

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

**Official Report
of Debates
(Hansard)**

EM-2

**Journal
des débats
(Hansard)**

EM-2

**Select Committee
on Emergency Management
Oversight**

Emergency orders review

**Comité spécial de la
surveillance de la gestion
des situations d'urgence**

Étude sur les décrets d'urgence

2nd Session
42nd Parliament

Thursday 25 November 2021

2^e session
42^e législature

Jeudi 25 novembre 2021

Chair: Daryl Kramp
Clerk: Christopher Tyrell

Président : Daryl Kramp
Greffier : Christopher Tyrell

Hansard on the Internet

Hansard and other documents of the Legislative Assembly can be on your personal computer within hours after each sitting. The address is:

<https://www.ola.org/>

Index inquiries

Reference to a cumulative index of previous issues may be obtained by calling the House Publications indexing staff at 416-325-7400.

Le Journal des débats sur Internet

L'adresse pour faire paraître sur votre ordinateur personnel le Journal et d'autres documents de l'Assemblée législative en quelques heures seulement après la séance est :

Renseignements sur l'index

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7400.

House Publications and Language Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario



Service linguistique et des publications parlementaires
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

ISSN 2563-4402

CONTENTS

Thursday 25 November 2021

| | |
|-------------------------------|-------|
| Emergency orders review | EM-17 |
| Hon. Sylvia Jones | |

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**SELECT COMMITTEE
ON EMERGENCY MANAGEMENT
OVERSIGHT**

**COMITÉ SPÉCIAL DE LA
SURVEILLANCE DE LA GESTION
DES SITUATIONS D'URGENCE**

Thursday 25 November 2021

Jeudi 25 novembre 2021

The committee met at 1500 in room 151 and by video conference.

EMERGENCY ORDERS REVIEW

The Vice-Chair (Mr. Tom Rakocevic): Okay, everybody. I call this meeting of the Select Committee on Emergency Management Oversight to order.

We have the following members in the room: MPP Gilles Bisson, MPP Robin Martin, MPP Sam Oosterhoff and myself, MPP Tom Rakocevic, as Vice-Chair. We also have, connected remotely, MPP John Fraser, MPP Christine Hogarth, MPP Bob Bailey, MPP Donna Skelly and MPP Crawford. Do we have MPP Parsa?

The Clerk of the Committee (Mr. Christopher Tyrell): He just arrived.

The Vice-Chair (Mr. Tom Rakocevic): Okay, and we have MPP Parsa, who will have to confirm that it is in fact him and where he is.

Mr. Michael Parsa: Good afternoon, Chair. It is Michael Parsa and I am in Toronto, Ontario.

The Vice-Chair (Mr. Tom Rakocevic): Excellent. And we also have, of course, the minister. But before we move on, we're also joined by staff from legislative research, broadcast and recording, and House Publications and Language Services.

To make sure that everyone can follow along, it is important that all participants speak slowly and clearly. Please wait until I recognize you before starting to speak. Please also remember to unmute yourself before you begin speaking. As always, all comments by members should be directed through the Chair. Are there any questions?

Seeing none, pursuant to the order of the House dated October 7, 2021, this committee has been appointed to receive oral reports from the Premier or his designates on any extensions of emergency orders by the Lieutenant Governor in Council related to the COVID-19 pandemic and the rationale for those extensions. The Solicitor General, the Honourable Sylvia Jones, who has been designated by the Premier, is here with us today to provide this committee with that report.

Per the motion, this committee is empowered to meet as follows: up to 30 minutes for the Premier or his designates to make an opening statement; up to 60 minutes for members of the recognized parties to pose questions to the Premier or his designates, in three rounds of 10

minutes for each party; and up to 10 minutes for the independent member to pose questions to the Premier or his designates, in two rounds of five minutes each.

Following the minister's opening remarks, we will proceed in a question rotation as follows: 10 minutes, official opposition; 10 minutes, government; five minutes, independent member. That will be repeated once, and the final round is 10 minutes to the official opposition and 10 minutes to the government. Any other questions? No?

Solicitor General, welcome. You may proceed with your introductory comments.

Hon. Sylvia Jones: Thank you very much, Chair, and it is a pleasure to join everyone once again for your 17th meeting of this select committee. I also understand that members have had the opportunity to hear from the Ministry of Health, the Associate Minister of Digital Government and the Chief Medical Officer of Health at the last meeting for the committee.

As this committee likely already knows, the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020, has been extended in the Legislature until March 28, 2022. The report on amendments and extensions of orders under the Reopening Ontario (A Flexible Response to COVID-19) Act, from July 24, 2020, to July 24, 2021, has also been tabled and is available online.

Friday was an important day in our COVID-19 response: Health Canada, of course, approved a vaccine for children aged five to 11. The Pfizer pediatric vaccine is a slightly modified lower-dose shot, one third the amount given to Ontarians aged 12 and over. It is a two-dose series at a recommended interval of eight weeks between the first and second doses. I can't think of a happier way to celebrate National Child Day and World Children's Day, both of which happened last weekend, on behalf of Canada's eight million children, including the one million here in Ontario who are now eligible for a COVID vaccine.

Parents across Ontario can take comfort in knowing their children have the opportunity to be vaccinated. Ontario has received 1,076,000 doses of the pediatric Pfizer COVID-19 vaccine from our federal government, which are making their way to public health units, pharmacies and primary care settings across Ontario, enough to ensure that many children aged five to 11 will receive their first dose before Christmas and two doses before spring break. Parents of children whose eligible birth year

is 2016 have a multitude of options to schedule an appointment, including, of course, the Ontario COVID-19 vaccine portal and contact centre, public health units using their own booking systems, participating pharmacies and select primary care providers.

Our government is also enhancing COVID-19 testing by expanding the number of testing locations and making it more convenient to access publicly funded testing for those who need it. The new testing options include: access to publicly funded COVID-19 PCR specimen collection in select pharmacies for all individuals eligible for testing, including symptomatic individuals and close contacts; take-home PCR self-collection kits; and bringing asymptomatic testing directly to Ontarians with pop-up testing sites in higher-traffic public settings. The timing for new testing options couldn't be better as more people head indoors and attend family gatherings during the colder winter months and arrival of the holiday season.

We will be distributing 11 million rapid antigen screening tests to all public schools ahead of the December Christmas break to add an additional layer of protection over the holiday period and as students return to school in January. Each public school student will take home a package of five rapid antigen tests to use over the holiday and throughout the return to in-person learning. All First Nations schools will have the opportunity to participate.

It can be said with confidence, therefore, that there is more COVID-19 behind us than ahead of us. Still, we cannot afford to become complacent. This time of year presents the conditions where the virus thrives—more parties, more trips to the mall for holiday shopping, more family gatherings—which means we will have to do more of what we have been doing to protect ourselves from COVID-19, including getting a booster shot if and when you become eligible. Vaccines, public health measures such as wearing face coverings, practising physical distancing and washing hands regularly have set the stage for a more open holiday season than the one we experienced last year.

I'll now move on to updating the committee on changes to the Reopening Ontario (A Flexible Response to COVID-19) Act since October 5, when I provided a brief update to the whole House on the status of orders.

Changes and amended orders: This is out of an abundance of caution and will remain paused as the government and Chief Medical Officer of Health monitor data to determine when it is safe to lift capacity limits in these settings. This is consistent with our cautious approach to reopening to ensure Ontario's hospital capacity and ICU occupancy remain stable.

The rules for areas at step 3 under O. Reg. 364/20, rules for areas at step 3 and at the road map exit step, have been amended to remove capacity limits in additional settings such as restaurants, bars and gyms, where patrons are required to provide proof of being fully vaccinated. Businesses and organizations such as personal care services and museums will not be subject to capacity limits if at any time they elect to require proof of vaccination against COVID-19 from their patrons.

The amendment provides that the current requirement for individuals to maintain a two-metre distance at specified indoor places does apply where specified businesses or organizations elect to require patrons to provide proof of being fully vaccinated.

It also lifts the requirement to limit the number of persons in the room to the number that can maintain a physical distance of at least two metres from every other person in the room for locations where a wedding, funeral, religious service, rite or ceremony is held if the person responsible for the location elects to require attendees to provide proof of being fully vaccinated.

O. Reg. 364 has also been amended, effective as of November 30, 2021, to exempt bars, restaurants and other food and drink establishments in most parts of airports located beyond the security screening from the proof-of-vaccination requirements. This is, of course, because proof of being fully vaccinated against COVID-19 is already required for passengers prior to security screening and boarding the aircraft.

O. Reg. 364/20 has been further amended in respect of outdoor organized public events. The 100-person limit on such events has been removed to allow ceremonies, holiday parades and Santa Claus parades, and other outdoor organized public events with a greater number of persons.

1510

This amendment allows for unrestricted outdoor Remembrance Day ceremonies at cenotaphs and parks across the province on November 11, which I'm sure many of you attended. Furthermore, the step 3 rules under O. Reg. 364/20 require that every person wear a mask or face covering at outdoor organized events in addition to indoor organized public events if they are unable to maintain at least a two-metre distance from any others outside of their household.

O. Reg. 132/20, use of force and firearms in policing services, has been revoked, effective November 16, 2021. This order allowed chiefs of police to authorize certain members of a police service to perform duties involving use of force and to carry a firearm if the member had successfully completed required training within the previous 24 months of this authorization, instead of the annual training required under the Police Services Act. Working with police services, my ministry ensured that they were able to pivot their training to ensure renewed compliance with this requirement; hence, the order was no longer needed.

There has also been a housekeeping amendment to O. Reg. 364/20, to clarify that the general capacity limit to maintain physical distancing does not apply to personal care service settings, such as hair salons and barber shops, that opt into the proof-of-vaccination requirements during any period when this election applies.

After consulting with the Chief Medical Officer of Health, the government pressed the pause button on lifting capacity limits in remaining higher-risk settings where proof of being fully vaccinated against COVID-19 is required. These settings include food or drink establishments with a dance facility, such as a night club; meeting

and event spaces where food or drink is served or sold while dance facilities are provided; and finally, strip clubs, sex clubs and bathhouses.

As usual, at this point, and in line with the legislative mandate of this committee, I will now walk through the remaining orders that are currently in effect until the first instance of December 16, 2021, and that have not been amended since the last committee meeting. These updates are being presented in numerical order.

O. Reg. 74/20, work redeployment for certain health services providers: This order authorizes specified health service providers within the meaning of the Connecting Care Act, 2019, to take reasonably necessary measures with respect to work deployment and staffing to respond to, prevent and alleviate the outbreak of COVID-19, including redeploying staff to other sites within the organization or to other health service providers, long-term-care homes or retirement homes.

O. Reg. 76/20 relates to electronic service. This order requires document service in legal matters against the crown, ministers of the crown and related entities to be done electronically instead of in person. The order is needed to promote access to justice while reducing unnecessary contact between individuals to stop the spread of COVID-19.

O. Reg. 77/20, work deployment measures in long-term-care homes: This order provides long-term-care homes with greater flexibility to identify staffing priorities and develop, modify and implement redeployment plans. This is to alleviate the effects of COVID-19 and deal with staff shortages and increased care required to address an outbreak. It allows homes to implement redeployment plans as required. Long-term-care homes have been impacted by the pandemic and continue to rely on this regulation to help stabilize staffing levels, which is crucial to prevent and maintain outbreaks.

O. Reg. 95/20, streamlining requirements for long-term-care homes: This order provides long-term-care homes with increased flexibility through a temporary suspension of several requirements. It enables homes to better focus resources on providing high-quality resident care and the safety needs of residents while ensuring homes have the flexibility to hire needed staff. The flexibility provided by these provisions continues to be required in long-term-care homes to recover from current and earlier waves.

O. Reg. 98/20, prohibition on certain persons charging unconscionable prices for sales of necessary goods: This order is in place so that consumers can continue to file complaints with the Ministry of Government and Consumer Services about price gouging with respect to the necessary goods set out in the order.

O. Reg. 114/20, enforcement of orders: This order ensures a person is required to identify themselves by providing their name, date of birth and address to a police officer or other provincial offences officer if the officer has reasonable and probable grounds to believe the individual has committed an offence under section 10(1) of the

reopening Ontario act. Without disclosure of this identifying information, provincial offences officers would be unable to effectively issue tickets under the reopening Ontario act.

O. Reg. 116/20 relates to work deployment measures for boards of health. This order allows boards of health within the meaning of the Health Protection and Promotion Act to take any reasonably necessary measure with respect to work deployment and staffing to respond to, prevent and alleviate the COVID-19 pandemic, including redeploying staff within different locations in or between facilities of the board of health.

O. Reg. 118/20, work deployment measures in retirement homes: This order allows flexibility for retirement home operators to recruit and reassign staff. It remains crucial for helping to prevent and manage outbreaks to keep residents safe. Additionally, it ensures residents continue to receive stable services and care.

O. Reg. 121/20 relates to service agencies providing services and supports to adults with developmental disabilities and service providers providing intervenor services. This order allows developmental service agencies and intervenor service providers to continue with the authority and flexibility they need to redeploy their staff to support critical services for vulnerable individuals. Measures to alleviate staffing pressures continue to be needed as developmental services and intervenor service agencies respond to challenges posed by COVID-19.

O. Reg. 141/20 relates to temporary health or residential facilities. This order exempts the construction or conversion of a building from certain requirements of the Building Code Act, 1992, the Planning Act and the City of Toronto Act, 2006, where the building will be used as a temporary health or residential facility for the purposes of responding to the emergency, or for health care or sleeping accommodation by or on behalf of health service providers, governments and municipalities. There is a continued need for this provision to be in place to enable the province to respond to COVID-19 care, surgical backlog and residential space needs.

O. Reg. 145/20 relates to work deployment measures for service agencies providing violence-against-women residential services and crisis line services. This order enables residential violence-against-women and anti-human trafficking service providers, as well as crisis lines under the violence against women support services program, to continue to have the authority and flexibility they need to redeploy their staff to respond to challenges posed by COVID-19 and continue to support critical services for survivors of violence against women and victims of human trafficking.

O. Reg. 146/20, limiting work to a single long-term-care home: Limiting partially and unvaccinated staff from moving across multiple settings continues to be an important component of infection prevention and control practices in long-term-care homes. The Minister's Directive: Long-Term Care Home COVID-19 Immunization Policy has been updated to reflect the revised National

Advisory Committee on Immunization, or NACI, recommendation regarding the optimal interval between the first and second doses of the COVID-19 vaccine. The update gave staff, support workers, students and volunteers who showed proof of a first dose on or by November 15 until December 13, 2021, to show proof of their second dose. This order addresses ongoing staffing challenges in the long-term-care sector and allows employees who have been fully immunized against COVID-19 to work in another long-term-care home, retirement home or other health service provider location.

1520

O. Reg. 154/20 relates to work deployment measures for district social services administration boards. This order provides district social services administration boards, or DSSABs, flexibility to address staffing shortages and ensure personnel are being deployed to critical areas of need to respond to COVID-19.

O. Reg. 156/20 relates to deployment of employees of service provider organizations. This order authorizes a local health integration network, now operating as Home and Community Care Support Services, to identify settings and request that a contracted service provider organization provide health care and related social services. The need for the order is to address staffing issues in priority settings, including at long-term-care homes and retirement homes, in an expedited way, leveraging existing relationships with service providers.

O. Reg. 157/20 relates to work deployment measures for municipalities. In response to requests from municipalities, we issued this order to provide flexibility to redeploy staff, to ensure front-line service continues to be delivered in critical areas of need. The continuity of service delivery at the municipal level is critical to the health and safety of Ontario's communities and efforts to stop the spread of COVID-19.

O. Reg. 158/20 relates to limiting work to a single retirement home. This order requires retirement home employees to work in only one retirement home, long-term-care home or other health care setting and allows fully vaccinated employees to work in more than one location to safely increase staffing capacity. Limiting work to a single retirement home remains critical for unvaccinated staff to help prevent and contain infection spread.

O. Reg. 163/20 relates to work deployment measures for mental health and addictions agencies. This order authorizes mental health and addictions agencies to take any reasonably necessary measure with respect to work deployment and staffing to respond to, prevent and alleviate the outbreak of COVID-19 to maintain health human resources flexibility.

O. Reg. 177/20 relates to congregate care settings. The order has been extended so that staff movement across multiple employers in developmental services, intervenor services, violence-against-women and anti-human trafficking sectors will continue to be limited. This infection prevention measure protects staff and vulnerable clients. Staff members who are fully vaccinated against COVID-19 are exempt from the requirement to work for one

employer in the same sector, except in the event of a COVID-19 outbreak.

O. Reg. 193/20, hospital credentialing processes: This order authorizes the board of a hospital to take any reasonably necessary measure with respect to any aspect of the hospital's credentialing process to respond to, prevent and alleviate the outbreak of COVID-19. This includes identifying medical, dental, midwifery and extended class nursing staff needs and priorities; extending existing hospital credentials for board-approved professional staff; and expediting the appointment of new professional staff.

O. Reg. 195/20 relates to treatment of temporary COVID-19-related payments to employees. This order ensures that any temporary COVID-19-related payments received by employees in relation to work performed while the order is in effect are excluded from the maximum increases in compensation set out in the Protecting a Sustainable Public Sector for Future Generations Act during a moderation period. This includes the temporary wage enhancements for personal support workers and direct support workers.

O. Reg. 210/20 relates to management of long-term-care homes in outbreak. This order provides the ministry, through the director, under the act, expanded authority to issue a mandatory management order to long-term-care homes. The director under the Long-Term Care Homes Act is able to place interim management to effectively protect residents from COVID-19. Maintaining the management order allows the director to swiftly take appropriate actions to reduce or alleviate harm to residents and staff in homes that are in outbreak.

O. Reg. 240/20, management of retirement homes in outbreak: This order ensures measures are in place to allow the Retirement Homes Regulatory Authority to act quickly in case of outbreak, should an operator be unable or unwilling to manage operations at a home where there is a COVID-19-related risk of harm to residents. It remains crucial to ensure retirement homes are following appropriate COVID-19 measures to ensure resident and staff safety.

O. Reg. 345/20, patios: This order helps municipalities pass or make changes to temporary-use bylaws allowing restaurants and bars to create or extend their patio, to facilitate appropriate distancing and maintain public health measures as the province continues to reopen.

COVID-19 is not going away any time soon, but it can be tamed. Look how much the landscape has changed over the last 12 months, just before the arrival of our first vaccine doses, and how it is about to change again with the arrival of a pediatric vaccine for children age five to 11.

COVID-19 is a greedy virus. Give it an inch and it will take a mile, which is why we cannot let our guard down and risk losing any of our hard-fought gains. The most vulnerable are those eligible Ontarians who remain unvaccinated. Unvaccinated people are 24 times more likely to be in hospital and 43 times more likely to be in an intensive care unit.

As of November 21, 86% of eligible Ontarians age 12 and up are fully vaccinated, with 89% having received a

first dose. This is another major step in bringing the COVID pandemic to an end. Until then, orders under the reopening Ontario act will continue to be another front-line defence against the spread of COVID-19, while mitigating the risk for all Ontarians.

Thank you, and I will turn it back over to you, Chair.

The Vice-Chair (Mr. Tom Rakocevic): Thank you very much, Minister.

We will now begin with 10 minutes from the official opposition side. MPP Bisson.

Mr. Gilles Bisson: Thank you very much, Chair. I've got a couple of questions—there we go. My mike is now on.

First of all, welcome back to committee, Minister. It's always nice to have a chat with you. I want to get to the price-gouging issue, because you mentioned that one of the regs that has been established is giving the authority to cabinet and the arms of cabinet to be able to deal with price gouging. I'm just wondering, are there any cases where this regulation has actually been used?

Hon. Sylvia Jones: To be clear, it's not giving the control to cabinet. It is a reg that allows MGCS to accept and assess any suggestions from individuals who believe that there has been an example of price gouging. If, in fact, that investigation through MGCS, government and consumer services, proves to be accurate, then, of course, it is referred to the local police of the area, and those would be ongoing investigations—for which, of course, we would not have line of sight into how many or what, if any, charges have been laid.

Mr. Gilles Bisson: That brings me to a whole other series of questions. But have there been any investigations done by MGCS in regard to price gouging? And if so, can we have a list?

1530

Hon. Sylvia Jones: That would be a question better placed to MGCS, but it is my understanding from conversations that I have been around that, in fact, there have been investigations happening and there have been referrals. But again, ongoing investigations are not something that the cabinet or the Solicitor General's office would be tracking.

Mr. Gilles Bisson: So if you could request, from you through the Clerk, that we get a copy of how many of those investigations there are and what subjects they were—I guess I'm asking the Clerk this question, Chair.

Interjection.

The Vice-Chair (Mr. Tom Rakocevic): I've been advised that the Clerk is not able to—

Mr. Gilles Bisson: The committee can recommend—

The Vice-Chair (Mr. Tom Rakocevic): Sorry, the committee can't.

Mr. Gilles Bisson: Yes, okay.

The Vice-Chair (Mr. Tom Rakocevic): But ultimately, if the minister decides to share that information, that's her own—

Mr. Gilles Bisson: Okay. All right. So I guess the first part of my question: Can you provide us with a list of those

requests that were made to MGCS to investigate price gouging, Minister?

Hon. Sylvia Jones: Thank you. For clarity—I apologize if I was not clear—the complaints are processed and initially assessed through MGCS, so that would be a question better placed to the government and consumer services ministry.

Mr. Gilles Bisson: But I go back to the question: Are you able to get them to provide us with the list?

Hon. Sylvia Jones: If I heard your Chair and Clerk accurately, it sounds like that is a request that the select committee could make.

Mr. Gilles Bisson: Okay, we'll deal with it as a motion later. Are you aware of any investigations that have taken place? Are you aware of any?

Hon. Sylvia Jones: I am.

Mr. Gilles Bisson: Okay. And for those investigations, has anything come of them?

Hon. Sylvia Jones: Again, ongoing investigations are not something that I would have information on or be privy to.

Mr. Gilles Bisson: So I would wonder—you refer this to the police. It just seems to me this is an issue where—I'm going to use one, for example. During the pandemic, the price of construction lumber went up 300% to 500%, depending what you were buying. It wasn't as if the tree got more expensive. It wasn't as if any of the materials got that much more expensive when it came to production. In fact, a lot of this stuff was already in the system and was already in stock, and the price went up in huge amounts.

So the public out there, just on that one issue, are saying, "Holy jeez. You know, I used to buy a two by four for \$1.75. Now I'm paying 7 or 8 bucks. I ain't building my garage. I'm not doing the addition to a rec room in the basement or building a house." It has had a negative draw on people's ability to do things and on the economy overall. It just seems to me that the mechanism put in place hasn't gained the results that we would hope when it comes to dealing with price gouging. So that's why I'm asking the question. Again, I'll just let you know that I'll move a motion later, asking for that information. But anyway, that's that part.

The other thing I want to get into is the whole idea of pharmacies having the ability to do COVID testing in their pharmacies. This has been raised in the House, as you well know, and there's been a fair amount of concern by people in the medical field as well as others. You think that you might be ill; you go walking into a pharmacy. You may be in contact with somebody, and you may transmit the disease. Have there been any kind of safeguards put in place in order to make sure that this type of thing doesn't happen? Because all of the pharmacies that I have in my riding don't have a private entrance. It's like one entrance to come into the pharmacy. It's just COVID waiting to spread. So why did we go down this route? Why not expand the current testing system, if there was more need?

Hon. Sylvia Jones: It's a great question. Thank you for that. Our pharmacy partners have been a huge lifesaver,

frankly, for us in the fight against COVID and the administration of vaccines. Of course, we have had literally thousands of pharmacies agreeing to participate in giving COVID vaccines to their customers and their patients. They are, of course, regulated health professionals and so have been very used to and acclimatized and accustomed to the use of proper protective equipment. We have been able to expand our vaccine and our testing components, including the PCR test, because of the participation of our pharmacies.

Mr. Gilles Bisson: I'll agree with you; the PCR test is fine. We got that distributed to our chamber of commerce and they brought it to a whole bunch of different businesses. In fact, I think I called you about it way back when, and we got our PCR tests.

The issue is: Why are we allowing the nasal swab test to be done in pharmacies if, in fact, those pharmacies are not equipped to have an isolated area to do the test, and an entrance there too?

Hon. Sylvia Jones: Yes. Thank you, MPP Bisson. For clarity, of course, we are not compelling pharmacies. Individual pharmacies will make their determination on whether they have the appropriate space, staffing and health care human resources to do the testing, but I don't want to understate how valuable pharmacies and the pharmacy model have been for communities.

Mr. Gilles Bisson: I agree. You and I are on the same page.

The Vice-Chair (Mr. Tom Rakocevic): Two minutes.

Mr. Gilles Bisson: We're on the same page. This is not a run against pharmacies; they're a big part of our health care system and they've been doing a lot of good work through this whole pandemic, so that's not my argument.

The only point that I was making—and I've only got two minutes left—is if the pharmacy decides, “Yes, it's something we would like to do”: Are there safeguards in place by the ministry in order to ensure that they're able to provide the type of access that protects people from contagion, as our current COVID testing centres do? Because as you know, you go down to Women's College Hospital down the road here or any other testing facility in downtown Toronto or in Timmins, and it is a dedicated testing centre. You don't have other people walking in there, and there are all kinds of safeguards in order to try to deal with contagion. So what kind assurances do we have with pharmacies that, in fact, that's going to happen?

Hon. Sylvia Jones: The assurances are that these are regulated health professionals. These are individuals who understand PPE protocol and they will make a determination, based on their physical space and layout, whether, in fact, they want to do that testing. But again, I will say that pharmacies have been a huge benefit to Ontario—

Mr. Gilles Bisson: We agree, but my question is, what do you do if they can't? What do you do, Minister, if the pharmacy decides to do it and they're not set up to do it? That's my question.

Hon. Sylvia Jones: There is a check and balance to first ensure that the local pharmacy is interested in doing the

symptomatic testing. Frankly, they are the professionals that can lay it out properly. They will have the assistance of the Ministry of Health. And, frankly, it's very similar to when an individual goes into an emergency room. In my own local hospital—I'm sure many are the same—when you appear at the local emergency room, you are asked whether you had symptomatic testing—and that will continue.

The Vice-Chair (Mr. Tom Rakocevic): We're out of time.

Before we proceed to the government side, just a further clarification: Again, in conferring with the Clerk, the committee is not set up to table motions or to make requests for information in this format. However, if the minister, based on a request from a member of the committee, is asked for information and the minister decides to provide that information to the Clerk, the Clerk said that they will in turn provide it to each of us on the committee. That's the clarification I received.

Hon. Sylvia Jones: Thank you, Chair. As you know, because you do, of course, receive these letters, I am here appearing as the Premier's representative. The House leader plays an important role, and I'm sure that conversations and information that the committee is interested in receiving would be more appropriately requested through House leader conversations.

The Vice-Chair (Mr. Tom Rakocevic): Okay. Thank you, Minister.

We'll now provide the government 10 minutes.

Mrs. Robin Martin: MPP Bailey would like to begin.

The Vice-Chair (Mr. Tom Rakocevic): MPP Bailey, please proceed.

Mr. Robert Bailey: Welcome, again, Solicitor General, to our 17th meeting, as I think you had reminded us. I appreciate each and every one that we've had the opportunity to participate in.

One of the questions I have—earlier this week, the House passed a renewal of authority under the reopening Ontario act. We did this with a unanimous vote in the House. I have constituents who are wondering about the expiration of some of the new regulations and the ones that we've let expire. I wonder if, in a couple of minutes, you could remind us, get on the record, how many of them have been revoked or we let expire.

1540

Hon. Sylvia Jones: It's a great question, MPP Bailey. I understand that the EMCPA, the emergency measures act, and the ROA, the reopening Ontario act, have some nuances that your constituents and others are interested in. To me, the most important consideration is that we are aligning our reopening Ontario act with what the Ministry of Health, in agreement and in alignment with the Chief Medical Officer of Health, has said is a path to safely reopening Ontario, and we will continue to do that.

I look at other jurisdictions that have tried to rush to the finish line, perhaps by too quickly lifting masking for indoor settings. Frankly, it has impacted their ability to move forward and loosen the protections that are in place. We'll continue to do that. The reopening Ontario act now

more closely aligns, in terms of an end date, with the health plan that has already been laid out and articulated through the Ministry of Health, with the assistance of the Chief Medical Officer of Health.

I will say, and I hope it does give some comfort to your constituents and others who are interested, that as we see there is no further need for some of these protections, we do lift them prior to the expiry dates. I think that's a really important piece to remember: that the more we learn about COVID-19, how it transmits, who is most at risk, then we can lift the restrictions and the protections that are not as needed.

I hope that helps answer your question.

Mr. Robert Bailey: Yes, thank you. In a similar vein, I've heard from constituents as well—they seem to express some confusion between the legislative extension to March 2022 and the actual orders themselves. I know some of the public health measures have been extended well into the spring. Can you just explain it with a little bit more detail and provide clarity on that for my and others' constituents?

Hon. Sylvia Jones: Absolutely. As I said, this extension of the reopening Ontario act does more closely align with the proposed health plan to allow the restrictions to be removed, to allow those protections to be removed, but I'll give you some very specific examples. Our colleagues in the Ministry of the Attorney General—initially, of course, the ability to sign documents digitally, electronically, was something that was in the emergency order regulations. Now, the Attorney General has made that change, and we've been able to remove that protection and that restriction. So there are things that are happening in each of the ministries that have the emergency order regs that some are realizing they don't need anymore, and some that they have been able to put in place through other pieces of legislation and yet still protect the public.

Mr. Robert Bailey: Okay. I think MPP Martin would like to ask a couple of questions.

The Vice-Chair (Mr. Tom Rakocevic): You have five minutes, 25 seconds.

Mrs. Robin Martin: Thank you to the minister for being here again and answering some of our questions. I'm kind of focused on the holidays, or at least trying to be focused on the holidays, if we would ever finish our work here, which seems to be keeping us all here quite a lot lately. I live in a great community, Eglinton–Lawrence riding. It goes from Yonge and Eglinton all the way up to the 401 and over to Caledonia, just past Caledonia. It's a great community, and it has a lot of independent retailers and, I would say, a lot of vibrant and diverse retailers.

Frankly, last year, in doing shopping, I tried as much as possible to shop local, but it was challenging. A lot of retailers moved their offerings more into online offerings. I'm just wanting to make sure: With the regulations currently in place, are Ontarians all over Ontario able to be free to return to in-person shopping this time to help support our local retailers, which I think everybody would like to do?

Hon. Sylvia Jones: Absolutely. It is a really important question. I think many of us with families and wanting to see families are very excited about the holidays and the coming opportunities to support local, buy local.

As you know, entrepreneurs and small businesses play a critical role in our communities. They are, of course, the backbone of our economy. We know that restaurants have borne a very large share of COVID-19's economic burden, and I have to say that many of them have really gone above and beyond by offering, as you said, online, curbside pickup etc. The pandemic's impact on the restaurant industry, particularly on small, independent operators, has been unprecedented.

While indoor dining was prohibited to protect Ontarians from COVID-19, many food delivery companies collected up to 30% in commissions from restaurants that have, in many cases, seen dining traffic plummet by 90%. It's why we introduced and passed the Supporting Local Restaurants Act. The act reduced food delivery fees to help support Ontario's small and independent restaurants, sustain the vitality of our main streets and communities, and protect local jobs.

It's important our government continues to listen to small and independent restaurants, along with leading associations, to make sure that we are reacting and responding to what they need to safely reopen and provide all of those local, lovely goods that we so look forward to.

If I may, on a personal note, I had the opportunity to dine out last night, and the feedback from the wait staff and the staff in the restaurant was that they are just so happy to be back in person, being able to serve their customers and provide that service and opportunity that we have so missed for the last number of months.

Mrs. Robin Martin: Thank you, Minister. On the same theme, I have a lot of Jewish constituents who will be celebrating Hanukkah very soon—

The Vice-Chair (Mr. Tom Rakocevic): Two minutes.

Mrs. Robin Martin: —thank you—and we're all wanting to get together with our families for holiday dinners. I'm just wondering if there are ways to make our holiday dinners more successful this year, if we can safely gather in larger groups. Maybe you could give us a little guidance on that.

Hon. Sylvia Jones: Absolutely. You, more than anyone, serving as parliamentary assistant to the Ministry of Health, know first-hand how important it is to understand and follow the health guidelines as presented by the Chief Medical Officer of Health. Gentle reminders—asking people who are coming to celebrate with you whether they have been vaccinated and if they would very much do that certainly is a help—having those conversations with friends and family. Of course, if you choose to celebrate in a restaurant, there is that opportunity, as long as you're willing to show your proof of vaccination. We have made that as seamless as possible through the use of the QR code and paper copies for people who are uncomfortable using their online phone apps.

There are lots of opportunities, but I still think that we need to understand, as I said in my opening remarks, that

COVID-19 is not behind us. It's certainly less of a threat than it was when we didn't have vaccines or we didn't have sufficient vaccines, understanding that we need to do the masking indoors when we can't stay safely apart. We need to respectfully ask people if they would be vaccinated before they participate in indoor activities and just stay safe.

Mrs. Robin Martin: So you wouldn't recommend that we keep all the doors and windows open in the winter to keep it safe?

The Vice-Chair (Mr. Tom Rakocevic): We're out of time.

Mrs. Robin Martin: That's okay. We're out of time. Thank you, Minister, for your answer.

The Vice-Chair (Mr. Tom Rakocevic): Okay. Five minutes now to our independent member. MPP Fraser, please begin.

Mr. John Fraser: Thanks very much, Chair. Before I begin, I would like to wish a happy Hanukkah to MPP Martin. I hope she has a great time with her family and enough time to prepare. I know I'm using up my time, but it's an important thing.

1550

So minister, I'm glad that you're back. It's good to see you. I'm happy that you're back again. I wanted to ask you a question that's been on my mind. The vaccine task force has been disbanded, so who is the lead or in charge of Ontario's vaccine rollout?

Hon. Sylvia Jones: We've always had a wealth and group of people that we can call on for expert advice. Of course, Minister Elliott and I continue to lead the vaccine rollout, but with an awful lot of assistance from—

Mr. John Fraser: Okay. That's great. Good. I just wanted to confirm that because I thought that was the case—and sorry, I only have five minutes. So I'll try not to interrupt and I'll try to make my questions short. Hopefully you can keep your answers short so that I can get a few more in than I usually do.

We know that boosters are protecting countries across the world and that they're effective. Right now, Ontario has got four million vaccines that have not gone used yet and we have not expanded the eligibility. Is that because we are concerned about our capacity to be able to deliver pediatric vaccines to five-to-11-year-olds and expand the boosters at the same time?

Hon. Sylvia Jones: It's a great question. As you know, Dr. Kieran Moore, the Chief Medical Officer of Health, has always very closely aligned and followed the National Advisory Council on Immunization. Obviously, we are excited that we have the opportunity and sufficient vaccines to vaccinate that five to 11, which is just over a million young people. But at the end of the day, what drives those decisions primarily is, has NACI made that recommendation to expand, which is why we did immunize some of the compromised individuals and offer them the booster shots sooner.

Mr. John Fraser: My understanding is NACI has recommended booster shots, not just for the 70-year-olds and over and the immunocompromised. But that's my understanding. So thank you for that answer.

In our last meeting, because the Minister of Health was here and so was the Chief Medical Officer of Health, I did ask the Chief Medical Officer of Health directly if the opposition could have briefings like we used to have with the Chief Medical Officer of Health, being very respectful of his time, to which he agreed. But since that last meeting, despite a number of attempts, nothing has happened. I don't need an answer. I just would like you, if you could, to nudge somebody to make that happen. I think it would be very helpful. We're just looking to get information on behalf of the people we serve, just like every other MPP on any side of the House. So that would really be great for us if that could happen.

How much time do I have left, Chair?

The Vice-Chair (Mr. Tom Rakocevic): One minute and 45 seconds.

Mr. John Fraser: One minute and 45 seconds. Okay.

Interjection: Wow.

Mr. John Fraser: Yes, I've got to use my time well.

Parents need to go with children five to 11 to be vaccinated, and Ontario's temporary paid sick days are going to end at the end of December. Kids will have to be vaccinated on their second dose into the new year. On top of that, it's not entirely clear whether those paid sick days can be used to take your child for a vaccination. It's not clear. Actually, if you take a look at the legislation, it's not there. So I've asked for two things: (1) that the government clarify that, correct or change the legislation so that people will be able to use it, and (2) we're going to have to do something in the new year because there are a whole bunch of parents in this province—a lot of parents—who can't afford to take time off. So it's a hole. It needs to be fixed. So I just would ask the minister if the minister could do what she can to make sure that this is clarified and that parents, going into the new year, will be supported to be able to do this.

Hon. Sylvia Jones: So I think the member brings up a really important point, which is, frankly, why we have so many options available. Even the in-school vaccination programs that many public health units have put together are outside of the school hours. So to your point, parents and guardians will be able—

The Vice-Chair (Mr. Tom Rakocevic): I'm sorry, Minister. We're out of time. I'm sorry, but we're at time.

Now it's time to move back to the official opposition. MPP Bisson?

Mr. Gilles Bisson: Thank you very much, Chair. I think part of the problem that we have is that by taking this process out of the House and bringing it into the committee, it really limits the ability for all members, government and opposition, to ask questions and try to get answers.

I want to go back to this price gouging, because what I heard you say is that there have been complaints made to the ministry of government services; however, you were less than co-operative when it came to, "Will you provide this committee with that information?" So I'm just going to ask you again, just for clarity on the record: Are you prepared to ask whomever within government to provide

this committee with a list of which complaints we got on consumer price gouging?

Hon. Sylvia Jones: Chair, I must respectfully disagree that select committees do not have value in our parliamentary system. I have participated in three separate ones, most notably on workplace harassment, which led to some excellent work on human trafficking, and of course the mental health and addictions committee, which you will remember MPP France Gélinas was actively engaged with—

Mr. Gilles Bisson: I'm not arguing against select committees—

Hon. Sylvia Jones: There is value in select committees and the work that—

Mr. Gilles Bisson: That's not my argument. I agree with you. Committees of all types are very useful—

Mrs. Robin Martin: Point of order.

The Vice-Chair (Mr. Tom Rakocevic): Point of order.

Mrs. Robin Martin: Thanks very much, Chair. I don't think, with the mandate of the committee, that we had talked about written reports of any kind or production of written documents. I think you said that. The mandate of the committee is to have verbal reports from a designate of the Premier, which we're having. I think if the minister has a document she wants to share, she can. I think—

Mr. Gilles Bisson: That's all I'm asking.

Mrs. Robin Martin: But she doesn't have the document. She has indicated that several times.

Mr. Gilles Bisson: It's my time. I'm just asking the questions.

The Vice-Chair (Mr. Tom Rakocevic): Yes, he can ask the question. I don't think it's out of order.

Mr. Gilles Bisson: I'm not arguing with you, Minister, in regard to the value of committees. I've been around here long enough, as have you, to understand that committees are the central part of how we do legislation, and I am not arguing against committees. I'm just asking: Will you make the request in order to have that information provided to the Clerk of the Committee? That's all I'm asking.

Interjection.

Mr. Gilles Bisson: I take it your audio is not working.

Hon. Sylvia Jones: I'm trying to unmute, and I'm getting blocked.

Mr. Gilles Bisson: There you go. Okay.

Hon. Sylvia Jones: As I said, I think that the most appropriate pathway is through the House leader to make those requests. I think that that is a reasonable recommendation for you and your House leader to follow up.

Mr. Gilles Bisson: Okay. That's fine. I won't harp on that.

I just want to go back, just very quickly, to the pharmacies, then I'm going to move on to something else, because I think what I heard was—and correct me if I'm wrong here—if a pharmacy thinks that they're able to provide a secure setting in order to do the swab tests, whatever those are called, I take it there would be some sort of

inspection by some type of authority to ensure that whatever they're doing is within the reality of how you do these tests, right? It's not just, "I apply and I get," right?

Hon. Sylvia Jones: Well, I think it's really important to understand that these are health care professionals who have been active and engaged partners from the beginning. They have played a critical role in our vaccine rollout. They have played a critical role in our—

Mr. Gilles Bisson: I don't argue against that. I think you're right. I 100% agree with you.

Hon. Sylvia Jones: —and they are playing a critical role to ensure that people who wish to travel and need that negative test have another option that is convenient and close to home.

Mr. Gilles Bisson: That's fine, but I'm just asking: If a pharmacy decides they're going to provide, do they have to go through some sort of approval process to make sure what they're providing is safe to the general public? That's all I'm asking.

Hon. Sylvia Jones: There is a submission that would happen within the Ministry of Health, yes.

Mr. Gilles Bisson: So there is an inspection process and all that kind of thing?

Hon. Sylvia Jones: There is a submission when a pharmacy decides. If they wish to provide this service, they would work with and go through a process through the Ministry of Health pharmacy division.

Mr. Gilles Bisson: Well, that doesn't make me feel warm and fuzzy inside; that's all I'll say.

I think what we're all kind of worried about—nobody likes these numbers; we're now at about 750 cases today. Nobody wants to see that: nobody on this committee, nobody in the public. We all want the number to be zero. That's where we want to be. What I worry about—along with you, I'm sure, because as minister you're responsible and you want to do the right thing—is that we need to set in place processes that, in fact, leave us in a situation where we lessen the risk of having infections spread. That's the reason I'm asking the question: because if I feel sick and I'm coughing and I may or may not have COVID, and I go walking into some place that is maybe not as safe as it could be for others that are there—that's my concern. That's why I was asking the question. That was just a statement; you don't have to answer.

1600

I want to move on to long-term care. One of the things that we saw at the beginning of this is that, unfortunately, far too many people got sick and died in our long-term-care institutions as a result of COVID. There were some calls on the government from the public and others, and ourselves included, that if we're going to expand health care in long-term care, we should do so in the not-for-profit system, as the reality is that we could put more dollars directly into service, into care for seniors, more so than you do with private home care.

Now, I'll agree that there are some private operators out there that are doing a good job. I'm not going to argue against every one of them, because, in fact, you do have some responsible operators out there. But my question is

this: I understand that the government is moving to renew the licences of as many of these homes, these private homes, as they can, and it almost looks like—and I don't know if this is the case—they're doing so in advance of the next election. So is that the case? Is the government actually moving to renew these licences at a quicker-than-normal pace?

Hon. Sylvia Jones: Quite the contrary. I think that what it is acknowledgement of is that after, unfortunately, 15-plus years of not a lot of builds and activity in the long-term-care sector, we have a minister and a government engaged in making sure that when people need and want the level of service necessary for long-term-care facilities, those options are available to them locally.

I'm actually very pleased to hear you say that there are good operators in private long-term care, as there are good operators in not-for-profit and in charitable long-term care. That is why the Minister of Long-Term Care, Minister Phillips, has very recently announced a doubling of the number of inspections. Look, we all know—because the older you were, you were more at risk of mortality and serious illness as a result of COVID-19—how hard-hit our long-term-care homes and residences—

Mr. Gilles Bisson: It was hit hard, and—

Hon. Sylvia Jones: Absolutely. No one is questioning that.

Mr. Gilles Bisson: And I think the concern is—for myself, anyways, and I'm sure with others—that one of the things that the government did on coming into office was to reduce the amount of inspections. There was a predilection on the part of your government to try to make it less onerous for homes to operate, which I think led to part of the problem that we have today.

Hon. Sylvia Jones: I have to disagree—

Mr. Gilles Bisson: These are regulated facilities, and as regulated facilities, either private or public, we need to make sure that they're operating according to what they're supposed to be doing. Unfortunately, what happened in this pandemic is that we found out that some of them weren't. That's how we got into this mess.

So that's why I'm asking—and I understand what you were saying earlier; in fact, you're expanding the Golden Manor, which is a not-for-profit in the community of Timmins. It's a \$75-million project and it's going ahead, so I understand that some of the stuff is being done. But my question is: Is it true that there is an acceleration of the reissuances of licences, 30-year licences, to long-term-care facilities?

The Vice-Chair (Mr. Tom Rakocevic): Just over a minute and a half.

Mrs. Robin Martin: Point of order, Chair.

Hon. Sylvia Jones: There is a strong motivation to make sure that our government commits to—

The Vice-Chair (Mr. Tom Rakocevic): Sorry, Minister. We have a point of order.

Mrs. Robin Martin: Sorry to interrupt, but look, is this related to COVID-19—

Mr. Gilles Bisson: Yes.

Mrs. Robin Martin:—which is what the mandate of this committee is, and the orders? Because it seems to be a totally other area which we're debating in the House, which is great, but we're here to talk about these opening-Ontario orders and COVID-19.

The Vice-Chair (Mr. Tom Rakocevic): In keeping with this committee, we've allowed questions to be asked of the minister, or whoever the designate is, pertaining to the pandemic, and the minister chooses or doesn't choose to answer. So I don't think this is a valid point of order. We've discussed this many times.

Mr. Gilles Bisson: If I may, Chair: One of the reasons I asked the question is because the minister raised this whole long-term-care issue in her presentation. That's why I was asking, so yes or no? That's my question.

Hon. Sylvia Jones: I do think that we have to acknowledge as a community that the more elderly you were, the more at risk you were to contract COVID-19. We had said from the beginning that our plan was all about preventing mortality, preventing serious illness, preventing transmission. Long-term-care homes, as the member rightfully pointed out, were more at risk because they have those high-risk factors.

Are we as a government committed to expanding the number and opportunities for long-term-care builds in the province of Ontario? We are, 100%. What I will say is we are also committed—and you heard this very recently through Minister Phillips—to that expansion of the inspection piece, because it is important that people who allow and want their loved ones, need their loved ones to be in long-term-homes are properly protected. All of those pieces together are ensuring that we have the beds when we need them and we have the oversight that is so critical to making sure that people get the care they deserve and more.

The Vice-Chair (Mr. Tom Rakocevic): We're at time.

Okay, government side: MPP Hogarth, please proceed.

Ms. Christine Hogarth: Thank you, Minister. Do you know what? You're right. After 15 years of the Liberals doing absolutely nothing with regard to long-term care, I'm really glad we're debating Bill 37 right now, because it's an important step forward, and I'm glad that it's our government that has been making those positive changes.

But back to COVID and vaccinations, which is always something that we're talking about and trying to encourage those last ones to get their vaccinations or their shots in the arm: At this point, nearly 90% have at least one dose, and you and Minister Elliott should be extremely proud of the work you've done to ensure that our population remains safe. I also understand that 86% are fully vaccinated, which is also an amazing stat when you look all across and all around the world. I think that's a fabulous accomplishment.

My question is, is the province tracking when every Ontarian who wants to be vaccinated will be vaccinated? And do we have a percentage of the population vaccinated where we would consider Ontario vaccinated enough? I don't know if that's the right term, but enough people vaccinated—is that something that we're looking at?

Hon. Sylvia Jones: Do you know what, PA Hogarth? It's a great question and one that is often put to our medical experts. You're referencing, I think, herd immunity. We don't know what we don't know. COVID-19—what we knew in March 2020 is vastly different than what we know now in terms of how it's transmitted, who is most at risk. We'll continue to use those lessons to drive our plan for vaccination.

I will say that we have been able to offer other opportunities. We talk about the mass immunization clinics hosted by the public health units—incredibly successful, literally thousands of people in a day coming to get vaccinated. Then we had hospital partners who, while they could not do other hospital-related surgeries etc., had so many health care professionals stepping up and saying, “I can't do what I would normally do, but I want to help with the vaccine.” We had a lot of hospital partners step up, and they were an incredible benefit because individuals who had questions had the ability to ask a nurse, ask a physician to make sure that they understood what it meant to be vaccinated.

Frankly, I think the greatest joy that I'm getting right now, while they're small numbers, is the GO-VAXX bus. We'd have a partnership with Metrolinx where we'd have buses literally going around to malls, to farmers' markets. In my own community, they went to a truck-and-tractor pull, a fall fair. We're tracking who is utilizing that GO-VAXX bus option, and almost 50% are getting their first dose. We're able to continue to be a little creative, and this is in no small part due to a lot of public health units and leaders in communities who thought outside the box and brought forward ideas and suggestions that we were able to utilize, and with a lot of partners. I am amazed at the creativity and how it actually has driven and encouraged people to make that decision.

1610

Now again, you would know this, of course, in Solicitor General, but in our own ministry, corrections, we have individuals, peers, criminal lawyers who are talking to inmates and saying, “Here are the benefits of getting a vaccine. Do you want to talk to a health care professional to answer your questions?” And we've been able to increase our percentages within our institutions. So there is a lot creative work going on.

The Vice-Chair (Mr. Tom Rakocevic): Who's next from the government?

Ms. Christine Hogarth: No, I'll continue, if that's okay, Chair.

Thank you for that. I think we should celebrate those people who are still getting their first vaccination, because there was a lot of anxiety and they were asking good questions. I guess that's all we can—assure people, if you have a question, ask your doctor. If you trust your doctor, that's the person you should be talking to, to get that advice on those vaccines.

I just want to turn it a little bit towards children, because we had that positive news about how the vaccine is available to young people. I know that my sister was so excited to be able—or she's been waiting to be able to get

my nephew, who is 10, vaccinated. He has his appointment on December 5, and my mum's getting her booster on December 3, so we're all in the same week. It's great news for families. It's very positive—very positive.

I know there are some parents who are a little bit anxious to get their children vaccinated, and some continue to have questions. For those kids who are five to 11 years old, they're not receiving the same vaccination as adults are getting, or our booster, so it's a different type of dose. I wonder if you can expand upon the process for children and maybe a little bit about the vaccine itself for young people.

The Vice-Chair (Mr. Tom Rakocevic): We're just past the halfway mark—well, quite past.

Hon. Sylvia Jones: Does that mean I can't answer?

The Vice-Chair (Mr. Tom Rakocevic): No, no. I just usually warn—stop the time. I just warn you guys of the halfway point, so that's all I'm doing, all right? You're just past the halfway, now at four.

Hon. Sylvia Jones: Thank you, Chair. Sorry.

Yes, you're absolutely right: The pediatric vaccine that has been approved by Health Canada and that we now have distributed is slightly different in its modification. It will be eight weeks between first dose and second dose.

Parents and guardians will have questions, and there is nothing wrong with that. We have, again, partnerships with—I see MPP Fraser—the children's hospital, CHEO, in Ottawa; SickKids, of course, in Toronto; London. We have partnered and worked with all of the children's hospitals so that if parents and guardians have questions, they have experts and experts in pediatric patient care who can answer the questions and make sure that they have informed consent and understand the values.

I do have to say that there is a disturbing trend, and that is, approximately a third of the new cases of COVID-19 are in our school-aged children. So while it is true that, generally speaking, younger people are not impacted as heavily in terms of serious illness or hospitalization, there is still a large percentage of our school-aged children who are contracting COVID. So having the ability now to expand and offer to that five-to-11 group—I hate to use an overused phrase—is a game-changer for parents like your sister with young children.

Ms. Christine Hogarth: Thank you. Over to MPP Skelly.

The Vice-Chair (Mr. Tom Rakocevic): Two minutes left, MPP Skelly.

Ms. Donna Skelly: Thank you, Minister. I always appreciate hearing your perspective, and I want to thank you for all of the incredible hard work you have been doing, and your team.

I look around the world at the rise in COVID cases and I feel we are actually very blessed with the situation we are in right now. I'm proud of the work that you have done and our government has done and all Ontarians have done to bring us to this point where, this year, I want to talk about our holiday season, not only Christmas but New Year's. It's one thing getting together with friends and family over the Christmas holidays, but to be able to

actually celebrate New Year's again is something I'm certainly looking forward to, and I know a number of people across the province will be as well. Can you share with us the changes that we can expect this year that will really mean a significant change in how we ring in the new year?

Hon. Sylvia Jones: Thank you, MPP Skelly. I think the biggest piece is, frankly, the vaccine certification program. Actually, just yesterday, I was speaking to the hotel association and they were talking about how as soon as we, the government, brought in the vaccine certification program, it truly freed up the hotels, and they were getting busy again and having guests again. Having that comfort, both as an individual who wants to celebrate in a more public venue, perhaps, with New Year's Eve, but also from a staff comfort—with the staff who are working in these facilities and venues. It really has made a huge difference. As I mentioned previously, we have tried to make it as convenient and easy as possible in terms of using a paper copy, downloading a QR. I myself have laminated mine so that every time I go into Queen's Park I can easily show the legislative security officers—

The Vice-Chair (Mr. Tom Rakocevic): Thank you, Minister. We're out of time.

We're moving on to the final round for our independent member. MPP Fraser, please begin.

Mr. John Fraser: Minister, I do want to say that I think, especially in my city of Ottawa, the rollout of the children's vaccine, in terms of the uptake and the participation of organizations like CHEO, has been very good, so we've done very well here in Ottawa. We know that there's a lot of work to do there in terms of answering people's questions and making sure they get the right information so that they can make an informed decision, because there's a lot of misinformation out there, as you may know.

Having said that, I just want to go back to my last question. I want to make a point, and then I'll head on to an actual question. My point is that there are some people who can't take time off work no matter when those appointments are. What I really would like to be brought back to the table and for the government to do is just clarify what those paid sick days are for and that they can be used for parents to take a child to a vaccination appointment and be compensated. That's all I'm asking. It's not clear. I'm just looking for a simple answer and I haven't got one yet, which is confusing to me. You talk about extending sick days later, but that's the most important thing right now.

I heard you say earlier that 30% of new cases are kids. We know that we have vaccinated the cohort from 12 to 17, and right now we're doing the five to 11s. What I can't understand is why the government won't use the Immunization of School Pupils Act and add the COVID-19 vaccine, at least for the 12-to-17-year-olds right now—for a couple of reasons. Number one, there's a system in place there that helps with education about vaccinations. That's why we have the ISPA—one reason. The second thing is, and as you would probably know from being the co-chair

of the vaccine task force, there's a system called Panorama, which public health units use in conjunction with school boards to be able to do a couple of things: (1) educate parents as to the importance of vaccines and the facts about vaccines; and (2) to be able to manage outbreaks and risks to certain students, sometimes in the schools.

I'm having a hard time understanding why the government is resisting doing this and not giving an explanation as to why not. We have a system in place that can be used to help students and their families, and I don't know why we're not using it. Can you explain that to me?

Hon. Sylvia Jones: If I may, I'm going to answer the first question first, related to the paid sick days. It is my understanding, and, Chair, I will stand corrected if Minister McNaughton says this is not the case, but it is my understanding from Minister McNaughton that, in fact, parents can use those days to go, if they are working.

1620

Again, I want to reinforce that part of the vaccine rollout was to ensure that we were not limiting the number of days or the time. It's frankly why our pharmacy partners have been such an important player in this. It's because, of course, they have much longer hours and can have people participate in a much more aggressive way, outside of their work hours. But as I said—

Mr. John Fraser: I appreciate that, but getting appointments at the time and the place and putting that all together—I'm sure people want to try to do it at a time that's outside of work, but it may not be possible for everybody because of the amount they work. But I appreciate very much you clarifying that, and I look forward to talking to Minister McNaughton about it.

Hon. Sylvia Jones: Understood.

Mr. John Fraser: The second part of the question, the ISPA?

Hon. Sylvia Jones: It follows up very directly with PA Hogarth's question, and that is, parents need to be involved in this conversation; caregivers need to be involved in this conversation. We know, based on what we have received from public health units, that there is going to be a large percentage of parents who right now, today, would love to get their child vaccinated as soon as possible. There is also a group of parents and caregivers who want to have those very direct conversations with their primary care practitioner, their pharmacist, a trusted health professional. I want those conversations to happen, because these are important decisions that protect the family and their children.

I will continue to work with Minister Elliott to make sure that we offer those resources that have been put together by SickKids, CHEO and other pediatric hospitals, but let's make sure that we have as much information as possible out in front of parents—

The Vice-Chair (Mr. Tom Rakocevic): Thank you, Minister. We're at time.

Our final round to the official opposition: MPP Bisson.

Mr. Gilles Bisson: You made a comment in your opening statement, and boy, I really hope you're right.

You made the comment that COVID is more behind us than ahead of us. I think all of us hope that that is in fact the case, but do you worry a comment like that may come back to bite you, because numbers are rising? Do you have any concern?

Hon. Sylvia Jones: Listen, I mentioned earlier today we are learning, literally by the week, more and more about COVID-19 and the variants of concern. You, MPP Bisson, did mention the numbers that we are seeing—it's 784 cases today—but I think it's also important to highlight some of the other numbers. Our intensive care unit bed numbers are sitting at 137 for COVID. Those are a huge improvement from what we were seeing as little as three or four months ago.

We'll carefully monitor. The public health units are feeding us information literally on a daily basis. Of course, the Ministry of Health is getting information on a daily basis from our hospitalization rates.

Yes, I always worry. I do not want to be in the place where other jurisdictions have had to tighten up those restrictions. I don't want to be that province that says, "You cannot get your cancer surgery because we have too many COVID patients in ICUs." But I think, and I hope you agree, that the path we have brought forward, the rollout of the vaccinations, how we have done it, has in fact ensured that we have protected a great number of people. I think of jurisdictions that lifted the indoor masking sooner, frankly, than they should have, and it led to a rollback and—

Mr. Gilles Bisson: Okay. I've only got about eight minutes. I appreciate everything that you're saying. It's very helpful.

What I'm getting at here is this thing isn't behind us. At this point, like a lot of other Ontarians, I am a bit worried with the numbers. As people aged five to 11 end up being vaccinated, I think it's going to help a lot. The reason that our ICUs aren't filling up and our respirators aren't being used in the way that they were before is because there are more people vaccinated. That's the long and the short of the story.

You can still get COVID being vaccinated. I think we all get stopped on the street or at the mall or at the liquor store, where I like to shop most. We get asked by our constituents, "Well, people are still getting COVID, so why are we getting vaccinated?" Well, because we're getting less people getting really sick. That's the reason that you do it. But what is scary is the numbers keep on increasing, and even if people—there are still people getting sick, and there are still people dying, not at the numbers we had before. As the numbers start to climb exponentially, those numbers will get worse. That's really the scary part here.

I think every government does good things, every government does bad things, but to try to portray every action on the part of your government as being the exact right thing to do in this COVID crisis is a bit of a stretch, to be quite frank. I think you've done some things okay, like how our vaccination rates are where they need to be now, as far as high numbers and increasing. But when we

were asking the government to move on vaccine mandates so that people had to show their vaccine card in order to get in somewhere, the government didn't want to go there. We all remember the Premier: "Oh, I don't want to go there. That's going to divide Ontario into two different Ontarios." He finally came to the conclusion, in fact, that we had to do it. So a lot of what your government did, it did reluctantly. And I get it; I'm not going to argue for a second that it's a fault to change your mind. I think anybody who doesn't change their mind is going to get stuck in the past. But to try to portray that as, "We've done everything right"—I think some of the things you've done right eventually you've done reluctantly.

And if we look at what happened in long-term care, compare that to hospitals—hospitals tend to have places of greater infection, and we had far less infection in hospitals than we had in long-term-care units. There are reasons for that: because they already had infection spread protocols within their hospitals to be able to deal with this at the very beginning. We learned that through SARS. I remember Minister Clement, a former minister, a colleague of yours—I think you sat in the House when he was here, as well as I. A lot of the SARS protocol ended up in our hospital system and allowed us to have a lesser effect on the amount of people infected in our hospitals, but that was not the case in long-term care.

So although I will agree that there are some things that the government has done that have paid off, I have a bit of a hard time accepting that everything you've done was exactly right and the way it should be and that if it hadn't been for you and the government things would have been far worse. I think that's a bit of a stretch.

Anyway, that was my comment. You don't have to respond to that.

Hon. Sylvia Jones: Respectfully, I do have to respond to that.

Mr. Gilles Bisson: Okay. Go ahead and respond.

Hon. Sylvia Jones: We never did say that. Now, these are lives. These are people who have been impacted in a great way, often in a very devastating way.

When I think of what governments around the world had to deal with in terms of trying to acquire personal protective equipment literally in bidding battles with other countries, when I think of the limitations—

Interjection.

Hon. Sylvia Jones: If I may—I didn't interrupt you.

When I think of the limitations of how much we have—

Mr. Gilles Bisson: I was giving you a compliment. You should accept a compliment when I give it to you.

Hon. Sylvia Jones: —in vaccine, how much we [*inaudible*] vaccines and the fact that we narrowed down and said, "We only have so much right now, so we're going to make sure that the people who need it the most—" and again, I will repeat—"to prevent mortality, prevent transmission"—I know that if we had had vaccines sooner, we could have done more. But we did what we could with what we had, and—

Mr. Gilles Bisson: Listen, we're lucky that the health community or the scientific community were able to come

up with these vaccines in the speed that they did. Clearly, governments across the world, not just here in Canada but across the world, did amazing stuff in order to be able to approve these vaccines in fairly record time. Now, mind you, a lot of this work had already been done, as you well know, as a result of getting vaccines for other diseases, so it's not like they had to invent everything from the beginning. But the reality is that we're very lucky the vaccine happened when it did, because, otherwise, I think we'd be in far, far deeper trouble.

Okay, I'm done. Thank you.

Hon. Sylvia Jones: I think we are very blessed in Ontario to have the professionals, the health care practitioners, doing what they've done so well.

1630

Mr. Gilles Bisson: Now, you raise that and it gets me to want to say I'll agree with you. First of all, the public has been amazing through this whole thing.

How much time?

The Vice-Chair (Mr. Tom Rakocevic): Two minutes.

Mr. Gilles Bisson: The public has been absolutely amazing through this whole thing and I think we all saw it in our constituencies. The vast majority of the public don't like this—they don't like vaccine mandates; they don't like having to wear a mask; they don't like to be limited in how many people can go anywhere—but they understand the necessity of it. In the conversations that I've had, you've had and we've all had with constituents, I would say 80%-plus of people have accepted that—begrudgingly in some cases, but understanding it had to be done. So the first group of people we have to thank is the public of Ontario. There are those out there who have a different view, but hey, that's democracy. They have the right to share that view on social media or within friends or whatever. I may not agree with them, but they have the right to do that.

But more importantly, to the last point you made: What this has proven is that our public health care system is the best model in order to be able to deal with disease and to be able to deal with sickness and the stuff that has to be done, because, in fact, it was those health care facilities and those health care heroes, as we call them, who made the difference of being able to get through this in the way that we have. That's it.

Hon. Sylvia Jones: On that, we will agree.

The Vice-Chair (Mr. Tom Rakocevic): We're now moving to the final round of the committee, so who will be asking questions on the government side? MPP Skelly? Okay. Please proceed.

Ms. Donna Skelly: Minister, we know that the hospitality sector has been devastated through COVID. They've been shuttered for much of the past two years. But as we move into the holiday season, I know many are hoping that they can embrace more and more customers, because it will help them with the bottom line. Will restaurants, will the hospitality sector, be able to host office parties this holiday season?

Hon. Sylvia Jones: The short answer is yes. Because we have vaccine certification programs in place where restaurants and facilities can request that their patrons show proof of vaccination, it gives us that additional level of comfort and protection that will allow us to get together and celebrate in person.

Ms. Donna Skelly: Thank you, Minister. And I believe I'm going to share my time—

Interruption.

Ms. Donna Skelly: That's my dog—share my time with MPP Oosterhoff.

The Vice-Chair (Mr. Tom Rakocevic): MPP Oosterhoff.

Mr. Sam Oosterhoff: My thanks to the minister for coming before the committee, as always, and taking the opportunity to fill us in as to what has been happening, the orders that have been made and how they're being impacted.

I want to just ask a question about the reopening Ontario act and the emergency management act. Earlier this week, I had the opportunity to share with constituents who reached out some of the differences between the acts, as I understand it, so I want to ask about this, because both of these acts, frankly, allow the government to take quite extraordinary measures on things that would not be in the power of the government normally: how many people you can have in your home, how many people can be in a place of worship, for example, or the like. So can you share the differences between these acts and specifically which powers exist under the emergency management act which are no longer available to the government under the reopening Ontario act?

Hon. Sylvia Jones: Just for clarity, religious rites and ceremonies are exempt under the reopening Ontario act and the EMCPA, so for those of us who want that spiritual connection in person, they are exempted.

In terms of the difference between the two: When you have a specific emergency that would involve, for example, the need to evacuate people—I would point to fire-fighting and floods that have historically been an issue in some of our more northern, remote communities—the EMCPA allows us to make sure that we can safely relocate those individuals while the flooding subsides or the fire is dealt with. That is the biggest nuance.

The other piece—and it was, frankly, a control that was put under the reopening Ontario act—was to ensure no additional regulatory authorities could be added. They could be amended—so, softened—and they could be removed, so as the protections were not needed any longer, then they could be removed. But there was no ability—and that was very much a structure of the legislative block that we put in the legislation to ensure that all parliamentarians, all legislators had the ability to participate in input and debate on whether we were going to have the need to expand beyond the current protections. I hope that helps clarify for your constituent.

Mr. Sam Oosterhoff: Yes, it does, and I think that's an incredibly important aspect of what you've referenced, that check and balance, if you will, of the legislative body

on the executive body. Obviously, the executive body has to enact the will of the Legislature, but also have some discretion. So it is a bit of a balance, but I think the fact that, even this week, we had the opportunity to debate and vote on a motion extending that act indicates the importance of that legislative accountability. So I'm glad you spoke to that.

Minister, you and the Minister of Health have both assured the committee, as well as the broader population, that you anticipated an increase in COVID-19 numbers as the cold weather hit. The Chief Medical Officer of Health here in Ontario has said that this is not a cause for alarm. But as you know, cases have risen over the past month, yet hospitalizations are remarkably low, with ICUs at approximately 130. So given that the government anticipated the increase in cases and released the exit plan expecting there to be an increase in cases, why has the plan been paused if both hospitalizations and ICU occupancy remain low?

Hon. Sylvia Jones: Yes, it's a really good question, and thank you for raising it in the select committee. We have very much done a slow and steady, measured approach. Again, without pointing fingers, I think it's important for committee members to look at and assess some of the other jurisdictions, Canadian jurisdictions included, that lifted restrictions sooner and have had to roll back.

It is very much the desire of the Chief Medical Officer of Health, Minister Elliott, myself and all of government to make sure that we do this in a way that leads to the least amount of confusion. So what we as parliamentarians can do—gradually loosening the restrictions is far easier for individuals to understand than the constant up and down, back and forth. I think, frankly, we have done that relatively successfully. It was why there was a pause, as you reference, in some of the most high-risk engagements, which included bathhouses and others.

The ability to target now and to see where the high-risk activities are, where the higher risk of transmission is, all comes back to the more we learn, the more we know. We can start to very much target. That's what we've done with the pausing on those three very specific pieces. It's not a complete rollback. It's not a limitation on the ability for our restaurants and other centres to be able to continue to operate safely. It's an admission that there are places that have a higher risk of transmission, and to keep everyone else safe, we're going to just take a pause and do this in a slow and steady way. I hope that helps.

Mr. Sam Oosterhoff: Yes, that does. Thank you. I just had another question with regard to what we're seeing—and you referenced other provinces, which I think have

been a situation where—I know a lot of people don't want to see what's happened out in Saskatchewan and Alberta, for example. They opened up everything and now they're back into a not-as-good situation, which we obviously want to avoid. But there is some fear looking at a place like Europe, which has seen quite high levels of vaccination. They have seen an increase recently that's leading to measures.

When my constituents look at a place like that in Europe and they see these measures coming back in, they get fearful. I've had them reach out, saying—especially small business owners who have been locked down a lot. They say, “How can we be sure that that's not going to happen here? We don't want to end up back in that situation if Europe's there.” Can you speak to how we can ensure that that doesn't happen?

Hon. Sylvia Jones: That's a great question. It is certainly something that our medical experts are monitoring closely. There are many conversations that happen cross-jurisdictionally. Of course, you would know that because of our control and ability to manage our intensive care units and the exceptional work that our health care practitioners have been doing in our hospitals, we were actually able to help out our partners in Saskatchewan, in the same way that many months ago, Newfoundland helped us out by bringing some health care practitioners to Ontario for a period of time.

Specifically related to your question about when we see changes in Europe, it speaks to, how do we make sure that we are protected and continue to be safe and allow the ability to operate and have our doors open? It is the other health care recommendations made by the Chief Medical Officer of Health: Make sure that your customers and your staff do wear their mask appropriately when they are in your facility. Make sure that you do check any vaccine certificates to ensure that the person who is coming in to enjoy a meal at your restaurant is double-vaccinated, so that you can protect your staff and protect other patrons and clients in the restaurant. That, ultimately, will lead to us continuing to be able to do all of the things that many of us have missed over the last number of months.

Mr. Sam Oosterhoff: Thank you very much, Minister.

The Vice-Chair (Mr. Tom Rakocevic): Thank you. You're at time.

Thank you very much, Minister, for appearing before the committee today. You are now excused.

We will pause for a moment as we move into closed session for report-writing.

The committee continued in closed session at 1642.

SELECT COMMITTEE ON EMERGENCY MANAGEMENT OVERSIGHT

Chair / Président

Mr. Daryl Kramp (Hastings–Lennox and Addington PC)

Vice-Chair / Vice-Président

Mr. Tom Rakocevic (Humber River–Black Creek ND)

Mr. Robert Bailey (Sarnia–Lambton PC)

Mr. Gilles Bisson (Timmins ND)

Mr. John Fraser (Ottawa South / Ottawa-Sud L)

Ms. Christine Hogarth (Etobicoke–Lakeshore PC)

Mr. Daryl Kramp (Hastings–Lennox and Addington PC)

Mrs. Robin Martin (Eglinton–Lawrence PC)

Mr. Sam Oosterhoff (Niagara West / Niagara-Ouest PC)

Mr. Tom Rakocevic (Humber River–Black Creek ND)

Ms. Sara Singh (Brampton Centre / Brampton-Centre ND)

Ms. Donna Skelly (Flamborough–Glanbrook PC)

Ms. Effie J. Triantafilopoulos (Oakville North–Burlington / Oakville-Nord–Burlington PC)

Substitutions / Membres remplaçants

Mr. Stephen Crawford (Oakville PC)

Mr. Michael Parsa (Aurora–Oak Ridges–Richmond Hill PC)

Clerk / Greffier

Mr. Christopher Tyrell

Staff / Personnel

Ms. Lauren Warner, research officer,
Research Services