

Legislative  
Assembly  
of Ontario



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Mardi  
30 mars 2021

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Speaker: Honourable Ted Arnott  
Clerk: Todd Decker

Président : L'honorable Ted Arnott  
Greffier : Todd Decker

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**ORDERS OF THE DAY / ORDRE DU JOUR****Protecting the People of Ontario Act (Budget Measures), 2021, Bill 269, Mr. Bethlenfalvy / Loi de 2021 visant à protéger la population ontarienne (mesures budgétaires), projet de loi 269, M. Bethlenfalvy**

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LEGISLATIVE ASSEMBLY  
OF ONTARIO

Tuesday 30 March 2021

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

Mardi 30 mars 2021

*The House met at 0900.*

**The Speaker (Hon. Ted Arnott):** Good morning. Let us pray.

*Prayers.*

ORDERS OF THE DAY

PROTECTING THE PEOPLE  
OF ONTARIO ACT  
(BUDGET MEASURES), 2021  
LOI DE 2021 VISANT À PROTÉGER  
LA POPULATION ONTARIENNE  
(MESURES BUDGÉTAIRES)

Resuming the debate adjourned on March 29, 2021, on the motion for second reading of the following bill:

Bill 269, An Act to implement Budget measures and to enact and amend various statutes / Projet de loi 269, Loi visant à mettre en oeuvre les mesures budgétaires et à édicter et à modifier diverses lois.

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

**Mrs. Nina Tangri:** Good morning, Speaker and everyone in the House. I'm honoured to speak this morning about Ontario's 2021 budget, introduced by the finance minister last Wednesday. This bill and our budget build on commitments that our government has made to the people of Ontario: our commitment to do whatever it takes to get them through this pandemic and our commitment to be transparent and accountable whilst doing so.

When the pandemic began last March, just one week after we decided to declare a state of emergency, our government was the first in Canada to unveil a comprehensive economic outlook and a plan to support the people and businesses of this province. Ontario's Action Plan: Responding to COVID-19 laid the foundation for immediate economic and health care support. This plan included \$7 billion in additional resources for the health care system and direct support for people and jobs, as well as \$10 billion in support for people and businesses through tax and other deferrals to improve cash flow, protecting jobs and families' household budgets.

In November, we built on this plan through the release of our 2020 budget, Ontario's Action Plan: Protect, Support, Recover. The 2020 budget allocated unprecedented resources to our pandemic response. It provided what we needed to strengthen front-line health care, support people and employers and lay the groundwork for Ontario's economic recovery.

The pandemic's landscape is different today than it was in November, five months ago. Five months ago, we knew vaccines were in development, but we didn't know when they would be available. The Ontario spirit of supporting each other through these difficult times is still alive and well, but we now have hope in the form of vaccines. Yesterday, Ontario administered its two-millionth dose of COVID-19 vaccine. It isn't us in this chamber administering these vaccines—except for the Minister of the Environment, Conservation and Parks, who, as we know, is a pharmacist—it's our dedicated health care workers at hospitals, doctors' offices, pharmacies and community centres across this province.

Vaccinations are the key to ending this pandemic once and for all, which is why getting vaccines into the arms of those who want them is our number one priority. Ontario and our public health partners have been working hard to administer as many vaccines as our supply from the federal government allows. These efforts will ramp up as soon as we have the stable, steady supply of vaccines to do so.

Announced in this budget, Ontario is investing more than \$1 billion to support the administration, distribution and rollout of our vaccination campaign. Our three-phase plan will involve our entire health care system, including public health units, hospitals, pharmacies and doctors' offices. We will also rely extensively on new infrastructure, including mobile clinics and mass vaccination sites. In many public health units, anyone 70 or older is now eligible to book a vaccine, and in areas with a pharmacy or primary care provider pilot, those aged 60 to 69 can also get the vaccine.

Over the past several months, my staff and I have been speaking to many people in our community, including our senior population. What we've heard is that while many have been vaccinated, others lack the transportation to be able to do so. That's why our government is removing this barrier to getting vaccinated by allocating \$3.7 million to provide safe, accessible transportation for persons with disabilities and older adults with limited mobility to get to their COVID-19 vaccination appointments.

We know that the vaccination campaign will not be completed overnight. While these efforts are under way, we will not waver from our commitment to protect the people of Ontario. We are supporting our ongoing response with \$3.7 billion over two years for our testing strategy—one of the most comprehensive in the country—to ensure timely access to testing, ensure that it is available to vulnerable communities and to expand the capacity to process these tests effectively.

The COVID-19 virus has had a devastating impact on families across this province, none more so than those in long-term care. The pandemic exposed the vulnerabilities in our long-term-care homes, which have been underfunded and neglected for decades. This is not acceptable. Our government is making unprecedented investments into the long-term-care system to ensure that we have the capacity needed to provide care to those in need and to ensure that those in our LTC facilities are receiving the care they deserve in the conditions they deserve.

We are investing \$246 million over the next four years to upgrade long-term-care facilities across this province and fast-track upgrades for health and safety, including renovations to support infection prevention and control, improve ventilation and provide residents with air conditioning.

One of the most common problems constituents contact my office with is finding space in a long-term-care facility for their loved ones. Sometimes they'll be offered a space in other parts of the province, but they will be too far away from their families and other support systems they have in their own communities. The LHINs are doing their best to try and place these residents in their communities based on priority, but there simply are not enough beds available.

Between 2011 and 2018, only 611 LTC beds were built across the province. In 2018, our government made a promise to the people of Ontario that we will build 30,000 new beds within 10 years. Sites are under construction right across the province, but I'm most excited about what's under way in Mississauga. Mississauga is home to one of four developments occurring through our Accelerated Build Pilot Program. The Trillium Health Partners's Speakman site development will build 420 new beds and upgrade 220 existing ones within months, not years. Our 30,000-bed promise is supported by an additional \$933 million over four years, for a total of \$2.6 billion. As outlined in the budget, "These most recent allocations will result in a development pipeline of 20,161 new spaces—representing more than two thirds of the government's commitment to build 30,000 new beds by 2028—as well as 15,918 upgraded spaces."

We've made another commitment as well, one that I've been asked about since the day I arrived at Queen's Park for the very first time. Ontario will provide the best quality care in Canada and will increase the average direct daily care per resident to four hours a day through an investment of \$4.9 billion over four years.

**0910**

This won't be possible without the health care heroes who support our residents: the staff, nurses and PSWs. We'll be hiring 27,000 more positions across the province to support these efforts. We will accelerate and expand education and training pathways in order to prepare and train the tens of thousands of new staff that will be required; support continued professional development and growth of long-term-care staff to improve retention; and improve working conditions for staff by coordinating with long-term-care employers to increase full-time employment and promote innovative approaches to work and technology.

Our seniors have worked so hard to build this province up. I believe many members on both sides of this House have heard various concerns from their communities about long-term care in Ontario. I'm proud that our government is taking concrete steps to create meaningful change in this sector.

Long-term care is by no means the only part of our health care system in need of support. Ontario has made landmark investments in mental health supports throughout the pandemic, and this continues under this budget. We are providing \$175 million in mental health supports over 10 years as part of our \$3.8-billion 10-year plan.

We also know that, in particular, post-secondary students require extra support during this time. To assist, we are adding an additional \$7 million to our \$19.25-million commitment of mental health and addiction support for campuses and those studying virtually.

To preserve capacity and allow our health care system to adequately treat COVID patients of varying severity, certain elective and non-urgent surgeries and medical procedures have been postponed over the past year. We know today that this is not sustainable. We need surgeries and diagnostics to continue. We're investing in an additional \$5.1 billion to support hospitals since the pandemic began, creating more than 3,100 additional beds to ensure that those who need our health care system can access it when they need it.

Over \$610 million, including \$300 million in 2021-22, is allocated to address the surgical backlog from delayed or cancelled surgeries and procedures due to the COVID-19 pandemic. Funding will help hospitals keep operating rooms open late in the evening to complete up to 52,000 surgical hours of elective surgeries and address the MRI and CT scan backlog.

Throughout my time in office, I've been approached many times with concerns about the way surgeries are scheduled. Patients are stuck waiting months or even years for a procedure with a certain specialist or at a certain hospital when other options are available. This investment will also address that concern by creating a centralized provincial surgical wait-list program to help reduce delays in scheduling and to match patients to surgeons with shorter wait times.

A capital plan investment of \$30.2 billion over 10 years will be used to build and renew hospital infrastructure, including an additional \$3 billion since the 2020 budget. Hospitals across the province, from Collingwood to London to Bowmanville to Windsor, will be redeveloped. Closer to home—for me, anyway—this funding will support the Trillium Health Partners' broader redevelopment project. Queensway Health Centre will be augmented by a brand new patient care tower and the Mississauga Hospital, which is over 60 years old and opened in 1958 as South Peel Hospital, will be completely rebuilt—not renovated; rebuilt.

These projects will increase capacity and address Mississauga's current and projected growth. We will also benefit from our government's commitment to the second hospital in Brampton, which I know the member from Brampton West and the Associate Minister of Small

Business and Red Tape Reduction have been tirelessly advocating for.

We are not just supporting the health care system for today, we're investing in the health care system for the future. These investments will ensure that Ontario's public health care system remains accessible and available for decades to come.

We cannot have a healthy economy without healthy people. As I've explained so far, we have made a myriad of investments into health care, but this budget also directly supports the people of Ontario and the businesses that employ them. We're continuing two of the very popular transfer payment programs that were introduced this year, one of which supports parents of children, and another which supports businesses.

In January, Ontario introduced the small business support grant to provide relief to businesses that were required to close or significantly restrict services as a result of the province-wide shutdown that took effect in December. I have heard from countless businesses, both in my role as MPP for Mississauga–Streetsville and as parliamentary assistant to the Minister of Economic Development, Job Creation and Trade, that this program was a lifeline for them and provided the cash flow support needed to make it through the winter. More than \$1.4 billion has been paid to nearly 100,000 small businesses for them to use in whichever way works for them, from paying wages to maintaining inventory.

We all want our businesses to be open, but the pandemic is not over. We must continue to follow the advice of our public health and medical experts, and do what we can to stop the spread of these variants and protect our communities. To further support these small businesses, the province is doubling this grant and is automatically providing a second, equal payment to them. Together, the two rounds of this program are expected to provide \$3.4 billion in total direct support.

The other program we are continuing is the Support for Learners grant, now called the Ontario COVID-19 Child Benefit. The government has provided two rounds of direct funding to parents right across the province: \$200 per child up to grade 12 and \$250 per child with special needs up to the age of 21. As part of the 2021 budget, we are providing a third round of payments, and we're doubling it. Parents will now receive \$400 per child aged zero to grade 12 and \$500 per child with special needs up to the age of 21. A family with three children, one of which has special needs, will receive \$1,300 through this round of payments. Over the duration of the program, this family would have received \$2,600 to support their children's education. In all, this will total \$1.8 billion in direct support through this program alone.

We're also proposing an increase to the Ontario Child-care Access and Relief from Expenses, or CARE, a refundable tax credit introduced in 2019 to support parents with the cost of child care, something that continues to be an unaffordable expense for many families. The proposed 20% increase to the CARE credit will increase support from \$1,250 to \$1,500, on average, providing about \$75

million in additional support for the child care expenses for over 300,000 families.

We are, of course, providing direct supports to the education system as well, aside from the investments made for the safe reopening of our schools in the 2020 budget: \$14 billion in capital grants over 10 years have been allocated to build more schools and upgrade existing facilities, including \$1.4 billion in school renewal for the 2021-22 school year.

Our economy will recover from this pandemic, but we also know that the employment landscape will look different than it did pre-pandemic. Some sectors will take longer to recover than others, and some have been disproportionately affected.

The right kind of training is crucial for workers to find the jobs they want or advance in the fields they are currently in. I've heard from many people, of all ages, who want to change careers or retrain for a more secure future, but some have difficulty with the cost. We also have sectors with labour shortages and positions we can't fill. Our government is bridging the gap and helping workers get the training that they need. The Ontario Jobs Training Tax Credit would be a temporary refundable personal income tax credit that would provide up to \$2,000 in relief, for up to 50% of eligible expenses in 2021.

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We're also introducing other job-specific training benefits. For example, we're investing \$2 million over two years to attract new PSWs and nurses to work in retirement homes. I had the opportunity prior to the pandemic to shadow a personal support worker at one of the long-term-care homes in my riding. I believe I've spoken to this before, but it's incredible work that they do each and every day to support our seniors and vulnerable populations. As I mentioned before, we have shortages in this field. The Ontario government will provide PSWs a financial grant of \$5,000 for a six-month commitment to work in a retirement home and nurses a \$10,000 grant for a one-year commitment, in addition to providing financial assistance to those looking to be trained.

A sector that has been hard hit by the pandemic in all areas of the province is the hospitality and tourism sector. Our government, under the direction of the Ministry of Heritage, Sport, Tourism and Culture Industries, is investing more than \$400 million over the next three years in these new initiatives. As part of our strategy, we're also increasing funding up to \$50 million for Ontario's 13 regional tourism organizations to attract domestic and international visitors when it's safe to do so.

There are so many things that I can talk about, but I see time is running short. We understand there's a significant amount of spending in this budget, but the Premier has been clear from the very beginning of the pandemic that we will do whatever it takes to support the people of Ontario throughout this difficult time. Our government will foster an environment for the creation of jobs, and the minister explained this last week, "While we create the conditions, it will be the people and employers who create the actual growth ... until we reach those shores, we will

maintain our relentless focus on protecting people's health and our economy."

#### CORRECTION OF RECORD

**The Acting Speaker (Mr. Percy Hatfield):** We have time for questions, but before we do that, the member from Sudbury has indicated he would like to rise on a point of order.

**Mr. Jamie West:** I'd like to rise on a point of order to correct my record. Yesterday afternoon during House duty, I was informed that I used a word that I thought meant "fool" but could be taken as unparliamentary. I want to thank the member for Eglinton-Lawrence who talked to me after House duty and made me aware of this error. I'm going to provide a note to Hansard to correct my record to have the word adjusted, if that's possible. I want to apologize to anybody who was offended by the word.

**The Acting Speaker (Mr. Percy Hatfield):** It is always appropriate for a member to stand and correct his or her record.

#### PROTECTING THE PEOPLE OF ONTARIO ACT (BUDGET MEASURES), 2021

#### LOI DE 2021 VISANT À PROTÉGER LA POPULATION ONTARIENNE (MESURES BUDGÉTAIRES)

**The Acting Speaker (Mr. Percy Hatfield):** The first question to the member from Mississauga-Streetsville goes to the member from Sudbury.

**Mr. Jamie West:** Thank you to the member from Mississauga-Streetsville. During her debate, she talked about the 27,000 new hires for long-term care. Christyna Cox had contacted my office. She talked about trying to keep new employees. She says, "We hired many new employees who were hired, completed orientation, report for two of their shifts and never return again. And why? It's because the workload is intense and extremely exhausting." Another PSW said that they quit their role to work in laundry, because they work for 30 cents less by doing much less work.

I'm just wondering if the government will support my bill, Bill 266, which will be debated this afternoon, the Support Workers Pay Act, so that we can hire, retain and provide a wage for these PSW workers so we can retain them.

**Mrs. Nina Tangri:** I want to thank the member opposite, not just for the question but for the proposal that he brought forward in his private member's bill. I think we can all agree that the work that our personal support workers did is absolutely incredible. I spent just a few hours one day shadowing one in the dementia and Alzheimer's wing of a long-term-care home. I have to say, I could not do that job. It was extremely difficult. They were being shouted at. They were trying to make sure that they were toileted and fed at the right time, that they kept

them clean. It is a very, very difficult job. I know it's something that our Premier takes very, very seriously.

I'm certainly looking forward to looking at ways that we can all work together to make sure that we can not only hire more but retain more PSWs, at long-term-care homes and retirement homes, that we so desperately need. One of the ways that we're doing that is to make sure that we get more people trained much faster.

**The Acting Speaker (Mr. Percy Hatfield):** The next question.

**Ms. Andrea Khanjin:** Thanks to the member for her local remarks and the folks that she's been talking to and the experiences that she's shared with us.

I just want to ask her, because she's been doing a lot of work trying to get a lot more investment into Ontario from all different sectors and she's been working really, really hard with our Minister of Economic Development—she's on countless Zooms—I just wanted to ask her what the impact of this kind of budget is going to mean for the future of the province and, really, getting more investment and more job creation here?

**Mrs. Nina Tangri:** I'd like to thank the member from Barrie-Innisfil for the question, because it is critical. While the health and safety of all Ontarians is what is of paramount importance, we have to look to the future on how our economy can recover. Together with the Premier and the Minister of Economic Development, Job Creation and Trade, we've continued, throughout the pandemic, meeting foreign direct investment. We've talked to many, many businesses.

Just this past Friday, the Premier, the minister and I, together with the member from Mississauga-Malton, were at HCL Technologies—a company that just happens to be in my riding. They're going to be hiring—anything from 800 to 1,200 jobs just at that one location—2,000 people across this country.

So the work continues. The work on attracting foreign investment is still going to continue, and to ask companies to be here in Ontario and to grow. And we are creating the environment to do that.

**The Acting Speaker (Mr. Percy Hatfield):** The member for York South-Weston.

**Mr. Faisal Hassan:** The member from Mississauga-Streetsville talked about investment in this budget, but there is no investment, Mr. Speaker, in communities like my community of York South-Weston. We need investments. We need investments in housing. We need paid sick days, child care, culture, art, long-term care and education. This budget does nothing to provide support in those key areas.

The member from Mississauga-Streetsville talked about how there is investment for long-term care. We know that, Mr. Speaker, investment for four hours of daily care support will be implemented not now, but five years from now. That's not investment for today. Will the member for Mississauga-Streetsville tell us, are they going to put the PSWs—10,000 PSWs—because we need them now. Rather than providing grants, are you going to hire them now? Because it's needed in long-term care.

**Mrs. Nina Tangri:** Thank you to the member opposite for the question, because it is critical. It is absolutely critical that we can get the PSWs in our long-term-care homes and in our retirement and nursing homes as well, but they're not trained overnight.

We have put incentives out there to attract more people to come into this sector. It's something that this government does, because the previous government let it fall by the wayside for 15 years. We recognize the desperate need in our long-term-care homes. Each patient deserves at least four hours of care, we absolutely recognize that, which is why we asked the members opposite to join us in making sure that we have policies put in place to attract more PSWs. Because it's a great job, it really is, for those who are doing it. I've talked to them. They love the work that they do. They love the seniors that they work with. And I think we need more of them to help us attract others to come into this industry.

**The Acting Speaker (Mr. Percy Hatfield):** The member from Aurora–Oak Ridges–Richmond Hill.

**Mr. Michael Parsa:** Thank you very much, Speaker. Great to see you in that chair, always.

Speaker, I want to thank my colleague for her presentation. She did a great job, as always.

Not a single member in this House that I can recall has not talked about support for our small businesses. Every single one of us knows and understands the value they bring not just to our overall economy, but to our local communities as well.

Through this budget, a second round of the Ontario Small Business Support Grant will be offered to approximately 120,000 small businesses who will be eligible for a second round. That's an additional \$1.7 billion. I know what it means to small businesses in my community, because I spoke to them, Speaker. I'm wondering if my colleague can elaborate on what that means, having a role in the Ministry of Economic Development—what is this going to mean to small businesses who have been affected so much during this pandemic?

**Mrs. Nina Tangri:** Thank you to the member for the question, because it is critical. Throughout the pandemic, our small businesses especially have suffered severely. We wanted to make sure that we have supports put in place. When we came out with the small business grant, we made the system quite simple for them to be able to apply. I've assisted many people myself with the online system. Not only are they getting the small business grant, but they're also getting help with their energy costs as well, and we gave \$1,000 for PPE, if they chose to utilize that.

But what was great about our announcement in the budget last week is not only are we doubling the program, it's going to be automatic. They don't have to reapply. They don't have to go back on their computer. They need to be working on trying to recover from this pandemic, so we made it easy for them. If they received \$20,000 the last time around, they will get \$20,000 this time. I think that was what was critical for our businesses.

**0930**

**The Acting Speaker (Mr. Percy Hatfield):** The member for Hamilton Mountain.

**Miss Monique Taylor:** I would like to tie into the same line of questioning when it comes to the Ontario business support grant because, in my riding of Hamilton Mountain, I have heard from many business owners who weren't able to qualify and found it very tedious and a lot of work to be able to get through that program to apply, and then to find out that they were denied for several reasons.

To see that the same business owners will be able to access the money and the same business owners will not be able to access the money—one of my business owners from the Stage Diner, he's ready to close his doors. He feels like it's a slap in the face to say that the same people will get the same money and he will still not qualify.

What does she say to people who do not qualify and should qualify? Will she go back to her government and try to make a plan that actually expands the program and makes it so that others will qualify also?

**Mrs. Nina Tangri:** Thank you to the member opposite for the question. I think what was critical, especially in areas that were in full lockdown, is that we got the supports to them, because they were fully closed down. What happened, especially with those in the restaurant sector, is we ensured that they were included in this. For those who had—sometimes they entered the wrong information, or slightly different, and they worked with us, they worked with my office—I know a lot of them—and we were able to get answers why, throughout the system, if it didn't work, and we were able to get them those grants.

I have numerous, numerous emails of thank yous for that little bit of help that they needed because they accidentally twisted a figure around, or sometimes it's just something they don't understand. We made sure that we were available. My office has been phenomenal doing that—I'm talking about my constituency office. They can always go through their MPP, any MPP in this chamber, and then come to the ministry and we will try and help them.

We want to make sure everybody who qualifies for this grant does qualify for it.

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

**Ms. Peggy Sattler:** It is always a pleasure to rise to participate in debates in this assembly. Today, we are debating Bill 269. This is the bill that is intended to assist with the implementation of the government's budget that was tabled last week.

Before I begin my remarks on the contents of the bill, I just wanted to provide some context for the discussion that we are having here this morning. Yesterday evening, a report was released by the COVID-19 science advisory table. I want to acknowledge the health care experts who participate on that table. It is an independent table that brings together some of the best minds in the province to advise the government on COVID-19.

They released a report that indicates that variants of concern now account for two thirds—67%—of all Ontario

COVID infections, and these variants are associated with a 63% increased risk of hospitalization, a doubling of the risk of intensive care unit admission and a 56% increased risk of death due to COVID-19. They also note that on March 28, just a couple of days ago, the daily number of new COVID infections in Ontario reached the daily number of cases that was observed near the height of the second wave, which, of course, at that time, prompted the start of a province-wide lockdown on December 26. They report that the number of people hospitalized with COVID-19 is now 21% higher than it was at the start of the last province-wide lockdown, ICU occupancy is 28% higher, and most alarmingly, the percentage of COVID patients in ICU who are younger than 60 years of age is now about 50% higher than it was before the province-wide lockdown. They warn that the impact of the transmission of the variants will be most pronounced in two to four weeks. So there will be significant—significant—impacts in terms of our health care system.

We know, according to the *Globe and Mail*, that hospitals have had to pull out the triage protocol and consider what is unthinkable for health care professionals: who deserves treatment when hospital systems are overwhelmed, when ICU beds are fully occupied and when our health care system is not able to manage the caseload of people who are ill with COVID-19.

This is the crisis that we are living through in Ontario. We have in front of us a budget that is basically silent on the reality of the third wave that is upon us in this province.

I also want to acknowledge my own community in London. This morning, just past midnight, the Middlesex-London Health Unit was moved from the orange zone to the red zone. London saw an 87% increase in cases just over the last week. The number of cases in terms of the population meant that the government made the decision to move London into the red zone. Once again, London is like every other place in the province: There is very much increased evidence of variants of concern.

Dr. Peter Jüni, who is the scientific director of the science table, says—and this is a quote; he said this yesterday: “Right now in Ontario, the pandemic is completely out of control.” He noted that for Ontario, there is now “no way out” of the dire scenario that’s set to unfold over the next few weeks without a widespread lockdown coupled with other measures, including the province providing paid sick leave to essential workers, encouraging Ontarians to avoid movement between regions and ensuring residents have access to lower-risk outdoor activities.

Speaker, this budget would have been the opportunity for this government to implement those measures that we have known about for months—for months—in this province, that would have helped to mitigate some of the horrors of this third wave that is going to soon be upon us. Unfortunately, the government chose not to take that opportunity. They chose not to implement measures like paid sick days that are going to be so critical in the weeks ahead.

I did want to now turn to some of the contents of the budget and the budget bill that we are debating this morning. I want to recognize the government for including

in its budget an acknowledgement that Ontario is in a she-cession. The impact of the pandemic has been acutely felt by women in this province who work in occupations that were affected almost immediately by the pandemic. They experienced significant job loss, women who work in retail, in hospitality, those kinds of jobs. Those women workers have been the last to re-enter the labour market. Still, we see a significant gap between the men who are re-entering the labour market and women’s access to labour market opportunities because, let’s face it, women carry the burden of caregiving. They carry the burden of caring for their children. They often are responsible for the care of aging parents as well.

**0940**

Women have talked about the extraordinary pressure of the pandemic on their mental health and well-being, the stress that they experienced as they tried to juggle these caregiving responsibilities with continuing to make a living, earn an income. It’s been challenging, Speaker. We know that women’s jobs are concentrated in what they call the five Cs: caring, cleaning, catering, cashiering and clerical. As I mentioned, many of those jobs were the ones that were—businesses were closed; those jobs were lost at the beginning of the pandemic.

But others of those jobs are essential workers. These are jobs that can’t be done at home. Caring: PSWs, child care workers—you can’t do that work from home. Cashiering: grocery store clerks—you can’t do that work from home. So women who were the first hit by the pandemic were also in occupations that were at much higher risk: PSWs, for example; nurses, for example; early childhood educators, for example. We have to recognize the disproportionate burden that the pandemic created for women in this province.

It’s interesting, Speaker: The finance minister acknowledged the she-cession. This really is a reflection of what we have seen throughout the pandemic. Unlike other economic downturns where it is the male jobs that are affected, in this pandemic it was the women’s jobs that were affected. There’s an acknowledgment that there is a she-cession. There are rosy projections about economic recovery, but there is nothing in the budget document or this budget bill that talks about a she-covery. On the one hand, they’re acknowledging the disproportionate burden that women have faced. But on the other hand, they’re doing nothing to ensure that there is a she-covery for all of those women in Ontario who have been negatively affected by COVID-19.

What is key to a she-covery? We all know. We all know it’s child care. Women have to have access to child care if they are going to be able to re-enter the labour market. What do we see in this government? Do we see the stabilization funding that the child care sector has been crying for? No, we do not. We see an increase in the CARE tax credit, which we know is money that is paid to parents—we heard the Minister of Education—so they can use it for things like summer camps. That is not a sustainable, stable, coherent child care system that is being supported by the CARE tax credit.

The other reality, Speaker, is that a tax credit provides relief for families who pay those fees up front and then they get money back on their tax return. However, it does nothing for families who can't afford the prohibitive costs of child care. We know that Ontario has some of the highest rates of child care in the province.

What else was missing, from this government, that would have enabled that she-covery that we need to see? There should have been a focus on making caring jobs good jobs; a focus on ensuring that PSWs have a sustainable, long-term, permanent wage increase; a focus on moving those caring jobs from being part-time jobs with no benefits, no job security, into full-time jobs. Value those jobs. Value the care that the people who are employed in those jobs—largely women—value the care that they provide.

I have to say, in the context of the Supreme Court decision on the carbon backstop, climate change is real. Climate change demands that we look at investing in low-carbon sectors of our economy. The care sector is a low-carbon sector. These are green jobs, when we talk about caring jobs. So let's invest in making those jobs good jobs, not just a wage supplement for PSWs that's going to expire in June. Let's acknowledge and value the work that care workers do.

The other thing that's missing, from this government, that would have been important to a she-covery is an acknowledgment of the income insecurity that so many women workers in Ontario face. I have to say, it was shocking to me and to many advocates, to everybody on this side of the House, to see the lack of acknowledgment in this budget for the burdens or the barriers that people with disabilities have faced throughout this pandemic. They have faced higher costs with having to get food delivered. They have faced higher costs because the cellphone is their only means of communication with the outside world. They have faced a number of additional expenses, a financial burden that has meant that even the meagre, below-poverty income levels that they're trying to subsist on right now have been inadequate.

And it's galling in the face of the federal government's decision that \$2,000 a month is a reasonable income replacement for people who have lost their jobs. That's what people have been getting through the CERB. Meanwhile, here in Ontario, people on ODSP have been struggling with the indignity of trying to get by on about \$1,200 a month. This would have been an opportunity for the government to address that income inequality, which is so pronounced in the province.

It would also have been an opportunity to look at getting women back into the labour market with targeted supports that recognize the intersectional challenges that racialized, Indigenous, low-income, women with disabilities—that many different women face in trying to re-enter the labour market.

The training tax credit that is set out in this legislation—once again, like the CARE tax credit—requires people to be able to pay upfront for those post-secondary programs that are going to get them retrained, and that's a big

assumption. That's a big assumption to make, that people would be able to pay those fees upfront, when they're only going to get a partial—up to 50%—of that investment back. There are many women who would not be able to benefit from such a tax credit because they simply can't afford that initial upfront investment.

There was no new money for housing in this budget. I want to say, in my community in London—in every community, actually, Speaker—we are facing a housing crisis. A report came out just last month: London is second only to Toronto in terms of the total amount of rent arrears that are owed by tenants who've been struggling throughout COVID-19. We have a third of renters in our city who are living in substandard housing, but can't afford to move. There would have been an opportunity for the government to invest in permanent housing, to provide a rent supplement, to implement a moratorium on rental evictions—all of these would have responded to the actual needs of people in this province.

#### 0950

There is an investment in violence against women. We know that the reality that women face in terms of gender-based violence is a barrier to their full economic participation, and so we need to ensure that the supports are there, but this government did not even replace the funding that they had cut from violence against women services, and their pledge to invest funding over three years to improve victim and sexual assault services calls into question how much of that funding will actually be directed to violence against women.

In my community in London, crisis calls to violence against women services are up almost 50%. We're hearing that when women finally get to a shelter, they are now in much more acute stages of crisis than they were before the pandemic. The pandemic has really seen a dramatic increase in violence against women.

Finally, I want to talk about support for the not-for-profit sector. The government talks about the small business grant being available, being doubled for the same businesses that were eligible before. The not-for-profit sector is not able to access the small business grant. The not-for-profit sector employs—75% of the employees are women; they provide incredibly valuable services. This would have been a great opportunity for the government to look at the eligibility for that small business grant, to look to include the not-for-profit sector, to look to include more businesses. The government chose not to do that.

**The Acting Speaker (Mr. Percy Hatfield):** Time for questions. I turn to the member from Whitby.

**Mr. Lorne Coe:** Thank you, Speaker, and good morning. You'll know, because you were in the House yesterday when I was making statements, that I spoke about the degree of the government's investment, particularly in the areas of accessibility and inclusion. My question to the member opposite: Will she be supporting this unprecedented investment in accessibility and inclusion of residents of all abilities?

**Ms. Peggy Sattler:** I want to thank the member for his question. We're not going to be supporting this budget.

We're not supporting this bill. This is a time, Speaker, when people in the province are looking to the government for the critical help that they need to make it through the pandemic and the hope that, once they're through, they'll be able to thrive on the other side.

This government fails to do that. It doesn't address these long-standing issues that we've seen in our long-term-care sector. It doesn't address the stability of our child care sector and non-profit sector. It doesn't deal with the significant challenges that our education system is going to be facing for years as a result of the impact of COVID-19 on children's learning. We can't support it.

**The Acting Speaker (Mr. Percy Hatfield):** The member for Spadina–Fort York.

**Mr. Chris Glover:** Thank you to the member for the comments today on this bill. In my riding, one of the big concerns is that daycares are closing. You mentioned that women have been disproportionately impacted by this pandemic and that what we need is to plan for a she-recovery. You said that daycare is one of the key components in order for women to be able to return to the workplace, and yet there's a report from the Canadian Centre for Policy Alternatives that shows that both fees are going up. They've gone up by up to 20% in some areas of Ontario. Many daycares, because of the dire financial straits they're in, are closing. What should the government be doing in order to support women and to have a she-recovery?

**Ms. Peggy Sattler:** Thank you very much to my colleague for his question. Certainly, he points out that Ontario parents are paying the highest child care fees in the country. It costs more to send a child to child care than it does to send a child to university. This is a major investment for families. Yet we are seeing here in Ontario, for the first time in a decade—there were 58 child care centres that closed last year, which means more centres closed than opened. We need to ensure that we have access to quality, affordable, non-profit, accessible child care. That takes a plan. It takes more than putting an extra \$250 a month in the pocket of parents. That is what we need to address the child care crisis.

**The Acting Speaker (Mr. Percy Hatfield):** The next question.

**Mr. Billy Pang:** Talking about helping families, our new budget is helping families who have faced new pressures and expenses during the pandemic keep more money in their pockets. The government is providing a third round of payment to support parents, through the Ontario COVID-19 Child Benefit, totalling \$1.8 billion since last March. The payment will be doubled to \$400 per child for this round and \$500 for each child with special needs. Will the member opposite be supporting families with young children as they carry the financial burden of COVID-19?

**Ms. Peggy Sattler:** I think every parent with children in this province wants to be able to send their children to school and know that the programs and services and resources and education workers will be there to support them whether their child has special learning needs or not. This government makes no investment in education. It's

actually shocking, the lack of focus in both this bill and in the budget document about education. Basically, the education funding that is provided barely keeps pace with inflation, which, as you know, Speaker, represents a cut. There are going to be long-term impacts on children's learning as a result of this pandemic. We should have been investing in more education workers in our schools rather than cutting \$1.6 billion.

**The Acting Speaker (Mr. Percy Hatfield):** The member for York South–Weston.

**Mr. Faisal Hassan:** I would like to thank my colleague from London West for her eloquent presentation this morning with regard to the disparities and inequities that exist and also brought by the pandemic. I know that it's required for a she-recovery.

I know that the member from London West has put forward a bill: the Stay Home If You Are Sick Act. This budget doesn't have paid sick days. I would like to ask about the importance of having paid sick days. I know that 60% of front-line workers and workers in general don't have paid sick days, and we need a she-recovery. My question to the member from London West: Why is it important to have that?

**Ms. Peggy Sattler:** I really appreciate that question, because I didn't get to paid sick days in my remarks. But, certainly, I did talk about the kinds of jobs that women are concentrated in, the kinds of front-line jobs that can't be done at home, the essential work that we rely on to keep our society, our economy going. Without access to paid sick days, workers are not going to want to go get a COVID test. If they don't test negative, they'll have to stay home. They'll have to apply for the federal benefit and hope they qualify. Of course, they'll take a cut in pay, because \$450 a week after taxes is below the minimum wage, and so it is a huge barrier not to have a provincial program of paid sick days that ensures seamless pay that is not reduced.

1000

**The Acting Speaker (Mr. Percy Hatfield):** The next question?

**Ms. Mitzie Hunter:** I wanted to say to the member that the points you raised are really important. As I was listening to your debate, when you spoke about some of the measures that the government has put forward in this budget—people who need it the most can't actually afford to take advantage of it. For instance, with the training credit, you have to actually have money to register, pay your tuition and wait until a year later to receive that back in your taxes. That's just out of reach for many individuals, certainly in my community in Scarborough–Guildwood.

I just wondered if you could speak more to who that really disadvantages and who that leaves behind, when the government does not consider that people cannot pay upfront for the help and support they need.

**Ms. Peggy Sattler:** I appreciate the question. The member is absolutely right: When you design programs around a tax credit, it requires a significant upfront investment in order to be able to access that credit. It ignores the

reality that people who have struggled the most during this pandemic are often those who are the lowest income.

Talking about paid sick days: 60% of workers don't have access to paid sick days, but it goes up to about 90% for some of the lowest waged workers, racialized workers and immigrant workers. So we have to recognize that those low wage workers who want to access training programs will likely be unable to, because they simply don't have the money to access those programs upfront.

**The Acting Speaker (Mr. Percy Hatfield):** We don't have time for further questions in this round.

It is time, though, for further debate.

**Ms. Mitzie Hunter:** Of course, it is always a pleasure to rise in the House, to speak on behalf of my constituents in Scarborough–Guildwood and to debate this very important bill, Bill 269. I would note that it is a thin and meagre bill, not very in keeping with the times that we are in. We are in a generational crisis when it comes to COVID-19 and when it comes to the recovery needed for our economy to recover and thrive, so I would have expected that the government would have really met this moment. I was looking forward to seeing what was in this budget because I know the issues that are faced, and I know that this government has heard from people on all sides about what is needed.

Speaker, this bill falls short. The measures contained in Bill 269 have not addressed the most pressing needs, such as paid sick leave, transformation of long-term care or a green recovery. Despite the fact that women in this province have been the most impacted in terms of job losses, as well as the increase in workload at home, this budget has nothing meaningful for this she-cession. This budget does not solve the challenges we face. It does not clear the backlog in surgeries that are piling up. It does not close the learning gap for students, given the rough year they have had in school. And it does not transform long-term care, despite the government's promise. It is disappointing, and it leaves many people behind.

People feel abandoned: people with disabilities; children with autism and their families; non-profits that are struggling to provide service with fewer resources; those who care about the environment; and small businesses in need of liquidity and cash flow. Those on the front line of care and essential workers have not had paid sick leave to rely on, but despite that they are the heroes of the pandemic.

This government had an opportunity to implement bold changes in this budget, but missed it. The government could have set a vision for a green recovery, making investments that would substantially improve the environment and protect what we all share: our planet. The government could have made clear that it was going to achieve its climate targets, which the government clearly is not on a path to do. This PC government's record on the environment is failure after failure:

- cancelling Ontario's successful cap-and-trade program, which was a market-driven program, wiping out billions in revenue earmarked for innovation for a green, carbon-neutral economy;

- spending millions of dollars to fight a federal carbon tax in court that the Supreme Court of Canada has just said that it's not valid;

- spending \$231 million to cancel green energy projects and jobs;

- ripping out electric vehicle charging stations;

- committing billions of dollars to Highway 413 when local councils right across the Golden Horseshoe oppose it—as Liberals, we would cancel this project and instead invest in public education, something that we need in this province; and, of course

- repeatedly bypassing environmental protections through the abuse of MZOs, including, really, putting at risk environmentally protected lands in Duffins Creek in Durham.

My riding of Scarborough–Guildwood is on the shores of Lake Ontario. It's an environmentally sensitive area. We know that what flows downstream affects us, so whatever you do upstream, you've got to be mindful of that. The budget allots a mere \$12 million to detect COVID in waste water. Does this even go far enough? Does this meet the need and the risk that that poses to our population?

Where there's been major oversight in this budget is that the government shamefully neglects Ontario's students, parents and education workers across the board. When you look at the funding for public education, it is just a 1% increase in funding, not enough to keep up with inflation and natural growth. It is, therefore, a cut to public education.

Before the pandemic, there were substantial educational gaps between marginalized and non-marginalized communities. These gaps will continue to widen and be exacerbated unless there is a plan in place to address it. I have yet to hear the government speak about how they will close the learning gap post-pandemic.

Speaker, we've talked a lot in this House—I've raised this time after time—about the issue of the she-cession. At the beginning of the month, Stats Canada's labour force survey was released. To no surprise, Black, Indigenous, people of colour, as well as women and youth, are the most impacted by job losses in this country. The COVID-19 pandemic is having a disproportionate impact on women, with women's labour force participation rates falling to rates not seen in decades and well below the pre-pandemic levels.

Shutdowns have most severely affected sectors like the service sector and those that are dominated by women. Restrictions on school and paid child care facilities have shifted additional hours of unpaid family care onto parents but especially mothers.

The pandemic has been especially challenging for already vulnerable female groups, including racialized, Indigenous, low-income and single women. The province needs to focus on this problem, because Ontario cannot recover and thrive economically after the pandemic unless we ensure that women have the necessary supports to thrive. Here are a few recommendations for the government:

—having women at the decision-making table and making sure policies for recovery are applied in a gendered way, and a diverse way as well;

—enacting the pay transparency legislation that is on the books and just needs to be enacted;

—making schools and classrooms safe for students and teachers to prevent the further spread of COVID-19 outbreaks; and

—ensuring that families have access to affordable, high-quality child care and early learning.

Child care is quickly being seen by most progressive governments as a part of the economy. This budget offers nothing for child care despite the huge and overwhelming needs. What has been put in place is temporary and does not go far enough.

I want to also address the concerns of youth in this province, because we know that, last summer, youth unemployment was very high. They lost the opportunity for internships and summer employment. And now, under this government, we are seeing that financial aid that has been assigned to programs is not even reaching those students who are in need.

#### 1010

The FAO cites that \$473 million remains unspent in the student financial aid program under this government. I am calling on the Ford government to immediately invest this grant and this amount into grants and summer programs for youth so that they can start companies and so that they can save money for their post-secondary education. Speaker, it's marginalized students who will be the most impacted and the least able to foot the bill. This could lead to a long-term, scarring effect post-pandemic.

We've already spoken so much about paid sick leave in this House. I just want to reiterate that the medical officer of health in Toronto, Dr. Eileen de Villa, along with the board of health and municipal mayors across the GTA have called on the government to implement paid sick leave, because they know that it will save lives. Why are you not heeding this call?

Health care is our largest budget item and under this government, it is increasing by just 1%. It does not keep up with the rate of inflation, nor the natural growth of our aging population. Neither does it cover those backlogs of surgeries and areas that we did not get to during the pandemic. So, really, this government is reducing the quality of life of the people in Ontario by not spending adequately on health care.

We're in a third wave. You knew that a third wave was coming due to the variants of concern, yet here we all are, Speaker. What about the investments in public health? The FAO cites in its third-quarter report that you have under-spent the public health budget. How is this possible, given the fact that you have downloaded responsibility for vaccinations, as well as testing, to the 34 public health units across the province?

If you had not cut public health when you first had your mandate in government a couple of years ago, we would have been further ahead today. But you did cut that public health budget. I am calling on you—and I'm joined by a number of groups in this province—to ask you to reinstate

all of the funding that you have cut to public health in this province. We all share in the need and the value of public health to all of our health.

Speaker, long-term care is really the tragedy of this pandemic. We have just seen reports today that of all the wealthy countries in the world, we are the worst when it comes to our record on long-term care, and that's shameful. In this budget, the government had an opportunity to protect our most vulnerable, and once again they missed it: no four hours of dedicated care, no meaningful increase in personnel into long-term care and our most vulnerable seniors are kept waiting.

As we look forward to a recovery, there are areas that we must continue to invest in, like our small businesses. Today I join with the CFIB and small businesses in my riding of Scarborough–Guildwood to call for the extension of the small business grant so that businesses that need it—and we should expand the criteria as well—can receive that grant. I will be sharing my thoughts with the minister responsible for this grant.

Speaker, when it comes to building our province and preparing Ontarians for the future, nothing is more important than investing in the health and in the well-being of the people of this province—including in affordable housing, by the way, which your budget is completely silent on. Bill 269 does not reflect a bold vision and it does not propel us to the generational change that we need.

*Second reading debate deemed adjourned.*

**The Acting Speaker (Mr. Percy Hatfield):** While normally we'd have time for 10 minutes of questions, unfortunately the clock is such that it is now time to move to members' statements.

## MEMBERS' STATEMENTS

### IMMUNISATION CONTRE LA COVID-19

#### COVID-19 IMMUNIZATION

**M. Guy Bourgouin:** Alors que le gouvernement conservateur traîne les pieds avec la distribution du vaccin contre la COVID-19, les communautés du nord de l'Ontario font preuve de leur résilience et de leur esprit de solidarité.

The Porcupine Health Unit has been working around the clock to create a vaccination system that accommodates our scattered communities in Ontario's far northeast and juggles with a limited vaccine supply.

Étant donné la grandeur de notre région de santé, le manque historique d'Internet haute vitesse et le fait que plusieurs aînés n'utilisent pas des nouvelles technologies, on a fait appel à la communauté de contacter les résidents et de les aider afin qu'ils puissent se faire vacciner. Mon bureau a aussi pris la relève en créant un système pour les aînés qui ont besoin de l'aide avec une réservation et pour leur faire savoir quand les cliniques de vaccination seront disponibles.

Thankfully, the people of the far northeast are resourceful and capable of standing together in a situation where

they are left on their own in the middle of a global pandemic. I want to thank and remind those of Mushkegowuk–James Bay that the Porcupine Health Unit is asking caregivers of seniors to help them access the booking system for their age range.

#### EARTH HOUR

**Mrs. Nina Tangri:** Today I would like to talk about a very important event that took place on Saturday night: Earth Hour. Earth Hour is one of the world's biggest environmental movements. Each year, millions of people in more than 180 countries turn off their lights, showing their commitment to protecting the planet we call home.

Here in Ontario, in addition to our homes and businesses, landmarks like the CN Tower and Niagara Falls also went dark to recognize this occasion. Participating in Earth Hour is just one small step we can all take to protect our environment.

I'm proud that this government recognizes the importance of protecting our environment and is taking action to do so. We are investing \$20 million over four years in the Greenlands Conservation Partnership and \$12 million over the next three years to support the Greenbelt Foundation's ongoing work to protect, promote and improve the greenbelt in the Golden Horseshoe region, alongside the implementation of our Made-in-Ontario Environment Plan. In addition, we are leading consultations for the biggest expansion of the greenbelt since it was created.

Thank you to all of Ontario's businesses and families who took part. I look forward to continuing this important work.

#### COVID-19 IMMUNIZATION

**Ms. Jennifer K. French:** Katharine Ross was born on March 26, 1921, and she just celebrated her 100th birthday. She has wonderful memories and stories of summers at the cottage, special friendships with great neighbours and family moments that have kept her heart beating for a century. Katharine, or Kay, or Mrs. Ross, or Aunt Kay goes by "grandma" to me. She is my person and I am hers.

She now lives in a retirement home just around the corner from me. For years, I have been a help and usually decent company, but now I am her registered essential caregiver. During the pandemic, I have gotten a COVID test every week or every other so I can visit and help her, following COVID protocols.

For her birthday, we set up a Zoom call. A hundred years ago, it would have been impossible to imagine a virtual party with loved ones on a computer screen, or the Internet. It was special and I am grateful to everyone who shared their best wishes with grandma through letters, videos and messages. In her birthday message to family, she wanted everyone to know she is happy, has been fully vaccinated and is so fortunate.

My 100-year-old grandma is protected and I am relieved, but we want all of our neighbours and their families to be protected too. My office is flooded with worried and

anxious people wanting their loved ones to be protected. So many people are waiting for vaccines. Durham region public health unit now has the fifth highest number of cases per capita. Numbers are climbing. The variants are spreading. Durham needs to be included in the government plans for expanding vaccine access, and Durham region pharmacies should be added to the government's pilot project.

Durham region is in need of more vaccines and more access to them, and they are needed immediately. Please support us.

#### COVID-19 RESPONSE

**Mr. Vijay Thanigasalam:** During the pandemic, we have seen Ontario come together as a community and as a family. We have relied on each other, our neighbours, our friends and our families for sources of comfort, hope and support during these times. We have seen the best in us, and I would like to highlight in this House another example of Ontario spirit in my riding of Scarborough–Rouge Park. I want to send a huge shout-out to Bill Yarn and David Adamson from Highland Creek Community Association for being true leaders in our community. Highland Creek Community Association and Italpasta have made generous donations of over 100,000 pounds of food to the Toronto Daily Bread Food Bank. This is an incredible example of the Ontario spirit.

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Thank you, Bill, David and the entire Highland Creek Community Association for all that you're doing for our community during these exceptional times. You two truly embody the Ontario spirit, and I am proud to represent a riding such as Scarborough–Rouge Park that has residents who are ready and willing to lead by example.

#### COVID-19 RESPONSE

**M<sup>me</sup> France Gélinas:** Today I rise to say thank you to everyone who is working so hard in Sudbury and Nickel Belt through this difficult time. First, I want to say thank you to Dr. Sutcliffe and our public health unit for their hard work in the last year. Thank you to the hospital workers for all they continue to do. Thank you to long-term-care home and retirement home workers for their courageous work throughout the pandemic and for their help to get their residents vaccinated. Thank you to the teams at Shkagamik-Kwe and N'Swakamok for their great work getting First Nations and Métis people vaccinated.

Thank you to our homeless and shelter workers, paid and volunteer. A special thank-you to the YMCA and the Samaritan Centre. The same goes for our home and community care sector workers. I thank you.

Thank you to the city of Greater Sudbury that has stepped up in an incredible way, offering their arenas for vaccination sites and their workers, including paramedics, to help out. Thank you to our mental health and addiction workers, dealing with an overwhelming number of cries for help, of overdoses and families left behind.

I want to thank our teachers, who are flipping back and forth between online and in-person teaching. Let's face it: There is nothing easy about teaching a four-year-old child over Zoom.

There are many more essential workers and businesses big and small that have worked hard, from Alban to Foleyet, Gogama and everywhere in between. As northerners, we came together to help each other today, and I want to say thank you. Let's remember, Speaker: Let's be calm, let's be kind and let's be safe. This too will end.

#### JEWISH COMMUNITY IN THESSALONIKI

**Ms. Effie J. Triantafilopoulos:** During Hellenic Heritage Month and this week of Passover, we must remember one of the saddest chapters in the history of Greece. In March 1943, the Nazis rounded up and deported the Jews of the city of Thessaloniki, sending them to the concentration camps.

Before the war, the city had more than 50,000 Jewish citizens, of whom 46,000 were deported and killed. The city was home to most of Greece's Jewish population, with most families having arrived after their expulsion from Spain in 1492, mostly Sephardic Jews speaking Ladino, a variant of Spanish. Up to the 19th century, Jews were a majority in the city, with 33 synagogues, thriving schools and businesses. Outside Thessaloniki, the ancient Roman-iototes were Jewish families in Greece since the time of Alexander.

Across Greece, about 70,000 Jews died. Some were saved. Archbishop Damaskinos of Athens saved 1,200 people, and Bishop Chrysostomos of Zakynthos saved all 275 of his Jewish citizens. Today, only about 1,300 Jews live in Thessaloniki—6,000 in all of Greece. Some descendants of survivors live here in Canada.

The Jewish community of Greece is working to build a Holocaust museum in Thessaloniki to honour those who were killed, to remember their lives and ensure their contributions to Greece are never forgotten. May their memories be eternal.

#### ADDICTION SERVICES

**Mrs. Jennifer (Jennie) Stevens:** Despite all of the work of community agencies, according to this month's coroner's report, Niagara had the second-highest opioid-related death rate in the province. This situation is really serious. St. Catharines has many volunteers and community agencies that are doing their part in the opioid crisis. I stand today to celebrate their strengths and their contributions.

St. Catharines is fortunate to have activists, recovering addicts with lived experience and volunteers who continue to support our city during the opioid crisis. One of the more visible contributions is the needle pickup, which helps keep our streets safe. There is the tireless work of actionist Fred Bowering. There is Karen Orlandi and her volunteers at Silver Spire. There is Andrew, Lilly and their

volunteers from the StreetWorks department at Positive Living Niagara. St. Catharines also has an amazing group of city employees, a local disc golf group and many other volunteers who are active with needle cleanup. It takes a community to do this great work.

While St. Catharines has the heart, the provincial government holds the purse strings. It is essential we provide more provincial support, connect folks at the margins of society and provide them with education, naloxone and community support.

The pandemic has exacerbated overdose deaths and a provincial funding plan is needed today: one that uploads cost in outreach, needle pickup and safety supplies.

#### COVID-19 RESPONSE

**Mr. Roman Baber:** The deadly effect of the lockdown is real, but the public health modelling, the fear on the basis of which the government makes these decisions is not. By now, most MPPs privately realize that the lockdown is deadlier than COVID-19.

Despite a quarter million surgeries postponed, a million cancer screenings that didn't happen, overdoses skyrocketing, suicidal ideations that have at least quadrupled and a complete paralysis of our health care system, the Premier is not alarmed.

But the modelling and fear that our ICUs may be overwhelmed is always off by two to five times. On September 30, Dr. Brown convinced the government to place the GTA in red. He said that if Ontario keeps Michigan's case trajectory, we'll have over 250 ICU patients by the end of October. Ontario indeed met Michigan's case trajectory, but the number of ICU patients was only 73—more than three times less than predicted.

On January 12, Brown said by the end of the first week of February, even with a reproductive rate of 1%, Ontario will have over 700 ICU patients. The R rate was indeed 1%, so we met the trajectory, but the number of patients was 325—or less than half than predicted.

A year later, public health refuses to admit a basic error that ICU admission is not proportional to cases. They're not a function of each other, because it's not about how many get COVID, it's who gets COVID-19. But the deaths, disease, depression, bankruptcy and divorce are a function of the lockdown. Please look at the numbers.

The government knows it's doing harm. They're afraid to admit a mistake. I'm telling the government: You do not have the consent of the people to lock us down. Do not impose a third lockdown—we never left the second. Please show leadership and save lives by ending this deadly lockdown.

#### LONG-TERM CARE

**Mrs. Daisy Wai:** Today, I rise in the House to speak about an exciting new centre for seniors, the Carefirst campus of care right in my riding of Richmond Hill. Carefirst has been caring for seniors since 1976, providing many services, from transportation to delivered meals, assisted living, home care and more.

I'm so proud of our government and the Ministry of Long-Term Care, who have allocated 2,983 safe, modern long-term-care spaces to be built through the 29 projects across the province: 1,968 new spaces and 1,015 upgraded spaces. Of the 29 projects, 23 involved the construction of brand new buildings and 19 involve campuses of care that are to be built as well—and it's to be provided at the same site as well at Carefirst.

COVID-19 caused unprecedented challenges for many non-profit organizations and thousands of seniors who rely on community services to maintain their well-being. In fact, this past Sunday they hosted a special Young at Heart fundraising campaign to fundraise for this. So working together with the government, we are building support for seniors.

### EASTER

**Miss Christina Maria Mitas:** I'm very "hoppy" to share with the House what an "egg-cellent" time I had during my Easter crafting event with some of the kids of Scarborough Centre.

1030

We did two crafts: a bunny pompom plate and a wooden bunny ornament. I must say I was pretty impressed by the creative chops of the little budding artists who joined me. We shared fun stories and the kids told me about how happy they are to be in class where they get to learn and see their friends. I delivered top-notch jokes as we crafted: Gems such as "What is a bunny's favourite type of music? Hip hop," and, "What do you get when you cross an insect and a rabbit? Bugs Bunny." I scored some laughs and some eye rolls which, to be honest, reminded me of my time as a teacher, and a good time was had by all.

As Easter nears, it was nice to virtually gather and connect with the community. It reminded me what joy children find in life and reminded me to do the same. While we are all going through a difficult time, I look forward to Easter and commemorating the resurrection of Jesus Christ soon. I am thankful for the sacrifice that he made for all of us and will share a quick quote by Floyd Tomkins: "Let the resurrection joy lift us from loneliness and weakness and despair to strength and beauty and happiness." I certainly saw strength and happiness in the young people that I joined this past weekend, and they and their resilience fill me with hope for the future.

One more joke to end on a high note: How do you know carrots are good for your eyesight? Have you ever seen a rabbit wearing glasses? On that note, eat your vegetables, and I wish you all a very happy Easter, and Kalo Pascha.

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

The Leader of the Opposition, I understand, has a point of order.

**Ms. Andrea Horwath:** I seek unanimous consent to move a motion without notice to establish March 30 of each year as a day of mourning for the victims of COVID-19 in Ontario's long-term-care homes.

**The Speaker (Hon. Ted Arnott):** The Leader of the Opposition is seeking unanimous consent to move a motion without notice to establish March 30 of each year as a day of mourning for the victims of COVID-19 in Ontario's long-term-care homes. Agreed? I heard a no.

### HOUSE SITTINGS

**The Speaker (Hon. Ted Arnott):** The government House leader has informed me he has a point of order he'd like to raise.

**Hon. Paul Calandra:** Pursuant to standing order 9(g), I rise to give notice that a temporary change in the weekly meeting schedule of the House is required and that tomorrow the afternoon routine shall commence at 1 p.m.

### QUESTION PERIOD

#### COVID-19 RESPONSE

**Ms. Andrea Horwath:** My first question this morning is for the Premier. Yesterday—last night, in fact—the science table released a report that basically says the pandemic is now "completely out of control." "Completely out of control" is what the science table is saying is happening here in Ontario. The government's response seems to be, "Well, we'll put up a few more field hospitals and just watch as more people get sick."

The Premier has ignored all of the warnings and has walked us directly into a third wave. The question I have is, why does the Premier continue to ignore all of the warnings from hospitals, from his own experts, from nurses, from doctors? Why does he continue to ignore the warnings and refuse to act to stop the spread of the third wave?

**The Speaker (Hon. Ted Arnott):** To respond, the Deputy Premier and Minister of Health.

**Hon. Christine Elliott:** Thank you for the question. Since the beginning of this pandemic, our government has taken focused, prudent action to protect the health and well-being of all Ontarians, and we've taken many steps in order to do this. We've also been following the guidance and research that's been done by our public health experts, Dr. Williams, the measures of the public health table, the science advisory table and many others.

We have taken steps to reduce the variants coming into Ontario. We developed a six-point plan to do that, including—before the federal government did it—the testing of all incoming arrivals from other countries coming into Canada to prevent this UK variant from coming in. It is here now, and we're taking steps to expand our capacity in our hospitals, to make sure we do the testing that we need and to do the vaccinations that we need as well in order to protect Ontarians.

It's important to note that we have delivered over 2,102,000 vaccines in the last very short while. We're going to continue to do more as we race against time to prevent these variants from overcoming our system, but

we have built in all the capacity that we need in order to make sure that everyone who needs to be in hospital will be treated appropriately.

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

**Ms. Andrea Horwath:** Speaker, the science table was pretty clear that the vaccines are not going to win here, that the variants are winning in Ontario. That's why they're pleading for this government and this Premier to take action.

I would have to say I agree that there are things that could have been done. There are actions that could have taken place, but this Premier refused to put in things like paid sick days, things like paid vacation time, things like smaller class sizes to keep kids in school safe, things like a vaccine rollout that actually works and things like public health precautions that actually protect people from COVID-19.

But this is what Dr. Warner says in describing the lack of willingness of this government to get out ahead of this virus. We "will have people dying because of deferred & delayed non-COVID care." Health care workers "feel they are screaming at" a government that "doesn't care."

The government has allowed the third wave to spiral out of control. When is this Premier going to act and get ahead of the crisis that we are in?

**Hon. Christine Elliott:** I have to say to the leader of the official opposition, through you, Mr. Speaker, that it's very disappointing when asked yesterday about what she would do in this situation, the only thing that she could come up with was paid sick days—paid sick days—when what have we done?

We have made sure that we have delivered the vaccines. We've delivered the booking system, the patient care portal. We've made sure that we've put over \$5 billion into our hospital system since this began, including \$1.8 billion in the budget in order to support the over 3,100 new beds that we've put in since the pandemic began to support the backlog of surgeries that have had to be postponed because of this, and to make sure the hospitals have an over 3.4% increase in funding to be able to provide the support that they need in all of our facilities. That's what we've done.

All the leader of the official opposition can come up with is paid sick days which, by the way, we already have.

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

**Ms. Andrea Horwath:** Speaker, I think it's pretty clear that back in February, experts were giving this Premier and this minister advice as to what needed to happen to stop the spread of COVID-19. I've just listed out in my last question a number of those things that this Premier and this government refused to do.

Paid sick days, absolutely, are a part of it, as is paid time off for vaccinations, making sure that our schools are safe for our kids, having a vaccine rollout that actually works and prioritizes the people who need the vaccine the most, and making sure that public health precautions are put into place to keep people safe.

Why has the government refused the advice of these experts since February past? Why have they not listened

to the experts, and dragged us into a crisis that we are in now, a third wave that is completely out of control?

**The Speaker (Hon. Ted Arnott):** The Premier to respond.

**Hon. Doug Ford:** Through you, Mr. Speaker, I know the Leader of the Opposition always wants to quote Dr. Warner. He's a great doctor; he messages me as well.

I'll quote some other folks here. The Ontario Hospital Association CEO: "The Ontario Hospital Association appreciates the historic financial support for hospitals in the 2021 Ontario budget. These investments will be vital to stabilizing the hospital sector for the duration of the pandemic and preparing for COVID-19 recovery."

Another, the Ontario Long Term Care Association: Commitments in Ontario's budget 2021 are "the most significant investments in decades"—in decades; because it was ignored by the Liberals and NDP—"in Ontario's long-term-care sector," and they will make meaningful differences in the lives of Ontario seniors.

Why don't we go to Smokey Thomas at OPSEU? Smokey Thomas is calling the budget a "positive step toward health and economic recovery saying that support for job creation and public services is the way to go...."

Another quote from AdvantAge Ontario—

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

*Interjection.*

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

Next question.

## EDUCATION FUNDING

**Ms. Andrea Horwath:** My next question is also for the Premier, but I have to say it's pretty galling that the Premier, on the very day—the one-year anniversary of the claim that there was going to be an iron ring put around long-term care—that he had the nerve to actually talk about long-term care today is pretty frightening.

But my next question is actually about schools, Speaker. Students, parents and teachers are frustrated. They're frustrated, they're confused and they're concerned about what's happening with COVID-19.

1040

The latest confusion, of course, came yesterday around the April break. On February 11, the Premier said that March break is going to be pushed into April. Yesterday, within hours of each other, the Premier and his education minister contradicted each other about what might be happening for April.

The question is, why can't the government ever provide certainty and answers for parents and kids and teachers when it comes to what's happening to their education system?

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

**Hon. Stephen Lecce:** Mr. Speaker, our government believes in following the best public health and science that comes to the cabinet. Obviously we are responding to

a changing risk profile in the province. We have committed ourselves to delay, not cancel, the March break moving it into April. We are committed to respecting that.

We've continued to follow the Chief Medical Officer of Health's advice. We're building out a plan, and we will be announcing it in the coming days, to further strengthen the safety of children and staff upon their re-entrance following the April break. We're committed to expanding testing, as well as stronger screening protocols before students and a potential case enters a school.

We appreciate the challenge that this pandemic has imposed on working parents. We know this is not easy. Their patience, their flexibility, their commitments to work with government and their public health agencies, I think, have been at the core of our success in Ontario.

We now deal with the variants of concern; we have to respond to this risk. I think parents expect us to make the tough decisions, when appropriate. But when it comes to April break, we plan to proceed. We'll continue to follow the best advice of the Chief Medical Officer of Health, and if anything changes, given the day-to-day change and fluctuation in these numbers of the province of Ontario, we'll make sure all families know that well in advance.

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

**Ms. Andrea Horwath:** Speaker, that sounds like a rerun of the promises that the minister was making last time and never did come to pass. Those extra measures never did come to pass.

But, look, all parents and teachers and kids want is a safe classroom and a stable working environment. That's what they want: safe classrooms and stable learning environments. Instead, we saw massive cuts in last week's budget—massive cuts. We've seen a government that would prefer to pull resources from classrooms instead of investing in the stability of our kids.

The ongoing uncertainty around our education system is problematic. It's not what kids and students and teachers and parents need right now.

So my question is, why is it about cuts and confusion instead of stability for kids, instead of support for young people who need it the most right now?

**Hon. Stephen Lecce:** Mr. Speaker, in the budget that was unveiled by the Minister of Finance last week, we allocated an additional 700 million net new dollars year over year for September. We also acknowledge that in the coming Grants for Student Needs, the principal vehicle of funding for school boards, more investments will be there for areas of reading and mathematics supports, for STEM education, for special education and mental health, recognizing globally that this pandemic has disproportionately impacted our young people. We will be there for our students, as we have been over the past two years.

Every single year under our government, funding has increased to the highest levels ever recorded in Ontario history, by design, because we believe in public education, because we believe in our young people. We recognize the challenge they face, which is why we enhanced supports for remote learning. It's why we enhanced funding in

class. We're going to deliver education to families that meets their needs, to make sure they have excellence within their schools. And, of course, our priority continues to be keeping kids safe in the province of Ontario.

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

**Ms. Andrea Horwath:** Parents don't believe any of that, and students certainly are not feeling that way.

But I have to say, the confusion and the instability that this government has created for students, for parents, for teachers is completely unacceptable. It's been a year of massive confusion. Instead of spending money on making those classrooms safe and stabilizing our education system, the government just didn't want to do that. Instead, kids have suffered the consequences. The government never, ever got ahead of this virus and they just scramble at the last minute to react instead of planning ahead. Parents, students and teachers have been left behind by this government over this last year.

The question is: When will the government start actually providing the stability, the supports, the reliability that kids and parents and teachers need to get through the rest of the school year?

**Hon. Stephen Lecce:** We certainly agree that students and parents are the government's priority. It's why, when you look, the budget allocated last week an additional \$700 million more; the largest summer learning program in Ontario history—over \$105 million specifically focused on mitigating learning loss. We have increased mental health supports to more than 200% higher than what the peak of Liberal spending was when the former Premier was in power.

We are fully committed to the safety of schools. The fact is, today, as we deal with these variants of concern and rising numbers in the community, roughly 99% of schools are open, 99% of students have no active cases and 75% of schools don't have one case at all.

I recognize that this is a challenge. Ontario is not an island in and of itself. We are dealing with a global pandemic. But the strength we derive is from the resilience of our students, from the hard work of our educators and from the sacrifice of parents, who every step of the way are doing their very best in an impossible circumstance to deliver quality education and safety to Ontario's youth.

#### COVID-19 IMMUNIZATION

**Mr. John Vanthof:** My question is to the Premier. The Premier suggested yesterday that he doesn't want to "roll the dice" when it comes to vaccinating people. Now, over the last year, the one thing the Premier is really good at is the folksy saying to try to convey a message to people. We all remember the iron ring. Who can forget the 800-pound gorilla? Then there's the one about how he'd go get the vaccines himself in his F-150 and cross the border himself.

But we're facing a crisis right now that's going to take more than a folksy saying. The stakes literally couldn't be higher. Regardless of the amount of vaccine, the province had months to come up with a plan that people should be able to understand, and to know when they can access it.

Why does the government at this point still seem to be scrambling? It's going to take more than a folksy saying.

**Hon. Doug Ford:** Through you, Mr. Speaker, I just want to remind my colleague across the aisle there that we have vaccinated over 2.2 million people. There's one thing that we're falling short on that I've never heard the opposition ever say at all: We're constantly short of vaccines. We're putting these mass vaccination centres up—a ton of effort, a ton of resources, a ton of people going there—and, all of a sudden, bang, now we have to close it down again up at Wonderland.

You hear the same story over and over and over again: When can we count on a consistent volume of vaccines from the federal government? That's what it comes down to. We have built an infrastructure the likes of which this province has never seen. We're ready. We're ready to do nine million a month if we have as many vaccines as possible, but we need the vaccines. We'll get it done.

I just want to know: What has the opposition done from day one? Nothing.

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

**Mr. John Vanthof:** Regardless of how much vaccine we have, there is not enough vaccine, and we know the targets, the people who need it most—and what breaks my heart most is when I get seniors calling my office and we have to try and help them, direct them through the call centres, through the website, through the—we had months. They had months to figure out that seniors aren't all email literate. I'm not email literate sometimes.

But why? One thing the government has not done a good job at: They talk about overall number of vaccines that they've delivered, but there are vulnerable people who should have that vaccine who, because of the way the system is put up, can't access it. Why hasn't that been addressed?

**Hon. Doug Ford:** Well, I find that ironic, Speaker: 2.2 million people have found a way. You don't have to go online. We have a 1-888 number that they can call, and maybe the member across the aisle here might give out the 1-888 number. Maybe he might be able to help out.

I'm so proud of the rollout. When you see other provinces—around the world, systems crashed. Our system never crashed. We had a bump in the road. They had it fixed in an hour. It was amazing. We were being flooded by calls; now when you call, within a minute, two minutes at the latest, you get an answer, they book your vaccine.

We have hundreds of thousands—as a matter of fact, Shoppers Drug Mart alone has over 190,000 appointments booked that they can't fulfill because the federal government has not given us the vaccine and has not given us the date of when we're going to get these vaccines. It's as simple as that, my friend.

1050

#### COVID-19 IMMUNIZATION

**Mrs. Nina Tangri:** My question is for the Minister of Health. Many constituents in my riding are anxious to get

the COVID-19 vaccine, and they're eager to help the province battle this virus in whatever way possible. I know the minister feels the same way because, yesterday, she received her first shot of the AstraZeneca vaccine and encouraged all Ontarians who qualify to roll up their sleeves and get the shot too.

But our province has had to face many uncertainties when it comes to the vaccines, like the ever-changing supply chain and pushed back timelines from the federal government. Would the minister please provide this House an update on the rollout of these critical supplies in the face of so much uncertainty?

**Hon. Christine Elliott:** Thank you to the member for Mississauga–Streetsville for the question and for your advocacy on this issue. It's much appreciated.

Since day one, our government has been committed to vaccinating Ontarians as quickly and as safely as possible. By working with our partners across the province, we have put in place an integrated, robust network of locations capable of administering over 150,000 doses per day at over 250 vaccine sites, which are being led by local public health units, and include hospitals, mass immunization clinics, mobile clinics, pharmacies and primary care offices.

Through the implementation of this network of locations and in collaboration with our partners across the province, we have been able to administer over two million doses of the vaccine. But we aren't going to stop there. Our goal is to make sure that everyone in Ontario who wants a vaccine will get one as soon as possible.

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

**Mrs. Nina Tangri:** Thank you, Minister, and thank you to all of those on the front lines that help us administer these crucial vaccines. I would have to say, our government's vaccine rollout has been quite an incredible thing to watch. In the face of so many obstacles, our government has been dedicated to ensuring we roll out those vaccines as quickly as possible to those who need them the most. We all know that as more supply becomes available, we can give more doses to more Ontarians. Would the minister please provide this House with an update on how the government plans to continue to ensure every person who wants a vaccine can get one?

**Hon. Christine Elliott:** As we've said many times before, nothing will stop us from delivering the most effective and equitable vaccine campaign in the country, and we are well on our way to achieving that goal by continually setting daily records for doses administered in one day and continuing to ensure that our most vulnerable are protected by having over 90% of citizens—

*Interjections.*

**The Speaker (Hon. Ted Arnott):** The member for York Centre is warned.

Minister of Health to reply.

**Hon. Christine Elliott:** We have over 90% of long-term-care residents fully immunized against COVID-19.

Building from these successes, we've also put in place a provincial booking system and call centre, allowing

Ontarians a convenient way to schedule their vaccine appointment or be redirected to their local public health unit who can help them get a vaccine appointment in their area.

But let me be clear: Our government is ready to administer more COVID-19 vaccines and expand eligibility to many more Ontarians as soon as we receive sufficient supplies of vaccines from the federal government.

#### COVID-19 IMMUNIZATION

**Mrs. Jennifer (Jennie) Stevens:** Yesterday, Mr. Premier, as you were taking a victory lap inside one of Niagara's vaccinations clinics, my office was busy answering dozens of questions from seniors over 70, wondering why they were not able to receive an appointment and why the provincial vaccine program had a glitch—once again. Niagara public health added 8,500 appointments on Friday, guessing that St. Catharines and Niagara might be in line for vaccination expansion for the 70-plus age group. Here's the problem: Niagara had to guess, which led to not having enough appointments available. This is because the official notice was only given the day before the expansion, at the eleventh hour.

Premier, you were at a photo op inside one of our vaccination centres, while outside the centre, there was still work to be done. Will you commit to a smoother vaccination rollout so seniors in Niagara and St. Catharines over the age of 70 do not have to struggle to get an appointment at a vaccination centre?

**Hon. Doug Ford:** Through you, Mr. Speaker, when I went down there, they were very grateful. Actually, one of the quotes a few of the nurses told me is, "Thank God you came down here. You boosted everyone's spirits. You didn't sit there in the hideout at Queen's Park like the opposition does."

We went down there; we saw first-hand what an incredible job the mass vaccination centre is doing down there. When I had an opportunity, I went by and talked to quite a few folks, and they said, "This was seamless. We never thought in a million years how quickly we'd be able to get in there, get the vaccinations." And now we can ramp it up.

To the member across the aisle there, read my lips, as they say: We need the federal government to get more vaccines, plain and simple. We don't have enough vaccines. Do you understand that? It's simple.

*Interjections.*

**The Speaker (Hon. Ted Arnott):** The official opposition must come to order. I'll start calling you out by name.

**Mr. John Fraser:** Mansplaining.

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

The supplementary question? The member for Niagara Falls.

**Mr. Wayne Gates:** Back to the Premier: Premier, I'll be very clear with you: I do not hide out at Queen's Park. I'm in my riding all the time, and the constituents in my riding know it.

Yesterday the Premier was in Niagara and said anyone over 70 could simply call and get a vaccination appointment. If he actually spoke to the residents like I have, he would have known that they were struggling for days to get appointments.

In Fort Erie, seniors who had their vaccination booked for weeks in advance had their appointments cancelled at 9 o'clock the night before because of overbooking issues caused by the government's booking system. The Conservative government was told about these issues 11 days ago, yet they did nothing to fix it.

Pharmacies are still waiting for doses so they can begin saving lives in Niagara. The people of Niagara have already dealt with Moderna vaccines being diverted. Despite written evidence this government was given, the Premier is claiming that was a myth, which is a new word for me. When will the Premier stop pretending the vaccine rollout is going smoothly in Niagara and take actions to protect our residents and save lives in Niagara?

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

**Hon. Christine Elliott:** There are several issues that need to be addressed here. One is the issue in Fort Erie. That was an issue yesterday. That has been resolved, and people are now able to book their appointments.

Secondly, there is the continuing myth that Niagara was shortchanged in terms of vaccines. That is not the case. While they did not receive one type of vaccine, the Moderna, they did receive the Pfizer, so they did receive the proper allocation of vaccines.

But, third, it really is important for everyone to realize that we want to be able to ramp up. We want to be able to do 150,000 doses per day. We have the system in place to do that, but we do not have the vaccines. We are receiving 1.5 million doses of AstraZeneca from the federal government. It's coming to the federal government today, but we still don't know when it's going to be coming to Ontario. It's about 583,000 doses. We still don't know when that's coming. With respect to a large Moderna shipment, we expected that last week. We only received 30% of it. The remaining 70% of it has been extended to April 7. There's constant—

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

#### COVID-19 RESPONSE

**Ms. Mitzie Hunter:** My question is to the Minister of Health. Scarborough is the hardest-hit community in Ontario when it comes to the COVID-19 pandemic. The positivity rates are still in the double digits in Scarborough. In fact, if you talk to people, they say we've just had one big wave all year long.

The vaccine distribution is supposed to be prioritized by age, and the provincial science table says neighbourhoods as well need to be prioritized. Yet, when other areas in the province started vaccinating over-80 residents, Scarborough lagged behind, waiting to get their supply of vaccine. When Scarborough finally got enough vaccines

to start their mobile clinics and to reach the most vulnerable in our community, now Scarborough is being told to wait again.

Next week, 77% of Toronto's vaccine share will go to the mass clinics. That will leave hospitals short, resulting in a scale back of their vaccination program, like the mobile clinics that they are just starting to ramp up.

To the minister: Will you ensure that the Scarborough Health Network will not have to scale back their vaccination program next week and ensure they have enough supply to meet the—

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

1100

**Hon. Christine Elliott:** Thank you to the member for the question. As I indicated earlier, a lot of the problem right now is because we don't have the vaccine supplies coming in in the quantities that we need in order to fill the mass vaccination centres, the mobile units, the pharmacies—which we want to expand in all 34 public health regions—and in primary care offices. We are waiting for a large supply of Moderna. We are waiting for 583,000 doses of AstraZeneca. So the problems in Scarborough are in large part no different than the problems that we're experiencing across the province. We need those big supplies coming in from the federal government.

However, we are targeting the vaccination campaign based on age and based on risk. There are a number of communities that have been identified as being at higher risk. Scarborough is certainly one of them. And what have we done? We have launched and implemented our high-priority community strategy, providing \$12.5 million to help local agencies deal with this. So we are paying attention to Scarborough and other areas at risk, as well as to our older community.

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

**Ms. Mitzie Hunter:** Minister, I have seen the allocations for this week and for next week. Next week's allocation gives 77% to one location, UHN, and not to the other hospitals. So it creates an imbalance in terms of the continuous vaccination and it confuses the public when they try to get appointments and they cannot. So it needs to be addressed.

My question in the follow-up to you is about the hospital. I've spoken to you many times about the state of the hospital and the fact that it has been in the queue for many, many years now and needs to be advanced. We know that the ICU pressure on Scarborough is enormous. They are redirecting to Peterborough and Kingston because of the number of COVID patients. They have well over 10% of the entire load in the province in this one hospital that needs to be renewed. So why is it that in this budget, there was no mention of funding and advancement of a new hospital for the people of Scarborough, given the need and the state of the hospital?

**Hon. Christine Elliott:** As I'm sure the member will realize, there is a long plan that has to be established for a hospital redevelopment. There has been some money that has been established to redo the emergency department at

one of the Scarborough hospitals; that is something that is absolutely urgent. But it's something that we are paying attention to. We know that there are concerns there. We know that the population is growing. We know that the infrastructure in some places is outdated. It is on the list of projects to be completed.

It is something that we know Scarborough is dealing with, in terms of the number of COVID patients in the hospital right now. That is why we have developed 3,100 new beds since the beginning of the pandemic, and the government recently allocated another \$125 million to create 500 more spaces. In some cases, people do need to be moved from one location to another, but we have built up the capacity so that anyone who needs to be in a hospital to receive COVID treatment or other treatment will be able to receive treatment in their area.

#### COVID-19 RESPONSE

**Mrs. Nina Tangri:** In this phase of the pandemic, although it's critical to continue adhering to public health measures and remaining vigilant, we are encouraged by cautious optimism with the introduction of vaccines for adults that will help reduce the impact of the virus. With over two million vaccines administered, there is hope on the horizon. However, with that in mind, we know that the vaccination of children and youth will be a critical part in keeping children and staff safe, keeping schools open and ending the pandemic.

Can the Minister of Education please provide us an update on his work with the Minister of Health and the Solicitor General in proactively planning for vaccinating Ontario's children and youth?

**Hon. Stephen Lecce:** I want to thank the member from Mississauga–Streetsville for this question. I think it is quite obvious to all members of the Legislature that we must learn lessons, we must plan ahead and, ultimately, help to defeat this pandemic by ensuring that our vaccine rollout could be much more robust and efficient in its delivery. Today, as the Premier mentioned, we have a vaccine clinic in my community of Vaughan that opened at Canada's Wonderland yesterday, only for them to be closed today because of a lack of supply.

The request of the federal government is to start today, while clinical trials are under way for children under the age of 16, to plan ahead, to procure now and to make sure that there is a credible plan in place to immunize all those children that will want a vaccine—critical in our response to the pandemic and to our recovery as we look forward.

Mr. Speaker, we cannot repeat the mistakes. I asked the federal government yesterday to start the process of procurement and, of course, for Health Canada through their independent review to rigorously review these clinical trials on an expeditious basis. This will be critical to our recovery so that, finally, we can defeat this pandemic.

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

**Mrs. Nina Tangri:** Speaker, being able to vaccinate children and youth will be a game-changer in our fight

against COVID-19. At this point, we're not out of the woods yet. COVID-19 is, unfortunately, still a major part of our lives and public health measures remain in place.

Though we are still in the second half of the 2020-21 school year, I am already hearing questions from my constituents in my riding about what schools will look like next school year. Can the Minister of Education please share with the Legislature what plans and efforts are being made for the 2021-22 school year?

**Hon. Stephen Lecce:** It starts with the recognition that this year has been very difficult on young people, particularly through the lens of learning loss and mental health. Yes, the government did invest additional dollars, about \$700 million year over year in the budget, committed to quality, safe public education in September.

But we will go further. This summer, the largest summer learning program ever unveiled in the province's history: a \$105-million allocation specifically focused on credit recovery, on Reach Ahead courses, on helping young people get the support, mentorship and access to a teacher that I believe they deserve.

We are also going to be unveiling the Grants for Student Needs, and I can assure the member and all members of this Legislature that that funding vehicle will increase specifically in the areas of mental health, of special education, of supports dealing with reading as well as mathematics, both of which have seen challenges at home and abroad.

We are committed to making sure that the PPE and all the protocols are in place, following the best advice of the Chief Medical Officer of Health, to ensure schools are safe and that children continue to learn at a high standard in this province.

#### COVID-19 IMMUNIZATION

**Ms. Catherine Fife:** My question is to the Premier. Experts advising the government on COVID-19 reveal that the province is at a tipping point. We have over 2,300 cases today in Ontario, and while vaccines won't get us totally out of this mishandled mess, they are one tool, which is why it's so crucial to get needles in arms.

But in Waterloo region, we aren't receiving our fair share. Our medical officer of health said Friday, "Right now, it isn't equitable." Waterloo region should have received 89,000 doses, but instead they've only received 66,000 to date.

Premier, why are the people of Waterloo region not receiving their fair share?

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

**Hon. Christine Elliott:** The answer is lack of supply. That's the situation for regions across the province of Ontario. We want to be able to expand into pharmacies. There are about 325 pharmacies offering the AstraZeneca shot now. We want to expand it to 700 so that we can have at least three pharmacies in each region providing the vaccine. But until we receive the AstraZeneca doses that are coming to us from the United States, we aren't able to

do that because we do not have the supply. We don't even know when we're getting the supply.

That's why we're asking the federal government to please provide us with this information, so that we can ramp up, so that we can do those 150,000 doses per day and make sure that everyone in Ontario who wants to receive a vaccine will be able to get one.

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

**Ms. Catherine Fife:** This isn't an issue of supply from the federal government. This is about the province distributing vaccines equally to all communities. This is about the provincial government following their own rules on distributing vaccines.

Last night, I hosted a telephone town hall with local officials and a public health doctor to answer people's questions about vaccines. People had thoughtful questions about the efficacy and the vaccine rollout. Many callers, quite honestly, just want to hug their grandkids. Others were frustrated with how the province is handling resources and the vaccine rollout, calling it "flip-flopping directives."

Our regional government has asked that they be considered a high-priority community to deal with increasing demands of the COVID-19 pandemic on our marginalized communities—and they have a compelling case—just to get their fair share of vaccines.

The government needs to get this right and ensure that resources on the vaccine rollout are actually equitable. To the Premier: Can you guarantee today that Waterloo region will begin to receive its fair share of the vaccines, no more, no less, just what you promised them?

**Hon. Christine Elliott:** Vaccines are being distributed equitably across the province, based on population and based on risk. We know that there are some neighbourhoods that are particularly at risk; they will be receiving larger amounts. But, again, it all goes back to supply. If we don't have the supply, we can't give it to any of the 34 public health unit regions across the province. We are doing what we can based on constantly changing supply issues with the Moderna vaccine and with the AstraZeneca vaccine. There's virtually a daily recalibration that has to happen across Ontario when we receive the news with respect to changes in supply, delays and so on. But we are still doing the work that we need to do in order to make sure that every public health region across the province, all 34 of them, receives their equitable allocation of vaccines, based on age and based on risk.

1110

#### COVID-19 IMMUNIZATION

##### IMMUNISATION CONTRE LA COVID-19

**M<sup>me</sup> Lucille Collard:** My question is for the Minister of Health. Last week, the mayor of Ottawa wrote to the minister to request a more equitable vaccine rollout in Ottawa. Given the geographic size of Ottawa, it's impossible to create equal access to the vaccine for all Ottawa residents. Pharmacies and primary care settings need to assist with the distribution of the vaccine.

Our city has done a tremendous job of getting as many of our neighbours vaccinated as quickly as possible, but for many residents—and certainly in my riding of Ottawa–Vanier—mass vaccination sites are not easily accessible, being too far away, and we have none in our community. So my question is: Will the minister expand pharmacy and primary care settings vaccination to the Ottawa region?

**Hon. Christine Elliott:** My answer to the member is: Yes, when we receive the supply. We want to be able to expand to more pharmacies, three at least in each public health unit, but we need to get the AstraZeneca supply in order to be able to do that.

We did receive 194,500 first doses that expire as of April 2. We have virtually used all of them now, and I'm sure we will, prior to their expiry. But we need to receive the additional 583,000 doses through the federal government. We need to know when they're coming so that we can get them to the pharmacies so that they will be able to supply those vaccines to the people in the Ottawa area, as well as to the rest of the province.

We are totally dependent on the federal government supplying us with those vaccines so we can expand. We are ready to go; we just need the vaccines.

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

**M<sup>me</sup> Lucille Collard:** Ma question va être en français cette fois, parce qu'il y a beaucoup de francophones dans ma circonscription qui veulent savoir pourquoi ils ne peuvent pas se faire vacciner près de chez eux.

Hier, le maire d'Ottawa a dénoncé que la ville qui représente 7 % de la population de l'Ontario ne reçoit que 5,7 % des doses de vaccin. Donc, c'est une autre chose qui ne fonctionne pas pour la distribution du vaccin à Ottawa.

Je suis contente de savoir que les pharmacies seront incluses prochainement et pourront permettre à tous les résidents d'avoir un meilleur accès au vaccin. Cependant, je voudrais savoir pourquoi la province communique directement avec les pharmacies pour les aviser sans impliquer l'unité de santé publique d'Ottawa, alors que la ministre a répété à plusieurs reprises qu'elle se fiait sur les unités de santé publique pour la distribution du vaccin. La ministre peut-elle également garantir qu'Ottawa recevra sa part équitable des doses du vaccin pour sa population?

**Hon. Christine Elliott:** Yes, Ottawa will receive its fair share of vaccines when we receive them. The public health officer, Dr. Etches, is very well aware of what the situation is concerning supply, as are all of the local medical officers of health across all 34 public health unit regions, as are the pharmacies. The pharmacies are aware that it's a supply issue. They are anxious to be able to provide more vaccines, and we are anxious for people to receive them, but until we get them, we can't expand. We need the supply, and then we'll be able to expand immediately.

We're ready to go; we just need the vaccines. Please, all of you, we would ask you to please exhort the federal government to please send us the vaccines as soon as they receive them so we can get going.

## MENTAL HEALTH AND ADDICTION SERVICES

**Mrs. Nina Tangri:** My question this morning is for the Associate Minister of Mental Health and Addictions.

Minister, Ontarians across the province are feeling the impacts of COVID-19 on their mental health. I've heard from constituents in my riding that increased social and physical isolation, financial uncertainty and having daily routines constantly changing have caused them to experience increased stress, anxiety and depression.

Through this year's budget, I know that our government is doing whatever it takes to protect the health of every Ontarian, and that includes our mental health. Minister, could you please update the members of this Legislature on what our government will be doing to address the mental health and addictions of Ontarians this year?

**Hon. Michael A. Tibollo:** I want to thank the member from Mississauga–Streetsville for that excellent question.

Mr. Speaker, through this budget, our government is placing a priority on the health of all Ontarians while building on the foundation to create the growth we need for a strong economy. I'm proud to say that this includes making record-breaking investments in mental health and addictions in every corner of this province. Through this budget, we're proud to be investing an additional \$175 million this year, bringing our total spending on mental health and addiction care to an incredible \$525 million this year alone.

We're well on our way to achieving our goal of building a modern, connected and fully integrated mental health and addiction system. This means more supports for Ontarians of all ages, no matter where they are in the province of Ontario.

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

**Mrs. Nina Tangri:** I thank the minister for his response. I am proud to know that our government is delivering on its commitment to create a mental health and addiction system that fully supports Ontarians of all ages across the province. This budget truly demonstrates how serious we are when it comes to supporting the mental health of every individual and family in this great province.

Speaker, some of my constituents have faced barriers to accessing mental health and addiction care, and we know the COVID-19 pandemic has only placed more stress on our mental health and addiction system. Minister, could you please explain the steps we will be taking to ensure that we are able to support the mental health of all Ontarians?

**Hon. Michael A. Tibollo:** Once again, I want to thank the member for that important question. As I've said many times here in the Legislature, every Ontarian deserves access to the highest-quality mental health and addiction care that meets their unique needs. That's why, through this budget, we're also investing in new and innovative services, a key pillar of our Roadmap to Wellness. This includes funding for four new mobile mental health clinics to serve rural and underserved communities.

Also, through the Solicitor General, funding will see the creation of a new program to embed mental health care workers in police call centres to ensure people in crisis get the right supports.

Mr. Speaker, this year's funding takes us one more important step towards building a mental health and addiction system that works for all Ontarians, no matter where they are. That means, since getting into government, \$1 billion has thus far been invested in the mental health and addiction sector.

### COVID-19 IMMUNIZATION

**Ms. Bhutla Karpoche:** My question is to the Premier. The vaccine rollout is not working for homebound seniors. One of my constituents registered her mother for a home vaccine almost a month ago, but she's still waiting. Her mother has dementia, and she worries about the risk posed by PSWs who come in to provide support. She also worries about the dental surgery that her mother needs, but that she continues to put off until her mother is safely vaccinated.

These delays are unacceptable. Municipalities need help to deliver these programs. The Premier had months to prepare a vaccine rollout that works for everyone. Why are homebound seniors being left behind?

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

**Hon. Christine Elliott:** Thank you to the member for the question. Nobody in Ontario is being left behind with our vaccine rollout. This has been carefully planned for months, based on age and on risk in different neighbourhoods across all 34 public health unit regions.

We know that there are some people that have comorbidities. They may be homebound or they may have particular health situations that require them to either receive the vaccine from their primary care provider—and they are being supplied with a number of vaccines—or through their home and community care nurse who comes by to their home. This is a plan that we've developed to make sure that no one is left behind, that everyone who wants to receive the vaccine will get one.

In the case of your particular constituent, I would be happy to assist if she's having difficulties in receiving the vaccine at home, because that has been planned for and calculated and arranged.

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

**Ms. Bhutla Karpoche:** Speaker, if it was working as the minister claims, then my constituent would have already been vaccinated.

Seniors in my riding face an uphill battle to get a vaccine. For seniors above 70, vaccines are only being offered at one local health clinic, and many seniors cannot take the TTC to a mass vaccination clinic. Language barriers and a lack of Internet access also make it difficult to learn about the vaccine rollout and book an appointment.

As the variants spread faster every day, we urgently need mobile vaccine clinics that can meet seniors where

they are. Again, will the minister commit to the west end of Toronto getting reliable mobile vaccine clinics?

**1120**

**Hon. Christine Elliott:** All of the issues that the member has just mentioned have been thought about and provided for. First of all, with our online booking tool, we recognize that many seniors are not comfortable with that, so they can call the online appointments customer care centre and arrange their appointment that way. We also have the messages and information available in about 50 different languages that people can access, recognizing, again, that some people have language difficulties.

We are arranging for a variety of ways for people to receive the vaccine. If the mass vaccination clinics are not available for them or close to where they live, we will be supplying them in pharmacies when we receive larger quantities of the AstraZeneca vaccine—in pharmacies, in primary care centres as well as in mobile clinics, because we do know that there are certain neighbourhoods that we need to go into to provide the vaccines to people. We are doing just that to make sure that all vulnerable people in all communities across the province will be able to receive the vaccine.

### CLIMATE CHANGE

**Mr. Mike Schreiner:** My question is for the Premier. Since the Supreme Court smacked down the Premier's lawsuit to sabotage climate solutions, your minister has tried to defend the indefensible by talking about spending money to restore wetlands. Meanwhile, your government is pushing bills and projects to pave over wetlands and farmland. The government could save taxpayers money and reduce flood risk by not paving over wetlands and farmland in the first place.

If the government's denial that they deny the climate crisis has any credibility, they would withdraw schedule 3 from Bill 257 today. So, Speaker, will the Premier commit to saving money and reducing flood risk by not paving over wetlands and farmland and removing schedule 3 today?

**The Speaker (Hon. Ted Arnott):** To respond, the Minister of the Environment, Conservation and Parks.

**Hon. Jeff Yurek:** Thanks very much for the question from the member opposite, giving me the opportunity to discuss our Made-in-Ontario Environment Plan and how we're moving forward, not only to protect land, air and water but also focusing in on reducing greenhouse gas emissions to hit our targets of 30% below 2005 levels.

We've come out with a number of programs to head towards that target, Mr. Speaker. We have our hydrogen strategy announcement—we've created a panel and consulting right now—that we are going to be moving forward with Ontario's first-ever hydrogen strategy, which is going to increase our opportunity to reduce our greenhouse gas emissions while also stimulating the economy. Because we all know in this House that the best way to fight climate change is to have a good balance between strong environmental protections and a strong and healthy economy.

We're proud of the \$30 million that we're investing in wetlands across this province, not only to restore and to build wetlands, but we're going to ensure that they're there for the future generations down the road, Mr. Speaker.

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

**Mr. Mike Schreiner:** I would advise the minister to not pave over the wetlands in the first place. And if the hydrogen strategy has any hope of reducing climate pollution, then the government cannot double down—

*Interjection.*

**The Speaker (Hon. Ted Arnott):** Government House leader, come to order.

**Mr. Mike Schreiner:** —on fossil fuel expansion.

*Interjection.*

**The Speaker (Hon. Ted Arnott):** The government House leader is warned.

I apologize to the member for Guelph.

**Mr. Mike Schreiner:** No worries, Speaker.

The government can't double down on fossil fuel expansion. The government is currently planning to increase climate pollution by 300% over the next decade by ramping up power from gas plants. This will reduce the gains we made by phasing out coal by 40%.

Speaker, if the Premier has any credibility in his belief that climate change is real, will the government commit to phasing out coal-fired power plants today?

**Hon. Jeff Yurek:** If the member opposite is asking us to phase out coal-fired plants—

**Mr. Mike Schreiner:** I meant gas.

**Hon. Jeff Yurek:** —I think we're well on the way to achieving that. It started with the previous Progressive Conservative government to start the phase out, to shut down those coal-fired plants. The government that followed finalized that plan and actually passed legislation to ban the use of coal for the energy sector.

But I will tell the member opposite that we are going to move forward with phasing out coal in the industrial sector of this province, something that wasn't completed. It will be completed under this government as we move forward to end the burning of coal entirely in order to reduce our greenhouse gas emissions. I'm proud that we'll be heading towards that. We'll be phasing out organics to landfills, and we're going to implement our hydrogen strategy in order to combat climate change and get our reduction of emissions down to 30% below 2005 levels.

#### COVID-19 IMMUNIZATION

**Mr. Faisal Hassan:** My question is for the Premier. I have stood in this House many times speaking about how my community of York South–Weston has been neglected and left behind in this government's COVID-19 response. My riding is a pharmacy desert. When it comes to vaccine access, we only have eight pharmacies in a very large riding. We do not have a permanent facility for vaccines for seniors. I'm now hearing that those few pharmacies do not even have adequate supply for people.

Why the inequities, and why are residents—those essential workers and seniors—not getting equal access to vaccines from the government?

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

**Hon. Christine Elliott:** As the member will have heard today by my responses to many of the questions about why members feel that their area is not receiving an equal volume of vaccines, the answer remains the same: lack of supply. We are waiting to receive the AstraZeneca doses that will go into pharmacies—three in every public health unit region—but we need those vaccines. They're coming into Canada from the United States, going to the federal government, but we need to know when they will be coming to Ontario. Until that happens, we can't supply any more to pharmacies other than the remaining supply that they already have, which will be expired as of April 2. We're going to make sure that not one dose is wasted, that they go into someone's arm.

We need the new supply. That's what we're waiting for. That's what we've asked the federal government for.

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

**Mr. Faisal Hassan:** My question is back to the Premier. The lack of pharmacy locations and the complete lack of a permanent facility to distribute vaccines highlight the health disparities in York South–Weston, my community. That is not only bad public health policy, but it is discrimination along Black, racial and economic lines.

Our high-risk hot spots and hard-working community deserve pandemic protection. Why is our hot-spot community continuing to be left behind, and what are your government's plans to finally address your COVID inequity response in this regard?

**Hon. Christine Elliott:** As the member will know, there is one vaccination plan that is being rolled out across 34 public health unit regions. That is the plan that is happening based on age, based on risk.

The local medical officers of health have been working with Dr. Williams, our Chief Medical Officer of Health. Dr. de Villa will have arranged to make sure that all parts of Toronto will have places for vaccinations for all people. This is available through the mass vaccination sites, through the pharmacy sites, primary care, some specialty care sites and mobile units. This is happening equally across the province.

Right now, people are being asked for their socio-economic data when they appear for a vaccine, if they wish to provide it, so that we can make a plan for future health care decisions; that is really important information. However, if people choose not to provide that information, they will not be denied a vaccine. Anyone who wants a vaccine will be able to receive one.

#### COVID-19 RESPONSE

**Mr. Roman Baber:** To the Minister of Health: Ontarians are told we have to lock down because we have to preserve ICU capacity, that our hospitals will be overwhelmed like in New York or Italy. The only place in the

world where hospitals were overwhelmed was the province of Lombardy in Italy. Even in New York, where COVID ravaged through nursing homes, there was no need for the USNS Comfort navy ship, which sailed a few weeks after arriving.

Let's do basic math. With a total of 2,300 ICU beds, 1,400 non-COVID ICU patients and 400 hospitalized patients in ICU with COVID, we have 500 ICU beds available; 22% of Ontario's ICU beds are empty. Sure, some GTA hospitals are closer to capacity, but that's nothing new; that's GTA hallway health care. You can easily manage this through transfers.

**1130**

My question to the minister: Am I correct that Ontario has more total empty ICU beds available than the total number of current COVID patients in all of our ICUs? And if so, are we still in lockdown, or going into third lockdown, in response to public health modelling?

**Hon. Christine Elliott:** That was quite a complicated question, but the answer to it is really simple. I would say to the member, through you, Mr. Speaker, that one of the reasons why our critical care beds in our ICUs have not become overwhelmed is because we dealt with that. We planned for that from the beginning of this pandemic. We created over 3,100 new beds, which is the number of six community hospitals. We also built up the number of ICU beds.

We're also ready to create mobile field hospitals. One is ready to go at Sunnybrook and there's another one in Hamilton that can be created if we need it.

We knew that there would be an increase in COVID hospitalizations and we planned for that. We've added over \$5 billion in support for our public hospitals since the beginning of the pandemic, so we're ready for whatever happens.

But what we're doing is racing against time with the vaccinations, and that is why we need the new supply to come in to make sure that we can get needles into arms as quickly as possible—

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

The supplementary question.

**Mr. Roman Baber:** I'll take my question and answer as correct: 22% of Ontario's ICU beds are empty, then why do you need the lockdown? We have fewer COVID ICU patients today than empty beds in ICUs.

Speaker, all the decisions made by this government are predicated on modelling: the lockdown, the suffering and the rationing of health care—all based on modelling from Steini Brown and company. It started last April, when they claimed that 100,000 Ontarians may die without intervention, remember that? Same folks. But the GTA has been in red and grey since October. That decision was made after Brown said that, at the current case trajectory, Ontario will have about 250 ICU patients by the end of October. Ontario met the case trajectory feared, but the number of ICU patients was 73, over three times less than Brown predicted. On January 12, Brown said that by the end of the first week of February, even with an R rate of 1,

Ontario will have over 700 ICU patients. The R rate was indeed 1—so we met the case trajectory—but the number of patients in ICU was 325, or less than half than predicted.

My question is: Why is the government making extraordinary decisions, locking down millions of Ontarians and ruining millions of lives, on the basis of modelling that's proven wrong time and time again?

**Hon. Christine Elliott:** What I can tell the member is that the modelling that has been done by Dr. Brown and his colleagues has been very helpful to us as we have planned for what might happen in the course of this pandemic. They did indicate that the variants of concern would become the dominant strain by this time and, in fact, they have. But we planned for that with the accommodations that we've made in our hospitals.

Again, what I can tell the member, through you, Mr. Speaker, is that several hospital administrators have advised us that they have a complete ICU absolutely filled with COVID patients right now. That is why we are dealing with getting as many vaccinations done as possible, and creating more spaces so that if they need to be admitted because of COVID, people will be.

But we are dealing with that in terms of creating more space—but also in the vaccinations. Over two million vaccines have been administered to date. We are getting them out as quickly as we can. As soon as we receive them from the federal government, we will get them out there. So we're dealing both with—

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

That concludes our question period for this morning.

#### NOTICE OF DISSATISFACTION

**The Speaker (Hon. Ted Arnott):** Pursuant to standing order 36(a), the member for Guelph has given notice of his dissatisfaction with the answer to his question given by the Minister of the Environment, Conservation and Parks concerning the climate crisis. This matter will be debated today following private members' public business.

#### MEMORIALS FOR FORMER MEMBERS OF PROVINCIAL PARLIAMENT

**The Speaker (Hon. Ted Arnott):** I understand the member for St. Catharines has a point of order.

**Mrs. Jennifer (Jennie) Stevens:** I seek unanimous consent to move a motion without notice to observe a moment of silence in memory of former MPP Peter Kormos, who served 23 years at Queen's Park and passed away eight years ago today.

**The Speaker (Hon. Ted Arnott):** Government House leader?

**Hon. Paul Calandra:** On the same point of order, and I thank the honourable member for that point of the order. It raises a good point that this assembly has been unable to recognize members who have passed in the usual fashion that we have all appreciated. As the member should know, we have been working very closely with the Association

of Former Parliamentarians to find a good way to recognize them.

I appreciate the honourable member for bringing that up, but I wonder if she would entertain a friendly amendment that we take a moment to rise in silence out of respect for all members who have passed, and just to assure the Association of Former Parliamentarians that we are continuing to work on a way to properly recognize all of those who have served the province of Ontario.

**The Speaker (Hon. Ted Arnott):** The member for St. Catharines.

**Mrs. Jennifer (Jennie) Stevens:** Thank you to the government House leader. Yes, we will. Thank you.

**The Speaker (Hon. Ted Arnott):** The member is seeking the unanimous consent of the House to move a motion in memory of Peter Kormos, former MPP. The government House leader has offered a suggestion that we have a moment of silence for all of the former members who have passed away that we haven't yet recognized. We'll just do it by unanimous consent. Agreed? Agreed.

Members, please rise.

*The House observed a moment's silence.*

**The Speaker (Hon. Ted Arnott):** Thank you very much. Members may take their seats.

There being no further business this morning, this House stands in recess until 3 p.m.

*The House recessed from 1137 to 1500.*

## REPORTS BY COMMITTEES

### STANDING COMMITTEE ON GOVERNMENT AGENCIES

**The Speaker (Hon. Ted Arnott):** I beg to inform the House that today the Clerk received the report on intended appointments dated March 30, 2021, of the Standing Committee on Government Agencies. Pursuant to standing order 111(f)(9), the report is deemed to be adopted by the House.

*Report deemed adopted.*

## INTRODUCTION OF BILLS

### WEMAX REAL ESTATE INC. ACT, 2021

Mr. Gurratan Singh moved first reading of the following bill:

Bill Pr47, An Act to revive Wemax Real Estate Inc.

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

*First reading agreed to.*

**The Speaker (Hon. Ted Arnott):** Pursuant to standing order 89, this bill stands referred to the Standing Committee on Regulations and Private Bills.

## SENIOR VOLUNTEER APPRECIATION WEEK ACT, 2021

### LOI DE 2021 SUR LA SEMAINE DE RECONNAISSANCE DES AÎNÉS BÉNÉVOLES

Mr. Pang moved first reading of the following bill:

Bill 270, An Act to proclaim Senior Volunteer Appreciation Week / Projet de loi 270, Loi proclamant la Semaine de reconnaissance des aînés bénévoles.

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

*First reading agreed to.*

**The Speaker (Hon. Ted Arnott):** Would the member from Markham–Unionville care to briefly explain his bill?

**Mr. Billy Pang:** Senior Volunteer Appreciation Week Act, 2021, aims to take another step forward to appreciate our senior volunteers across Ontario by proclaiming the first full week of June of each year as Senior Volunteer Appreciation Week. During this week, Ontarians are encouraged to wear a yellow-coloured item to display their appreciation.

Ontario has a vibrant community of seniors who volunteer their precious time to give back to our communities, both in formal and in informal activities.

Research has also indicated the positive impact volunteering can have towards the physical and mental health for our seniors.

This bill will aim to show appreciation to Ontario's senior volunteers and encourage our senior volunteers to continue to stay active in their communities.

### PERSIAN HERITAGE MONTH ACT, 2021

### LOI DE 2021 SUR LE MOIS DU PATRIMOINE PERSE

Mr. Parsa moved first reading of the following bill:

Bill 271, An Act to proclaim the month of March as Persian Heritage Month / Projet de loi 271, Loi proclamant le mois de mars Mois du patrimoine perse.

**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 invite the member to briefly explain his bill.

**Mr. Michael Parsa:** Canada is home to more than 200,000 people of Persian or Iranian descent, and more than half of them call Ontario home. Ontarians of Persian or Iranian heritage have contributed to the diversity and uniqueness of our communities for generations, and have played and continue to play a key role in the shaping of Ontario's economic, political, social and cultural landscape.

In the month of March, millions of people of Persian and Iranian heritage celebrate Nowruz—the beginning of the new year, the day of the vernal equinox, and the beginning of spring in the northern hemisphere. This

millennia-old celebration is also a reminder of the importance of harmony between nature and life.

By proclaiming the month of March as Persian Heritage Month, the province of Ontario recognizes the many achievements and contributions of Ontarians of Persian and Iranian descent and acknowledges the proud legacy that their history and culture have imprinted on humanity.

## MOTIONS

### PRIVATE MEMBERS' PUBLIC BUSINESS

**The Speaker (Hon. Ted Arnott):** I recognize the member for Barrie–Innisfil.

**Ms. Andrea Khanjin:** Thank you, Speaker. If you seek it, you will find unanimous consent to move a motion without notice respecting the order of precedence for private members' public business and notice of private members' public business.

**The Speaker (Hon. Ted Arnott):** The member for Barrie–Innisfil is seeking unanimous consent to move a motion with respect to private members' public business. Agreed? Agreed.

I'll recognize again the member for Barrie–Innisfil.

**Ms. Andrea Khanjin:** I move that a change be made to the order of precedence on the ballot list for private members' public business, such that Mr. Blais assumes ballot item number 74 and Mademoiselle Simard assumes ballot item number 94, and that notice be waived for ballot item number 75, standing in the name of Ms. Fife.

**The Speaker (Hon. Ted Arnott):** Ms. Khanjin has moved that a change be made to the order of precedence on the ballot list for private members' public business, such that Mr. Blais assumes ballot item number 74 and Mademoiselle Simard assumes ballot item number 94, and that notice be waived for ballot item number 75, standing in the name of Ms. Fife.

Is it the pleasure of the House that the motion carry? Carried.

*Motion agreed to.*

## PETITIONS

### DOCUMENTS GOUVERNEMENTAUX

**M<sup>me</sup> France Gélinas:** J'aimerais remercier M<sup>me</sup> Pauline Giguère, qui demeure à Azilda dans mon comté, pour avoir signé les pétitions.

« Accents en français sur les cartes de santé de l'Ontario... »

« Alors qu'il est important d'avoir le nom exact des personnes sur les cartes émises par le gouvernement » de l'Ontario, telle « la carte santé... »;

« Alors que plusieurs personnes francophones ont des accents dans l'épellation de leur nom »—comme M<sup>me</sup> Giguère;

« Alors que ... le ministère de la Santé » a « confirmé que le système informatique de l'Ontario ne permet pas l'enregistrement des lettres avec des accents; »

Ils pétitionnent l'Assemblée législative de l'Ontario « pour qu'elle s'assure que les accents de la langue française soient inclus sur tous les documents et cartes émis par le gouvernement de l'Ontario. »

J'appuie cette pétition, je vais la signer et je l'envoie à la table des greffiers.

### DRIVER EXAMINATION CENTRES

**Mr. Michael Mantha:** I have a petition from the good people of Blind River, Iron Bridge and Thessalon.

“Improve DriveTest Services in Northern Ontario.

“To the Legislative Assembly of Ontario:

“Whereas northern Ontario residents and businesses experience a historic and significant shortage of DriveTest centre services;

“Whereas DriveTest centres in northern Ontario have been significantly understaffed and underfunded;

“Whereas winter clinics are rarely scheduled during the winter months;

“Whereas motor vehicles are the only means of transportation in many of the smaller, rural and isolated areas of northern Ontario; and

“Whereas DriveTest service shortages and disruptions gravely affect the lives of families, workers, seniors and students in northern Ontario;

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

“—To call on the Ford government and the Minister of Transportation to expand DriveTest services, Travel Points and clinics in northern Ontario;

“—To demand the Minister of Transportation and DriveTest offer more hours and locations of service in northern Ontario;

“—To provide Travel Point clinics all year round, including the winter months; and

“—To call on the Minister of Transportation to re-evaluate its assessment of services offered to northern Ontario communities that has led to current cuts in services and staff shortages.”

I agree with this petition. I put my name to it and present it to the usher to bring down to the Clerks' table.

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### OPTOMETRY SERVICES

**Ms. Effie J. Triantafilopoulos:** I have a petition from my community of Oakville North–Burlington.

“Petition to Save Eye Care in Ontario

“To the Legislative Assembly of Ontario:

“Whereas the Ontario government has underfunded optometric eye care for 30 years; and

“Whereas optometrists now subsidize the delivery of OHIP-covered eye care by \$173 million a year; and

“Whereas COVID-19 forced optometrists to close their doors, resulting in a 75%-plus drop in revenue; and

“Whereas optometrists will see patient volumes reduced between 40% and 60%, resulting in more than two million comprehensive eye exams being wiped out over the next 12 months; and

“Whereas communities across Ontario are in danger of losing access to optometric care;

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

“To instruct the Ontario government to immediately establish a timetable and a process for renewed negotiations concerning optometry fees.”

#### OPTOMETRY SERVICES

**Ms. Catherine Fife:** “To the Legislative Assembly of Ontario:

“Whereas the Ontario government has underfunded optometric eye care for 30 years; and

“Whereas optometrists now subsidize the delivery of OHIP-covered eye care by \$173 million a year; and

“Whereas COVID-19 forced optometrists to close their doors, resulting in a 75%-plus drop in revenue; and

“Whereas optometrists will see patient volumes reduced between 40% and 60%, resulting in more than two million comprehensive eye exams being wiped out over the next 12 months; and

“Whereas communities across Ontario are in danger of losing access to optometric care;

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

“To instruct the Ontario government to immediately establish a timetable and a process for renewed negotiations concerning optometry fees.”

It seems reasonable. I will affix my signature to this petition. I thank Pierce Family Vision for collecting the signatures.

#### ADDICTION SERVICES

**Mr. Jamie West:** I want to thank Denise Sandul, who collected these petitions on behalf of her son Myles, who died from an opioid overdose.

“Prevent Overdoses in the North

“Whereas Ontario is expecting more than 2,200 opioid-related deaths in 2020;

“Whereas opioid-related deaths are up 25% in northern Ontario compared to 2019;

“Whereas death rates in northern Ontario are almost double what they are in southern Ontario;

“Whereas northern Ontario has fewer health resources to handle the opioid crisis than southern Ontario;

“We, the undersigned, petition the Legislative Assembly to declare the opioid crisis a public health emergency in northern Ontario and commit to funding local evidence-based initiatives such as harm reduction strategies, awareness programs, anti-stigma training, residential treatment, and overdose prevention services, including a supervised consumption site in Greater Sudbury.”

I support this petition. I’ll affix my signature and provide it to the Clerk.

#### LONG-TERM CARE

**M<sup>me</sup> France Gélinas:** I would like to thank Renée Quesnel, who lives in Wahnapiatae in my riding, for signing this petition. It reads as follows:

“Ban Retirement Home PPE Charges....

“Whereas Ontario’s retirement homes are largely privately owned corporations; and

“Whereas these businesses have a responsibility to provide personal protective equipment (PPE) to their employees; and

“Whereas many retirement homes are adding PPE charges to the residents’ monthly bill, but the PPE is not for the residents but for the employees of the retirement home; and

“Whereas residents of some Sudbury retirement homes have effectively organized letter-writing campaigns and actions to have the PPE charges to residents cancelled and recognized as a retirement home’s cost of doing business;”

They petition the Legislative Assembly as follows:

“Treat our province’s seniors with respect and ban any additional COVID-related fees, including PPE, to retirement home residents.”

I support this petition. I will affix my name to it and send it to the table.

#### LONG-TERM CARE

**Mr. Michael Mantha:** “Support Bill 153, the Till Death Do Us Part act.

“To the Legislative Assembly of Ontario:

“Whereas there are 35,000 people on the wait-list for long-term care; and

“Whereas the median wait time for a long-term-care bed has risen from 99 days in 2011-12 to 152 days in 2018-19; and

“Whereas according to Home Care Ontario, the cost of a hospital bed is \$842 a day, while the cost of a long-term-care bed is \$126 a day; and

“Whereas couples should have the right to live together as they age; and

“Whereas Ontario seniors have worked hard to build this province and deserve dignity in care; and

“Whereas Bill 153 amends the Residents’ Bill of Rights in the Long-Term Care Homes Act to provide the resident with the right upon admission to continue to live with their spouse or partner;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to direct the Minister of Long-Term Care to pass Bill 153 and provide seniors with the right to live together as they age.”

I want to thank the good people of Echo Bay, Laird, Wawa and Sault Ste. Marie for providing me with this petition. I agree with it. I affix my name and present it to the Clerk.

## ADDICTION SERVICES

**Mr. Jamie West:** I want to thank Courtney McRury and Jordan Thompson for collecting these petitions from across the Ottawa area for Myles Keaney, who died from an overdose. It's entitled "Prevent Overdoses in the North.

"Whereas Ontario is expecting more than 2,200 opioid-related deaths in 2020;

"Whereas opioid-related deaths are up 25% in northern Ontario compared to 2019;

"Whereas death rates in northern Ontario are almost double what they are in southern Ontario;

"Whereas northern Ontario has fewer health resources to handle the opioid crisis than southern Ontario;

"We, the undersigned, petition the Legislative Assembly to declare the opioid crisis a public health emergency in northern Ontario and commit to funding local evidence-based initiatives such as harm reduction strategies, awareness programs, anti-stigma training, residential treatment, and overdose prevention services, including a supervised consumption site in Greater Sudbury."

I support this petition, and I'll affix my signature.

ANTI-SMOKING INITIATIVES  
FOR YOUTH

**M<sup>me</sup> France Gélinas:** I would like to thank a group of very active youth who have collected these petitions. It reads as follows:

"—In the past 10 years in Ontario, 86% of all movies with on-screen smoking were rated for youth;

"—The tobacco industry has a long, well-documented history of promoting tobacco use on screen;

"—A scientific report released by the Ontario Tobacco Research Unit estimated that 185,000 children in Ontario today will be recruited to smoking by exposure to on-screen smoking;

"—More than 59,000 will eventually die from tobacco-related cancers, strokes, heart disease and emphysema, incurring at least \$1.1 billion in health care costs; and whereas an adult rating (18A) for movies that promote on-screen tobacco in Ontario would save at least 30,000 lives and half a billion health care dollars;

"—The Ontario government has a stated goal to achieve the lowest smoking rates in Canada;

"—79% of Ontarians support not allowing smoking in movies rated" for youth;

"—The Minister of Government and Consumer Services has the authority to amend the regulations of the Film Classification Act via cabinet;"

They petition the Legislative Assembly as follows:

"—To request the Standing Committee on Government Agencies examine the ways in which the regulations of the Film Classification Act could be amended to reduce smoking in youth-rated films released in Ontario;

"—That the committee report back on its findings to the Legislative Assembly of Ontario, and that the Minister of Government and Consumer Services prepare a response."

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

## ADDICTION SERVICES

**Mr. Jamie West:** I want to thank Jordan Thompson for collecting petitions from the Ottawa, Renfrew and Stittsville areas on behalf of Myles Keaney, who died from an opioid overdose. The petition is called "Prevent Overdoses in the North.

"Whereas Ontario is expecting more than 2,200 opioid-related deaths in 2020;

"Whereas opioid-related deaths are up 25% in northern Ontario compared to 2019;

**1520**

"Whereas death rates in northern Ontario are almost double what they are in southern Ontario;

"Whereas northern Ontario has fewer health resources to handle the opioid crisis than southern Ontario;

"We, the undersigned, petition the Legislative Assembly to declare the opioid crisis a public health emergency in northern Ontario and commit to funding local evidence-based initiatives such as harm reduction strategies, awareness programs, anti-stigma training, residential treatment, and overdose prevention services, including a supervised consumption site in Greater Sudbury."

I agree with this petition. I'll affix my signature and provide it to the Clerk.

## ADDICTION SERVICES

**Mr. Jamie West:** This time, I would like to thank David Moorhouse for collecting petitions on behalf of Myles Keaney, who died from an opioid overdose in Sudbury. The petition is titled "Prevent Overdoses in the North.

"Whereas Ontario is expecting more than 2,200 opioid-related deaths in 2020;

"Whereas opioid-related deaths are up 25% in northern Ontario compared to 2019;

"Whereas death rates in northern Ontario are almost double what they are in southern Ontario;

"Whereas northern Ontario has fewer health resources to handle the opioid crisis than southern Ontario;

"We, the undersigned, petition the Legislative Assembly to declare the opioid crisis a public health emergency in northern Ontario and commit to funding local evidence-based initiatives such as harm reduction strategies, awareness programs, anti-stigma training, residential treatment, and overdose prevention services, including a supervised consumption site in Greater Sudbury."

I support this petition. I'll affix my signature and provide it to the Clerk.

## SERVICES DE SANTÉ DANS LE NORD

**M<sup>me</sup> France Gélinas:** J'aimerais remercier Sandy Cameron de Val Caron dans mon comté.

« Attendu que le premier ministre, Doug Ford, a promis qu'il n'y aurait pas de pertes d'emplois » dans le secteur de la santé;

« Attendu qu'à Sudbury, nous avons déjà perdu 70 ... infirmières, et que Horizon Santé-Nord ferme une partie du Service pour le dépistage du cancer du sein; et

« Attendu que les coupures au Service pour le dépistage et le diagnostic du cancer du sein de Sudbury entraîneront des délais plus longs, ce qui est très stressant pour les femmes atteintes du cancer du sein; et

« Considérant que les compressions au Service pour le dépistage et le diagnostic du cancer du sein de Sudbury est un pas en arrière; »

Ils demandent à l'Assemblée législative de l'Ontario :

« D'accorder le financement à Horizon Santé-Nord afin d'assurer aux femmes du Nord un accès équitable à des programmes essentiels tels que le Service pour le dépistage et le diagnostic du cancer du sein. »

J'appuie cette pétition, je vais la signer et je l'envoie à la table des greffiers.

## ORDERS OF THE DAY

### PROTECTING THE PEOPLE OF ONTARIO ACT (BUDGET MEASURES), 2021

### LOI DE 2021 VISANT À PROTÉGER LA POPULATION ONTARIENNE (MESURES BUDGÉTAIRES)

Resuming the debate adjourned on March 30, 2021, on the motion for second reading of the following bill:

Bill 269, An Act to implement Budget measures and to enact and amend various statutes / Projet de loi 269, Loi visant à mettre en oeuvre les mesures budgétaires et à édicter et à modifier diverses lois.

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

**Mr. Michael Parsa:** It's a pleasure to rise to speak to Bill 269, our government's 2021 budget, Ontario's Action Plan: Protecting People's Health and our Economy. Speaker, quite honestly, the name of this budget says it all.

COVID-19 and the effects that this pandemic has had on our province and the world have been unprecedented. Like the global pandemic, our government's response has been unprecedented.

Almost a year ago, our government introduced the first phase of our response to COVID-19, Ontario's Action Plan: Responding to COVID-19. And in November 2020, we followed the first phase of our action plan with phase 2 of our 2020 budget, Ontario's Action Plan: Protect, Support, Recover. At that time, budget 2020 was unprecedented in its scope and the sheer amount of funds and resources that it made available for the government's pandemic response.

From the onset of the pandemic, we made a promise to the people of Ontario that their health and well-being was a top priority for us and that we would do everything we

can and whatever it takes to get everyone through this pandemic. At that time, we did just that, and on March 24, we renewed our vow to Ontarians by tabling Ontario's Action Plan: Protect People's Health and Our Economy. We promised the people of Ontario that we would get through this together, and this budget is actioning that promise.

With a total of \$51 billion in response to COVID-19, this unprecedented budget is our government's plan to finish a job we started a year ago.

Speaker, we have been laser-focused since day one of this pandemic on making sure we deliver on what Ontarians need to get through these challenging times. Since the beginning, we've been focusing on two vital priorities: protecting people's health and safety, and protecting our economy.

Right now, with the ongoing province-wide vaccination plan, we're ensuring that vaccines are going into people's arms as soon as we receive them from the federal government. This is currently our top priority, and we have made more than \$1 billion available to make sure that vaccines are rolling out as soon as they're coming in. With that said, we're also investing a total of \$16.3 billion to not only vaccinate people but to protect people's health by investing in our health care system.

Speaker, for far too long, the previous Liberal government overpromised and under-delivered when it came to our health care. Just to prove that I'm not exaggerating, our government just opened the first new hospital in Ontario in over 30 years. That's correct: The newly opened Cortellucci Vaughan Hospital is the first net new hospital to be created in decades. And we're not stopping there. As you may have heard through the grapevine, we're also building a new hospital in Brampton. We're finally giving the people of Brampton the love and respect they deserve by building a proper 24/7 hospital in their city.

Brampton and Vaughan are just two cases. Over the next 10 years, we're committing \$21 billion to build, expand and improve hospital infrastructure in our province. This is the largest investment in hospitals in Ontario's history. We're going to make sure Ontarians have the health care system they need and they deserve. We're all about getting things done, and believe me, we're going to get this done.

Just to prove my point, Speaker: Do you know how many additional hospital beds have been created during the pandemic? I'll tell you. Since last March, we have invested over \$5.1 billion in hospitals and have created more than 3,100 additional hospital beds. That's equivalent to six new large community hospitals, just since last March. Those are unprecedented numbers. We're making sure every person who requires care can access a bed.

This doesn't only apply to the hospital sector. Since the start of this pandemic, we quickly realized the devastating effects of the decades of neglect by the previous Liberal government. We wasted no time in investing an additional \$650 million into existing long-term-care homes to

prevent the spreading, to increase staffing and to buy more PPE and supplies. That's a total of \$2 billion in additional resources that the government has invested since the beginning of the pandemic.

And we didn't stop there. Since the beginning, the government made an original investment of \$1.75 billion to build 30,000 long-term-care beds, and in this budget we're increasing that investment with an additional \$933 million. That's a total of \$2.6 billion to create much-needed long-term-care beds here in our province.

Speaker, these are not just numbers that I'm throwing around. Just this month, Mon Sheong Long-Term Care Centre and Chartwell house in my riding of Aurora–Oak Ridges–Richmond Hill were provided the funds to create 288 new beds and upgrade 128 spaces. Those are just two examples in my riding, but we're creating 30,000 new spaces province-wide to make sure our most vulnerable have the beds and care that they need and deserve.

To further add to this investment, our government is committed to ensuring that residents in long-term care receive more care more often. To achieve this ambitious commitment, Ontario is investing \$4.9 billion over four years to increase the average direct care to four hours per resident per day. Speaker, this ambitious commitment will make Ontario a national leader among Canadian provinces.

We're making sure we meet these goals by hiring 27,000 new PSWs and nurses. Yes, Speaker, you heard right: We're hiring 27,000 new PSWs and nurses. And we're investing \$121 million to support the accelerated training of almost 9,000 PSWs. This is the largest recruitment effort in Ontario's history, and frankly speaking, a much-needed undertaking. I only say this because the sector, like many other sectors, was left neglected by the previous government for far too long. We're making sure the necessary investments are in place to reverse those 15 years of neglect. I would venture to bet that our government has done more for the health care and long-term-care sector in one year than the previous Liberal government did in 15 years. To be honest, I wouldn't even bet; it would be a sure thing. This budget is proof of that—but I digress.

**1530**

During this pandemic, we're not only responding to the needs of the system; we're also investing and working to strengthen it. To clarify, an example that constantly comes to mind is the huge gaps that existed in our PPE supply chain at the beginning of this pandemic. Speaker, if you recall, businesses, manufacturers and even distilleries from across this province immediately retooled their business operations to manufacture PPE, hand sanitizer, gloves and face shields. If there's one thing that this pandemic has shown us, it's the resiliency and selflessness of Ontarians. It's because of them that we were able to quickly close the gap in our supply chain.

If you recall, the Premier also made a vow that we would never again be at the mercy of another jurisdiction or foreign supply chain. That's why we launched the \$50-million Ontario Together Fund, to ensure our government was there to support the innovation and retooling of

businesses and manufacturers that are helping enhance our safety and security by creating a domestic capacity for critical supplies. As of January 2021, the government received 30,000 submissions through the Ontario Together portal. As a result, we're investing an additional \$50 million in 2021 to continue supporting those Ontario businesses that are ensuring we remain safe and self-reliant.

Speaker, that brings me to my next point, the second pillar of our plan. As the finance minister has mentioned on numerous occasions, our economy and our people go hand in hand. By ensuring Ontarians remain healthy, we're ensuring our economy remains healthy. However, as many in the House know, throughout the course of this pandemic, Ontarians have been asked to make some really big sacrifices, and perhaps none more so than Ontario's small businesses and our small business owners. These businesses and business owners are a part of the fabric of our communities. We must be there for them just like they've always been there for us. That's why we established the Ontario small business grant last year, to make sure our small businesses have the supports they need to get through this pandemic. With this grant, small businesses are eligible to receive between a minimum of \$10,000 to a maximum of \$20,000. I cannot begin to describe how essential this program has been to the survival of small businesses across Ontario. That's why we have doubled the size of this grant to \$3.4 billion. Eligible businesses that applied and received a first payment of funds will automatically receive a second payment of funds. The expansion of this successful program will ensure our businesses have the support and relief they need to keep going. And with the nearly \$6.3 billion in relief through lower electricity rates, lower taxes, lower payroll costs, our small businesses will have the tools they need to come back stronger than ever. This is the Ontario way. This is the Ontario spirit.

Speaker, in the time that I have left, I also want to talk about what we're doing for young families, because although small businesses might be the backbone of our economy, young families are the lifeblood and future of this province. We know that in order for our future to remain bright in Ontario, we have to support the families of Ontario. That's why, since March of last year, we have made a \$1.8-billion investment to make sure families and children have the supports they need.

Through the Ontario COVID-19 Child Benefit, children aged zero to grade 12 are eligible to receive a payment of \$400 each, and each child with special needs is eligible to receive \$500. This means that a family with three young children in Aurora or Richmond Hill, including one with special needs, will have received \$2,600 through the Ontario COVID-19 Child Benefit. This is extra money back into the pockets of families, and once you couple that with the enhanced CARE tax credit of \$1,250 to \$1,500, which over 300,000 families are eligible for, parents will have the flexibility and support they need to cover expenses like child care, after-school programs and even summer camps.

Speaker, 2020 was an incredibly difficult year in so many ways, for so many of us. From the onset of the pandemic in March of last year, we have done our utmost to ensure that the health and safety of every Ontarian comes first. Ontarians from across the province have had to make incredible sacrifices, and as a government we've been there every step of the way to help support them. We're now slowly closing in on the end of this chapter, in my optimistic view, and there is hope on the horizon. This budget is about helping us cross the finish line and making sure families, children, businesses, our doctors, our nurses—all Ontarians—have the supports they need to get through this dark chapter.

I truly believe that with this budget, we have given Ontario and Ontarians a fighting chance to come out of this pandemic stronger than ever before. Right now, our number one priority is to get vaccines in arms, but mark my words: This budget and all the supports, infrastructure projects and investments in it are going to be the reason why Ontario will have a bigger, better and brighter future.

During our consultation process, the parliamentary assistant for the Minister of Finance, myself and the minister held extensive round tables and discussions with Ontarians from every corner to hear what they wanted, because, after all, this was a budget that was for them, and it had to reflect their views and what they wanted. Mr. Speaker, you would not believe the amount of times we heard from individuals, families and business owners how difficult it had been. I remember that right after wrapping up our consultations, I reached out to the Minister of Finance and the parliamentary assistant and said to them, "Just remember what we're hearing from small businesses across this province. They're telling us they need support."

Every single member of this House has always talked about the importance of what small businesses mean to our communities—certainly in mine.

I reached out to my colleague, who I know is not a stranger when it comes to supporting small businesses, and said, "Please make sure"—the small business support grant that was announced by our government has been incredibly helpful to small businesses.

We refer to them as small businesses, but we forget sometimes that they're our neighbours, our siblings, our parents—they're all members of our community.

Often, you've heard me, regardless of what bill we talk about—when I get up and talk about small businesses, I'm very passionate about it. Through small business in this country and this province—my family has everything as a result of our small business.

Support for small businesses is so important, which is why, when I saw this budget and that support of \$10,000 to \$20,000, which may not sound like a lot, but to a struggling small business that has had to shut down for the last few months as a result of restrictions and regulations to protect the people—these were all measures announced by our public health officials and the government to protect Ontarians, and they've had to close their doors to help us—it was so nice.

I want to thank the parliamentary assistant as well as the Minister of Finance for listening to the pleas of small businesses and supporting them by this addition of the second round of small businesses. Thank you very much to the parliamentary assistant of the Minister of Finance.

Mr. Speaker, when we talk about small businesses, we also talk about the families and individuals. The cheque of \$400 going back to families with children zero to grade 12 is another welcome addition. I heard from my constituents, when we announced the budget, how supportive and how helpful this will be to them as they are dealing with all of the extra costs during this pandemic. Families have had to spend a lot of money because either people had to work from home or families have had to keep their kids at home, whether it's for schooling—and I thank the Minister of Education for the support that he and his ministry have provided to the families.

**1540**

This has been a really, really difficult chapter for everyone—fiscally, financially, in every way, shape or form—so the budget that was introduced needed to reflect that, and it truly did.

On behalf of, again, my residents of Aurora–Oak Ridges–Richmond Hill, I thank the Minister of Finance, I thank the parliamentary assistant and I thank the government. I look forward to working with our opposition members to get this bill passed so we can provide the supports to our people as quickly as possible.

**The Acting Speaker (Mr. Percy Hatfield):** It's now time for questions and responses.

**Mr. Gurratan Singh:** The member made mention of the Conservative government's empty promise to build another hospital in Brampton. I call this an empty promise because there is no money allocated in the budget for a hospital in Brampton and there is no timeline given in the budget for a hospital in Brampton.

Brampton is ground zero for hallway medicine. Folks in the thousands are being treated in hallways because there's no room in actual hospital rooms. People are struggling, and Brampton deserves better. We deserve immediate action to build another hospital in Brampton—along with converting Peel Memorial from a health centre to a hospital and properly funding Brampton Civic.

Will the member, first, recognize that there's no money in this budget for another hospital and that that announcement was a hollow announcement, and further, will he push his government to take action now—not in three years, not as an election promise in 2023, but in this year, in this year's budget 2021—to build another hospital in Brampton and finally fix our health care crisis?

**Mr. Michael Parsa:** I thank my colleague for the question. It's very important.

I want to start off by thanking our doctors, nurses, PSWs, all of those on the front line, every single hero who has been holding down the fort for us in our hospitals, defending us. Mr. Speaker, I want to add, again, at a time of uncertainty, when all of us were told to stay home, these front-line heroes went into work to support us every single

day. When it comes to our government, we're never going to forget that. We will support them every step of the way.

When it comes to support for hospitals—\$5.1 billion in support since the start of the pandemic. When it comes to \$21 billion in capital grants over 10 years for hospital infrastructure—my honourable colleague referenced the hospital in Brampton, and I really appreciate him mentioning that. I want to read a quote from the mayor of Brampton: “Thank you very much to the Ontario government and Premier Ford for the incredible announcement of a new hospital in Brampton. This has been a long journey, and we are thankful for it.”

**The Acting Speaker (Mr. Percy Hatfield):** The next question.

**Mr. Rick Nicholls:** I want to thank the member from Aurora-Richmond Hill-Oak Ridges for his excellent presentation.

I want to talk a moment about the Ontario Small Business Support Grant. I know that grant program has been received tremendously well by small businesses requiring help from our government. I do know that there is perhaps a bit of a backlog right now, and I've been told that those who at least have had their application put in—even though they haven't heard yet, they will.

What I would like to know is, for businesses that have been approved or will be approved, will they be needing to reapply for this particular second payment that has been put into our 2021 budget?

**Mr. Michael Parsa:** I thank the member for the great question.

You've heard it in my speech—it's a big part of my lobbying every single day here, to make sure that our small businesses are supported.

To answer your question, no, they don't. The businesses that applied and were eligible and were supported will automatically receive a second round of support equivalent to the amount they received the first time, and that is an amount between \$10,000 and \$20,000.

When it comes to support for small businesses, it's important to note that on top of this, we have the \$1,000 main street grant that was offered to small businesses towards personal protective equipment. It could be used for gloves and face shields or Plexiglas—any way that the businesses needed, whatever they needed to do to protect themselves from the pandemic.

This is a great support. Again, thank you very much to the parliamentary assistant and the minister for introducing it.

**The Acting Speaker (Mr. Percy Hatfield):** The member from Waterloo.

**Ms. Catherine Fife:** I want to commend the member on his presentation, in some respects.

The one issue that I feel the government has completely missed the mark on is the response to attracting women and helping women get back into the workforce. The government has promised us a task force. We don't need a task force. You just need to listen to women who have very clearly articulated where the barriers are.

One of the major needs for investment is in child care. This government introduced a child care tax credit, a top-up of \$250, which will get you one day's worth of child care in the city of Toronto—and there are no child care spaces.

I wish the member would take it back to the government and make the case for a significant investment in infrastructure and child care, because for every dollar you invest in child care, you get a \$7 return to the economy on that.

**Mr. Michael Parsa:** I thank my colleague for the question. It's a very important one, too.

Speaker, we recognize that while COVID-19 has impacted everyone, women in the workforce have been disproportionately affected, as many sectors have suffered heavy job losses and are experiencing a slower recovery of female-dominated jobs. We know that supporting increased participation of women in the workforce will be critical to Ontario's economic recovery, and having access to affordable child care will be a key factor in enabling that participation.

That's why we have enhanced the CARE tax credit by 20%, to an average of \$1,500. This tax credit provides families with up to 70% of their eligible child care expenses—and doubling the Ontario COVID-19 Child Benefit program so that every child between zero and grade 12 receives \$400 and every child with special needs receives \$500.

**The Acting Speaker (Mr. Percy Hatfield):** The next question.

**Mrs. Nina Tangri:** I want to thank the member for his remarks earlier.

While COVID-19 threatens all of us, it's the residents and staff in our long-term-care homes who have really suffered the most.

I'd like to ask the member if he can tell us a little bit about what this government has done in the past, what this government is currently proposing to do in our budget and what the end result will be for the staff and residents of the long-term-care homes, because they really have been out there. Please embellish on that.

**Mr. Michael Parsa:** Another great question by one of my colleagues here.

Speaker, it is true: This is a sector that we have all talked about here in this House—at least we have, and I know that I've heard many of my colleagues in the opposition. This was something that previous governments never got right. They neglected this, in particular in the last 15 years, which is why I'm so proud to be part of a government that has a stand-alone ministry to deal with long-term care—an area that has been neglected, as I said, by previous governments.

Some \$933 million over four years, for a total of \$2.6 billion to build 30,000 beds—that's \$246 million to improve living conditions in existing homes, \$650 million to help homes prevent viral spread, increase staffing supports and purchase additional supplies and equipment.

Mr. Speaker, when it comes to this, I go back to—during committee, the Minister of Long-Term Care and her hard-working parliamentary assistant showed up—

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

**Mr. Jamie West:** Thank you to the member for Aurora–Oak Ridges–Richmond Hill.

My question is to do with mental health and addiction. The current average wait time for mental health, to get a counselor, is about two and a half years, which is unfortunate, because on average, 4,000 Ontarians die by suicide every single year.

The Premier has promised \$3.8 billion over 10 years; however, in 2019, there were zero dollars of additional funding; in 2020, zero dollars of additional funding; in this year's budget, as well, zero dollars of additional funding.

Is the Premier truly committed to \$3.8 billion for mental health and addictions, or are we simply continuing to rely on the \$175 million of federal yearly transfer payments?

**Mr. Michael Parsa:** I thank my honourable colleague for the question.

Mr. Speaker, perhaps now, post-pandemic, more than ever, we all recognize the impacts that this pandemic will have on people's mental health. We need to do everything we can to make sure that they are supported.

I'm very happy that \$175 million will be announced through the Roadmap to Wellness—in the 2021-22 budget—\$7 million to increase access to mental health and addiction services for post-secondary students during COVID-19, \$2.1 million over three years to support victims of domestic violence and human trafficking, and a \$60-million investment in the Black youth action plan.

1550

Mr. Speaker, this is an area that our government has taken seriously. We've said that we have to spend \$3.8 billion in the next 10 years to address this issue, and there's no way we're going to leave any stone unturned.

**The Acting Speaker (Mr. Percy Hatfield):** It's now time for further debate.

**M<sup>me</sup> France Gélinas:** It is my pleasure this afternoon to talk about protecting people's health and our economy, to put a few thoughts on the record on the budget.

The first thing I want to talk about is our hospitals. We all remember, before COVID-19, when 50% of community hospitals in Ontario were operating at over 100% capacity. The one in Sudbury had been operating at over 110% capacity for the last 13 months, and then the pandemic came. What did the hospital do? They cancelled all of their elective procedures so that they could make room for people who could get sick with COVID-19. What did that mean? That means that right now in Ontario, there are over 180,000 people whose procedures and surgeries have been cancelled, and they don't have a new date as to when the surgery will take place. There is money in the budget to make up some of this. There's enough money to make up about 52,000 surgeries. What happens to the other 130,000 people whose surgeries and procedures have been postponed, who are sitting there, often in pain, not able to go to work because they're waiting for that procedure and there is no help in the budget for them? The wait will be long. Most of our hospitals were right back at over capacity when the pandemic cooled down a little bit

in the summer, and it will be the same thing after the third wave.

How do you address the overcrowding? Sure, hospital funding. But a big part of it is investing in our community, investing in home and community care—basically, in care for seniors, care for people with disabilities. We have 230 not-for-profit home and community care organizations. They help about 750,000 Ontarians stay home, where they want to be. Many of them would qualify for long-term care, but with high-intensity support, they are able to stay home.

But the home and community care sector hasn't seen a base budget increase in 12 years—oh, not true; one time, they got a 2% increase in that 12-year span. But it has been 12 years that they haven't seen a base budget increase and there is no base budget increase.

Let me quote from their association: "Our sector's front-line staff and support staff are exhausted and undervalued; they need and deserve more than just thanks.... PSWs, RPNs and RNs in our sector need decent, sustainable, competitive compensation; without it, not-for-profit agencies will be unable to retain and deploy adequate staff to meet the needs of clients and we will quickly return to hallway health care as the threat of COVID-19 lessens."

I fully agree with what they said. We know that overcrowding will come right back. We know how to at least take steps to help it: It is through funding of our home and community care—zero; not a penny in there for them.

What will happen? People who qualify for long-term care cannot be supported in the home that they want to live in, in a way that is respectful and meets their needs. They'll end up in long-term care—first through a hospital, because they usually get in trouble. They fall, break a limb. I don't wish any harm upon anybody, but there's a good chance that this is what happens. Once they've been admitted into the hospital, it's not safe to send them back home anymore because they could fall again. They send them to long-term care.

Let's have a quick look at our long-term care—78,000 beds. Everybody saw what happened during COVID-19. Everybody now knows that the level of care in our long-term care does not meet the needs of our residents. It is not respectful to the 78,000 Ontarians who live in those homes. We all agree, after years and years and years, that we need four hours of hands-on care. The government even put a number on it—\$4.8 billion it will cost to do this, and it's not till 2025. Those people need help now. The people who work in long-term care, mainly PSWs—we know how to fix this. Make PSW jobs good jobs. Give them full-time work. Pay them a decent wage. Give them paid sick days, a bit of benefits, a pension plan and a workload that a human being can handle—problem fixed.

There are thousands of PSWs out there who are good at their jobs, who want to do that job, who have the empathy to do that job, but they work part-time. They cannot pay the rent and feed their kids; therefore, they have to leave. The government knows that, but they're not going to act till 2025.

Another way to make sure that our hospitals can handle the overcrowding is by investing in primary care. A lot of

primary care has gone online. I can quote from the Association of Family Health Teams of Ontario, who have said their recommendation: “Expand team-based primary care”—I absolutely agree—“embed mental health and home care in primary care, and strengthen virtual care foundations in primary care.” There’s no money for that in the budget. We’ll talk about broadband a little bit later.

If you look at nurse practitioner-led clinics, a lot of us from northern Ontario don’t have family physicians; we have nurse practitioners. They work wonderfully. We all love them.

In February, RNAO released its NP Task Force Vision for Tomorrow report. The plan is to increase health equity and access to health care in Ontario’s post-pandemic health system through an increase in supply and the utilization of nurse practitioners. The Premier responded to RNAO: “Let’s get a number on the table because we need you, we really do.” So how much money was there in the budget for the 26 nurse practitioner-led clinics? Zero. How much money was there in the budget to make sure that we’re able to get more nurse practitioners? Remember the promise of 100 nurse practitioners in our long-term care? Zero. There’s no money to do any of that, although they know that those are steps that need to be taken.

The alliance that represents community health centres, Aboriginal health access centres and nurse practitioner-led clinics, as well as family health teams, said, “In order to build back better and position the health system for success this year and beyond, we need investments in upstream solutions. This budget lacks investment in community and team based primary health care, home care”—I’ve heard that before—“public health, and other vital responses such as paid sick days or addressing the ongoing opioid poisoning crisis.

“We need investments that will tackle systemic racism and oppression, otherwise the health inequity for people across Ontario will continue to deepen.” None of that was funded in this budget.

If we talk a little bit about equity—I’m assuming most of you will know that the government has been taken to court. There’s a legal suit being brought forward by David Baker and Kimberly Srivastava of BakerLaw, on behalf of their client David Daneshvar, against the provincial government and the Minister of Health. They allege that the province has not done what it must to ensure equity of the COVID-19 vaccination program. On this side, we agree. Health care services are to be reasonably accessible, without financial barriers. As the largest health initiative ever, it is essential that the vaccine rollout occur in conformity with these equity obligations.

The government recommended that public health units consider the Ministry of Health’s equity impact assessment instrument—this instrument contains the minimal equity obligations of the province—but they did not mandate it. So what are we seeing? Some of the health units have an equity lens; some don’t. So we end up, at the end of the day, with people who are 95 years old and cannot get a vaccine. We end up with Ann Fitzpatrick’s

father, Tom, a 97-year-old man in Scarborough, a home-bound senior with multiple health risks, who cannot access the vaccine at home.

**1600**

I can talk about Tracy Odell, president of Citizens with Disabilities—Ontario, who has over 200 members unable to get the vaccine or access the online booking system. Not everyone is able to march to a vaccination clinic.

And the list goes on and on. Dr. Samir Sinha, who I think everybody in this House has quoted before, claims that for 40,000 Ontarians, “getting a vaccine in their own home is a necessity, not a convenience.” The \$3.7 million to pay for a taxi to bring you to a vaccination centre is not going to cut it for those 40,000 people, and yet there’s no money in the budget to help them.

If we keep on with equity—I’ve received letters from 911 operators saying, “I can’t really do 911 operating from home. You have to do this at work,” and yet, they are nowhere to be found on the priority list for vaccines. If there was to be an outbreak in a 911 centre, Speaker—I don’t want to think about those things because they depress me, but it would be pretty scary.

The same thing—I have physicians reaching out to me. They are in charge of the dialysis unit. A patient, unfortunately, has already caught COVID-19 and passed from the disease. Everybody else is very nervous, but they are nowhere on the priority list.

There has to be equity. There’s a role for government to play in equity, and yet there’s no money for that at all.

That brings me to mental health and addiction. A trustee from a northern Ontario public school board sent all of the northern MPPs a letter asking us to focus on mental health and well-being services and supports for their students. Yes, there is \$175 million in the budget for mental health and addiction. This is \$175 million that comes from the feds. Remember, we are supposed to invest \$1.9 billion; they are supposed to invest \$1.9 billion. So far, Ontario has invested zero. My colleagues from across, the PCs, all talk nicely about mental health. They show that they really care. They show that they get it, that we cannot continue the way we had, yet zero comes from the provincial government toward improving mental health and addictions.

Meanwhile, in Sudbury, we have over 260 crosses that represent people who have died of an overdose. Those are 260 people who were loved. Those are 260 people who reached out for help but couldn’t get any help. In Sudbury, it’s 18 months before a child will gain access to mental health services, and even longer for adults. We have been asking for a supervised consumption site for a long time, and yet there is no money coming to Sudbury to help. Every week, we see more crosses of people who have died.

They are not the only ones who were promised change and never saw it.

I want to talk about the Myalgic Encephalomyelitis Association of Ontario. There are 650,000 Ontarians living with the medical conditions of myalgic encephalomyelitis, chronic fatigue syndrome, fibromyalgia, environmental sensitivities or multiple chemical sensitivities. They were promised, on December 21, 2018—that’s

13 months ago—that there would be steps forward for them to access services. Some of them are really sick. We know how to treat them. The report has been done. We have the data; we have the evidence. We have a minister who promised that things would change. But we have a budget that has zero money for them.

There are many others in health care who are not happy. The optometrists have not seen a fee increase in decades. They have written to all of us; we've all had this letter putting us on notice. Starting September 1 of this year, everybody over 65 and every child under 18 will not be seen by an optometrist, will not have access to basic eye care anymore, because the government has not agreed to negotiate with them after decades of flat-line compensation.

The same thing with midwives—the midwives who took the government to court, who won their court battle that said, “Yes, midwives are women and they deserve pay equity.” Did the government put a penny in their budget to help the midwives? Absolutely not. They are taking them back to court. The millions of dollars that we have spent to go to court to lose against the midwives and the millions of dollars we will spend in lawyers could have paid for the little bit of money that the midwives are asking for, but there is zero money in the budget for the midwives.

I can tell you that the northern mayors are pretty nervous and have written to this government about the money available for public health. Yes, there's a ton of money right now for COVID-19, but public health is more than just COVID-19. Right now, the government is moving ahead with their ideas to go from 34 health units to 10, with their idea of downloading the cost of the provincial responsibility of public health onto municipal government. The municipal governments and mayors of the north are speaking up.

There were other things that I would have liked to see in the budget. There are a lot of seniors, given what just happened with COVID-19, who want to stay in their home. But staying in their home doesn't only mean that you need a grab bar by the toilet. It means they need new windows and new ceilings and new insulation. There is zero money right now to help seniors on fixed income who own their house, who want to stay in their house, who right now can't afford those things and would like a bit of help. But the only help they'll get is to pay for grab bars and things like this. Yes, thank you very much for this. It is important for a lot of people. But it is also important to support seniors on fixed income, and there's no money in the budget for them.

I want to talk about the widening of Highway 69. You know the highway that brings you to Sudbury? It's mentioned in the budget—with no timeline, no number of kilometres and no money for it.

There's a critical mineral strategy—good news for the north. I am hoping really hard to use that strategy to bring a battery-making facility to Sudbury. I know that Tesla wants to use minerals that are mined in a way that is green. We do this in Sudbury. Please come to Sudbury to build your batteries.

There's a little bit of money for exploration—lots of exploration in my riding—\$200,000 per project. Thank you, but it's very small.

Laurentian University is a cornerstone of post-secondary education. This is where I was educated, and this is where lots of people were university-educated in the northeast. We are at risk of losing our French program. We are at risk of losing everything we've gained toward First Nation and Aboriginal culture and teaching—all of this because the government does not consider them a public agency anymore. They consider them a publicly supported agency. I disagree with this, Speaker. University is a public institution that needs to be funded by the provincial government. Don't let them go through the CCAA. That's not a process for them. Fund them.

Right now, the Ontario Energy Board will double the electricity rate by eliminating the seasonal rate class. That means an additional \$54 a month in fees for 80,000 seasonal Hydro One customers, many of them in my riding. If you own a house but you have a little camp, when you shut off your hydro in the winter, you will still be getting a bill. People of the north also deserve a break—not just in the south.

Support for small businesses of the north: I wrote to Minister Fedeli about Caitland and Mike Nobbs, the owners of Great Escape Cabins in my riding. Why is it that outfitters and businesses of the north do not qualify for the \$10,000 and the \$20,000? I'm really happy that the businesses that qualify will get it again, but the businesses in the north that did not qualify still won't get it.

**1610**

And then I have to talk about broadband. This idea that the private sector, if you give them enough money, will build broadband infrastructure in northern Ontario is a dream. Daniel and Colette Lafontaine live in my riding. They are farmers, and they are concerned about high-speed Internet. They have tried all of the companies and they've all said the same thing: It is not going to happen. I did the same: I phoned each and every one of them and asked them, “Are you going to come to Nickel Belt?” One of them, Sunwire, will go at the extreme southwest of my riding, 28 homes—yay. What about the other 40,000 homes in Nickel Belt that cannot get access to an affordable Internet infrastructure to do what everybody else takes for granted?

There is more—autism funding for families in the north, for French families, who cannot access—but I'm out of time.

**The Acting Speaker (Mr. Percy Hatfield):** Maybe you'll be able to slip in some of that during the question-and-answer period.

The first question goes to the member from Brampton West.

**Mr. Amarjot Sandhu:** Ontario's action plan is all about protecting people's health and our economy, and no one can deny the fact that our businesses are the ones that have been affected by the COVID-19 pandemic. Our government is supporting our businesses in any way we can. Approximately 120,000 small businesses will

automatically benefit from an additional \$1.7 billion in relief through the second round of support in the form of grants, bringing the estimated total support provided through this grant to \$3.4 billion.

Does the member opposite believe in direct support for small businesses across Ontario?

**M<sup>me</sup> France Gélinas:** Absolutely. I saw first-hand—I have many little strip malls in Nickel Belt. The one closest to my house—at one end of the strip mall there's a dentist, and at the other end there's a lumber store. Every other small business has closed their doors. From the hair salon, to the restaurants, to the French fries, to everything else in between, they have all gone bankrupt.

The support for small business has to be there, but it has to be equitable to the people of the north. There are many businesses in northern Ontario that do not qualify. I was reading about Caitland and Mike Nobbs, the owners of Great Escape Cabins in my riding. They need support. This is their livelihood. This is their investment. They don't qualify for the \$10,000 or the new—I want them to qualify. Make sure that the businesses of the north are treated equitably.

**The Acting Speaker (Mr. Percy Hatfield):** The member from St. Catharines has a question.

**Mrs. Jennifer (Jennie) Stevens:** I'd like to commend my colleague from the Nickel Belt on her eloquent words and the important views that she has brought forward on this budget.

We've heard the members on the government side across the aisle, on several occasions during this debate, continue to repeat that within this budget they actually address the unique, disproportionate barriers women are facing.

Speaker, through you to the member from Nickel Belt—because all of the members on the opposition side have actually listened to women throughout this pandemic, instead of trying to kick the can down the road and say that they're going to create a task force: What are some of the barriers that you would see the opposition would have done in this budget, instead of kicking it down the road?

**M<sup>me</sup> France Gélinas:** Twenty thousand women, health care workers, contracted the virus, and 13 of them died. We could have changed all this. We could have changed all this if we had given them paid sick days. We could have changed all this if we had made it easier for them to stay home when they didn't feel good, easier for them to stay home when the virus was at work, when they were in harm's way. But none of that was done.

The second thing is daycare. The burden of taking care of families still rests mainly on the shoulders of women. To have an extra \$400 or \$500 per child is a very small step. When you live in northern Ontario, there is no space in the daycare for your children.

**The Acting Speaker (Mr. Percy Hatfield):** The member for Chatham-Kent-Leamington has a question.

**Mr. Rick Nicholls:** I listened intently to the member from the Nickel Belt. About 75% of her debate was built around health care.

I have two words: COVID-19. It has been very, very devastating for the entire province, for the country. It's a world pandemic. Of course, we had to create our game plan as we went along, and it was challenging, to say the least, but we're doing the best we absolutely can.

In our 2021 budget, our government is taking steps to protect the people from this deadly virus by increasing our health investments to \$16.3 billion.

I listened to the member from the Nickel Belt—

**The Acting Speaker (Mr. Percy Hatfield):** Pose your question, please.

**Mr. Rick Nicholls:** —and she talked about a lot of things that she feels we weren't doing—

**The Acting Speaker (Mr. Percy Hatfield):** You're out of time, my friend. Thank you.

The member from Nickel Belt to respond.

**M<sup>me</sup> France Gélinas:** Yes, the pandemic was there. It came and we did not see it coming, but we have had SARS before. We knew what a pandemic could do. We knew how to build a strong and robust public health system that was ready to take on the next pandemic, but it's as if we forgot everything that we learned. We did not have the stock of PPE.

Moderna put out their first results of their vaccine 10 months ago. Did we start planning a vaccine rollout? Absolutely not. We waited. The task force was put together on December 12, and on December 19 we got the first shipment. Why didn't we use the 10 months since Moderna told us that they were coming out with a vaccine to put a plan together—a plan that could have been shared with everybody, understood by everybody? "Here's what you have to watch. Here's how it's going to roll out"—

**The Acting Speaker (Mr. Percy Hatfield):** Thank you. The next question: the member from Sudbury.

**Mr. Jamie West:** Thank you to the member from Nickel Belt for an excellent debate. She went through that so quickly, with so many different things to talk about. She talked about the Tesla battery plant and how it would be great to bring it to Sudbury and Nickel Belt.

I was thinking about the mines in Nickel Belt. I know that Vale had the Clean AER Project that was just finished in 2018. They went from the world's largest superstack, which basically created a moonscape, to capturing all of their SO<sub>2</sub>. We went from the moonscape to the regrading of Sudbury. With nickel, with cobalt, with precious minerals—I just wondered if you want to expand on how a battery program plant in Sudbury and Nickel Belt would be an excellent idea.

**M<sup>me</sup> France Gélinas:** This is positive news in the budget. In the budget, they talked about the Critical Minerals Strategy. What we think is behind this is that there are many electric vehicle manufacturers—Tesla is at the top, but most of the big brands all want to go into electric vehicles, and they need batteries.

In order to say that you are green, you also have to look at where the minerals that are needed for the batteries for the cars are coming from. As my colleague just said, Sudbury has really changed the way we do mining. The Clean AER Project is one, but there are many. There are

now electric vehicles on the ground. Mining has gone green in Sudbury, and it has not in other parts of the world, so I think we are very well located and situated to attract the plants that will be needed for all those electric vehicles that want to be green. Sudbury has green mining.

**The Acting Speaker (Mr. Percy Hatfield):** The next question.

**Ms. Andrea Khanjin:** The member opposite did the right thing once before: She voted for a budget that this government put together that provided \$270 million for health care, home and community care. It provided pandemic pay. It helped purchase protective equipment. And so, she has done the right thing before. But in the past—when she talks about waiting decades—she also waited decades with the Liberal government, watching all of this unfold. This government had to come in and fund PSWs, fund hospitals, fund long-term care, and fund community care.

In the first budget that this government put together, we had additional things in addition to that—things like free dental for seniors, reducing the oxygen pricing for people who are at home. That member voted against those things. She has done the right thing before; she can do the right thing again. If she cares about rural communities, like funding more physicians, then get with the times, and you can stop supporting decades of inaction and support decades of action.

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**M<sup>me</sup> France Gélinas:** I used the 20 minutes that I had to really go through some of the challenges that our health care system is facing. Some of the challenges certainly have to do with COVID. We are in the middle of a pandemic. But the challenges from before are still there.

We all know that our home and community care sector has to be funded. We all know that we have 700,000 frail elderly people who need to be supported in their home. That number is growing because they do not want to go to long-term care, for obvious reasons. And yet there is zero budget increase for them. It has been 12 years, Speaker—12 years with zero base budget increase.

We also know that people need access to primary care: 30,000 people in my riding do not have a family physician or a nurse practitioner. The nurse practitioners are there. They want those jobs, but there is zero money to increase from 26 nurse practitioner-led clinics to allow them to hire more nurse practitioners or to open up new ones.

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

**Ms. Lindsey Park:** I'm pleased to rise today to speak to Bill 269, Protecting the People of Ontario Act (Budget Measures), 2021. This bill tabled is part of the next phase of Ontario's response to COVID-19 and our government's second budget presented during this pandemic. This budget aims to focus on both people's health and the health of our economy.

As the member of provincial Parliament for Durham, I want to speak to the components of the budget and the budget bill that I know will really lift up families and individuals in my riding, who have sacrificed so much in these difficult times.

Protecting people's health is the first pillar of the 2021 budget. Clearly, our first priority as a province needs to be, and is, getting vaccines to everyone who wants one. I know that's the number one topic in communities across Ontario right now, including in Durham. This budget reflects that.

Our government is making a more than \$1-billion commitment—\$1 billion available—for our province-wide vaccination plan. This plan has three phases and plans to activate every available health care resource. We're doing everything we can as a province to vaccinate everyone who wants a vaccine as quickly as possible.

However, we could have the most sophisticated plan in the world, but without stable and sufficient vaccine supply, that plan will not succeed. Almost every single vaccine in the hands of our province is allocated and currently associated with a booked appointment. We learned yesterday that the Moderna vaccine is delayed again. I think it's the fourth or fifth time we've found that out from the federal government, and it's not been that long that we've been in this vaccine distribution phase. We still have no sightline whatsoever into what the next Moderna deliveries are going to be and when they're going to be delivered.

I understand, from Dr. Robert Kyle, Durham region's medical officer of health, that Durham's public health team has a plan in place to ramp up, to administer 10,000 doses per day as soon as they have the supply. Durham is ready. Ontario is ready. We have the capacity, the plan and the funding, and we will administer more vaccine doses as soon as we receive them from the federal government.

A key component of protecting people's health is ensuring our hospitals can continue to deliver high-quality health care to Ontarians, regardless of what their medical needs are. Our government has provided an additional \$5.1 billion through this budget to support hospitals since the pandemic began, creating more than 3,100 additional hospital beds. That's the equivalent, we've heard our Minister of Health say, of six large community hospitals. This includes \$1.8 billion in 2021-22 to continue providing care to COVID-19 patients, address surgical backlogs and keep pace with patient needs.

While we have invested over the last year to urgently expand hospital capacity as quickly as possible, we also must continue longer-term capacity planning. That's why our government has committed to more than \$21 billion in capital grants over 10 years to build, expand and renew hospital infrastructure across Ontario. Speaker, this is the largest investment in hospitals in Ontario's history, and I'm very pleased to see the expansion of the Bowmanville Hospital included in that plan.

On January 11, our government provided \$2.5 million towards planning the redevelopment and expansion of the Bowmanville Hospital, and I will continue to advocate for this project through to its completion. Clarington, Oshawa and Whitby now represent the fastest-growing region in the whole country. Young families moving to the area want a modern hospital that they can rely on in their time of need. The expansion of the Bowmanville Hospital will provide that high-quality care in our community for

decades to come. I want to thank our Minister of Health and our Minister of Finance for recognizing the importance of this project, and projects just like this one, across the province in budget 2021.

Another extremely important piece of the plan forward is the investment in the long-term-care sector. With this budget, we're investing an additional \$650 million in 2021-22 to protect our seniors in long-term-care homes to prevent the spread of the virus, increase staffing and to buy more PPE, such as masks. This brings the total investment in the sector since the beginning of the pandemic to over \$2 billion.

We're also investing an additional \$933 million, part of the larger \$2.6-billion plan to build 30,000 long-term-care beds in Ontario, so we can make good on our promise to fix the long-term-care sector that has suffered under decades of neglect under the previous Liberal administration. We're also putting \$246 million into improving living conditions in existing homes. Just a couple of weeks ago, the Minister of Long-Term Care announced 80 new projects across the province as part of our government's plan to fix the long-term-care sector, and I'm very happy to say that one of those projects was Port Perry Place. That investment will lead to 192 new and 32 upgraded long-term-care spaces in a brand new home built to modern standards, for a total of 224 long-term-care spaces in the new home.

The Port Perry project is in addition to the project in Bowmanville that will see a new home with 125 new and 99 upgraded beds. Speaker, we're building a new home in Port Perry, we're building a new home in Bowmanville. The previous Liberal government built 611 beds across the entire province between 2011 and 2018. We're building 1,970 net new beds in Durham region alone. It seems all we were left with in long-term care by the Liberals was a broken and woefully neglected system. We're the government that's fixing it.

An important aspect of the 2021 budget are the supports for vulnerable people, and that includes investments for children and youth with special needs. That's why I was pleased to see our government's increased investment in the Abilities Centre in Whitby. This facility is a community hub with a far reach, offering world-class programs and opportunities for people of all abilities. It provides a place for youth and adults with disabilities to connect to employment opportunities. It supports employers in creating inclusive workplaces and promotes the value of inclusive hiring, not only in Durham region but all across Ontario. Budget 2021 is investing \$4.5 million in the Abilities Centre in Whitby, bringing the total investment to \$6 million over three years. This investment will help people with disabilities develop community connections and build life skills that will support them in reaching their employment and personal goals.

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Another aspect of how our government is helping the most vulnerable among us is through some key investments in addressing domestic violence and the heinous crime of human trafficking. These are crimes that unfortunately have become even more pronounced during this

past year. That is why this budget, if passed, will build on our government's efforts to combat violence against women and to support those who are fleeing violence.

We have organizations across the province, like Bethesda House in Bowmanville, that are going above and beyond every single day to serve women who have experienced violence. This budget will help those efforts, investing an additional \$2.1 million over three years to support victims of domestic violence and other violent crimes. This funding is aimed at expanding victim and sexual assault services in underserved communities, expanding free legal support services for survivors of sexual violence across the province, and improving collaboration across the sector to provide seamless supports to victims and survivors. This support is in addition to funding provided through the pandemic to help victims of domestic violence. Many in this House will remember an emergency payment early on in the pandemic of \$2.7 million to help ensure that over 50 community agencies across the province remained accessible to those in need during the pandemic.

We also invested \$1 million to help front-line agencies adapt to COVID-19 to be able to provide remote service delivery, including funding for the Assaulted Women's Helpline to develop text and online chat platforms, to set up toll-free lines and to provide on-demand interpreter services to respond to the increased volume of calls from women in distress.

We're also committed to providing more than \$6 million over the next three years to help combat crime and build safer communities through the Proceeds of Crime Front Line Policing Grant. That's a grant, Speaker, that you'll remember redirects proceeds from criminal activities to help support victims.

Budget 2021 would also make strategic investments to increase access—and this is big—to safe and affordable housing, with \$18.5 million over three years beginning in 2021-22 through the transitional housing support program to support victims of domestic violence and survivors of human trafficking to find and maintain affordable housing and help them transition to independence.

I want to also highlight in this budget that there's an investment of \$18.2 million over three years to address violence against First Nations, Inuit and Métis women and girls for such things as resources for First Nations' police services and better access to community support. We'll have more to say over the coming months, but this is part of our government's response to the National Inquiry into Missing and Murdered Indigenous Women and Girls.

These key investments follow the recent introduction of the Anti-Human Trafficking Strategy Act, 2021, which supports our province's efforts to combat human trafficking, builds upon our province's trail-blazing and first-ever anti-human trafficking strategy introduced over a year ago, and sets the framework for a long-term provincial response to fight this atrocious crime.

Protecting our economy is the second pillar of the 2021 budget. It outlines Ontario's plan to support businesses, families, workers and employers. In budget 2021, our

government is unveiling the new Ontario Tourism and Hospitality Small Business Support Grant that will provide an estimated \$100 million in one-time payments of between \$10,000 and \$20,000 to eligible small businesses in the tourism and hospitality sectors to help them recover from the impacts of COVID-19. With this investment, total support for the tourism, culture, sports, recreation and heritage industries since the start of the pandemic totals \$625 million.

Speaker, we know that the tourism and hospitality sector has been extremely hard-hit due to the pandemic. While our government has had to make hard decisions to keep everybody safe, we're also committed to having the backs of our tourism operators, who contribute so much to our communities and our economies. These one-time support payments will be available to eligible small businesses—and for everyone in this House, I encourage your small businesses in your riding to reach out for this—including hotels, motels, travel agencies, amusement and water parks, hunting and fishing camps, and recreational and vacation camps, including children's overnight summer camps. This grant will directly support these key tourism operators in all areas of the province to provide some much-needed financial relief and keep these businesses open for years to come.

A grant that our government is reinvesting in with a second round of funding is the Ontario Small Business Support Grant. As restrictions continue to affect all small businesses disproportionately, our government is once again demonstrating its commitment to our province's small businesses by offering a second round of payments to eligible recipients. Approximately 120,000 small businesses that applied for the first round of payments will automatically benefit from an additional \$1.7 billion in relief through grants of a minimum of \$10,000 and up to \$20,000. Whatever the amount they received last time was, that's what they'll receive this time, and it will be automatic. This will bring the estimated total support provided through this grant to \$3.4 billion.

Small businesses are the backbone of Ontario's economy and the lifeblood of our communities. These measures that go to supporting our small businesses will strengthen the economy as a whole and in turn will help jump-start Ontario's recovery and drive future economic growth.

Speaker, another investment I want to highlight in this budget is the Ontario COVID-19 Child Benefit. This benefit is yet another round of direct support for eligible parents, who previously received, you'll remember, the Support for Learners payment. But this one is at double the amount, so families will receive \$400 for each child aged zero to grade 12—previously the payment was \$200 for each child—and \$500 for children and youth 21 years old or younger with special needs. Previously, that payment for children with special needs was \$250 per child, so that's been doubled as well. Parents who had not applied for previous payments will be able to apply for this third round of funding.

This significant investment in families in Ontario is providing much-needed financial relief as the cost of the

pandemic continues to take a toll on children and families. This benefit is estimated to provide almost \$1 billion: \$980 million in relief to families. We're making this investment because we value parents and families, and we recognize that families have borne extra burdens as a result of the pandemic: having to accommodate the unexpected costs of virtual learning and equipment and provision of care for their children, on top of many dealing with a loss of work and income in the household.

This means that a family with three young children in north Oshawa, one of whom has special needs, would receive a \$1,300 payment in 2021 under the Ontario COVID-19 Child Benefit. This would bring the total to \$2,600 in total direct support since the start of the pandemic if they received the first two payments under the previous Support for Learners initiative. These are direct supports that will help families in north Oshawa, Clarington, and Scugog.

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Speaker, this unprecedented support for families is in addition to some credits that are mentioned in schedule 10 of the bill, including that we're providing a 20% top-up to the Childcare Access and Relief from Expenses tax credit for 2021, also known as the CARE tax credit. There's also an Ontario Jobs Training Tax Credit for individuals who are retraining and perhaps trying to get into a new sector to increase their job opportunities coming out of the pandemic.

There are so many more measures in this budget I would like to talk about, but the bottom line is this budget includes a plethora of measures that will help our province and our communities through the rest of the pandemic and help our province emerge from it stronger.

I want to congratulate and thank the Minister of Finance for delivering his first budget as Minister of Finance and his whole team for their tireless work to put forward this comprehensive budget. We are not only responding to the unprecedented impacts of COVID-19 and increasing the investment in our health care sector, but we're supporting families and individuals, and we're supporting our businesses and job creators who have sacrificed so much and who we know will be the ones to lead our economic recovery.

**The Acting Speaker (Mr. Percy Hatfield):** And now we have time for a plethora of questions, the first going to the member from Waterloo.

**Ms. Catherine Fife:** It's interesting to hear how differently we see this pandemic. I'm going to draw the attention of the member to February 12, when John McGrath asked Dr.—I'm sorry—the health doctor who does his daily posts, “Is this presentation actually predicting a disaster?” The reply was, “I don't think you're missing anything.” This was on February 12.

What happened after that, Mr. Speaker? That is why our confidence in this government's ability to respond from a very strategic investment perspective to prevent further transmission has been compromised, which is why when we look at the numbers in the budget, we see the missed opportunities, for instance, paid sick days. Why have you

left out the tools and the measurements to actually prevent the transmission of COVID-19? You've had the time—

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

Back to the member from Durham to reply.

**Ms. Lindsey Park:** I can only guess that the member opposite hasn't read the key investments in the budget. We have key investments—

**The Acting Speaker (Mr. Percy Hatfield):** You don't have to hold the budget up. It's not a prop—

**Ms. Lindsey Park:**—an initial \$5.1 billion—

**The Acting Speaker (Mr. Percy Hatfield):** You can put the budget down. You're not going to use it as a prop. Thank you very much—on your desk, please. You're not allowed to hold up the budget when you're talking about the budget. Thank you. Please continue. You're almost out of time.

**Ms. Lindsey Park:** Thank you, Speaker. That's a new rule I just learned, so thank you for informing me.

The additional \$5.1 billion—billions of dollars are on the table to support hospitals through the pandemic. This is since the pandemic began. This is not new money. You should be aware of it. An additional 3,100 hospital beds have been built with this money. You should be aware of this, and I'm kind of disappointed to hear—

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

The next question, the member from Willowdale.

**Mr. Stan Cho:** It's interesting to hear the members opposite talk about the past, because last year at this time they were saying that the government was falsely sitting on \$13 billion and continued to then, later on in the year, say it was \$9.6 billion, and then still later on in the year, they said it was \$4 billion and later on in the year said it was \$2 billion. It seems almost like this government is prudently spending through those funds to protect the health and safety of the people we serve. Could the member from Durham please highlight some of those investments to protect our health and our economy?

**Ms. Lindsey Park:** I want to thank the member from Willowdale for giving me the opportunity to continue on with what I was saying in my previous answer. That is that our investments have included \$1.8 billion in 2021-22 set aside in this budget—prudent planning—to continue providing care for COVID-19 patients, address surgical backlogs and keep pace with patient needs. We're going to do prudent planning on this side of the House. We don't spend everything all at once. We understand we have to prepare for the future. That's what we're doing with this budget. We're putting everything on the table to support Ontarians and support businesses across this province.

**The Acting Speaker (Mr. Percy Hatfield):** The next question.

**M<sup>me</sup> France Gélinas:** It's always interesting to hear from the member opposite that she realizes that the level of care in our long-term care does not meet her expectation. She wants better for the 78,000 residents of our long-term-care homes. She agrees with what we have all seen and agrees that it needs to change.

Her government voted in favour of something that I've been pushing for a very long time: four hours of hands-on care. How can she explain that the four hours of hands-on care is a big part to be able to recruit and retain a stable workforce so that we get to the point of quality care in our long-term care, but yet we're not going to achieve that four hours till 2025? Why the delay?

**Ms. Lindsey Park:** Well, frankly, I wish the previous government had done it, so we were already there. But this is, again, not something you can do overnight. But I would direct you to the prudent planning that I referenced before, that's taking place in this budget. If you turn to page 43, you can see that we're setting out a plan to provide the best long-term care in Canada. That's four hours of direct care that we're working towards, starting with half a billion dollars this year, up to \$1 billion the following year, \$1.5 billion in 2023-24 and \$1.9 billion in 2024-25.

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

**Mr. Amarjot Sandhu:** I was listening intently to the member from Durham, and thank you for highlighting the investments that were made in the budget.

I have received hundreds of calls since this budget was delivered last week. I can't express how thankful, how appreciative the people of Brampton are that the government is making these investments—investments that were not being made for the last 15 years. Brampton—I will talk specifically—is receiving a second full-sized hospital. People are very thankful. People appreciate that after so many years, Brampton is getting something. Along with that, Brampton is getting a potential medical school. So these are great investments, which we haven't seen in the last 15 years.

My question to the member opposite is: Can the member from the government side highlight more investments that the government is making to protect the health of the people of Ontario?

**Ms. Lindsey Park:** I want to highlight a quote from the Ontario Hospital Association. It says, "As the third wave of the pandemic intensifies, the Ontario Hospital Association ... appreciates the historic financial support for hospitals in the 2021 Ontario budget. These investments will be vital to stabilizing the hospital sector for the duration of the pandemic and preparing for COVID-19 recovery."

Don't take my word for it; take the Ontario Hospital Association's word. There are major investments in this budget to get us through the third wave.

**The Acting Speaker (Mr. Percy Hatfield):** The next question?

**Mr. Michael Mantha:** It's always a pleasure to rise on the behalf of the good people of Algoma-Manitoulin. Broadband has always been a big issue—a major, major, major issue—for us. This government in previous budgets had allocated \$30-million-plus towards the development of broadband. Surprisingly enough, none of that was spent on any projects.

There are people in my riding—which, probably, this government doesn't know of these areas. There's Laird and Echo Bay, River Road and Lee Valley Road in

Massey. Do you know what these areas all have in common? These are areas where the big providers will not go to in order to bring that broadband to them. They're going to be left out. Just like this has been left out of the budget, where there is no indication of rural, there is no indication of northern Ontario spoken in regard to how broadband infrastructure is going to come to those communities.

Now, I hear a lot of good words. If you take this budget at face value, damn, it sounds good. But at the end of the day, when you look at it and you actually see what this government has done in the past, you have given and continue to give false expectations to many people in the areas that—

**The Acting Speaker (Mr. Percy Hatfield):** Should you have a question, now is a good time to put it to the member. Thank you.

The member from Durham to respond.

**Ms. Lindsey Park:** I want to thank the member for Algoma-Manitoulin for that question. I think we share similar concerns. There are aspects of my riding that still need broadband infrastructure. I see many rural members in this House that have similar challenges we've spoken about in this House before. That's why we have a bill before this House to increase access to broadband in a more expeditious way. People have been waiting far too long. We've also put almost \$4 billion on the table. You may not believe we're going to spend it, but stay tuned.

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**The Acting Speaker (Mr. Percy Hatfield):** The member for Markham-Unionville has a question.

**Mr. Billy Pang:** To the member for Durham: There are thousands of people struggling with mental health and addictions issues during the pandemic. What's the government doing to support the people with mental health issues as a result of the pandemic?

**Ms. Lindsey Park:** I think this is one of the issues that is one of the plethora of things I could talk about in this budget but in all seriousness is one of the most important issues in the province today, and that is that no one wanted this pandemic. This pandemic has brought many ills, frankly, and literal ills on the people of Ontario who have struggled with isolation during this time. We all hear about the rise of mental health challenges in our communities, so we're providing additional funding of \$175 million in the 2021-22 year as part of the historic investment of \$3.8 billion over 10 years for mental health and addictions services, with a total investment of \$525 million committed to date of that money.

**The Acting Speaker (Mr. Percy Hatfield):** Time for further debate.

**Mr. Gurratan Singh:** I rise today to talk about how disappointing this budget is across the board for people who are struggling at a time which is unprecedented, but really I want to focus in on Brampton.

Brampton is a city that has been struggling for years from a health care crisis. It is a city where we have one hospital for over 600,000 people, and we are ground zero for hallway medicine. Thousands of people every single

year are treated in hallways at Brampton Civic because there's simply not enough room in the hospital.

We are a city that is per capita underfunded with respect to the amount of beds that we have allocated in Brampton. We are a city that has one health institution that is chronically overcrowded and underfunded. It is so bad in Brampton that the city council actually declared a health care crisis before COVID-19, just to put in perspective how badly people in Brampton are struggling now with this health care crisis.

That's why it was bizarre last week what happened when the Conservative government announced building a new hospital in Brampton. It was really bizarre what happened last week when the Conservative government announced building a new hospital in Brampton—an empty, hollow promise because there wasn't a single dollar in the budget for this hospital. There wasn't a single plan or timeline allocated or designated in the budget for this hospital. Frankly, all that was mentioned in the budget was a line saying an in-patient wing is to come to Peel Memorial. In the entire budget, that was all that was mentioned. Despite that, despite the fact that there was this lack of information within the budget, folks were incredibly confused by this. They're incredibly confused by the fact that you didn't have any time or money allocated towards a new hospital in Brampton in the budget.

It was so bad, the response from the community, that folks started to call out the Conservative government. They said, "You're claiming on one side that there's a hospital coming, but we don't see the evidence of that within the budget."

The Premier himself had to come to Brampton to clarify his position after being called out. After being called out by community groups, being called out by the NDP in opposition, being called out across the board, the Premier actually had to come to Brampton to clarify his position on this "new hospital."

When he came to Brampton, the Premier doubled down and admitted there was no hospital in the 2021 budget for Brampton. There's no new hospital; he himself admitted it. At this really bizarre announcement, he says they're hoping to put shovels in the ground for an additional hospital in Brampton in 2023. But 2023 is after the next election in 2022. This is purely an election promise. If the Premier was serious, if the Premier actually wanted to—if the Conservative government was serious and they actually wanted to tackle Brampton's health care crisis—you could take immediate steps in this year's budget. That means properly funding Brampton Civic—which is not mentioned in this year's budget; immediately investing in converting Peel Memorial from a health centre into a hospital—no money allocated in the budget; and allocating funds toward building a third hospital in Brampton—no mention in the budget. That is what Bramptonians need, and that's what they deserve, because Brampton is a city of over 600,000 people with only one hospital. It is wrong. It is unjust.

The Premier comes to Brampton and he doubles down. He admits that there's no plan this year and, beyond that,

he uses Brampton's health care crisis as what is really evidently seen as a pre-election campaign spot. He makes direct partisan attacks towards the NDP at what is supposed to be an announcement to build a hospital in Brampton, something that, quite frankly—the Premier was not in Brampton on behalf of the PC Party; the Premier was in Brampton to make a government funding announcement. And instead of focusing on doing his hollow promise for Brampton, he included, in this whole really bizarre trail of events, a direct attack against the NDP on what is actually taxpayer-dollar time.

This is completely unprecedented. It is something that has been decried by folks in the media. It is something that has been described as a really inappropriate use of taxpayer dollars. It has been described as something which is—sorry; just to clarify this point again, because it's an important point—a really inappropriate use of taxpayer dollars to use the announcement of a hospital—

**Ms. Catherine Fife:** A wing.

**Mr. Gurratan Singh:**—an empty announcement of a hospital, and actually just a wing for a hospital, in 2023, after the next election, to take direct partisan attacks.

Let's dissect these partisan attacks that the Premier is making during a health care crisis in Brampton. At a time when people are struggling, at a time where thousands of people are being treated in hallways because there's not enough room in our hospital, the Premier says—these are some of the lines that he says: "We need more voices down in Brampton." I'm quoting directly from an article written by the Pointer, and in the article they make direct reference to the quotes made by the Premier:

"'We need more voices down in Brampton,' Ford said Friday, during his visit. 'There's five seats, provincial ridings, we need to get those other three seats to continue having a strong voice down at Queen's Park. In the next election please vote for the PC government in the three other ridings and I promise you we won't let you down as we haven't let you down here.'"

So let's break this down a little bit. Firstly, the Premier is admitting that the Brampton elected officials from the PC Party are not doing a good job in Brampton, as per his quote, because he's saying we need more folks to represent Brampton. I think that's something we can agree on. I believe that the Conservative members from Brampton have not been representing Brampton properly, because they've left our city behind. They had an opportunity to stand up for Brampton. They had an opportunity to fight for Brampton, but instead they chose to double down on an empty election promise to build, potentially, another hospital in 2023, after the next election. He then says to explicitly vote for the PC government at what is supposed to be a non-partisan announcement for a health care investment in Brampton.

The article goes on to read, "It's rare for a Premier to so blatantly pander for votes, targeting specific ridings, during an official government budget announcement. It blurred the line between what is even allowed during government business. He was not in Brampton on behalf of the PC Party, and the event was paid for by the taxpayers of Ontario."

This is incredibly concerning, given the fact that Brampton is in such dire straits right now. It's incredibly concerning that when the Conservative government has an opportunity, at a time of pandemic, when we know that Brampton has been devastated almost worse than any other community in Ontario—Brampton is one of the worst-hit cities by COVID-19 in the entire province—when we need investment in our health care, when we needed a firm commitment in the 2021 budget to build another hospital, to fix our broken health care system, the Premier came to Brampton to do a partisan announcement, an attack against the NDP, and he's using a health care crisis to do what is being described as a pre-election campaign stop. That is wrong, and that is not an appropriate use of taxpayer money. Frankly, it's not becoming of what government business should be. This is a really dangerous standard that is being set in Ontario, and this is really blurring the lines.

**1700**

The announcement of a hospital is not something you play around with like this, especially at a time of pandemic, when we have seen the impact of our health care crisis and how it has negatively impacted Brampton's already precarious health care situation.

Let's look at this a little bit more broadly and understand what is actually being put forward for Brampton. We looked at the budget; there's no money allocated, and the government has been very unclear in what money is coming this year for this 2023 election promise for an expansion of Peel Memorial. The only dollar figure that is being sourced from news articles like CTV's is \$1.5 million. It's not in the budget, but that's a number being put forward by the government that's being quoted in news sources.

In parts of Brampton, \$1.5 million can barely get you a home, and they're expecting to use \$1.5 million to expand a hospital in Brampton, to expand a health centre in Brampton? They're expecting to put \$1.5 million to immediately fix our health care crisis, to address the fact that thousands of people are being treated in hallways? That \$1.5 million will barely get you a house in some neighbourhoods in Brampton, but the Conservative government thinks that is enough to begin the process to convert the Peel Memorial health centre into a hospital, when we need action now, in 2021? This is, once again, a really concerning pattern we're seeing from this government. They're using crises—they're using Brampton's health care crisis—to play political games.

Let's talk about another political game that the Conservative government is playing in this budget. Let's talk about something that Bramptonians have been talking about for a long time now. It's the fact that Brampton needs a university. Brampton is the ninth-largest city in Canada. We don't have a university. We have one hospital for over 600,000 people. We are underfunded across the board.

Brampton actually had funding committed for a university, \$90 million. Many folks in this assembly will remember: In 2018, right after the municipal election, the

Conservative government announced a cancellation to the university in Brampton, in Milton and in Markham—a very short-sighted decision, because the Conservative government said that they were cancelling the university to save money, when we know that the investment in a university brings a huge amount of economic activity and further money towards the area that it comes into by way of investment in infrastructure, housing, services, jobs across the board. It's a money creator. But the Conservative government, in a very short-sighted manner, cancelled the university. Now, three years later, in their budget, they're going forward in announcing, with a lot of fanfare, that they're bringing a university to Brampton—once again, a comment that is not backed up by the budget.

I'm going to read directly from Ryerson's press release. They said on Wednesday, "The government of Ontario has announced a planning grant that will support Ryerson in developing a proposal for a medical school in Brampton."

The Conservative government announced that Brampton is getting a university when in fact the Conservative government should have announced that the Conservative government is giving some money to Ryerson so they can create a plan for, potentially, a university in Brampton. Those are two very different things—especially when the government cancelled \$90 million that was slated to Brampton in 2018.

You cancelled a real-dollar figure amount that was allocated to Brampton's university and then you put forth—once again, with no money allocated, no dollar sign in the budget—some money to Ryerson so they can create a plan to then propose to the government for a university. That is not a commitment for a university. Those are two very different things.

The government, last week, did this huge announcement, created all this fanfare, "We are bringing a medical school to Brampton. We are bringing a hospital to Brampton"—not a dollar towards the hospital in the budget; not a dollar towards the university in the budget, and also no timeline provided in the budget.

This created a huge amount of backlash, frankly, that the Conservative government faced because of this lack of clarity. The result? To do damage control, the Premier came to Brampton to clarify his position, and he doubled down. He doubled down and admitted there's no money in this year's budget for building another hospital. He said we're going to build a hospital in 2023, after the next election.

Let's keep this in mind: Where is the guarantee that the Conservative government is going to be elected in 2023? How are you putting Brampton's health care crisis, the solution to the health care crisis, on a bet? There's no guarantee. You should not take every vote from Ontarians for granted. You shouldn't just accept, "Yes, we're going to be re-elected." You should earn and fight for every vote and not just expect that that's going to be a given reality. It's an act of hubris to believe that you're automatically going to inherit the province again. You should, instead, recognize that you need to do actions now. You should do actions now.

Frankly, if the NDP was in government—when the NDP will be in government in 2022, we will commit to fixing Brampton's health care crisis. We'll commit to building immediately and acting towards funding our health care system which is broken in Brampton. That means funding Brampton Civic properly. That means building an additional hospital in Brampton and converting Peel Memorial from a health centre into a hospital with an emergency wing. That is what folks in Brampton deserve, and that's what folks in Brampton need.

Instead, the government is really just making a hollow promise towards Bramptonians, an empty promise towards Bramptonians to—and this is also an important factor to keep in mind. When you look at the Conservative government's own publications, they are internally contradictory. This is straight from the Ontario press release that was given. The Ontario press release that was put forward with respect to this empty, hollow announcement for a hospital said, "Construction is anticipated to begin in 2023."

Let's look at the layers here. Your own press release says it's anticipated to begin in 2023—no guarantee. There's not a dollar in this year's budget towards the hospital. There's no planning in this year's budget for building a hospital. There's not a dollar allocated towards bringing a university to Brampton in this year's budget. Your own press release doesn't guarantee that shovels will actually hit the ground in 2023, which is after the next election.

Across the board, what else can folks in Brampton take from this hollow announcement other than that it was an election promise, that it was pre-election campaigning during a health care crisis in Brampton, a year before the election, and that this is actually the government trying to score political points rather than addressing something that is so critical to Brampton? A point like health care should never be played around with. Health care should be treated with the greatest amount of seriousness, the greatest amount of action, the greatest amount of responsibility. Instead, we see from this government a direct use of taxpayer dollars, on what is supposed to be a government announcement for a hospital, to take partisan attacks against the NDP—to recognize that they are doubling down on a lack of investment this year in a hospital in Brampton and an empty, hollow election promise for 2023.

There's so much more I want to say about this budget, because I haven't even scratched the surface of how this budget has left Brampton behind.

One of the biggest and most major issues we know in Brampton right now is unfair car insurance rates that folks in Brampton have to pay. Brampton pays some of the highest car insurance rates in this country. We are discriminated against based on our postal code. Folks in Brampton who have completely clear records are being charged incredibly high rates for car insurance purely based on where they live. Not a single word in this budget is about bringing fairness to car insurance for Bramptonians—or Ontarians, frankly.

1710

At a time when people are, rightly so, being told to stay at home, being told to do whatever they can to travel less, so they can stop the spread of COVID-19, they are, rightly so, staying at home. Their cars are parked in their driveways. Their cars are parked on the road.

Instead of taking action in this budget to help Bramptonians, this government is completely silent on the issue of postal code discrimination and completely silent on this issue of car insurance.

I want to remind folks in Brampton that billion-dollar car insurance companies have made a record amount of profits during this pandemic, because, naturally, there are statistically less cars on the road and less accidents. They're paying out less towards these accident claims. At a time when car insurance companies are making so much money, it's important to keep this in mind: Whenever billion-dollar car insurance companies want to increase your car insurance rates—Bramptonians' or Ontarians' car insurance rates—they need the approval of the Conservative government to do so. So that means that at a time of pandemic, at a time when people are driving less—their cars are parked in their driveways; their cars are parked on the road—the Conservative government has actually approved increases to your car insurance rates, to Bramptonians' car insurance rates, to Ontarians' car insurance rates. That is completely unjustified. That is wrong, and it demonstrates that the Conservative government is standing up for billion-dollar car insurance companies, as opposed to standing up for everyday folks who are struggling right now to pay their car insurance rates.

There's so much more I'd like to say, Speaker, but my time is at an end. I look forward to the questions.

**The Acting Speaker (Mr. Percy Hatfield):** We have time for an exciting round of questions and responses. I turn to the member from Brampton West.

**Mr. Amarjot Sandhu:** I was listening intently to the respected member from Brampton East, and I can understand his frustration, because this was the only issue NDP members from Brampton had for the last three years, and now the government has delivered on that issue, and now they are upset.

Mr. Speaker, as I mentioned earlier, I got hundreds of calls since this budget has been delivered, and I can't express how people are thankful and appreciative of the government and the Premier, that our government has delivered this in three years—less than three years if we can take COVID-19 out, a year and a half from COVID-19, so the government has delivered on this promise in less than two years.

Also, the member was mentioning that it is not highlighted in the budget. It is highlighted on page 51 that the government will be expanding the Peel Memorial hospital—

**The Acting Speaker (Mr. Percy Hatfield):** Pose your question, please.

**Mr. Amarjot Sandhu:**—and this budget includes an additional \$3-billion investment in health care infrastructure over 10 years—

**The Acting Speaker (Mr. Percy Hatfield):** I didn't hear a question, but I'll ask the member from Brampton East to respond anyway.

*Interjection.*

**The Acting Speaker (Mr. Percy Hatfield):** No, no. You've used your time.

I'll ask the member from Brampton East to respond to what you've said.

**Mr. Gurratan Singh:** Once again, Speaker, you hear a few things coming from the Conservative government—it's like they all have the same talking points.

There's no commitment in this year's budget for any money for Peel Memorial hospital. There's not a dollar in the budget towards this project. The Conservative government is once again flaunting an empty election promise. They're not disagreeing with the fact that shovels are hitting the ground in 2023, after the next election. They're not disagreeing with any of these facts; they are doubling down, and they are saying that it's okay that they're making a promise to maybe build something in two years. That's not good enough. Bramptonians deserve better. We deserve immediate action right now, in 2021, in this year's budget, to fix our health care crisis, and anything less than that is not what people in Brampton deserve.

**The Acting Speaker (Mr. Percy Hatfield):** The member from Waterloo has a question.

**Ms. Catherine Fife:** After the last exchange on the government side, I saw the parliamentary assistant to the finance minister and the member from Durham give each other a fist-bump, as if this is a game, as if this is a sport. I think that the member from Brampton East has highlighted the partisanship of this pandemic, which is so very disappointing and, one could argue, unethical in the health crisis that this province is facing.

The member quite rightly pointed out how little the investment is in the health care needs of Bramptonians—and, quite honestly, 7,300 people in this province have died, and the rates in Peel and in Brampton are huge. So this is not a game. This is not a sport. And this budget had the one opportunity to address it.

I'm asking the member from Brampton East: Do you think that this government is taking the good people of Brampton for granted?

**Mr. Gurratan Singh:** This budget clearly demonstrates that the Conservative government is once again taking Brampton for granted. We had a health care emergency declared in Brampton before COVID-19, and in the first three years of the mandate of this Conservative government, they took zero action to address Brampton's health care crisis. And now, a year before the election, we are getting an empty election promise, during what seemed more like a pre-election campaign stop as opposed to an announcement of a hospital.

When the government admits themselves that they're not having shovels hitting the ground until possibly 2023 for any work on Peel Memorial—that is not what Bramptonians need, and frankly, that's not what Bramptonians want. They want action now.

Invest and fix our health care crisis now. This is not a political game for the Conservatives—this needs to be direct action to fix our crisis.

**The Acting Speaker (Mr. Percy Hatfield):** The next question.

**Mr. Sheref Sabawy:** Thanks to the member opposite.

These big projects take many years for the shovels to hit the ground. You don't like that the government, in this budget, gave some positive commitment to the Brampton hospital? In the past 12 years, you supported the previous Liberal government. Did you get anything close to that? That's my question.

Number two: I don't know why you guys are talking so much about health and long-term care, when our budget, for the first time, had a commitment for almost 30,000 long-term-care beds and a commitment for a Brampton hospital—

**The Acting Speaker (Mr. Percy Hatfield):** Pose your question, please.

**Mr. Sheref Sabawy:** —a commitment for a Mississauga hospital—three commitments for three different projects in Mississauga hospitals.

So my question for you is, what—

**The Acting Speaker (Mr. Percy Hatfield):** You had time to place it and you didn't make it, so now I'm going to ask the member to respond anyway.

**Mr. Gurratan Singh:** Let me make it easy for the Conservative government right now. If you want to do good by the people of Brampton, this is what you can do immediately, in 2021: properly fund Brampton Civic. It is our single hospital that is chronically overcrowded and underfunded. Properly fund it, and show the dollar figure to properly fund it in this year's budget.

Properly allocate money; don't have this ambiguous writing in your budget where you have nothing clearly designated—or a measly \$1.5 million, which is something the government repeats at their press conferences. Invest substantial money to begin the process and properly fund Peel Memorial, which is also operating over capacity. Fund our health care institutions now and give money for a third hospital immediately in this year's budget.

**The Acting Speaker (Mr. Percy Hatfield):** I want to remind all members you have one minute to place your question—not 1:10 or 1:15—and if I say “Question?” or “Response?” that's a 10-second warning. We have people making statements as opposed to asking questions.

The next question goes to the member from Nickel Belt.

**M<sup>me</sup> France Gélinas:** I would like to ask the member from Brampton East—we've known about the lack of health care infrastructure in Brampton for a long time. This has been well-documented. It has been asked for for a long time. Have you heard of the consequences for your constituents of not being able to access the hospital because it is overcrowded and not having the supports that they need—because there simply isn't the infrastructure, with people having to be moved out of the area. What does it mean for somebody from Brampton to not have the health infrastructure that the rest of Ontario takes for granted?

**Mr. Gurratan Singh:** It's a really important question.

Folks in Brampton are struggling, and we've seen it—the stats confirm it: Brampton Civic is operating at over 100% capacity, which has resulted in thousands of people being treated in hallways instead of being given the dignity to be treated in a room, because there are no rooms available. We've talked about Peel Memorial operating at—I believe it was something like 500% overcapacity because it's so underfunded.

Just to put it into context: The government is making a false promise right now, just like the Liberals did in 2017. Often we hear this term: “Liberal, Tory, same old story.” Well, we're seeing it played out in Brampton again. Consecutive Liberal and Conservative governments leave Brampton behind with these empty promises. Frankly, if the government is serious, they would invest now, in 2021, to help Brampton's health care crisis.

1720

**The Acting Speaker (Mr. Percy Hatfield):** The next question?

**Mr. Amarjot Sandhu:** My friend from Mississauga—Erin Mills highlighted a very good point. In addition to \$3 billion over the period of 10 years to build this hospital, the government is immediately giving a planning grant of \$1.5 million so that the planning is made, the design is made. Everyone in the House would agree that when you're building a custom house, that would need planning, that would need a design. It would need another year to build a house. We are building a state-of-the-art facility here—250 beds, a new in-patient wing. This is a great investment.

On top of that, the mayor of Brampton has called it a home run, because in addition to the hospital, we are also getting a Ryerson University medical school—a potential medical school. The government has also provided funding to Ryerson to design, to build a medical school—a potential medical school.

I ask the member from Brampton East—when Bramptonians were sad, they were happy. Now that Bramptonians are happy, they are sad. Please be happy.

**Mr. Gurratan Singh:** It's like the Conservative government does the work for me. I say that there's no university coming to Brampton, and the member stumbles and says, “A university—a potential university,” because they know that in this budget, there are no dollars towards an actual university in Brampton. That's why they always have to say “a potential university”—because that's what it is. It's actually not a promise to build a university in Brampton; it's some money to go to Ryerson to make a plan for, maybe, a university. That's not good enough for Brampton.

If this Conservative government was serious—\$1.5 million is not even a drop in the bucket to address Brampton's health care needs in 2021—they could have invested in Brampton Civic to address the funding gaps there. They could have invested immediately in the funding gaps at Peel Memorial and advanced substantive money towards converting it from a health centre into a hospital. Instead, they chose to make an election promise

during a pandemic—something that is, quite frankly, shameful.

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

**Mr. Kaleed Rasheed:** One year ago, our government introduced Ontario's Action Plan—I'm definitely going to be talking more about and will be going into our budget, but I rise today to speak in support of our 2021 Ontario budget tabled last week and named Ontario's Action Plan: Protecting People's Health and Our Economy. I want to thank the Minister of Finance, Minister Bethlenfalvy, and the parliamentary assistant, who is sitting right here behind me, for doing such an incredible job of preparing a budget that is full of spending. That is the right spending at the right time—because we are still in COVID-19, and I think they have increased the amount from \$45 billion to \$51 billion, which is solely for COVID-19 spending.

As always, I want to say how incredibly proud I am of our health care individuals, our front-line health care people out there and the essential service workers, who are doing an incredible job every day. Especially when we couldn't be there, they are right there, fighting in the front.

There are not enough words for how thankful I am, especially—as you know, Mr. Speaker, I recently became a father, yes, for the fifth time. It's a very great moment for our family. My wife and I and our four other children were over the moon with joy when our newest family member, Hamzah, joined us last month. But shortly after Hamzah was born, our sweet baby boy was diagnosed with a congenital heart condition that would require heart surgery to repair. We were in a state of shock, heartbroken and naturally more than a little terrified about how we would deal with this in the midst of the COVID-19 pandemic. I want to assure you that the story has a happy ending. First, the incredible staff, including the cardiologist team at Trillium Health Partners in Mississauga, were able to quickly assess the issue and put us in touch with the medical experts to determine the right course of action for our baby. That day, I found out that one in 1,000 kids are born with this heart disease. My son was transferred to SickKids hospital just down the street. Last week, he underwent a procedure that, thankfully, went smoothly and will allow him to lead a full and healthy life. That goes to show you that none of this would have been possible without the diligence and expertise of staff at SickKids and Trillium hospital.

On behalf of my family—and I know all of my colleagues right here have been praying—I just want to thank the SickKids hospital for the incredible work they do in saving the lives of kids there. From the bottom of my heart, thank you very much.

That actually leads into what I want to talk about today, Mr. Speaker. As I said, about a year ago, our government introduced Ontario's Action Plan: Responding to COVID-19, the first phase of our response to the emerging crisis in Ontario. We followed up with a budget in November 2020.

Again, thank you to the entire team at the Ministry of Finance and the parliamentary assistant, who has been out here every day, answering questions and working around

the clock. Thank you, especially, for joining the members from Mississauga for the pre-budget consultations.

Since then, our government has been working non-stop to protect the people of Ontario, because it is our responsibility to do so and to ensure our province is as prepared as possible to face the future.

Speaker, it has been a long year for everyone, and believe me, I truly understand. I also think that there is a light at the end of the tunnel, but we still have a ways to go. We cannot stop now, because we know that COVID-19 variants are on the rise, and we have our work cut out for us with distributing vaccines as effectively and efficiently as possible. I'm hoping that the federal government is going to step up and actually deliver on their promise of bringing vaccines into our country and giving them to our province.

Protecting People's Health and Our Economy, which brings Ontario's total response to COVID-19 to \$51 billion—Mr. Speaker, this \$51 billion is our government's plan to finish the job we started about a year ago.

In March 2020, our Premier made a promise to the people of this province that we will do anything and everything, whatever it takes, to keep us safe, and that has been our number one priority ever since. By bringing our government's total investment to \$16.3 billion, we are delivering on that promise through our Ontario action plan—\$16.3 billion for the COVID-19 expense for our health care.

Mr. Speaker, we all know that at this moment, our focus is getting vaccines to Ontarians. That is why we are making over \$1 billion available in support of our province-wide vaccination plan—and again, still waiting for the federal government to step up and keep their end of the promise of delivering vaccines to the provinces in Canada.

In fact, our government is investing \$2.3 billion more for testing and contact tracing in 2021-22, bringing the total investment since the beginning of the pandemic to \$3.7 billion. This goes to show you, Mr. Speaker, that we as a government are committed to spending money regardless—because it is all about the health and safety of the people of this province.

**1730**

Let's talk about the hospital upgrades. To ensure every person who requires care can access a bed, even during the worst of the pandemic, we are investing an additional \$5.1 billion, as of last March. This has created more than 3,100 additional beds, which is the equivalent of six new large community hospitals.

We are also accelerating our long-standing work to build, expand and improve hospitals across the province over the next 10 years, with a \$21-billion commitment to hospital infrastructure. This is the largest investment in hospitals in Ontario's history. At a local level, in my community, in the city of Mississauga and Peel region, this means significant investments in health care, in our immediate area.

Ontario's Action Plan: Protecting People's Health and Our Economy will have significant and positive impacts

across Ontario, but I want to bring a little focus to what the budget means for my constituents in the riding of Mississauga East–Cooksville and our neighbours across Peel and Halton regions.

Ontario's 2021 budget is the next phase in our government's continued response to COVID-19. First and foremost, it protects the people of Peel and Halton regions from COVID-19, but it also provides additional support for families, workers, employers and communities in the region who are struggling due to the pandemic. Ontario's Action Plan: Protecting People's Health and Our Economy also makes specific investments that benefit the people of Peel and other regions across this province.

Respecting the budget document itself—it's over 200 pages in print—I want to address some highlights that are relevant to Peel region but that also apply to Ontario at large. We are investing in a new hospital and other expansion projects in the region of Peel and surrounding areas through collaboration with Trillium Health Partners and the William Osler Health System. These investments will support historic hospital expansion and construction projects, including a new in-patient wing at Peel Memorial Hospital in Brampton. I know my colleagues here from Brampton South and from Brampton West have been advocating for almost, I will say, a year, a year and a half. Finally, they are able to go out there and say to the people of Brampton, "Promises made, promises kept." My friends and neighbours in the city of Brampton, as I said, have been waiting for quite some time. This budget is delivering a new hospital, which has a 24/7 emergency department, and I think this is great news for the people of Brampton.

Let's talk about Mississauga, especially Mississauga East–Cooksville. Ontario is also investing in expansion projects in the region of Peel. This is great, exciting news. We are delivering a critical expansion in Mississauga and Etobicoke to accommodate the demand in the growing communities. We are expanding and renewing hospital infrastructure with Trillium Health Partners, which is expected to start construction in 2021-22, and will create an in-patient care tower at the Queensway site in Etobicoke and completely rebuild the Mississauga Hospital—what we call the M site—and increase capacity to address growth needs.

I also want to take a moment to thank Trillium Health Partners CEO Michelle DiEmanuele for her tireless efforts in running what I think is one of Ontario's finest health care facilities. I can proudly say that all five of my kids were born at Trillium hospital. Definitely, I owe the people there my eternal gratitude.

Mr. Speaker, the next part of my speech is all about long-term care.

Honestly, I cannot thank the Minister of Long-Term Care enough for her incredible leadership during this time and making sure that the work that the previous government couldn't do—we should be able to finish that work. We should be able to make sure that we are able to provide the people of this province the dignity they deserve.

We know that COVID-19 does not discriminate, but it is the residents and staff in our long-term-care homes who have suffered the most. I'm very proud to say that Ontario is investing an additional \$650 million just this year to prevent the spread of COVID-19, increase the staffing and buy more supplies such as masks. I know that during our budget consultations, the parliamentary assistant and I heard from several stakeholders about how crucial long-term-care homes are for the residents of Mississauga. This means we are bringing our total resources provided since the beginning of this pandemic to over \$2 billion.

Ontario is also investing an additional \$993 million, for a total of \$2.6 billion, to build 30,000 long-term-care beds. At a local level, for Mississauga and the surrounding Peel region, these investments mean accelerating the creation of new and upgraded long-term-care beds through projects, including the Trillium Health Partners site, which will build 420 new beds and upgrade 220 beds in Mississauga.

I'm very proud to say that in my riding, Tyndall will be receiving new beds along with some additional beds, which I think is about 50 or 51 new beds. I just had a conversation with them last week. They are really excited about this news, and they are looking forward to working with us to make sure that they are providing the best service possible for the residents of Tyndall long-term-care home.

I also want to quickly talk about mental health. We have been investing money in mental health. Our minister of mental health has been a huge advocate and doing such great work when it comes to mental health. We are investing roughly \$175 million, as part of this budget, in mental health. We always see him out there talking about mental health and continuing the great work.

Thank you so much, Minister, for the incredible work you are doing.

Let's quickly talk about small businesses. The small business grant is an incredible program. Thank you so much for introducing that program. I received so many phone calls about the small business grant. I received a call from a local business in my riding, and the business owner literally had tears in her eyes when she was speaking with me because—she said, "Thank you so much. I was struggling, and this amount helped me quite a bit." I'm sure she's going to be twice the amount happy when she finds out that they will be receiving additional funding of an equal amount. I think over 120,000 businesses in our province are going to be benefiting from this.

I always say that this is just the start. I know the ministry and my colleague right here, the member from Willowdale, who is the parliamentary assistant, are going to continue the great effort of making sure that we make sure that the businesses come out of this crisis stronger than ever before. Coming from a small business family himself, he knows the importance of keeping our businesses afloat during this pandemic.

**1740**

I know I'm running out of time. There's a lot to talk about in this budget, but one important thing I want to talk about is the support for families. I know how much it

means to the residents of Mississauga East–Cooksville, and I want to thank the finance team for continuing to take my advice on support for families, because I have received so many phone calls from families, asking that this small—even if it's \$200, and now they're going to be receiving \$400. It means so much to them. They can actually go out there and get supplies or apps for their kids. And if you have three kids, you're going to be getting \$1,500. That helps a lot. That helps a lot, especially during this pandemic.

In conclusion, I just once again want to thank the team at the Ministry of Finance for doing such an incredible job and presenting such an incredible budget, full of spending—I think about \$186 billion of spending in this budget; unheard of. I think the people of this province will see how this government will continue to support them, not only throughout the pandemic but in years to come.

**The Acting Speaker (Mr. Percy Hatfield):** We have time for questions.

**Mrs. Jennifer (Jennie) Stevens:** My question is about long-term-care investments, but really, at its core, it is a question about trust. This is because when I look at this government's budget for long-term care, the vast majority of its commitments for investing to increase staffing hours are after the next election—nearly 90% of the \$4.9-billion investment. That's not a budget commitment; that's more like an election promise.

My question is to the member opposite. Before the pandemic, your government cut comprehensive investigations of long-term-care homes down to almost zero—in fact, this still has not been resolved—and cut almost \$34 million from long-term-care programs. Why did this government try to save a few dollars through long-term care before the crisis? And should Ontario be worried that this cut-and-slash government will return to its old ways and—

**The Acting Speaker (Mr. Percy Hatfield):** Thank you so much. We'll turn back to the member from Mississauga East–Cooksville to respond.

**Mr. Kaleed Rasheed:** Thank you to the member opposite for the question. One thing I always—it always puzzles me when they talk about cuts. I would love for her to visit Mississauga and see the construction that is going on right now for our long-term-care beds in Mississauga. I think in Mississauga–Lakeshore, 420 new beds are being built right now. Shovels are in the ground. This goes to show you this government's commitment. I think so far we have committed or are in the process of building just over 11,000 long-term-care beds, which is a way towards our mark of 15,000—

**The Acting Speaker (Mr. Percy Hatfield):** Conclude your response, please.

**Mr. Kaleed Rasheed:**—long-term-care beds. So when they talk about cuts, I just sometimes try to find where those cuts are. It doesn't make sense to me, but we will continue to invest in—

**The Acting Speaker (Mr. Percy Hatfield):** Thank you. Let's go to the next question.

**Mr. Stan Cho:** I agree with the member here. I couldn't see any cuts in the budget. In fact, base funding on page

175 increases year over year for all the out years for the long-term-care sector, hard stop. That doesn't even include the COVID spending, which you'll see clearly on page 43 increases to establish that 4.9 hours of care.

I want to thank the Minister of Long-Term Care and the parliamentary assistant to the minister. I just got 233 new beds in Willowdale and improvements to 202. So we can see the funding working. I'm wondering, though—to the member from Mississauga East–Cooksville: I can't find the cuts to long-term care. I only see increases. Can the member see that, or are there other investments that—I can see the investments; I just can't see the cuts.

**Mr. Kaleed Rasheed:** Thank you to my dear member from Willowdale. Let me remove my glasses, and maybe I might be able to—I know I cannot lift the book, so I'm just going to look and try to find those cuts. I know right away you went like this, so I was like, "Okay. I don't want to say anything. I don't want to lift the book."

But this goes to show you that I wish the member opposite could actually look at the budget. I know they cannot lift the book, but maybe just keep the book on the desk and look at the investments that are being done in long-term care.

We are also hiring 27,000 new positions, including personal support workers—PSWs—and nurses, who do such an incredible job day in and day out. Day in and day out, they do such an incredible job, and we are very proud to continue these investments.

**The Acting Speaker (Mr. Percy Hatfield):** The member for Algoma–Manitoulin has a question.

**Mr. Michael Mantha:** It's always a privilege to stand on behalf of the good people of Algoma–Manitoulin. The member had an extensive period of time to bring his comments, and he used probably one or two sentences to talk about mental health and addictions. That's where I want to focus a lot of my comments. A lot of people, particularly in northern Ontario—we hear the passion from the member from Nickel Belt. We hear the passion from the member from Sudbury as well. I want you to hear my passion, from the people of Algoma–Manitoulin, the Algoma region in northern Ontario, who are dying. They need this investment, and all this government had to say was that they're investing \$175 million of federal dollars. There are no provincial dollars that you're putting towards this. You could have put that hope, you could have put that help into this budget, but you chose not to.

I know I've spoken to the minister many times. I've spoken to him on Manitoulin Island, when we were in Wikwemikong. Why was this missing from this budget? People need hope. People need help.

**Mr. Kaleed Rasheed:** Thank you to the member opposite and his passion towards this issue. I've seen how passionate he gets during some of my committee meetings in the last two days, chairing those committees. I just want to say to the member opposite that this \$175 million is just part of this budget investment. But overall, we have already done over half a million dollars' worth of investments in mental health just this year.

I know the minister responsible for this file is out there every day meeting with stakeholders. I have met with so

many stakeholders who say that at least this government is providing funding. So overall, yes, we have committed \$1.9 billion, and we are going to see that those funds will continue to come through.

**The Acting Speaker (Mr. Percy Hatfield):** The next question.

**Mr. Amarjot Sandhu:** Thank you to my friend from Mississauga for the wonderful speech. I was listening intently to the member and the investments he highlighted in long-term-care centres, and also the member from Willowdale about how thankful and how happy he is that his city is getting long-term-care centres.

I also want to thank the government, the Minister of Long-Term Care and the Premier. We're getting two new long-term-care centres in Brampton: Guru Nanak Long-Term Care Centre and Indus Community Services long-term care centre. These were asks from Bramptonians for a long time, for the last 10 years, and no government has delivered on these announcements. I'm thankful.

Can the member please highlight the additional investments our government is investing in long-term-care homes?

**Mr. Kaleed Rasheed:** I feel like I'm going to be an expert on long-term care after these wonderful conversations. But look, here's what I want to say: as I said, we, just this year—an additional \$933 million, for a total of \$2.6 billion. I don't think even the opposition—I know they don't even know what long-term care means because they never invested in long-term care. I think they only invested in 600 beds in the last seven years. How many beds have we invested in so far? Over 11,000 beds.

This goes to show you that this government is committed to building long-term-care homes because we know the importance of hallway health care. We know that at the end of the day, they cannot keep using hospital beds—

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

We have time for another question. I turn to the member from Nickel Belt.

1750

**M<sup>me</sup> France Gélinas:** I would like to talk about equity of access. Let's take equity of access to vaccinations. In the budget, we see that the government has invested \$3.7 million to drive seniors and people with disabilities to vaccination clinics.

Given that we know that there's at least 40,000 Ontarians for whom getting the vaccine in their own home is a necessity, not a convenience—we know that there are people who live in northern Ontario where access to a vaccine clinic is really difficult—does the member think that the \$3.7 million will fulfill our responsibility towards equity of access for all Ontarians?

**Mr. Kaleed Rasheed:** I just want to quickly correct my record. I think I must have said hallway health care. It's actually ending hallway health care. That's what I actually meant, but I just got a little bit carried away.

Thank you very much for your question to the member opposite. Here's the thing: We, as a provincial government, are doing anything and everything possible to make

sure that we distribute the vaccines in our province. Peel region is one of the hardest-hit regions, but here's the thing, Mr. Speaker: It all comes down to the supply of vaccines to our province. It's economics 101, supply and demand. We know there is a huge demand for vaccines, but are we actually getting those vaccines in this country? No. So far, there has been a lot of promises about vaccines coming into this country, but every time we see that there's a date change. I think just yesterday, there was another date change. I wish the federal government could step up—

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

It is time for further debate.

**Mrs. Jennifer (Jennie) Stevens:** It's a pleasure to stand at any point and debate on the budget bill, Bill 269, on behalf of the residents of St. Catharines. This is because the budget provides direction to those that are still struggling. It is equal part about policy as it is about hope and giving a nod to so many that are still sacrificing, trying to find their way through another lockdown in the third wave.

I think everyone is interested to see what is actually in the budget bill. In this bill, there are 10 schedules—in fact, schedule 10 specifically deals with the tax credit for child care and the Ontario Jobs Training Tax Credit. Of interest, the Ontario Jobs Training Tax Credit is obviously federal in nature. Essentially, this is the Taxation Act. Schedule 9 deals with the Securities Commission Act; schedule 8 is the Ontario Loan Act; schedule 6, Invest Ontario Act; schedule 5, the Insurance Act; schedule 4 relates to financial professionals; schedule 3, the Electricity Act; and the first two schedules deal with credit unions.

I would like to expand on a matter in this act around child care, and discuss the manner in which this crisis of child care availability has been experienced in Niagara and in the St. Catharines area. Schedule 10 deals with the child care tax credit. As my colleague from Waterloo mentioned with her contributions to this debate, that provides a child care tax credit to women and families who are trying to re-enter the workforce.

When re-entering a workforce has been especially difficult for women throughout the pandemic, child care has been one of those mitigating factors when, in communities, child care spaces do not exist. Therefore, this type of tax credit is not very helpful. It brings us back to an important point, that even the other side of the aisle acknowledged when introducing this budget: She-covery is not just a catch phrase; it is a meaningful consequence of this pandemic.

I think members on both sides of the House will agree that women have been disproportionately affected by this pandemic, and their economic livelihoods and security were definitely affected.

In this budget, we see a tax credit for child care, but we see nothing about creating child care spaces. Even essential workers in St. Catharines struggle today to find spaces to put their children into child care, and they are forced to stay home. That affects their incomes.

Early last year, when the government put together a back-to-school plan in August, Niagara was unable to find

enough child care spaces to fulfill their needs. Teachers especially struggled. It does beg a very good question: How can we get a credit for child care that can't even be accessed in St. Catharines?

Whenever there is talk about legislation throughout this pandemic, and when so many are struggling to find their way out of the cycle of perpetual lockdowns and when we are racing towards vaccinations, it is important that we evaluate the scope of the legislation. In other words, it is important that we focus a substantial amount of our energy on what is not in this bill.

I want to reflect on, though, where we are right now in the communities of Niagara and St. Catharines with regard to today's stats. Today, Niagara has reported through the Ministry of Health that we have had nearly 10,000 COVID cases. The total deaths thus far over the past year in Niagara region are nearly 400 deaths. We now have a positivity rate in Ontario of 6.1%. That rate of positivity is an alarming trend right now that we should not be ignoring.

This budget bill, of course, did not reference the third wave, which is of great concern to myself and members of my community in St. Catharines. The total number of cases right now in Niagara has this trend holding some relevance for the government: Yesterday we had 40 cases, while we have 512 active cases. More concerning is the amount of the variant cases that are being found; nearly 300 of those. We are in a third wave in this province. There is no point in disputing that, and with the series of recent days of an excess of 2,000 cases, it is important that we see a government that has a response to this.

I have stood in this House making the claim that we need to consider the third wave and the priorities for vaccinations, and that's why every opportunity I get I will

remind this chamber that Niagara is one of the oldest communities in Ontario. It is why I've called for urgent action and urgent investments in the people of this province, St. Catharines and Niagara in keeping people safe.

Our own Dr. Hirji, the lead for Niagara Region Public Health, has pointed out that we are in a race for vaccinations, because as it stands, the rise of the variants is deeply concerning, and it is a race that we are not winning.

Back to the budget questions and plan at hand: I want to say, at the outset, budget 2020-21 had been in anticipation of helping people get through this pandemic. It was about investing heavily to catch up and fix the gaps and problems we have seen over the last 13 or 14 months. Speaker, it is about ensuring the sacrifices that our front-line staff, health care staff, long-term-care homes, businesses, municipalities and broader community have made are worth it. They all deserve that we fix the system of long-term care that has been broken for so long.

Obviously, for our economic recovery, it has to include a plan forward for those sectors hit the hardest. When I talk to restaurants, as an example—a sector that either directly employs or has ancillary employment in the Niagara region of almost 13% of workers—all those people were expecting from this budget—

**The Acting Speaker (Mr. Percy Hatfield):** I am so sorry to interrupt the member from St. Catharines, but unfortunately the time for further debate on this topic this afternoon has expired. You will have an opportunity to complete your debate the next time this matter is called before the House.

*Second reading debate deemed adjourned.  
Report continues in volume B.*

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Gill, Parm (PC)	Milton	
Glover, Chris (NDP)	Spadina—Fort York	
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Mantha, Michael (NDP)	Algoma—Manitoulin	
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Martow, Gila (PC)	Thornhill	
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Sattler, Peggy (NDP)	London West / London-Ouest	Opposition House Leader / Leader parlementaire de l'opposition officielle
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Simard, Amanda (LIB)	Glengarry—Prescott—Russell	
Singh, Gurratan (NDP)	Brampton East / Brampton-Est	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
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