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Mardi
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ORDERS OF THE DAY / ORDRE DU JOUR

**Connecting People to Home and Community Care
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LEGISLATIVE ASSEMBLY
OF ONTARIO

Tuesday 7 July 2020

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mardi 7 juillet 2020

The House met at 0900.

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

ORDERS OF THE DAY

CONNECTING PEOPLE TO HOME
AND COMMUNITY CARE ACT, 2020

LOI DE 2020

POUR CONNECTER LA POPULATION
AUX SERVICES DE SOINS À DOMICILE
ET EN MILIEU COMMUNAUTAIRE

Ms. Elliott moved third reading of the following bill:

Bill 175, An Act to amend and repeal various Acts respecting home care and community services / *Projet de loi 175, Loi modifiant et abrogeant diverses lois en ce qui concerne les services de soins à domicile et en milieu communautaire.*

The Speaker (Hon. Ted Arnott): I look to the Minister of Health to lead off the debate.

Hon. Christine Elliott: Today, I rise to begin third reading of Bill 175, the Connecting People to Home and Community Care Act, 2020. Before we get started, Speaker, I want to take a moment to acknowledge that I will be sharing my time with the member for Eglinton–Lawrence. I want to thank her for the support she has provided with respect to the proposed legislation before us today. She has done an amazing job.

I would also like to thank the members from Whitby, Mississauga–Lakeshore, Markham–Thornhill, Stormont–Dundas–South Glengarry, Burlington, Scarborough Centre, Niagara West, Flamborough–Glanbrook and Scarborough–Rouge Park for all their hard work during committee.

Speaker, when we introduced this proposed legislation back in February, the world was a very different place. COVID-19 was a term we were just becoming aware of, and preparing for in the event that it came to Ontario.

At that time our government was focused on our comprehensive plan to end hallway health care. As part of that process, we brought forward this piece of legislation because we knew Ontarians were in need of a new, modernized method of delivery for home and community care services. There was, and still is, a significant need to bring this outdated system, designed in the 1990s, into the 21st century.

Then, on March 17, due to the outbreak of COVID-19 in Ontario, our government declared a provincial emer-

gency under the Emergency Management and Civil Protection Act. With this declaration, the people of Ontario were asked to remain home and to only go outside when necessary. Ontarians would begin physical distancing, wearing face coverings and would become even more vigilant about hand hygiene.

The global spread of COVID-19, Speaker, knows no boundaries. As a virus, it has no regard for international borders, and it also had no regard for the silos that had built up within our health care system. What it has done, though, is break those silos down. It has forced our health care workers on the front lines to come together in new and different ways to protect the lives of patients.

During this unprecedented time with COVID-19, we have seen more than ever how important it is for health care providers to work together as one team. Our hospitals, our primary care providers, our long-term-care homes, our laboratories, our public health units—all of these partners and more have had to come together, to work together as one, to fight the spread of COVID-19 in Ontario. Everyone has been united under the same common goal of protecting the health and well-being of Ontarians.

As we move forward with the potential of a second wave or the upcoming flu season, it is now more important than ever that this effort continues. Our government has been pushing for a more integrated health care system from the moment that we took office. The proposed legislation here is but the latest step in our ongoing effort to build better integrated health care.

In keeping with that commitment, we believe that home and community care should be part of an integrated health care system, not a stand-alone service. This direction is one that our sector partners have long called for—a direction that we heard numerous times through committee hearings is critical. It's for this reason that, all these weeks later, and as we continue our efforts to stop the spread of COVID-19, we continue to move this proposed home and community care legislation forward. This is a long-term process that is going to take time. Should this legislation pass, Ontarians can have peace of mind knowing that we are one step closer to building a stronger, more modern home and community care system.

To be clear, we need to keep things moving so that we can make the changes that need to be made. Breaking down the long-standing barriers separating home and community care from primary care would allow for a more seamless coordination of care and a more seamless experience for patients, and that is what it is all about—centring our health care system around patients.

Last year, more than 700,000 people received home care and over 600,000 people used community support services such as Meals on Wheels and client transportation. We know that at home and in the community is where people want to get their care, and during these unprecedented times, home is one of the safest places to be. More patients receiving care in their homes and communities also means greater capacity in our hospitals.

The reality, however, is that our current home and community care system is not keeping pace with the needs and preferences of Ontarians. The current legislation that guides it creates unnecessary barriers to care for the patients we have today, and it is stifling innovation to serve them better.

Ontario's approach to home and community care has not changed much since the Home Care and Community Services Act, 1994, was developed 25 years ago. It has not kept pace with the changing demographics of Ontario or the care needs of the people of this province. There has been a lack of integration with primary care and acute care. We've seen duplication in assessment and care planning, a lack of shared information access for the care team and patients, and a lack of coordination among care providers.

Since the onset of COVID-19, virtual delivery of home care and community services has become much more common. While there used to be limited access to patients and families, this is something that we would like to see more of for those who want it.

Our system lacked innovation. Our dedicated providers have not had the satisfaction of contributing all of their skills and knowledge and fully participating in decisions and comprehensive care as a team. None of this is the fault of the dedicated home and community care workers in this province. Our home and community care workers do an incredible job every single day of providing high-quality, compassionate care to Ontarians. I think COVID-19 has only helped to raise awareness of the important work they do and the tremendous depth of their dedication to their clients, particularly during these unprecedented times. I've heard many stories of incredible care, and I'm sure every member of this House has as well.

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We owe them a great deal of thanks for all of their hard work and we want them to know that what we are doing today is going to make it easier for them to continue to provide this high-quality, compassionate care.

If this proposed legislation passes, then they would be better able to collaborate directly with primary care providers, hospitals and long-term-care providers to ensure the needs of their clients are met as part of an Ontario health team.

Ontario health teams are already in development in communities across the province as a new way of organizing and delivering services for patients. As part of an Ontario health team, local health care providers will be empowered to work as a connected team, taking on the work of easing transitions for patients across the continuum of care. Ontario health teams are responsible for understanding a patient's health care history and needs,

drawing on the strength of all the providers in the team and directly connecting a patient to the different types of care they need.

If this outbreak has reminded us of anything, it is that Ontario has some of the world's best health care workers and public health care services. We are incredibly proud of and thankful to them for all of the work they do. However, the system needs to be transformed to focus on improving the patient experience and strengthening local services. We want to ensure that patients and families will have access to better and more connected services and will wait less time to receive those services. We want to ensure that patients ready to leave a hospital can be discharged back into the community with the supports that they need and the right assistance to navigate these transitions.

Before the arrival of COVID-19, 24 Ontarian health teams were selected to move forward as approved OHTs, and they have been working tirelessly throughout the outbreak to serve the patients who have already come to rely on them. We've heard from Ontario health teams that the foundations formed as part of this work have enhanced their ability to rapidly and effectively respond to COVID-19 and have accelerated their partnerships. Our government has plans to introduce more of these Ontario health teams.

But Speaker, if we are to ensure the full spectrum of our health care system is represented under the umbrella of Ontario health teams, then we need to acknowledge the important role that home and community care plays in care delivery. To improve patient care, we want our health care providers to have a full picture of their patients' needs, so if one provider identifies a need, then all of the other care providers are also aware of that need. That hasn't been the case in our health care system for some time. Too often, one health care provider had no idea what another was recommending to the same patient.

As part of our larger framework of health care delivery, our government wants to deliver personalized, integrated care in action. Our new approach will expand access to services while removing barriers to ensure that the coordination between these services is seamless. But we can't ensure that those services will be seamless if we don't have all of the partners at the table.

Speaker, I want to stress that our primary care providers, our hospitals, our long-term-care homes and our home and community care workers will be empowered to collaborate directly to provide care that best meets the individual care needs of each and every patient they encounter.

The barriers that have made collaboration difficult in the past have contributed to some of the challenges our health care system has faced in terms of delivering coordinated care to patients. What we are proposing today will mean more flexible, responsive care that recognizes that a one-size-fits-all approach does not best meet individual care needs, and the need for support 24/7, not just during office hours.

Now we have taken steps to bring the other partners under the same roof, so to speak, but this bill is necessary to allow our home and community care providers to become a part of that overall team.

If this proposed legislation should pass, these Ontario health teams would, over time, be able to deliver home and community care services that better meet the needs of Ontarians.

Ontario health teams will be responsible for understanding a patient's full health care history, directly connecting them to all the different types of care they need, and helping patients navigate the health care system 24 hours a day, seven days a week. Patients will benefit from more flexible and responsive care that recognizes that a one-size-fits-all approach is not the best way to meet their individual needs, as primary care, hospitals, home care service providers and long-term-care organizations would be able to collaborate directly. It will also recognize that patients need support every day, around the clock, and not just during office hours.

If the bill before us passes, patients will be better able to access home and community care services in the places they are already going to for care. Better integrated care will make transitions between types of care smoother and more patients will be where they want to be; for example, at home rather than in a hospital.

If passed, the Connecting People to Home and Community Care Act, supported by regulations which maintain many key elements of the home and community care framework, will allow Ontario health teams to deliver more innovative models of home and community care.

What does this all mean for patients, Speaker? When we talk about better integrated care, we mean that all of these providers working together would be able to get a patient the care they need without fear of them slipping through the cracks. So when a patient is ready to leave a hospital after surgery, the hospital will already have been working closely with home care providers to help them go home with the supports they need right away and without any undue stress. Their home care provider would be part of the team working with the hospital to come up with the right plan for the patient. And that home care provider isn't going to have to ask the patient for their full medical history all over again, because that information is already going to be available for them as part of the Ontario health team that they're a part of.

As part of our Digital First for Health Strategy, we have laid the foundation to enable Ontario health teams to collect, use and share information to allow for better patient care as well as patient outcomes. Not only that, but one of the key pillars of the Digital First for Health Strategy is to ensure greater data access for patients. That means more patients would be able to review their secure health record online and make informed choices about their own care. What's more, if the patient has questions that the home care provider can't answer, the provider, as part of an Ontario health team, would be able to reach out directly to get answers quickly.

Ontario health teams will be empowered to implement new models of care. In a neighbourhood model, for example, the patient would also benefit from knowing that they would have the same nurse or personal support worker visit them regularly because that nurse would be

assigned to that patient's neighbourhood. If the patient needed something, a personal support worker would never be too far away.

In another model, a patient with a chronic condition that is being managed by their primary care provider would have their home care provider embedded directly as part of their family health team. That way, the family health team is able to respond quickly to changes in the patient's condition.

Ontario health teams are going to help ensure that patients get all of the right services for their needs.

With all that said, Speaker, I want to speak for a moment about the things that would not change under this proposed legislation. First, just like today, I assure you that eligible patients will have access to publicly funded home care at no additional cost. Our health care system will continue to deliver that ongoing quality, service, stability and publicly funded care that patients deserve and have certainly come to expect.

Our valued not-for-profit community agencies will remain the key providers of community support services. The legislation enables the current mix of not-for-profit and for-profit home care providers.

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These providers will continue to experience the same strong oversight that they currently experience, with the appropriate enforcement in place when necessary. That enforcement process will continue to include ways for patients and families to register any concerns they may have with the providers and with the services that they receive.

That process will also include the continued right to appeal certain decisions to the Health Services Appeal and Review Board and the continued inclusion of home care in the jurisdiction of the Patient Ombudsman. The home and community care bill of rights will continue to have a place in the legislative and regulatory framework and will be updated to reflect the rights that patients deserve and expect today.

Now, Speaker, our government has always tried to be transparent with the people of Ontario. It is clear right now that with the 24 health teams in place, we do not yet have full coverage of the province with Ontario health teams. While we continue to do work with the OHTs to get even more of them to full maturity, we need to ensure the ongoing stability of service while home and community care transitions into Ontario health teams.

This proposed legislation is intended to enable home and community care delivery to become an important part of Ontario health team services. In the meantime, patients and caregivers will be able to access home and community care services in the same ways, using the same contacts at local health integration networks, known as LHINs. Ontario will wind down LHINs in a phased way as home and community care services are transitioned to Ontario health teams and other points of care over time.

During this process, our government firmly believes that the care that patients and families rely on every single day will not be interrupted or compromised. This is part of

our government's commitment to strengthen the publicly funded health care system by ensuring that not-for-profit health care providers, who know the patients best, at the core of the delivery model remain intact and doing their great work. If passed, the proposed Connecting People to Home and Community Care Act, supported by regulatory changes, would allow Ontario health teams to deliver better connected care for patients, including more innovative models of home and community care.

Since taking office, our government has prided itself on listening to our partners in health care, including of course the clients receiving care. We heard that the people want more care in their community and they don't want a lengthy wait in order to get it. We've heard from people who have grown frustrated at having to continually repeat their health care history each time they meet a new health care provider, and we've heard that they want compassionate care from a stable, trusted team that supports them every step of the way.

Ontarians have also shared with us that they want to have access to their own health information and more control over the planning of their personal care.

We've also heard from care providers who want the flexibility to respond to changing client needs based on their clinical expertise and without having to work through a middleman. They want to spend less time on administration and more time on actually providing people with the care that they need, and they want to move away from delivering care on a per-visit basis. Delivering care in this way has made recruiting and retaining staff more challenging.

We have also heard from so many people about the need to maintain high-quality care throughout the transformation process. We've heard from partners eager to support the implementation of Ontario health teams, as well as Ontario Health, and we were listening when our partners told us of their desire to expand home and community care in this capacity right across the province.

Speaker, the proposed legislation before us would also address a key recommendation of the Premier's Council on Improving Healthcare and Ending Hallway Medicine in their second report, *A Healthy Ontario: Building a Sustainable Health Care System*. In its report, the council provided the government with a clear mandate to address home and community care, recognizing the important role it can play in ending hallway health care. It recommended that the Ministry of Health modernize Ontario's home and community care legislation. The Connecting People to Home and Community Care Act is intended to do just that.

Speaker, our government has long believed that we need a more integrated health care system, and what we've seen throughout the COVID-19 outbreak has only further strengthened our resolve. But our vision of an integrated health care system is one where home and community care plays a key role in providing the right care for the people of Ontario.

I want to encourage all of my colleagues here today to support the passage of this bill, so that Ontario can continue to move forward with our plans to modernize the delivery of home and community care services.

With that, Speaker, I thank you for this time, and I would like to turn the discussion over to my colleague the member for Eglinton–Lawrence.

The Acting Speaker (Ms. Jennifer K. French): The member from Eglinton–Lawrence.

Mrs. Robin Martin: Once again, I want to thank the Deputy Premier and Minister of Health for the opportunity to work on this important piece of legislation with her.

I want to add my voice, frankly, to thanking all of the health care workers who have been on the front lines during the COVID-19 outbreak, helping to protect and to save the lives of all Ontarians. I don't think we'll ever really be able to truly express the depth of our appreciation for all of them, but what we can certainly do is take this opportunity to learn from this experience.

I also want to take a moment to recognize everyone who took the time to provide their perspectives recently at our committee hearings. It was certainly valuable to hear a range of experiences and opinions about the delivery of home and community care and how it can be strengthened. This included the perspectives of seniors, of people with disabilities, of Indigenous peoples, among others. Whether they are patients, clients or consumers, their engagement will continue to inform our work to improve home and community care.

One thing that has come through loud and clear is the importance of having our health care providers working together to provide integrated care for patients. That means bringing all of our health care providers together, including our home and community care workers, because to provide for all of a patient's needs, you really need to have everyone at the table.

Certainly, if you talk to these partners in care, some of them don't always feel like they've been considered as part of the team. One thing we've repeatedly heard from personal support workers is that they do not feel like they are part of a larger health care team. When they are with a client who has health issues which are evolving, often our personal support workers really are not sure how to help that person get the care that they need so that those issues can be addressed. Not only are they not feeling connected to the rest of the health care system, but they're also not always able to provide the best possible care for their patient, client or consumer, despite their best efforts.

Our government committed to modernizing the health care system to provide Ontarians with patient-centred care. One of the key ways that we can improve the experience of patients, clients or consumers is to provide them with better integrated care, so when a personal support worker sees that their client is in need of further assistance to deal with their worsening condition or changing condition, they know exactly what to do and who to call, and that the person they are calling, frankly, is someone they're already familiar with because they're already part of the same team.

The proposed Connecting People to Home and Community Care Act, 2020, is part of a larger legislative framework that, together with a series of regulatory changes, will embed the delivery of home and community

care in the Connecting Care Act, 2019. This will support improvements for patients across the whole system, reverse the old way of thinking about these services as a stand-alone area of care and recognize the vital role of this area in a connected health care system.

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This framework will also continue to deliver ongoing quality, service stability and publicly funded care under strong oversight and enforcement levers and avenues for patients and families to register any concerns. It will continue to directly fund home and community care in Indigenous communities, where this happens as part of a government-to-government relationship, ensuring that Indigenous partners will determine care priorities and how best to address them in their communities. And it will provide added clarity to help the public clearly identify Ontario health teams authorized by the minister.

The proposed legislation before us would reform the structure of our health care system to better connect it and bring home and community care into the Connecting Care Act, 2019. With home and community care integrated into the broader health system legislation, the government will get out of the business of prescribing programmatic elements in statute. Like other comparable jurisdictions, such as Alberta and British Columbia, programmatic elements of home and community care will be included in regulation. We've received feedback on our proposed regulations and are continuing to work with stakeholders, including those who gave us advice on the legislative approach at our standing committee and who are at the table to help us refine these regulations.

We need to move away from the current transactional, piecemeal model of care, and move towards whole-person, coordinated care based on clinical expertise and supported by government oversight and standards. We have heard strong support for this shift in our public hearings, and we agree that it is past time to end per-visit approaches to care. That's why we're giving Ontario health teams the tools that they need to design care that works in their communities.

As we already stated in the preamble to the Connecting Care Act, 2019, "The people of Ontario and their government ... are establishing a new model of integrated public health care delivery which will put each patient at the centre of a connected care system anchored in the community, and where possible, at home, all across Ontario and respecting regional differences." That is what our framework aims to do.

Our legislative framework for home and community care also proposes changes that are going to help personal support workers. It prioritizes our personal support worker workforce, which is the cornerstone of the sector. Moving away from the piecemeal system we have now in our current system will help us to improve their working conditions. We've seen many thoughtful proposals already from Ontario health teams about how to better engage the home and community workforce as part of their team. And that is what we have heard from personal support workers—that they want to be engaged. They

want to be part of a team. They want to be able to share their knowledge of their patients with their partners in care.

I'm pleased to report that our government is already implementing changes that would improve working conditions for personal support workers, including better supporting shift work with more regular working hours. An example is client-partnered scheduling, an initiative that lets service providers schedule visits directly with home care clients to better match personal support worker availability with client preferences. This can help more personal support workers have full schedules rather than split shifts. Other new models, such as cluster care, would stabilize personal support worker schedules and reduce travel time and costs.

New training pathways are also being pursued, including recognition of prior learning and alternative training models to improve recruitment into the workforce where they are needed.

We are also developing a comprehensive personal support worker strategy to address recruitment and retention. Legislation itself is not the place for human health resource strategies or for funding, but our legislation does establish a framework in which to address those concerns, establishing an integrated system based on the partnership and innovation of the health service providers who know patients best and who will have the flexibility to improve the working conditions of front-line providers. That's the larger plan, and Bill 175, if passed, will be a vital part of that larger plan.

It proposes to bring our health care system together in an integrated way by ensuring that home and community care providers are able to participate in the new service delivery models as part of our Ontario health teams. Ontario health teams are already helping to break down the silos in our health care system by enabling care providers to work more closely together as a single team focusing directly on the needs of Ontario's patients and their families. Speaker, you will have heard, I'm sure, from health care providers, as all of us have, I think, how excited they are about finally breaking down these silos and working together.

We certainly heard at public hearings strong support for the collaboration emerging among the Ontario health teams. For instance, at the hearings, we heard from the Alzheimer Society of Ontario and the Canadian Mental Health Association about how they have been engaged as full partners in planning for this integrated health care delivery. This is in a new, exciting—and for some health care providers, I've heard them describe it as a "revolutionary"—way of working together. It's a wonderful change they're all embracing.

At maturity, these teams will coordinate and deliver services to meet all of a patient's health care needs including, importantly, home and community care, and patients would experience easier transitions from one health care provider to another. I would even say "easy transitions." For example, patients would be able to go from a hospital into the care of a home care provider with one patient story, one patient record and one care plan.

While our government has already launched several Ontario health teams across the province—as the minister mentioned, 24 so far—we still need to take the necessary legislative and regulatory steps to enable our home and community care partners to become an integrated part of an Ontario health team and these new models of care. To do that, we have to amend some of the existing legislation that guides our home and community care sector to fully bring them on board. That is what our government is proposing to do in this legislation, Bill 175, Speaker.

You see, right now, across the province of Ontario, home and community care is siloed in 14 local health integration networks that deliver and coordinate services. We know the home and community care providers who deliver these services are compassionate and dedicated individuals who work very hard to meet their clients' needs. But the reality is, Speaker, that under the LHINs there has been a lack of integration with primary care and with acute care. In fact, the Auditor General has raised concerns about administrative inefficiencies related to that lack of connection. And we have seen duplication in assessment and care planning; a lack of data for the care team, and for patients and their families; a lack of coordination among providers; limited virtual care delivery; and a lack of innovation. What's more, we know that the demand for home care is rising. We have an aging population, patients who require more intense care and limited capacity in our long-term-care homes.

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Currently, the delivery of home and community care is guided by the Home Care and Community Services Act, 1994. Developed over a quarter of a century ago, this act has not kept pace with the changing demographics and care needs of Ontarians, nor does it reflect our government's plan for a connected care system. It also doesn't adequately address the needs of patients in a world with COVID-19, where, more than ever, we need to ensure our care providers are working more closely together.

We know the findings of the Premier's Council on Improving Healthcare and Ending Hallway Medicine established that there are barriers to greater innovation in the home and community care sector—barriers imposed by the outdated and rigid legislation covering this area. The council's second report, *A Healthy Ontario: Building a Sustainable Health Care System*, was developed in consultation with more than 1,500 health care providers, patients and caregivers. This report provides advice and makes key recommendations on how to build a modern, sustainable and integrated health care system and solve the problem of hallway medicine.

This report provided our government with a clear mandate and direction for the modernization of home and community care legislation. It provided us with 10 recommendations to improve health care in the province. The fifth recommendation of that report proposes that the government modernize the home care sector. It suggests the need for better alternatives in the community for patients who require a flexible mix of health care and other supports. In fact, the report proposes the government

modernize home care legislation so that the innovative care delivery models focused on quality can spread throughout the province. The council even advised the government to provide flexibility to Ontario health teams and their partner organizations to provide all services and perform all home and community care functions, including all aspects of care coordination.

The council proposed that current rules around referral to community care should be relaxed so that Ontario health teams and groups of providers can connect patients easily to the care that is best suited for them. And the council proposed that we should establish an oversight model for congregate care to help ensure that the care is being delivered in the most appropriate environment, whether it be hospitals, long-term-care homes, clinics, supportive housing, retirement homes or other settings.

The council advised that the government should enable care coordination and navigation throughout the full continuum of care, rather than narrowly prescribing resources to a limited set of services. The council encouraged the government to review existing policies and make appropriate changes to support more innovation in the home care sector, suggesting that this might include policy changes that would facilitate more flexible staffing models and services to improve the range of supports available to patients.

Bill 175 is going to help us respond to these recommendations, as well as to all the feedback that we have received from the community care sector and our health care providers. By establishing a strong legislative framework, one that includes province-wide standards, oversight and accountability, we would be strengthening and transforming publicly funded home and community care and enabling innovative models such as Ontario health teams to better support local needs and coordinate care for patients.

It would also support our efforts to build home and community care sector capacity to expand staffing, to provide more front-line patient care and to support dedicated health care professionals so they work better together and focus their skills directly on patients.

Speaker, the changes we are proposing to make to our home and community care sector would make it easier for people to access home and community care in hospital, primary care or community settings. Hospitals and primary care settings and others would be able to arrange home care for patients. This would mean that instead of sending people off to a separate home care organization to arrange for their care, they would receive it from the team they were already working with, reducing administration and transition for patients.

I just want to pause to say that I've experienced that transition with my parents, in trying to get them from the hospital to home with home care supports that don't come until later, with several assessments in between. It's a very disorienting process, especially if you have never been through it before and you don't know who's going to be there to help you with the supports you need. So I think this is a really important part of what we're proposing to do here today.

As well, our proposed legislation would continue to reinforce virtual care, something that we've seen a lot more of over the last few months, as people have been connecting with their care providers through secure video conferencing and other digital means. We expect to see more digital delivery in home and community care over the coming years; for instance, through the use of remote monitoring devices. People with chronic conditions, for example, could be monitored at home, with a nurse checking in as needed. Nurses and therapists could use video conferencing to work with a personal support worker in the home to provide more specialized care.

Speaker, what we are proposing would lead to more choice for people and enable those with high care needs to get the care they need in their own home or community, which is where people tell us that they really want to be. People could be discharged from hospital into a transitional care setting to gain the strength and functionality they need to return home.

This proposed legislation would help people stay healthier at home by empowering care teams to work together. We want to create teams that will work together to support patients, and we believe that the way to do this is to enable our front-line care providers, who do such a great job already, to make more decisions about care, to integrate home care into primary care and acute-care settings. We believe that breaking down barriers to allow the sharing of information will help to create teams that can work together to support patients.

Speaker, our intention is not to radically change what home and community care people receive, but to make critical and needed changes to how they receive it. People will continue to have access to the same range of services. There will be no changes to eligibility under our proposed regulatory framework. Our valued not-for-profit community agencies will remain the key providers of community support services.

We've all heard those expressions about having to break the eggs to make the omelette, but we can't really afford to break any eggs as we improve our home and community care sector and our health system; that is, we certainly have to ensure that critical parts of care delivery remain in place while we drive change, and we want to make sure people are cared for. But what our government is proposing to do is to fix those parts of the system that are not working, while maintaining many elements that are working well in the system today.

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Health service providers and Ontario health teams would still have the ability to deliver what we know as home care services indirectly through contracts, and we will maintain provisions regarding funding clients and families for self-directed care. There would be no changes to the restrictions around copayments for services. Instead, we would preserve the existing approach where only specified community care services can accept copayments.

Every provider will still be required to have a complaints process. Patients will still have the right to appeal certain decisions to the Health Services Appeal and Review Board. Home care will continue to fall under the

jurisdiction of the Patient Ombudsman. And the bill of rights for home and community care would continue in regulation, updated to reflect the realities of modern home and community care.

The approach we are taking is to learn what has been working in our system and continue it, but also to take an objective look at what is not working and see how we can do better. We want to do this by finding innovative solutions to address the problem areas.

Now, while our government is proposing to transfer responsibility for home and community care over to Ontario health teams, we all recognize that this change is not going to happen overnight. Our government continues to work with many of the teams that have come together to get them to the point where they can be fully approved Ontario health teams.

It's going to take time for that to happen. To ensure the ongoing stability of services while home and community care transitions like Ontario health teams come into being, clients will continue to connect with their contacts at local health integration networks for the time being. Patients can continue to call 310-2222 in English, or 310-2272 in French, for information and referrals. No area code is required. These important steps will help to protect these valuable services for clients and caregivers. They will make it easier for all Ontarians to access home and community care until such time as those services can be transferred into Ontario health teams all across the province.

Speaker, our government believes that home and community care is a valued and necessary part of our health care system. That is why we invested an additional \$155 million to expand front-line home and community care services last year. There is no question that this funding helps meet the increased demand for these services. But for our home and community care sector to truly flourish, we need to bring it up to 21st-century standards.

I want to just take us back to second reading, I think it was, when the minister introduced us all to Gloria. Do you remember Gloria? I think it's really good to look at this from the perspective of how it will be different for a patient, because that's really what this is all about.

The minister painted a picture, at the time, of Gloria. She's 83 and she lives in Barrie. She lives alone and her closest family lives in Toronto. Like many people with an elderly family member who lives alone—she's worried about her ability to continue to live at home.

Gloria has been managing well on her own, but one day, Gloria has a bad fall, and Gloria is rushed to the hospital. On arrival she finds, as often is the case, that the hospital is overcrowded, and that means that Gloria needs to wait longer before she can see a doctor. When she does get to see a doctor, after a few tests, they determine that Gloria needs surgery. So the arrangements are made, and Gloria has her surgery, on her own.

Afterward, a hospital discharge planner comes to assess Gloria's needs and develops a written discharge plan with her. The planner explains the plan to Gloria, but due to Gloria's excitement about going home, she does not retain many of the details. Once she gets home, she is tired, but

she is happy to be there. The written discharge plan she was given—well, it gets put down somewhere and forgotten.

At some point, Gloria has a question and she tries to find that discharge plan, but she is not sure where it went. So she waits. She waits at home without any support until a care coordinator from her local health integration network gives her a call to do another assessment. Gloria then must repeat her health history all over again to the care coordinator before she can get any answers to her questions, and she is forced to wait again for her services to start.

But when the nurse arrives, she doesn't know the results of the assessment, and the nurse can't answer her questions. What's more, Gloria has to repeat her story over again to the nurse. I've seen this all play out, except my mom's name was Ruth. But the same thing happened exactly, in every detail—and for sure, it's not the nurse's fault. We know that the home care nurses are dedicated professionals, but they don't always have the information and support that they need to do their job.

One day, Gloria starts realizing that she is experiencing a lot of pain in her knee. She is not scheduled for a visit from the nurse that day, and she is not really sure who she is supposed to call. So Gloria reaches out to her family in Toronto, and her family want to help but they really don't know what to do. They haven't been kept informed about her care plan, and they don't really have the answers that Gloria needs. So Gloria grows anxious about her pain. Deciding that she needs to see someone, Gloria goes to the emergency department of her local hospital to have her knee examined. It's another busy day, the hospital is over capacity, and while the nurses are sympathetic to her pain, it takes some time for someone to see Gloria. What's more, they don't have a room available, so she receives her treatment in the hallway. We all know, Speaker, that the hallway is no place to receive high-quality health care, but that's the story. That's where Gloria is waiting to get care again.

But in a transformed system, Gloria and her family would be at the centre of care using a model tailored to her needs. Through her Ontario health team, Gloria would be cared for by an integrated team of providers, including hospital, home and primary care. Because they're working together as a team, they all know of her needs. Her team would be able to provide her with the support she needs to remain living safely and independently in the community, where she wants to be. Under the transformed system, Gloria would never need to wait for a referral for home care services. That's because the home care provider would already be part of the Ontario health team, and the hospital would be too.

Instead, when Gloria is admitted for her knee surgery, an Ontario health team provider would do an assessment of her home care needs and support integrated care planning according to all of Gloria's needs. All of this could be supported by our digital strategy as well, where the team can share information about Gloria with whoever needs to access it, so they can all have a picture of Gloria's

care needs. That would include her family, if Gloria permits them access to that record, so that they could also know what's going on and not be in the dark when Gloria phones them. This, we think, would provide much better care to Gloria, and she would be in a completely different situation.

In closing, Speaker, I want to thank the Deputy Premier again for her willingness to share her time with me to speak on this very important piece of proposed legislation, and I want to encourage all of my colleagues here at Queen's Park to support our Connecting People to Home and Community Care Act, 2020.

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As a lawyer, I've pored over the details of every word in this proposed legislation, and as somebody with a great deal of interest in public policy, and particularly public policy related to health care, I'm certainly aware of the huge volume of evidence and analysis out there that supports the concept of a connected system coordinating care for patients as the very best approach, and that's certainly what we're trying to enable in this legislation.

We want to make sure that Gloria is getting the care she needs and we really need to think about the patients at the centre of all of this. We know that the current system is leaving them in the lurch, that there are gaps, that they are dropped, that they are finding themselves sitting and waiting more often than not, repeating their stories over and over again for people and sometimes maybe forgetting important details. I don't know about you, but I've written down the list of medications several times to make sure that it is available because that can be very important in deciding on what is a proper care plan for somebody. It's hard for an elderly person to remember, sometimes, all of the medications they're taking and what dosages etc.

I think to help people like Gloria, to help people like my mother, who has passed now but at the time—and I think we've all experienced this; we've talked to many constituents who have experienced it. We really need to make these kind of changes. I truly believe that this legislation is going to help us to better integrate our health care system for the betterment of patients all across the province, like Gloria and like my mother, frankly, and like all of our constituents that we've talked to, so I urge you to support the legislation and look forward to the rest of the debate today.

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

Ms. Teresa J. Armstrong: I listened closely both to the minister and the PA when they described the bill and, of course, there are some merits to the things that they are saying about coordination etc. They use terms such as “modernization,” “innovation,” “method,” “delivery of care,” and that all sounds really good.

The only thing they haven't included is a labour strategy in order to make sure that we retain and recruit front-line service workers. They talked about consulting with teams and how to make the systems of delivering care better.

Can I ask if they actually consulted with PSWs and front-line care workers, and what they've told them about

the living wage and the conditions that they want to see in order to make their job better, to deliver the care that they've signed up for?

Mrs. Robin Martin: Thank you for the question.

Of course, we've consulted with PSWs and the PSW organizations, Home Care Ontario, the Ontario Community Support Association and all kinds of caregivers, and also family members and patients themselves about what we should do to improve this area. We had some PSWs actually come to the committee, and I think the members showed a great interest in hearing what they had to say—all of us—because it's very important that we actually do improve the working conditions of PSWs. We know that recruitment and retention is very important in that sector for home and community care, but also for long-term care and hospitals.

So, definitely, we have consulted with them and we want to make sure that they have the support they need to do a great job.

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

Mr. Sherif Sabawy: The COVID-19 crisis showed us a new scope of technology options, capabilities and methods which have never been thought about. It opened the way for new innovations to shine. Our government has taken steps to increase the availability of digital health services through our Digital First for Health Strategy.

My question to the PA: How does this legislation enable innovation and create more digital options for home care?

Mrs. Robin Martin: Thank you to the member for Mississauga-Erin Mills.

This legislation does help these digital improvements. It does help enable virtual care. We've seen some virtual care enabled throughout the COVID-19 crisis, which has been, I think, a great way of making sure people continue to have care.

Part of it is just the integration. We were talking about PSWs earlier, and one of the things that we've heard in discussing things with PSWs is that they are very concerned because they don't feel that they're a respected part of the health care team for a patient and they cannot be heard when they have something to say that they think is important to the patient's care. So the enabling of information-sharing amongst the entire integrated health team is so important for this kind of team care approach to happen, and virtual technology allows that to happen. If you didn't have the virtual technology, it would be much harder. That is enabling this great move toward integration.

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

M^{me} France Gélinas: Under the existing laws, community care services such as Meals on Wheels, friendly visiting etc. have to be delivered by not-for-profit agencies. Once this law passes, for the first time ever in Ontario, for-profit agencies will be allowed to provide community care. Is this something that the member is worried about, and if she is, why did you vote down the NDP amendment that

would have prevented our community care sector from being delivered by for-profit agencies?

Mrs. Robin Martin: Thank you to the member opposite for the question.

Nothing in this legislation changes the existing delivery by not-for-profit community agencies in the community. In fact, we rely on them to keep doing that, and I think I said that in my speech. Things like Meals on Wheels—we're not changing that. They're going to be delivered by those same organizations. Some of them have copayments already, and that's part of what is continuing. We're not changing those things. I think I very carefully went through, as did the minister, the things that are not changing, and that is certainly one of them.

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

Ms. Natalia Kusendova: Thank you to the member for her eloquent speech today.

She talked about Gloria and her experience of accessing home care services in our province. Of course, I have been on the other side of that equation, as an emergency room nurse, receiving these patients coming from the community with some home care services. Often, I would be left to question what services they had, how many hours, whether that wound-care nurse would come that evening to change that dressing, which was critical. So I, for one, am very excited about Bill 175, because I know that this bill will allow me to see the care that has been provided to my patient and what the actual plan of care is, without me having to question what the next steps would be and whether that home care nurse will come that evening. So I know that this bill is empowering our front-line nurses, our PSWs.

Can the member talk a little bit more about the Ontario health teams and how they will allow home care clients to receive more customized care?

Mrs. Robin Martin: Thanks very much for the question.

Yes, I think that the Ontario health teams will allow patients to receive much more customized care, because the patient will be cared for by a team which is always looking after that patient's needs and which is aware of that patient's needs. For example, in this legislation, we're taking out the service maximums that were in the prior legislation. If you hear about a patient, for example, who has extra needs to be cared for at home, there isn't a barrier in the legislation to providing those extra services.

At the committee hearing, we heard from a young man whose mother had pulmonary fibrosis and had to go into long-term care even though she would have preferred to have home care, but they weren't allowed to give her enough home care.

So this has the potential, without service maximums, to deliver the care needed in the community.

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

Mr. Joel Harden: Thank you to the minister and the parliamentary assistant for their presentations.

I was proud to participate in these hearings, as well.

I must admit, what disappoints me today is the fact that there is nothing in this legislation that will allow the people of Ontario to see how the public's money is spent in this sector.

Speaker, through you to the member: Five years ago, we had a report from the Auditor General detailing that 39% of public funds were being used in administration and not in face-to-face, hands-on care. There is nothing in this legislation, unfortunately, that allows the public to see the documents that publicly get filed with the Ministry of Health. I'm asking the member if she would consider an amendment in that regard to make sure the people of Ontario can see and know exactly how every dime is spent in this important sector.

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Mrs. Robin Martin: To the member's question, I don't think that that kind of a change is necessarily something that should be in the legislation. If I'm not mistaken, the report that you're referring to came through the Auditor General. The Auditor General will continue to do her good work assessing all the programs and making sure that the people of Ontario are getting value for money. There are many other parts of our health care system which assess these kinds of things; Health Quality Ontario and other organizations are always looking at those kinds of things.

Our government is driven by a desire to make sure that we spend as much money as possible on front-line health care, putting the patients at the centre, and certainly trying to spend less money on administration and making sure that the money is actually going to patient care, where I think we all agree it truly belongs.

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

Mr. Deepak Anand: Gloria is not alone. Balraj Grewal from Brampton has repeatedly complained how painful it was for him to go through multiple assessments before receiving home care services. Residents like Balraj are looking towards this government for solutions. I want to assure the residents that there is hope, that there is a light at the end of the tunnel today.

My question is for PA Martin. How will this Legislature streamline the process and get patients into home care faster so that people like Balraj don't have to go through this pain again?

Mrs. Robin Martin: Thank you to the member for Mississauga-Malton for the question.

Yes, as I was saying, I think the legislation will streamline the ability of patients to get care. For example, if a patient is in the hospital, programs like the one at Southlake currently, Southlake@home, allow the care team in the hospital to say, "This is the kind of care we think you need at home," and to actually arrange so that the home care provider maybe meets the person in the hospital and goes through what's going to happen when you get home and when they will come etc. So there is already embedded in the hospital the care available.

The Acting Speaker (Ms. Jennifer K. French): Thank you.

Third reading debate deemed adjourned.

MEMBERS' STATEMENTS

GOVERNMENT'S RECORD

Ms. Bhutila Karpoche: Throughout the pandemic, the people of Ontario have been looking to the Premier to act in their interests, but on issue after issue, the Premier says the right things but does the opposite of what he says.

On the long-term-care crisis, the Premier said he's "going to fix the system," and that he would put "an iron ring" around seniors, but instead he voted against a public inquiry and is now ramming through not one but two bills that further privatize senior care and deny justice for families who have lost loved ones.

Speaking about front-line and essential workers, the Premier said that it's his "job to look out for them," but two months after the pandemic pay was promised, thousands of front-line workers—heroes, as the Premier called them—have yet to receive a single penny.

When it comes to small businesses, the Premier warned commercial landlords, saying, "Don't force my hand." Then, the Premier folded, and passed a narrowly focused eviction ban that doesn't help thousands of small businesses stay open. If this is the hand, then no bully is going to be scared of hurting the little guy.

The Premier issued a moratorium on residential tenant evictions and said, "If you can't pay rent ... you don't have to pay rent." But as I speak, the government has a bill that makes mass evictions of tenants who have been unable to pay rent due to COVID-19 inevitable when the Landlord and Tenant Board reopens.

The people of Ontario have been getting the short end of the stick again and again. The Premier's words and actions just don't add up. We deserve better.

PLACES OF WORSHIP

Mr. Kaleed Rasheed: Almost a month ago, the province of Ontario reopened places of worship with attendance limited to no more than 30% of building capacity and with physical distancing measures in place to ensure the safety of worshippers. My constituency has received positive feedback from worshippers of all faiths thankful to be able to return to their places of worship, even in a limited capacity. I am sure my colleagues in this House can say the same about their respective ridings.

Faith is such an important source of comfort and courage in the lives of many Ontarians, especially during these unprecedented times. I was honoured to work with the Minister of Labour and his team on consultations that brought together faith leaders from across Ontario to collaborate in the spirit of commitment to safely and responsibly reopen places of worship to the public. I took part in several consultations with faith leaders, and I want to thank my colleagues who took part in consultations with leaders of communities of faith for assisting with this tremendous effort. In particular, I would like to thank the places of worship of all faiths in Mississauga East—

Cooksville who have stepped up efforts to reopen safely and responsibly.

We say a lot today about the new normal, and I agree, life may be different in many ways in the coming weeks and months, but—

The Acting Speaker (Ms. Jennifer K. French): Thank you.

ARTS AND CULTURE SECTOR

Ms. Jill Andrew: Thank you to every musician, author, publisher, independent bookstore owner, poet, actor, dancer, visual artist, arts collective, comedian and fashion designer in St. Paul's and across Ontario who has shared their craft virtually during COVID-19. You have also donated homemade PPE to those in need.

While you have provided us with the invaluable social medicine, the mental sustenance we've all benefited from during this pandemic, your work has gone unpaid and many of you have gone into great debt. Many of you cobbled several jobs together before COVID-19 to make ends meet, and now those jobs are gone. Our concert venues, theatres, bookstores, festivals and arts and dance studios have shuttered, and many will not reopen.

By the way, dancers need space to practise. Like sport athletes who have been able to practise in their facilities since May, dancers like those at our St. Paul's renowned Canada's Ballet Jörgen, home to elite athletes, as well as Taghi Abdolhosseini's dancers must also practise.

Culture employers struggling to survive will need clear, comprehensive and timely reopening guidelines from this government and emergency stabilization funds and tax credits—not loans—to cover mounting PPE retrofit expenses. Film, TV, live entertainment workers and unions have been advocating for workers' health and safety and economic reform during this storm, and arts educators and students are asking me, "What will happen this fall to arts education?"

We need a doubling of the Ontario Arts Council budget, basic income and extended federal wage subsidies during COVID-19, and a direct residential and commercial rent subsidy—a long list of things that I have mentioned in my "Save Arts and Culture" letter.

EGYPTIAN HERITAGE MONTH

Mr. Sheref Sabawy: Friends, this month of July commemorates the first-ever official Egyptian Heritage Month since it was passed in the House last year. On that note, happy Egyptian Heritage Month to all Ontarians and those who are celebrating.

It brings me great joy to have brought this act forward, being the first Canadian member of Egyptian origin to be elected and sitting in Parliament, to commemorate all the hard work and accomplishments that Canadian Egyptians show every day.

I want to thank our Premier, our Minister of Finance and our Minister of Heritage, Sport, Tourism and Culture Industries for helping to make the Egyptian Heritage

Month possible for Canadian Egyptians and Ontarians. Without your support and guidance, this would not have been possible.

I want to also take this time to thank all Canadian Egyptians for continuing to be economic, professional and cultural contributors to our great province of Ontario.

I would like to thank the Egyptian government for the cabinet statement that thanks the Ontario government for recognizing Canadian Egyptians and Egyptian Heritage Month, as well as all the ministers who congratulated us.

I want to also thank the Canadian Egyptian Heritage Association for adapting and transitioning to virtual celebrations, and creating new and innovative ways for all Ontarians to enjoy Egyptian heritage safely. I thank you for your commitment in creating a program for the full month of July and finding ways to make this celebration virtual and fun for all. Thank you.

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TENANT PROTECTION

Ms. Suze Morrison: I rise today to sound the alarm on illegal evictions that are happening right now across Ontario, despite the temporary ban on evictions.

Speaker, my office recently heard from Theresa, a tenant in Barrie who was forced from her home in the midst of a pandemic. After Airbnb-ing an apartment in January, Theresa entered into a month-to-month tenancy with her landlord. In June, despite having a valid tenancy under the Residential Tenancies Act, her landlord had her illegally evicted. There was no eviction order issued, but when the landlord called the greater Simcoe county police, they threatened to charge her with trespassing, as if she was still an Airbnb tenant who had simply overstayed in her unit.

Theresa presented evidence to the police, including communications with the landlord, and had her lawyer on the phone at the time. But that day, the police in Barrie acted as judge, jury and executioner, and Theresa and her husband had only a few hours to pack up their belongings and get out. Theresa pleaded with the landlord and the police to take into consideration her husband's respiratory issues, which make him particularly vulnerable to COVID-19, before they heartlessly tossed them out on the street.

Theresa works from home for a college. She's had her work severely disrupted. She is now living out of a hotel and is dealing with the stress of a court case.

Instead of stopping illegal evictions and helping tenants like Theresa stay housed in the midst of a global pandemic, this government is fast-tracking an eviction bill through this House.

Speaker, through you to the Premier: Where are this Premier's priorities to help families like Theresa's, and what do you have to say to Theresa right now, who has been illegally evicted from her home?

TUXEDO COURT

Ms. Mitzie Hunter: It's an honour today to recognize the important work that's being done in Tuxedo Court, in

the Woburn community in my riding of Scarborough–Guildwood. Tuxedo Court is home to several densely populated residential buildings, which are home to a high proportion of residents living below the poverty line. The community includes newcomers, youth, low-income residents and many seniors who are living in isolated buildings.

Last week, the outreach team at Global Kingdom Ministries, located just across the street from Tuxedo Court, distributed refurbished desktop computers to 80 families in the building. This donation will help youth access educational resources, recreation, and reduce isolation among seniors.

Community leaders from the Tuxedo Court community are also partnering with the TTC as part of the agency's commitment to distribute one million masks to Toronto residents.

I continue to call on the Minister of Health to provide public health units with additional funding to source and distribute masks, as well as opportunities for people to self-isolate in communities like Woburn so that we can keep people safe.

Toronto Public Health COVID-19 data shows that the Woburn community continues to be a hot spot. As the province opens up, low-income residents need to have reliable access to masks and places to self-isolate to protect themselves and others.

There are many things that people need to keep themselves safe, and we have to respond in a timely manner.

PUBLIC TRANSIT

Mr. Amarjot Sandhu: The health and well-being of Ontario's transit passengers and employees is a top priority for the Ontario government. It is also important to recognize that municipal transit agencies across the province are facing significant financial challenges as a result of the COVID-19 outbreak. To ensure the safety of Ontarians, the Ontario government is taking important steps to keep transit riders and operators safe and help in reducing the transmission of COVID-19.

Speaker, it is wonderful to see that the Ministry of Transportation is providing \$15 million to 110 municipalities across the province to support enhanced cleaning of public transit systems and help stop the spread of COVID-19. Out of this, a funding of over \$602,000 has been allocated to the Brampton municipality, which will support our local transit system in Brampton as the province gradually reopens and people return to work.

Enhanced municipal transit cleaning funding builds upon the recommendations in the recently released safety guidelines for public transit agencies, which supports safe, reliable public transit that will get people moving, reduce congestion and drive economic growth.

I would like to put on record my appreciation to the Minister of Transportation and the Premier for making municipal public transit systems safer by helping to reduce the transmission of COVID-19 through such critical measures.

AUTOMOBILE INSURANCE

Mr. Tom Rakocevic: When Ontario went into pandemic lockdown in mid-March, our packed streets became open roads. And with traffic way down, so were accidents. In Toronto alone, there were 74% fewer accidents, meaning insurers were paying out fewer claims and pocketing even more profit than usual.

So to ensure drivers were treated fairly, Ontario's NDP called for an immediate 50% reduction on auto insurance premiums during the lockdown. Premiums are based on risk, and the risk of accident was way down, whether a driver's car was parked or not.

Instead of taking a strong approach to protect drivers, this government gave insurers permission to give out rebates but did not require them to. This approach relied on the goodwill of the auto insurance industry to share the massive amounts of money they were saving with drivers.

With drivers left to haggle with their insurers, the result has been predictable. A recent survey by insurance-hotline.com has revealed that only 30% of Ontario's drivers have experienced some form of relief, and what they got was usually next to nothing. But even worse, drivers are telling me that they are getting massive rate increases when they have renewed their policies during this pandemic. Of course, nobody knows what's going on because the government has been hiding this year's auto insurance quarterly rate approvals and letting insurers do whatever they want.

It's time that the government admit it: Their oversight of auto insurance during COVID-19 has been a failure. Rather than stand up for Ontario's drivers, this government has taken them for a ride.

CANADA DAY CELEBRATIONS

Mrs. Nina Tangri: As we all know, last Wednesday, July 1, was Canada Day. Typically for our communities, Canada Day is a day of gatherings and festivals to celebrate our great country; however, this year was anything but typical. I was pleased, though, to attend a number of much smaller events in my community of Mississauga–Streetsville this Canada Day to commemorate the occasion of our nation's 153rd birthday.

First, the Streetsville Legion Branch 139 hosted a socially distanced colour guard parade and ceremony at the Streetsville Village Square. While nowhere near the scale of our traditional celebrations, the act was a small reminder of years past and the sacrifices that those have made to ensure we have the freedom that we enjoy today.

I then had the opportunity to join the local congregation of Dawoodi Bohras to participate in a virtual flag-raising alongside seven other congregations right across Canada. The event was the first of its kind, and the act of raising the Canadian flag at the same time across the country was a symbol of our unity and strength. It was a pleasure to see and hear from various leaders, including the member for Richmond Hill, in her community. Following a tour of their beautiful new mosque, I ventured to the Streetsville

Legion to join members on the patio to chat and catch up, and let them know we are all available to them.

In this time of adversity, it was heartwarming to see our community come together and find new ways to celebrate our country. I look forward to next year's celebrations.

MENTAL HEALTH AND ADDICTION SERVICES

Ms. Natalia Kusendova: Over the past few months, Ontarians have been living in difficult and unprecedented times. When people are experiencing something new and unfamiliar, it can cause stress and anxiety, among other mental health challenges.

We know that many Ontarians are still worried about their health and the future of their livelihoods. That is why our government took immediate action to help support those who may be struggling. At ontario.ca/coronavirus, Ontarians can now easily find information about mental health supports, such as connexontario.ca or Kids Help Phone, available to them.

We also know the mental and physical strain that our front-line workers and our first responders are facing. For months, many have been working tirelessly while being forced to make tough decisions every single day. I have seen first-hand the impact of COVID-19 on the mental health of our health care heroes. I want them to know that this government has their back. Whether by providing child care or online supports such as Internet-based cognitive behavioural therapy, we are here to support them every step of the way.

I recently held a tele-town hall with the Associate Minister of Mental Health and Addictions, as well as some key partners, such as the Canadian Mental Health Association. We heard that the emergency funding of \$12 million provided by our government to increase online access to mental health and addictions services has been key in supporting people experiencing anxiety, depression, addictions and other challenges during this pandemic, and has provided alternatives to in-person counselling.

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During these unprecedented times, our priority is to ensure all Ontarians have access to the quality services and supports they expect and deserve—because mental health is health.

The Speaker (Hon. Ted Arnott): I want to compliment the members for their statements this morning, but I would remind all of them that the statement time should be about 90 seconds, ideally.

It is now time for oral questions. I recognize the member for London West.

Ms. Peggy Sattler: I seek unanimous consent for the official opposition to stand down our leads.

The Speaker (Hon. Ted Arnott): The member for London West is seeking the unanimous consent of the House to stand down the lead questions for the official opposition. Agreed? I heard a no.

Once again, it is now time for oral questions.

QUESTION PERIOD

EMPLOYMENT STANDARDS

Ms. Andrea Horwath: My first question this morning is to the Premier. In Vaughan, a COVID-19 outbreak at Ravine Mushroom Farms has grown from one worker, infected on June 27, to 24 this past Friday, and now 30 workers are infected. Let that sink in for a minute.

On June 27, York Region Public Health was first alerted to one case. Ten days later, that's grown to 30 cases. Many of the workers are living at the facility, meaning they're living with and working alongside their infected coworkers.

Is the Premier satisfied that the employer has taken all precautions necessary to control this outbreak at yet another agribusiness in our province?

The Speaker (Hon. Ted Arnott): Deputy Premier and Minister of Health.

Hon. Christine Elliott: Well, I thank the leader of the official opposition for the question, but I can certainly assure you that we are aware of this situation and that public health has reacted immediately, that they have gone in, that they are doing the necessary work with the workers on the mushroom farm, doing the necessary contact tracing and doing the testing that needs to be done.

We can expect that as time goes on, there will be periodic outbreaks of COVID-19 in different areas. But our system has been developed to be resilient, to be nimble, to be agile and to move when it needs to do so. That's what's happened in this particular situation, which is now under control.

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

Ms. Andrea Horwath: Many of the employees at Ravine Mushroom Farms are migrant workers. In the past, they have formed organizations to stand up for their workplace rights. Now their infected colleagues are supposed to be self-isolating, and public health officials say that there is limited chance for the infections to spread. What we don't know is if the workers are being properly housed, separate from the other employees at the mushroom farm.

Can the Premier confirm whether or not the employees infected with COVID-19 are being properly housed, and what steps his government has taken to control the further spread of this outbreak on the farm?

Hon. Christine Elliott: The safety of all workers in agriculture in Ontario is important, whether they are from other countries, whether they're migrant workers or otherwise. Everyone is important. Everyone deserves to be protected and to work in a safe environment.

That is why public health has moved in, has taken the necessary precautions and is making sure that if there are patients, people who have been diagnosed as positive, they are going to receive the care they need; that testing is going to be done, and if there are groups that are together that are positive, they will be quarantined away from the other workers at the farm until such time as they are no longer symptomatic; that they have been examined by a qualified

health practitioner, with an interpreter there, if necessary; and that there is a plan in place by the employer in order for them to be kept safely in a separate area, away from the other workers until they are well.

The Speaker (Hon. Ted Arnott): The final supplementary.

Ms. Andrea Horwath: Speaker, over a year ago, women who had been working at Ravine Mushroom Farms pleaded with this government to regulate the temporary agencies that sent them to work 12-hour days for as a little as \$5, once the agencies had collected their fees. Health officials warned that agencies that move workers from farm to farm could be contributing to COVID-19 outbreaks in Windsor-Essex. Sounds pretty familiar—kind of like what happened in long-term care.

Will the government commit today to regulate these agencies and ensure that workers currently employed at this facility have access to sick pay and safe housing?

The Speaker (Hon. Ted Arnott): The Minister of Labour.

Hon. Monte McNaughton: I thank the Leader of the Opposition for this question.

The health and safety of every single worker in the province is our government's top priority. We especially value those in the agricultural sector who continue to work every single day to put food on our table.

I'm proud to say that since I launched a blitz in April of farms and agricultural businesses across the province, as of this morning, we've done 371 inspections and we've issued 121 orders to improve the health and safety of these workers on farms.

But I have to remind the Leader of the Opposition that the Temporary Foreign Worker Program and the living quarters or bunkhouses of these workers are the responsibility of the federal government. I'm proud to say that two weeks ago, the federal government did step up to join with us and local public health to begin inspections of living quarters for these migrant workers.

EDUCATION FUNDING

Ms. Andrea Horwath: My next question is also for the Premier—but I would remind the minister that the regulation of temporary agencies is your responsibility.

Speaker, the Premier expects parents and educators to juggle a pretty much impossible schedule in September. Moms and dads are anxious about how to go back to work while the kids are at home multiple days a week or multiple weeks every month. Apparently, the government expects our teachers and educators to juggle teaching kids in the classroom while teaching kids at home and online at the very same time.

Instead of keeping class cohorts small by keeping half the kids at home, will this government commit to hiring more teachers, educational assistants and educational workers—like cleaners, for example—so that we can have more, smaller classrooms to protect our children from COVID-19?

The Speaker (Hon. Ted Arnott): The Minister of Education.

Hon. Stephen Lecce: What this government is going to do is ensure that we are ready for all scenarios for September. The focus of the government is to ensure that safety remains our paramount priority. What we've asked school boards to do is to be ready for three scenarios. That is prudent, given what we have learned from COVID-19. We must be ready for the challenges on the horizon. It is possible there could be challenges that manifest this problem. If they do, we are going to ensure the continuity of learning in Ontario.

But our priority is to get kids back into class in a conventional model, day to day. That is the aspiration, but it has to be safe. I'd like to believe that would be a concurrent position from the members opposite. Safety must guide our position, and the Chief Medical Officer of Health, no less, SickKids and a variety of some of the best pediatric doctors in the country have informed us on this plan. It is why we've added more funding for, yes, staffing, \$200 million to the Support for Students Fund, of which half of it—\$100 million—is provision for more staff, more money for cleaning and more clear protocols. The aim is to get this right and to keep kids safe.

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

Ms. Andrea Horwath: Parents all over the province are worried about the impact of reduced school days and lack of a clear plan or timeline for return and what that's going to do to their families, frankly. They're very, very concerned, and some are even considering quitting their jobs because they can't get access to the child care that they're going to need this fall. By what the minister is saying, there's no plan. There's no plan for school, there's no plan for child care. So how the heck are parents going to plan, Speaker?

Last year, the Premier announced a plan to fire 10,000 teachers. Will he commit today to putting teachers and education workers back in the classroom as part of a plan to ensure that our schools can reopen safely for children so that they can get the education they deserve?

Hon. Stephen Lecce: Indeed, schools are reopening in September. That is the plan that was announced by the government. But we did suggest and we did recommend and give guidance to school boards to be ready for all circumstances. That just so obviously is the prudent lesson learned from what we just went through in the province of Ontario—to have a credible online learning program that drives quality of education in the province, should we need it.

The preference is everyday in-class learning. That is clearly what we want—and, I'd like to believe, every member. But safety must be the prerequisite. It's not the member opposite, it's not the politicians in this Legislature who are going to guide the decision to get kids in class; it is doctors and public health. That is what our government believes. It's what we're going to continue to pursue, with more training of our staff, with more funding of cleaning, with more hiring of custodial staff in the province—\$100

million to hire upwards of nearly 2,000 custodial staff, should school boards need it. Every board has more funding. Every board will have the support to succeed in September.

The Speaker (Hon. Ted Arnott): The final supplementary.

Ms. Andrea Horwath: Suggestions and recommendations are not plans, and what the public wants from their government is a plan. So we look forward to when that plan actually arrives. Families need to plan for the return to school and to find the child care that works if they're going to be able to return to work themselves. School boards are going to need support to deal with an increased need for everything from cleaning to a doubling of classrooms, and a hundred bucks a school is not going to cut the mustard, Speaker.

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Our schools and our child care providers are facing an unprecedented challenge, and the Ford government's funding to boards, no matter how the minister spins it—and I can just predict he's going to be doing that again in a minute—is less in real terms than it was when they came to office.

Why is the Premier shrugging off his responsibility to parents, to students and to educators?

Hon. Stephen Lecce: Mr. Speaker, it is this government that stood firmly in defence of live synchronous learning over the past months when students could not be in class. It was the members opposite who opposed that, who thought it would not be in the interests of quality education to have an educator in front of our students in a circumstance where they needed community and they needed support. If we're going to suggest standing up for quality education, then stand up to all those involved in the education system, to ensure quality is a universalized experience, not just in some schools, but in every school in the province of Ontario.

Why we are ensuring that we are prepared for the three scenarios in September is out of an abundance of caution, because we just don't know—the variability and the difficulty of not knowing what no government in this country, including our New Democratic colleagues in British Columbia, knows. The reality is, we have to be prepared for this circumstance. It's why Ontario, like virtually every province, is following a plan to be ready. But the priority of the government remains to get kids in class with funding in place in every school board in the province. In Hamilton and in Toronto, funding is up. In fact, it is up in every one of our ridings, by design—to ensure it is safe, to ensure it is successful in the province of Ontario this September.

LONG-TERM CARE

Ms. Andrea Horwath: My next question is for the Premier—but I would remind the minister that millions of families across Ontario have not seen a universal experience when it comes to education in the last number of

months, and they're certainly hoping for something of that nature in the future.

To the Premier again, Speaker: This morning, I was joined by a woman named Susan McHardy, another Ontario person whose family was hit hard when COVID-19 tore across our system and tore through the long-term-care home her mother was in. Both her parents were residents of Extendicare's West Park Long-Term Care Centre in Etobicoke. Both contracted the virus and, tragically, her mother passed away.

Susan has many questions about the failures of the for-profit company that did not protect her parents, but her top priority now is to ensure that she can see her father, who has survived. She wants to see him regularly and safely.

Will the Premier ensure more safe, consistent access for families who want to check on their loved ones in long-term care?

Hon. Doug Ford: Through you, Mr. Speaker, to the Leader of the Opposition: Yes, that's our goal, to make sure that people go in there and visit their loved ones. It's been very difficult for everyone, especially the people who can't visit their loved ones on the first floor, if you're on the second floor. We're doing everything we can to make sure that happens.

I understand with my mother-in-law, that's happening this week. You're allowed to pick one person within the family—a supervised outdoor visit. I think that's the safest way to go. We just want to make sure we protect the most vulnerable, which we have been. We've been doing that right from day one, doing everything we can to make sure that, as we say, we put an iron ring around long-term-care homes. Hopefully, people will be able to see their loved ones this week. I understand it may be starting.

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

Ms. Andrea Horwath: Well, Speaker, with no consistency and no rules, “hopefully” is not good enough for all of those people who are in anguish over having an opportunity to connect with their loved ones in long-term care.

Once Susan's father was hospitalized, he was barred from returning to his West Park room, even though they continued to charge him \$3,000 a month for his space. He spent a total of 14 weeks in hospital, during which, tragically, his wife passed away of COVID-19. So Susan was actually forced to choose between trying to keep him in the hospital, where she could see him multiple times a week, or moving him back to his long-term-care home, where she would be restricted from comforting him in person for more than a few minutes a week.

When will the government offer clear and consistent rules and ensure that all for-profit homes apply them fairly and consistently so that the loved ones of people in long-term care can actually get some time with the people they love?

Hon. Doug Ford: I agree; we need to have time to see our loved ones. But I'm not too sure what the Leader of the Opposition is saying. I'm not too sure if she is saying just to open up, wide open, and just let everyone go in there. We'll end up with the same problem as we had

before. So they should be outdoors, they should have supervision there—and that’s how these most elderly people and the most vulnerable people ended up getting this in the first place. They didn’t get it by themselves. It came from outside—no fault of anyone’s, be it visitors or anyone else. And that’s what we’re trying to avoid.

We want to make sure that we protect them, and I think this is the right process. I know each and every long-term care, all 626 of them, are putting guidelines in. I think it’s a smart thing to do. Let’s start off slow. I understand the pain that people are going through—but it’s to protect the most vulnerable and that’s the reason we’re doing it.

TRANSPORTATION INFRASTRUCTURE

Mr. Jim McDonell: My question is for the Minister of Transportation. Our government was elected with a strong mandate to get Ontario back to work, and that meant putting people back to work. That means getting things built around the province once again, because there’s no better way to get people to work, to stimulate the economy, to drive investment and to create jobs. And getting things built, getting infrastructure built means roads, bridges, highways, transit and subways.

These infrastructure projects serve our communities, and building them will put tens of thousands of people back to work. Our government is committed to restarting jobs and development for the people in my riding and throughout the province.

Can the minister share with the Legislature our government’s commitment to get transit infrastructure built in this province once again?

Hon. Caroline Mulroney: I would like to thank the member for Stormont–Dundas–South Glengarry for the question. He is correct: Our government is focused on getting the province moving. It’s how we’re going to create opportunities for people, and it starts with getting shovels in the ground on major infrastructure projects. That’s why our government is investing \$2.6 billion in highway construction projects this year alone. We’re widening Highway 3 between Essex and Leamington from two to four lanes, we’re widening the 401 between London and Tilbury from four to six lanes and we’re twinning the Garden City Skyway on the QEW into St. Catharines.

These are just some of the projects that we’re investing in and making to upgrade Ontario’s highway system. For \$1 million spent on highway projects, we generate \$660,000 in GDP. That’s \$660,000 in economic activity through direct and indirect construction jobs. These are the kinds of investments that Ontarians need, and these are the kinds of investments our government is committed to doing.

The Speaker (Hon. Ted Arnott): And the supplementary question?

Mr. Jim McDonell: Back to the minister: Minister, those are vital projects, and the economic output you mentioned should make every Ontarian feel hopeful about our future once again. Now more than ever, these investments are critical to getting our economy back on track.

That’s why our government is committed to ensuring that we help build our highways faster—because people are tired of potholes and people are tired of getting stuck in traffic. So we’re going to repair, resurface and widen these roads.

Our government is committed to helping put affordable home ownership within the reach of more families. We know people are looking for affordable places to live, and we know people want to live close to transit, good schools and good jobs. This dream shouldn’t be out of reach for so many people.

Speaker, can the minister elaborate on our government’s future actions on strengthening transit infrastructure projects for our province?

Hon. Caroline Mulroney: Well, the member is correct: We are focused on getting things built because we’re focused on getting Ontarians back to work. We believe that it is key to our economic recovery.

Our plan for developing transit-oriented communities will allow us to develop complete communities that are focused on connecting people to jobs and to housing that is safe and affordable. Much like our plans to deliver our four priority transit projects faster, we’re developing the tools that we need to help us accelerate major highway projects as well; for example, by shortening the time frames related to land assembly.

We will always treat people fairly and we will appropriately compensate landowners, tenants and others who are impacted by these projects. This will never change. But if we want to get shovels in the ground quickly, we need fast access to construction sites so that we can get shovels in the ground, and we will do that while balancing the rights of property owners.

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Our transit-oriented communities program and our “building transit faster” plan will create tens of thousands of new, well-paying jobs and will make our roads safer, reduce gridlock and give Ontarians more access to home ownership.

LONG-TERM CARE

Ms. Teresa J. Armstrong: My question is to the Premier. After being isolated for the last few months, family members and staff have noted a marked decline in the physical and mental health of residents in long-term care. Family visitation was supposed to be a shining hope, but many are finding these guidelines vague, arbitrary and inefficient. Staff and family alike are asking why family caregivers need to get biweekly testing just to sit outside, six feet apart with masks on, while not even being allowed to touch their loved ones. It has been distressing for families to see their loved ones become inconsolable, that their family is so close but still so far.

Family caregivers are not just visitors. Will this government revise the guidelines to reflect that family caregivers are essential to the care of residents and their loved ones?

The Speaker (Hon. Ted Arnott): The Minister of Long-Term Care.

Hon. Merrilee Fullerton: Thank you for the question.

Our government has been absolutely clear about its commitment to all residents of long-term-care homes, staff and families about the priority being safety, health and well-being. That has been absolutely clear.

We have had a thoughtful process to understand how we can allow residents to have their visitors, as they so rightly deserve. Their families want this. We understand this. And that's why, in a gradual, phased approach, we are allowing visitors back to see their residents, to see their loved ones—and eventually, into the homes.

I remind everyone: We are still in a state of emergency. This is not a normal time. We must be vigilant and we must be adaptable. These are critical issues for families. The testing is critical to make sure that our residents are safe. Safety is the priority.

I appreciate your concern, and I want everyone in Ontario to know that we're working very hard to make sure we can get families together safely.

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

Ms. Teresa J. Armstrong: Speaker, my question is back to the Premier. Not only are folks required to spend the time and effort to get biweekly testing; seniors are also having to spend money out of their own pockets for those same sorts of tests.

A 92-year-old man in my riding was excited to see his wife of 65 years when he was told that he needed to get tested first. Hoping to avoid the crowded assessment centre, he asked his retirement home if they could perform the test on him. They said they could, but for a \$20 service fee per COVID-19 test. That's \$40 a month just to see his wife, who lives in a long-term-care home across the street.

Why are seniors having to pay out of pocket to see their spouses, Speaker?

Hon. Merrilee Fullerton: I appreciate the question—just to make sure that it is clear that retirement homes do not fall under the jurisdiction of the Ministry of Long-Term Care, but I'm pleased to answer that question.

Our government believes that the safety of residents, whether it's in retirement homes or in long-term-care homes, is a priority. In long-term-care homes, if there is information about someone being charged \$30 for a test, I would appreciate hearing about that. Certainly, we have an action line with inspectors, and that feedback is greatly appreciated. I would encourage anyone to let us know if that's happening.

First of all, a home must not be in outbreak. That is the first criteria. Then, we have to follow the protocols set by the Chief Medical Officer of Health and our health experts—that's an imperative as well—and the infection and prevention control standards must be met. These are not negotiable.

There are processes by which our residents and families will be tested, including the staff, and I've asked to make sure that anyone going to a testing centre, if they need a chair to sit on, some shade, that these be accommodated,

and that the chair be cleaned. These are important measures. We must maintain the safety of our long-term-care homes. Evidence and scientific knowledge is evolving, and we must learn, with all the processes that we have in place, to understand the measures that are needed.

MUNICIPAL FINANCES

Mr. Stephen Blais: My question is for the Premier. Premier, cities and towns across Ontario are struggling under increased public health expenses due to COVID-19, lower user fees, property tax deferrals and lower transit ridership. Due to provincial inaction, their options are bleak. Municipal leaders will soon be forced to make what some Royal Bank economists have described as “draconian” cuts to important city services like youth job training, public transit and public health—or they can introduce massive, unaffordable property tax increases that will cripple families and stifle the economic recovery. Either of these options will only hurt those who have been hurt most during this pandemic: women, young people and low-income Ontarians.

My question is very simple: When will the government take action to support Ontario residents by supporting the towns and cities they call home?

The Speaker (Hon. Ted Arnott): The Minister of Municipal Affairs and Housing.

Hon. Steve Clark: Speaker, through you, I want to thank the member for the question.

I was proud to stand with the Premier last week as we increased, again, our commitment to municipalities under our Social Services Relief Fund. We added an additional \$150 million to the already \$200-million fund, making the total contribution to our municipal partners \$350 million.

I will take this opportunity to thank the Premier for his incredible leadership with other Premiers from other provinces and territories in his discussions with the Prime Minister. There has been no one—and I want to stress this, Speaker, no one—with a stronger voice than Premier Ford, who has been standing up for our municipal partners. He has been very clear that given the size and magnitude of this problem, we need the federal government to come to the table.

I want to thank the Premier for his commitment to our municipal partners.

Interjections.

The Speaker (Hon. Ted Arnott): Order.

The supplementary question?

Mr. Stephen Blais: I think the Argos are back in town, given how much the government is punting the ball to the feds.

My supplemental is for the Premier. Every day, millions of Ontarians take public transit to work. Many of them are essential workers. As the economy comes back, more and more people will be riding public transit. Now is absolutely the worst time for service cuts in public transit.

Ontario's large urban mayors have projected a transit revenue shortfall of over \$400 million from April to June.

We're now in July, and nary a word from the government on supporting cities with their public transit needs. Cities are going to be forced to either raise fares or cut routes.

My question to the government is simple: Will they support cities and public transit to avoid service cuts and an increase in bus fares?

Hon. Steve Clark: Speaker, again through you to the honourable member: Our government has been very clear, right from the start, that we support our municipal partners. The Premier and I and other ministers have stated publicly that we support the Federation of Canadian Municipalities and their ask to the federal government. We have stated very clearly that we support the Association of Municipalities of Ontario, the AMO ask that they've done in conjunction with CUPE. And we support the large urban mayors' ask of the federal government.

We will be at the table with our share, but because of the magnitude of this problem in not just Ontario municipalities, but every municipality in every province and every territory in the country, we need the federal government—to join Premier Ford in asking for that desperate financial support.

SERVICES EN FRANÇAIS

M^{me} Natalia Kusendova: Ma question est à la ministre des Affaires francophones. La communauté francophone en Ontario joue un rôle important dans la province et elle contribue au tissu social de notre province, tant par sa langue que par sa diversité.

J'aimerais remercier la ministre pour sa participation à une séance de discussion virtuelle avec des organismes francophones à Mississauga au sujet d'aide d'urgence, en pleine crise de la pandémie de COVID-19, disponible aux Franco-Ontariens et Franco-Ontariennes. Notre gouvernement est d'avis que, maintenant plus que jamais, il est important que tous les Ontariens aient l'accès à l'information rapidement.

Madame la Ministre, est-ce que vous pouvez informer les députés ici présents de ce que notre gouvernement a fait pour servir les francophones dans ces temps sans précédent?

L'hon. Caroline Mulroney: Je remercie ma collègue pour sa question. Les Franco-Ontariens ont le droit de recevoir des communications en français équivalentes à celles offertes en anglais. Ceci est d'autant plus important durant cette période de crise.

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À cet effet, le gouvernement a pris des mesures concrètes. Nous nous sommes assurés d'avoir des campagnes de santé publique dans les médias francophones, des messages bilingues sur les lutrins et la traduction simultanée pour les conférences de presse quotidiennes du premier ministre.

D'ailleurs, Carol Jolin, le président de l'AFO, a dit : « Au nom de l'AFO et des 744 000 Franco-Ontariens qu'elle représente, j'aimerais vous remercier pour votre travail à mettre sur pied la traduction simultanée. À notre connaissance, c'est une première dans l'histoire de la

province. Vous avez fortement contribué à la création de ce précédent intéressant pour notre communauté. »

Monsieur le Président, je peux vous dire que notre but est d'intégrer les leçons apprises durant cette crise au sein de la modernisation de la Loi sur les services en français, afin d'assurer que les francophones aient les communications en français de façon concrète.

M^{me} Natalia Kusendova: Merci à la ministre pour sa réponse. J'ai vu personnellement les commentaires publics en français dans ma ville de Mississauga.

Pour faire suite à ma question précédente, j'aimerais parler d'aide économique. Sachant que la communauté franco-ontarienne participe activement au développement économique de la province, j'aimerais demander à la ministre : comment aidons-nous économiquement la communauté francophone, et plus particulièrement, les organismes francophones?

L'hon. Caroline Mulroney: Je sais à quel point les organismes francophones font face à d'importants défis. C'est pourquoi j'étais fière d'annoncer que nous avons agi sur ce dossier en lançant l'édition 2020-2021 du PAFO.

L'an dernier, le PAFO a aidé près de 50 organismes francophones à mieux servir les Franco-Ontariens et les Franco-Ontariennes. Mais nous savons que les francophones ont besoin d'encore plus dans ces temps difficiles. Alors en plus du PAFO, notre gouvernement a mis en place des investissements de 17 milliards de dollars, annoncés par le ministre des Finances, pour aider tous les Ontariens, y compris les Franco-Ontariens, à traverser cette période sans précédent.

Nous continuerons à travailler avec la communauté pour déterminer la meilleure façon d'aller de l'avant. En fait, mon comité consultatif ministériel sur la relance économique post-COVID-19 a terminé ses réunions et est prêt à déposer ses recommandations au comité de la relance sur comment faire avancer les choses pour aider la communauté francophone à continuer de prospérer.

COVID-19 RESPONSE

Ms. Bhutla Karpoche: My question is for the Premier.

Speaker, the Conservatives say that they've got a handle on testing, but I keep hearing from people in my community who are being failed by this government's new testing regime. Josh, a constituent of mine, reached out to say that despite having all the symptoms of COVID-19, he has been waiting for over a week for test results. Nobody is returning his phone calls, and his doctors don't have answers for when he'll get the results he needs to get back to his job.

Despite the government's super-agency Ontario Health taking over testing, it's clear they're still not getting it right. The Premier promised that they would be laser-focused on fixing the antiquated health lab systems left behind by the Liberals. Why is this testing plan still failing those who need it most?

The Speaker (Hon. Ted Arnott): The Minister of Health.

Hon. Christine Elliott: I thank the member very much for the question, but in fact, our testing strategy has been extremely successful—so much so that we are now averaging about 25,000 tests per day, with the results coming in within 24 hours. We're going to increase that up to 50,000 because we know that as we go into the fall season, with flu season approaching and perhaps a second wave of COVID-19, we're going to need to do even more testing to determine whether people have COVID-19 or whether they have the usual flu, which can be deadly in and of itself.

Our testing strategy is focused on several main areas. One is expanding testing to the general public. People do not need to wait for appointments; they can go and be tested straight away. We're opening assessment centres. We have over 100 of them now for people who want to be tested. We have asymptomatic surveillance testing in long-term-care homes and other congregate living centres, and an outbreak response management.

We've seen by what's happened within the agricultural community, including the mushroom farm in Vaughan that was recently discussed today, that the system is working.

If you have someone who is not receiving their test results in a timely manner, I'd be happy to obtain that person's information, with their consent, and follow up on it.

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

Ms. Bhutla Karpoche: Speaker, people who have been tested are waiting for days or weeks to get their results back. Five, six or seven days of not knowing whether you have the virus or not is just unacceptable, especially as we move to stage 3 and more and more people get back to work and to their daily lives again. Without timely test results, it makes it harder to reopen the economy and it makes it harder for public health to contact-trace.

Speaker, if everyday Ontarians don't have faith in our testing system, how does the government expect us to have faith in this government's recovery plan?

Hon. Christine Elliott: Mr. Speaker, I would say through you to the member opposite: I don't understand how that can be in your particular riding, that you have so many people who aren't receiving testing in a timely manner, because we have over a 96% return across the province within one day—maximum two days. So I do not understand how that can be.

We have over 100 assessment centres. We have connected labs. We have over 30 labs that are doing the testing. There is no reason why there should be a complete delay in your particular area, so I'd be happy to follow up on the specific issue that you have, because we are increasing our testing capacity every day and our returns are within a maximum of two days. So I'd be happy to follow up with you.

PUBLIC HEALTH

Mr. Randy Hillier: My question is to the Premier. Like the COVID-19 command table, our local health units are now embracing secrecy and behind-closed-door discussions with unknown people to make masks mandatory. The letter I received last week shocked me, Premier. The letter confirming mandatory face masks states, "A poll was conducted in Ottawa recently, and 91% of the public who responded agreed with mandatory mask use in indoor public spaces."

To the Premier: Why is the Premier allowing pollsters to run our public health system and create policies for us?

The Speaker (Hon. Ted Arnott): Deputy Premier and Minister of Health to reply.

Hon. Christine Elliott: I thank the member very much for his question, but I want to assure him that any of the decisions that are being made by public health and by politicians are being made on the basis of evidence, of scientific fact, not on polling. Polling is not the basis for the policy that is being made here. We are making policies for the health and safety of all Ontarians.

We rely on the evidence and the information provided to us by not just Dr. Williams, our Chief Medical Officer of Health, but by a whole group of public health doctors, who are specifically knowledgeable in this area and are among the best in the world. So that is what forms the basis of our policy—evidence and scientific decision-making.

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

Mr. Randy Hillier: Back to the Premier: I'll send over the letter from Dr. Paula Stewart, the medical officer of health for Lanark, Leeds and Grenville.

The Premier has hidden behind the COVID-19 command table for far too long. Behind these closed doors, unknown people are deciding the future of our province and our democracy. There's the letter, confirming the new law. It makes face masks mandatory, and it's based on a poll—no science, no evidence, no data; just poll results. We may as well hire a huckster or a pollster to make our COVID-19 policies.

My question to the Premier again is: How much longer will he allow our democracy to be subverted by hucksters and pollsters?

The Speaker (Hon. Ted Arnott): Premier?

Hon. Doug Ford: Through you, Mr. Speaker, I don't have a clue what he's talking about. I'm sorry, my friend, but he's out to lunch, in my opinion. We don't rely on pollsters; we rely on health and science.

What he's saying right now is that—he's insulting every single doctor around the health table and every professional in public health and Ontario Health. It just doesn't happen. I just can't even imagine some guy looking at a poll and saying, "We're going to make a decision." The doctors don't play that way. As a matter of fact, the doctors are non-political—absolutely zero politics involved. They're looking out for the best health and safety of our province and our people.

I don't have a clue what he's talking about, to be honest with you. I don't.

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ECONOMIC REOPENING AND RECOVERY

Mr. Sheref Sabawy: My question is for the Minister of Finance. In my great riding of Mississauga–Erin Mills, members of our community are eager to see Ontario's economy thrive again as soon as possible. Throughout this crisis, I have been inspired by the resilience and the spirit of Ontarians. And as our economy continues to safely open, the strength and determination of the people of this province continue to shine.

I know that the minister has seen first-hand the resilience of Ontario's business community. Can the minister please share with the House what he has seen in the business community across the province?

Hon. Rod Phillips: Mr. Speaker, through you: Thank you to the member from Mississauga–Erin Mills. I was here for the members' statements and was pleased to congratulate the member as well on being the first Egyptian Canadian MPP, and introducing legislation around Egyptian Heritage Month. Congratulations on that.

As our economy continues to reopen, I and my colleagues, I know, are seeing the benefits of that reopening. I had the opportunity, with the member from Mississauga Centre, to travel to see the work that was being done at Square One back in June, before their June 24 reopening. I know we were quite impressed.

Mr. Speaker, with the move to stage 2 across the province of Ontario, almost 160,000 small, medium and large businesses across Ontario are able to reopen. This is just the beginning of getting our province back on track in a safe way, and we look forward to that work continuing.

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

Mr. Sheref Sabawy: Thank you, Minister, for the great job and great energy. The health and safety measures taken by the team at Mississauga's Square One are indeed impressive.

In my riding, many small local businesses have safely reopened by continuing to follow all the advice from our public health officials, like physical distancing, regular and thorough handwashing, and working from home whenever possible.

Our government has long recognized the vital nature of small businesses to the success of our provincial economy. We know that now, more than ever, the success of Ontario's economy depends on the strength of small businesses.

Could the minister please inform the House about the positive developments he's seen in small businesses across the province?

Hon. Rod Phillips: Mr. Speaker, the member is correct. I and my colleagues have been seeing that resilience, that Ontario spirit that the Premier talks about so often.

Small businesses in my own riding of Ajax, and in Barrie, Innisfil, Vaughan, Peterborough and Markham—these are some of the places where I've had the opportunity, with my colleagues, to speak to small businesses.

The member from Barrie–Innisfil introduced me to Stephanie Gourlie, the owner of Discount Granite Plus. She had some great things to say about how using the appropriate protections for her customers, her business had been able to reopen.

Just last week, the member from Peterborough–Kawartha introduced me to Black's Distillery, a craft distillery that had answered the call by producing over 7,000 hand sanitizer kits—but now their owner, Robert Black, was turning them back to being a distillery.

Mr. Speaker, now more than ever we, as members of this Legislature, need to get out to see what our small businesses are doing, understand how they're adapting to the conditions as we prepare for stage 3, so that the Ontario economy can come back stronger than ever.

CHILD CARE

Ms. Peggy Sattler: My question is to the Minister of Education. Speaker, Danielle Deans is a teacher from London West. Her daughter was in child care and her son will be starting JK. The shortage of child care and the uncertainty about the school year is creating significant stress for Danielle, who wonders how she can go back into the classroom if she can't find care for her own family.

Sue Pullam, also from London West, has five school-aged grandchildren whose parents are returning to work. Sue's husband has a health condition, and like many grandparents, they can't be expected to provide child care if school is part-time.

Speaker, if neither educators nor parents can find child care, how does this minister expect students to be able to return to school?

Hon. Stephen Lecce: Thank you for the member opposite for the question.

Indeed, Speaker, the government has permitted child care operators to reopen in the province of Ontario. We're seeing reopenings happening in all regions of Ontario, including in London, and across that part of the province. They're reopening because the province has provided sufficient funding and operating supports, of course, in conjunction, in collaboration with the federal government, to ensure they remain sustainable. But beyond ensuring the sustainability of our operators, we are providing an assurance to parents that that funding is contingent on a commitment by operators not to increase fees on working parents, and more so not to remove their space in the child care centre.

Mr. Speaker, we're going to continue to support parents through an investment that we're making to operators to ensure that they remain viable and sustainable. Child care operators are opening using a cohorted model of eight students with up to two ECEs. We're doing that on the advice of the Chief Medical Officer of Health. I would

hope the member opposite would support the medical advice and support our plan to keep kids safe.

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

Ms. Peggy Sattler: Speaker, another London West constituent told me that his wife is an ECE and has been recalled to work. Their daughter had been attending the same child care centre his wife works at, but spots were raffled and they did not get a space. Their other two school-age children will also need care if school is part-time.

My constituent has been working throughout the pandemic but is considering taking a leave from work to stay home with the kids. He was told by his employer that there are too many employees already on COVID-19 leave and he may have to quit instead.

Speaker, does this minister think that forcing people to quit their jobs because they can't find child care will do anything to help Ontario's economic recovery?

Hon. Stephen Lecce: The government is ensuring that we're able to recover from the challenges of COVID-19 with a plan of growth to create jobs and sustain the workforce in the economy. But we also recognize that in order to do that, we need to have a sustainable and a viable child care system in the province of Ontario. It's why, when we implemented the phase 2 plan, we also enabled child care operators to reopen. We did that with a commitment to fund additional supports for operating costs in our child care centres. We did that with additional support for PPE and for cleaning. We also did it with guidance on health and safety protocols, a clear plan to cohort children—up to eight—to allow them to play together and be as normal as possible together under this new COVID-19 reality.

Speaker, our plan is to ensure parents are protected, with consumer protection in place, by ensuring fees cannot increase and, likewise, that child space cannot be given to another person. That is what parents have asked for. It's what we're delivering in our plan.

WORKPLACE SAFETY

Mrs. Nina Tangri: My question is for the Honourable Minister of Labour, Training and Skills Development.

Now more than ever, people in my riding of Mississauga–Streetsville and across Ontario recognize the importance of workplace health and safety—but such importance is not new to those on this side of the House. Since forming government in 2018, we have taken many steps to improve the health and well-being of all people in our province.

We have been clear that health and safety is our government's top priority. Every worker deserves to go home safe after a hard day's work.

Can the minister please tell this House about what our government is doing to increase workplace health and safety in Ontario?

Hon. Monte McNaughton: Thank you to the member from Mississauga–Streetsville for that important question

and for her leadership when it comes to improving health and safety across the province.

Mr. Speaker, our government remains committed to encouraging a health and safety culture that protects workers and builds a prosperous province. One example of this is a program that I announced well before the start of COVID-19.

The Supporting Ontario's Safe Employers program is the first of its kind in the country. It rewards the businesses who go above and beyond what's required. I'm pleased to share that this program is now open. As businesses prepare to carefully reopen, we're rewarding them with \$140 million for excellence in workplace safety. This program formally recognizes those who successfully champion putting safety first in their workplace, but most importantly, this will help reduce workplace injuries and protect workers.

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

Mrs. Nina Tangri: Thank you, Minister, for that reassuring answer. I'm pleased to hear that we now have an industry-led program that promotes stronger workplace health and safety cultures.

During this global pandemic, there has been a heightened focus on keeping everyone in our province healthy. Mr. Speaker, as a member of this House, I've been proud to support our government as we implement countless measures to enhance safety for our employees and our customers.

It's evident that our government is sparing no expense when it comes to keeping people safe on the job. Could the minister please share with the House more on what the government is doing to ensure people are safe at work?

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Hon. Monte McNaughton: Thank you again to the member for that excellent question.

We are doing everything in our power to keep workers safe in Ontario. We have now posted 139 sector-specific guidance documents, available online at Ontario.ca/covidsafety. This page has had approximately half a million page views since going live in April.

But that's not all, Mr. Speaker. We have also added 58 new workplace health and safety inspectors to boost our workplace inspections capacity. In addition, we have doubled the phone lines at our health and safety contact centre to help businesses navigate these very unprecedented times.

Mr. Speaker, the member is right to say that this government will spare no expense to ensure Ontario's health and safety laws are properly followed and workers remain safe on the job.

HOMELESSNESS

Ms. Rima Berns-McGown: My question is for the Premier. Encampments of people experiencing homelessness have become a big issue in Toronto and other cities across the province. My concern is what exactly the government sees as the problem. The Premier recently

admonished people living in tents in public parks or under the Gardiner Expressway, telling them, “You can’t do that,” but in the middle of a pandemic, when shelters are especially unsafe for people with underlying health conditions, where exactly does he want them to go?

The Speaker (Hon. Ted Arnott): Minister of Municipal Affairs and Housing.

Hon. Steve Clark: Thanks, Speaker, and through you to the member: We are working collaboratively with the city of Toronto on long-term, innovative solutions to the homelessness problem in the city.

Last week, at the city’s request, I did a ministerial zoning order that would allow a modular home development that would allow for 56 bachelor units. We’re fast-tracking that so that it can be put in place by September, and we are working with the city on other long-term, innovative solutions, using the Social Services Relief Fund.

As the member will know, we provided the city with a significant amount of dollars in the first round of the Social Services Relief Fund, some \$39 million. They were able to increase shelter capacity—help with adding \$2 million to their rent bank. We will continue to work with them on long-term, innovative initiatives to help people who are experiencing homelessness.

The Speaker (Hon. Ted Arnott): And the supplementary question?

Ms. Rima Berns-McGown: Thank you, Speaker. That was a drop in the bucket compared to what is needed.

Back to the Premier: People are in tents because shelters are overcrowded and unsafe, especially during a pandemic; because there have been decades of cuts to mental health supports; because there isn’t nearly enough affordable housing after decades of neglect by Liberal and Conservative governments; because systemic anti-Black and anti-Indigenous racism literally drives people into homelessness.

People experiencing homelessness need to be safe or in spaces where they can safely isolate. The government needs to stop downloading the problem onto cities, especially Toronto, that can’t manage it alone.

Instead of admonishing people or advocating for encampment demolition, will the Premier support my call to declare homelessness a public health crisis and then act with urgency to get every person experiencing homelessness into hotels and housing during the pandemic and beyond?

Hon. Steve Clark: Speaker, the \$39 million we gave to the city in round 1 of the Social Services Relief Fund did help with some of the components that the member is talking about. Almost \$22 million was used by the city to expand shelters and to use hotel and motel rooms to do exactly what the member opposite has suggested.

We are encouraging the city to apply, under the second phase of the Social Services Relief Fund, to continue the good work that the city did in round 1. They used the very flexible dollars that we gave them to help with social distancing, to help with amendments and changes to the shelter system, and that’s in addition to the \$118 million

we gave to the city in 2019-20 as part of our Community Homelessness Prevention Initiative. We will continue to work collaboratively with the city. We will continue to advocate on their behalf to the federal government.

Again, to the member opposite, if you have further suggestions on how we can collaborate with the city, by all means—

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

PROFESSIONAL AND AMATEUR SPORT

Mr. Deepak Anand: My question is for the Minister of Heritage, Sport, Tourism and Culture Industries. Ontarians are adjusting to “the new normal” as the province continues to reopen. In fact, many great things that Ontarians enjoy doing with friends and family are open, with caution, as health and safety measures are our top priority. Drive-in movies; enjoying a great meal on the local patios, which I did with my family; provincial parks and campgrounds are just a few examples.

We love sports. Research shows that it improves our emotional, social and physical health. I can speak from personal experience when I say that Canadians and Ontarians are also incredibly excited for the return of professional sports. It’s not only me who is excited about this. There has been a lot of buzz lately about when professional sports like hockey, baseball and football will be able to safely resume play, as well as discussions on what their health and safety measures will look like.

Mr. Speaker, through you to the minister: When can Ontarians dust off their favourite jerseys and expect professional sports to return?

Hon. Lisa MacLeod: I know the member. He is a fantastic member here in this assembly, but he wasn’t asking for anyone else other than his son, Shrey, who is really excited about professional hockey coming back to the province of Ontario and, of course, the country.

We’re absolutely delighted that this ministry has been able to engage with the Toronto Maple Leafs organization—as well as this member, who introduced me early on during the pandemic to Paul Rivett, who is the new co-owner of the Toronto Star, who’s very interested in this as well.

Sports in Ontario represents \$12.6 billion in economic activity. As of the 12th of March, sports in Ontario were effectively shuttered. We’re very excited that not only our professional sports but also our local community sports and minor sports are going to be up and running, hopefully later this summer.

I’ve established 14 ministerial advisory committees. In terms of professional sports, it’s led by the former CEO and president of the Ottawa Senators, Cyril Leeder; it’s co-chaired by the Canadian Football League’s commissioner, Randy Ambrosie; and we have representatives from the Hamilton Tiger-Cats and Maple Leaf Sports and Entertainment, as well as the Ottawa Sports and Entertainment Group. I met earlier today with the Ottawa Redblacks.

The Speaker (Hon. Ted Arnott): And the supplementary question?

Mr. Deepak Anand: Thank you, Minister. Residents in my riding of Mississauga–Malton who would normally tune in to Hockey Night in Canada are going to be thrilled with the prospect of the NHL moving forward, with Toronto as one of the two hub cities for the return of professional hockey.

Time and time again, we heard the concern from the stakeholders during committee work, round tables and panel discussions.

Minister, thank you for your leadership. You have been working hard to ensure that this return to play is allowed—because our government and its health officials have continuously made the health and safety of all Ontarians the top priority during these tough times.

Through you, Mr. Speaker: The minister has proudly stated that 2021 will be a marquee year for Ontarians. More than ever, Ontario needs your leadership. Can the minister please share with us some of the great events that Ontarians can look forward to enjoying in the coming months?

Hon. Lisa MacLeod: I've often challenged Ontarians to look forward to what the next 18 months look like. My Ontario, in 18 months, has sports. It has professional sports. It has amateur sports. It also has high-performance athletes who will compete for Canada in the 2021 Olympics.

We are proud supporters of the Canadian Sport Institute Ontario. We were the first jurisdiction in our country to allow our high-performance athletes back to training. We also worked with our Toronto Raptors so that they would be among the first in North America to start training in basketball. So 2021 is going to be a great year for sport in Ontario. We will be hosting the Grey Cup in Hamilton. We will be hosting the Ontario Summer Games in London. We will be hosting the 2021 Canada Summer Games in Niagara and the 2022 Mississauga games in his community. He was there with me.

We have so much more to offer. We represent a spectacular double bottom line in this province. We obviously represent \$75 billion in economic activity, but we also represent gold medallists here and around the world.

ANTI-RACISM ACTIVITIES

Mr. Peter Tabuns: My question is to the Minister of Labour. On June 10, two nooses were found hanging on construction equipment operated by Black construction workers at the Michael Garron Hospital construction site in East York. Toronto police services is carrying out a criminal investigation of the matter, understanding that they are dealing with a hate crime.

Last week, the member for Beaches–East York and I held a virtual public meeting in the east end to mobilize the community against this hate crime and to provide people with information.

Speaker, through you to the Minister of Labour: The Minister of Labour was asked to attend that meeting and speak to the issue, and they declined. Minister, your office was contacted directly and I got no response. Why are hate crimes on job sites not a priority for you or your ministry?

Hon. Monte McNaughton: Speaker, I can tell you that I will not tolerate any racism or any discrimination on any job site or in any workplace in the province of Ontario.

I was actually proud to stand with Premier Ford last week, in fact, to say that for the first time in the history of Ontario, we are providing online health and safety training, free of charge, to 100,000 workers in this province. I'm also proud to report that when it comes to that health and safety training, workplace harassment and violence training is provided.

We'll continue to use the full force of the law to protect every worker in this province from discrimination and from racism.

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

Mr. Peter Tabuns: I'm pleased that the minister has declared an interest in this issue. I note that subsequently nooses have been found at three other construction sites. The message of anti-Black hate is clear.

Your ministry is responsible for workplace safety and the enforcement of anti-harassment measures. It's clear from talking to construction workers that this kind of harassment is a real and ongoing issue, and because of that very fact, their workplaces are unsafe.

Again to the minister: What will you do immediately to take action and make these workplaces safe and free from harassment?

Hon. Monte McNaughton: As I said, I will not tolerate any racism, any discrimination on any job site or in any workplace right here in the province of Ontario.

The Speaker (Hon. Ted Arnott): That concludes our question period for this morning.

DEFERRED VOTES

SMARTER AND STRONGER JUSTICE ACT, 2020

LOI DE 2020 POUR UN SYSTÈME JUDICIAIRE PLUS EFFICACE ET PLUS SOLIDE

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

Bill 161, An Act to enact the Legal Aid Services Act, 2020 and to make various amendments to other Acts dealing with the courts and other justice matters / Projet de loi 161, Loi visant à édicter la Loi de 2020 sur les services d'aide juridique et apportant diverses modifications à des lois traitant des tribunaux et d'autres questions relatives à la justice.

The Speaker (Hon. Ted Arnott): We have a deferred vote on the motion for third reading of Bill 161, an Act to enact the Legal Aid Services Act, 2020, and to make various amendments to other Acts dealing with the courts and other justice matters.

The bells will ring for 30 minutes, during which time members may cast their votes. I'll ask the Clerks to prepare the lobbies.

The division bells rang from 1133 to 1203.

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 66; the nays are 25.

The Speaker (Hon. Ted Arnott): I declare the motion carried.

Be it resolved that the bill do now pass and be entitled as in the motion.

Third reading agreed to.

BUILDING TRANSIT FASTER ACT, 2020

LOI DE 2020

SUR LA CONSTRUCTION PLUS RAPIDE DE TRANSPORT EN COMMUN

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

Bill 171, An Act to enact the Building Transit Faster Act, 2020 and make related amendments to other Acts / Projet de loi 171, Loi édictant la Loi de 2020 sur la construction plus rapide de transport en commun et apportant des modifications connexes à d'autres lois.

The Speaker (Hon. Ted Arnott): We have a deferred vote on the motion for third reading of Bill 171, An Act to enact the Building Transit Faster Act, 2020 and make related amendments to other Acts.

The bells will now ring for 30 minutes, during which time members may cast their votes. I'll ask the Clerks to once again prepare the lobbies.

Interjection: Same vote.

The Speaker (Hon. Ted Arnott): Same vote? Same vote?

Interjection: No.

The Speaker (Hon. Ted Arnott): No. Prepare the lobbies.

The division bells rang from 1205 to 1235.

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 71; the nays are 19.

The Speaker (Hon. Ted Arnott): I declare the motion carried.

Be it resolved that the bill do now pass and be entitled as in the motion.

Third reading agreed to.

The Speaker (Hon. Ted Arnott): This House stands in recess until 1 p.m.

The House recessed from 1238 to 1300.

INTRODUCTION OF BILLS

REOPENING ONTARIO (A FLEXIBLE RESPONSE TO COVID-19) ACT, 2020

LOI DE 2020

SUR LA RÉOUVERTURE DE L'ONTARIO (MESURES ADAPTABLES EN RÉPONSE À LA COVID-19)

Ms. Jones moved first reading of the following bill:

Bill 195, An Act to enact the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 / Projet de loi 195, Loi édictant la Loi de 2020 sur la réouverture de l'Ontario (mesures adaptables en réponse à la COVID-19).

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): Would the Solicitor General care to briefly explain her bill?

Hon. Sylvia Jones: I would, Speaker. Thank you. The Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 would, if passed, support our continued efforts to cautiously reopen Ontario while ensuring the necessary flexibility to protect Ontarians, especially our vulnerable populations.

This legislation would ensure that important measures remain in place to address the threat of COVID-19 once the provincial declaration of emergency has ended. Specifically, the act would allow emergency orders made under the Emergency Management and Civil Protection Act, and maintained under this act, to remain in place for an initial 30 days, and for the Lieutenant Governor in Council to further extend these orders for up to 30 days at a time. It would also allow the Lieutenant Governor in Council to amend certain emergency orders maintained under the act if the amendment falls within one or more of a limited set of subject matters. The proposed act aims to balance these tools with appropriate accountability and transparency, including regular reporting requirements. Finally, the bill would ensure that our government maintains only the ability needed to continue to keep Ontario safe from the ongoing threat of the virus as we move cautiously forward with recovery.

I look forward to discussing this proposed legislation in the House.

SENIORS' ADVOCATE ACT, 2020

LOI DE 2020

SUR L'INTERVENANT EN FAVEUR DES ÂÎNÉS

Ms. Lindo moved first reading of the following bill:

Bill 196, An Act to establish the Seniors' Advocate / Projet de loi 196, Loi créant le poste d'intervenant en faveur des aînés.

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): I'll ask the member for Kitchener Centre if she'd like to briefly explain her bill.

Ms. Laura Mae Lindo: Thank you, Mr. Speaker; I would. The bill, if passed, enacts the Seniors' Advocate Act, 2020, which establishes a seniors' advocate, who is an independent officer of the Legislative Assembly. The function of the seniors' advocate includes advocating in the interests of seniors and family members of seniors who act as caregivers. In addition, the seniors' advocate is required to advise, in an independent manner, the minister, public officials and persons who fund or deliver seniors' services on systemic challenges faced by seniors; policies and practices to address existing systemic challenges; and other matters that may come to the attention of the seniors' advocate.

The seniors' advocate may make reports to the public and is required to prepare an annual report on the activities of the advocate. The reports may include recommendations relevant to preventing and mitigating the systemic challenges faced by seniors. In order to assist the seniors' advocate, the advocate may establish an advisory council. The seniors' advocate also has authority to require the provision of information in specified circumstances. The act also provides that no person shall face reprisal for having assisted the seniors' advocate.

It's my hope that, should this be passed, seniors, their caregivers and families will finally feel that they have a true circle of care around them.

PETITIONS

TENANT PROTECTION

Ms. Rima Berns-McGown: This petition was given to me by tenants in my riding in Crescent Town, Goodwood and also in Teesdale in the riding next door. It's entitled "No COVID-19 Evictions"

"To the Legislative Assembly of Ontario:

"Whereas renters across Ontario are currently having a hard time paying rent and other bills, especially if they have lost their income during the COVID-19 pandemic;

"Whereas there will be a rise in evictions across Ontario once the pandemic is declared over and the moratorium on the enforcement of evictions is lifted. Rent across Ontario is already too high and many families are barely managing to live month to month, with homelessness already in crisis;

"Whereas tenants are finding it increasingly difficult to find reasonable places to live once evicted, in part due to rent raises not being regulated between tenancies;

"Whereas the rights of tenants are already limited, and the Ontario Landlord and Tenant Board is in dire need of resources;

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

"—Immediately halt Bill 184;

"—Subsidize 80% of rent up to \$2,500 for four months for tenants who have lost income due to the pandemic;

"—Restrict rent increases on both current units as well as new units post-2018;

"—Ensure that the Landlord and Tenant Board's rules prioritize a tenant's ability to preserve their home through the dispute resolution process;

"—Ban all COVID-19-related evictions."

I completely agree with this petition, will be affixing my name to it and handing it to the Clerk.

BROADBAND INFRASTRUCTURE

Mr. Vincent Ke: "To the Legislative Assembly of Ontario:

"Whereas now more than ever, people across Ontario need reliable broadband to work, learn and connect with friends and family; and

"Whereas too many people in our province lack reliable Internet or cellular access—or don't have any connectivity at all; and

"Whereas the digital divide has been made worse by the COVID-19 pandemic, specifically for rural and northern Ontarians;

"Whereas rural and northern Ontario businesses continue to face challenges accessing the 21st century digital economy which creates a serious economic disadvantage when following the advice of health officials during the COVID-19 pandemic; and

"Whereas as Ontario carefully reopens the economy, every region and every community must play a role in attracting jobs and investments to restore economic prosperity to the province; and

"Whereas investing in reliable broadband and cellular service creates greater opportunity for families, farmers and small business owners in rural and remote areas not only during the COVID-19 pandemic but after the pandemic ends;

"Whereas Ontario is investing \$150 million in a new program that, when leveraged with partner funding, has the potential to result in a total investment of \$500 million to improve broadband and cellular coverage service in underserved and unserved communities;

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

"Urge the federal Minister of Infrastructure, the federal Minister of Gender Equality and Rural Economic Development and the federal Minister of Innovation, Science and Industry to provide Ontario with its fair share of funding through the Universal Broadband Fund and to commit additional funding to the province so that:

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"(1) All of Ontario's underserved and unserved communities can access reliable broadband service;

"(2) Ontario's rural and northern communities can have the same opportunities for economic growth, recovery and participation in the 21st century digital economy as urban municipalities;

“(3) Ontarians in rural and northern communities can access government services, conduct business and connect with loved ones especially during the COVID-19 pandemic.”

I support this petition and will sign it and give it to the page.

LONG-TERM CARE

Ms. Teresa J. Armstrong: I have a petition from West Oak Village council, and I want to thank Candace Fochuck-Barey for submitting these petitions.

“Time to Care Act—Bill 13.

“To the Legislative Assembly of Ontario:

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

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

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

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

I fully support this petition and pass it to the usher to deliver to the table.

BROADBAND INFRASTRUCTURE

Mrs. Belinda C. Karahalios: Good afternoon. I have a petition entitled “Equitable Broadband Access for All Ontario Businesses and Residents.

“To the Legislative Assembly of Ontario:

“Whereas now more than ever, people across Ontario need reliable broadband to work, learn and connect with friends and family; and

“Whereas too many people in our province lack reliable Internet or cellular access—or don’t have any connectivity at all; and

“Whereas the digital divide has been made worse by the COVID-19 pandemic, specifically for rural and northern Ontarians;

“Whereas rural and northern Ontario businesses continue to face challenges accessing the 21st century digital economy which creates a serious economic disadvantage when following the advice of health officials during the COVID-19 pandemic; and

“Whereas as Ontario carefully reopens the economy, every region and every community must play a role in attracting jobs and investments to restore economic prosperity to the province; and

“Whereas investing in reliable broadband and cellular service creates greater opportunity for families, farmers and small business owners in rural and remote areas not only during the COVID-19 pandemic but after the pandemic ends”—which hopefully is soon;

“Whereas Ontario is investing \$150 million in a new program that, when leveraged with partner funding, has the potential to result in a total investment of \$500 million to improve broadband and cellular coverage service in underserved and unserved communities;

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

“Urge the federal Minister of Infrastructure, the federal Minister of Gender Equality and Rural Economic Development and the federal Minister of Innovation, Science and Industry to provide Ontario with its fair share of funding through the Universal Broadband Fund and to commit additional funding to the province so that:

“(1) All of Ontario’s underserved and unserved communities can access reliable broadband service;

“(2) Ontario’s rural and northern communities can have the same opportunities for economic growth, recovery and participation in the 21st century digital economy as urban municipalities;

“(3) Ontarians in rural and northern communities can access government services, conduct business and connect with loved ones especially during the COVID-19 pandemic.”

I have affixed my name to this petition, and give it to the Clerk.

HEALTH CARE FUNDING

M^{me} France Gélinas: I would like to thank Mrs. Betty McIsaac from Val Caron in my riding for collecting these petitions. It reads as follows:

“Neurological Movement Disorder Clinic in Sudbury.

“Whereas northeastern Ontario has a high rate of neurological movement disorders; and

“Whereas specialized neurological movement disorder clinics provide essential health care services to those living with diseases such as Parkinson’s, Huntington’s, dystonia, Tourette’s and others; and

“Whereas the city of Greater Sudbury is recognized as a hub for health care in northeastern Ontario;

They “petition the Legislative Assembly of Ontario as follows:

“Immediately set up a neurological movement disorder clinic in the Sudbury area that is staffed by a neurologist who specializes in the treatment of movement disorders, a physiotherapist and a social worker, at a minimum.”

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

ECONOMIC RECOVERY

Mr. Billy Pang: My petition is named “Framework for Reopening the Economy.

“To the Legislative Assembly of Ontario:

“Whereas Ontarians have been working relentlessly to adhere to physical distancing guidelines, limiting themselves to necessary travel and protecting their loved ones; and

“Whereas our health care professionals are working long hours in our long-term-care homes, doctors’ offices, community care, and hospitals; and

“Whereas other essential workers such as grocery store clerks, farmers, meat and produce processors and transport workers keep our shelves stocked and food on the table; and

“Whereas the province has made significant progress in the fight against COVID-19 with decreasing infection and hospitalization rates, domestic production of personal protective equipment, and crucial financial investments in health and social services;

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

“That the government continues its methodical, cautious approach to reopen the economy so that people can get back to work, businesses can recover and people can regain a hopeful optimism for the future of this great province.”

I support this petition and I affix my name on it.

EDUCATION FUNDING

Ms. Marit Stiles: It gives me great pleasure to present this petition on behalf of some residents of Eglinton–Lawrence, in particular Rebecca D’Silva, who passed this along to me and asked me to present it in the Legislature. It reads as follows:

“Petition to the Ontario Legislative Assembly: Invest in the Schools Our Students Deserve. Stop the Cuts!

“To the Legislative Assembly of Ontario:

“Whereas the provincial government has announced over \$1 billion in funding cuts to our schools, which will result in bigger class sizes in grades 4 to 12; significantly less support for the most vulnerable students, including those with disabilities, special needs, and English-language learners; mandatory e-learning for high school students; and cuts to badly needed school repairs;

“We, the undersigned, petition the Legislative Assembly of Ontario to oppose these damaging cuts and implement:

“(1) Full funding to our public education system at existing levels, and no mandatory e-learning for any students;

“(2) An education funding formula that (a) increases support for special education; (b) reduces class sizes in kindergarten and grades 4 to 12; and (c) increases capacity to deliver front-line services by paraprofessionals;

“(3) An Ontario-wide state of good repair standard for all public schools so they are safe, healthy, well-maintained buildings that provide environments conducive to learning and working;

“(4) An evidence-based review of the education funding formula every five years to determine its effectiveness in supporting high-quality public education.”

I support this petition. I’ll be affixing my signature and tabling it with the Clerks.

MUNICIPAL DEVELOPMENT

Mr. Sheref Sabawy: I have a petition titled “Proposed Changes to A Place to Grow.

“To the Legislative Assembly of Ontario:

“Whereas the Greater Golden Horseshoe is one of the fastest-growing and most important regions in North America. In the next 20 years, the region will accommodate up to 85% of Ontario’s population growth. The region is also the economic engine for Ontario and the country and generates up to 25% of Canada’s gross domestic product; and

“Whereas, because of this, we need to manage growth in the region’s communities in a way that offers homes people can afford, attracts jobs and investments, allows people to get around quickly and conveniently, and preserves and protects farmland, green spaces and ecologically sensitive lands and waters; and

“Whereas Ontario must begin laying the groundwork now so that our municipal and sector partners are ready to hit the ground running on our road to economic recovery from the impact of the COVID-19 pandemic; and

“Whereas the changes being proposed to A Place to Grow effectively balance a commitment to protecting the environment, including the greenbelt; and

“Whereas the aggregate industry is critical to building the schools, homes, hospitals and bridges that are so incredibly crucial to the well-being of my constituents;

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

“Continue as expediently as possible to implement the new land needs assessment methodology for the Greater Golden Horseshoe, which supports the implementation of A Place to Grow: Growth Plan for the Greater Golden Horseshoe area so that:

“(1) Municipalities plan for growth through to 2051 instead of 2041;

“(2) Population and employment growth forecasts are updated and changed to give municipalities flexibility to set higher forecasts;

“(3) Quarries and aggregate extraction are able to be located closer to areas where they are needed for construction purposes; and

“(4) Municipalities ensure that current work they’re doing conforms with A Place to Grow by July 1, 2022.”

I’m supporting this petition, and I’m affixing my signature to it.

The Speaker (Hon. Ted Arnott): Unfortunately, that concludes the time we have available for petitions this afternoon.

ORDERS OF THE DAY

CONNECTING PEOPLE TO HOME AND COMMUNITY CARE ACT, 2020

LOI DE 2020 POUR CONNECTER LA POPULATION AUX SERVICES DE SOINS À DOMICILE ET EN MILIEU COMMUNAUTAIRE

Resuming the debate adjourned on July 7, 2020, on the motion for third reading of the following bill:

Bill 175, An Act to amend and repeal various Acts respecting home care and community services / Projet de loi 175, Loi modifiant et abrogeant diverses lois en ce qui concerne les services de soins à domicile et en milieu communautaire.

The Speaker (Hon. Ted Arnott): When we last debated this bill, the member for London–Fanshawe was in the midst of her presentation. I'll invite her to continue.

Ms. Teresa J. Armstrong: Thank you, Speaker. Just one small, little point: I'm starting my presentation today because the government just finished this morning.

I'm excited to speak on this bill—it's a bill, of course, that's going to make monumental change to the health care system—but I first want to start off by thanking sincerely all the health care workers who have really been there for everyone in such a high time of need. They have stepped up tremendously to keep us safe, and so I just wanted to make sure that we acknowledge, or I acknowledge, how important they are—past, present and future—to our health care system and the well-being of our society.

I'm going to start, Speaker. I'm going to start my presentation. In this government's attempt to modernize the home and community care sector, once again they chose to centre on profits instead of almost 800,000 Ontarians who use home and community care services. By not providing additional home care funding for families impacted by COVID-19 related to closures of day programs, school camps and respite centres, this government has shown how fundamentally it really misunderstands home and community care and the role of family caregivers during this time.

Make no mistake: The home and community care sector is in desperate need of an overhaul. Ontario taxpayers deserve a system that is publicly funded and publicly delivered. Instead, Bill 175, at its bare bones, is a bureaucratic shuffle that ultimately further privatizes the sector. Privatization doesn't necessarily mean upfront, out-of-pocket costs to the Ontario taxpayers; it means taking taxpayer money and handing it over to private corporations with no oversight and accountability.

Bill 175 does not address the labour shortage crisis at the heart of home and community care. Bill 175 does not ensure that home care services are funded and provided based on need to the same standards across the province, regardless of a person's ability to pay. Bill 175 pushes transparency further away by regulating important

protections like the patient bill of rights to regulations that have not even yet been determined.

One of the first amendments that we brought forward was amendment number 2. It was asking this government in committee, in the clause-by-clause, to actually enact the schedule to show the bill of rights and have it embedded in legislation so that we wouldn't have a situation where people are left questioning what their rights are. You're inviting someone into your home. You should know clearly what the expectation is. That wasn't adhered to; the government voted that down.

Bill 175 does not mandate that health care providers who receive public funding report their finances, including executive compensation. Again, that's a transparency issue. They didn't mandate that. They voted that amendment down. Instead of removing profits from health care, Bill 175 actually enables more privatization.

The official opposition proposed amendments, as I said, that would have addressed the concerns I just listed. The government had the ability to do the right thing and properly reform home and community care. Instead, they voted down every single one of our amendments. I actually held out hope; every time I presented an amendment, I thought, "Maybe this is the one that they will see the right kind of thing to do or see our point around," and I held out hope every time. I'll be honest with you: When it was voted down, I was disappointed. I thought, "Gosh, I thought we'd made the case strong enough," that the members on that committee would have seen their way to looking at some of those amendments.

Now more than ever, Speaker, we should know better. COVID-19 has ravaged our long-term-care sector, and we have new evidence every day that the for-profit homes have worse outcomes when it comes to protecting their residents. Now more than ever, we have just seen how much privatization in health care puts our loved ones at risk.

A home and community care reform that does not include a minimum standard of care, that does not address the staffing crisis in the sector, that does not ease the burden off of family caregivers, that does not protect staff and residents: It's just really, I have to say, bad policy, and bad policy, we know now more than ever, will cost lives.

We have seen first-hand and to devastating effect what happens when governments turn patients into cash cows for corporations. Let me read you a report from the Toronto Star. It was written on May 8, and the headline is, "For-Profit Nursing Homes Have Four Times as Many COVID-19 Deaths as City-Run Homes, Star Analysis Finds." It starts by saying, "Residents of for-profit nursing homes in Ontario are far more likely to be infected with COVID-19 and die than those who live in non-profit and municipally-run homes...."

"A Star analysis of public data on long-term-care homes shows the facilities have been hit by outbreaks at approximately the same rate, regardless of ownership. But once COVID-19 makes it into a nursing home, the outcomes have been far worse for residents of for-profit homes.

“In homes with an outbreak, residents in for-profit facilities are about twice as likely to catch COVID-19 and die than residents in non-profits, and about four times as likely to become infected and die from the virus as those in a municipal home.”

This is a quote from Sharleen Stewart. She says in the article, “I’m not one bit surprised,” and she’s the president of the SEIU Healthcare union, which represents personal support workers and other front-line staff in both for-profit and non-profit nursing homes.

“Stewart said that based on the experiences of the union’s members, for-profit nursing homes use more part-time and casual staff and have lower staffing levels overall compared to non-profit homes. She said non-profit homes have better infection controls and for-profit homes are less prepared to handle outbreaks,” and this is sadly what she said: ““This is old news for us,”” so this is long-time information that’s been around.

“Long-term care is the front line of Canada’s battle with COVID-19, accounting for as many as four out of every five deaths. In an international study released earlier this week, Canada had the highest proportion of long-term care deaths from COVID-19 among 14 countries. Those deaths are occurring at a disproportionate rate in for-profit homes.”

And the article keeps going on. I’ll be done with it shortly, but it says, “A resident in a for-profit home has been about 60 per cent more likely to catch COVID-19 and 45 per cent more likely to die than a resident in a non-profit home. A for-profit resident has also been about four times more likely to catch COVID-19 and four times more likely to die than a resident in a municipally run home.

“Non-profit and municipal homes have also suffered severe outbreaks....

“But where COVID-19 is present, the for-profit homes have fared” far “worse in controlling the outbreak and preventing deaths: For-profit facilities with outbreaks had 16 cases per 100 beds, compared to eight in non-profits and four in municipal facilities. Likewise, there have been four deaths per 100 for-profit beds, compared to two per 100 in non-profits and one in municipal facilities.”

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That is a Star analysis, and that is what’s happening right now. It talks very clearly about the situation around for-profit homes, to the detriment of people residing there if they catch COVID-19.

Repeatedly in the committee hearings for Bill 175, experts in the field asked and implored the government to halt this bill, or at least put a pause on the bill, slow it down to analyze and interpret the lessons from COVID-19 and to consult with front-line workers to build a better system. Instead, they preferred, really, to bully headily and push through this legislation that will not—in no way—protect Ontarians and in no way serve the public interest. I say that because there are much better ways we can transform home care and community care to actually have better protections. One of them would be enshrining the bill of rights in legislation. That is a better protection. That is not in the public interest to have in regulations.

The Council of Canadians was one of the presenters at the committee. In addition to presenting, they organized a campaign to let the Premier know their thoughts on Bill 175. Thousands of Ontarians sent the following letter via email to the Premier and to their own MPP, and so—as I’m sure many Ontarians, like the families at Orchard Villa, wanted answers—they wanted a reply. I’m going to read the letter. I know that everyone is super busy, and if they haven’t read the letter yet, then hopefully they’ll pay attention and listen to this. The letter says:

“Dear Premier Doug Ford:

“The COVID-19 pandemic has revealed how privatization and deregulation have undermined the safety and quality of care provided to residents in long-term care homes across Ontario.

“The proposed changes to homecare in Bill 175 will make the same mistakes previous governments made with long-term care by removing public oversight and expanding privatization. Bill 175 must be fundamentally changed to reverse the privatization and deregulation of homecare. Ontario must act on the recommendations of the people who rely on homecare services, their families, the workers that provide the care and the independent experts that have learned firsthand what works best.

“Premier Ford, I want you to make caring for seniors the priority—not corporate profit. We must learn from past mistakes. You know that more privatization means less care. We can afford to treat our seniors better.

“I look forward to your response.”

So with that, we proposed amendments about removing profits from the home and community care sector. We said:

“Guide to interpretation, removing profit-making

“(6) This act and the regulations shall be interpreted so as to advance the objective of removing profit-making from the delivery of health care services.” That was shot down.

Then we also had another amendment where we asked them to, again, take home and community care services and say that:

“(1.1) The agency may provide funding to a health service provider or Ontario health team for the purpose of the provider or team providing funding to or on behalf of an individual to purchase home and community care services.

“No funding to for-profit entities.”—again, we’re saying to fund the not-for-profit entities in home care and community care.

“(1.2) The agency shall not provide funding under subsection (1.1),

“(a) to a for-profit entity; or

“(b) for the purpose of having funding provided to or on behalf of an individual to purchase a home and community care services from a for-profit entity.”

So we were very, very clear about how we can take the profit out of home and community care, but again, each amendment was shot down.

The letter is very clear from the Council of Canadians to the Premier. I’m sure other MPPs have received them.

They are saying, “Please, do the right thing and stop more privatization in health care.”

This is one of many, many communications our office have received imploring us to do our part, as elected officials, to do better for our seniors and to learn from the mistakes that COVID-19 exposed.

Why is the government continuing to ignore what the people of Ontario want? They have said that. Even in committee, people were asking them to pause and to stall this bill so that we could learn from lessons of COVID. But they didn’t pay attention to those calls. We’ve known for a long time what COVID-19 taught us, with truly tragic results. I think that if we’re leaders in this province when it comes to the safety and protection of our residents, we should take the lessons of COVID-19 and really incorporate them, ingrain them, integrate them, into home and community care and health care in general so that we don’t have to see this happen again.

According to an assessment by the Ontario Health Coalition, Bill 175 removes a host of existing public interest protections; does not improve access to eligibility; does not cut out out-of-pocket expense costs; and it expands virtual home care without patient protections—and that was the other thing that is being put through. Digital is now part of our new normal; we all know that. But we need those protections for patients if we’re going to put that into this act.

Also, their assessment—by the health coalition—is that Bill 175 provides no metrics for assessment that measure actual need. It does not curb the rationing of home care. It does not address: inequities from region to region; missed visits; and other major problems in home care. So those are some of the things that the Ontario Health Coalition, when they were assessing the bill, have brought forward.

I’m sure all of our offices have had to navigate the bureaucratic nightmare of accessing home care on behalf of our constituents. The lack of accountability and the botched integration of private companies with LHINs is a constant source of frustration. As it stands now, folks have to arrange their home care through the LHIN, but the contracted company is ultimately responsible for making sure someone shows up, is on time, and is prepared and trained appropriately.

When constituents have concerns, they try to address them with the care coordinator, who tries to address it with the care provider. But in the end, there’s no accountability and no way to ensure that there will be improvements. The LHIN just passes the buck to the care provider, who has no accountability even though they receive public dollars. Bill 175 does nothing to address this glaring flaw.

I’m going to read a case that I had come to my attention in our office. It’s a former nurse and currently a cancer patient. She called recently looking for assistance. She said that instead of having a nurse come for 15 minutes every two weeks to flush her port, the South West LHIN now wants her to drive 45 minutes each way to a clinic to have it done. She has a brain tumour, and sometimes her pupils dilate. It’s unsafe for her to drive. There is no way this would be reasonable.

She called our office, but she’s not a constituent. She reached out to a different office and they weren’t able to assist. Luckily, through our office, we intervened, and she was able to get her home care back. It shouldn’t take another MPP’s intervention for Ontarians to receive the services that they’re looking for, and that’s the inequity part around the province.

Another constituent underwent knee surgery last December. It was the same surgery that she had a year prior; it’s just the other knee. In 2018, she was very happy with the home care service she received post-surgery. She remembers calling the LHIN, and they organized for someone to come to remove her staples. She healed quite well, and everything was great.

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Safe to say, in 2019 when she was ready to get the other knee done, she expected the same level of service. It really was a slap in the face for her to find out that no, she would not have the same level of service. She was told by her bundled care coordinator that she would have to come into her surgeon’s office to get the staples removed. To do that, she had to climb down her house stairs—there are about maybe eight stairs in the front of her home—and pay \$280 one way for paratransit. All the while, she was in pain because they had cut down the morphine medication she was given. So she was given the runaround, and when she asked why there had been such a drastic change in service from one year to the next, she was finally told that she should have known better since she had the same surgery last year. So what she did: She took drastic steps. She called somebody that she knows in the medical field to come to her house and take out her staples. That’s what she was left to do. Her experience one year before was completely different than what it was just in 2019.

Then there’s another example that we have: There’s Rosa. She has been her brother’s primary caregiver for the last 20 years. Three years ago, she decided to move from York region to the Niagara region. In York region, she was happy with the LHIN-contracted home care she received for her brother. She could always depend on them and even was able to continue to go to work. So when she moved to the Niagara region, she had the same expectations. She had no reason to expect different in the Niagara region, but those of us familiar with the sector are all well aware of the inequity in services from region to region. Again, this bill does not address inequity of services from region and region. When the Niagara LHIN struggled to find her home care, they encouraged her to join the Family-Managed Home Care Program. For the last three years, she has seen a rotating list of agency workers that she has had to pay out of pocket to train. The low wages coupled with the risk of personal injury being so high means many workers don’t stick around very long. Since moving to Niagara, she has had to stop working so she can actually care for her brother because of the PSW labour shortage. COVID-19 has left her in an impossible place: No workers available to take care of her brother and no ability to pay herself for the 24/7 care that she was providing for her brother.

Speaker, I fail to see how Bill 175 would positively impact Rosa's life or the lives of many other family caregivers in similar situations. I've also heard time and time again from PSWs that the system does not work for them either and that patients are left suffering the implications of a broken system. Bill 175 does nothing to help this and will make things worse because it allows for further contracting out of services.

I want to again read an amendment that we had, when we're talking about the workers and the fact that there's a shortage of them, that they're leaving the sector. We presented another amendment, amendment number 25, and we asked for an annual report on personal support worker labour issues where the minister would make available public annual reports with respect to action taken by the ministry. So it would be a report on how the actions were to improving working conditions for personal support workers, ensuring that personal support workers received a living wage for all hours worked and improving local training and hiring practices for personal support workers, and also making sure that that report is published on the Ontario website, the ministry's website. The minister would report this annually in the Legislative Assembly as soon as it was possible after it was published.

Again, these are things that we felt would help strengthen this bill and make it better for patient-centred—and also when you're looking at the whole health care file and home and community care, front-line workers are at the bones of that. Did they consult with front-line workers when they're talking about the delivery of the bill or a new model? What does that look like for the worker? The government talks about wanting to have PSWs and be inclusive of the team. Part of that, I think, is understanding the challenges that they have around wages. Changing the delivery of how home care and community care is done isn't going to improve the PSWs' desire to stay in that field. If they're not being paid for the work that they're doing—valued; as we talked about, how this government continually calls them heroes—then that is a tough conversation, I'm sure. But it needs to be had so that they are valued and they actually stay, and there is consistency and continuity for the consumers that they service.

Speaker, we've heard time and time again from PSWs that the system does not work for them either, and they have a lot of feedback. They have the on-ground experience that can help shape one of our labour amendments that we presented. I was disappointed again. This is one of the key elements for success in health care: the workers who are providing that care. We know around COVID-19 that what has happened is that all of those successes in health care are because of the people who are on the front lines and are doing what they do to protect us.

This bill does nothing by way of addressing the staffing crisis in home and community care. It in no way guarantees full-time work, decent wages or medical benefits. This government has spent the last four months calling PSWs, as I said—and all front-line workers—heroes, and yet this government has repeatedly turned its back on them when it actually counted.

A small amount of money right now that we have acknowledged needed to happen: That amount, that acknowledgement, has to carry into the future. The work they do doesn't stop being as valuable after COVID ceases. It still is one of the most valuable things, and they're probably some of the lowest-paid workers in the sector, who are looking after one of the most vulnerable populations in our society. And yet we can't find a way to make sure we bring them into this conversation and have a difficult discussion about what it takes to make that sector paid fairly, with full-time wages and benefits.

Countless home and community care workers have contacted our offices. Actually, they're quite scared because they weren't even given PPEs when they needed to feel safe. They were left stranded, finding their own supplies, with nowhere to rest between calls and consumers, and given no proper guidelines for testing. That's what was happening.

I know a story from my office where a PSW said that they actually had to go to a depot and pick up their supplies. They would get six masks in a brown paper bag, and that's what they would have to use. They were concerned because they would be going to multiple residences, between clients.

On that note, during the pandemic, the critic for health and myself wrote a letter to Minister Elliott, and I'm going to read the letter out loud again. I know she's a really busy person, and perhaps she hasn't got to it as of yet.

“Dear Minister Elliott,

“We are writing to inquire about the government's plans regarding the home and community care system during the course of this pandemic.

“As you are aware, staff who work in home and community care come into contact with multiple homesteads in the course of a single day. Given that, we have outlined below a list of concerns many staff in the system and Ontarians who receive their care have raised to us.

“Many who work in this sector have expressed the lack of access to adequate PPE. This, plus the fact that there is currently no Ministry of Health guideline mandating the testing of staff in the sector, is greatly concerning. The nature of the jobs they do allows for a high possibility of the virus spreading across multiple residences. Having access to regular, consistent and full complements of PPE in addition to regular testing for COVID-19 will go a long way in stopping the spread among a very vulnerable population, and maintain current staffing levels. “What is your ministry's plan to ensure that the health and safety of home and community care staff and recipients are protected?”

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“Secondly, the government's effort to keep hospital beds open for the potential rise of COVID-19 cases has resulted in downloading patients into the home care system. As the system was already experiencing chronic understaffing prior to the pandemic, how does the ministry intend to address the staffing crisis that has now been exacerbated by this added stress to the system?

“As you know, those who receive home and community care services are some of Ontario’s most vulnerable. We do our duty of protecting them when we protect the staff that visit and care for them in their homes. We look forward to hearing your plans to ensure their health and safety during this pandemic.”

Again, that is a letter that the critic for health and myself as home and long-term-care critic sent to the minister, flagging these issues ahead of time.

The next thing I’m going to read is some information about aging populations. According to A Profile of Family Caregivers in Ontario—this was an in-depth review of the Ontario-specific data from the Stats Canada 2012 general social survey—there are about 3.3 million caregivers in Ontario, and that’s about 29% of the population of this province.

“—Nearly three in 10 caregivers perform medical treatments such as tube feedings, wound care and injections.

“—2.5 million Ontario caregivers are balancing caregiving duties with paid employment and of these caregivers:

“—30% ... were late for work or had to leave early;

“—29% ... missed an average of six days of work because of caregiving duties; and

“—1% ... left their employment voluntarily or involuntarily.

“—One million caregivers said they felt they had no choice in taking on their caregiving responsibilities.”

The data is from about eight years ago, so we know that the number has likely increased because, between 2003 and 2018, the proportion of home care and community care support service clients who are at high risk or very high risk of an adverse event has almost doubled. And with an aging population looming, that number is only going to rise.

That is why we decided, again, to bring forward amendment 16, which, again, asks for an annual report assessing home and community care service needs, where “the minister shall, in consultation with the agency, prepare an annual report that assesses Ontario’s need for home and community care services.” The publication of the report would be on a government website, of course, and then it would be filed with the Legislative Assembly as soon as the minister had it published.

Again, we’re missing opportunities to forecast into the future what the needs assessment of the population will be. We know that people are aging. We know that it’s an opportunity for us to get it right. But again, it was voted down.

More and more families are having to take on more and more caregiving responsibilities because not enough resources are being allocated towards home and community care, or rather, profiteering by for-profit home care companies is siphoning off whatever little resources are allocated. According to the Auditor General’s report in 2015, a report on home care infrastructure, for-profit home care agencies on average only spent 82% of public funds on direct patient care such as salaries and benefits for staff who directly delivered patient services and on medical

supplies and equipment, and the other 18% was on administration and profits.

What we’ve been watching first-hand is what happens when profits take away from funding in health care. When millions of families across Ontario are struggling to make ends meet while caring for an ailing loved one in their home, you can imagine how enraged you would be to hear that your taxpayer dollars are being put into the pockets of executives in state and profit companies.

I’m going to read an article here that I found, and I’m sure many of us read it as well. It was about “Companies Managing Troubled Ontario Long-Term Care Homes Run Dozens More, Make Millions in Profits.” This article tells us that, and I’m not going to name the for-profit home, but it’s in the east end of Toronto, where 52 people died, and it’s run by a privatized company. This is where, “Military members there reported residents had been bed-bound for weeks. They found there were inadequate supplies, not enough staff,” and so, ““A significant number of residents”” had ““pressure ulcers ... as a result of prolonged bed rest.”” That’s in the military’s report. I’m sure that everybody has read that military report. I know when I read it, it was very sad that the state of long-term-care homes could not handle at least a reasonable amount of care. It had deteriorated so horribly. So it got me thinking: What state was the long-term-care home in before? We know what has been happening in that sector. We’ve ignored it. But then when the pandemic came, it just—unexplainable that that would be how people were being looked after.

So this owner actually “owns 37 long-term-care facilities in Ontario and another eight in British Columbia,” and this is the one, like I said, where 50 people had died and the military reported these egregious kinds of actions.

This is the interesting part: “According to the company’s financial reports, they posted”—get ready for this one—“a \$7.5-million profit in 2019.” So this is an example of where the money that was profited could have gone into this long-term-care facility and we wouldn’t have these kinds of grotesque reports from the military about how people were being cared for. Seven point five million dollars: How many PSWs—and it said in the report that they were short-staffed. How much money could that profit, \$7.5 million—it could have been put back into front-line care, and we wouldn’t have that issue, that staff shortage in that home.

Here’s the other profit piece. So \$7.5 million in 2019, and it only gets better: “a \$9.8-million profit in 2018.” Where’s all the money going? Pockets of rich shareholders. Then, “\$21.8-million profit in 2017”—from 2017 to 2019, look at the millions of dollars that was profited. Public money was given to a private company to run a long-term-care home, and they profited off this. And then the military goes in and tells us how they’re caring for our seniors, and this government, in committee, doesn’t even agree to take the profits out of home care and community care. We know that the information is there.

This is the one interesting thing that they wrote to their shareholders. They said, “In a note to investors”—because

we have to make sure the investors are informed—“earlier this month, the company’s management said staffing could affect profitability going forward.” So they had to make sure they let them know, and that’s exactly the piece: When you start spending money on the front-line staff who care for the residents, then it’s going to cut into your profits. That’s what we have been saying. Home and community care should not be privatized further. There shouldn’t be any more profits. It should be not-for-profit, because the money that’s being made is being put back into front line care.

1400

Speaker, the other thing I wanted to mention was that when people were presenting, when the public was coming, I found it a little bit discouraging. I understand the government has a job to do when it comes to committee work, but I ask everyone to reflect back on how those presenters were treated. I know that we’re trying to get answers to make our points, but the forum is for presenters to come and to give us their analysis, their assessment of what their concerns are, not for us to grill them into coming up with answers so that we can have an “aha” moment. I found that that was a little bit unusual, and I hope that going forward, we all—all of us—look at that in the future.

Key advocacy groups, client representatives, workers and health care professional representatives were not included in this consultation prior to this bill drafting. I asked the question every time a presenter came: “Were you consulted? Were you consulted?” And there was a high number—too high a number—of noes.

One of the groups was an Indigenous friendship centre, N’Amerind Friendship Centre, and they weren’t consulted. That was shocking in some ways, because again, in the bill, in the legislation, there’s nothing about relationships for Indigenous care, cultural care. Cultural care wasn’t even in there, let alone Indigenous care. The answer we got was, “It’s in the preamble. There’s an intent.” You know, we all have good intentions, but when you put it in legislation, it means that the words are stronger and it means something. It means you’re going to be held to your word.

Again, the consultation piece on this bill, pushing it through with the pandemic, pushing it through with COVID-19, I think could have been done differently. And restricting it to only two days for people to present—we’re in the middle of a pandemic. The government should realize that there’s so much going on in people’s lives. We had 40-some-odd presenters, which is incredible, but I would have liked to have seen a fuller time, where people could put their thoughts together and actually present to us.

It’s really valuable to have people speak to us. In this case, they were on Zoom. We had to do a new way of consultation. It went fairly well; it was not as bad as most people would have thought originally, so there’s some room for that. But it should not have been just two days. It should have been a much longer time. When you have a pandemic, people aren’t just going to drop everything in

their lives to pay attention to that, and people should have been aware of this.

People should have been put on notice to participate, because the first thing that’s been happening is home care. When there’s a pandemic, that’s probably the first thing that people who are in that situation would have said: “Oh, my gosh, it’s a pandemic. Oh, my gosh, there’s a bill on home care. Let me give them my experience of what has happened to me and my family during this situation.” There were a few people who presented like that, but I think we needed a bigger specimen of people who were going through the pandemic dealing with home care.

Then the community care piece: A lot of the community care programs were stopped, so people were at home looking after vulnerable family members on their own who didn’t have home care, necessarily.

The one theme that was really clear for this government—and again, they voted it down—was the bill of rights. People wanted to see the bill of rights enshrined in the legislation. They did not like the fact that it was in regulation. They wanted to have it in legislation. And we all agreed because, that way, this is where we can hold government accountable.

When it’s not in legislation and it’s not coming back to be debated in the House, it’s just regulation; government can make up the rules as they go along. This is what the bill is like. This bill is just, basically, a framework for the government to make regulations. Nobody knows what that—well, we’ll know what it looks like, I guess, when they post it, but we don’t have the opportunity to debate them. I guess that’s the way they like it, and it’s their right. They’re a majority government; that’s what they can do.

We did, by the way, again, ask for an amendment. As well as taking the profit out of home and community care, we also asked for transparency around the executive salary piece. Let’s see what those salaries are like. I just read to you what kind of profits they’re making, and yet, again, the government couldn’t bring themselves to agree to that small administrative piece. Why not publish the salaries of these people, of the shareholders, and what the profits are? If privatization is the way they’d like to see it, then let’s have some transparency around it. Why hide it? What’s the secret? If they’re doing such great work and they’re using all the money for care, then I don’t understand why that amendment couldn’t have been voted on and supported.

The next to mention is—oh, this is a good one—conflict of interest, Speaker. There’s another thing. Under this reform, the Ministry of Health and Long-Term Care funds Ontario Health. Ontario Health will fund Ontario health teams and the health service providers. The Ontario health teams and the health service providers will contract out for home care, and the home care providers will employ the care workers and take over the local integrated network care-coordinator functions.

This convoluted model creates an obvious conflict of interest because the home care providers will deliver the services and the home care coordination. For an example, they can determine the amount of service. Home care providers are often—again, we said—for-profit corporations,

and evidence has shown that for-profits will focus on making a profit rather than patient needs.

When we looked at this, we did another amendment. We did amendment 13, which was on conflict of interest. We asked them if they would do that. We said, "Funding may only be provided under subsection (1.1) if the health service provider or Ontario health team ensures that the home and community care services needs of the individuals who will be purchasing the home and community care services are assessed by a person with expertise in primary care assessment who is unrelated to the entity that will provide the home and community care service."

So we said, "Please take the conflict of interest out," because that doesn't make sense. I'm going to assess you, coordinate your care, and then deliver that care to you. That, to me, was a glaring conflict of interest, and it wasn't addressed.

Once again, privatization does not necessarily mean profit, out-of-pocket costs to the Ontario taxpayers. It includes taking the taxpayer money and handing it over to private corporations with no oversight and accountability. That's two-fold. They make profits, and they have no accountability and no oversight.

I was just hoping, during that committee process, that we could have moved some of this and made the home and community care piece transparent, accountable, and all the money that's publicly funded is publicly delivered so we could have a strong, robust home and community care system. Yes, the delivery model needs to be looked at with regard to making sure that PSWs stay in one place and they're not piecemealing and all that kind of stuff. But the other piece of that is: The resources that come with those changes aren't there.

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I'll tell you, in the complaint process, again, you complain directly to the care provider, so a lot of people may feel hesitant to go to the care provider that has coordinated their care and then complain to them. When I hear folks, they say that they're scared to complain when they don't receive the quality of care that they were promised. They don't say anything when appointments are cancelled or delayed with no warning. They don't say anything when families have to rearrange their lives to accommodate for gaps in service. They don't say anything when their loved ones are left unfed, unbathed, when medicine is administered incorrectly or not at all, and that happens. They don't say anything when the lack of continuity of care has left loved ones anxious and inadequately cared for. They don't say anything when caregivers have been brought to the brink mentally, physically and financially, and they don't say anything when they're left sad, humiliated, abused, injured and dying because they're afraid that whatever little care they have could possibly be taken away. That is what happens. There are a lot of people out there that will not say a word. They're afraid of the things I just described.

Then we put in this piece where the provider is the assessor and provides your care. That is a conflict and that had to change, but it didn't. So who do people turn to for

accountability? Who do they turn to? We've heard from constituents that they were left, many times, in their wheelchair all night because no one came to put them to bed. We've heard from constituents that were left on the commode, in bed, in baths, and left to starve all day because no one showed up for appointments or appointments were cancelled at the last minute. Caregivers are told to risk injury lifting and moving their loved ones on their own because workers aren't available to help them, and that does happen. There is little or no accountability for folks in situations like this, and this legislation, unfortunately, will leave them further and further into what we call the Wild West to fend for themselves.

Multiple constituents have brought up concerns around improper training for front-line workers from the for-profit companies. They have told me that workers from some for-profit care home providers are not trained in administering medication correctly, like, for example, insulin. Some have said that workers have come with inadequate patient knowledge. One mother said personally she took on the expense of training workers for her adopted child because they didn't have the requisite knowledge of fetal alcohol syndrome disorder.

The thing that is concerning is, again, we needed to have a standard of care across the province so that if I called and I got assessed, I would get the same level of care, the same basket of services as somebody—as the member from Nickel Belt pointed out, when you're in the north and you're in Ottawa, you score the same on your assessment, but the services are different, and that was a problem. Again, there was no standardization of assessments in this legislation so that that would ensure that people get the same level of care no matter where they were.

A publicly funded and publicly delivered system that is less expensive makes better sense for people that we're caring for. If we had more accountability to the taxpayer, subject to better oversight, then it can deliver a better quality of care. I really think we should stand with experts whom we've heard from in the committee and urge the government to delay passing the bill and to redraft it to include the lessons from COVID-19 and put people at the centre of the home and community care policy. This is such a major bill. Like someone said, it hasn't been changed in 25 years, and if we can't take the time to understand the importance of how this is going to affect the future, then we're not doing a good job. We're not doing a good service.

I want to finish off by reading something about Leonard Rodriques. He was a PSW who worked in an assisted living facility. I want to quote the Toronto Star article that they wrote about his life, because in the end, this is health care, and what happened in COVID-19 is all about what happened to people. We forget that. We had a lot of numbers being thrown around, but it's really about how people survived, how they were treated, how they were cared for. It's not just numbers. We have to, at the heart of everything we do, remember that what we do affects people.

I want to read from the article. We'll start by reading it here: "Leonard Rodriques did not want to go to the hospital. But his breathing was so laboured, his skin so ashy, that his family insisted. His wife, Dorothy Rodriques, drove him to the nearest emergency room and told staff there her husband had COVID-19.

"Leonard was ushered inside. Dorothy was turned away: Pandemic policy restricts visitors. She worried she had broken her husband's trust, worried about what care he would receive with no one to advocate for him. The Toronto couple had seen US news reports about Black people dying from the coronavirus at higher rates.

"Dorothy drove home and was tidying his room when she heard the front door open. Leonard stumbled into the foyer, half-falling. Instead of being admitted, the 61-year-old was discharged with a prescription for antibiotics.

"Two days later, Leonard ... stopped breathing in his bedroom. His children could not resuscitate him.

"The pandemic has exposed deep vulnerabilities in this city, province and country, exploiting nearly every system and institution we failed to fortify." The Rodriques family's death "sits at the intersection of many of these failures.

"Some of those failures are becoming painfully clear. Rodriques was a personal support worker, the fifth of seven to die of COVID-19 in Ontario to date. The long-term-care homes and other settings where PSWs work, such as the supportive housing units where Rodriques served," were typically far less resourced "than the hospitals the province raced to protect.

"Other failures are still hazily understood. While evidence from the US and UK has demonstrated that Black and other racialized people are disproportionately affected by COVID-19, Canada has only preliminary, partial evidence that this is true.

"This absence of evidence is not evidence of absence.

"Researchers say there is every reason to believe similar patterns hold true here, and that Canada has a longstanding reluctance to confront such problems with data that could make their scope and depth clear. Until that data is collected and analyzed, stories like that of Rodriques can always be dismissed as anecdotes."

I read that article because he was a dad. Can you imagine finding your father in his room when he's 61 years old and he can't breathe, and you're trying to resuscitate him? He went to the hospital and was sent home with antibiotics. If that doesn't move people to understand what the pandemic is about and that we need to slow down and learn the lessons from the pandemic, I don't know what it takes.

I read Leonard's story to highlight two important things. The need to collect race-based health data: It's imperative to providing appropriate and adequate care. This applies to COVID-19 and beyond. If we were serious about building a home and community care system that is effective, race-based data is the only way to get the complete picture of how the sector is doing and ensuring that everyone is getting the best possible health outcomes. This government reacted too slowly and acted too late

when it came to protecting workers and their clients. Leonard had to buy his own masks because his workplace wasn't supplied enough.

On top of that, the last quote, from Michael Mathieson, the executive director of Access Independent Living Services, says, "These protocols and practices met or exceeded Public Health and Ontario Health guidance and were implemented in advance" of the guidance being issued.

It's just unimaginable that we as a province, we as a country, knew that these kinds of things happen, that they were on the rise and that we weren't prepared to protect people like Leonard in the workplace, in assisted living where he was looking after vulnerable people. And he wasn't the only one affected in his workplace. There were others, and people who lived there—there were others.

1420

Again, it is what it is. This government is going to pass this bill the way it is. It thinks it's going to make these really strong regulations that are going to make a difference, impact people's home care and maybe there is a delivery piece that could do that, but when you don't look at the front-line workers and make them part of the equation and the solution, you're just delaying the problem. You're punting it down the road for another situation.

And then, of course, nobody wants to blame anyone; right? Nobody wants the finger pointed, but we all have a responsibility. We all have a responsibility and not necessarily one person but, collectively, we have a responsibility to make legislation that is going to improve the quality of care, and the people who deliver that care need to be there to give us the quality of care. So if we're only looking at the delivery model and not the money, the funding, the resourcing that we need to do that, it's really not the same. It's really not going to help the people who need the help, and those are the people in our home and community care sector who are asking us to do the right thing. They're looking for guidance and leadership.

Like I say, it sounded really good. It sounds really good, but when you don't get to the heart of what we need—we need the front-line, hands-on workers to provide that continuity, that consistency, that quality care, that caring care that people want to do. When we don't have that, it's not going to make the difference that people need in their lives.

The Speaker (Hon. Ted Arnott): Thank you very much. I'll now invite questions for the member for London-Fanshawe, and we'll start with the member for Mississauga Centre.

Ms. Natalia Kusendova: Thank you very much, Mr. Speaker. Thank you for your presentation today, but sitting here, having the perspective of a health care provider, I couldn't help but to be a little frustrated with some of the points that you've mentioned.

We know that the act is from 1994. Some of the members of our assembly are actually—the youngest member of our assembly is older than this act, so I think we know that a generational update is needed for this act. We know that we have consulted about 1,500 service providers and

professional associations when putting forward this bill. We have posted the summary of our regulations for almost two months for public comment. So my question to the member is: Do we need another 25 years or 26 years of consultations? Because I can tell you that our patients need change now. Our patients require home care services available to them that are integrated now. So how much consultation is enough?

The Speaker (Hon. Ted Arnott): The member for London—Fanshawe.

Ms. Teresa J. Armstrong: I understand the member's impatience, you know, the urgency that she has, especially with what her background is, but we had a pandemic. Yes, I believe that every policy should be reviewed on a regular basis. It shouldn't take 25 years to do anything to make sure it's working for the public whom we serve.

So to say, "How much consultation do you need?"—it's what consultation do we need? When I read things—and I'll say this very clearly—like Bill 161 where governments are pushing justice bills, where they're going to think about immunity for long-term-care homes that aren't being held accountable from class action lawsuits, that's when I say that you need to pay attention to the bill you're putting forward because the next generations are going to pay for the mistakes we all make here.

The Speaker (Hon. Ted Arnott): Questions?

M^{me} France Gélinas: Thank you to my colleague for her comments. My questions to her would be—you sat in on all 42 deputations that we had for that bill. Many of them asked to withdraw the bill completely. They were so opposed to it that they did not even want it tinkered with, changed or amended. They wanted the government to withdraw this bill altogether. Do you remember some of the people who wanted that, and why?

Ms. Teresa J. Armstrong: I remember the Ontario Health Coalition specifically being very adamant that they needed to, at the very most, withdraw this bill, and at the very least pause the bill, to learn the lessons from the pandemic, and that is why. They cited more privatization, which I addressed in my presentation, and they cited the pandemic.

We have so much knowledge right now that we could take and use in a good way. A horrible thing happened, but we can take that information and use that knowledge to improve things. The Ontario Health Coalition was very adamant that it should be not dealt with right now. It should stop. It should be gone.

But those calls, from many presenters, weren't heeded—not even a discussion about it. They just felt it should be going forward, regardless of the realities of today in our world.

The Speaker (Hon. Ted Arnott): Questions?

Mrs. Robin Martin: It's interesting to hear the comments from the members on the other side. I get tired of listening to the members wag their fingers at me and tell me to do the right thing, as though they had a monopoly on knowing what the right thing is.

As my colleague has suggested, we consulted many, many people in the preparation for this legislation. This legislation, frankly, is the same kind of legislation as what

they have in Alberta and BC, allowing most of the programmatic elements to be in the regulation, so that they can be flexible. We posted the regulations and had further consultation, and said in our speeches today that we are continuing to consult with people, including people who came to the committee hearings. We will find out what the right thing is by consulting with the people. We got a mandate from the people. That's why our government is here.

What I want to ask the member is: For 15 years, the Liberals, with the NDP, voted to have stopgap solutions to this problem, to the systematic problems in health care, and this sector was particularly neglected. They didn't fix any of the problems. So will the member opposite now support solutions to these long-standing problems, which we are trying to bring forward in this legislation?

Ms. Teresa J. Armstrong: I'm a little bit caught off guard that people would think that the perceived giving of information is wagging your finger at them. The people who presented at the committee—they're coming to give you their opinion. They're coming to give you their point of view. Here in this Legislature, I am here to speak about what I think the things are that you need to improve your legislation. Picking on the words "the right thing to do"—for me, I think it is. You have a different perspective. Perceiving that I'm wagging my finger at you isn't helpful, and is not a healthy way to debate the bill.

So, with all due respect—and I do respect the member—no one is wagging their finger. No one is doing that. What we're doing is that we're here having a healthy debate about how things can be improved, and we have a different point of view of how it can happen during the bill.

The Speaker (Hon. Ted Arnott): The member for Toronto Centre.

Ms. Suze Morrison: To the member from London—Fanshawe: Can you speak a little about what it was like to take this bill through committee? Procedurally, how did you find the committee process for deputants and the new panel format? Do you feel that it gave enough time for folks to come and advise the government? And do you think that the panellists were generally treated fairly by the government members in the committee process?

Ms. Teresa J. Armstrong: It was a new way of doing things. We've never done it before, so it was a learning experience. I'm sure that as things progressed, kinks were worked out. There were times when people were not able to speak because they were muted; there were technical issues. Overall, I think there could have been better ways of doing it, yes, but we're experimenting during this time.

I do want to make sure we point out and congratulate all the legislative staff who put such detail and work into making sure people were heard and were comfortable. But, again, during a pandemic, this kind of consultation was cumbersome for a lot of people, and there could be access issues because of the way we were asking people to present.

1430

When you asked about how the relationships were back and forth between presenters and committee members, I'm

going to say it broadly. I think we all can learn from each other as to: When presenters come, they are coming with the best of intentions to give us their assessment of what they see, and I think that we should listen to those things—yes, give us our point, but not try to push them into a corner where they're going to have to answer yes-and-no questions so that we can feel validated that we've got a point. And that goes for everybody, right? That goes for everybody. I don't know if they were recorded. Some of them weren't recorded; some of them were, you know, different committee sessions. Absolutely, there are concerns around it, and it was an interesting experience, something I've never experienced before until now. That's my feedback on that.

The Speaker (Hon. Ted Arnott): The member for Mississauga–Malton.

Mr. Deepak Anand: Thank you, Mr. Speaker. The member opposite talked about privatization during the debate, and in the questions and answers as well. This is despite the fact that our new model of care still requires that community care be provided by non-profit organizations. The health providers that make up the new Ontario health teams, meanwhile, are already having Ontarians navigate our health care system.

To the member opposite: Not based on the assumptions of speculation, but based on the document, can the member opposite point to any section in the bill where the new model is adding privatization?

Ms. Teresa J. Armstrong: I think that's part of the problem: Everything is left to regulation, and nobody really knows specifically that it's not going to do that. That's why we put those amendments forward, so that we could stop profiteering from health care. But those were denied. That was our reasoning for it, because it was so—you can't pin it down in your legislation. You're right. So we have to then say, "Well, let's trust the government that they won't do it," and that's why we put forward our amendments, so that we knew that that was written and solid.

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

Miss Christina Maria Mitas: It is a privilege to stand before my colleagues in government and those in opposition today to lend my support to Bill 175, the Connecting People to Home and Community Care Act. This is a long-overdue but very essential piece of legislation that will put an end to hallway health care in our province and ensure that Ontarians are getting appropriate medical treatment in the proper venues.

Over the next 10 years, our government will invest \$27 billion into health services in Ontario. We will improve and speed up access to health services by modernizing the current health coordination silos by expanding our Ontario health teams, and we will empower patients as active participants of their health care decisions and therapy.

Speaker, this legislation represents modern health care for the 21st century for Ontario. The purpose of the Connecting People to Home and Community Care Act is to update our health and home care systems. Ontarians demand a system that is efficient, responsive, and that

provides appropriate health care solutions based on each individual's need.

Hospitals can no longer be used as dumping grounds for people who do not fit into a system that simply was not designed for them in the first place. Our emergency rooms are full of people who often don't need to be there, or for whom better treatment options exist elsewhere. We can no longer allow patients to spend days and weeks in care settings that are not optimal for their recovery or for their treatment.

Not only does this practice lead to overcrowding, but it also leads to poorer health outcomes for patients across the spectrum. The impact of overcrowding and hallway medicine on patients' health is far-reaching. It creates emotional, psychological and physiological stresses for people who, in the majority, are at the hospital for one simple reason: to get better. It creates stresses for patients' families, too, who must endure seeing their loved ones linger on gurneys, trollies, propped up on chairs in the hallway, sometimes for hours on end while they wait to see a doctor.

But it's not the doctor's fault. Our medical professionals are simply overworked. Because of overcrowding, our doctors rush between appointments, consulting in doorways, hallways, meeting rooms and often, unfortunately, within earshot of other patients and members of the public. Consequently, doctors, nurses and technicians are not always able to dedicate the appropriate time necessary for each individual.

Wait times both outside and inside the hospital are far too long for what should be routine examinations such as blood tests, X-rays and scans. You should be in and out of the hospital for these things. With this legislation, we aim to improve patient flow within our hospitals. We aim to ensure that when an Ontarian needs to go to the hospital, they can do so knowing full well that they will receive the best care in the world. That is our aim.

But cleaning up hallway medicine is only one part of this picture. There is still more that we must do to bring Ontario's health system in to the 21st century.

Currently, for many patients, leaving the hospital is unfortunately just the beginning of their problems. Leaving the hospital, particularly after an extended stay, is a welcome relief for many at the start. However, it doesn't take long before a new set of challenges arises. As we have seen from numerous patient feedback surveys and reports, patients feel alienated from their medical care after they leave the hospital system. In far too many instances, patients are unsure about what those next steps are for their care because nothing is intuitive in the current system.

Ontarians are far too often left to fend for themselves—to fight, to argue, and to act as advocates for their health care. Once discharged, patients are discarded to the mercy of a byzantine system that overstresses box-ticking, form-filling and administration rather than focusing on what truly matters: timely medical care.

The current legislation, the Home Care and Community Services Act, was written over a quarter of a century ago.

Times have changed, as have attitudes about what constitutes adequate medical care, never mind excellent medical care. Speaker, we must do better.

Today, we debate this bill a stone's throw away from "hospital alley," where nurses, doctors, PSWs and many other health care professionals toil relentlessly day after day, doing their best to provide medical treatment under the shadow of a burdensome, needlessly complicated system that is well past its sell-before date.

Let me be clear: Our government stands in solidarity with our health care and front-line workers. While we did not need to be reminded of this fact, COVID-19 has demonstrated to all of us the sacrifices that our medical professionals make every day to provide the best possible care that they can. Our government is eternally grateful for their unwavering commitment.

We understand the challenges that they face each and every day. In fact, Speaker, we all witnessed the regular public outpourings of support for our front-line and health care workers, and all of our hearts were touched by the pot-banging and clanging. In other words, we all know that there are problems, and we all know from where those problems stem. It's sadly somewhat ironic that our House sits in immediate proximity to the largest hub for medical care in Ontario, as it was in this very House, under Dalton McGuinty's stewardship, that our local health integration network systems, or LHINs, were created, systems which seem as though they were designed, without any serious stakeholder input, in an entirely different country altogether.

Put simply, administrative restrictions are overburdening our health care systems. Once a patient is discharged from hospital, responsibility for ongoing care is transferred to a series of 14 local health integration networks.

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While at first glance this may appear like a good idea, its outcome has been simply disastrous. Designed to remove any administrative burden from hospitals and offer a more efficient, integrated model for health care delivery—sounds great, but LHINs have actually increased administrative burdens, they have duplicated work and they have sown confusion and frustration for patients, as well as increasing wait times again for patients across the spectrum.

LHINs were created in 2006 by way of the Liberals' Local Health System Integration Act. Since that time, Ontarians have seen the standards for health care delivery plummet. Wait times for many surgeries have increased. LHINs have routinely failed to meet their commitments for health care delivery, and they were not held accountable by our predecessor Liberal government. Patient complaints were not tracked, nor were they investigated. Inequalities in access to health care have sadly become endemic within this system. Depending on a patient's address, access to appropriate medical treatment or treatment in the proper setting more resemble a lottery.

In a 2015 report on the state of Ontario's LHINs, the Auditor General offered the following observation: "The LHINs have a significant task: to provide for an integrated

health system in Ontario. According to the legislation that created them, such a health system would be efficient and effectively managed through the provision of accessible and high-quality health services, so that Ontarians will experience better health and better coordinated care across health sectors, locally and throughout the province.... However, to fully realize the value of LHINs, both the Ministry of Health and Long-Term Care ... and the LHINs themselves need to better ensure that LHINs are meeting their mandate.

"Our audit found that the ministry has not clearly determined what would constitute a 'fully integrated health system,' or by when it is to be achieved, nor has it ... developed ways of measuring how effectively LHINs are performing specifically as planners, funders and integrators of health care.

"If achieving the LHINs' mandate means meeting all expected performance levels measured ... then LHINs have not achieved their mandate of providing the right care at the right time in the right place consistently throughout the health system."

The Auditor General's report offers us an up-close view of the efficacy of the current LHIN system, and this view is grim. It is poorly conceived, it is poorly executed. Our poor Ontario patients.

Patients who have been discharged from hospitals often find themselves back at square one once they enter the LHIN system. They are effectively triaged and assessed all over again, despite the fact that this information is already contained within hospital and medical provider systems.

At each touch point, they are forced to restate their medical history and to provide all kinds of information that should already be readily available. Red tape. The situation is even worse for those with cognitive or learning impairments who cannot always easily recall or provide the types of information that are required within this current system.

The system, as currently ordered, creates long wait times for patients to receive in-home treatment, and in many cases, it increases the risk of medical relapse, meaning that patients must then return to hospital for additional treatment, only to find themselves once again ensnared in the netting of the LHIN system. Again, back to square one.

Factor into this the lack of oversight, the burgeoning inequalities and the documented inability of the LHINs to improve performance throughout to date, and what you have is a system that is not now, and was not ever, fit for the purpose for which it was created.

Again, I do want to be clear: Just as our government understands that medical professionals are not the cause of long waits within hospitals, we also keenly understand that issues with LHINs are not with the staff that work within these systems. The problems are with the system and the bureaucracy itself.

In January of this year, medical researchers at St. Michael's Hospital published a survey and a report in the *British Medical Journal* on the experience of patients discharged from hospitals here in Ontario. Much like the

conclusions found in the Auditor General's reports, patients expressed their frustrations and their concerns with the current setup that we have for home care. In fact, of the 52 factors listed in the survey, matters related to home care were rated highest of all, with the top three concerns all focused on home care. According to the lead researcher for the survey, the results were unequivocal, and I quote, "The number of comments that we got about home care was overwhelming." When patients were asked to rate their most significant concerns for action, "these three priorities around home care rose to the top very clearly."

But it's not just the Auditor General, and it's not just patients who want improvements. Care workers, doctors, nurses—health care professionals of all stripes—want to see change. There has been a deafening chorus of agreement on this for years.

Mr. Speaker, as the chorus grew louder, the then Liberal government simply put their fingers in their ears and looked the other way. However, our government has listened, and we have listened carefully. Here's what the CEO of Home Care Ontario, Sue VanderBent, has said on this issue:

"Home Care Ontario welcomes the government's move to modernize home and community care. Today's changes will allow patients to better access the right care, at the right time and in the right place. These changes will make the system work more efficiently, and ultimately will allow local health teams to better work together to keep people healthier at home."

Speaker, the following words come from Dr. Samir Sinha, director of geriatrics at Sinai Health System and University Health Network here in Toronto, "As a physician works with frail older adults, who often rely on publicly funded home care to stay at home, the legislated changes being introduced today are long overdue and welcomed. By ensuring that the home care that Ontarians receive and need can be delivered in a more flexible and integrated way, we will ensure that the hundreds of thousands of Ontario families who depend on it can be better supported by a more responsive system that puts their needs first."

And from Sarah Downey, president and CEO of Toronto's Michael Garron Hospital, "Regardless of the comforts and programming we put in place in hospitals, we know that most patients don't want to be hospitalized; they want to recover at home with the right supports. Today's announcement will no doubt help make transitions safer, smoother and more coordinated for patients and families. I am looking forward to working in collaboration with home and community care support services, our Ontario health team partners and patient and family representatives to coordinate home care services locally."

I could go on like this for hours, with quote after quote after quote from stakeholders, patients, medical professionals and advocates, all saying the same thing. They're all pointing out the obvious flaws in the current system. They're all highlighting the hardships that these problems cause families every day, and all are speaking with one

clear and one unambiguous voice, and they're saying, "We want change."

Speaker, the verdict is in. Indeed, the verdict was delivered a long, long time ago. For 15 years, under Liberal rule, we have all witnessed standards degrade in practically all areas. Whether in long-term care, access to mental health and addictions services, access to fast diagnostic testing, appointment times, emergency care or hospital overcrowding, the expectations of Ontarians to have a functioning and modern health care system have been contemptuously dismissed at every step of the way.

Ontarians deserve the dignity of a health care system that is designed with their needs as the number one priority, now and always. If passed, the Connecting People to Home and Community Care Act will straighten the line towards this goal. The current system creates barriers between health care providers. Information is not shared in an efficient manner. Innovations, such as virtual consultations that could speed up delivery and better target the right services, are left unexplored. Inequalities in health care delivery have become a damning shameful reality, with many of Ontario's at-risk populations being left behind, and many just accept this as just that: reality. What's more, lest it needs to be said, the current system is a drain on our province's financial resources.

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But there is a better way. Our government will invest \$27 billion over 10 years to improve access to health care, to give Ontarians the appropriate supports that they need, and to clean up hallway health care once and for all. We will utilize Ontario health teams to coordinate and work together with the best interests of the patient at the forefront of every single decision being made. Patients will no longer be passive recipients of an outdated vision of health care but rather active participants with a voice and a say in their treatment—the dominant voice, as it should be. Patients will have more meaningful relationships with their health care providers, where transitions between different service providers will be seamless, where patients can access health care outside of office hours, and where patients finally feel that health care is not something that is done to them but rather something over which they have ownership, over which they have power and over which they have control.

Speaker, our government is excited at the prospect of bringing modern health care to Ontario. However, it would be remiss of me to not point out that the previous Liberal government, with budget after budget propped up by the NDP, failed to act to meaningfully address the long-standing challenges within our health care system. That government failed to build long-term-care beds, neglected to improve access to mental health and addictions services, and allowed our home and community care sector to stagnate under an outdated legislative framework. This is shameful. Our government is finally putting in the hard work to address all three of these issues.

I hope that the members opposite will join us in giving Ontarians—Ontarians like my beloved grandmother, whom I will talk about in the questions—the health care system that they so desperately need and deserve.

The Speaker (Hon. Ted Arnott): Questions for the member for Scarborough Centre?

Ms. Jill Andrew: To the government: I just wanted to ask a question with regard to the Connecting People to Home and Community Care Act, Bill 175. I'm wondering if this bill actually takes into consideration the chronic shortage of PSWs that we have administering said home care, and I'm wondering if this bill has taken into consideration the fact that, if our PSWs who are delivering home care aren't able to be safe and healthy themselves, then that directly impacts the quality of care that our loved ones get.

Miss Christina Maria Mitas: Thank you to the member for the question. I agree with you that it would be great to have more PSWs interested in being involved here. I think that the problem is that they don't feel respected, and they too are bogged down by this outdated system, by the bureaucracy, by the red tape of it all. Just like patients, they are struggling to navigate this system. These mostly female minorities are struggling under the system, and they too have been unambiguous in saying it needs to change.

We are bringing them this change so that they are more respected, so they can navigate the system in a better and more intuitive way, and they can have better outcomes from working within the system as well.

The Speaker (Hon. Ted Arnott): The member for Cambridge.

Mrs. Belinda C. Karahalios: Thank you to my colleague from Scarborough Centre. I don't know if everyone knows: I think she's the first Ontario MPP who has had two children while sitting here, so congratulations.

I know that you wanted to speak a little bit about your grandmother, so I was going to give you the floor to elaborate on that point. I am interested to learn more about that.

Miss Christina Maria Mitas: I appreciate both of those points. I do have both; the youngest is four and a half months and here with me every day. Come visit any time.

I would love to speak about my grandmother, and I had written a bit about her, so I will share. My grandmother was a saint of a woman. She was the glue that held our family together. She was my rock. As a young woman, she hid soldiers and people in her village from Nazis. My grandmother, Garifalia Litsa Mitas, whom my daughter is named after, was my second mother. I was fortunate enough to be cared for by her and my grandfather so that my mom could work outside the home. I thank her for being a large part of moulding me into the woman that I am today.

My grandmother—my yiayia, as we say in Greek—passed away at the age of 96 while I was pregnant with my daughter. Although her passing was a blow that we will never fully get over, my family and I know that we were blessed to have her with us for so long.

We as a family know and acknowledge that part of the reason we were able to have my yiayia with us for so long was that we had her at home with us. My grandmother, and my grandfather, for that matter, were unequivocal in their

request that we never put them in a home. They were clear that they wanted to live at home until the day they died, and they both did.

Unfortunately, this wasn't easy, as my grandfather and my grandmother suffered multiple strokes. My grandmother lost her ability to speak properly. She dealt with broken bones, aches and pains in her final years. She was afraid to go to a home. We kept her with us because we knew it was what she wanted, and we knew that it was our duty to take care of her as she had taken care of us all those years. Despite our best efforts, caring for her was difficult in her final years. This is why we count ourselves incredibly lucky to have had access to home care for her during this time.

Her PSW—a kind lady who ended up being with us when my grandma passed—came multiple days a week and helped her with her care. My grandmother absolutely adored her. Without her support, we would have been lost.

That being said, securing this PSW for the amount of time we needed her was no easy task. In fact, it was a gargantuan undertaking. My family spent countless hours on the phone, emailing, advocating, until we got her the care she needed to be able to stay at home with us. The red tape and bureaucracy around securing her home care was truly astounding. I'm so grateful that my family was able to stand up for my grandmother and fight to get her the care she needed, but I'm really still disappointed that we and countless other families are forced to fight to get this care every day.

I'm especially concerned for families living below the low-income cut-off line, families with language barriers, families without the resources and knowledge of the system that my family had to help them navigate this needless bureaucracy. I had a family member who worked for the Ministry of Health, and even with her understanding of the situation, it was still so incredibly difficult to just get the hours that we needed for my grandmother every week.

This is why I am so proud to be a part of a government that is finally taking action on this. We're finally making home care more accessible and intuitive, so families don't have to stress over all of this. I know families would rather spend their time enjoying their elders in their golden years because, as I know from experience, you never get back that time when they're gone.

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

Mr. Joel Harden: I was listening to the presentation with great interest. Thank you to the MPP from Scarborough Centre.

A number of the 42 deputations that we heard at committee were very clear about the fact that they believe a lot of money is being lost in administration and a lot of money is being lost in undue profit being taken out of the system. The Auditor General estimated that at 5% of every cent that the province is investing in home care. That's an incredible amount of money.

I'm wondering if the MPP from Scarborough Centre can render her opinion about whether that is a good use of

public funds—or should we be taking every single cent that we spend in home care and putting it right into the front line? Should for-profit operators continue to exist in this sector? What does she think?

Miss Christina Maria Mitas: I thank the member for the question, and I will completely agree with you that money is being wasted on the administrative side and in the bureaucracy and in the red tape. Millions of dollars are being lost there when they should be directed towards the front-line care. So you and I are in complete agreement on this.

That's why I'm so proud to speak to Bill 175 and to stand by it, because that's what we are doing. We're helping patients get more care, more home care, so that they can stay home where they are most comfortable and live out their golden years. Absolutely, money should not be wasted to the extent that it is within administrative and bureaucracy bodies, and it should be going to patients, which is what we are helping to happen, and I am so proud to be part of this team.

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

Mrs. Robin Martin: Thank you to the member for her interesting speech. I was interested to hear about your grandmother. As I said earlier in my speech, my mother went through these assessments as well, and my father as well. They lived separately, so that made it a double experience, and the multiple assessments are a big problem.

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It was interesting that you also mentioned the St. Mike's study, that the number one factor that people said that they were concerned about as they were consulted in that study was home care. I was wondering if you could elaborate on your grandmother's experience a bit and whether you think this legislation will solve some of those issues.

Miss Christina Maria Mitas: Thank you to the member for the question. I absolutely think that this will help with situations such as the one we found ourselves in with my grandmother, and really will help families who, again, don't have the resources and the time that we had to put in. I admit that we were incredibly lucky with family members working for the Ministry of Health who were able to get us information, and yet we still struggled. To me it's so outstanding that with all of the resources that we had, we struggled.

This makes everything more intuitive. It really breaks down the barrier. It breaks down the red tape. We're taking out the middle man, and we're making it easier for both the family members of patients and patients who unfortunately may not have family members to advocate for them to be able to access the home care and the health care that they need. So absolutely, I think that this will work to help these individuals like my grandmother.

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

Ms. Suze Morrison: I want to ask a follow-up question in relation to the question my colleague from Ottawa Centre asked. To the member opposite: I know that you

spoke about the excess spending on administration in our system, but I think what my colleague was trying to get at was spending public dollars on private delivery of care and public dollars padding the pockets of privately run executives and privately run board members, instead of on the provision of front-line care. If, as member opposite said, she fully agrees with us that that shouldn't be happening, why did your government vote against our amendment to require that all community care be provided by non-profit organizations?

Miss Christina Maria Mitas: I think it's sad that the other side keeps trying to create things that don't exist. There's nothing about privatization in this bill. Nothing changes the public-private delivery within this bill. None of that is there, so yes, I stand by what I said. I agree with your colleague and mine that too much money is going to administration and health care, that more money needs to go to the patient to assist them in being able to access the care that they need. I stand by that comment and I dismiss what you're saying, as you would if you read the bill and saw that, no, there is nothing in there—

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

M^{me} France Gélinas: I will try to use my time wisely. There's lots to be said and not much time. First of all, does our home care system need an overhaul? I'm on record many times saying that our home care system is broken. It fails more people than it helps every single day. You're talking about 160,000 people in Ontario who get daily care out of the about 800,000 people on home care in Ontario, and our system manages to fail more of them than it helps. Does it need to change? Yes, absolutely, it needs to change. Is Bill 175 going to fix our system? Absolutely not. Is it going to change it? Yes, but not for the better, Speaker. It's going to change it for the worse.

I will go through some of the issues with the bill. The first one is privatization. I know that they will come back to me and say, "Where in the bill does it say 'privatization'?" I will save you the questions right now. You are ashamed of it. You did not put it in the bill. You are ashamed to say that you are privatizing home care, but this is what you're doing. And how are you doing this? You're doing this in three pieces of the bill.

The first one is that the contracting-out is unrestricted. It doesn't matter if you say the health teams will be not-for-profit. They will not be the ones providing the care. The people providing the care will be Bayshore, ParaMed, CarePartners, the big for-profit home care companies who presently take—65% of the money we spend on home care goes to those three big internationally traded or based-in-the-US private firms. You have opened up the door to continue to do the same thing, not just for home care but for community care.

When I talk about community care, what's the difference between the two? Community care is things like Meals on Wheels, things like friendly visiting, things like volunteer drivers. All of this right now can only be delivered by not-for-profit agencies. How is this bill going to change that? For the first time ever in Ontario, those

services will be allowed to be subcontracted out. So it doesn't matter that you give it to a not-for-profit agency; the not-for-profit agency will now be allowed to subcontract out, like we see throughout the long-term-care system. In long-term care, it is often a not-for-profit agency, but they subcontract out to Extendicare, which is for-profit—the same thing. It was never allowed under the old bill that we had. It is now allowed.

This is privatization. Does it say, “We will privatize”? No, no. It doesn't say “privatize” in the bill. It just allows it to happen, and once it happens, there is no going back. I don't want Skip the Dishes to provide Meals on Wheels. Meals on Wheels spends time with their volunteers. They make sure that they are trained. They make sure that when they go in, they interact: They talk to the consumers; they see how they're doing; they get to know them—know their dogs, know their whatever. This is what Meals on Wheels is all about.

I have nothing against Skip the Dishes; I'm just using them as an example. But they will be the one delivering the meal to grandma. They're not going to check on her. They're not going to know the names of her dogs. They're not going to know that there's something going different with her this week. They're going to bring the meal, deliver it and get out, and make as much money as they can delivering as many meals as they can, because this is what the private sector is good at.

I have nothing against the private sector; I just don't want it in community care. It's as simple as that, Speaker. It does not belong in community care, like it does not belong in long-term care, because look at what's happening in our long-term-care homes—I don't have time to go there, and my colleague has gone a good job telling us.

The other one where you've opened the door wide to privatization without putting privatization in the bill is enabling the new care setting, called residential congregate care models. Don't get me wrong: I have many, many people who know seniors' care way better than I ever will who have a lot of good models. We had Dr. Rachlis, who came to talk to us about one of the models. There are many. I talked about my trip to Luxembourg, where I had an opportunity to see—I don't like the name; it's called Dementia Village. But I surely like the model. Over there, all of them are not-for-profit. In Ontario, there is nothing that keeps the for-profit from delivering all of those new residential congregate care models.

I am not a betting person, so I won't bet, but I am absolutely sure that within two years of this bill passing, hospitals that are at overcapacity will rent anything in your community. They'll rent a motel. They'll rent rooms in a hotel. They will rent anything and put what we label alternative level of care, ALC, patients in there. And I guarantee you that within two years, it is a for-profit home care company who looks after those people. People who should be looked after by the not-for-profit hospital will be looked after by for-profit home care providers. I guarantee you, Speaker.

There's an example going on in Ottawa right now. Right now, it's all with the not-for-profit. Once this bill

has gone through, I guarantee you. The same thing is going on in my community right now, where a hospital is one of the five most overcrowded hospitals in our province; it averaged about 120% occupancy most of the time before COVID. They've transferred many patients that are labelled ALC into a hotel. Right now, it is a not-for-profit that looks after them. Once this bill goes through, I know that it will be a for-profit home care company who will be in there, because this is what this bill is all about.

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Those loopholes in legislation are things that anybody who cares about health care—they all came. Of the 42 people who came and groups that came and did deputations in front of the committee, the vast majority, 38 of them out of 42, talked about this. They all saw it. They all know what the bill will do. The bill will take more money that should be going to the consumer, that should be going to care, and that will be going directly into the pockets of shareholders. The bill will mean that there will be more people who make \$1 million a year looking after people they don't want to pay 15 bucks an hour to provide the care. This is what this bill will do.

Am I happy with this? Is this going to solve our problems in home care? Is this going to mean that you have your PSW there at the right time to give you your bath and that your grandmother is respected and has culturally appropriate care? Nothing in this has anything to do with the problem. But it has a lot to do with making sure that the for-profits get a grip into a part of our health care system where they did not have a grip yet. This is what this bill will do.

Second is the extraordinary power. Bill 175, basically, much like Bill 74 before it, provides for new extraordinary cabinet regulation-making powers that previously did not exist. The last time we talked about home care was in 1994, 26 years ago. A bill doesn't change very often. That's why you put things in legislation. Legislation is something that we all get to debate. I'm sorry to tell you, but most of us probably won't be there in 26 years, for multiple reasons, but this bill will be there. That's why you put things in legislation.

Right now, the legislation is really, really thin. First of all, we won't have home care legislation in Ontario anymore. It will be gone. It will all be part of Bill 74. And everything of substance is left to regulations—regulations that any cabinet can change within a few days. They can say that there were consultations all they want. Yes, people can speak, but nobody has to listen to them and nobody has to know that they've spoken. Things have to go into legislation, but yet this bill opens up the door to regulations like we have seldom seen.

Then, we talk about accountability. There are almost no legislative provisions to hold the Ministry of Health, or Ontario Health, or Ontario health teams, or the health service providers to account.

This bill that we're talking about is also part of a new bill. Now, home care will be part of health teams. I have nothing against teams. I fully support. I come from the community health centre movement. We believe in teams.

We believe in integrated teams. This is how you provide quality care. I'm all for it. But when the team has to be part of our health care system—hospitals, long-term care, home and community, palliative care, mental health and addictions, and primary care—there are many parts of those six that are already privatized. The last thing I want is for that team to be led by a for-profit long-term-care home. They will get to be the lead. They will get to be the one who receives the money and dishes it out. Right now, out of our 24, none of them are led by for-profit, but they could be. They could be, because the legislation says that any one of those six areas of care could be the leader. I don't want this.

To make matters worse, there is no accountability whatsoever built within the bill. Who dreamed those things up, Speaker? Our biggest responsibility as provincial legislators is health care. You now build a system where the for-profit providers can be in charge and where there is no accountability, where there is no oversight put into law. You're wondering why we're not supporting the bill? Because the bill is supposed to be there and the government is supposed to do the job of protecting the taxpayer. They're supposed to do the job of overseer of the system. None of that is in the bill.

To make matters worse, when we as the NDP put amendments to try to put that in, you voted that down. You had your little piece of paper that you read, and it didn't matter what we said; that was it. You voted it down; end of story. Really? Really? Think about it. This is health care.

Remember Gloria? Remember the story of her grandmother? Remember how to make sure that we have a robust health care system? You need to have oversight. You need to have accountability. Look at what's going on in our long-term care right now, where over 1,860 people have died during COVID. Don't we all wish we had had better oversight of that part of our health care system? Don't we all wish that we had had better accountability? This is what this bill will do.

Accountability matters. Accountability comes from this House. We are legislators; it is our job to make sure that the government continues its role as overseer. And how does the government oversee the system that they're responsible for? By putting accountability into legislation. But it is not there. It has been completely taken out. And so neither the Ministry of Health nor Ontario Health nor the Ontario health teams will have—they will have some accountability, I'm guessing, which will come in some regulation at some time, but that's not what a robust piece of health legislation should look like.

Then there are the PSWs. Why is our home care system broken? Because it cannot recruit and retain a stable workforce. How come our home care system cannot recruit and retain a stable workforce? Because Mike Harris, in 1996, introduced the competitive bidding process. Before this, in Sudbury, we had VON. VON had career nurses that did nothing but home care. They knew home care inside and out. They worked for a not-for-profit agency. They had a pension plan. They had benefits. They

had a full-time job that paid well. They were proud of what they did.

Mike Harris came in with the competitive bidding process: For-profits were going to do things better, faster, cheaper. They underbid all of the not-for-profits. They won those contracts, all right, and then how do you figure they went better, faster, cheaper? By not paying their staff. Since that day in 1996, when Mike Harris introduced the competitive bidding process, our home care system has nose-dived. The day that he came in, 18% of home care and community care in Ontario was delivered by for-profits. Fast-forward to 2020, and 65% of the money we spend on home care goes to for-profit companies.

They cannot recruit and retain a stable workforce. Why? Because they don't offer good jobs. Make PSW jobs good jobs. Make PSW jobs a career and you don't have a problem anymore. I can tell you that when my hospital has one position for a PSW, full-time at the hospital, they have over 500 people from Sudbury who apply for that one job. But when CarePartners, when Bayshore, when—you know who they are—the for-profit companies try to recruit, they are forever not able to recruit and retain. Why? There's no full-time work. There are no benefits. It pays barely over minimum wage. You don't get paid for the time you spend on the road. Who wants those jobs? Very few people do—very few people.

1520

So we have the broken system that we have now, where more home care appointments are missed than delivered, where I have Dr. Nash here who wrote to me to tell me that back in February, she was referred to home care after having had a heart issue at the hospital. She is still waiting for her assessment. We are now in July. How come Dr. Nash doesn't receive the home care she needs at home? Because the home care system cannot recruit and retain a stable workforce, because the PSW jobs don't pay, don't have benefits, are not full-time, which means no sick days, no holidays—none of this. Make PSW jobs a career. Pay them the same thing that we pay them at the hospital. Those women—because they're mainly women—work really hard when they get a job at the hospital. They work weekends. They work statutory holidays. They work the night shift. They work really hard, but we pay them a decent wage. We give them full-time work. They have a pension plan. They have sick days. They have union protection, and the hospital has no problem recruiting PSWs.

The same thing could happen in home care. Is this in the bill? Everybody would agree that if we had PSWs, a big part of the problems in our home care system would be solved. There wouldn't be any more missed appointments. There wouldn't be any more Dr. Nash, who gets referred for home care in February. It's July and she still hasn't seen one PSW come to her house yet. We wouldn't have any more of this.

You know those 500 women who apply for the one job at the hospital? They would apply for a job in home care. They went into PSW work because they wanted to help people. But if they apply for a job in home care, they're

not going to be able to make ends meet. They're not going to be able to look after their family or pay for their car loan, because you need a car in my riding to provide home care. None of this is feasible.

Another part about labour is the 4,500 nurses—because they're mainly nurses—who do care coordination. It is a pie dream to think that we won't need any more care coordination, that the doctor will just say, "Oh, she needs help," and then help will suddenly appear and the Bayshores or the ParaMeds or the CarePartners of this world will decide what you need. I don't want to be there. But in the bill, we take away some of the labour rights of those 4,500 mainly women nurses, and this is wrong.

I could go on. There is also conflicts of interest when for-profit providers will be allowed to do your assessment and decide what you need. I'm guessing that if they've been able to recruit a physiotherapist, most of the patients they refer will need a physiotherapist. But if they haven't been able to recruit and retain a physiotherapist, chances are that you won't be needing one either. Really, you cannot see this?

I see that my time is up. There is way more. Are there little good bits in this bill? Yes, but you're not going to attain your objective of fixing our home care system, which is why I will vote this bill down.

The Acting Speaker (Ms. Jennifer K. French): Questions and responses?

Mrs. Belinda C. Karahalios: This system has been broken for over a decade—over a decade. We had the Liberals in power for 15 years. What did they do? What did the NDP do? What advocacy did they do during that time to make it better?

What we saw was a carbon tax. What did they do? They supported a job-killing carbon tax. They supported the instruction of discovery math, where our kids have horrible math scores because of discovery math. They supported forcing wind turbines on innocent communities. What they didn't do was advocate for this system that they are all of a sudden so passionate about and trying to fix, because we're not doing enough.

The new models of care that this legislation will enable are expected to improve working conditions for personal support workers and encourage more individuals to join the profession. So, is the member opposite willing to help personal support workers by voting to support this legislation?

M^{me} France Gélinas: There is nothing in this legislation that will help personal support workers. I wish what you were saying was actually in the bill, but it is not.

I have been here since 2007. You can go through the Hansard. I'm on record over 120 times, I think, saying that our home care system is broken.

You are right: Our system has been broken for decades. It has been broken since Mike Harris decided to introduce competitive bidding into home care. The main reason it's broken is because you cannot recruit and retain a stable workforce of PSWs.

To fix it, you are on the right path. To fix it, you have to make PSW jobs a career. There is nothing in your bill that will do that.

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

Mrs. Robin Martin: I listened to the member opposite, and at the beginning she talked about how this bill is privatizing and she was giving examples from the legislation. Let's just look at one of those.

The provision about private hospitals—which I can't understand why nobody can seem to read, but it says in this act that "'private hospital' means a house in which four or more patients are or may be admitted for treatment, other than"—and we've added a provision: other than a provision for their residential congregate accommodation. So we've said "Other than that, it's a private hospital." So we're excluding them.

The section would amend the definition of a private hospital to exclude a premises owned or operated under this residential congregate care setting. The whole point is not to capture it as a private hospital. That's why we put the provision in there. I'm reading from the legislative comparison given by the Ministry of Health. Why do you have some other interpretation of that provision? I don't see it. You can show it to me.

M^{me} France Gélinas: We all know that we have 152 not-for-profit hospitals in Ontario, and we have four for-profit hospitals that predate the coming into force of medicare. Those four private hospitals have been frozen in time. They are not allowed to expand. They are only allowed to continue to offer what they were offering way back in 1970, before medicare came into power. They have been asking for changes in legislation for a long time. Their dream has finally come true with what you have in the legislation. You don't open the door wide open for new for-profit hospitals, but the door is now open for those four existing for-profit hospitals to offer services that they were not offering before.

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

Mr. Tom Rakocevic: I thank the member for her excellent presentation. This morning, when the Minister of Health introduced this bill, she said, "When we introduced this bill in February, the world was a different place."

This pandemic has been an eye-opening experience for all of us, and certainly things have changed. Do you believe this bill reflects the new reality that we have all seen with COVID?

M^{me} France Gélinas: I would say no, but like for everybody else, there will be a ton of learning that will come from the pandemic for our health care system. I guarantee you, every part of our health care system, whether it be hospital, long-term care, primary care or mental health, will have to adapt and change from the learnings that we will continue to do from the pandemic.

This bill comes at a very odd time. We all agree our home care system needs change. I think we realize that people are safer at home. Frail elderly people are safer at home than they are in a long-term-care home. Some of that learning could influence the bill, but it will be too late. It will have been voted on.

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

Mrs. Robin Martin: The member opposite criticized the approach of combining the legislation with regulation, as we've tried to do here and as has been done in Alberta and British Columbia for their home care legislation. We're trying to do this to ensure that we can effectively serve Ontarians now and into the future. We are learning from the COVID experience, and actually having stuff in regulation is a great way to adapt to learnings as we go along. But the member seems to be implying that having things in regulation means they're not accountable, despite stakeholders and members of the public being able to submit feedback on the proposed regulations.

My question for the member is: Why is it good enough for Alberta and British Columbia to have a home care system which has included both legislation and regulations, but somehow not good enough for Ontario?

1530

M^{me} France Gélinas: We all know that under legislation come regulations. This applies to all of the bills. All of the bills, after we pass them in this House, will have regulations attached to them, and regulations will change. What I'm asking is for a more robust legislative framework to do the regulations under.

The home care bill of 1996 was quite robust in many ways that had to do with privatization, with accountability, with labour issues, with conflicts of interest, with a patients' bill of rights. All of this was in the previous legislation. This new legislation is very, very thin, so the framework to build the regulations from is also very thin. This is the difference.

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

Mr. Joel Harden: I want to build on something my colleague from Humber River–Black Creek just mentioned about learning during COVID-19, this bill and this sector. It seems to me that one of the things we've learned is that it's a bad idea to force an entire workforce in the sector to be itinerant, working on short contracts and shuttling between a bunch of places. Having continuity of care—it was something that I read in so many reviews of this sector—is important so that that person, whether it be a person with a disability, a senior or whoever, saw that same person, and that that person had the protective equipment that she, in most cases, needed to do the work.

But instead, what I'm hearing from my friends on the other side, I'm gathering, is that they don't have a problem with for-profit operators bidding down the costs of labour, profiting on the backs of those hard-working women. I'm wondering, MPP Gélinas, if you can reflect on whether or not the government is, in fact, learning anything from COVID-19 in this sector.

The Acting Speaker (Ms. Jennifer K. French): A reminder to all members that we refer to riding names.

Response?

M^{me} France Gélinas: I will quote from Dr. Nash. Her husband is called Roger. She writes to me: "Roger had a different worker every day to help him shower." I'm on

record many times, but I will repeat it: Grandpa does not like to strip naked in front of a different stranger every day to have his shower.

That is part of the broken home care system. You want continuity of care? You cannot have continuity of care if you don't have continuity of caregiver. It all goes together. You have to support those caregivers so that they have full-time jobs, so that they can limit the number of patients they see to a few homes, spend more hours with them.

There are ways to fix our home care system. It is not beyond hope. We will have a home care system. We will continue to support those people. But the way the bill is written now does not fix the glaring holes that we have in home care; it opens the door to more difficulties in the future for the people who depend on home care in order to stay home safely.

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

Mr. John Fraser: Before I get right into Bill 175, I'd like to say something about the current state of affairs here in Ontario. First of all, I think we owe thanks to all Ontarians, especially those working on the front lines, for their efforts and their sacrifices at this time. Together, we've helped to manage the spread of COVID-19 and, in turn, it has given us time to learn how to better manage the risks that are related to COVID-19. We know that hand-washing, physical distancing and wearing a mask when you're in stores or public places where physical distancing is impossible are the most effective ways of reducing the spread and keeping each other safe. Some say that it's as safe as a vaccine.

We also know that we can and we will get through this together. We just need to keep working together and keep looking out for each other. Our success so far has been based in community, and that's something that Bill 175 lacks. Similar to the Connecting Care Act and its super-agency, the bill is taking governance and decision-making out of communities and parking it here in downtown Toronto. That's not good for communities and it's not good for home care. I am deeply concerned that we are taking the community out of care.

We should not be in third reading on this bill. It should be withdrawn. The majority of presenters at committee made the same request. There was a similar refrain. Why are you doing this now, in the middle of a pandemic? Providers are still reeling from the loss of staff and the lack of PPE and clear health and safety protocols. It became obvious that community care was at the bottom of the checklist when it came to our response to the pandemic. Home care was forgotten when it came to pandemic planning—effectively an afterthought.

Bill 175 is going to do nothing right now to help those providing care or those receiving it. So why are we doing it? We should be focusing on helping home care providers and their clients in adapting to the new realities COVID-19 has created or exposed. We're doing the wrong thing at the wrong time. It should be withdrawn, full stop.

Bill 175 removes critical protective measures enshrined in legislation and moves them into regulation. It allows this government and future governments to more easily

alter important protections with little oversight, sector consideration or legislative approval. That's what we're here for. We're not here for regulation; we're here for legislation, so we can debate things fully, so the people have a say. That's the difference between legislation and regulation. In here, they really have a say.

Here's what should be in the legislation: Bill 175 should include the patient bill of rights. This government is attempting to move the patient bill of rights, outlining patients' right to care, from legislation to regulation. This allows the government to change or omit this piece without having to go through a vote in the Legislature. That bill of rights has been in that legislation for 25 years and it has helped thousands and thousands of people who weren't getting the care that they need and had to turn to legislation to get a satisfactory response to their rights in the situation. That's why you don't put it in regulation. It needs permanence. And the government did nothing to look at that to say, "How can we change that right now?" or, "How could we update that?" It's just, "Eh, we'll figure it out later."

Bill 175 should include abuse provisions. This measure would ensure that agencies funded by Ontario Health must have an anti-abuse plan to prevent and recognize and address physical, mental or financial abuse of patients.

Bill 175 should include an appeal process that would ensure that there is a clear appeal process for patients and their families to follow in the event that concerns over the care delivery or the delivery of services are not adequately addressed. There's currently one in that legislation. Why is there not that in this piece of legislation?

Bill 175 should ensure accountability and transparency. Ontario health teams and Ontario Health should be mandated by legislation to hold public engagements with sector partners and open board meetings. Ontario Health essentially really doesn't have to report publicly. They don't have public board meetings. The minister, through Ontario Health, or with Ontario Health through the minister, can amalgamate or end a service in anybody's community in 30 days without notice, with no right of appeal. That's in the Connecting Care Act. You haven't done anything to fix that. It's still the same. It's still the same.

The challenge with that is that one day 10 years from now, maybe in Brockville, Ontario Health can decide, "You know Brockville General Hospital? They really shouldn't be on their own, and they shouldn't be doing obstetrics or orthopedics, or maybe they don't need diagnostics or fewer diagnostics, so you know what, in 30 days, we're changing this." What's that community going to do? They have no appeal process.

The same thing is happening to individuals in this bill by not having it there. It leaves people unprotected like the Connecting Care Act leaves communities unprotected. One day people are going to realize that, unless it's changed.

1540

Ce projet de loi devrait être retiré. L'Ontario est en train de faire face à la pandémie mondiale. Le gouvernement

Ford ne devrait pas se précipiter à travers une législation qui a été rédigée avant le virus pendant que le secteur se concentre sur la réponse à COVID-19.

COVID-19 a changé la base de soins de santé dans cette province. Il a révélé des vulnérabilités dans le système qui doivent être prises en compte si nous voulons continuer avec une nouvelle approche de la prestation des services de soins dans les communautés.

Le gouvernement devrait attendre la fin de la pandémie pour revoir ce projet de loi, afin que le secteur puisse être correctement consulté et que les principaux enseignements de la pandémie puissent être intégrés dans la législation.

De plus, le gouvernement a l'intention de supprimer les mesures de protection essentielles inscrites dans la législation et de les déplacer vers la réglementation. Cela permet au gouvernement de modifier plus facilement d'importantes protections avec peu de surveillance, de considération sectorielle ou d'approbation législative.

C'est nécessaire d'inclure la déclaration des droits des patients dans la législation. Le gouvernement tente de faire passer la charte des droits des patients, décrivant les droits des patients aux soins, de la législation à la réglementation. Cela permet au gouvernement de modifier ou d'omettre cette pièce sans avoir à passer par un vote à la législature.

Inclure des dispositions sur la violence dans la législation : les organismes financés par Santé Ontario doivent avoir un plan antiviolence pour prévenir, reconnaître et traiter la violence physique, mentale ou financière des patients.

Inclure un processus de recours dans la législation : s'assurer qu'il existe un processus de recours clair à suivre pour les patients et leurs familles dans le cas où les soins ou la prestation des services ne sont pas traités de manière adéquate.

Assurer la responsabilisation et la transparence : les équipes de santé de l'Ontario et Santé Ontario seraient mandatées par la loi pour tenir des engagements publics avec des partenaires du secteur et des réunions ouvertes du conseil d'administration.

Instead of debating this bill and passing this piece of legislation—which is not the right thing to do right now—what we should be doing is we should be looking at the patient bill of rights, because there isn't one in the Connecting Care Act. It doesn't exist. We're taking one of our pieces of legislation and we're going to put it in regulation. What if the federal government decided to take the Charter of Rights and say, "Let's put that into regulation"? Well, they wouldn't. They wouldn't because it's a foundational document. Bills of rights are foundational things when we're building legislation. It's what you build regulation off of. It's not what you put into regulation.

You're putting it into regulation because you're in a hurry. You're in a hurry to do something that we don't need to do right now, that we shouldn't be doing right now. You're taking the easy route. It's not the best route. My colleagues in the NDP and ourselves both put forward—the NDP put forward the bill of rights that exists in legislation, with some changes. We put forward the same

thing with a few more changes, a few additional things. One of the things we put in was the subject of debate in question period today. I'll read you point number 12 in the amendment, in the motion that was put forward: "A person receiving a health service has the right to designate another person as their essential caregiver, to have access to that essential caregiver in any health care setting at any time, and to have that essential caregiver treated with respect as a valuable contributor to the care team."

We see this happening in long-term care and we see this happening in hospitals. I know the member from London—Fanshawe? West?

Ms. Teresa J. Armstrong: Fanshawe.

Mr. John Fraser: Fanshawe—I got it right the first time—was talking about that today. This pandemic has helped us to see things clearly, the kinds of things that the member from London—Fanshawe was talking about this morning. They happened in hospitals before this.

People have a right to their essential caregiver. We've seen it in long-term care—and that is why there's this debate right now, where people can't get in. They're not just visitors; they're essential caregivers. They're part of the care team. They keep their loved one healthy. So we have to ask ourselves the question—and this is a bit off-track, but in this situation: Is isolation a drop in care? Are we doing more harm by keeping people out than COVID-19 is going to do? We have to ask that question. We can hear it even in the reports from the Canadian military: the results of isolation and neglect kill people. It happened. Without a connection, we wither. There's a real risk that we're doing more harm than good in this situation, for many people. It's not easy, but we need to figure it out.

I heard my colleague from Nickel Belt talking about PSWs and this bill. This bill does nothing for PSWs. It does nothing to fix home care, as far as PSWs go. We know what the problem is, and it's all of our problem. I'm not wagging my finger at you, that it's your fault or my fault or their fault. It's all of our faults. There are people out there who are doing the heavy lifting. As my colleague from Nickel Belt said, what they need is stable jobs, decent pay. They need to be able to raise a family. That's going to make home care better. It's going to make it more stable. It's going to provide better care. It's not in here.

When the changes in labour legislation were undone to lower the minimum wage, require sick notes and eliminate two sick days, who do you think got hit the hardest? Or equal pay for equal work? This act is an enabling act that just puts a bunch of stuff into regulation. It doesn't do anything to improve care. It's an enabling act, so let's not pretend that it's anything else but that. We shouldn't be debating this bill right now. The government should withdraw this bill and get the lessons from COVID-19.

We're going to change the way we look at home care. I'll give you an example. My mum is at home right now. She had a stroke two years ago; many of you know that. We're really lucky. Not everybody can do this, but we're able to help her stay at home. We get some help. We have one PSW who comes—a great PSW—and we really depend on her.

But in my head, I'm thinking, "Do I want my mum in a congregate care setting? Is it better for my mum to stay at home? Is it better for the extra effort from the families, or the extra money that it's going to cost? Is there some way we can figure out how not to do that?" Not that they're bad, but it makes you rethink everything when you look at what's happening. And that's not just us; that's everybody else out there.

1550

I don't know how many people—when I say, "You know, we've been lucky to be able to keep my mum at home," they go, "Wow, that's really great." But before that, it was, "Wow, that must be really tough." That's the first thing they said: "That must be really hard"—because it is. Not everybody has the opportunity, so we're lucky. But that's the change in the response. The change in the response was, "My God." I don't want to say it's, "Why are you doing that?" but it's almost at that. That was the first. That's what they used to say: "Wow, that's really hard," implying, "Why are you doing that?" Now it's, "That was the right thing to do." That's the way people are going to look at this. This bill won't fix that.

We need to think more about what home care is going to look like. We need to do more to protect patient rights. Putting a patient bill of rights into regulation is just the easy way out. And it's wrong because it's foundational. That's what you should be basing your regulations on, not ensuring that there's an appeal process in legislation—same problem.

This piece of legislation has been around for 25 years, and it has served people well. It's not perfect. It has protected them when they needed it. It has given them a framework to say, "I need to be treated fairly, and I'm not. I've got a process by which I can contest that. I have certain rights. I deserve to be treated a certain way."

It should have been updated to take a look at essential caregivers. So I'll tell you an important story about why caregivers are important. When I was young, my dad's mother was in Saint-Vincent Hospital—I'll try to abbreviate this story—a chronic care hospital. She suffered from depression for most of her life. She had two broken hips. When she finally ended up there, I said to my dad, "Your mother has Creutzfeldt-Jakob disease, mad cow disease. She's got premature senility. She's going to die in six months."

She actually was there for about six years. My dad used to visit her every day, and he kept trying to figure out what was going on. He'd question the doctors or whatever. Then he finally bought the Compendium of Pharmaceuticals and looked up all her drugs. And he was smart—not a doctor, but he was smart, and he figured it out. He went to his doctor friend and said, "I think this is what's happening with my mom's drug list. I think it's affecting her the wrong way. It's creating her condition." Anyway, his doctor friend said—we all had to be deferential to physicians, and still are, in a lot of ways, but more so 30 years ago—"You can't do that. You're not allowed to do that. You're not a doctor." My dad said, "Well, could I be right?" His doctor friend said, "You could be right."

So he went to see the resident and said, “I think there’s this problem.” The resident, who was the attending resident, took her off the drug. Remember, she was there six years, kind of in and out, with different people coming beside her in that semi-private room for six years. Change the drug, she got out of hospital, and lived six years semi-independently.

That’s why essential caregivers are important. That’s why we have to listen to patients and their families.

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

Ms. Natalia Kusendova: Thank you to the member from Ottawa South for his speech today. Unfortunately, I couldn’t help but cringe when listening to some of the points that he was making. In fact, it was his government and the way they sat on their hands for 15 years which motivated my venture into politics, because as a new nurse working in the emergency room and with hallway health care, I was feeling demoralized and completely unsupported by that government.

The difference between your government and mine is that from day one, from the very first day we took office, we ventured into ending hallway health care, and today we have a concrete plan for doing so. You have so many great ideas, so many great ideas that you have proposed today, on how to fix our broken home care system. However, my question to you is: What did you do for 15 years? Why did you allow our system to become so fragmented and broken and fail patients such as your mother?

The Acting Speaker (Ms. Jennifer K. French): Okay, stop the clock. A reminder to all members to direct their remarks to and through the Chair and not directly across the floor, and we will do our best to keep temperatures where they ought to be.

Resume, please. Response, member from Ottawa South.

Mr. John Fraser: I’m not going to thank the member for her question, but what I will say is, I’m proud of my record in government. I’m proud of the things that we did in health care. Could we have done more? Yes. You’ll find that out.

As far as my mother goes, her care is fine. I also spent two years developing a palliative care plan, which your government, I think, is carrying forward. So I don’t need to be schooled on what has been done in health care. I know. What I’m asking you to do on the other side is stop—stop. Put in a patient bill of rights. Put in an appeals process. Do the right thing for patients. I’m not talking about us being perfect. What I’m saying is, this is what you need to do. If you’re not willing to do that, just say so.

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

Ms. Marit Stiles: I would say to the members opposite, first of all, that I think that if anybody is demoralized and if you felt demoralized, maybe she, Madam Speaker, would understand how demoralized PSWs feel right now, and all those health care workers on the front line.

My question, though, obviously, is for the member from Ottawa South. I really appreciated many of your

comments. We all know that there hasn’t been the change that we want to see. We, certainly on this side, have been advocating for many years. I was working with the former member from Beaches, Frances Lankin, and the former member from Nickel Belt, way back when, trying to fight the competitive bidding process brought in by the previous Conservative government.

But to the member from Ottawa South: We did notice that in the committee meetings, the member from Ottawa South did not actually support—in fact, as I understand it, abstained from voting on—the NDP amendments that would have removed for-profit from home and community care. I’m wondering if the member from Ottawa South would care to respond to why he chose to abstain.

Mr. John Fraser: I simply didn’t believe that the—I appreciated the intent. I simply didn’t believe that the amendments, the motions, as written, were going to have the intended effect. I think we have a real challenge here in Ontario health care with how we actually gauge the value that we’re getting. When we take a look at what’s happening in long-term care, when we take a look at what’s happening in home care, the question is: Are companies profiting too much? That’s a question. I think that’s something that we have to address, and I didn’t feel that the amendments addressed that in a way that would have been effective.

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

Mr. Aris Babikian: The new models of care that this legislation will enable are expected to improve working conditions for personal support workers and encourage more individuals to join this profession. Is the member willing to help personal support workers by voting to support this legislation?

Mr. John Fraser: I would if it did anything for them.

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

Mr. Faisal Hassan: This bill, Bill 175, looks to take our province back 25 years in the way we look at home and community care. I would like to first ask directly to the member from Ottawa South that it was, the first time, the Conservatives, and then the Liberals who set up a private home care system. That for-profit system has been failing patients ever since. I do not understand the justifications for even bringing this bill forward, particularly not now, during this the time of COVID.

I know you said that this bill does not change the service but only enables the expansion of for-profit delivery of home and community care. Would you tell us why you are in favour of more privatization?

Mr. John Fraser: I’m not—

The Acting Speaker (Ms. Jennifer K. French): Response? Member from Ottawa South.

Mr. John Fraser: Sorry—I’m so excited.

I’m not. My record has been clear in my community and my work in hospice—St. Pat’s home, Perley, long-term care. I think care should be community-based. I think that was in my conversation. We’re in a bit of pickle, though. We’ve got this managed competition thing not

only in home care but in diagnostics, and it's a mess. One of the things we have to look at is, if you're involving private companies, how do you make sure you've got leverage? How do you have leverage over a long-term-care home to redevelop if they're private right now? You say, "Well, we're going to give you a \$16-a-day per diem," and they say, "No, it's not enough. Come back with more." It doesn't work.

1600

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

Mr. Amarjot Sandhu: We know that home and community care is a key part of the solution to hospital overcrowding and hallway medicine, especially as our population ages and grows. Modernizing the complex home and community care requires increased flexibility and openness to innovation, and this bill is a very important step in that direction.

My question to the member from Ottawa South is: Will the member be supporting our efforts to transition home care delivery into our communities, or does he think the current one-size-all approach things still appropriate for Ontario patients?

Mr. John Fraser: Look, it's not going to do that. You're taking all the decision-making and you're parking it here in downtown Toronto, just like you're doing with the Connecting Care Act. The decision-making is coming out of communities.

I want to say this: I don't think anybody over there wants home care not to work. I don't think anyone over there wants people to make excessive profits. But what I'm trying to tell you is, that's what's happening. You're taking patients' rights out. I'm trying to tell you what's in the bill. I don't think you want something not good. I don't. But you've got to realize what's in your legislation, what it enables and what it removes, and those things that it removes are not good for the people you serve.

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

M^{me} France Gélinas: To the member: The NDP proposed 19 amendments to the bill. The member was there while we were going through clause-by-clause. He voted in favour with the NDP for 16 of our amendments. He abstained for three of our amendments, the three that had to do with privatization.

So I'm just curious to see: What did we write well in 16 of them that was not written well enough in the three of them that had to do with privatization on which you felt you had to abstain?

Mr. John Fraser: Thank you very much for the question. In my previous answer, just in terms of where we are with managed competition and where we're at right now, I didn't feel that they would have the effect of creating the situation and that it would be manageable.

As I've said earlier, I strongly believe in community care. I'm not interested in someone lining their pockets in the care of another. I didn't vote against it. I agree with the intent of what you're doing, but I think to support that

amendment as a technical piece would have been the wrong thing to do.

I have two seconds left. It's okay; I'm good.

The Acting Speaker (Ms. Jennifer K. French): Okay. Thank you.

Further debate?

Mr. Lorne Coe: I'm pleased to be able to participate in the third reading debate of Bill 175, the Connecting People to Home and Community Care Act. As part of the province's comprehensive plan to build healthier communities and end hallway health care, Ontario is modernizing delivery of home and community care services by bringing an outdated system into the 21st century.

When I speak to constituents in my riding of Whitby about home care and community care, I hear this, and I hear it pretty regularly: The current system is not working for them. It's not working for them and it's not working for their families. Another aspect they speak about is that the current system doesn't address patient outcomes. That's a reasonable expectation that you would have in seeking home and community care, wouldn't you—a positive patient outcome?

But why are people experiencing that? Today, patients receive home and community care based on an outdated model first developed in the 1990s—over 25 years ago. Here we stand in 2020. Previous governments just tinkered around the edges—didn't address the issue; didn't want to; didn't want to touch it.

With Bill 175, Speaker, we're breaking down long-standing barriers that have separated home care from primary care and, in doing so, allowing for seamless coordination of services for patients while maintaining and strengthening oversight and accountability measures. The accountability piece is a significant aspect in this as well. We've heard some discussion on that aspect, and I'll come to that later in my remarks going forward.

We know that the need for home and community care is rising, due to an aging population. All of us, as members of provincial Parliament, see it in our individual ridings with an aging demographic. I see it in mine. When I look at the quarterly demographic that's issued by the Ministry of Finance, it projects, right now, 2.4 million seniors. And part of that challenge also includes increasingly complex clients.

We're seeing more and more people who, 10 to 20 years ago, would have been going into long-term care cared for in the community. Our home and community care providers are incredibly hard-working and dedicated to their clients. I see that every day in my riding. You will know, Speaker, that we share four long-term-care homes in the region of Durham. In my riding alone, I have eight retirement homes. I see a range of age groups and I see a range of complexity.

But the sector has been falling behind Ontario's broader health system transformation, and it requires flexibility—and I know you appreciate that—flexibility to develop new models that respond to local needs, whether they're in Whitby, whether they're in Ottawa South or another riding. We need virtual care, more self-directed care, congregate care and needs-based care packages.

Speaker, what is clear is that care at home and in the community is less expensive. It frees capacity in our hospitals and, let's face it, it's where people want to be. That's what my constituents tell me. However, the home and community care system is not keeping pace with the needs and preferences of Ontario residents. I know we're all hearing that. That's why we're here today debating this bill.

The need for innovation is reflected in the findings of the Premier's Council on Improving Health Care and Ending Hallway Medicine. Developed in consultation with more than 1,500 health care providers, patients, and caregivers, the council's second report, *A Healthy Ontario: Building a Sustainable Health Care System*, provides advice—really sound advice, measured advice—and makes key recommendations on how to build a modern—remembering that it has been 25 years, 25 years that brings us here today—a modern, sustainable and integrated health care system.

This report provided the government with a clear recommendation for the long-awaited modernization in home and community care legislation. This report provided us with 10 recommendations to improve health care in the province.

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Speaker, the fifth recommendation of that report, and I'd like to quote it, proposes that we “Modernize the home care sector and provide better alternatives in the community for patients who require a flexible mix of health care and other supports.” It's the supports that our residents and constituents speak of to us regularly.

In fact, the report proposes that the government “Modernize home care legislation so that innovative care delivery models focused on quality can” be found “throughout the province.” The council suggested that the government should provide “flexibility to Ontario health teams”—like mine in the region of Durham; mine in the region of Durham, as you know, Speaker, is led by Lakeridge Health—“and their partner organizations,” that we interact with regularly, “to provide all services and perform all home and community care functions, including all aspects of care coordination.” They recommended that “current rules around referral to community care should be relaxed so that Ontario health teams and groups of providers can” connect “patients easily to the care that is best for them”—best for them.

If passed, this legislation would allow Ontario health teams to deliver more innovative models of home and community care, and patients will benefit from primary care, hospitals, home and community care and long-term-care providers being able to collaborate directly—this is an important distinction—to provide care that best meets the individual care needs.

For 25 years, oh, man, community care has operated within a silo in the health care system. Imagine that: 25 years have elapsed. This silo has made it difficult, understandably, for patients to navigate the system and has created challenging working conditions for care providers at the same time.

The proposed new framework within Bill 175 would maintain key elements of the home and community care program to ensure ongoing stability of services and clarity for clients and their families. Importantly, we would maintain the requirements for a complaint process, the right to appeal certain decisions to the Health Services Appeal and Review Board and the inclusion of home care in the jurisdiction of Ontario's Patient Ombudsman.

Added to that, Speaker, the bill of rights for home and community care would continue in regulation, and importantly, be updated to reflect the realities of modern home and community care in the year 2020—not 25 years ago, but 2020.

Speaker, the Premier's Council on Improving Health-care and Ending Hallway Medicine proposed that we should establish an oversight model for congregate care to facilitate delivery in the most appropriate environment, whether it be hospitals, long-term-care homes, clinics or retirement homes. It also recommended enabling care coordination and navigation throughout the full continuum of care, rather than narrowly prescribing resources to a limited set of services. This suggested that we review existing policies and make appropriate changes to support more innovation in the home care sector, suggesting that this can include policy changes that would facilitate more flexible staffing models and services to improve the range of supports available to patients.

Speaker, the government's top priority has been to listen to the people of Ontario. What we've heard is that people want better home and community care. I said at the beginning of my remarks that it's the predominant issue that I hear in my constituency office: better and strengthened community and home care. Under changes proposed in the bill, home and community care would still be managed and overseen by non-profit health services providers such as hospitals, like Lakeridge Health, or primary care teams who are part of an Ontario health team.

This legislation in no way—and I want to stress this, in no way—enables the privatization of home care. It simply doesn't do that. By moving home and community care out of administrative silos and in to Ontario health teams, patients will receive the home care they need as quickly and conveniently as possible without having to tell their story over and over again. We all hear of those circumstances where a person goes in looking to access home and community care. They talk to one person, they talk to a second person, they talk to a third person—frankly, they could end up talking to 15 people. Imagine that.

Speaker, by moving home and community care out of the silos that I just referred to, we'll be making thoughtful but long-overdue changes, and, frankly, there won't be any disruptions in patient care. Ontario health teams, like the one situated in the region that we have the privilege of serving, will work together to understand a patient's full health care history, directly connect them to the different types of care they need and help patients 24/7 in navigating the health care system.

I'd like to turn at this juncture to what some of our home and community care partners have said about the proposed

legislation. One of the groups I want to cite is the Ontario Community Support Association. I've had experience working with the association, both as a member of provincial Parliament but also in other capacities. As some of you will know, I had the privilege of being a civil servant with the Ministry of Health at the time and also when I served on regional council with the region of Durham.

They said this: The Ontario Community Support Association “thanks the government for their collaborative approach towards modernizing home and community care legislation for all Ontarians. We look forward to seeing the details of the legislative and regulatory changes being proposed. We believe a system that works to ensure Ontarians can receive the services that they need with fewer barriers will successfully allow more people to live well at home.” I've talked about some of those barriers earlier in my presentation. It's not surprising that those barriers accumulated over 25 years, but we have a path forward now. We have a pathway forward with this legislation.

The VON: “On behalf of VON Canada, Ontario's longest-serving home and community care provider, I'd like to thank the government of Ontario for recognizing the need to modernize the rules governing this vital component of health care delivery. They have listened to feedback, including the imperative to ensure that gaps in home and community care are addressed.” We're assembled here today because we know that those gaps in home and community care have existed for 25 years. They conclude by saying, “This is an important next step toward achieving the vision of the government's Ontario health team transformation initiative.”

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Next, from the Guelph Family Health Team: “This is a really encouraging direction for home and community care in Ontario: The Guelph Family Health Team has advocated for a new model that better integrates home care with primary care. In our experience, people are better served when their care team members are enabled to work as a team.”

The rudiments of this legislation talk about the importance of team. It talks about the principles of the Ontario health team.

“The coordination and delivery of home care needs to be better linked to the care provided by family doctors and other primary care providers.” I talked about primary care and the linkage to, and importance of, community and home care and delivery.

Speaker, Ontario is delivering on its commitment—there's no doubt of that—to end hallway health care and build a connected and sustainable health care system centred around the needs of patients and their families. The Ontario health team centred at Lakeridge Health Oshawa will ensure that patients in Whitby and other municipalities that comprise the region of Durham will benefit from more integrated health care, with a seamless experience, while moving between different health care services, providers and settings. That's an objective I believe we all subscribe to.

Faced with rigid care coordination, siloed care and restrictive care plans, the proposed legislation before us provides a flexible delivery model. Within its framework, care coordination functions would be embedded in front-line care within Ontario health teams, promoting integration between sectors and reducing duplication. This will ensure, in turn, that care is more responsive to patient needs and family needs. Ensuring that the home care that Ontarians need can be delivered in a more flexible and integrative way will ensure that hundreds of thousands of Ontario families who depend on it can be better supported—we all want that—by a more responsive system that puts their needs first.

In closing, Speaker, I want to thank the Deputy Premier and Minister of Health and her parliamentary assistant for the opportunity to speak to this important piece of legislation. This afternoon, we have an opportunity to make significant progress in providing the home and community care our constituents so richly deserve and need. The Connecting People to Home and Community Care Act will no doubt help make transition points safer, smoother and more coordinated for patients and families. I believe today is one of those pivotal moments for members of provincial Parliament in debating this legislation.

To the members of the opposition: Stand with us and cast your vote for a better health care experience for thousands of Ontario patients and their families—a health care experience that puts their needs first.

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

Ms. Marit Stiles: Thank you to the member from Whitby for his comments. I have to say, it kind of boggles the mind, though, because much of what the member talked about sounds okay, except when you consider that we've just gone through a pandemic of enormous proportions, the likes of which we've never seen.

I want to share for a moment a line from a letter from a constituent of mine, Geneviève—who said to me, by the way, that her father, who has been suffering from Alzheimer's for many years, really requires the kind of home care that we've been talking about. She says, “I fail to see how privatizing home care is of benefit to seniors and their families. We need to address the required number of staff. We need to provide livable wages to the PSWs. We need to increase funding while keeping costs affordable. But we need to ultimately fight the privatization of home care.”

I wonder if the member would care to respond to Geneviève.

Mr. Lorne Coe: I thank my colleague for the question. I'm going to need my glasses here just to look at some notes I've made as the question was being posed.

There is a broad consensus that the current siloed system of home and community care does not serve the best interests of patients or those who work within it. In my presentation, I talked about a system that's now 25 years old and that we need to modernize it and have it become more responsive to patients, given that we have a growing aging population. We also have greater complexity of needs in the area of community and home care as well.

I believe that COVID-19, Speaker, gives us greater urgency to better deliver home and community care for Ontarians.

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

Mr. Vincent Ke: Thank you to the member from Whitby for his presentation. Over the course of time, I have bonded with seniors in my riding of Don Valley North, which a large number of first-generation Canadians call home. Many of them have been contributing to our great country and are now approaching the age of retirement. I'm glad to see that our government is taking the important step to modernize the home care system so it can better serve seniors who built this province.

Speaker, in this sense, I would be grateful if the member could explain how Bill 175 will improve the lives of seniors in need of home care.

Mr. Lorne Coe: It's a timely question because seniors in my riding are glad to see the type of modernization that's proposed in Bill 175. I recently had the pleasure to host a seniors' forum in my riding with the Honourable Raymond Cho, the Minister for Seniors and Accessibility. In the course of that particular seniors' forum, we touched on this particular legislation. Many of the participants at that time reinforced what we've been hearing—and I cited the modernization report and the broad consultation with over 1,500 people. But in that forum, the seniors who did participate and some of the seniors' organizations were supportive of the approach that we're taking to modernize the community and home care approach that has been long awaited.

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

Ms. Bhutla Karpoche: Problems in home and community care were not created overnight. I think we agree. It began under the Harris government when the Conservatives privatized parts of the system and introduced privatized delivery. Successive Liberal governments have failed to improve it. This has resulted shamefully in seniors not getting the attention and care they deserve.

With this bill, the government is not fixing the problem; rather, they're making it worse. At the public hearings, we had heard from many groups. Overwhelmingly, the message was, "Withdraw Bill 175. It does not help seniors; it actually harms seniors." The COVID crisis has shown us that we need to build a strong public care system, not treat health care for profit.

A key problem with home and community care, which is also a key problem in long-term care, is that the people who do the heavy lifting, the ones who care for seniors, the personal support workers, are treated horribly. If we want to fix senior care, then you have to treat personal care workers with dignity. The system depends on it.

So I ask the member: Will you make the pandemic pay permanent? Will you provide at least seven paid sick days and—

The Acting Speaker (Ms. Jennifer K. French): Thank you.

Response, member from Whitby?

1630

Mr. Lorne Coe: I thank my colleague for the multiple questions. I'll deal with the privatization aspect to begin, if I could. Sometimes I think some of us might get a question like this in a constituency office: "Will people have to pay for home and community care? And is this the first step to privatizing these services?" That might be a question we get. But what we're doing is maintaining restrictions on charges from home and community care. Providers will continue to be prohibited from charging for professional personal support services and homemaking services. Proposed regulations would continue the current rules that allow providers to collect co-payments for other community—

The Acting Speaker (Ms. Jennifer K. French): Thank you. Further questions?

Mr. Daryl Kramp: The question I would like to pose to the chief government whip—I've been very, very fortunate. A lot of my life, I've played a number of competitive sports, and in so doing at various levels, even international, the reality is that you have to work effectively as a team. But to do so, you cannot work in silos. The left hand has to know what the right hand is doing. Whether you're a winger, defenceman or goaltender, you have to be able to effectively communicate to deliver the results you need. So whether we're a political party, whether we're a governmental organization, whether we are health care, we have to be able to communicate effectively. Unfortunately, in home care and primary care, there is a real void in some of the lack of communication that took place. I'm wondering if the chief government whip could elaborate more on how important it is to not work in silos.

Mr. Lorne Coe: Nurses and therapists and personal support workers often don't have access to information they need to provide appropriate care. What this legislation will do is allow providers to work as a team—and that's something that I've heard not only in Whitby but in the region of Durham overall—enjoying better working conditions and providing better care. Nurses or therapists could use, for example, video conferencing to work with a personal support worker in the home to provide more specialized care.

Added to that, I talked about primary care and its linkages to home care as well. Clearly, moving out of the silos and into the legislative framework that I've had the privilege of providing will affect the types of outcomes that thousands of people across Ontario expect and deserve.

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

Ms. Jill Andrew: To the member from Whitby: You said that people want better home care, but again, to underscore the point that my colleague from Parkdale–High Park was trying to make, how do we get better home care if we don't have better-treated personal support workers?

You also mentioned that Bill 175 has nothing to do with privatizing home care. However, contracting out services

and making it unrestricted in Bill 175 is exactly that: privatization.

So just to give you another chance to answer the question, we're wondering: Will Bill 175 protect PSWs? Will Bill 175 ensure that hazard pay is permanent pay? What is Bill 175 doing for PSWs—

The Acting Speaker (Ms. Jennifer K. French): Thank you. Answer? The member from Whitby.

Mr. Lorne Coe: I thank my colleague for the question. The government is pursuing a range of initiatives intended to improve retention and recruitment; for example, new training pathways such as prior learning assessment and recognition in alternative training models to improve recruitment. Added to that—I'm out of time.

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

Mr. Joel Harden: It has been instructive to listen to the debate this afternoon. I want to begin with an analogy, because sometimes, I've learned in life, analogies are helpful to zero in. If someone wasn't aware of this bill and what it means and the specificities and what we're arguing would be the policy impacts of it, you would think we're agreeing here—that it's about taking care of people who need the help. It's about meeting a need. It's about a system being broken.

I want you to imagine, if you will, Speaker, a hospital, because when most people think about health care, they think about hospitals. I know the bill is about home care and community care, but it's an analogy. I want you to imagine a hospital that was losing 39% of all its funding to administrative costs, that the money that the people of Ontario work hard for day in and day out and contribute part of their salaries as taxes to this government was given over to a hospital who went on to lose 39% of what it took from the people of Ontario in administrative costs. That is an analogy that fits what's happening in our home care system.

The debate we're having this afternoon is not about whether or not this particular bill will encourage the privatization of home care. Home care is privatized—home care is privatized. As the MPP for Nickel Belt said very clearly, for decades we have allowed home care in the province of Ontario to be dominated by three large, for-profit multinational firms that bid for contracts from the Ministry of Health based upon labour costs. It's the biggest part of home care—it's the biggest part of any organization, frankly. But over decades, because different companies, particularly these three that were already named, have been competing on labour costs, we have situations where PSWs are working for 15 minutes and then travelling on a bus for an hour, and they're not paid for that hour.

We have situations where—wrap your head around this, Speaker—in the course of the pandemic, one of the largest operators in home and community care, Extendicare, whose affiliate ParaMed is a major operator in this sector, issued a dividend to shareholders for \$10 million—\$10 million during the pandemic. When PSWs are trying to eke together a living, many of whom don't have the

supportive equipment they need to visit people safely in their apartments, \$10 million gets haemorrhaged out of the system from one operator—one.

Let's go back to that hospital analogy for a second. Not only is that hospital losing 39% of its funding to administrative costs; let's imagine that hospital issued a dividend of \$2 million to its founders. Canadians would be outraged because they understand how health care and hospital care—"tertiary care," as the experts call it—are a critical part of Canadian values. The most famous Canadian? Tommy Douglas. Why? Because the democratic socialist values that Tommy Douglas was proud to champion in this place, that came from the rural parts of this country, rural Saskatchewan, the Prairies—

Interjection.

The Acting Speaker (Ms. Jennifer K. French): Order.

Mr. Joel Harden: Through mutual aid they put their money together to attract nurses, to attract health care professionals, to attract doctors to their communities so they could survive the Great Depression, so they could survive decades of indifference from government. And then you had a democratic socialist government in Saskatchewan that brought in public medicare, and guess what? Lots of other people thought it was a great idea and it spread across the country. Now Canadians take it as a birthright. Now we take it as a birthright.

But in home care, when we had an NDP government in the province of Ontario, many New Democrats said it was time to take home care fully into public ownership, when that government was elected in 1990. I remember being youthful and thinking yes, absolutely, because at that point—as I think the MPP for Nickel Belt mentioned—18% of the sector was run by for-profit operators. But the argument those operators made to us at that time was that they needed to remain. Why? Because they had critical capacity in palliative care—people who were dying, people who needed support. So the NDP government of the day listened to them and we said okay. But guess what's happened? From the time this bill that is being amended was brought into force in 1994, a managed care competitive model was brought into being, and 18% of the sector became 55% of the sector. And who has suffered? It has been seniors; it has been with people with disabilities, whom we have not talked enough about this afternoon—many people use home care and attendant care. It's the largely women who work in this sector, many newcomer women.

I want to just give you a snapshot into the mindset of for-profit operators in this sector. I want to read to you a passage from Southbridge Care Homes release of a dividend report to shareholders, where they were talking about why people needed to invest with them. They wrote to their shareholders, "The fund's stable yield is derived from a government-funded long-term-care business that is growing as a result of positive demographic shifts and chronic shortages in health care beds." That's what organizations like this think of seniors and people with disabilities—they're a money opportunity; they're something to be advantaged.

1640

In our debate this afternoon, when the government members say, “Please stop talking about the fact that we’re encouraging privatization. There’s no section of this bill that says that this is how we will privatize home care,” what I’m saying to my friends over there, Speaker, through you, is that you’re doing nothing to stop it. And do you know who suffers? The same people you claim to support: the health care heroes; the people who are going in, often without protective equipment, doing home care visits. Honestly, forget about this bill for a second. If you actually gave a damn about those folks, you could give them a raise today. You could make that pandemic pay, which many PSWs back home in Ottawa Centre are still waiting for, permanent, if you really believed what you said.

The people I’ve had the benefit to learn from, who have helped me try to understand how politics actually works, have told me two things: “Joel, if you want to understand a project of law, follow two things. Follow the money and follow the lobbyists.”

I’ve talked about the money. I’ve talked about the three major operators in this sector who will grow richer by virtue of this legislation, who are right now, in a building somewhere in this city, strategizing about how they can capitalize on market opportunities in home care.

Let’s talk about the lobbyists. Let’s talk about Melissa Lantsman, the vice-president of the PC Party of Ontario, who, on April 27 registered as a lobbyist for—wait for it, Speaker—Extencicare, the vice-president of this government’s party, the same person who was the campaign spokesperson for this government in 2018.

So don’t try to distance yourself from this industry, which comes into this building all the time, which tries to wine and dine politicians in this building all the time. There is no distance between this government and the for-profit home care and long-term-care industry. In fact, you’re exchanging personnel. That’s what’s going on.

There is nothing in this bill to change the culture of profiteering in this sector. When our colleague from London—Fanshawe, our lead on home care and long-term care, put forward those amendments at committee, the way people voted was instructive. You’d better believe that in 2022, when we are running for election again, we are going to be talking about how parties voted on those amendments. Did you want to take profits out of home care? Did you want to stop the hemorrhaging of public money going to multinational corporations who prey upon the hard work of PSWs, who are responsible for the missed shifts, who are responsible for not paying care workers for travel between appointments?

Speaker, I wonder if you could speculate with me. If an Extencicare executive has to go to a conference in Las Vegas, is that travel covered? What’s the per diem over at Revera? What’s the salary at Revera? What’s the salary at Bayshore?

It’s instructive that I should bring up Bayshore. Its president deputed to the committee on this bill, and when I had my opportunity, I asked Mr. Stuart Cottrelle, “Do you agree with full financial disclosure of how your

organization operates and all of the administrative costs, including any element of overhead and executive compensation at your organization?” Mr. Cottrelle responded by saying, “Actually, MPP Harden, we file that information with the Minister of Health already.” I said, “I know. I’ve heard that from my friend from Nickel Belt. But are you prepared and is the ministry prepared to release that information to the public?” He said, “Oh, yeah, I’ll look into that.” Immediately, the MPP from Nickel Belt, seizing that opportunity, said, “Chair, could you please ensure that that actually happens?” And it disappeared in to the ether. Right? We will never know.

What we know from the Auditor General is that 39% of funds are being lost in this sector to administration costs. What we know is that the people who are working in this sector suffer from post-traumatic stress. They have to stitch together many contracts. They put themselves at risk. That’s what we know.

I honestly want to know this from the government, and I asked the parliamentary assistant this in debate earlier today: Why is it that they oppose full disclosure for organizations in this sector? We certainly don’t do that with ourselves. All the MPPs in this building: All of our expenses are public. The report was made public yesterday. Why do we have a different standard for Bayshore or ParaMed or CarePartners?

Speaking about CarePartners, its president, Linda Knight, receives \$140 million in contracts every year in home care from the province of Ontario. Guess what happened to folks who worked for CarePartners in 2019? A protracted labour dispute for folks who work for \$14 to \$16 an hour, at the time. They wanted—wait for it, Speaker—sick days. They had no sick days in their contract, no benefits. And what did Linda Knight’s company say to them? “No. Out on the pavement with all of you.”

Linda Knight is the Chair of Home Care Ontario. I want to ask you, Speaker, and I want to ask my friends in government: Does Linda Knight have no shame that you would be sending PSWs into people’s homes without sick days? That you would resist that at the bargaining table? I guarantee you, Speaker, as my friend from Nickel Belt already said, if a PSW is working in a hospital, they have sick days, they have a pension, they have regular hours and their work is very important. But somehow, to Linda Knight, it’s not important. Because you can call me important all you want, you can call me a hero all you want, but if you’re not going to pay me benefits and sick days and regular hours, you speak with your money, Linda Knight. You speak with your money, and we’re coming for your greed. We’re done. People on this side of the House: We’re done.

Our lesson from the COVID-19 pandemic is that we have to stop profiteering in this sector. The member from Mississauga Centre finds that funny. I don’t find it funny. I don’t find it funny that Linda Knight refuses to pay sick days to personal support workers. Perhaps you find that funny. I don’t find that funny. I consider those people absolute heroes. I think they deserve a decent wage. When Linda Knight and her colleagues decide to pay them

between \$16 and \$19 an hour and then turn around and bill us, the province of Ontario, for those services \$29 to \$32 an hour, which was what the Ontario Health Coalition told us, that's greed. That's straight-up greed. It's wrong.

We need a home care system in this province that is fully public. That's what I believe. That would be the fulfillment of Tommy Douglas's vision. As he was dying, he told people, when he was asked, that medicare is an incomplete project. We need dental care. We need vision care. We need mental health counselling and care. And you'd better believe we need home care and community care. But those systems have to work for people, Speaker, not for profit.

Let me speak specifically about this bill, because what my friend the MPP for Eglinton–Lawrence, the parliamentary assistant to the minister, often says when we're debating this—and I assume, in questions and answers, it's going to come up: “Joel, point to the part of this bill where we say we will privatize.” I'm actually going to point to a section, and hopefully we'll get in to it in questions and answers.

Section 23.1 of Bill 175 goes on about how no co-payments can be charged for home and community care services. True, but wait for the last words of the subsection, Speaker: “except as provided for in the regulations.” Do we know what the regulations are for home care yet? No. When is the government prepared to tell us? No idea. You want us to trust you.

1650

Let me be very clear, through you, Speaker, to the government: I do not trust them. I do not—not in a situation where you've offered pandemic pay to workers who haven't received it; not in a situation where you are connected to the for-profit lobby organizations in home care and long-term care. I do not trust you. And I have a specific question as well that I hope will be answered in the question-and-answer period.

As the member for Ottawa South said, the bill of rights that was in this legislation—brought into being by an NDP government, I might add—was a powerful tool for people who consumed these services. It meant that they could refuse service if it wasn't done properly—a person with a disability or a senior could. It meant that they could use that particular part of the statute to advocate for themselves. This is what ARCH Disability Law Centre told us; this is what the Advocacy Centre for the Elderly told us in deputations.

I have a specific question for the parliamentary assistant or anybody in this government: Who told you to remove that from the bill? Did anybody from the for-profit lobby organizations encourage you to remove that from legislation and put it into regulation—a specific question that we are right now doing ATIP requests for. You can tell me later or you can tell me now, but the people will find out. Who told you? Because I didn't hear one person at committee say, “Let's move this into regulation.” But I heard lots of people—the member from Eglinton–Lawrence is a lawyer, and her colleagues with expertise in disability law told us at committee that having that in the legislation was

important. We were both there. Did anybody tell this government to take that out of the bill? That's my specific question. You can tell me now or you can tell me later.

In the time I have left, Speaker, I want to speak from the standpoint of Ontario's critic for disabilities on two points. First of all, I hope that in all future debate on home care and community care we take the word “patient” out of the equation, because people with disabilities who deputed to our committee were very clear: “I am not a patient. There is nothing wrong with me. I have needs, and those needs need to be accommodated for me to live my fullest life. I benefit and my community benefits and the province benefits.”

I want to, in particular, mention Tracy Odell from Citizens With Disabilities, who deputed to us. She said, “We need to take the medical model out of home care. I don't need to be treated. I need an attendant and I need accommodations.” Tracy Odell, to her credit, went on to post-secondary education, went on to make massive contributions for people with disabilities in this province, and she did it because she had access to home care, which she told us she fought for.

But let's not go backwards, ever, to the days in this province and around this country where we institutionalize people with disabilities with a medical model. We should not and ought not to ever go back there. The people with disabilities movement, the disability rights movement, has been very clear with me personally, and I think were very clear at the committee that home care and community care is a wonderful enabling tool—attendant care—but it is an equal opportunity, so everybody gets to be their fullest self in this province. It's our obligation under the Accessibility for Ontarians with Disabilities Act, which requires this province to be fully accessible by 2025. Home care, attendant care, and community care are very important pieces of that puzzle.

Speaker, I will end by thanking my colleagues from London–Fanshawe and Nickel Belt for their leadership on this. I want to thank all the people in the care movement out there, all the workers out there scraping together contracts. We are thinking of you as we are talking about this bill. It's not enough. We can do very, very much better. We can recall Tommy Douglas's vision of a health care system that created equal opportunity for all, that took profits and the content of your wallet out of the consideration when it came to your health care needs.

We can do it. Let's get there. Take this bill off the table.

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

Mr. Aris Babikian: It is very obvious that the member from Ottawa Centre is very passionate about the issue, and I appreciate that.

The current system is not working for patients. The current models of care are not providing personal support workers with the job security they need. The system is not based on patient outcomes. Our approach through Bill 175 and our regulations offers a real solution to this problem. Why are the members opposite so committed to defending the status quo?

Mr. Joel Harden: Thank you for the question. I'm going to call upon an analogy brought up by my friend from Hastings–Lennox and Addington, MPP Kramp, about a team playing together and all its positions. What I'll say in response to your question, my friend, is: Imagine a hockey game where somebody is draining the ice off the rink. That's what's going on in home care. That's why we are trying to flag for you that you need to be much more ambitious, not just a thin piece of legislation which will allow for care coordination. In a context where large, multinational entities are draining resources out of our publicly funded system for private benefit, we have to do a reset and rethink it, and then, yes, a lot of the ideas around care collaboration and breaking down silos would be perfectly met within an actual public system. I thank you for the question.

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

Mr. Faisal Hassan: I would like to thank my colleague from Ottawa Centre, who has pointed out the flaws and the weaknesses of Bill 175, which enables the expansion of for-profit delivery of home and community care services. We also know the importance of PSWs; 62% of them are part-time. They are front-line workers, important to home and community care. Could you elaborate on the important work they do looking after our seniors? What does Bill 175 say about them?

Mr. Joel Harden: I want to thank my friend the MPP for York South–Weston for the question. Something that hasn't come up in debate yet this afternoon that bears mentioning is that PSWs are extremely skilled people. Some of us who have done caring for our elderly family members know this: How do you feed someone with dementia? How do you earn their trust? How do you feed someone who has mobility challenges, who may be prone for large parts of the day? The skills that PSWs have are massively detailed, but they are not compensated. But somebody shuffling paper on Bay Street makes hundreds of thousands of dollars. What is going on in our society?

So to the question: We needed a bill that did things to increase the value of the care profession. I like what's being currently debated in BC. Why not have a central negotiating table for the whole province, where there is one standard that everybody has to adhere to? That would force the operation sector to do better.

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

Mr. Deepak Anand: As the member from Scarborough–Agincourt said, I'm going to echo the same. Thanks for your passion for the bill, member from Ottawa Centre.

Madam Speaker, it is very encouraging to see that, finally, we can see 21st-century, digital first, tangible and meaningful patient-centric changes that are being implemented to improve the long-awaited and broken health care system through this bill.

To the member: What did you like in this bill?

Mr. Joel Harden: That is a member that knows the use of a rhetorical device. Well done.

What I would say is, I like the aspects of care coordination in this bill. We need to do more of that. I'm married to a physician. The stories among health care professionals are legion about the rivalries between professions within the health care sector. We do have to break those down. My friend from Nickel Belt comes out of the community care movement—community care is the answer. This is what we've often seen, so I appreciate that. But you're still draining the ice from the rink, and I need your help. I need your help to convince your government to get profit out of home care. But that's what I like about the bill.

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

M^{me} France Gélinas: I will do a little memory test on my colleague here. I don't know if you remember. On Tuesday at 2 o'clock, we had Gloria Turney, an eight-year PSW, who told us, "I have no hope for a pension. The company takes everything and left us nothing."

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Jodi Verburg was also a PSW for 10 years and faced the same scenario. When I asked her how much she made after 10 years with the same company—she shared it in Hansard—she said she makes \$17 an hour. We asked, "Were you consulted?" No, none of them were. "Do you see anything in the bill that will help you get better jobs, better pay?" They wanted sick time and they wanted a few benefits. They said, "No."

So my question is, do you see anything in the bill that will help those PSWs?

Mr. Joel Harden: No, I do not. Again, thank you for the trip down memory lane for the work we did at the committee, for all of us, all of the members of this House that were there at committee.

I also remember when it was Jodi and her colleague—the two members. One of them talked about the violence that she often experienced going in to certain homes and how that's just a part of her job. It is chilling to know that many of us, even those of us in this space who are health care professionals, may not even realize the danger that folks in these professions are putting themselves in every single day when they're not properly paid, when they're not properly compensated, when they're making \$17 an hour after 10 years of service.

Really, it falls on the government to set standards in this industry, and it hasn't. This bill needed to do that, and it didn't.

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

Mrs. Robin Martin: Thank you to the member opposite for his passion. As we've all noted, he certainly is passionate. But I really can't understand this obsession—well, I suppose I should understand it; it comes out of everybody over on the opposition benches—with privatization. It seems to me that you can't see the trees, really, for that forest—that word—because you're driven by this ideology, and not focused, frankly, on patient outcomes but on whether the person providing it is a for-profit or not-for-profit provider. You pointed to the legislation, and we're not changing the status quo. Now maybe you'd like

us to change the status quo, but we haven't changed that as to whether it's for-profit or not-for-profit.

So my question to you is: Isn't what we should be focusing on what is good for the patients, what will make the patients have a better care experience and, frankly, what's also good for the providers, the PSWs, who are right now isolated, who are not respected as a profession, who cannot even talk with nurses and doctors on the care team?

Mr. Joel Harden: Well, I thank the member for the question. I guess I would just say in response that the reason we are so obsessed—the NDP is the party of medicare. We are obsessed about medicare. You can call us obsessed about that—guilty as charged.

But would the member have a problem with for-profit private hospitals and the growth of them? I see no gesticulations, Speaker, so I'm going to make sense that, yes, most Canadians, we don't like that. We see a massive imprint of the private sector in this critical sector, and we oppose any legislation that will facilitate the growth of it.

So that's a subtlety that I hope my friends in government will understand after our debate this afternoon. But if they choose not to—that's your choice, but you will be held accountable for this choice. You deserve to have a home care system in this province where every cent is used for care and not for profit. We need a change to the status quo. That's what we want.

The Acting Speaker (Ms. Jennifer K. French): We have time for one quick question.

Ms. Andrea Khanjin: Point of order, Madam Speaker.

The Acting Speaker (Ms. Jennifer K. French): Stop the clock. I recognize the member from Barrie–Innisfil on a point of order.

Ms. Andrea Khanjin: Pursuant to standing order 7(e), I would like to indicate to the House that the evening meeting is no longer required.

The Acting Speaker (Ms. Jennifer K. French): Thank you. We have time for one quick question and answer. Please resume the clock. The member from Humber River–Black Creek.

Mr. Tom Rakocevic: Thank you for such a passionate and informative presentation.

During a pandemic, we have a government that has introduced legislation that, first of all, number one, creates further privatization opportunities within health care. And, when it comes to long-term care, thanks to their legal bill that's before us, it will actually make it harder to even sue some of these facilities. This government, just like the Liberals before them, received \$700,000 between 2007 and 2018 from long-term-care private outfits. Do you think that policies of governments like these are in fact purchasable?

Mr. Joel Harden: My colleague is mischievous, and I like it. The fact of the matter—

The Acting Speaker (Ms. Jennifer K. French): Thank you.

Interjection.

The Acting Speaker (Ms. Jennifer K. French): There was not time on the clock remaining.

Further debate?

Mr. Mike Schreiner: I rise today to speak on Bill 175. I realize that this bill was introduced before the COVID pandemic, but after the tragedy we have witnessed in long-term-care homes, I don't understand how the government could move forward with a bill that risks increasing privatization in new congregate care settings. Why would the government launch a new care model without enshrining care standards and legal parameters in the legislation itself? If this bill is really about improving care for people, why is the government removing the patient bill of rights from legislation, reducing accountability and the protection of people's rights in our home and community care settings?

Over and over again, Speaker, Bill 175 is asking MPPs to vote on a bill that fails to enshrine quality public care and patient rights in legislation. On top of all of that, the language in the bill suggests that home and community care service providers will be permitted to develop their own process for reviewing complaints. As one of my constituents from Guelph, a former home care manager, told the committee, this is like having the fox taking care of the hens in the henhouse, or, to quote the Ontario Nurses' Association, "Self-monitoring by for-profit service providers is a recipe for the erosion of quality in client care."

Speaker, I believe it's possible to have people-centred care, integrated decision-making, and fewer silos, along with new forms of congregate care, without—and the key is "without"—opening the door to more privatization, reducing oversight of patient rights and consolidating power in the hands of the minister, which is what Bill 175 does.

I want to close by saying that if the government were serious about improving home and community care, then it would listen to the Registered Nurses' Association of Ontario, who put forward compelling evidence that the sector needs a 20% increase in funding. If we've learned anything from the COVID pandemic, we need higher wages for personal support workers and full-time employment to bring stability to home and community care. We need to hire more RNs, and we know that the return on investment of doing so would be significant.

Sadly, Bill 175 fails to deliver the better care Ontarians need and deserve.

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

M^{me} France Gélinas: I'd like to thank the member for his brief remarks.

You attended part of the deputations on the bill. From what you've heard and from what you've read, is there anything in the bill that precludes community services from being subcontracted out to the for-profits?

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

Mr. Mike Schreiner: I appreciate the member's question. From what I've read in the bill and from what I've heard at committee, there's nothing that prevents additional privatization in home and community care. As a matter of fact, there were many people who came to

committee and many people who have come to the lawn at Queen's Park who have specifically raised concerns about privatization in the new congregate care settings, particularly after the tragedies we've seen in long-term care. I'm worried that the government hasn't learned from that and they haven't applied the lessons of COVID to Bill 175.

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

Mrs. Robin Martin: You know, it's interesting; there's some obsession about patient rights and why we took the bill of rights out of the existing legislation. Well, the reason was because we were, in this legislation, going to repeal that legislation, so if we didn't take the bill of rights and put it in the regulations, it would no longer exist. So we kept it in the regulations, thinking people would like that. But maybe we shouldn't have done that; I don't know.

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There's nothing in this bill that takes away patient rights. It's all there. You still have the appeal from the health service provider; you still have the Health Services Appeal and Review Board. You still have the Patient Ombudsman. You still have the bill of rights. And a regulation has the force of law. So what the heck is the matter with that, I ask my honourable friend?

Mr. Mike Schreiner: I appreciate the member's question.

It would be, I think, more responsible for MPPs to actually know what they're voting on.

The bottom line is, when you move the patient bill of rights out of legislation and into regulation, you consolidate the power of making those decisions in the hands of the minister.

The people of Ontario and, I believe, all MPPs would have so much more confidence if the bill of rights were in the legislation itself so people knew what their rights were and knew they couldn't be changed by an order in council. That seems to be a typical move. I can't count how many committees I'm on where the government seems to be transferring power out of legislation, which is what MPPs can publicly debate, into regulations, which is really done through an order in council.

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

M^{me} France Gélinas: Do you see anything in the bill that would help a PSW job to become a career? Do you see a strategy within the bill that would allow PSWs to have full-time work, to have a living wage, to have sick days, to have access to benefits, to have access to a pension plan, to have a career in home care? Do you see any strategy within the bill that would bring us toward that goal?

Mr. Mike Schreiner: I appreciate the member's question.

I don't see such a strategy, and it's actually one of the flaws in the government's approach to home and community care.

I can't tell you how many personal support workers I've heard from who can barely make it from home to home because they are on such a tight schedule. They're on such a tight schedule that they aren't able to really provide the care they want to provide, because they don't have the time to do it.

So we absolutely need a strategy that pays personal support workers a living wage, that guarantees them full-time employment and ensures that their day is scheduled in a way that they can provide the kind of care for people that PSWs want to provide and that patients deserve.

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

Mrs. Robin Martin: Those were interesting comments.

Just to go back to the bill of rights for a second: The regulations were posted; the summaries of the regulations were posted. I don't know if you had a chance to consult with your constituents about what was in the regulations, but it included the bill of rights as it was, with the suggestion that perhaps it should be updated and modernized to include some equity considerations that are more prevalent now than they were in 1994, when the legislation was drafted. So, certainly, we're looking for input on those things, and as we said in our submissions, the minister and I are still consulting.

On the personal support worker issue: I think the legislation will enable us to help personal support workers with the thing that keeps coming up all the time, which is scheduling. Those poor personal support workers get one hour here and one hour at the opposite end of the city. It doesn't matter how much you pay them for two hours; they need a full day. That is the problem. That has to be fixed. It doesn't matter how much you pay them for one hour or two hours; they need—

The Acting Speaker (Ms. Jennifer K. French): Thank you. Response?

Mr. Mike Schreiner: I appreciate the member's question.

If the legislation provided legislated minimum standards of care, legislated protections for personal support workers, then I think we'd be in agreement. The challenge is that none of that is in the bill.

This seems to be a strategy that I see over and over by this government: that they remove things from legislation that's democratically debated in the House among MPPs and move it into regulation. Of course, they do post regulations for public comment. But at the end of the day, that's decided by an order in council, not by a vote of MPPs in a democratic Legislature.

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

M^{me} France Gélinas: I agree with what the member just said. Back in 2007, when we did changes to the Long-Term Care Homes Act, the NDP wanted really badly to have a minimum standard of hands-on care. We used to have one: It was 2.25. The government said, "No, we're not going to put it in legislation because it could change. The needs increase. We'll put it in regulation." That was in 2007.

Fast-forward to 2020: We still do not have a minimum standard of hands-on care. No regulation was ever done, but many, many promises were made in the House that we don't need it in legislation; we will put it in regulation.

Along that line, do you see any problems with for-profit companies—ParaMed, Bayshore, you name it—being allowed to assess the needs of a client, as well as coordinate the care and deliver the service?

Mr. Mike Schreiner: I appreciate the member's question. I definitely have concerns with that because there is no legislated minimum standard of care. I would have less concerns if there was a legislated minimum standard of care. We just have to look at long-term care for an example of that. I believe there is a member on your benches who put forward a bill asking for a minimum standard of care in long-term care. I would support that. I think we should have a legislated minimum standard of care in long-term care. I believe that if we had a legislated minimum standard of care in long-term care, we wouldn't have seen the tragic consequences of the COVID pandemic in our long-term-care facilities. So why don't we put in a minimum standard of care for home and community care so we can avoid this in the future?

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

Mrs. Robin Martin: I want to ask the member opposite if he realizes that this approach to home care, having part regulation and part legislation, as we have in our legislation, is allowing us to update—also publicly posting, as I mentioned—those regulations and keep the legislation updated. We had those draft regulations posted. Again, I don't know if he consulted with his constituents about them, but they were posted for 60 days and fully available for everyone to comment on. We're still accepting comments. They do it this way in Alberta and British Columbia, and it seems to work for their home care legislation.

I'm afraid if we put funding in legislation, for example, or a health human resource strategy, we wouldn't be able to update it for our needs. What we really want to do is respond to patient needs, no?

Mr. Mike Schreiner: Thank you for the question. Actually, we don't need all the details you're talking about; what we need is a legislated minimum standard of care. If we had a legislated minimum standard of care, then the details of how to achieve that legislated minimum standard of care could be implemented. That's what would improve this legislation.

I've said over and over again that we can have more integrated care and improved home care, but we can do it without creeping privatization. We can do it without removing the patient bill of rights—and I believe I am out of time.

The Acting Speaker (Ms. Jennifer K. French): Thank you. I believe you are.

Further debate?

Ms. Natalia Kusendova: It gives me great pleasure today to speak to Bill 175, the Connecting People to Home

and Community Care Act, introduced by the Deputy Premier and Minister of Health.

Speaker, we are living through some extraordinary times. Ontario is dealing with an unprecedented challenge brought about by the COVID-19 pandemic. This challenge has revealed some of the vulnerabilities within our health care system. However, it has also shown us the resilience of the Ontario spirit and our ability to pull together as Ontarians and as Canadians of all stripes to face an invisible enemy together.

I'd like to take this brief moment to acknowledge the incredible work of my colleagues, health care workers who have led the fight on the front lines with courage, compassion, dedication and love—love for our patients, for our communities, for the interdisciplinary team and for our province.

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As some of you may know, I have had the unique opportunity to join the fight against COVID-19, put my scrubs and stethoscope on and join my nursing colleagues in the emergency room of a local hospital. What I have seen was at times scary, at times challenging, at times heartbreaking; but on other days team-building, encouraging, empowering and hope-giving. What I'm trying to say is that this pandemic has brought on a roller coaster of emotions and pressure, not only on our political leaders and community leaders, but also on our incredible health care force, who have truly stepped up to the plate.

Speaker, I would also like to take a moment for a personal liberty to give a special recognition and shout-out to my incredible nursing colleagues at the Etobicoke General Hospital ER, who are watching us right now. You are all and continue to be my rock, my foundation and my solace as I face my own challenges, hardships and incredibly difficult moments as a nurse fighting in this pandemic. Thank you for your guidance, teaching and mentorship. Thank you for a listening ear and a shoulder to cry on. Together, we cared for bedridden and confused patients while doing our very best to follow COVID-19 protocols. We conducted Zoom family meetings on tablets for families to say their last goodbyes. We held patients' hands as they took their last breaths and played their favourite songs on YouTube. We wrapped bodies carefully, with dignity and respect, and we wiped off sweat and nursed scratches from underneath all of that PPE. I could not have done this without you, and certainly this province would not be on such an encouraging trajectory as we are today without you. To all health care workers in Ontario: I think I speak for all members of this House when I say that from the bottom of our hearts, we owe you a debt of gratitude. Thank you.

Speaker, when our government was elected a little over two years ago, we were elected with a substantial mandate to be a government for the people. One of the central tenets of our government's election platform was ending hallway health care—or hallway nursing, as I like to call it. As Canadians and as Ontarians, we take great pride in our publicly funded, world-class health care system. Unfortunately, due to mismanagement and a complete lack of

vision and planning under the previous administration, our health care system has found itself in a state of fragmentation, disarray and chaos. It was failing our patients, and certainly it was failing our health care heroes.

However, as the Premier likes to say, the buck stops at us. Since day one post-election, our government has remained steadfast and committed to our plan of ending hallway health care, transforming and modernizing our health care system, as well as respecting taxpayer dollars by ensuring that every penny has a great ROI—that's return on investment, for some of the members listening over there.

We knew that this was no small challenge. Ending hallway health care would take patience and perseverance, but also courage and vision. That is why so many actions, projects and bills by the Ministry of Health, the Ministry of Long-Term Care and across ministries and industries were conceived with that clear vision in mind. The Connecting People to Home and Community Care Act, 2020, which was introduced in February, is yet another concrete action, another defined and measured step we are taking to bring home care into the 21st century, but also to achieve our overarching vision of ending hallway health care.

This act, if passed, would modernize the existing legislation in the Home Care and Community Services Act, 1994, correcting where the existing legislation has not kept pace with modern trends. While historically successful, the Home Care and Community Services Act, 1994, requires modernization to meet the demands of this era. Our government has identified several factors where the existing legislation has failed to keep pace, as it is more than a quarter-century old. In fact, Speaker, the act is older than the youngest member of this assembly, so we can agree that a generational update is needed.

First, the Home Care and Community Services Act has not kept pace with Ontario's changing demographics, including an increasingly aging population—a population with more complex health care needs, a population that lives longer and is more culturally and linguistically diverse. This new piece of legislation will ensure that innovative solutions are placed at the forefront of decision-making in our health care system so that new dilemmas can be solved with a new and informed lens.

Deuxièmement, la Loi sur les services de soins à domicile et les services communautaires n'a pas suivi le rythme des attentes changeantes des personnes qui accèdent aux services de santé en ce qui concerne la gamme de services de soins offerts. Cela est particulièrement vrai lorsqu'il s'agit de plus en plus de patients à la recherche de méthodes d'accès aux services de santé dans le confort de leur domicile. Grâce à cette législation innovante, notre système de soins de santé sera plus en mesure de répondre à ces nouvelles demandes de soins de santé, ce qui se traduira par des patients plus à l'aise et plus satisfaits des soins qu'ils reçoivent.

Cette législation contribuera donc à maintenir les personnes à domicile en meilleure santé en habilitant les équipes de soins à travailler ensemble, en intégrant les

soins à domicile aux soins primaires et aux soins aigus, et en outre à lever les obstacles à l'accès à l'information, conduisant à des patients plus soutenus que jamais. Cela sera particulièrement pertinent alors que nous poursuivons la lutte contre la COVID-19 et, dans le temps à venir, il est de la plus haute importance à veiller que les patients vulnérables soient dans un cadre aussi sûr que possible.

Pour les Franco-Ontariens et Franco-Ontariennes, cette loi réaffirme l'engagement de notre gouvernement envers les communautés francophones au sein de notre écosystème de santé. Plus précisément, cette loi place les soins à domicile et en milieu communautaire sous la gouvernance de la loi sur les soins de connexion. La Loi pour des soins interconnectés dans son essence affirme la diversité des collectivités de l'Ontario et la façon dont chacune doit être prise en compte dans sa planification, la structuration et la prestation des services de santé.

Santé Ontario, en conjonction avec la Loi pour des soins interconnectés accorde une priorité élevée à l'engagement auprès des communautés franco-ontariennes afin de garantir que la prestation des services réponde aux besoins des communautés francophones.

Lastly, the Home Care and Community Services Act has been unable to accommodate recent innovations in both health care technology and care delivery options. This new piece of legislation, as has been said, will place innovative solutions at the heart of our province's health care ecosystem, ensuring that care solutions are both flexible and dynamic, able to adapt to changing conditions which our province may endure in the future, and better respond to the needs of patients like Gloria, Ruth or Grewal.

Through this act, we also seek to remedy several legislative barriers to making care provisions more flexible and dynamic, thus being more adaptive to patient-oriented care. Some of these barriers include rigidity in allowing patients to make changes to their care. This new act will make it so that care is more coordinated with front-line providers to be more responsive to patients' needs.

Another barrier is that care provision, under current legislation, has been siloed, and thus patients have to interact with home care as a separate entity from both primary care and hospital care. Ontario health teams have called on our government to ensure that home care is embedded into other care settings for a more integrated health experience. Through such an extensive integration, we ensure that our health care ecosystem is more able to operate harmoniously through the sum of its individual parts, leading to more accessible and more efficient health care for all who need it.

L'adoption de cette nouvelle législation présente de nombreux avantages tangibles, notamment un accès plus facile aux soins à domicile et en milieu communautaire, que ce soit en milieu hospitalier, en soins primaires ou en milieu communautaire. Cela aiderait également les patients à se connecter avec leurs fournisseurs de soins par le biais de sites de vidéoconférence sécurisés et de surveillance à distance, garantissant que dans un avenir immédiat où COVID-19 est toujours un facteur,

l'expertise médicale est toujours disponible avec une intrusion personnelle minimale.

Cette nouvelle législation offrira également plus de choix aux personnes ayant des besoins élevés en matière de soins pour accéder à leurs soins dans de nouveaux milieux communautaires, garantissant une fois de plus une diversité d'options de soins mieux adaptée aux objectifs et aux calendriers de traitement individuels.

En habitant les équipes de prestation de soins à travailler en collaboration, cette loi garantira que les plans de traitement seront supervisés plus rigoureusement par les professionnels de la santé à chaque étape du processus et que les Ontariennes et Ontariens qui pourraient avoir des préoccupations au sujet de leurs affections pourront toujours accéder à l'expertise dont ils ont besoin.

1730

No longer will Ontarians on a treatment plan need to visit a hospital because their care has become so—I struggle with this word—siloed—let's use the word "siloed"—there becomes a disconnect between their different medical experts. The entire ecosystem will ensure a more efficient continuity of care.

Madam Speaker, I would also like to highlight some of the changes Ontarians can expect with the Connecting People to Home and Community Care Act. While the previous legislation placed restrictions on changing care plans without formal reassessment and limited the ability to make changes to established care plans which may better meet patient needs as they develop, this new legislation allows for flexibility in care planning requirements to support a more responsive delivery of care centred on patient outcomes.

As it stands in the current legislation, the Home Care and Community Services Act places capped restrictions on the amount of services to be received, thereby capping capacity to care for certain patients who may require more attention than others.

In our proposed legislation, presented to the House, there will be absolutely no service maximums, thereby enabling the provision of care to be based on identified patient needs, resources, outcomes, of course as directed by our medical professionals.

In comparison, our current system enforces a per-hour and per-visit-based approach to delivering care. This simply cannot be allowed to continue. We are failing Ontarians like Gloria, Ruth and Grewal, who are vulnerable Ontarians who require extensive care plans, Ontarians whose wounds or conditions may not heal in a one-hour, three-times-a-week slot according to schedule. This legislation will right this wrong.

Dans le projet de loi 175, nous proposons une approche flexible qui permet des modèles de soins novateurs, comme la prestation virtuelle de soins de soutien et la suppression de l'accent mis sur les soins en consultation. Notre nouvelle législation prévoit également un modèle de surveillance des services de rassemblement résidentiel qui soutiendrait les patients ayant des besoins qui sont probablement trop élevés pour être pris en charge à domicile, mais qui ne nécessitent pas le niveau de soins

intensifs dispensés à l'hôpital ou à long terme dans un milieu de soins—ma professeure, Gisèle, je pense qu'elle regarde.

While we are making many updates to the legislation, there are of course numerous elements that will be left unaltered. At the end of the day, as Conservatives, our ethos towards governance is to maintain what works, such as the ability to fund Indigenous organizations directly through the Ministry of Health and Long-Term Care Act, which will maintain the nation-to-nation relationship between all parties involved.

Other provisions regarding funding clients and families for self-directed care will maintain the restriction limiting oversight of delivery of community services to non-profit corporations and the requirements for a complaints process. The right to appeal certain decisions to the Health Services Appeal and Review Board will also remain unchanged.

We are also maintaining the inclusion of home care in the jurisdiction of the Patient Ombudsman. The bill of rights for home and community care would continue in regulation and updated to reflect the realities of modern home and community care.

Madam Speaker, should this new legislation pass, it will make it easier for Ontarians to access home and community care in hospital, primary care or community settings. Hospitals and primary care settings and others will be able to arrange home care directly for patients instead of referring people to a separate home care organization. Doing so will reduce administration and transition for patients. It will also help patients connect with their care providers through secure videoconferencing and remote monitoring devices, something that is absolutely crucial in light of the current pandemic.

People with chronic illnesses will be monitored at home with a nurse checking in as needed. Nurses or therapists can use video conferencing to work with a personal support worker in the home to provide more specialized care.

La loi pour connecter les gens aux soins à domicile et en milieu communautaire offrira plus de choix aux patients ayant des besoins élevés en matière de soins pour accéder aux soins dans de nouveaux milieux communautaires. Les patients sortiront de l'hôpital dans un établissement de soins de transition pour gagner en force et en fonctionnalité avant de rentrer chez eux. Cela permettra également aux équipes de soins de travailler ensemble pour soutenir les patients. Cela permettra aux fournisseurs de première ligne de prendre plus de décisions concernant les soins, en intégrant les soins à domicile aux soins primaires et aux soins actifs, et éliminera les obstacles à l'accès à l'information qui soutiendra mieux nos patients.

I'd like to quote some of our top medical professionals who have come out in support of the Connecting People to Home and Community Care Act because their reactions to this bill have given me, as an RN, the confidence to stand wholeheartedly behind it and what it will do to bring our health care system into the 21st century. It is with the help

of and in consultation with these people that our government undertakes decisions with regard to our world-class health care system, because these experts know what gives our medical workers the capabilities and resources they need to ensure that Ontarians are able to receive the care they need when and where they need it.

We have a quote from Jo-Anne Poirier, who is the president and CEO of the Victorian Order of Nurses for Canada: “On behalf of VON Canada, Ontario’s longest-serving home and community care provider, I’d like to thank the government of Ontario for recognizing the need to modernize the rules governing this vital component of health care delivery. They have listened to feedback, including the imperative to ensure that gaps in home and community care are addressed. We look forward to participating in the consultation process, with a focus on strengthening capacity in the home and community care system to better enable the delivery of patient-focused health care in Ontario. This is an important next step toward achieving the vision of government’s Ontario health team transformation initiative.”

In summary, I, for one, as a health care provider in Ontario, am excited about the opportunities and the possibilities that Bill 175 proposes. I look forward to being able to provide better, innovative, integrated, holistic and patient-focused care to my patients. I look forward to working in an Ontario health team, in collaboration with my colleagues in home and community care. I look forward to having access to virtual platforms and shared patient health information. I look forward to seeing the positive health outcomes for my patients as they access care through one team, 24/7, which supports them throughout their health care journey, regardless of their physical location. And finally, I look forward to the day in the hopefully not-so-distant future when hallway health care in Ontario is a thing of the past.

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

Ms. Bhutla Karpoche: The member from Mississauga Centre spoke about her experiences as a nurse, as a front-line worker. I want to first thank her for her work during the pandemic.

We know that we have nurses in the home care system as well. Many of the nurses I’m hearing from right now are not eligible for the pandemic pay. Today we had nurses at Queen’s Park, in front of the Legislature, asking the government to withdraw Bill 124, which caps the pay increase at 1% and, more essentially, takes away collective bargaining rights.

I would like to know from the member: As a nurse, does she support her colleagues in calling for Bill 124 to be withdrawn?

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

Ms. Natalia Kusendova: Thank you very much for the question.

We are debating Bill 175 today—but I just wanted to thank my colleague from across the aisle; we actually went to visit one of the long-term-care centres in her riding, and

together we delivered some PPE as well as some meals for our front-line workers, including nurses and PSWs. So I want to take a moment to reflect on the fact that we have been working across the aisle with different levels of government as we fight this common enemy throughout this pandemic. I think it’s really important to note that because this is bringing us together. I think we need to continue working together as we move Ontario forward, so I wanted to thank the member for participating that day with me.

1740

The Acting Speaker (Ms. Jennifer K. French): Stop the clock. A reminder to all members—in fairness to the point made—that during questions and answers, it must be relevant to the speech preceding.

We may resume. Question?

Mr. Billy Pang: I would like to appreciate our member from Mississauga Centre for her contribution during this pandemic.

In the last two years, I have had the pleasure to meet with numerous service providers of community care, PSWs working in community care, and non-profit organizations running or planning to run community care services. I can see that it’s challenging to recruit and retain PSWs.

May the member from Mississauga Centre share with us how this legislation would improve the conditions for our PSW workforce?

Ms. Natalia Kusendova: Thank you, Madam Speaker—

The Acting Speaker (Ms. Jennifer K. French): You’re okay to stand. Response? I recognize the member from Mississauga Centre.

Ms. Natalia Kusendova: Sorry. I’m just very excited about this particular piece of legislation, Madam Speaker.

I thank the member for the question. I just have to say that our PSWs are God’s angels. The work that they do, especially in my experience working with them so closely in the hospital—it cannot be understated that without our PSWs, we would be in some very deep, deep trouble. So it’s important that we work closely with them in recognizing some of the shortfalls in our current home care system.

This legislation will allow us to actually have better scheduling for PSWs to allow them to communicate with nurses. How innovative would that be if I could connect with the PSW that would be taking over the care of my patient once I discharge them from the emergency room into the home, and the ability to connect with that PSW to check in on them, to give them some guidance with regard to the next plans of care? I, for one, am excited about this legislation and the ability to work collaboratively with my colleagues the PSWs.

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

Ms. Rima Berns-McGown: My question for the member has to do with God’s angels, and whether she believes that this legislation is going to allow them to earn better money, to be able to have benefits, to be able to have

a full life, so that they will be able to provide for their families in really comfortable circumstances. Because scheduling is only one part of the issue, and you can't eat praise.

So I'm wondering what the member thinks about this legislation providing better salaries and better benefits for God's angels.

Ms. Natalia Kusendova: Thank you for that very important question. I would like to point out that this piece of legislation is just one of the things that we are doing to empower our PSWs to work collaboratively with other health care providers. But across different ministries within our government, we are conducting studies. In the Ministry of Long-Term Care, we are conducting a study to assess the needs of personal support workers and how our government can better support them.

I know that you guys are very fixated on this one piece of legislation, but this is not the only thing that the government is working on. I can assure you, we have ministers and we have PAs who are working very diligently on a health human resource strategy for the government within the health care sector but also in our long-term-care sector.

So please stay tuned, because this is not the only thing we are doing to address some of the challenges in our health human resource strategy.

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

Mr. Daryl Kramp: Ma question est pour la députée de la circonscription de Mississauga-Centre. I'm very, very pleased to have you be here today, not just as a member of Parliament but certainly as a person who has contributed so greatly to the health care of Canadians. There's nothing more important, so thank you for your dedication and your service.

I know you have first-hand knowledge of the necessity of connectivity and the multiple aspects of health care, because it's not a single silo. Everything has to connect efficiently and effectively, and you know when it's working well and when it's not. This legislation, obviously, is geared towards establishing a serious level of connectivity. Could you elaborate on that?

Ms. Natalia Kusendova: Thank you for the question. The member is right in stating that all parts of our health care system are very interconnected. That is why I like to call it a health care ecosystem, because, truly, all the parts work together, and if there is trouble in one part of the system, we see the domino effect in other parts of the system.

For example, under the previous government, the long-term-care sector was completely ignored for 15 years—only 600 beds in 15 years—and so that's one of the first things that we did. We announced 15,000—10,000 beds—we announced a lot of long-term-care beds in the last two years; I believe up to 7,000 right now.

When one area of the health care sector suffers, others do as well. This piece of legislation will allow more interconnected care and will embed home care into primary care, which is exactly what the people of Ontario asked for when they elected us two years ago.

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

M^{me} France Gélinas: I thank the member from Mississauga Centre for her remarks. She just finished by saying that home care will be integrated into primary care. There are 4,500 nurses right now who work for the LHINs. Working for the LHINs, they get paid the same amount as at the hospital. They have the same pension plans. They have good benefits. They have paid sick days. Moving them into primary care—most of primary care is not unionized. None of the nurses in primary care make the same wage as at the hospital. Most of them are not allowed HOOPP, and the benefits are, let's say, not as good.

Why is it that in the bill, the labour protections for those 4,500 nurses were taken away and diluted so that what they have now won't be guaranteed? They will be asked to do the same work for less pay, no more pension plan and less benefits. How do you support that as a nurse?

Ms. Natalia Kusendova: I thank the member for her question. The role of the care coordinator is very important, and what this piece of legislation will allow us is to actually bring that role closer to the patient, into primary care, but also into acute care, where, again, it will allow for better collaboration.

Going forward, what will remain in the role of the care coordinator is to perform functions such as community care services, intake eligibility, care planning, care allocation, oversight of care and update of the care plan. We want to bring our care coordinators closer to the patient, to allow for better-integrated care. This is what this bill is all about.

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

Ms. Marit Stiles: I'd like to start by thanking everyone who has been speaking this afternoon, whether you're asking questions or delivering these 20-minute speeches, and of course the member for London-Fanshawe for her lead on this, as well as the members from Nickel Belt and Ottawa Centre for their very compelling comments.

I mentioned in one of my questions earlier that my relationship, to some extent, with the community care and home care sector began in some work that I did in working with a former member from Nickel Belt, Shelley Martel, and a former member from the Beaches, Frances Lankin—now Senator Frances Lankin—in efforts to, at first, push back against the government of Mike Harris's introduction of competitive bidding, which undermined home care in this province so terribly. We saw; we knew, even then, what the impact would be. The alarms and the flags were raised. The demonstrations took place. Everyone was warned. Everyone was warned, and they went ahead anyway.

Then, through 15 years of the Liberal government of Dalton McGuinty and then Kathleen Wynne, they continued, despite the warnings and the flags and the research and the calls for change. So I feel a bit of déjà vu.

1750

It's kind of interesting to be in this chamber, where some of those people I worked with on these issues spoke

so eloquently so many years ago. I want to thank all of them and everyone who has pushed back against the privatization of home care, community care, health care in this province and across Canada—particularly the members of our caucus who, preceding my election, certainly, had been fighting this battle for many years. I thank you so much.

Over the last few hours, we've heard about a lot of the issues that arise from this legislation. We heard about some of the warnings that we've all seen coming out of COVID-19. We know that the legislation before us is deeply flawed. The opposition put forward, I think, 19 amendments in committee, none of which passed, and I'll go through those a little bit later in my comments.

Here's what we know about this legislation, in my understanding: The legislation siphons off, or continues and increases the siphoning off, potentially, of patient care dollars to fund what is essentially a super bureaucracy that will meet in secret. Does it reduce red tape? Well, yes, you could say that. Does that support patients? Does that help patient care? No, I don't think so.

The second thing this legislation does is, it turns health care, in effect, into a cash cow for private health care corporations, widening that door to privatization and creating loopholes to make more care for-profit by contracting it out.

It does nothing—and this is really one of the most tragic elements of this bill. I think the member from Eglinton–Lawrence said that it's all about ideology; well, it's not, really. There's a lot of research, a lot of experience, a lot of reports.

Nonetheless, we do know—and we've certainly seen it in the experience around COVID-19—the importance of tackling the pay and working conditions of health care workers on the front line, not just during emergencies, but always, because we always know that our seniors and more vulnerable people deserve this care.

We know there's a shortage of PSWs. We know they're overworked. We know they are underpaid. We know they are under-resourced. Actually, today I think we've heard members from all sides here talk about that at great length and talk about our health care heroes. Like the member from Parkdale–High Park, today I was out front, on the lawn of this Legislature, with the nurses coming right out of work to protest and say, "We deserve respect and dignity, like every other worker in this province." They are receiving none of that from this government, nor are the PSWs everybody likes to hold up as their angels. Words are simply not enough. We need to see action now.

One of the great tragedies here is that we all seem to agree, and we have, frankly, for many years now, I think it's fair to say, that there needs to be an overhaul of home care and community care in this province, absolutely, 100%, without question, but this bill not only takes us in the wrong direction—and I think it's fair to say that we fundamentally disagree on many of the directions that this legislation takes—but it does it at the wrong time. That's the other great tragedy of this legislation. Instead of taking the opportunity, learning from what we are experiencing

through COVID-19, through this historic moment, this enormous challenge—instead of actually showing those workers and those patients and those families the respect and the dignity of getting this right, this government has used their emergency powers, essentially, and they have used this moment to ram through legislation at precisely the wrong time.

Interjection: Shame.

Ms. Marit Stiles: Yes, indeed, shame. Shame on you, because you had an opportunity. You could have stepped back. You could have said, "What are we learning? How can we make it better? Why do we want to get it wrong?"

I have to say, I cannot understand how anybody in this House—and I don't believe it's true—believes that health care dollars should go to for-profits rather than to patients. I think that's fundamental. I can't wrap my head around that. I don't believe that's the case.

So I think it's really important, and I really urge the members opposite to hear what we're saying, which is that this is what this legislation effectively does. It will result in that. It will result in more dollars in health care going to profits over patient care. And you've heard it. You've heard it from patient advocates; you've heard it from workers; you've heard it from experts. But still, for some reason, the ears are closed.

I also ask the members opposite to show us one—honestly, show me one study, show me one study that shows that Ontarians, the people we are all elected to serve, want their health care dollars to go to for-profit CEOs, CEOs of home care corporations, or inadvertently, back door, to corporate lobbyists. Show me one study that shows that that's what Ontarians want from us and want from government and want from good government.

I want to also just touch briefly on this issue of the enabling legislation, because I've heard some of the members opposite this afternoon talk about it like it's no big deal: "Oh, my goodness. We'll just sweep all these things into regulations, take it out of legislation and sweep it into regulations. But don't worry, there will still be opportunity for people to see it and provide comment."

Oh, please. Give me a break. That is not how this works, and we all know about it. You can say that other governments have done this. Well, shame on them. Shame on them, because do you know what? This is the important part of democracy. We get to debate it. We get to analyze it. We should be hearing from lots of people about it. We should be hearing from the experts and the people most impacted.

When a cabinet can slide through changes that impact thousands and thousands of people, our most vulnerable people, then that is just somehow very deeply wrong, and it undermines democracy and it undermines the confidence that Ontarians have in the work that we do and in government. That, to me, is the most appalling thing about that enabling legislation stuff.

I have to say—and I truly believe this because, as I said, I've walked through these halls in different ways over many years, and federally as well, and I've seen some sneaky stuff go down, and I've seen some governments

really water down the tools that we have at our disposal as legislators to ensure greater transparency and accountability, and frankly, provide good government. That's what we are here to do, and that this government would once again use their powers in this area, which is so important, which we all agree needs an overhaul, to give themselves that kind of power is very unfortunate.

I want to say, as well, I've heard a few of the critics of the legislation talk a bit about how this legislation was developed and the fact that it has been, up to now, developed pretty much in the backrooms, that there wasn't really public consultation going into this. Lots of consultation with lobbyists, and I credit the member from

Ottawa Centre for his extensive reflections on the corporate lobbyist and the connections there to the governing party, which is really quite astonishing and not—well, I shouldn't say astonishing. It's not surprising, but it's very unfortunate—

The Acting Speaker (Ms. Jennifer K. French): I apologize for interrupting the member, who will have time to conclude her remarks at another time.

Third reading debate deemed adjourned.

The Acting Speaker (Ms. Jennifer K. French): Seeing the time on the clock, this House stands adjourned until Wednesday, July 8, at 9 a.m.

The House adjourned at 1800.

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Natyshak, Taras (NDP) Nicholls, Rick (PC)	Essex 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) Pang, Billy (PC) Park, Lindsey (PC) Parsa, Michael (PC) Pettapiece, Randy (PC) Phillips, Hon. / L'hon. Rod (PC) Piccini, David (PC)	Niagara West / Niagara-Ouest Markham—Unionville Durham Aurora—Oak Ridges—Richmond Hill Perth—Wellington Ajax Northumberland—Peterborough South / Northumberland—Peterborough-Sud	Minister of Finance / Ministre des Finances
Rakocevic, Tom (NDP) Rasheed, Kaleed (PC) Rickford, Hon. / L'hon. Greg (PC)	Humber River—Black Creek Mississauga East—Cooksville / Mississauga-Est—Cooksville 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) Romano, Hon. / L'hon. Ross (PC)	Ottawa West—Nepean / Ottawa-Ouest—Nepean Sault Ste. Marie	Minister of Colleges and Universities / Ministre des Collèges et Universités
Sabawy, Sheref (PC) Sandhu, Amarjot (PC) Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Mississauga—Erin Mills Brampton West / Brampton-Ouest 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) Scott, Hon. / L'hon. Laurie (PC) Shaw, Sandy (NDP)	Guelph Haliburton—Kawartha Lakes—Brock Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	Minister of Infrastructure
Simard, Amanda (LIB) Singh, Gurratan (NDP) Singh, Sara (NDP)	Glengarry—Prescott—Russell Brampton East / Brampton-Est Brampton Centre / Brampton-Centre	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Skelly, Donna (PC) Smith, Dave (PC) Smith, Hon. / L'hon. Todd (PC)	Flamborough—Glanbrook Peterborough—Kawartha 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) Stiles, Marit (NDP) Surma, Hon. / L'hon. Kinga (PC)	St. Catharines Davenport Etobicoke Centre / Etobicoke-Centre	Associate Minister of Transportation (GTA) / Ministre associée des Transports (RGT) Minister Without Portfolio / Ministre sans portefeuille
Tabuns, Peter (NDP) Tangri, Nina (PC) Taylor, Monique (NDP) Thanigasalam, Vijay (PC) Thompson, Hon. / L'hon. Lisa M. (PC)	Toronto—Danforth Mississauga—Streetsville Hamilton Mountain Scarborough—Rouge Park 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) Vanthof, John (NDP)	Oakville North—Burlington / Oakville-Nord—Burlington 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 COMMITTEES OF THE LEGISLATIVE ASSEMBLY
COMITÉS PERMANENTS 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, Wayne Gates
Randy Hillier, Andrea Khanjin
Jane McKenna, Judith Monteith-Farrell
Michael Parsa, Randy Pettapiece
Kaleed Rasheed, Peter Tabuns
Effie J. Triantafilopoulos
Committee Clerk / Greffière: Thushitha Kobikrishna

**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 Blais
Stan Cho, Stephen Crawford
Catherine Fife, Randy Hillier
Mitzie Hunter, Andrea Khanjin
Laura Mae Lindo, Sol Mamakwa
David Piccini
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**Standing Committee on General Government / Comité
permanent des affaires gouvernementales**

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Vice-Chair / Vice-président: Daryl Kramp
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**

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Vice-Chair / Vice-président: Taras Natyshak
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Marit Stiles, Nina Tangri
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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

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permanent de l'Assemblée législative**

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Rima Berns-McGown, Michael Coteau
Faisal Hassan, Logan Kanapathi
Jim McDonell, Christina Maria Mitas
Sam Oosterhoff, Kaleed Rasheed
Sara Singh, Donna Skelly
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**Standing Committee on Public Accounts / Comité permanent
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**Standing Committee on Social Policy / Comité permanent de
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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
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