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LEGISLATIVE ASSEMBLY
OF ONTARIO

Thursday 19 November 2020

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Jeudi 19 novembre 2020

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1800

PRIVATE MEMBERS'
PUBLIC BUSINESS

HEALTH CARE

Mr. Ian Arthur: I move that, in the opinion of this House, the Ford government should designate Kingston an area of high physician need and take all necessary steps to address the lack of access to primary physician care in the city.

The Acting Speaker (Ms. Jennifer K. French): Mr. Arthur has moved private member's notice of motion number 117. Pursuant to standing order 101, the member has 12 minutes for his presentation.

Mr. Ian Arthur: It's an honour today to rise and represent the constituents of Kingston. This job has many facets, but none are more important than being a voice for our communities—to know and represent the needs of our neighbours, our friends, family and our community, and it is where need trumps politics, where we reach out for the support of our colleagues in the Legislature to solve problems that are within their collective power to solve.

Kingston is a wonderful place to live, and I am lucky to call it home. That said, there is one glaring issue that remains at the forefront of so many minds in my community: Nearly one in four Kingstonians is without a family doctor. It's an issue I heard on doorsteps during the election—a problem from the lack of investment from the previous Liberal government into primary care and a broken LHIN system of delivery. But it lingers still, Speaker, and it is my hope that this government, in an effort to improve the delivery of health care across the province, which they trump so often, will right this Liberal wrong. It would be most unfortunate indeed if, with the consideration of the data that I am about to provide, this government insists on repeating the mistakes of the previous government as we transition to becoming one of Ontario's new Ontario health teams.

As I said, while Kingston is a great place for countless reasons, many actually reconsider moving to my city when they find out how difficult it is to find a family doctor, how long it takes when you arrive in my city to get the care that you need. When a family physician retires or moves away, many current residents are faced with finding themselves orphaned from primary care.

With this in mind, two years ago, a coalition of community activists, politicians—myself included—

doctors, pharmacists and others got together to try to solve this problem. The starting point was the realization that the South East LHIN's official numbers of unattached patients were dramatically wrong. The system, developed under the Liberals, utterly failed to grasp the need in the area.

With this in mind, and led by the city's mayor, Bryan Paterson, and our chief administrative officer, Lanie Hurdle, the city set out to gather the data needed to demonstrate actual need. They used emergency room usage data, the wait-lists for nearly every primary care physician in the city and current patient lists of those practitioners. The soon-to-be-released study paints a stark picture.

The data suggest that over 28,000 residents living in Kingston are unattached or forced to see physicians outside of the Kingston region. Based on census data, this would mean a whopping 23% of residents don't have access to primary care. The national average is 12.8%, which is still too high. This is nearly double the national average, in Kingston.

Far too many residents are using emergency room medical services. They aren't accessing important preventive medicine, and those with chronic illnesses cannot access vital prescriptions. Soon-to-be mothers are anxious about relying on inconsistent care. Aging residents with emerging cognitive concerns do not have the ability to visit someone familiar with their medical history. Folks with diabetes are going without necessary regular blood pressure monitoring. And it is not uncommon for Kingstonians to reach a point of crisis before their medical issue is addressed by a physician.

In our constituency office, we regularly hear from residents who have been waiting on Health Care Connect for years and years and years. The problem is especially dire among our most vulnerable populations, who do not have the means to travel to other jurisdictions to receive their primary care.

In 2015, the province changed Kingston's designation to a non-high needs community, but this was unfortunately due to a misrepresentation of the city's distribution of physicians. The city's unique position stems from a combination of factors. While Kingston hosts what might seem to be an adequate number of physicians for our population, a disproportionate number do not actually practise comprehensive medical care.

The maximum number of doctors allowed to operate in a region using the rostered compensation model is 300. Local family physician Dr. Veronica Legnini described the model as the easiest, best-supported and most viable way to run a family medicine clinic. In actuality, 300

reflects the number of doctors registered in the Kingston postal code, but the reality is, less than half of those are actually practising comprehensive primary care.

In an analysis of this situation, the city of Kingston recently surveyed 312 local physicians. Of these physicians, it was identified that 173 do not practise family medicine in the community. Those physicians are engaged in other activities like teaching—we do have a teaching hospital in Kingston; we are very lucky for that—research, student health or sub-specialized areas of family medicine such as long-term care. This means there's a net value of 139—far fewer than the 300 official names of active doctors practising comprehensive family medicine in the city of Kingston. Additionally, it was found that 15,000 people from outside the region are still accessing their primary care in the city of Kingston. When the study factored in data from clinical electronic medical records, paper-based patient records from Kingston family medical clinics and Kingston community health centres, supplemented with survey results, they found that almost 44,000 patients from outside of the region were accessing care in the city of Kingston. This data differs from the South East LHIN and the College of Physicians and Surgeons, which, respectively, said that Kingston had 238 or 295 physicians in the area—even they have discrepancies. Like the rest of Ontario, attrition compounds this. Kingston is disproportionately affected due to the high number of retirement-age residents compared to the rest of the province. Again, using census data—19.3% of Kingston's population is over 65, whereas the provincial number is 16%. Specifically, the city's report found that 30% of physicians reported they plan to retire within the next decade—17% more within the next three to five years.

Based on the city's analysis, the Ministry of Health's Health Care Experience Survey under-reports the issue, estimating that 11.3% of respondents, or 14,000 people, don't have a physician. In actuality, when more data is taken into consideration, the situation looks much more dire. The data set was brought by including numbers from the Kingston Health Sciences Centre regarding specialists who have seen patients without a family doctor, emergency department utilization data, HealthForceOntario marketing and recruitment agency data, CPSO data, the Canadian Institute for Health Information, local family medicine clinical leads and managers, and the OMA. We went everywhere to make sure that the numbers that we gave to this government painted the true picture of the need in Kingston.

There's one more important facet I want to speak to quickly, and that's the issue of accessing French-speaking doctors in Kingston. The importance of being able to speak to your doctor using your mother tongue cannot be understated. The task of finding a family doctor is even more difficult for francophones living in Kingston who want a doctor who speaks their native language. As of 2019, only 10 family physicians were practising civilian family medicine, and none were accepting new patients—for those who could speak any sort of French.

We're incredibly proud to have Canadian Forces Base Kingston and the Royal Military College of Canada in my

community, but because they're in the riding—many who are posted there are francophone, and while those servicemen and servicewomen who are enlisted do get to access health care on the base and at the military college, their families do not. So you have families who arrive in Kingston—some of them have no skills in English—who cannot access any sort of primary care in their language in our city. Phil Archambault, a former francophone health services navigator for the South East LHIN, explained to us that, as I said, the spouses of a serviceperson, who are themselves not in the military, in addition to all of their children, cannot find the services they need in the language that they actually speak.

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There are Ontarians who are going to the doctor with interpreters because that's the only way for them to try to convey their medical needs to a physician—and that's at a walk-in clinic; that's not even being attached to a doctor. It's not something that you think you would hear about here.

Our emergency room utilization rates are through the roof, again, because people can't access the care where they're supposed to be accessing the care. This exaggerates the problem—when you're faced with crises like the current pandemic. If too many people don't have access to a primary care physician who knows their medical history, who can provide them advice over Zoom or on the phone, they do access it in areas that, frankly, at this point in time are dangerous, where they shouldn't be going. We are asking people to stay home, yet we are not giving them the support and services that they need to have to be able to stay home. So they are going out into the community and they are accessing places like emergency rooms, which is the last place that we want to send people during a pandemic.

I want to finish briefly with one story from Glenna and her husband, Michael, who moved to Kingston a number of years ago. They signed up with Health Care Connect in 2016, when they were unable to find a family doctor. Glenna, who wrote our office in desperation, is Michael's caregiver, as he suffers from a rare neurological disease and has dementia. His condition has been worsening, with increased anxiety and shouting. They require a family doctor not only to monitor his medications and his dosages, but also for referrals to specialists. They aren't even sure if the medication he is on is best suited for his condition. Without an ongoing relationship with a physician who is familiar with his medical history, he is receiving patchwork treatment from walk-in clinics and the emergency room. They need someone with this knowledge to be able to refer him to appropriate specialists. Glenna and Michael do not want to overburden the hospital, but they are left with no choice. Considering the COVID-19 pandemic, they want to avoid the hospital as much as they can, but they do not have a family doctor. They signed up in 2016. He has dementia, and they cannot access a family doctor in Kingston. Sadly, this story is not a rarity in my riding.

If we can adjust the Ministry of Health's assessment of Kingston's primary service levels to better reflect the

complex reality, it would go so far in alleviating so many of these pressures, and the ripple effect of this would extend well beyond the boundaries of Kingston.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Mr. Kaleed Rasheed: I would like to thank the member opposite for putting this motion forward. Health care remains top of mind for all Ontarians and this government. We remain committed to ensuring that Ontarians' health care needs are met.

Speaker, I would like to remind the member opposite that our government, especially the Premier and the Minister of Health and the Minister of Long-Term Care, have been working tirelessly since the start of our mandate, and especially during the pandemic, to ensure health care needs are met. We have made considerable progress in improving access to quality health care by reducing the number of unattached patients and improving access to primary care physicians all across this province. The health and safety of the people of Ontario is our top priority.

I appreciate the member opposite's motion because I, too, worry about the health care needs of the people of this great province. But I would like to remind everyone here of the work that our government has done. The government continues to ensure the people of Ontario receive adequate health care.

Since 2018, provincial funding for public health units through public health programs and services has increased by approximately \$123 million, or 17%. In total, for 2020, public health units received approximately \$853 million in provincial funding to support the provision of public health programs and services. This includes \$47 million in one-time mitigation funding to ensure that municipalities do not experience any increase as a result of the cost-sharing change during this critical time; and \$42 million in one-time funding to hire up to 625 additional school-focused nurses to help schools manage potential COVID-19 cases. This funding is in addition to the \$100 million in increased investments for public health under Ontario's action plan. The process for public health units to request reimbursements of one-time extraordinary costs is currently under way.

In the most recent budget, there is an additional \$4 billion in 2021-22 and a further \$2.8 billion in 2022-23 in direct support for health care across this province. This includes maintaining strong public health measures during the pandemic:

- \$1.4 billion to expand testing and case contact management;

- Ontario's largest flu campaign, with 5.1 million doses, which cost approximately \$70 million;

- \$60 million for infection prevention and control across hospitals and LTC homes;

- \$540 million in protection from surges for residents, caregivers and staff in LTC homes, and \$405 million to enhance screening, staffing, support and PPE;

- \$283.7 million to address the backlog and enable 60,000 surgeries;

- an additional \$116.5 million to add up to 766 additional beds—this is on top of the 139 critical care beds and the 1,349 hospital beds already announced in the fall plan;

- \$572 million to hospitals to support the additional costs of COVID-19 testing assessment centres, labs, equipment and PPE; and

- \$18 billion in capital grants over 10 years to build new and expanded hospital infrastructure and address upgrades. This includes funding to Kingston Health Sciences Centre's redevelopment project to replace the outdated facilities and accommodate growth in demand for health services.

For the Kingston, Frontenac and Lennox & Addington Public Health unit, funding has increased year over year. In the last two years alone, the government has increased spending for this health unit by 8.3%. Above that, there has been an increase of 12.6% for hospitals and specialty psychiatric hospitals for this health care unit.

Despite this progress, challenges remain, and several communities continue to experience a lack of access to quality primary care services. To help address this issue, the Ministry of Health is prioritizing areas of high physician need. This government recognizes that access to primary care services varies across the province. That is why the ministry is partnering with local planners in the local health integration networks and the Ontario Health regions to make informed joint decisions on where best to direct the health care resources needed to where they are required today and in the future.

One component of this plan is to limit new physician entry to the family health organization and family health network funding models only to areas of high physician need. Notwithstanding this process, physicians continue to have the option of joining other primary care models, including family health group and comprehensive care models. They can substitute or replace physicians within family health organizations and family health networks, as well as have the traditional fee-for-service, without restrictions on the community in which they wish to practise.

Speaker, the Ministry of Health continues to make great strides to address the issues that the member opposite raises. There have been significant improvements to the flexibility of the funding models and to provide further authority to the local health units to make community-based decisions. The local Ontario Health region identifies and recommends to the ministry which of their communities be flagged as high physician need areas. The ministry also reviews the areas of high physician need listed with Ontario Health regions and adds or removes communities based on the need for primary care physician resources in the area.

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One such review was held with Ontario Health East representatives in August to discuss Kingston's physician resources. The discussion mainly focused on the current resources, access to these resources and if there was any need for additional physician resources.

The general consensus was that even though there is a high concentration of physician resources in Kingston

centre, patients living in the outlying communities are able to access the care of these physicians due to the good transport links in Kingston and the short distances patients might need to travel. The representatives also noted that there were many other areas that were in much higher need of physicians than in Kingston. The ministry will continue to work with our Ontario Health East partners closely to see where the physician resources could be directed to benefit patients most.

Just yesterday, our government announced \$2.4 million to support an additional 13 Ontario health teams across the province to provide better connected care to patients. These teams are a new way of delivering care that brings together health care providers and organizations to work as one coordinated team to improve patients' outcomes. The new collaborative model is helping the province respond more quickly and effectively to COVID-19 and end hallway health care. This announcement includes Kingston as part of the 13 Ontario health teams.

Since day one, our government has committed to investing funding where Ontarians need it the most. Health spending is just one example. This government is also committed to spending on education, seniors, small businesses and broadband, to just name a few. Health care is no exception.

Speaker, I want to respect the time I have been given by concluding that this government remains committed to working with public health and municipal sector partners to ensure public health services are maintained and delivered to protect the health and well-being of Ontarians. This government will continue to ensure that the people of Ontario, and Kingston's people, have access to the health care they need.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Mr. Terence Kernaghan: Speaker, I'd like to commend the member from Kingston and the Islands for not only listening to the needs of his constituents but also bringing them forward, as highlighted in this motion. His community is in desperate need of doctors.

I think back to a meeting I had with the Ontario Medical Students Association back in 2019. Zach Weiss, Victor Polins Pedro, Silvio Ndoja and Adrina Zhong presented me with the problem of unmatched medical students—students who had completed their studies but were unable to find a residency placement.

It's hard to believe that young professionals were left unable to practise their skills in our province. In fact, some had to choose their residency type based on the opportunity, not on their field of interest. It's a lack of vision towards the future, and it is at the feet of the government. While some students can pursue a fifth year if unmatched, the financial constraints of doing so can be completely overwhelming.

I also wanted to share some statistics. In Canada, in 2018, 123 medical grads went unmatched. In Ontario, there were 53. That's 53 doctors, Speaker.

We have yet to see solid action from this government to address the problem that they inherited from the

Liberals. Let's face it, we understand that the Liberals had 15 years to fix this problem; they did not do so. But the time for finger-pointing is over. It's halfway into this government's mandate. It's time they actually showed solid action.

London is a health care city. It has the London Health Sciences Centre, University Hospital, St. Joseph's Health Care London, the Parkwood Institute, the Arthur Labatt Family School of Nursing, the Schulich School of Medicine and Dentistry, research centres such as Robarts and London Pediatrics, the great people at nurse-practitioner-led clinics such as Health Zone, the London Family Health Team and the London InterCommunity Health Centre, which has not closed for a day during the pandemic, serving the most vulnerable—actually, I would rather say, the most marginalized folks; few find themselves in these circumstances by choice. What's upsetting to report is that not all the dedicated folks have received pandemic pay at the London InterCommunity Health Centre, despite their dedication and their caring.

London also serves many neighbouring communities and, like the member from Kingston and the Islands, helping constituents find a doctor is always a struggle. I myself have a wonderful doctor, Nancy Moser. She has looked after my family since we arrived in London in the 1980s. I hope that she never retires, because she's kind, knowledgeable, always available and an exemplary family physician.

We also have a problem that many of our medical graduates leave Canada after graduating. The Auditor General raised this issue a number of years ago. The government has a role to play in keeping physicians here in Canada and here in Ontario.

The Kingston area is truly struggling; 15,000 Kingstonians waiting for a primary care provider is a truly shocking statistic. We face a dire situation across our province, with the baby boomer generation retiring. It's also important to note that census data from 2016 indicates that almost a fifth of Kingston's population is over 65; across the province, it's only 16.7%. Kingston is an area of high need.

Without access to primary care, as the member has pointed out, people have no option but to visit emergency rooms. I, along with the member from London—Fanshawe, as well as the member from London West, have met with foreign-trained professionals, people who were tempted to relocate here, given the promise of a new life in Canada, but their dream of Canada has actually turned into a nightmare. These include engineers, physicians and dentists. In order to receive their Canadian credentials, they are only allowed to take the test a limited number of times.

We met with a dentist who had been the head of a department in Dubai. She was actually so highly trained that she was able to administer anesthesia to three- and four-year-olds. We know that anesthesiologists are already a very highly trained profession, but to be able to administer anesthesia to three- and four-year-olds is some serious, serious talent. But she's unable to find a position

here and she's unable to receive her training. That's a truly shocking thing. We have many people who are able to fill these roles, but we see the government not facilitating that process.

I'd like to end my comments by saying I fully support the member from Kingston and the Islands to have Kingston designated as an area of high physician need. They need to attract more family doctors to open practices there.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Ms. Judith Monteith-Farrell: Thank you to the member from Kingston and the Islands for bringing forward a very important issue for his riding and for the rest of the province.

There is something very wrong in Ontario. Some 1.3 million people do not have primary health care in Ontario, according to Statistics Canada. That is shocking. As the members here have said, they are telling us in our constituency offices, "I cannot get a doctor." There are a lot of reasons why.

In Thunder Bay and in northern Ontario, this problem is even worse. It's even worse than Kingston, because we have 20,000 who do not have primary health care. We have examined and studied this issue. The community comes forward. We have Canadian economic development corporation people with a whole program to try to recruit health care professionals to northern Ontario.

1830

We have the Northern Ontario School of Medicine, which has campuses in Thunder Bay and in Sudbury. I recently went to their five-year strategic plan unveiling, and what I heard there was very, very disheartening, because, although they've been able to produce 54 physicians in the last 10 years who have actually stayed in northern Ontario, many of those graduates leave.

We also have the problem that immediately, right now, we need 100 generalists, 100 doctors, and we need 100 specialists. We know—they've done the survey—that in five years, 50% of our rural doctors are retiring.

So we have a crisis similar to Kingston's. We have this crisis in many parts of Ontario. That's why I think your motion is so important. It speaks to the fact that we are not addressing this in our province in any kind of real fashion. We are hiding behind numbers. There are areas that have lots of doctors, apparently, but there are pockets of this province, where 1.3 million people live, that do not have primary health care.

That's not the promise of the Canada Health Act. The promise of the Canada Health Act is that we have equitable access to health care in this country. We need to do something about this. We need to ensure that people in Kingston—and my daughter lived in Kingston. She couldn't find a family doctor. She talked about that, because she's a nurse and she heard from many of the people who came to her ICU that they did not have primary health care, and their conditions became very—and that's one impact of not having primary health care and physicians: conditions become worse.

When someone who has diabetes or a heart condition is not monitored and they have no one to go to, or they don't want to sit in the emergency room for hours on end, what happens is that they get sicker and it costs us all a lot more money, if you want to look at it with money—but we need to look at that this is people. These are people who do not have care, and it's not acceptable in this province.

At the Northern Ontario School of Medicine, what they talked about was access to health care. They talked about the shortage of doctors and how they were going to address it. They were very clear that they need more support. They want to expand their operations so they can produce more doctors who will stay in northern Ontario. Similar to all over this province and similar to what my colleague from London had stated, there needs to be something done. When we train doctors in Ontario, we need to ensure that they stay in Ontario, that they are somehow obligated to stay for at least a while. Some of these programs have incentives for northern doctors: "If you stay for five years, we'll pay part of your tuition," or those kinds of programs. And once people stay in the area—and Kingston is a beautiful area, and I'm sure if they had those incentives, people would actually stay.

When people don't have access to health care, they sometimes have to travel. My colleague talked about people coming into Kingston because there isn't health care in the rural areas around Kingston. That's very true of most parts of northern Ontario. There are hubs people have to travel to. I brought forward a bill about the Northern Health Travel Grant Program, because in order to get any health care—definitely specialist care—people have to travel. There is not enough money given to them, and often, they do not have the money to pay up front. So what happens is, those people do not have health care, they get sicker, and we have very high—or higher than the rest of the province—mortality rates and early deaths because of this lack of primary care. I'm sure in Kingston, those things are happening as well; they're maybe not measured yet.

In Thunder Bay, we have something happening now: Our Hearts at Home. We're doing a major fundraiser to support building a cardiac care unit in northern Ontario. We're seeing a huge charity drive with folks. But health care should not be charity; health care should be a right.

So the government of Ontario needs to address the critical shortage of doctors across this province.

The Acting Speaker (Ms. Jennifer K. French): Further debate? Further debate?

The member has two minutes to reply.

Mr. Ian Arthur: Thank you to everyone who contributed to the debate tonight.

Speaker, I know it's a naive dream, but I have this idea that one day I'm going to be part of an evidence-based policy-making—it's this illustrious dream. It's the pot of gold at the end of the rainbow. Unfortunately, from the statements made by the member opposite, I don't think that's going to happen tonight.

Respectfully, I know the member opposite referenced the meeting where they talked about the numbers and Kingston decided that Kingston was adequately serviced

or we weren't high-needs, but that was based on the same, wrong data that the previous decision was made on. There was no new data gathered to update that decision. They took old data, they looked at it again, and they drew the same conclusion. But it was wrong. It does not reflect the reality on the ground. We knew that was the conclusion you would draw if you looked at the old data, so we went out and gathered more information. We made sure that we had an ironclad report to give to this government to demonstrate why the decision to designate Kingston as adequately serviced or non-high-needs was insufficient. Frankly, if the government can't read that, understand it and update their understanding of the reality on the ground for families, it's just another chip out of that dream of evidence-based policy decision-making, and it's unfortunate.

I do thank the government for listening today. I hope they heard some of these numbers. I hope that, as they roll out the Ontario health teams, they go back to the one in southeastern Ontario and say, "I think your data is outdated. Please update it so it better reflects need." I

really do hope they understand how high the need actually is.

The Acting Speaker (Ms. Jennifer K. French): The time provided for private members' public business has expired.

Mr. Arthur has moved private member's notice of motion number 117.

Is it the pleasure of the House that the motion carry? I heard a no.

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

All those opposed to the motion will please say "nay."

In my opinion, the nays have it.

Pursuant to standing order 101(d), the recorded division on this item of private members' public business will be deferred to deferred votes on Monday, November 23.

Vote deferred.

The Acting Speaker (Ms. Jennifer K. French): All matters relating to private members' public business having been completed, this House stands adjourned until Monday, November 23, at 9 a.m.

The House adjourned at 1838.

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Crawford, Stephen (PC)	Oakville	
Cuzzetto, Rudy (PC)	Mississauga—Lakeshore	
Downey, Hon. / L'hon. Doug (PC)	Barrie—Springwater—Oro-Medonte	Attorney General / Procureur général
Dunlop, Hon. / L'hon. Jill (PC)	Simcoe North / Simcoe-Nord	Associate Minister of Children and Women's Issues / Ministre associée déléguée au dossier de l'Enfance et à la Condition féminine Minister Without Portfolio / Ministre sans portefeuille
Elliott, Hon. / L'hon. Christine (PC)	Newmarket—Aurora	Deputy Premier / Vice-première ministre Minister of Health / Ministre de la Santé
Fedeli, Hon. / L'hon. Victor (PC)	Nipissing	Chair of Cabinet / Président du Conseil des ministres Minister of Economic Development, Job Creation and Trade / Ministre du Développement économique, de la Création d'emplois et du Commerce
Fee, Amy (PC)	Kitchener South—Hespeler / Kitchener-Sud—Hespeler	
Fife, Catherine (NDP)	Waterloo	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Ford, Hon. / L'hon. Doug (PC)	Etobicoke North / Etobicoke-Nord	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Premier ministre
Fraser, John (LIB)	Ottawa South / Ottawa-Sud	
French, Jennifer K. (NDP)	Oshawa	Third Deputy Chair of the Committee of the Whole House / Troisième vice-présidente du comité plénier de l'Assemblée législative
Fullerton, Hon. / L'hon. Merrilee (PC)	Kanata—Carleton	Minister of Long-Term Care / Ministre des Soins de longue durée
Gates, Wayne (NDP)	Niagara Falls	
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	
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	First Deputy Chair of the Committee of the Whole House / Première vice-présidente du comité plénier de l'Assemblée
Hardeman, Hon. / L'hon. Ernie (PC)	Oxford	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hassan, Faisal (NDP)	York South—Weston / York-Sud— Weston	
Hatfield, Percy (NDP)	Windsor—Tecumseh	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du comité plénier de l'Assemblée législative
Hillier, Randy (IND)	Lanark—Frontenac—Kingston	
Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Horwath, Andrea (NDP)	Hamilton Centre / Hamilton-Centre	Leader, Official Opposition / Chef de l'opposition officielle
Hunter, Mitzie (LIB)	Scarborough—Guildwood	
Jones, Hon. / L'hon. Sylvia (PC)	Dufferin—Caledon	Solicitor General / Solliciteure générale
Kanapathi, Logan (PC)	Markham—Thornhill	
Karahalios, Belinda C. (IND)	Cambridge	
Karpoche, Bhutla (NDP)	Parkdale—High Park	
Ke, Vincent (PC)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London- Centre-Nord	
Khanjin, Andrea (PC)	Barrie—Innisfil	Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
Kramp, Daryl (PC)	Hastings—Lennox and Addington	
Kusendova, Natalia (PC)	Mississauga Centre / Mississauga- Centre	
Lecce, Hon. / L'hon. Stephen (PC)	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
MacLeod, Hon. / L'hon. Lisa (PC)	Nepean	Minister of Heritage, Sport, Tourism and Culture Industries / ministre des Industries du patrimoine, du sport, du tourisme et de la culture
Mamakwa, Sol (NDP)	Kiiwetinoong	
Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
Martow, Gila (PC)	Thornhill	
McDonell, Jim (PC)	Stormont—Dundas—South Glengarry	
McKenna, Jane (PC)	Burlington	
McNaughton, Hon. / L'hon. Monte (PC)	Lambton—Kent—Middlesex	Minister of Labour, Training and Skills Development / Ministre du Travail, de la Formation et du Développement des compétences
Miller, Norman (PC)	Parry Sound—Muskoka	
Miller, Paul (NDP)	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	
Mitas, Christina Maria (PC)	Scarborough Centre / Scarborough- Centre	
Monteith-Farrell, Judith (NDP)	Thunder Bay—Atikokan	
Morrison, Suze (NDP)	Toronto Centre / Toronto-Centre	
Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Natyshak, Taras (NDP)	Essex	
Nicholls, Rick (PC)	Chatham-Kent—Leamington	Chair of the Committee of the Whole House / Président du comité plénier de l'Assemblée Deputy Speaker / Vice-président
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
Park, Lindsey (PC)	Durham	
Parsa, Michael (PC)	Aurora—Oak Ridges—Richmond Hill	
Pettapiece, Randy (PC)	Perth—Wellington	
Phillips, Hon. / L'hon. Rod (PC)	Ajax	Minister of Finance / Ministre des Finances
Piccini, David (PC)	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rasheed, Kaleed (PC)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Energy, Northern Development and Mines / Ministre de l'Énergie, du Développement du Nord et des Mines Minister of Indigenous Affairs / Ministre des Affaires autochtones
Roberts, Jeremy (PC)	Ottawa West—Nepean / Ottawa- Ouest—Nepean	
Romano, Hon. / L'hon. Ross (PC)	Sault Ste. Marie	Minister of Colleges and Universities / Ministre des Collèges et Universités
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	Associate Minister of Small Business and Red Tape Reduction / Ministre associé délégué au dossier des Petites Entreprises et de la Réduction des formalités administratives Minister Without Portfolio / Ministre sans portefeuille
Sattler, Peggy (NDP)	London West / London-Ouest	Deputy Opposition House Leader / Leader parlementaire adjointe de l'opposition officielle
Schreiner, Mike (GRN)	Guelph	
Scott, Hon. / L'hon. Laurie (PC)	Haliburton—Kawartha Lakes—Brock	Minister of Infrastructure / Ministre de l'Infrastructure
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Simard, Amanda (LIB)	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	
Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	
Surma, Hon. / L'hon. Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	Associate Minister of Transportation (GTA) / Ministre associée des Transports (RGT) Minister Without Portfolio / Ministre sans portefeuille
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Nina (PC)	Mississauga—Streetsville	
Taylor, Monique (NDP)	Hamilton Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs
Tibollo, Hon. / L'hon. Michael A. (PC)	Vaughan—Woodbridge	Associate Minister of Mental Health and Addictions / Ministre associé délégué au dossier de la Santé mentale et de la Lutte contre les dépendances Minister Without Portfolio / Ministre sans portefeuille
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	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Walker, Hon. / L'hon. Bill (PC)	Bruce—Grey—Owen Sound	Associate Minister of Energy / Ministre associé de l'Énergie Minister Without Portfolio / Ministre sans portefeuille
West, Jamie (NDP)	Sudbury	
Wilson, Jim (IND)	Simcoe—Grey	
Wynne, Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	
Yakubski, Hon. / L'hon. John (PC)	Renfrew—Nipissing—Pembroke	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Yarde, Kevin (NDP)	Brampton North / Brampton-Nord	
Yurek, Hon. / L'hon. Jeff (PC)	Elgin—Middlesex—London	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs

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

Standing Committee on Estimates / Comité permanent des budgets des dépenses

Chair / Président: Peter Tabuns
Vice-Chair / Vice-président: Wayne Gates
Lorne Coe, Rudy Cuzzetto
Wayne Gates, Randy Hillier
Andrea Khanjin, Jane McKenna
Judith Monteith-Farrell, Michael Parsa
Randy Pettapiece, Donna Skelly
Peter Tabuns
Committee Clerk / Greffière: Thushitha Kobikrishna

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

Chair / Président: Amarjot Sandhu
Vice-Chair / Vice-président: Jeremy Roberts
Ian Arthur, Stan Cho
Mitzie Hunter, Logan Kanapathi
Sol Mamakwa, David Piccini
Jeremy Roberts, Amarjot Sandhu
Sandy Shaw, Dave Smith
Vijay Thanigasalam
Committee Clerk / Greffière: Julia Douglas

**Standing Committee on General Government / Comité
permanent des affaires gouvernementales**

Chair / Présidente: Goldie Ghamari
Vice-Chair / Vice-président: Mike Schreiner
Robert Bailey, Jessica Bell
Goldie Ghamari, Chris Glover
Mike Harris, Daryl Kramp
Sheref Sabawy, Amarjot Sandhu
Mike Schreiner, Jennifer (Jennie) Stevens
Daisy Wai
Committee Clerk / Greffier: Isaiah Thorning

**Standing Committee on Government Agencies / Comité
permanent des organismes gouvernementaux**

Chair / Président: John Vanthof
Vice-Chair / Vice-président: Taras Natyshak
Will Bouma, Lorne Coe
Robin Martin, Norman Miller
Taras Natyshak, Rick Nicholls
Billy Pang, Amanda Simard
Marit Stiles, Nina Tangri
John Vanthof
Committee Clerk / Greffier: Julia Douglas

**Standing Committee on Justice Policy / Comité permanent de
la justice**

Chair / Président: Roman Baber
Vice-Chair / Vice-présidente: Effie J. Triantafilopoulos
Roman Baber, Will Bouma
Lucille Collard, Parm Gill
Natalia Kusendova, Suze Morrison
Lindsey Park, Gurratan Singh
Nina Tangri, Effie J. Triantafilopoulos
Kevin Yarde
Committee Clerk / Greffière: Thushitha Kobikrishna

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

Chair / Président: Kaleed Rasheed
Vice-Chair / Vice-président: Vijay Thanigasalam
Rima Berns-McGown, Michael Coteau
Faisal Hassan, Logan Kanapathi
Jim McDonell, Christina Maria Mitas
Sam Oosterhoff, Kaleed Rasheed
Sara Singh, Donna Skelly
Vijay Thanigasalam
Committee Clerk / Greffière: Tonia Grannum

**Standing Committee on Public Accounts / Comité permanent
des comptes publics**

Chair / Présidente: Catherine Fife
Vice-Chair / Vice-présidente: France Gélinas
Deepak Anand, Jill Andrew
Toby Barrett, Stephen Blais
Stan Cho, Stephen Crawford
Catherine Fife, France Gélinas
Christine Hogarth, Daryl Kramp
Michael Parsa
Committee Clerk / Greffier: Christopher Tyrell

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

Chair / Président: Deepak Anand
Vice-Chair / Vice-président: John Fraser
Deepak Anand, Toby Barrett
Will Bouma, Stephen Crawford
John Fraser, Laura Mae Lindo
Gila Martow, Paul Miller
Billy Pang, Dave Smith
Jamie West
Committee Clerk / Greffier: Isaiah Thorning

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

Chair / Présidente: Natalia Kusendova
Vice-Chair / Vice-président: Aris Babikian
Aris Babikian, Jeff Burch
Amy Fee, Michael Gravelle
Joel Harden, Mike Harris
Christine Hogarth, Belinda C. Karahalios
Terence Kernaghan, Natalia Kusendova
Robin Martin
Committee Clerk / Greffière: Tanzima Khan

**Select Committee on Emergency Management Oversight /
Comité spécial de la surveillance de la gestion des situations
d'urgence**

Chair / Président: Daryl Kramp
Vice-Chair / Vice-président: Tom Rakocevic
Robert Bailey, Gilles Bisson
John Fraser, Christine Hogarth
Daryl Kramp, Robin Martin
Sam Oosterhoff, Lindsey Park
Tom Rakocevic, Sara Singh
Effie J. Triantafilopoulos
Committee Clerk / Greffier: Christopher Tyrell