not only during the planting season but every season. As we approach the time when farmers prepare to plant so they can feed everyone, let's not forget to take care of ourselves. We will work together on our journey to mental wellness.

Thank you very much for allowing me to make that statement and to encourage everyone to speak up when they need to.

**The Speaker (Hon. Ted Arnott):** Responses? The member for Timiskaming—Cochrane.

**Mr. John Vanthof:** Thank you, Speaker. It's always an honour to speak in the House on behalf of my leader, Andrea Horwath, and my NDP caucus colleagues, particularly today, discussing mental health in agricultural and rural communities. I appreciate the comments by the minister.

A lot of us don't understand how different farming is from many other occupations. It's not totally unique, but

in many ways it is. There's an old saying that you make hay when the sun shines. Well, when the sun shines, that is not the day you can think about your mental wellness; that is the day when you make hay.

Farm families are subject to many physical accidents because they get overtired, because they sometimes make 20-hour days because you have to get the crops in. You have to tend your animals.

We often forget, as we have forgotten across our society, that you can also get very mentally tired. It's something that you can't see, and I commend the government for actually putting some focus on this issue.

There are many pieces of farm equipment. There was a campaign once put out by the Ontario Farm Safety Association. There were stickers. They were about that big and they had an arm with a hook on the end. I should have heeded that.

Through our recent history, there hasn't been a lot of support for mental health issues across the spectrum, but particularly in rural Ontario and particularly for farmers. Farmers often work in families, so there is not a human resources person you can go to. There is an ad on TV where two construction workers are talking about a third person who is taking some time off for a mental health issue. I always think, when I'm watching that ad, "Well, back on the farm, that doesn't really work."

My wife and I farmed together. There was no third person. You have to work those issues through as you're working, as you are under stress, trying to get your crops off, trying to—when I started farming, with the 20% interest—pay your back loan. Those are all things that weigh on your mind.

There is a stigma—I believe it's not just with agriculture but it is within agriculture—that people on the land are tough men and tough women. They get it done and they're going to get it done regardless. Because of that, when things start to go wrong, they—more times than we like to talk about in rural Ontario—go tragically wrong. Sometimes you can see it coming and you try and reach out. Sometimes the most vibrant people you could imagine—and the minister knows who I'm talking about—you think, "Wow. How did that happen?"

It's because we are, in rural communities, a bit behind in services. It's not that easy.

Hopefully, the current government and future governments take this issue very seriously. It's going to take more than a website. It's a good start. I urge people: If you need help, reach out. Whether it's someone in a church or a counselling service, reach out to someone. There are people out there. People in agriculture face incredible challenges, but there are people out there. Please reach out because we need each and every one of you. You have to be there for your kids, for your families and to feed the good people of Ontario.

**Mr. Mike Schreiner:** I just want to thank the minister for his statement today. I want to thank the government for the round table they held in Guelph, my riding. I want to thank the government for extending resources to the University of Guelph and, in particular, the research work

done by Dr. Andria Jones-Britton on mental health in farm families.

As many members of the House know, I grew up on a farm. My mom was a long-time school teacher in a small rural school and became the counsellor in that school. I can't tell you how many young people from farm families came to her for mental health support.

Sometimes I think people who grow up in cities don't realize that there is stigma associated for mental health and addictions for all people in our society, but sometimes it's particularly strong in rural communities, where you have smaller communities, where everyone knows everyone else and there's a reluctance to talk about mental health issues because of that. So I certainly want to encourage everyone in rural communities and small towns across our province to have the courage to speak out and to know that you have a supportive province supporting action on mental health.

It's especially hard for some people to realize the role that loneliness can play for farmers. I know that when I was a kid, my dad would drop me off at 7 in the morning. He'd pick me up at 6 or 7 o'clock at night and put me on a tractor, and he'd be driving around in a circle all day long. It's probably not much of a surprise to folks in this House that I would give political speeches while I was driving around on the tractor. That was my practising, I guess, for my later years in life here in this House.

Also, people don't realize the economic ups and downs—a good year, a bad year; how many times, in the fall, we would say, "Oh, next year will be better." Particularly, I think of corn farmers last year here in Ontario. Those ups and downs are only going to become more extreme with the climate crisis we're facing. We know we're going to be experiencing more extreme weather events. We had apple farmers, just a few years ago in Ontario, lose most of their crops due to fluctuations in temperature. We know that farmers are experiencing more flooding on their land in some cases and droughts in other cases. It's one of the reasons I think it's so absolutely critical that we address the climate crisis to help stabilize our climate, not only for farmers but for everyone.

I also think it's another reason why it's so important that this government and this House work hard to protect farmland. I was involved in helping stop the mega-quarry up in Melancthon township, where a number of farmers were talked into selling their land to another company that they thought was wanting to farm, but it actually turned out to be a large American hedge fund that wanted to build the largest aggregate resource pit, the largest open mine, in Canada. The reason that this hedge fund in the US chose Ontario for this investment was that we have the weakest aggregate resource protections of almost any jurisdiction in North America. I can tell you, the mental stress those farmers in Melancthon township went through, knowing that their way of life, their community—in some cases five- and six-generation farms were under threat.

**1530**

I know the government is reviewing the Aggregate Resources Act right now, and I would ask the government

to review it in a way that protects farmland, protects rural communities and protects the rural way of life, because that's critically important to people's mental health—that connection to community, a connection to land and a connection to a way of life.

Finally, I want to close by saying that it's fantastic that the government is making a \$1.9-billion investment in mental health over 10 years. That's \$190 million a year. But the previous budget—and I realize that sometimes the previous government wasn't as sustainable as it could be, but they had actually invested \$500 million a year. So I'm hoping that we can see additional investments in mental health supports, not only for farmers and rural people, but all Ontarians.

**The Acting Speaker (Mr. Percy Hatfield):** The time for responses has expired.

## PETITIONS

### EDUCATION FUNDING

**Ms. Bhutla Karpoche:** This petition is entitled “Don't Increase Class Sizes in Our Public Schools.”

“Whereas the vast majority of parents, students, and educators support smaller class sizes and the current model of full-day kindergarten and want the best education possible for the students of Ontario; and

“Whereas larger class sizes negatively impacts the quality of education; reduces access to teaching resources and significantly diminishes teacher-student interactions; and

“Whereas the impact of larger class sizes will be particularly detrimental to students who need additional support; and

“Whereas Ontario has an internationally recognized public education system that requires careful attention and the investment to ensure all of our students can succeed;

“We, the undersigned, petition the Legislative Assembly of Ontario to commit to reducing class sizes, maintain the current model of full-day kindergarten, and make the necessary investments in public education to build the schools our students deserve.”

I fully support this petition and will affix my signature to it.

### EDUCATION FUNDING

**Mr. Terence Kernaghan:** It gives me great pleasure to present this petition on behalf of students at A.B. Lucas Secondary School, Central Secondary School, Beale Secondary School and CCH in my riding. The petition is entitled “Stop Ford's Education Cuts.” It reads:

“To the Legislative Assembly of Ontario:

“Whereas Doug Ford's new education scheme seeks to dramatically increase class sizes starting in grade 4;

“Whereas the changes will mean thousands fewer teachers and education”—

**The Acting Speaker (Mr. Percy Hatfield):** If I could interrupt the member, please: We don't address the Premier by “Doug Ford”; we address him by “Premier Ford.” I'll ask you to withdraw and start over.

**Mr. Terence Kernaghan:** Withdrawn.

The petition is entitled “Stop Ford's Education Cuts.”

“To the Legislative Assembly of Ontario:

“Whereas” the Premier's “new education scheme seeks to dramatically increase class sizes starting in grade 4;

“Whereas the changes will mean thousands fewer teachers and education workers and less help for every student;

“Whereas secondary students will now be forced to take at least four of their classes online, with as many as 35 students in each course;

“Whereas Ford's changes will rip over \$1 billion out of Ontario's education system by the end of the government's term ...

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

“Demand that the government halt the cuts to classrooms and invest to strengthen public education in Ontario.”

I fully support this petition. I will be affixing my signature and giving it to page Saniya.

**The Acting Speaker (Mr. Percy Hatfield):** I would caution anyone else with a petition today along the same lines: We will accept “Premier Ford” or “the Ford administration.” If you say “Ford,” I'm just going to cut you off and go on to someone else.

### TUITION

**Ms. Laura Mae Lindo:** I have a petition entitled “Support our Students: Stop Cuts to OSAP!”

“To the Legislative Assembly of Ontario:

“Whereas Ontario has the highest tuition rates in Canada, lowest per-student funding from the province and highest student debt, and the government's changes will only make the situation worse;

“Whereas removing the interest-free six-month grace period means students will end up paying more, and are pressured to pay their loans even before finding a job or starting a career;

“Whereas the” government's “decision to cancel grants and force students to take loans instead is another barrier to college and university;

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

“Direct the Minister of Training, Colleges and Universities to reverse the recently announced OSAP cuts, protect the existing tuition grants and reinstate the six-month interest-free grace period after graduation.”

I fully support this petition and will affix my name to it.

### WASTE REDUCTION

**M<sup>me</sup> Nathalie Des Rosiers:** It's my great pleasure to table today a petition that comes from Mrs. Jerreat's grade

4/5 class in Kingston, Ontario, as well as the Timiskaming District Secondary School and New Liskeard Public School. It is entitled "A Ban on Plastic Bags."

"Whereas plastic bags and polystyrene are so lightweight that they get blown into trees, streams, lakes and oceans. Only 11% of all plastic in Canada gets recycled annually...;

"Whereas Canadians use 2.86 billion plastic shopping bags per year...;

"Whereas plastic bags and polystyrene are made from petroleum, and mining it adds greenhouse gases to the air, and pollutes the ground and streams;

"Whereas plastic bags and polystyrene break down into microplastic bits and get ingested by marine life and birds making them sick, as well as entering the food chain;

"Whereas up to one million seabirds and 100,000 sea mammals and countless fish die each year from ingesting plastic, according to the Ocean Conference, United Nations...;

"Whereas plastic bags take 10-1,000 years to decompose and polystyrene never biodegrades and can be fatal for wildlife.... We could recycle all remaining amounts for future needs;

"Whereas stores can sell reusable plant fibre bags, and takeout food and drinks can be served in cardboard or reusable containers;

"Whereas the students of Ms. Jerreat's grade 4/5 class, and all grade 5s from Elginburg District Public School in Kingston, Ontario, and all children in the province of Ontario want and need clean lakes to swim in, clean air to breathe, and a healthy planet;

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

"To ban plastic shopping bags and Styrofoam (polystyrene) packaging used for drinks and food from being manufactured, or commercially distributed, in the province of Ontario."

There are 270 students signing this petition. I will sign it and give it to Alma.

#### EDUCATION FUNDING

**Mr. Tom Rakocevic:** The petition is entitled "Don't Increase Class Sizes or Cancel Full-Day Kindergarten."

"Whereas the vast majority of parents, students, and educators support smaller class sizes and the current model of full-day kindergarten and want the best education possible for the students of Ontario; and

"Whereas larger class sizes negatively impacts the quality of education; reduces access to teaching resources and significantly diminishes teacher-student interactions; and

"Whereas the impact of larger class sizes will be particularly detrimental to students who need additional support; and

"Whereas Ontario has an internationally recognized public education system that requires careful attention and the investment to ensure all of our students can succeed;

"We, the undersigned, petition the Legislative Assembly of Ontario to commit to reducing class sizes, maintain the current model of full-day kindergarten, and make the necessary investments in public education to build the schools our students deserve."

I'm certainly signing this and giving it to page Gwen. I'm supporting it for sure.

#### TUITION

**Ms. Jessica Bell:** This is to improve higher education.

"To the Legislative Assembly of Ontario:

"Whereas a 10% tuition cut with no increase in government funding will have a huge negative impact on post-secondary education, especially on workers, low-income students, and students who rely on campus well-being and accessibility services;

"Whereas eliminating the OSAP tuition grants for low-income students will make post-secondary education even less accessible;

"Whereas eliminating the six-month interest-free grace period for student loans will increase the student debt burden and make post-secondary study less accessible to low-income students;

"Whereas switching to an opt-in model for student organizations will radically defund equity-based campus groups, undercut students' ability to advocate for their interests, and cause job losses for hundreds of workers employed by student organizations;

"We, the undersigned, petition the Legislative Assembly of Ontario to stop attacking student union and student groups funding, reverse their policy changes to OSAP by restoring the six-month interest-free grace period and the 2018 model of grant and loan ratios, and match the 10% tuition cut with an equal funding increase to Ontario colleges and universities."

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

1540

#### TUITION

**Ms. Rima Berns-McGown:** My petition is "Support our Students: Stop Cuts to OSAP!"

"To the Legislative Assembly of Ontario:

"Whereas Ontario has the highest tuition rates in Canada, lowest per-student funding from the province and highest student debt, and the government's changes will only make the situation worse;

"Whereas removing the interest-free six-month grace period means students will end up paying more, and are pressured to pay their loans even before finding a job or starting a career;

"Whereas the Conservatives' decision to cancel grants and force students to take loans instead is another barrier to college and university;

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

“Direct the Minister of Training, Colleges and Universities to reverse the recently announced OSAP cuts, protect the existing tuition grants and reinstate the six-month interest-free grace period after graduation.”

I completely agree with the petition and will be affixing my name to it.

#### TUITION

**Ms. Bhutila Karpoche:** This petition is called, “Support our Students: Stop Cuts to OSAP!”

“To the Legislative Assembly of Ontario:

“Whereas Ontario has the highest tuition rates in Canada, lowest per-student funding from the province and highest student debt, and the government’s changes will only make the situation worse;

“Whereas removing the interest-free six-month grace period means students will end up paying more, and are pressured to pay their loans even before finding a job or starting a career;

“Whereas the” Conservative government’s “decision to cancel grants and force students to take loans instead is another barrier to college and university;

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

“Direct the Minister of Training, Colleges and Universities to reverse the recently announced OSAP cuts, protect the existing tuition grants and reinstate the six-month interest-free grace period after graduation.”

As a student who relied on OSAP myself, I fully agree with it and will affix my signature.

#### CURRICULUM

**Mr. Terence Kernaghan:** It’s my pleasure to present a petition today in the Legislature entitled “Protecting Children: Forward, Not Backward, on Sex Ed.” It reads:

“To the Legislative Assembly of Ontario:

“Whereas the health and physical education curriculum empowers young people to make informed decisions about relationships and their bodies;

“Whereas gender-based violence, gender inequality, unintended pregnancies, ‘sexting,’ and HIV and other sexually transmitted infections (STIs) pose serious risks to the safety and well-being of young people;

“Whereas one in three women and one in six men experience sexual violence in Canada, and a lack of age-appropriate education about sexual health and healthy relationships leaves children and youth vulnerable to exploitation;

“Whereas one in five parents reported their own child being a victim of cyberbullying; and

“Whereas” Premier “Ford and the Conservative government is dragging Ontario backward, requiring students to learn an outdated sex ed curriculum that excludes information about consent, sexual orientation, gender identity, sexting, cyberbullying and safe and healthy relationships;

“We, the undersigned, petition the Legislative Assembly of Ontario to direct the Ministry of Education to

continue the use of the 2015 health and physical education curriculum in schools and move Ontario forward, not backward.”

I fully support this petition, and will be affixing my signature and giving it to page Gwen.

#### LONG-TERM CARE

**Ms. Laura Mae Lindo:** I have a petition entitled “Conduct a Public Inquiry into Seniors Care in Ontario.”

“To the Legislative Assembly of Ontario:

“Whereas upwards of 32,000 Ontarians are on the wait-list for long-term care (LTC); and

“Whereas wait times for people who urgently need long-term care can be years-long, and too often, seniors are separated from their loved ones; and

“Whereas there have been at least 29 homicides in long-term-care homes in Ontario over the past six years; and

“Whereas the Liberal government starved the long-term-care sector of funds and staff and cut oversight, leaving seniors in dangerous conditions, and” the current government “believes more cutting and privatizing is the answer; and

“Whereas Ontario legislation does not require a minimum staff-to-resident ratio in long-term-care homes, resulting in insufficient staffing and inability for LTC homes to comply with ministry regulations;

“We, the undersigned, petition the Legislative Assembly of Ontario to act in the best interest of Ontarians and conduct a full public inquiry into seniors care with particular attention to the safety of residents and staff; quality of care; funding levels; staffing levels and practices; capacity, availability and accessibility in all regions; the impact of for-profit privatization on care; regulations, enforcement and inspections; and government action and inaction on previous recommendations to improve the long-term-care system.”

I fully support this petition and will affix my name to it.

#### PHARMACARE

**Mr. Tom Rakocevic:** This petition is entitled “Universal Pharmacare for All Ontarians.”

“To the Legislative Assembly of Ontario:

“Whereas prescription medications are a part of health care, and people shouldn’t have to empty their wallets or rack up credit card bills to get the medicines they need;

“Whereas over 2.2 million Ontarians don’t have any prescription drug coverage and one in four Ontarians don’t take their medications as prescribed because they cannot afford the cost;

“Whereas taking medications as prescribed can save lives and help people live better; and

“Whereas Canada urgently needs universal and comprehensive national pharmacare;

“We, the undersigned, petition the Legislative Assembly of Ontario to support a universal provincial pharmacare plan for all Ontarians.”

I will certainly support this, affix my signature to it and give it to page Aaryan.

#### AFFORDABLE HOUSING

**Ms. Bhutla Karpoche:** This petition is called “A call for affordable housing.”

“To the Legislative Assembly of Ontario:

“Whereas for families throughout much of Ontario, owning a home they can afford remains a dream, while renting is painfully expensive;

“Whereas consecutive Conservative and Liberal governments have sat idle, while housing costs spiralled out of control, speculators made fortunes, and too many families had to put their hopes on hold;

“Whereas every Ontarian should have access to safe, affordable housing. Whether a family wants to rent or own, live in a house, an apartment, a condominium or a co-op, they should have affordable options;

“We, the undersigned, petition the Legislative Assembly of Ontario to immediately prioritize the repair of Ontario’s social housing stock, commit to building new affordable homes, crack down on housing speculators, and make rentals more affordable through rent controls and updated legislation.”

I fully support this petition and will affix my signature to it.

**The Acting Speaker (Mr. Percy Hatfield):** The time for petitions has expired.

#### 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 April 11, 2019, on the motion for third 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 (Mr. Percy Hatfield):** The last time this issue was debated, Mr. Smith from Peterborough–Kawartha had finished his debate. It is now time for questions and comments.

**Ms. Teresa J. Armstrong:** I think we need to make sure—this particular bill needs to have a really detailed debate, for as long as people are willing to stand up and speak to it, because Bill 74, the health bill that’s being brought forward to this Legislature, is one of the biggest transformations of health care.

The government has their messaging and their way of explaining their intentions, but we also have a way that we

have looked at it, that we have analyzed it, and we feel that there needs to be this debate. Hopefully, the government won’t time-allocate this legislation, which has been the behaviour in the past.

One of our concerns, even during committee—I was on the committee on Bill 74—was that there was not enough consultation on this bill. It was very clear and apparent when we were in committee that that was truly the case. The way the government put out their notice for people to present to committee was very limited. We had an issue with that. We talked about it. Then when we were at committee, we know that for that small window, there were about 1,594 submissions, and out of those, only 30 were selected. That is a very small percentage of voices to come to this Legislature on the massive changes that are happening to health care around this Bill 74. I hope that the government won’t be shutting down debate when it comes to this.

One of the things that was problematic around it—people were talking about what it’s going to look like, how it’s going to affect health care. They were all responded to by the members of the government with “Rest assured, this is going to mean better health care.” But it’s not really clear how it’s going to be done, other than that they’re going to integrate health care and say the intent, in their preamble, is that it’s going to deliver quality health care, when we know for a fact we have much more debate and questions around this bill that are necessary to happen in this House.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments? The member for—it’s so long. I’m going to say Hastings? No, no. It’s Stormont–Dundas–South Glengarry.

1550

**Mr. Jim McDonell:** Thank you, Mr. Speaker. Glad to see you’re learning.

Speaker, we fought an election not so long ago. One of our main platforms was to fix the health care system. We have been through 15 years of throwing money at it, and we’ve seen nothing but declining, lengthening wait times, people waiting in hallways. Anybody who had anything to do with health care had a horror story to tell about it.

I think we have our ministry here that’s finally stepped back, looked at the system and is looking at revising it in a way to have a positive impact on people’s health care experiences. I know we just went through a holiday season a few months ago, and I don’t know the number of people who came up to me and talked about waiting, not four or five hours, but more than 12 hours in the waiting rooms. The worst part is, almost every one of them finally left because they weren’t able to see a doctor. That’s a health care system I don’t think anybody in this province wants. Certainly I know that the residents in Stormont–Dundas–South Glengarry expect better.

What’s even worse, when people would tell you a story, they weren’t complaining. They were just recounting their last experience. They have grown to expect that’s what will happen. You go to the emergency room and you’ve got long hours to wait. I think we can do better. Our

Minister of Health has taken that challenge on. If the opposition would work with us—we were out consulting. We have experts looking at it, looking around the world. When you look at how the health care systems rank, we rank near the bottom. I hope we're aspiring to a better system and not just continually throwing money at something, because if anything, it tells us it's not working. If we continue doing something that's not working, it doesn't say a lot for the planning that goes into this important area.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments?

**Mr. Tom Rakocevic:** I'm proud to rise to discuss this. Health care is an issue that's really important to me and my family. My father was ill as I was growing up and ultimately passed away when I was a young man.

This is very scary—and I heard this from the public myself because I did a series of meetings around public health care. Early in this year, I visited seniors groups—I even visited school councils—and I talked to them about it, because in my constituency of Humber River–Black Creek, the previous Liberal government closed a hospital. They did. They closed a hospital there. In fact, they closed one in the neighbouring riding of York South–Weston. So the legacy of health care, where we had a hospital that was walkable from Jane and Finch, was no longer there. It was always top of mind.

My concern is that the way the Conservatives and Liberals in the past have dealt with this around public funding of things, it's almost like a self-fulfilling prophecy. You underfund the public service, like health care, year after year. What ends up happening is, they have trouble operating. You certainly don't get the level of service.

With the past Liberal government, they underfunded health care year after year after year. The Conservative answer to this is to increase ways in which public money can be spent on the private delivery of different things. I think that this is a very partisan philosophy, because they're not looking at what happened within the public health care system, which was underfunded, and instead are using health care, something that's so important and crucial to all of us, and finding ways to monetize that and give that over to the private sector.

Ontarians deserve health care that will take care of them, whether they be children or seniors—dignity in that field—and not just simply taking our health care system and handing it over to the private sector for philosophical purposes.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments?

**Mr. Robert Bailey:** I'm pleased to rise and have some comments on Bill 74 and all the previous speakers. During the last election campaign, we made a commitment that we'd end hallway health care across the province, and we're fully committed to doing that. The fact that Ontario's health care system, as has been alluded to by others from all parties, is on life support—patients are forgotten on waiting lists, more than 1,000 patients are receiving

care in hallways every day and the average wait time to access a bed in long-term care is 146 days.

These are some of the issues that we have to address as a government and in this Legislature as a whole. The vision that the minister has put forward is a public health care system where patients and families will have access to faster, better and more connected services. I see that, certainly, there are these health care silos. I certainly dealt with it in my riding from the first day I was elected. As we brought groups together to try and make a system work better, we would find that one group wasn't speaking to another group, or, "That's someone else's responsibility."

Anyway, I could see why people would be frustrated, because as a member and as the member's office who had access to people in the ministry and in the different health care services locally—if we were getting the run-around, I can imagine how the average individual would feel who didn't have those same opportunities and those same access points that we did.

This system we envision, where family doctors, hospitals and home and community care providers would work together in unison as one team, is a goal that I thought should happen for a long time, and I applaud the minister and this government for taking these first steps. It won't be without some upset, but at the end of the day, it will have to be better.

**The Acting Speaker (Mr. Percy Hatfield):** Now we'll return to the member from Peterborough–Kawartha for his summation.

**Mr. Dave Smith:** Thanks, Mr. Speaker. It has been five days since I got up and said that speech, so it's nice to know that people remembered what I had to say. I'd like to thank the member from London–Fanshawe for her comments, the member from Stormont–Dundas–South Glengarry for his, and the members from Humber River–Black Creek and, of course, Sarnia–Lambton for theirs.

I just wanted to point out a couple of things from health care. In my region in Peterborough, we rotate between being the third-busiest and fourth-busiest hospital in Ontario, and yet we're the 17th-largest community. We're really busy because there's a shortage of doctors. That's one of the things that we're talking about addressing in Bill 74. People aren't sure where to go for their primary health care when they don't have a doctor, so they go to the emergency room. It's reflected in my region in particular.

Some 42 cents out of every tax dollar that Ontario collects goes towards health care. We're spending \$175 million per day. Yet my community, the 17th-largest, has the third- or fourth-busiest hospital depending on the month.

The way the system was set up back in 1969, when we first had universal health care here, and then modified it in 1972 and OHIP became the name of it—it's not working today. In 1969—I thought this was actually rather interesting—Marcus Welby, M.D. was a brand new television show. Led Zeppelin released Led Zeppelin, the album. The iPad didn't exist. The Internet didn't exist.

All has changed. We need a health care system designed for 2019, not for 1969.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Ms. Teresa J. Armstrong:** I have done some questions and comments on this bill, but now I'm doing my 20-minute debate on it, which is extremely important to understand the implications of this bill and how it's going to affect our health care system.

The preamble was something that was debated during committee often when we were doing our clause-by-clause. The government did make some changes to it to try to let the public know that there is that intent. The preamble, we know, is not legislation; the preamble is the intent of the government around the legislation.

They did make some changes. But what was interesting and what they wouldn't budge on was the fact that we wanted them to put in the preamble that health care would be not-for-profit. It's one of the principles in the Canada Health Act: that it would be delivered and the service would be not-for-profit. That's something they wouldn't budge on. We've talked about it in the House, and it's a principle we believe should be in this bill, because it is one of the most massive changes to the health care system and it is opening it up to unprecedented levels of privatization. So that was a concern for us during the committee, as well as in this Legislature.

We also had concerns with respect to the consultation process. Once we had the opening up of the public to present during committee, there were 1,594 submissions to speak to the committee and only 30 of those were accepted. So there weren't a lot of robust presentations or feedback or opinions on how this bill would affect people's lives.

**1600**

We did ask the government if we could have some of the written submissions. There were 19,000-plus, I think, pieces of paper that were actually written submissions. Those were not considered during the committee process on how this legislation could be affected and could be amended to make it stronger. Again, it speaks to the government talking about wanting to have consultations, the largest consultations in all the province, but, really, the proof isn't there.

We asked the legislative staff in committee at the time to please compile some of the things that were being said, a summary of some of the written submissions, so we could understand the ones who didn't get to present at committee—not the select few who were fortunate enough to present but the people who were left behind, the voices that weren't heard.

Here are some of the written submissions from individuals, the comments that were compiled by the staff. I have to also commend the staff for the exemplary work they did during the committee process, helping us, making sure we were on time and making sure people had the opportunity to present within the guidelines and terms of reference this government laid out.

What we got here—and all the committee members received this—says, “Many described their personal experiences with the health care system, with some

explaining that while some restructuring is necessary, a publicly funded system is important to ensure the quality of care for patients and to reduce stress for individuals at very difficult times.” These were summaries of written submissions that we didn't get a chance to hear.

“In addition, the committee received letters expressing:

“—concerns about increasing the role of the private sector in the delivery of health care;

“—concerns that the bill will result in services requiring a fee or becoming unaffordable;

“—concerns it may lead to outsourcing, delisting services, or forced mergers;

“—concerns about cuts to services;

“—requests that it include statements relating to the principles of the Canada Health Act;

“—a desire to see more citizen input into health care decisions including at Ontario Health;

“—concerns that regions will have less input into centralized decision-making processes;

“—a desire to see an appeals process added to the legislation,” which is not in there;

“—support for public health care as a Canadian value;

“—skepticism that changes will result in cost savings;

“—desire to see more investment in health care, for example more medical professionals;

“—a desire for more time for consultation and/or research on the bill; and;

“—a desire to see the bill withdrawn or significantly revised.

“A few individuals also asked that Cancer Care Ontario and the Trillium Gift of Life not be rolled into Ontario Health.”

These were submissions that were written that we as a committee did not have the opportunity to read into the record. The committee members on the government side didn't want that to happen. They felt that was repetition because we already had the written summary.

I have a constituent who wrote in to our office recently and they were talking about, again, the recent announcements of the working group the government has compiled, asking the medical professionals to look at unnecessary medical procedures. We had a constituent call in about these pain block injections. They were concerned and they wanted to know what was happening. The mandate of this government that they gave to the medical professionals was to find savings for—I think the date is May 1. One of the things they wanted them to look at was pain blockers and how they are being used. They apparently want to understand the appropriateness of requesting these.

I know from my constituents who have called in to the office and emailed that they talk about these pain blockers as ways to function every day. One of the comments was that this person gets pain blockers because they want to continue to do their job. That's how they actually function and work. If they cut back on these pain blockers they have said, “I will be in so much pain—and it will be medical distress—that I will not be able to work.”

I know how important it is to this government to make sure that people are working. This is a way to help people

keep their jobs and their livelihoods. Preventative medicine is something that's hugely important. That's one of those examples.

We got a letter from someone, and this is what it says:

“Dear Patient,

“The government of Ontario is desperately looking at ways to reduce Ontario's debt. During arbitration with the Ontario Medical Association, the Ministry of Health submitted recommendations to limit or cut certain funded health care services in Ontario. If implemented, these proposed limitations and cuts will directly affect your care as a pain patient.”

They've underlined here. They said, “They are proposing to only pay for a maximum of four injections per visit up to four times a year. This is a maximum of 16 injections per year.” Then they've bolded it: “If the government makes this change, you could lose total access to pain injection treatments.”

These are real important pieces of the health care system and this is another way this government is proposing to change things without, again, bringing consultation to the committee. If they were able to have a more robust consultation, where they actually travelled this bill to London, I'd bet you that this person would have come before the committee with concerns about that proposal to the health care professionals and why they need to look at that specific use and the appropriateness of medical procedures.

The other thing that we of course talked about was the privatization of this bill. We know it's opening the doors to unprecedented privatization. It's very clear that that is the intent, though they won't admit it.

I can tell you, Speaker, last week I was driving to the Legislature to pick up something I had forgotten. It was about 5 o'clock in the morning before I headed off to the 401. I was listening to the radio and I heard this ad. This is completely legit; I'm not making this up. I heard this ad about how Ontario is in the midst of the biggest health care transformation bill ever brought forward in Ontario. What caught my attention was that this organization said, “We're Nurse Next Door and we are hoping to be part of the Ontario health integration teams.”

I've talked about this before: Does anyone know who here in this Legislature owns a franchise of Nurse Next Door? Mike Harris. His wife, Laura, has a medical background. She's a registered nurse. In 2012 they bought a franchise. So here is Nurse Next Door—maybe not necessarily his franchise piece, but the whole Nurse Next Door corporation literally puts out an ad and says, “We hope that we're going to be part of those integrated health delivery services.”

Nurse Next Door is a private home care company.

**Ms. Catherine Fife:** A business.

**Ms. Teresa J. Armstrong:** Yes, it's a business. What is happening is Nurse Next Door, and many other privatized health care businesses, are publicly funded—but they're squeezing out our public health care dollars and they're in business. They want to see profits, and that's

what they're doing. They squeeze money out of our public health care dollars so they can realize profits.

What happens in a non-profit health care delivery organization or agency is, they take all the public health care funds that are given to them and they use them for front-line care. They're not worried about profit because they're not in the business to make money off the public health care system.

This is why we were in committee really pushing this government to put in one of our amendments. It was an amendment on page 24. It said, under Funding, “(1) The agency may provide funding to

“(a) a health service provider in respect of health services that the provider provides; or

“(b) an integrated care delivery system referred to in subsection 29(1.2).

“Non-health services

“(2) The agency may provide funding to a health service provider, integrated care delivery system or other person or entity in respect of non-health services that support the provision of health care if the following conditions are met.” One of those conditions was: “The health service provider, integrated care delivery system or other person or entity is a not-for-profit provider, system, person or entity.”

**1610**

The government voted that amendment down, and many other amendments that we continually ask for this government to put in legislation. They wouldn't even put it in the preamble, let alone the legislation, that this should be a not-for-profit delivery system. We know evidence shows that not-for-profit child care, not-for-profit health care, deliver better results. We know that; there's evidence out there that says so. So what the resistance is from this government not to do it, I can only put those things together and say that they want privatization to be opened up to their friends or their colleagues or their relatives to make profits off our health care system—like Nurse Next Door.

The other thing that I want to bring out as well is Chartwell retirement service: It's, again, another privatization of the health care system. The retirement facility has a board of directors. On that board of directors is Mike Harris—shockingly—part-time, and he makes \$237,000. If he has Nurse Next Door be part of the integrated health delivery services and he has his Chartwell be part of that, boy, that's pretty profitable for somebody who's in the business of privatizing health care.

That is one of our largest concerns, along with the fact that we haven't travelled this bill. This is such a significant change to our health care system, to the fundamentals, the foundation of who we are as Ontarians—the pillar of health care. Yet this government doesn't see the need or the reasoning, which is very concerning. You should be talking to the patients. You should be talking to the families of those patients. You should be talking to front-line workers. You should be talking to owners, operators and CEOs—everyone—and primary caregivers. They didn't do that. They failed on that front.

I want to take the last bit of time to talk about how important it is to hear from front-line workers, because

they're doing the job every day. They have solutions, but this government neglected to hear them out. They work very hard. I'll talk about long-term care, because that's my critic role.

I was just at a long-term-care home on Friday, talking to a resident who reached out to my office. She's 84 years old. She wanted to talk to me about a situation she was in in her long-term-care home. What she said—and it's not surprising. She said, "You know, Teresa, the front-line workers here are doing the best job they can. I can't say a bad word about them, but there's problems in long-term care and this home specifically. We don't feel like we're listened to by the people that run the home." We had a few things that she wanted to address.

Coincidentally, the top manager in the home walked into her room as I was there. So we had a conversation about how to keep the lines of communication with that resident so that she could get some resolution around her concerns. And that is another opportunity missed by this government: There are residents in long-term care who can actually give you feedback and life experiences of how things could be done better. You may not take all the suggestions, but the fact that you're listening to them could be a small piece in how to fix long-term care.

We know long-term care needs to be readdressed. In the summer, there are going to be recommendations coming out from the public inquiry that happened—the horrible crime that happened in Woodstock and London at Caressant Care and the Meadow Park home, where there were murders. They're going to come out with recommendations. I'm going to look forward to reading them. But again, under the Liberal government, they were so narrowly focused on the mandate of how those things could happen—which we need to have answers to. We certainly do. We want the families to have answers to that horrible tragedy that occurred and will never happen again. But as the NDP critic, under that public inquiry I called for that scope to be opened into a phase 2 so we could actually find the problems and fix the problems, because we know that there's underfunding, we know there's understaffing, and I believe those things contribute to what happened in long-term care. I've heard time and again that having one RN in charge of a whole long-term-care facility on the night shift is not a good model. I've heard from RNs that they're the maintenance person, they're the tech support—they do it all. Just because you have residents in their beds at night doesn't mean an RN should be the only one on staff for that entire long-term-care home.

If we had done it right—sometimes what happens is that governments do small things and they don't look at the full picture, and then we have half a solution and we're still on this hamster wheel, trying to catch up and fix things. It would have been great if the government listened and opened up that phase 2 in long-term care.

We have over 30,000 seniors waiting on long-term-care beds. Creating new beds is necessary, but not-for-profit creating those new beds—that's a better plan. Again, this government won't do that. It won't commit to say, "The

beds we're going to build are not-for-profit." We're going to build 15,000 long-term-care beds, but they won't go that extra mile and make it right and make it better by saying they should be not-for-profit.

That's some of the things I think we need when we talk about health care: how those dollars are spent. They need to be spent in a way that they're fully committed to front-line care, and that's through a not-for-profit model delivery system. That's something this government neglects to really pay attention to.

The other piece that we should really be talking about—I only have a little time left—is about how collective agreements are going to fit into this new super-agency legislation in Bill 74. When you merge people, when you create these super-agencies, how is that going to be respected? Are we going to have two tiers of wages? That's the question that wasn't really clear and answered by this government and committee.

I look forward to the questions and comments when it comes to this bill. Again, I have concerns with respect to how this government is going to shut down this debate at whatever time, six and a half hours. That isn't the right way forward. I hope they pay attention. I hope when they talk about us working with them, part of that statement is actually working with us. That didn't happen in committee. They shot down everything but one amendment because it was the first amendment before their amendment that was exactly the same. Wouldn't that look silly if they voted down our amendment and then just created their own exact same wording?

I look forward to the questions and comments.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments? Seeing—Brantford—Brant.

**Mr. Will Bouma:** Thank you, Mr. Speaker. It's nice to see you surprised to see me sitting over here. I very much appreciate that.

I'd like to thank the member from London—Fanshawe for her comments. But it made me think of exactly what the problem is that we're facing. As I'm listening to the debate this afternoon, I couldn't help but think about people like Tommy Douglas and the vision that the NDP used to have for how we could take care of people in a fiscally responsible manner. I remember, when I was on the campaign trail, I talked to someone in my riding who used to sit in this place. He said he would never change the way that he was going to vote, but what we need is something that's socially progressive and fiscally responsible. In that sense, then, my question to the member from London—Fanshawe is, how did you lose your way? Where is your plan?

**1620**

It's an easy thing to be critical of the good work that visionaries like our health minister are doing with Bill 74 to be able to put patients first, to put the focus back on patient care instead of bureaucracy. It's an easy thing to pick those things apart. It's an easy thing to take an American-funded special interest group that allows people to send in all these submissions that weren't handled by the committee. It's an easy thing to take that money from those foreign special interest groups on this side and say,

“Oh, you didn’t look at all the submissions.” But where are the real ideas? Where are the real solutions to our problems? Rather than being critical of what this government is doing, why not work with us and share your ideas instead of nitpicking the things we’re doing?

To complain about people actually earning a living in health care—I have earned a living in health care. Many doctors and physicians earn a living in health care, and to say that’s somehow wrong for private interests to make money—I just can’t support that.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments.

**Ms. Catherine Fife:** It’s quite shocking to hear a member reference Tommy Douglas in support of the privatization of health care. In fact, the member from London was very clear in her messaging. When you incorporate a profit agenda into the health care model, you are essentially stealing front-line services away from patient care. She made that perfectly clear.

She also referenced the history of this place, where the Liberals doubled down, opened that door to privatization, to the tune of almost 30%. What did we get from it? We got watered-down chemotherapy drugs for patients in the province of Ontario. We had questionable lab results, which dictate how a patient is treated in their course of medicine. We had Ornge air ambulance, where those ambulances were designed where you couldn’t actually do CPR in one of those ambulances. We’ve learned from that record, and we certainly will not be following in anyone’s footsteps who actually opens the door further to privatization, which is why we so clearly stand against this kind of legislation.

I just want to get on the record Natalie Mehra, who is Ontario Health Coalition’s executive director. This is what she has said: “The process by which this legislation was introduced and has been moved through our provincial Parliament is reckless and profoundly undemocratic. Major policy changes regarding vital health care services impacting more than 18 million Ontarians require proper public consultation, meaningful feedback and honest debate.” They didn’t get that. They didn’t get their day at committee.

Some 1,400-odd submissions applied to come to this place. It is our duty and our responsibility to listen to those voices and bring those concerns to this place. But what does this government do? They shut down the debate on this piece of transformative health care, which will absolutely negatively affect the people of this province. The member spoke the truth in this Legislature.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments.

**Mr. Roman Baber:** I’m pleased to rise on this piece of legislation and follow my friend from London. In my short nine months in this elected office, I have already seen two perfect examples in support of our transformative health care legislation.

I have a potential project in my riding, and I have approached some of the folks at the ministry to discuss the project. They said, “You know what? Why don’t you go and speak to the Central LHIN about it and see what they

say?” I went to the Central LHIN and they said, “You know what, Roman? This really better fits with the folks at the ministry. Go back to the ministry.” So back and forth I go and, regrettably, not much has been done since. So I’m pleased to see that we’re going to focus resources into a central decision-making authority that will enable us to move things forward.

Second of all, I want to tell you very quickly about a facility in my riding called the Polyclinic. Perhaps if you have some time, I’d love to invite you to York Centre to have a look at it. It’s essentially care under one roof at Finch and Dufferin. From primary care, family doctor, imaging, specialists and a working relationship with North York General Hospital, all under one roof, all of them share information and, incredibly enough, this is one of the very first facilities in Ontario that was able to get through the bureaucracy, get the necessary permits and essentially get health care, A to Z, under one roof.

I’m very excited about this because this is precisely what our local health integration teams are contemplating: that we’re going to be able to deliver an A-to-Z experience for a patient essentially under one roof, if not geographically.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments?

**Ms. Jessica Bell:** I’m pleased to be rising to speak to this bill, Bill 74. On a personal level, this is deeply concerning to me, because I’ve seen the rollout of a two-tiered health care system in Australia. I’ve seen how that impacts the quality of health care that people are provided with, especially low-income people, who don’t have the ability to pay the ever-increasing insurance premiums that happen over time when you create a two-tiered health system.

I strongly believe in the Tommy Douglas mantra of a non-profit and public health care system, because, quite frankly, it delivers better results. It means that the health care system prioritizes the patient, not profit.

What I fear when I see that health care will be delivered potentially privately is that we could be opening the door to the kind of US-style health care system that I also experienced. What we’ll see there is hospitals spending money and delivering services that are just not good enough as the public health care system, and we’ll see a massive increase in the amount of money that is spent on executive compensation, on advertising and on bureaucracy that is some of the highest in the Western world. I don’t believe that we should go down that approach, because spending money on that means less money spent on patient care.

I also have deep concerns about the lack of proper consultation that was done on this health care bill. This is fundamentally transforming one of the biggest sectors that Ontario has. To have over 19,000 pages submitted is astonishing, and then to have approximately 30 people speak to the bill and this bill rammed through in a period of a few weeks is, quite frankly, scary.

I think there are better ways to tackle the health care problems that we have, the first and foremost being to increase the amount of funding that we have available to the health care—

**The Acting Speaker (Mr. Percy Hatfield):** Thank you.

Now we will return to the member from London—Fanshawe for the wrap-up of what she just heard from the questions and comments.

**Ms. Teresa J. Armstrong:** I appreciate the feedback from all of the members in the Legislature. It's good to know that people are listening when you speak and they can comment on these things. Thanks to the members from Peterborough—Kawartha, Waterloo, York Centre and University—Rosedale.

I want to finish off by saying that I know that when this bill was introduced, there were questions around how the local health units were going to play a role in Bill 74, and nobody really knew. Nobody really knew how they were going to be affected by this. But then, when we heard the budget just last week—now we know. We know that they're going to take 35 health units in all of Ontario and they're going to condense them down to 10.

In London, we have a wonderful local Middlesex health unit. We certainly are well-served by that medical health unit. But people around us—where are they going to get their health services? I worry about that, because when big cities already have the infrastructure in place, is that going to mean they're just going to engulf the smaller health units around them? I don't know if this government actually had consultation around that. That's something that was important to have a big discussion on.

Now we're all sitting on the edge of our seats. I know the health units are saying, "We'll have to wait and see, because we're getting our funding cut." They're actually getting their funding cut. You've admitted that—finally something they've put out there that's actually legit. But yes, people are saying, "We don't know. We don't know what kinds of programs?"—because also, health units have preventive health care, and we don't know what kind of programs are going to be cut.

I again put that out there, that this government should really have told us about that before the budget.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Mr. John Fraser:** It's a pleasure to get an opportunity to stand up and speak to this bill, Bill 74. I want to begin by saying that I believe that it's the most important thing that we do here. It's really most important when someone is sick. Nothing else matters. I remember that when my dad was sick, my mom had a stroke in September, and I had to leave here very quickly. This place didn't matter. Nothing else in my life mattered. The care for my mom mattered. That was the most important thing. That's the thing that we do for each other: We take care of each other at a vulnerable time, when we need care, when we need support, when we need health. It's one of the reasons that I came to Queen's Park—as well as, obviously, representing my community.

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I think that what's important for us to do here is to improve the quality of our health care system, the accessibility of our health care system, the affordability of our health care system, and make sure that it's there for everybody,

including those who are vulnerable and marginalized, that there be no language barriers. I think that's a critical thing. I think members in this assembly share that. I really do believe that. We all have different ways of doing things. We've seen successive governments go through different models and different decisions about what they believe is important in health care and how we should do it.

When I look at this bill—and this is keeping in mind that I think we've been saying the same thing for about three decades about what's important in health care: that it's patient-centred, that it responds to the needs of the community, that it's affordable. We've been saying the same thing for 30 years. What we're talking about here is a massive structural change. We all want high-quality health care, compassionate care, to be there for us, for our family, for our neighbours, for our friends when we need it. But what's proposed in this bill is what I would call a massive centralization.

I've been around long enough to watch the massive centralization and restructuring that occurred in the late 1990s and early 2000s and what happened to communities—the responsiveness of bringing all the decision-making to downtown Toronto. It has had a big impact on my community in Ottawa.

As many people know, there's the Montfort Hospital. The government of the day decided, "We're closing the hospital." That was going to have a huge impact not just on Ottawa, but on the francophone community across Ontario. What happened was, the community had to rise up in great numbers—they filled a hockey arena and a few parking lots. They took the government to court—I think, in this budget, it's going to be harder to do that now—and they were successful. I'll say a bit more about this later when we're talking about the amendments to the bill that were proposed and the kind of jurisprudence there is around francophone services in Ontario.

The same thing happened with the CHEO cardiac unit. The government of the day from downtown Toronto decided, "We don't need a cardiac unit at the Children's Hospital of Eastern Ontario. We need it in downtown Toronto. That's it. We're going to cut the program." Again, the community rose up. Dr. Wilbert Keon, a prominent heart surgeon and CEO of the Ottawa heart institute, who passed away about a week ago, did some work that said, "Actually, no. You can make it work on two sites." But it took the community rising up and forcing the government of the day to take a look at that.

There's a challenge inside this legislation with regard to the responsiveness of the minister, the power of the minister and the ability for communities to appeal that I'll talk a bit more about later. This super-agency is what I like to call a hyper-corporatization of health care in Ontario. The board—good people, but it looks a lot like a multi-national board, and we know how well communities do with multinationals. The centre has the power. The centre's interest is in the centre, not in the branches. So I'm very concerned that what this bill proposes is again going to create a disconnect, is going to slow down decision-making. Communities' input into that decision-

making is not going to be effective. There's no clear community path or community decision-making in this bill at all. It brings it all here to downtown Toronto.

One of the amendments in the bill was, that we need to take a look at that board and make sure we have representation that shows the diversity of Ontario. We need some francophone representation. There should be representation from Indigenous peoples. The public nature of our health care system demands that we try to represent all of our communities.

As well in this bill, we put forward a number of amendments—we didn't know whether or not we'd have an opportunity to do so with the switch. And I appreciate the government and the members of the Legislature allowing us to switch so we could put some amendments forward.

One of those amendments was that the board had to hold public meetings. The government voted that down. I think that if we have a publicly funded health care system, that board, of which we are all the shareholders—all of us, all the people who live in our communities, are all shareholders. We need recourse. People have to be able to respond to the needs of communities.

The other amendment that was put forward—again, that was defeated—related to the regions of our province and that that board should be meeting in those regions. Somehow, if the government can create sub-regions so there is some connection with the local leadership and understanding of the local community enshrined in the legislation, I'd be more comfortable. I think many, many more people would be comfortable.

I think the member from London–Fanshawe talked about the consultations on this bill. The reality is, this bill is moving at warp speed. Even Mike Harris took more time. This is a fundamental change in the structure of health care in Ontario.

The challenge is, it's not going to fix crowded emergency rooms right now. It's not going to fix it next year; it's not going to fix it the year after that; it might start to by the year after that. We saw in the budget what measures that were or weren't there to address those things. It's not going to address issues around primary care or palliative care right now, or a standard of four hours of care in long-term-care homes. It's not going to address those things. Those are the things that are the pressing needs right now.

I do like to remind my colleagues that you're making a structural change. It's not going to have an impact for a good period of time, and there are things that need to be addressed right now. So please don't connect those two things together. If you want to connect them together in four or five years, that's great. But the things that are happening right now need to be addressed right now.

One of the amendments that we put forward as well was to take a look at the minister's powers. The minister's powers in this bill are almost absolute. It's absolutely incredible. A minister can issue a directive and only has to give 30 days' notice—30 days. That's incredible. That's not time for somebody to mount a legal challenge—even if they can, when the government has changed it in this

budget bill—or for a community to rise up. That's incredible. I proposed that we take that to 90 days, and I think my colleagues from the NDP proposed 60 days. I think that's reasonable. Both of those amendments got voted down.

There was another amendment that said, "Look, there should be some mechanism for appeal." I suggested the Health Services Appeal and Review Board. It's not a perfect solution, but an indication that says that we need to have some mechanism whereby communities can have a voice and communities can have the right to appeal.

Here's what it is: Who owns Mackenzie Health? Who owns the Peterborough hospice or Peterborough Regional Health Centre? Who owns the hospital or the hospice in your ridings? Is it the minister? No. Is it the super-agency? No. Is it the Ministry of Health? No. The people who own it are the people who live in your communities. It's their care. It's their money. And what's happening in this bill is, they're not getting a say.

You can pooh-pooh what I'm saying right now and say, "No, that's not going to happen," but 10 years from now, when they're going to close down something in your community and you've got 30 days, just remember that we had the opportunity to give our communities a voice. We had the opportunity to protect our communities and the care that's important to them, the care that's theirs. It's their money and it's their care, and we failed to protect them in the bill—100%. And that's not a criticism; that's a statement of fact.

There is not a reasonable time frame for people on the minister's ability to make an order, and it is unreasonable that there is no appeal mechanism. I'm very disappointed that that's not in the bill, and at the end of the day, that's not serving our communities well.

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The board itself doesn't actually have to appear before the Standing Committee on Government Agencies before they take their seat. We're saying to 12 or 15 people, "You're going to take care of the things that are most important to all of us when we need them. You're going to take care of \$30 billion worth of spending"—because they don't have the whole health care budget, from what I understand, but it's still \$30 billion. As members of this assembly, as representatives of the people, as representatives of the shareholders, we don't get a say and we don't get to ask any questions. There was an amendment put forward in the bill that says that every member of that super-agency board has to appear before committee; it was voted down. That's wrong.

I will say that there was in the bill a recognition that francophone and Indigenous rights needed to be there. The government did accept two amendments—they're not very big—and another amendment from the NDP as well. I'm glad that they're there, but we didn't do enough to recognize the importance of health services in the French language. That's important because there's about a thousand pages of jurisprudence that involved the Montfort Hospital. As part of the government settlement—you may or may not remember—all of that jurisprudence was

entered into record and is now part of jurisprudence in Ontario. Again, the government may find itself in court—and we're not sure how this budget will change people's ability to take the government to court—and that's going to cost money. I think it would have been simpler to ensure that the role of francophone services in this bill was made stronger.

The bill does not mention the Canada Health Act. It doesn't reference it at all. I know that that was brought forward by my colleagues over here in the NDP. I think that's an important amendment, an important inclusion in that bill, that we should have made.

I want to back up again and speak to what's really happening here. This is a massive centralization that's going to remove communities' role in deciding the care that they receive. It's taking it right away. That's not right. It's incredible that we're moving in that direction. If the government had created some balance inside that bill that says, "You know, we do have this board and we're centralizing this, but communities have this kind of role," it would give us some more comfort—if we protected communities or gave them recourse from a minister's order.

I'm not going to say that anyone in this assembly is going to use a minister's order in a negative way. I'm not suggesting that the minister would do that. But we're not just writing the legislation for this Parliament; we're writing it for future Parliaments. As I said earlier, the changes that are outlined here are going to take years. It's a big shift. I'm worried about what's going to happen 10 or 15 years from now, when there's another government, which could be any one of us here. What recourse do our communities have when a decision is made that adversely affects the care that they receive, or that, in the case of a rural hospital or health service, is not only going to affect the care that they receive but—as many of you know who represent rural communities—an employment centre, something that anchors the community? I think the government should have done more to get the balance right. I think a balance between community and an agency would have been the right thing to do.

I do believe that if you take a look at the experience in Alberta in terms of hyper-centralization, they're going back to regional care. I think the government would have been better off to take a look at regional care and make the number of regions smaller and look at the powers that the regions have so that they can be more effective.

LHINs were not all the same and they were, in part, evolving—some of them were evolving quicker than others. I can understand the challenge and the frustration that people express. I come from a LHIN where we didn't have those challenges. It was very responsive to the community's needs. It found ways of bringing people together to collaborate and get the outcomes, and not necessarily in the same way as they would in another community.

Community-based care, community decision-making, the community role, the development and use of leadership that exists in the community to actually do things together that will ensure we get the outcomes we want, is

important. I'm concerned that with this bill and this centralization, you're going to lose some of those things.

The care groups: I can understand where the government is coming from on that. The risk there, though—and again, it's the same as with the centralization—is that the people who have all the power right now, the people who have all the money—the hospitals, the corporations—are going to have an advantage in those things. We're going to be relying on their goodwill to do the right thing. I think there's a risk in that. I think the smaller community partners are valuable, and there's a way of bringing people together to work together and get the outcomes that we want. We have to respect those things in communities. I think that's where the bill falls down. We didn't do enough to protect our communities.

I'm going to say it again: In 10 or 15 years, we don't know who's going to be sitting in that chair. None of us know. We don't know what party they're going to belong to, who that person is, or what the pressures are. There is an imbalance in the power of the minister as it relates to our communities. It doesn't matter whether it's my community or the community in Glengarry–Prescott–Russell or Sarnia; we're all going to have to answer those questions when someone goes to make that move. I'm not suggesting that this minister is going to be the one to make that move, but what I'm saying is that there's a risk that people will make decisions that don't work for our communities, that don't work for the care that's theirs and that don't work for the money that they've invested not only through their tax dollars but through their charitable donations. Many of us have hospitals and hospices, and we know how hard it is to get that 10%. At least right now, we have time and a recourse. It's not perfect; ministers still have powers, but at least we still have that. I would implore the government to look at that, because it's not about next year or the year after that or the year after that; it's where we're going to be in five, 10 or 15 years if we don't actually put a balance on that power.

I want to thank you, Speaker, for allowing me this time. I'll sit down and wait for responses.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments?

**Mr. Paul Calandra:** I appreciate the opportunity to follow the member. I do appreciate his words, but obviously we cannot continue on the same path that we saw.

The honourable member has completely got this wrong. It is surprising, because what this bill actually is is a community takeover of our health care system. It's the exact opposite of what he's talking about. He talks about the Canada Health Act. Well, it's not in the bill because we're not making changes to it; only the federal government can do that.

What we're talking about, what is so transformational about this and why our health care providers are so excited, why our home care providers are so excited, why our long-term care is so excited—I had meetings in my riding with medical professionals. They can't be more excited about this.

What we're hearing constantly in the community is this, and we're hearing it from our hospitals in particular:

Patients that they see, particularly seniors—we've all had this. They see them back at the emergency room after they've discharged them because they didn't know how to get quality home care. There was a 110-year waiting list for a long-term-care bed in parts of my community. That was completely unacceptable. That is the hallmark of the health care system that we took over, Mr. Speaker.

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Finally, there's a light at the end of the tunnel. We're making important investments, as the budget makes very clear, but we're taking health care and giving it back to the people, we're giving it back to the patients, we're putting it back into the community. We're involving doctors, long-term-care workers. We're involving the entire community in a quantum of care the likes of which we have not seen, and, I would suggest, the likes of which the original founders of this public health care system in the province of Ontario—colleagues, we know that was a Conservative under John Robarts. That was how we brought public health care forward here.

But finally, we are making a fundamental change to health care, one that will benefit Ontarians for many, many years to come, and I can't be more excited and I am encouraged by what has been brought forward. I hope the member will work with us to make it succeed.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments?

**Mr. Terence Kernaghan:** I'd like to thank the member from Ottawa South for his comments. I'd like to touch on two things that he spoke to in his speech. One would be the need for consultation and the second would be his discussion about centralization and the structural changes that Bill 74 does present.

The NDP brought forward amendments making sure that the words “not-for-profit system” or “entity” were included in this legislation. However, we know that those were shut down in committee. We take a look also at the number of submissions that were presented to the government, which have just sat and collected dust. We know that it's important that the public is involved in their health care system, and, really, what we've seen is a system whereby Ontarians have been muzzled. If we compare public versus private, this government should already understand, with their recent experiment with the Ontario Cannabis Store, that privatization is not an effective way of delivering anything, but it certainly gets a number of sharks circling here around Queen's Park. Former politicians are certainly getting rich with the Ontario Cannabis Store.

I'd like to congratulate the member for London—Fanshawe for her comments about the board of directors at Chartwell, as well as Nurse Next Door. It's amazing how legislation can really help line the pockets of certain people.

It's important that we make sure with Bill 74 that we talk to the front-line workers and we talk to the people who are actually delivering this level of care. We have to make sure that there is a viable consultation.

This government has criticized the former Liberal government for their lack of consultation with the health

and phys ed curriculum, and they stand up in their places and they scream. However, what has happened here is the exact same, and time will be the ultimate judge of what they're doing now.

I also wanted to think about the story of Jeff, a constituent of mine who works in long-term care currently. He mentions that rather than ever entering long-term care, he'll make sure, along with his workers, that that never happens.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments?

**Mr. Dave Smith:** I'd like to touch on a couple of points that the member from Ottawa South mentioned: improved quality, improved accessibility, improved affordability. He's said to me a number of times that what we do in here is the legacy that we leave behind. I am quite proud of the fact that we are building a legacy that will improve the quality of health care, that will improve the accessibility of health care, that will improve the affordability of health care—because he got it wrong. He admitted in committee they got it wrong. He talked about making sure that we have things—health care services are engrained for French. The French language needs to be acknowledged in that there are differences.

I'd like to point out the preamble. The preamble sets the table for what the entire bill is, and if it's in the preamble, it must flow through the entire bill. And I'll quote from it: “Acknowledge that the public health care system should recognize the diversity within all of Ontario's communities and respect the requirements of the French Language Services Act in the planning, design, delivery and evaluation of health care services for Ontario's French-speaking communities; and

“Recognize the role of Indigenous peoples in the planning, design, delivery and evaluation of health services in their communities.”

It's engrained at the beginning of the bill. That means everything in the bill must encompass this.

The legacy that was left behind by the Liberal government is a 300% increase in wait times for access to long-term care. In my region, we're short 11 doctors. That's the legacy that we are fixing.

**The Acting Speaker (Mr. Percy Hatfield):** Now we will hear from the member from Humber River—Black Creek.

**Mr. Tom Rakocevic:** With all due respect to the interim Liberal leader, I would actually like to talk about the Liberal legacy of health care in my riding of Humber River—Black Creek. We had a hospital that was called York-Finch. It was opened in 1970. Significant funds were raised by the community itself in building it. Many years later, when there was talk of expanding health care in the area, this site was not chosen for expansion, when there was land available there. Thousands upon thousands of community members at the time called, through petitions and asking for meetings with elected Liberal officials, to have the site at Jane and Finch expanded and health care delivered there.

What happened was that the hospital was moved outside of the riding, now called the Humber River Hospital, but no longer in Humber River–Black Creek. This was the Liberal legacy, and this was against the will of thousands upon thousands upon thousands of petitioners who said, “Don’t do it. Build it here. Invest in this community.” What happened was that they had to have an NDP member of provincial Parliament—his name was Paul Ferreira—read petitions here in the Legislature, because the government itself obviously wouldn’t.

I want to tell you one story about that, because that hospital was promised to be open for ambulatory care. One day, I was driving by and I saw a big “closed” sign on it. What happened as part of that legacy was that a dear family friend of mine, whose wife had a heart condition and who was in a state of distress at home—rather than call an ambulance, he took her to the hospital that was closed. He drove from that hospital to the one in York South–Weston, the Church Street site, which was also closed, and found a first responder en route. He hailed them down, drove to the Humber River Hospital site, and I can tell you that his beloved wife died on Christmas Day. That is the Liberal legacy of hospital closures in Humber River–Black Creek.

**The Acting Speaker (Mr. Percy Hatfield):** We now return to the independent Liberal member from Ottawa South, the interim leader of the Liberal Party, Mr. Fraser.

**Mr. John Fraser:** I’d like to thank the member from Markham–Stouffville and the members from London North Centre, Peterborough–Kawartha and Humber River–Black Creek for their responses.

I’d like to say to the member from Markham–Stouffville that I don’t have it wrong. I’ve been hanging around this stuff long enough to know what I’m talking about. I’m not trying to scare you. I’m not trying to be critical. I’m saying that inside this bill, we have not done enough to protect our communities. You’re not going to see that next week or the week after that, or maybe two years from now or five years from now, but 10 years from now. We have not done enough to protect our communities’ stake in health care.

I listened to the member from Stormont–Dundas–South Glengarry saying that we’re running down our health care system. I find it a little odd when people say, “We have the worst health care system in the world,” and then someone will pop up on the government side and say, “Things are so great.” Here’s the reality: We have some of the best cancer outcomes in the world. We have the best wait times for things like hips, knees and other procedures. We have a real, persistent problem with access to long-term-care and emergency rooms, and those things have to be addressed. They’re not going to get addressed by this for maybe three years or four years, by the government’s own admission.

That’s what we need to see in the budget. I didn’t go on a tirade about that, but we have to know what we’re debating here. We’re not debating the need to do those things, or that those things need to be fixed; what we’re saying is that you’re creating a structure, and in that

structure you’ve created an imbalance. That imbalance is not good for our communities.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Ms. Donna Skelly:** Mr. Speaker, I will be sharing my time with the member from Parry Sound–Muskoka.

I’d like to begin by addressing some of the comments made by the member from Ottawa South earlier this afternoon. He began today sharing an intimate story about a family member who fell ill and required hospital care. The member from Ottawa South was concerned about the future of health care under this current government. I have to shake my head. Mr. Speaker, the member from Ottawa South belonged to a party and belonged to a government that almost destroyed this province. The legacy of the government that that member belonged to included a scandal that resulted in the previous Premier’s chief of staff ending up in jail and billions wasted under the Green Energy Act.

**1700**

But let’s just talk about scandals within health care. Do you remember the billion-dollar eHealth boondoggle? How about the Ornge disaster? Those are the legacies of your government. The previous Liberal government that that member belonged to ran up so much debt that, he’s right, the future of health care in this province was put in jeopardy.

Mr. Speaker, the piece of legislation we are debating today, Bill 74, will put the people of Ontario first by protecting our province’s public health care system. The People’s Health Care Act is designed to ensure that patients can get the world-class health care that they deserve, both today and in the future. Our government committed to the people of Ontario during the election campaign that we would end hallway health care, and we are fully committed to delivering on that promise.

The fact is, Ontario’s health care system is truly on life support. We know that. We’ve heard it time and again. Patients languish on waiting lists. More than 1,000 patients receive care in hallways in our hospitals each and every day. The average wait time to access a bed in a long-term-care home is 146 days. That’s almost five months. It’s unacceptable. Patients and families are getting lost in the health care system. They’re falling through the cracks and they are waiting too long to receive care. This has a negative impact on the health and well-being of patients and their loved ones, both physically and mentally.

Our government has already made important investments in health care across the Hamilton region and right across Ontario. Last November, the Premier, joined by the Minister of Health and Long-Term Care and the Minister of Infrastructure, was in Grimsby to announce a \$500,000 grant to the West Lincoln Memorial Hospital to begin early planning for a new hospital, as well as to fund the continuation of surgical services at the hospital through 2019. This is welcome news to residents in the eastern areas of my riding who rely on these services, including residents of Upper Stoney Creek.

In January, our government prioritized the health and safety of patients by taking action to provide 128 hospitals

across the province with funding to upgrade, repair and maintain their facilities through the Health Infrastructure Renewal Fund. This includes more than \$2.5 million for St. Joseph's Healthcare in Hamilton and over \$6 million for the Hamilton Health Sciences Corp. This funding will help make sure that patients and their families have access to the reliable, quality care they expect and deserve.

In last week's budget, our government announced \$17 billion in capital grants over the next 10 years to modernize and increase capacity at our hospitals. We are investing \$1.75 billion over the next five years to create 15,000 long-term-care beds, and we are already well on our way to reach that goal. The budget also contains an additional investment of \$384 million in our province's hospitals to help end hallway health care, and another \$267 million in home and community care. All of this is on top of the \$3.8 billion we have committed to creating a comprehensive mental health and addictions treatment system over the next 10 years.

Mr. Speaker, these major investments are proof that our government is committed to protecting what matters most—and I have to say this over and over again—our public health care system. At present, the health care system is facing capacity pressures, and the right mix of services, beds and digital tools doesn't exist to be ready for a growing and rapidly aging population who have more complex care needs. That is why the Minister of Health and Long-Term Care introduced this bill, to build a publicly funded health care system centred around the patient and re-direct money where it belongs: to front-line services, to improve patient experiences and provide better and more connected care.

As the minister said when first outlining our government's plan to strengthen our public health care system, the people of Ontario deserve a connected health care system that puts their needs first. At the same time, the people of Ontario deserve peace of mind that this system is sustainable and accessible for all patients and their families, regardless of where you live, how much you make or the kind of care that you require.

Speaker, our new plan would improve access to services and patient experience by organizing health care providers to work as one coordinated team focused on patients and specific local needs. Patients would experience easy transitions from one health provider to another, seamless transitions between hospitals and home care providers, with one patient record and one care plan.

Our plan will also provide patients, families and caregivers help in navigating the public health care system at all times. It will integrate multiple provincial agencies and specialized provincial programs into a single agency to provide a central point of accountability and oversight for the health care system. This will improve clinical guidance and support for providers, and enable better quality care for patients. Our plan will also help move our health care system into the 21st century by improving access to secure digital tools including online health records and virtual care options for patients.

Mr. Speaker, I was proud to see that St. Joseph's Healthcare system in my hometown of Hamilton received

a special mention in last week's budget. Part of our government's vision to end hallway health care is to support innovative partnerships between hospitals and other sectors to provide transitional models of care. St. Joseph's embraces models that can be used as best practices right across the province.

St. Joe's has been an early leader in connected care through their Integrated Comprehensive Care—or ICC—Program which promotes integrated care to allow for seamless transitions and to ease patients from hospital to home. Patients returned home sooner, resulting in a decrease in return visits to emergency departments. This is a model that is working for the Hamilton community and has the potential to work right across the province.

Speaker, for too long Ontarians have had to deal with layer upon layer of bureaucracy and administration when dealing with our health care system. Health care administration can be very messy and, in plenty of cases, very costly. The evidence is clearly outlined in the 2018 sunshine list, the annual list of Ontario public sector workers earning over \$100,000 a year. Over 15,000 of those on last year's list worked in various areas of our health care system. That is over 10% of the public sector workers on the list. And do you know how much they earned last year, Speaker? Over \$1.9 billion. That's almost \$2 billion. The Hamilton Niagara Haldimand Brant LHIN alone had 72 employees on the sunshine list, earning just under \$9.2 million.

Mr. Speaker, modernizing the health system will take 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, as we bring forward desperately needed and overdue improvements to health care in this province.

Mr. Speaker, I would now like to hand over the wand, I guess, to the member from Parry Sound—Muskoka.

**The Acting Speaker (Mr. Percy Hatfield):** The member did say she would be sharing her time. I recognize the member for Parry Sound—Muskoka.

**Mr. Norman Miller:** It's a real pleasure today to have the opportunity to speak to Bill 74, The People's Health Care Act. I would first like to commend Deputy Premier and Minister of Health and Long-Term Care Christine Elliott on her tireless work to close the gaps in Ontario's health care system and to create a system in Ontario that's built around patients.

**1710**

The minister has dedicated much of her time in public life to improving health care in Ontario. During her more than five years as opposition critic for health and long-term care, she worked ceaselessly for patients who came to her office for help. She was vice-chair of the Select Committee on Mental Health and Addictions. She then spent almost two years as Ontario's first Patient Ombudsman. Minister Elliott knows more about Ontario's health care system than almost anyone else in Ontario, and I, for one, trust her recommendations about how to improve health care for Ontario's patients.

I also want to take this opportunity to thank the Minister of Health for listening to the people of Muskoka and

Almaguin. Page 116 of this year's budget lists hospital projects in the construction or planning stages. It includes redevelopment plans for both Bracebridge's and Huntsville's hospitals. This will come as a relief for many in Muskoka who know that timely access to their hospitals will save lives. I'm very pleased to see that their voices have been heard.

Back to Bill 74: For too many years, I've heard stories from my constituents about how they have fallen through the cracks in health care and how they feel that the complexity of the system has been an obstacle for them to access the care they need when they are at their most vulnerable. I have heard from constituents about their struggles to access mental health services and about the seeming disconnect between their primary care provider and their mental health supports. I've heard from individuals who, upon losing their family doctor, were deregistered from seeing their long-standing mental health counsellors because their referring physician was no longer active. I have heard from an individual with stage 4 cancer who had to fight for months to access diagnostic tests, and all the while his cancer was growing exponentially. I have heard of countless other situations that patients should never have been expected to deal with.

Without a doubt, this system can and should be improved. Ontario's patients shouldn't have to wait any longer.

Minister Elliott knows this too. She has taken feedback echoed in every corner of the health care field and has distilled it into this patient-focused legislation. Beyond this, the minister has taken the time to travel to meet with health care leadership around the province to hear of their work and how they view Bill 74.

Parry Sound–Muskoka faces many unique challenges in delivering care to its residents. With three medium-sized hospitals to service over 14,000 square kilometres, it embodies rural health care. Beyond servicing many small pockets of population, we also have populations that double or triple in size during the summer months. In many ways, our health care providers have risen to the challenges and have created innovative systems that work well in the north. We have many nurse-practitioner-led clinics that act as satellites to our hospitals. The West Parry Sound Health Centre is one of the lead hospitals to enact electronic health records in the north, and the Muskoka and Area Health System Transformation Council has created an entire plan for an integrated care model across Muskoka.

Our health care leaders have been working hard to foster collaborative partnerships across the health care system for many years, but they frequently run into stumbling blocks and a lack of support at a local level from oversight agencies.

I believe that Bill 74 will address many of the issues that are currently holding health care in Parry Sound–Muskoka back from achieving its full potential.

Currently, the Parry Sound district resides in the same LHIN as Attawapiskat and Fort Albany. This organization is operating across 400,000 square kilometres and is

responsible for planning, integrating and funding health care services—hardly local. This is such a monumental task that it is not surprising that local organizations often feel they are not as well represented in health care decisions as they could be.

I was thrilled to hear that the Ontario health teams will be driven at the local level and decisions about the size of these organizations will be based on geography. This is incredibly important for the north, as we know that one size does not fit all.

The creation of Ontario health teams in Bill 74 will move control from the LHINs into the hands of local leadership who are on the ground and who truly understand the challenges that are unique to each area. I believe that the minister's trust in local leadership will be enormously beneficial across this province, and I believe that Bill 74 will bring positive transformation to Ontario's health care system.

I was very pleased to have an opportunity to sit down with Minister Elliott and health care leaders from across my riding in March. Doctors, mental health workers, nurses, administrators and patients were all represented, and the tone of the meeting was overwhelmingly positive.

Phil Matthews, who is the chair of the board of directors for Muskoka Algonquin Healthcare, heralded Bill 74 as "exactly the type of legislation they've been looking for," and described it as dovetailing exactly with the work they've been doing to create integrated care in their communities.

Natalie Bubela, the CEO of Muskoka Algonquin Healthcare says, "Muskoka Algonquin Healthcare appreciates the efforts of the government to improve funding for hospitals, home and community care, and mental health and addictions.

"These additional investments will improve care for patients and their families.

"And thanks to the strong involvement by care providers and health care partners at various levels of the Muskoka and area health care system, Muskoka intends to submit a collaborative application for an Ontario health team modelled around primary care that builds up the exceptional work previously done by the Muskoka and Area Health System Transformation group."

Donald Sanderson, the CEO of the West Parry Sound Health Centre says, "We see great opportunity in your vision for health care transformation. We are proud to say that Bill 74 describes the community-based relationships that already involve West Parry Sound Health Centre and our care partners. This legislation will enable us to create even stronger partnerships with patients and families at the centre of our care."

Mr. Speaker, I have great respect for these individuals and all health care providers in Parry Sound–Muskoka. I trust these people, and they are saying that we are headed in the right direction. And I'm proud to say that I'm here today in support of Minister Elliott's vision.

In the little bit of time I have left, Mr. Speaker, I would like to talk a bit more about specifically the Parry Sound side of the riding and how it does have quite a model of

integrated health care at this time. I know when the LHINs were first coming into being a number of years back, I happened to be in Mattawa touring a very small hospital there and asked the CEO, who I figured would know a little bit more about the health care system than I do, what he thought of LHINs. He told me at that time, “If you want to see the best model of integrated health care for rural Ontario in Ontario, you should look at Parry Sound.”

At that time, under the governance of the hospital, West Parry Sound Health Centre, they had nursing stations—I think there are about seven or eight nursing stations in places like Pointe au Baril, Britt, Loring, Rosseau and Whitestone; they had long-term care; they had the dispatch service; they had emergency care; and they had home care, because the CCAC at that point matched the same boundaries. And it really worked. The hospital didn't run any deficits; it never has. If they made improvements to home care, they would see the benefit in the hospital.

I think that is what integrated health care is all about, so I think there is a lot that can be learned. I'm glad to hear that Donald Sanderson, the CEO of the West Parry Sound Health Centre, is excited about these new health teams and sees that they can build on the success we've had in the Parry Sound area.

Mr. Speaker, in wrapping up, I just note that, of course, we just had a budget, and in that budget we see great investments in health care: a \$384-million increase in funding for hospitals; a \$267-million increase in home care spending. As the finance minister said, the whole reason for balancing the budget is so we can invest in what's important, and that is health care and education and social services. That is exactly what we're doing, and I'm very pleased that I've had the opportunity to speak to Bill 74 this afternoon.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments?

**Mr. Gurratan Singh:** The problem with the conversation being put forward by the Conservatives on this bill is that this bill does open up the door to further privatization of our health care system. In Brampton, we are ground zero for a variety of things, but of them, two in context of this bill: We are ground zero for hallway medicine, we are ground zero for having the busiest ER in this country, and we are also a place in which P3s—public-private partnerships—were played out with Brampton Civic Hospital. That's the Liberal legacy we see there.

1720

We saw a hospital come in, and the result of it has been chronically—aside from the fact that it's underfunded, aside from the fact it's overcrowded. Despite the best efforts of front-line workers, what we've seen is that the privatized model put forward through the P3 in Brampton ultimately cost more money. Ultimately, the impact was something that this hospital would have been more affordable had it been a purely public initiative.

Now what we've seen is, once again, this legacy of taking things from bad to worse. The Conservatives are accelerating this process of the privatization of our health care. Ultimately, the impact of it is going to be hurting

people who need health care the most—communities like Brampton, where we need to be making a more robust public service, reinforcing our public service, strengthening it, and not furthering privatization and the impacts that we have seen and how devastating it has been.

When we look at building a strong society, one of the fundamental aspects it must be founded upon is publicly funded and accessible health care. As government, it is incumbent upon us to strengthen this, to further this and not move away from it. We should not be lining the pockets of rich corporations and opening up health care to all of a sudden be profit-generating in regard to a private generating model. It should be something that's kept public and for the benefit of all.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments.

**Mr. Daryl Kramp:** I so enjoyed the comments by my colleague the member from Flamborough–Glanbrook. Of course, she spoke about the successes at the West Lincoln Hospital and Hamilton Health Sciences, and I certainly know that she has done a lot of work to be able to bring that kind of success there. I used to live in the area so I know it well, and I can appreciate the challenges she has had to overcome, and the ability to work with our Minister of Health and Deputy Premier.

I also thank the comments from the member from Parry Sound–Muskoka. We both come from a multi-hospital site, a large geographic rural area, so by being able to bring that into the context of where we need to be able to service all of the people across this entire province, given everything from the different demographics to the realities that we all face—and of course, I was encouraged as well with the so-deserving accolades that he gave to our minister, who has done a remarkable job on this file.

One of the simplest reasons is because the status quo, as we know it, is not acceptable; it's not working. We have some serious challenges. Thirty years ago, 8% of the entire health care budget was spent on administration. Now it's over 30%—almost 50% of the entire budget of the province. I would love to spend 70%, 80%, 90% or 100%. It's not sustainable. We can no longer continue to work with a system that is not efficient and effective. We have massive silos—silos from one end of the system to the other. It has not worked effectively as a team, the way it should. It has been mismanaged right to the ultimate. We cannot go on. We have to be able to rebuild the system in a manner that's going to be efficient and effective, and I'm confident we're on the right track.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments.

**Ms. Rima Berns-McGown:** Here we have a transformative bill, and I have to ask the government, in that case: What are you afraid of? Why are you afraid of hearing from Ontarians? Why are you afraid of talking to Ontarians? Why are you afraid of being open and honest and having fulsome conversations about what is actually going on with this bill?

Process matters. Over and over again, what we're seeing is a government that is talking about a bill, that it's

transformative because it says that the current health care system isn't working, but it won't be open and honest about what it is doing and what it is bringing into play.

We've had time allocation. We've had, once again, bills brought down and debate limited. We have had a fraction of the people who wanted to come to speak to committee be able to speak to committee. We've had the government refuse to travel the bill and refuse to hear the concerns of Ontarians across the province. We've had the committee say that it will not even read the submissions.

Ontarians are actually forced to be Sovietologists here. I don't know if any of you remember this, but under the Soviet Union, people who studied it were forced to kind of read tea leaves and figure out what was actually going on from pictures of the party and who was standing next to whom, because the government wouldn't come out and talk honestly. That is what we're faced with here.

When it's something as important as our health care, we need to have these open and honest conversations. If you want to have a conversation about private health care, then have that conversation. Don't privatize by the backdoor, because it's too important and that just isn't right.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments?

**Mrs. Daisy Wai:** I stand to support Bill 74. Earlier, when I was doing my member's statement, I already shared the successful story of what I personally experienced in my own family. Loved ones go through a lot of stress and a lot of mentally affected concerns with their loved ones, but because of this integrated and well-organized health care bill that we are introducing now, our loved ones are taking the right care as patient-centred care.

We really thank our government for introducing this bill. We had over 1,000 patients receiving care in hallways. Getting into a long-term-care home took 146 days. I am so thankful that my loved one was able, under the new system, to get into a long-term-care bed in just over a month. What a relief it has done to our family.

Not only that: When I was serving on the board for Mackenzie Health, I was really concerned with the extra administrative staff we were adding while we were cutting off the front-line staff. This was where we needed the care for our patients. I'm so happy that now, it's really patient-centred care. There's faster, better and more connected services.

I am happy that the people of Ontario are now being seen as the priority and the focus. We're getting care in the new system that really works for the patients.

**The Acting Speaker (Mr. Percy Hatfield):** Now we'll return to the member from Flamborough–Glanbrook to wrap up this part of the debate.

**Ms. Donna Skelly:** I just want to assure the members across the floor in opposition that Bill 74, The People's Health Care Act, does protect our public health care system. It protects public health care.

While we were debating this afternoon, I took some time and went back and looked at some of the promises made by members of the opposition and the party during the previous election. Protecting public health care was

one of their promises. Well, that's exactly what Bill 74 does—check.

The party across the floor, the members of the opposition, also called for an end to hallway medicine. Well, Bill 74 does just that—check.

The members across the aisle during the last election wanted dental care for seniors. Well, folks, dental care for seniors in Bill 74—check.

During the past election, the members across the floor said that they wanted more hospital beds and more beds for long-term care. More hospital beds, more beds for long-term care: Bill 74—check.

The members across, during the last provincial election, which we won, called for an investment in front-line health care workers. Bill 74, investing in front-line health care workers—check.

Mr. Speaker, we are doing what they want. As the Minister of Children, Community and Social Services often points out, the NDP simply can't take yes for an answer.

Bill 74, The People's Health Care Act, establishes a new model of integrated public health care delivery that puts each patient at the centre of a connected care system anchored in the community. It is a system that truly puts the patient at the centre of care, where and when it's needed.

*Interjections.*

**The Acting Speaker (Mr. Percy Hatfield):** Before we go to the next speaker, would the member from Hamilton East–Stoney Creek, the member for Stormont–Dundas–South Glengarry and the member from Sarnia–Lambton please cease and desist the cross-aisle chatter? Thank you very much.

1730

Further debate? I turn to the member from Waterloo.

**Ms. Catherine Fife:** Thank you very much, Mr. Speaker. It's a pleasure to join the debate today. You'll know that, of course, the budget bill was normally scheduled for today. We put in a reasoned amendment to that budget because we consider it to be a cruel and callous piece of legislation, and we're hoping to delay it as well.

That's why we have Bill 74 before us, and of course, I'm pleased to weigh in on health care, because this is another piece of flawed legislation brought in by the PC government. They've used a flawed process. When you use a flawed process and you undermine the citizens of this province as you craft legislation, then you get a flawed piece of legislation. That is what Bill 74 is, and I intend to make that case in the short 19 minutes that I have left.

It is interesting that, as we debate here today, there are a number of issues that are playing themselves out in the province. Of course, this morning, our leader, Andrea Horwath, raised the issue of the changes in ambulatory care across the province. This story broke just this morning, Mr. Speaker. We've learned that 59 local ambulance services in Ontario will be reduced to just 10. The plan was hinted at in the budget—of course, we're not debating the budget; I get to do that later on: "Two sources with knowledge of the streamlining tell CBC news that government

will merge all municipal and local paramedic operations into 10 regional ambulance providers.”

Two issues on that: these sources who have revealed this from the PC caucus—I would think that perhaps it’s time for them to get a plumber, because there are a lot of leaks in that party. But there are some very good people who feel that we should have this information, as we should. Remember, of course, that municipalities were not consulted in this process, nor were, of course, front-line operators, the ambulance dispatchers or the paramedics in the province of Ontario.

Today, AMO has issued a statement: that “the Association of Municipalities of Ontario says it is shocked and deeply concerned by the news.

“There is no ready information on the government’s plan to do this restructuring, how it was determined, let alone what happens to cost-sharing,” says a memo from the group’s executive....

“Municipal governments currently contribute about \$720 million to ambulance services, while the province chips in \$580 million....”

Obviously, there is a lot of concern now. The issue of dispatchers and ambulatory care has already reached a crisis in the province of Ontario. In particular, our northern and our rural communities are seeing delays. The off-loading of patients to hospitals is a major issue. I met a paramedic not that long ago who actually had to just wait in the emergency room because there was no doctor or nurse to accept the responsibility of that patient.

Of course, the Premier has said that there are not going to be any jobs lost—“I guarantee you.” But we’ve seen that promise made before in this House, and that promise doesn’t carry water in the province of Ontario, especially after we’ve seen, at Grand River Hospital in Waterloo region, a loss of 40 front-line nurses. That’s not even including the 10 who went through retirement.

As this government unrolls this massive transformation of health care, they are doing so in the most irresponsible manner. I do want to get on the record, from the Ontario Health Coalition, Natalie Mehra, who goes on to say:

“The health minister has never admitted publicly to the sweeping new powers she has written into the legislation giving herself and the government’s appointees in the super-agency to order, direct, coerce and otherwise force the largest round of health services restructuring our province has ever witnessed....

“Worse, cabinet created the super-agency and has even named most of its board members before the legislation has even been passed in our provincial Parliament. In doing so, they have made a mockery of our system of parliamentary democracy.”

That is the confidence level of the people of this province in this government. I understand that a lot of our colleagues are really struggling in their ridings because they are getting it on the special needs for children, they are getting it on health care, because there is no genuine trust in this government as they transform this important issue.

Of course, on education, parents are now becoming activists. Doug Ford is creating a whole new set of protesters in the province of Ontario, because those parents are going to fight for their children’s education; you mark my words, Mr. Speaker. When they see 40 students in a classroom—those students are going to spill out into the hallways, so we are not only going to be moving from hallway medicine; we’re going to have hallway education in the province of Ontario. It’s a shameful state of affairs; it really is.

The credibility of this government on this file, on the health care file, as they have uploaded services to municipalities, as they have left municipalities out of the equation, is shocking. Communities across the province are really rallying. They’re actually just trying to get information. Do you know what I mean? There’s no communication.

I know that the Minister of Education’s email, voice mail, cell number—it’s all full, and nobody is returning any of those calls. And the same goes for the Premier. If he says in this House with any credibility that he has talked to doctors and they like this plan, I’ve got some doctors who will counter that testimony in this place.

Communities across the province are organizing. The Peterborough board of health is holding an emergency meeting on April 16—hey, that’s today—on planned provincial cuts to public health. I guess this guy is going to be a little late for that meeting.

The budget impact on Peterborough—Kawartha—this is what they’re looking at: Ontario’s 2019 budget proposes reducing 35 health units to 10 and reducing the budget by \$200 million. This will directly affect—I’ve told this story before in this House. When the Liberals, in 2014, got that super majority, it’s because the gas plant scandal was too big, those billions of dollars were too much. It didn’t resonate with them. Do you know what’s going to resonate with them?

**Mr. Will Bouma:** Point of order.

**The Acting Speaker (Mr. Percy Hatfield):** The member for Brantford—Brant has raised a point of order.

**Ms. Catherine Fife:** Stop the clock, please.

**The Acting Speaker (Mr. Percy Hatfield):** Stop the clock.

**Mr. Will Bouma:** I believe the member from Waterloo had been referring to the Premier not by his title or riding, but by his name, and I would ask—

**The Acting Speaker (Mr. Percy Hatfield):** That was five minutes ago. She did say “Doug Ford,” and since then she has been saying “Premier Ford.” Thank you for raising your point of order. I have an eye on what’s happening this afternoon.

I would ask the member for Eglinton—Lawrence and the member for Sarnia—Lambton to restrain their comments, as well. Thank you very much.

We’ll now return to debate. I recognize the member from Waterloo.

**Ms. Catherine Fife:** Thank you very much, Mr. Speaker. This is going to be fun.

Obviously, this new transformation is changing the way that local health care is delivered. In this instance, 35

health units are being reduced to 10—just like the ambulance services in the province of Ontario. Public health units and health advocates across Ontario are reacting with alarm to the province’s announcement that it plans to reduce the number of local health units across Ontario from 35 to 10.

The Peterborough board of health is holding an emergency meeting on Tuesday. I think my parents are going to be there: Allan and Sheila Wood from Peterborough. I just want to give them a shout-out.

**Mr. Dave Smith:** Another former NDP candidate.

**Ms. Catherine Fife:** Yes. Imagine that. They’re good people. You should get to know some of them.

They’re meeting on Tuesday, April 16, to discuss the potential impacts of the changes and what they mean for the residents of the city and county of Peterborough and Curve Lake and Hiawatha First Nations.

The 2019 budget released on April 11 contains a section entitled “Protecting Health Care for the People,” where the province proposes replacing the 35 existing health units with 10 regional public health entities and 10 regional boards of health, with one common governance model. In addition, the province proposes reducing the current budget of \$743 million by \$200 million, or a 27% reduction.

So only a Conservative in the province of Ontario in 2019 would think that you can squeeze and stretch any more of those public health dollars to get services for the people in this province.

This is what public health units and boards of health across the province are saying: “It will entail cutting into the meat and bone of public health services and may cause huge, disruptive changes that put lives at risk.”

They go on to say that they were blindsided by the announcement, which the province made without any prior consultation with boards of health and municipalities. That’s a good way to instill confidence and trust in the health care system: blindside the very people who are doing the work in the community.

1740

The Peterborough medical officer of health, Dr. Rosana Salvaterra, says that the \$200-million reduction goes far beyond any cost savings that could be achieved from administrative efficiencies. That’s what she says. She goes on to say, “This is about cutting the meat and bone away from public health.” It’s going to disrupt lives and change the way public health is actually delivered.

She says, “Investing in upstream health protection and promotion should be seen as an essential component to reducing hallway medicine.” On average, the Ontario government funds 75% of these, and then of course local municipalities fund 25%. Again, local municipalities were not consulted.

Members of the Peterborough Board of Health are also expressing concerns about the budget announcements. This is Henry Clarke, a councillor. “‘This move by the provincial government to unilaterally reduce our local health system causes me great concern,’ said Henry Clarke, board member and Peterborough city councillor.

‘Moving to 10 mega-health units without seeking public input or the guidance of the 35 local boards that have delivered public health to our communities for over 100 years is short-sighted.’”

The ironic part is that the government is selling this dental plan for seniors but, of course, it’s these 35 local public health boards that actually deliver that service. You’re reducing it to 10, so you’re giving somebody the promise of dental care and then you’re saying, “Drive 15 hours to get it.” That’s the compassionate new version of this government.

I want to say that Peterborough Public Health is celebrating their 130th anniversary in 2019.

*Interjections.*

**The Acting Speaker (Mr. Percy Hatfield):** Stop the clock, please.

Sorry for the interruption. There’s a long-standing tradition in this House when it comes to courtesy. The member for Peterborough–Kawartha and the member for Brantford–Brant are trying their best to disrupt the speaker from Waterloo. It’s not something we’ve done before in this House, and I would hope we’d put a stop to it this afternoon. If a member is speaking, it’s common courtesy not to try to distract that person, especially when you’re sitting right next to her.

We’ll return to the member for Waterloo and conclude as part of the debate.

**Ms. Catherine Fife:** Thank you very much. I’m almost done with Peterborough.

I just want to remind people, though, that throughout the 20th century, local boards of health were primarily responsible for improving the health of local residents. That is the value of having local public health units. They identified that unpasteurized milk was killing children and recommended the establishment of local bylaws. They addressed the issue of safe drinking water, sewage treatment and making foods safer. They have the school immunization program. They controlled outbreaks in local communities.

I have to say, I wish the board well. They met at 5:15 today, and I’m sure it will be an interesting conversation because health care is one of the core principles that connects all Ontarians. It’s something we always want to fight for.

Speaking of fighting, I have been trying to get the attention of the past Liberal government and, of course, now this government. I’ve walked over several letters to the Minister of Health.

St. Mary’s General Hospital Regional Cardiac Care Centre in Kitchener–Waterloo serves multiple ridings—Wellington–Halton Hills, Oxford, Huron–Bruce, Bruce–Grey–Owen Sound, Haldimand–Norfolk, Brantford–Brant, Kitchener South–Hespeler, Kitchener–Conestoga, Cambridge, Perth–Wellington and Guelph—and they have been asking just for the permission to follow through on an electrophysiology program, an EP program, at St. Mary’s hospital, and a catheterization suite.

This is essentially like a love letter to the Minister of Health, if you will. I say:

“Dear Minister Elliott:

“We are writing to you to share our support of a third catheterization suite and the electrophysiology program (EP) at St. Mary’s General Hospital in Kitchener.

“St. Mary’s is the second-largest acute care hospital in the St. Joseph’s Health System and one of Canada’s top three regional cardiac care centres. In a 2018 report by the Canadian Institute for Health Information, St. Mary’s dedicated team performed better than the national average across all six indicators, with the lowest readmission and mortality rates for angioplasty, cardiac bypass, and valve replacement surgery.

“Nearly 2,000 staff, physicians and volunteers provide cardiac care to the residents of Waterloo region, Wellington county, Dufferin, Grey-Bruce and beyond. Due to the population growth and a variety of other factors, cardiac care needs are expected to substantially grow within the next five years. The team at St. Mary’s is striving to meet the growing demands of the large area of one million residents that they serve who require cardiac catheterization and angioplasty. They cannot do so without a third catheterization suite to support volume growth and decrease wait times. Most cardiac centres performing the volume of procedures that St. Mary’s performs have three or four catheterization suites.

“St. Mary’s has also been working to increase access to electrophysiology for cardiac patients in our community. Currently, patients have no option but to travel to London, where they face an eight- to 10-month wait for this necessary procedure. St. Mary’s began discussing the need for their own electrophysiology program with the Ministry of Health and Long-Term Care in 2012 and have since raised \$15 million to establish a heart rhythm program to include EP. They are awaiting final approval by your ministry so that they can proceed to tender.” They just need the approval, Mr. Speaker.

“St. Mary’s is ready to lead and is prepared to address the gap in service in southwestern Ontario. It is our hope that all MPPs in the catchment area can work together to secure provincial funding to support the growth and expansion of cardiac care at St. Mary’s. We would be pleased to schedule a meeting with all of the regional MPPs, hospital representatives and yourself to discuss this further.”

I’m very pleased to get that on the record and in Hansard, because they have waited so long for—these labs actually will provide a preventative component to health care. We all know that those upstream investments save money down the line in health care. They’re smart investments.

For the government to say that they are almost over-investing in health care, that the budget will provide relief to the people of this province—I have to counter that, Mr. Speaker. The Financial Accountability Officer—for those of you who are new to this Legislature—is an independent officer of the Legislature. He is not partisan. He has a mandate. I was part of the original hiring committee, because we wanted to be proactive. The Auditor General looks at the expenses down the line, but the Financial

Accountability Officer has the responsibility to this Legislature and to each one of us as MPPs to review the books.

This is what came out from the Financial Accountability Officer. It says:

“Ontario Budget 2019 Will Leave Health Care System Billions of Dollars Short.

“Ontario needs to inject about \$7 billion more into health care in the next three years just to maintain the services it currently provides, but the Ford government’s budget will leave the system billions of dollars short.

“The province’s financial watchdog projects that the government needs to spend at least \$70.3 billion on health care”—this is actually to keep pace with an aging population with complex needs.

Let’s be honest. We are inheriting a mess from the former Liberal government. I don’t know how many times I had to crash an announcement on money that had already been announced in health care. I know that some of my former PC MPP colleagues had to do the same. We never got invited to those announcements. Oftentimes, hospital administrators would be awkwardly in the picture because they knew this was not new money. We’re actually seeing a little bit of a pattern on this, Mr. Speaker. For the government to say, “We’re taking care of the finances”: The Financial Accountability Officer debunks that theory quite well.

The long-term-care piece has been a long-standing issue. To any MPP who has not been in a long-term-care home once you witness the conditions in those homes, be they for-profit or not-for-profit, you will see a stressed-out front-line staff situation. That is because there has been consistent underfunding on this file. Of course, we have many people in our hospitals who need to be in long-term care or in an alternative supportive care model which doesn’t exist right now.

Making a super-agency in the province of Ontario, in my opinion and in our opinion, is not the solution. When you pull money into a higher bureaucracy, that undermines the capital investment and undermines the quality of the resources that have direct contact with patients.

We just learned today that there’s a young man—he’s 41; now that I’m 50, I can say that he’s a young man—who has spina bifida. His name is Paul McLay. He went to St. Mary’s hospital two years ago. He is still in St. Mary’s hospital. He needs ventilator support for the evening. He was in a supportive model, but of course we don’t have wraparound medical care for vulnerable, medically fragile citizens in the province of Ontario. He goes on to say, “I’m not blaming this on the hospital. I’m blaming this on the system.”

**1750**

So when I go through Bill 74 and I look for the solution for an alternative model of care for medically fragile individuals like Paul McLay, that’s not in this piece of legislation. The government would have heard that if they didn’t shut down the committee and they listened to those—how many were there, 1,400?

**Ms. Teresa J. Armstrong:** There were 1,500.

**Ms. Catherine Fife:** There were 1,500 submissions from the people of this province, and only a day and a half of committee? If you heard those voices—we all have this responsibility to respect those voices in our ridings and bring those concerns to this place. That is actually how you create legislation that will fix the problems. But what does this government do? You shut down debate, you shut down the committee and you ignored six whole boxes of submissions.

Mr. Speaker, that is not how you create strong legislation. If there was ever a file to get right, this would be the one. Because, as I said, Ontarians care deeply about their health care. They don't want it privatized. They want to make sure that all the funding that's going into the health care file is going into care. That is what New Democrats are fighting for in this province.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments?

**Mr. Dave Smith:** What we're doing with Bill 74 is transforming health care. Unfortunately, it sounds to me like the NDP want health care to stay the way it is.

I'm going to give a couple of quotes. Margaret Mead once said, "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has." We have 124 people here in the House. Our job is to change the things that are wrong in this province. Health care is one of those things that needs to be changed. We can't continue with the status quo, because the status quo isn't working.

Another great quote, from Albert Einstein: "The world as we have created it is a process of our thinking. It cannot be changed without changing our thinking." The health care system is broken. If we continue along with that same line of thought, the health care system will continue to be broken. Yes, we are making change. We're making transformational change to the health care system. We're taking a look at what is in the best interests of the people of this province, and we're making sure that we move forward in a way that protects the things that matter most to those people. We're making sure that health care is going to work for them. We're not going to have thousands of people every day in hallways receiving care.

That thought process, the way things were, wasn't working. We're going to be changing the public health system, absolutely. We're uploading some of the things that are being done currently by the number of health care boards that there are, because that's a way of finding efficiencies. That's a way of making it more accessible for people. It's a way of prioritizing the money for the patient.

**The Acting Speaker (Mr. Percy Hatfield):** The member for Kingston and the Islands.

**Mr. Ian Arthur:** I'd like to spend my time today on process. I'm incredibly proud to stand in this Legislature and to do the job I have, and part of that is having fundamental respect for the processes that we are supposed to go through in passing legislation in Ontario. This bill is reform on a massive scale, with an absolute disregard for stakeholders, constituents and, frankly, the legislative process: 1,594 people wanted to testify before committee,

and only 30 of them were allowed to. That is 2%; 2% of people who wanted to have a voice about the future of health care in Ontario were actually given the opportunity to speak. And of those 30, how many were consulted on the process of fundamentally changing health care in this province? One, about 3.3% of the 30. That is shameful, Speaker. That is shameful.

You are transforming a system that belongs to the people of Ontario, that belongs to the taxpayers who paid to build it up. You are transforming it. You are opening the door for private companies to profit from taxpayer dollars that are fed through, yes, a public system, but now into the coffers of private corporations, and you're doing it without consulting the front-line people who actually know how this system works, who actually have the experience to provide valuable input to this government.

The audacity of a government to think that they can undertake a transformation on this scale without actually listening to those stakeholders and those constituents, the audacity to think that they know better than everyone else who wants to contribute to it, to close down debate and to shut out those voices. It is shameful, Speaker.

**The Acting Speaker (Mr. Percy Hatfield):** Questions and comments?

**Mr. Will Bouma:** It's fun to rise in the House and officially give my comments to the member from Waterloo.

I wanted to talk a little bit about ambulance, because I have a lot of personal experience with that. In fact, I'm going on a ride-along with my ambulance service next week, I think, while we're on recess, and I encourage everyone to do that just to see what our first responders face on a daily basis.

I want to go a little bit further back on some of the frustrations and the silos that we experienced. I appreciate the member from Waterloo bringing to my attention some of the changes that we hope to make with how ambulances work, because some of the silos are extremely frustrating. As a volunteer fire department, we've been dispatched well out of our area before because of the difficulties with some of those silos that exist with our communications centre. I have been in my office seeing patients and watched an ambulance go by to what turned out to be someone having a heart attack, something that we should have been paged to in my community. We didn't receive a page until 15 minutes afterward.

I've spoken to friends who have had farm equipment in a field on fire. Speaking to the dispatcher, the dispatcher doesn't know what a harvester is. "Why are you yelling at me, sir?" "That's because I'm running through the field, trying to get to the road to flag down the fire trucks when they get here." Those systemic problems are things that we're trying to fix by breaking down some of these silos.

So to hear the member from Waterloo on one hand arguing for the changes that we're making to get rid of those systemic blockages, but then on the other hand arguing for the status quo, that we have to keep the silos because this government is incapable of doing anything right, just seems somewhat disingenuous.

My comments, Mr. Speaker. Thank you.

**The Acting Speaker (Mr. Percy Hatfield):** Excuse me, you will withdraw that comment.

**Mr. Will Bouma:** Oh, I apologize.

**The Acting Speaker (Mr. Percy Hatfield):** Thank you.

Further questions and comments?

**Ms. Rima Berns-McGown:** Yes, absolutely there are systemic issues. That's why we have patients in hallways who should not be seen in hallways. But that doesn't mean that this is the only or the right way to go. That doesn't mean, first of all, that all the parts of the system are not working. Cancer Care Ontario, for instance, is working extremely well. It is internationally regarded as working well.

Part of the fear, the real fear, that Ontarians keep expressing to us via phone calls, via emails, via personal walk-ins—in all of our constituency offices, because the PC MPPs are hearing this as well—comes because people are saying, “You're taking apart the things that are working, and we don't know what it is that you are creating.” The reason we don't know is because of the lack of process. We have no way of knowing what this transformation is, and part of the deep issue that the members opposite keep hearing is that the process has been so deeply flawed.

There is no trust. There is no trust. There was a complete lack of consultation. I was actually quite shocked, when I sat in on the very short number of hours of consultation, to hear the parliamentary secretary to the Minister of Health asking a basic question of one of the people who was giving a deputation, such a basic question—a basic question that should have been answered in consultations, had there been consultations. It's absolutely shocking that the almost 1,600 people who wanted to depute were not given the opportunity. It's absolutely shocking that the people of Ontario have not been heard.

1800

**The Acting Speaker (Mr. Percy Hatfield):** We'll return to the member from Waterloo for her summation for this part of the debate.

**Ms. Catherine Fife:** Thank you very much, Mr. Speaker. Thanks to the members from Peterborough–Kawartha, Kingston and the Islands, Brantford–Brant and Beaches–East York for the feedback on this 20 minutes.

It's interesting to hear some of the comments from my seatmates here, because if there is an example of being entrenched and just believing everything that is in the message box, this is the living embodiment of that. The ambulatory issue that we are facing right now in the province of Ontario, that we just found out this morning, is deeply concerning because we've known how this government has implemented strategies around ambulatory care and dispatchers. When they moved the unit from Cambridge to Hamilton, they didn't give them the technology. And that's this government; it wasn't the last government. They didn't address the human resources. That's this government; it's not the last government. With every move that this government is making, certainly that trust is being broken.

Then there are things that are actually working. You have to admit, right now, that Cancer Care Ontario is renowned for the work that it's doing. It's gone through some bumps but, through public accounts and accountability measures, it's on its way. The Trillion Gift of Life: I always think of Jakob Beacock, who was from my riding, a 13-year-old young man who was a hockey player and who died because of an appendix-related infection. His parents spoke so highly of their experience with the Trillium Gift of Life. It was actually the only thing that helped them through that grieving process, when they donated his organs. It took a long time for organ donation to be mainstreamed and streamlined in that manner.

Things that are working are discarded and then the things that are truly broken are ignored because the voices of the people of this province were shut out of this process.

Thank you very much, Mr. Speaker.

*Third reading debate deemed adjourned.*

**The Acting Speaker (Mr. Percy Hatfield):** Pursuant to standing order 38, the question that this House do now adjourn is deemed to have been made.

## ADJOURNMENT DEBATE

### ONTARIO BUDGET

**The Acting Speaker (Mr. Percy Hatfield):** The member for Ottawa South has given notice of dissatisfaction given to a question answered by the Premier. The member from Ottawa South will have up to five minutes to debate the issue and the Premier's parliamentary assistant, the member for King–Vaughan, will have up to five minutes to respond. We turn now to the member from Ottawa South.

**Mr. John Fraser:** Thank you very much, Mr. Speaker. It's great to have this opportunity to have a late show and express my dissatisfaction with the answer to the question. What's even more enjoyable is to again have some debate with the member from King–Vaughan.

I like to fantasize—

*Interjections.*

**Mr. John Fraser:** Yes, it's true. It's true. Let me finish. I like to fantasize that all of you there on the other side are there to listen to me, but I know that you're not. You're there to support and listen to the member from King–Vaughan, and an honourable fellow, I must say, most of the—well, pretty much all the time. Comme ci, comme ça.

Here's why we're here tonight: I asked the Premier that day about why we're going to spend millions of dollars in TV advertising on a campaign against the federal government. And then, subsequent to that, we found out this week that we're going to have stickers on all the gas pumps, so taxpayers are going to pay for that partisan election advertising as well.

I just really firmly believe that as members of the assembly and as members of the government, as you are, and as members of the government as I was in the last

session, when we spend money on advertising, we'd better spend it well, because if we spend \$3 million on an advertisement that's partisan and that's a throwaway—

*Interjections.*

**Mr. John Fraser:** Just let me finish. You're getting all excited over there, I know.

That can buy some really important services in our community. About three quarters of a million dollars can run an MRI for a year. It can provide much-needed drugs to a family that needs them. It can support a hospice. It can be the funding that we give to probably two hospices in a year.

My point is, if we're going to spend that money, we better make sure that what it's going to do is going to serve the people that we serve, and not our partisan interests.

I know the member, although he was not a member in the previous federal government, would know the kind of spending that occurred on government advertising that was of a partisan nature. It was in the hundreds of millions of dollars. I'm not sure that people got their value for that. It's not partisan. I know that the member for Markham–Stouffville and also the member from Hastings–Lennox and Addington were elected members in that government. I think that was unfair to the people that we all serve, to spend that money when that money could be better spent providing those services that families need.

That's all I wanted to say, Mr. Speaker. I turn it over to my colleague from King–Vaughan.

**The Acting Speaker (Mr. Percy Hatfield):** I recognize the member for King–Vaughan.

**Mr. Stephen Lecce:** I want to express my gratitude to the member from Ottawa South for his comments. He did speak about fantasizing. Fantasizing is really to indulge in daydreaming, Mr. Speaker. And fortunately, the people of Ontario on June 8 awoke from the nightmare of the last 15 years—15 years, Mr. Speaker, of spending \$40 million more per day than we have.

I do want to speak about the substance of the concern. The honourable gentleman has raised a concern on advertising. I always believe the richness of members, and the sometimes revisionism of members, from time to time—who like to throw large stones from a very fragile glass house. The reason why I say that, Speaker, is because in this instance, the member opposite, while he was not the Treasury Board minister, to be fair, was a member of a party for which he proudly stands, a member of the Liberal Party, which doubled the advertising budget in the province of Ontario. But not just doubled it, because that's sort of transactional and people at home may not care; it's that the Auditor General of the province in 2016 rendered a judgment on his advertising campaign and said that it was partisan.

So, doubled advertising, doubled the debt, partisan ads ahead of an election—I mean, Mr. Speaker, value for money is not maybe nomenclature used by the former government. But I do want to speak about something that is important to me, because while the member opposite is focused on advertising, I'm focused on delivering for the people of this province. The members of this team, every

single one of us, to the last women and men standing in this Legislature with us tonight, want results. We introduced a budget, the 2019 budget, that is very much premised and focused on delivering what matters most to you. I would submit, Speaker, in Windsor, in Wawa, in Waterloo, in Ottawa, in every region of this province, the people of Ontario want affordability, they want jobs and they want their social services to be protected for the next generation.

When it comes to spending, you mentioned, for example, MRIs and health care, if I can generalize the comments. The fact is, in health care alone we're increasing the budget by over \$1 billion. We are adding hundreds of millions of dollars in new commitments to expand our health care budget so that it is there for an aging population. We are funding and committing to fund over 60 net new hospitals and/or redevelopments of hospitals across the province, including, if I could say so proudly with the member from Thornhill to my side, in the city of Vaughan with Mackenzie Vaughan health care. The Minister of Tourism, Culture and Sport is also in this House. All of us are very proud of that development.

Mr. Speaker, when the member opposite—I'm just going back to my narrative on revisionism—speaks about health care, that we could have afforded an MRI if we didn't do the ads: We could have afforded those 1,200 nurses they fired in 2015-16 instead of the doubling of the ad budget. But we all have to choose our choices. For us, it is about living within our means. It is about delivering on our word. The campaign commitment we made when we were given a strong mandate, when the member opposite's party was, you know, given a rather compelling—I'm trying to find polite words for the member. They sent a clear signal that people were not comfortable with his style and their mismanagement of the province.

So I just want to enumerate: Our plan includes no new taxes, for the first time in 15 years. That is very refreshing to say for the people of this province. Our plan is a credible plan to return to balance within five years. We are increasing investments in both health care and education, year over year, every single year for the people of this province.

Mr. Speaker, we can't fix everything in this budget. We can certainly make child care a bit more affordable for working families. We can put \$1,200 back in the pockets of families, on average, and upwards of nearly \$8,250 for children with severe disabilities. We're giving access to free dental care to over 300,000 low-income seniors right across Ontario.

*Interjection.*

**Mr. Stephen Lecce:** This is a plan that excites the member from Eglinton–Lawrence, quite demonstrably.

It's a plan that is working. It is a plan that is helping to create over 100,000 net new jobs.

I will just conclude, Mr. Speaker—

*Interjections.*

**Mr. Stephen Lecce:** Thank you. That will unite us all. I'm very proud of our plan that is focused on unleashing the potential of the people of this province. It's about

giving them access to skills training. It's about giving them access to the dignity of jobs. And it's giving them access to quality, world-class health care after 15 years of the indignity of having to see their doctor in a storage room in the province of Ontario.

Mr. Speaker, we're proud of our plan, we're proud of our Minister of Finance, we're proud of our Premier, and we're proud to be representing the people of this province in this place every day, fighting for change that they will

soon get, after 15 years of mismanagement under the member's former government.

**The Acting Speaker (Mr. Percy Hatfield):** I commend all members for their good behaviour and good humour this afternoon.

There being no further matter to debate, I deem the motion to adjourn to be carried.

This House stands adjourned until 9 a.m. tomorrow.

*The House adjourned at 1811.*







**LEGISLATIVE ASSEMBLY OF ONTARIO**  
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Lieutenant Governor / Lieutenante-gouverneure: Hon. / L'hon. Elizabeth Dowdeswell, OC, OOnt.  
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Clerk / Greffier: Todd Decker  
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Clerks-at-the-Table / Greffiers parlementaires: Tonia Grannum, Valerie Quioc Lim, William Short  
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Berns-McGown, Rima (NDP)	Beaches—East York / Beaches—East York	
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Bourgouin, Guy (NDP)	Mushkegowuk—James Bay / Mushkegowuk—Baie James	
Burch, Jeff (NDP)	Niagara Centre / Niagara-Centre	
Calandra, Paul (PC)	Markham—Stouffville	
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Cho, Stan (PC)	Willowdale	
<b>Clark, Hon. / L'hon. Steve (PC)</b>	Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds—Grenville—Thousand Islands et Rideau Lakes	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement
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Coteau, Michael (LIB)	Don Valley East / Don Valley-Est	
Crawford, Stephen (PC)	Oakville	
Cuzzetto, Rudy (PC)	Mississauga—Lakeshore	
Des Rosiers, Nathalie (LIB)	Ottawa—Vanier	
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Dunlop, Jill (PC)	Simcoe North / Simcoe-Nord	
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Fife, Catherine (NDP)	Waterloo	
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<b>French, Jennifer K. (NDP)</b>	Oshawa	Third Deputy Chair of the Committee of the Whole House / Troisième vice-présidente du comité plénier de l'Assemblée législative

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Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
Gill, Parm (PC)	Milton	
Glover, Chris (NDP)	Spadina—Fort York	
Gravelle, Michael (LIB)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
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Harris, Mike (PC)	Kitchener—Conestoga	
Hassan, Faisal (NDP)	York South—Weston / York-Sud— Weston	
<b>Hatfield, Percy (NDP)</b>	Windsor—Tecumseh	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du comité plénier de l'Assemblée législative
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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	
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Karahalios, Belinda (PC)	Cambridge	
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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	
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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	
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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	
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Natyshak, Taras (NDP)	Essex	
<b>Nicholls, Rick (PC)</b>	Chatham-Kent—Leamington	Chair of the Committee of the Whole House / Président du comité plénier de l'Assemblée Deputy Speaker / Vice-président
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	

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Park, Lindsey (PC)	Durham	
Parsa, Michael (PC)	Aurora—Oak Ridges—Richmond Hill	
Pettapiece, Randy (PC)	Perth—Wellington	
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Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rasheed, Kaleed (PC)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	
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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	
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Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Simard, Amanda (IND)	Glengarry—Prescott—Russell	
Singh, Gurratan (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	
<b>Smith, Hon. / L'hon. Todd (PC)</b>	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	
<b>Thompson, Hon. / L'hon. Lisa M. (PC)</b>	Huron—Bruce	Minister of Education / Ministre de l'Éducation
<b>Tibollo, Hon. / L'hon. Michael A. (PC)</b>	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	
<b>Walker, Hon. / L'hon. Bill (PC)</b>	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	
<b>Yakubski, Hon. / L'hon. John (PC)</b>	Renfrew—Nipissing—Pembroke	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Yarde, Kevin (NDP)	Brampton North / Brampton-Nord	
<b>Yurek, Hon. / L'hon. Jeff (PC)</b>	Elgin—Middlesex—London	Minister of Transportation / Ministre des Transports

**STANDING COMMITTEES OF THE LEGISLATIVE ASSEMBLY  
COMITÉS PERMANENTS DE L'ASSEMBLÉE LÉGISLATIVE**

**Standing Committee on Estimates / Comité permanent des budgets des dépenses**

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Vice-Chair / Vice-président: Wayne Gates  
Stan Cho, Jill Dunlop  
Wayne Gates, Michael Gravelle  
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**

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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 / Greffière: Julia Douglas

**Standing Committee on Government Agencies / Comité permanent des organismes gouvernementaux**

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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

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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

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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

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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

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Deepak Anand, Doly Begum  
Jeff Burch, Amy Fee  
John Fraser, Joel Harden  
Belinda Karahalios, Robin Martin  
Sheref Sabawy, Nina Tangri  
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